



Laurence Kirwan, FRCS, FACS
PLASTIC SURGEON



30 Central Park South • Suite 10A • New York, NY 10019 • USA • (212) 838-8844 • ef +1 (917) 720-9980
148 East Avenue • Suite 2A • Norwalk, CT 06851 • USA • (203) 838-8844 • ef +1 (203) 774-1177
www.drkirwan.com • em: drkirwan@drkirwan.com



Commissioner of the Office of Health Care Access,
410 Capitol Avenue,
MS3 13 HCA,
P.O.Box 340308,
Hartford, Connecticut 06134-0308

Thursday, August 25, 2016

Attention: Mr. Steve Lazarus,

Re:

Fairfield County Surgical Center formerly at 605 West Avenue, Norwalk, CT 06850.

Certification of Need Determination Report Number 08-31259-DTR

Dr. Laurence A. Kirwan, Fairfield County Surgical Center

Relocation of Existing Surgical Center within Norwalk.

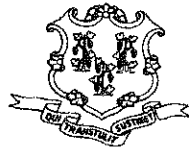
Dear Mr. Lazarus,

Following our phone conversation of 8/23/2016 I am submitting a duplicate CON Determination Form / Relocation of a Health Care Facility. I am planning to rebuild my surgical center with Norwalk.

Sincerely

Laurence Kirwan.

Laurence A. Kirwan, M.D.



**State of Connecticut
Office of Health Care Access
CON Determination Form
Relocation of a Health Care Facility**

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed relocation of a health care facility must complete this form. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner	Petitioner
Full Legal Name	Laurence Anthony Kirwan	
Doing Business As	Laurence Kirwan MD	
Name of Parent Corporation	Dr K Services PC	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	148 East Avenue, Suite 2A, Norwalk Ct 06851-5728	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
Contact Person at Facility, including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Laurence Kirwan	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	As above	
Contact Person's Telephone Number	203-838-8844	
Contact Person's Fax Number	203-774-1177	
Contact Person's e-mail Address	Drkirwan@drkirwan.com	

SECTION II. INFORMATION ON PROPOSED RELOCATION

Please provide a description of the proposed relocation, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable.

Name of the Health Care Facility: Fairfield County Surgical Center

Previous Location: 605 West Avenue, Norwalk, CT 06850

Proposed Location: 148 East Avenue, Suite 2A, Norwalk, CT 06851-5728

Current Population Served: Darien, New Canaan, Norwalk, Wilton and Westport

Proposed Population Served: same as existing population

Current Payor Mix: unchanged

Proposed Payor Mix: same

Any other information that the Petitioner deems relevant:

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: ___ Laurence Anthony Kirwan

Project Title: Fairfield County Surgical Center

I, Laurence A. Kirwan , President
(Name)

(Position – CEO or CFO)

of Dr K Services PC being duly sworn, depose and state that the
(Organization Name)

information provided in this CON Determination form is true and accurate to the best of my
knowledge.



Signature

8/23/16
Date

Subscribed and sworn to before me on

August 23, 2016



Notary Public/Commissioner of Superior Court

My commission expires:

November 30, 2020



Laurence Kirwan, F.R.C.S., F.A.C.S.
PLASTIC SURGEON



605 West Avenue • Norwalk, CT 06850 • (203) 838-8844 • FAX (203) 853-1862
800 Fifth Avenue • New York, NY 10065 • (212) 838-8844
73 Sterling Road • Greenwich, CT 06831 • (203) 838-8844
www.drkirwan.com • drkirwan@drkirwan.com

Commissioner of the Office of Health Care Access,
410 Capitol Avenue,
MS3 13 HCA,
P.O. Box 340308,
Hartford, Connecticut 06134-0308

Thursday, October 23, 2008

Re: Fairfield County Surgical Center (FCSC)
FCSC existed in this facility at 605 West Avenue, Norwalk, CT 06850 since 1994 and has recently been licensed by the State of Connecticut in March 2007 as an Outpatient Surgical Facility.

FCSC provides outpatient surgical services for Plastic & Reconstructive Surgery. The lease at the present location expires in October 2009. I am planning to relocate the facility to another facility within the same town approximately one mile away at 148 East Avenue, Norwalk, CT 06851.

I would like to re-establish my licensed surgical facility at this new location. I will not be providing any new services or expanding our present population with this new relocation. We are requesting a CON determination for this project.

Sincerely,

Laurence Kirwan, M.D.



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

November 5, 2008

Laurence A. Kirwan, MD
Fairfield County Surgical Center
605 West Avenue
Norwalk, CT 06850

**RE: Certificate of Need Determination Report Number 08-31259-DTR
Dr. Laurence A. Kirwan, Fairfield County Surgical Center
Relocation of Existing Outpatient Surgical Center within Norwalk**

Dear Dr. Kirwan:

On October 30, 2008, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request concerning the relocation of an existing outpatient surgical center from 605 West Avenue, Norwalk to 168 East Avenue, Norwalk, at a proposed capital expenditure of \$1,000,000. OHCA has reviewed the information contained in your request and makes the following findings:

1. Fairfield County Surgical Center ("FCSC") is an outpatient surgical facility that provides outpatient services for plastic and reconstructive surgery. It has been located at 605 West Avenue, Norwalk since 1994.
2. Fairfield County Surgical Center ("FCSC") received an exception from the Certificate of Need process on July 21, 2003, pursuant to Public Act 03-0274 and under Docket Number 03-30112-DTR.
3. The FCSC has been licensed by the State of Connecticut Department of Public Health as an outpatient surgical facility since March 2007.
4. The FCSC lease expires in October 2009. The FCSC proposes to relocate to 148 East Avenue, Norwalk.

An Equal Opportunity Employer
410 Capitol Ave., MS#13HCA, P.O. Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688
Fax: (860) 418-7053

5. The FCSC will not be providing any new services.
6. The FCSC services patients from Darien, New Canaan, Norwalk, Wilton, and Westport. The target population for the service will be the same as the existing population.
7. The associated capital expenditure for relocation of the CT scanner is \$1,000,000 and includes \$275,000 for medical equipment, \$25,000 for non-medical equipment, \$500,000 for land/building purchase, and \$200,000 for construction and renovation.

Based on the findings above, OHCA has determined that the relocation of the Fairfield County Surgical Center within Norwalk does not introduce any additional function or service or represent the termination of a health service offered by the facility pursuant to Section 19a-638, Connecticut General Statutes, and does not require Certificate of Need approval.

Thank you for keeping OHCA informed of your plans regarding this proposal. If you have any questions regarding the above, please contact Laurie Greci, Associate Research Analyst, at (860) 418-7001.

Sincerely,



Cristine A. Vogel
Commissioner

CAV:lkg

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR

Olejarz, Barbara

From: Hansted, Kevin
Sent: Friday, September 02, 2016 10:32 AM
To: Olejarz, Barbara
Cc: Mitchell, Micheala
Subject: FW: Determination Report # 16-32120-DTR

Barbara, please add to the record.

Thank you,

Kevin T. Hansted
Staff Attorney
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: 860-418-7044
kevin.hansted@ct.gov



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From: Laurence Kirwan [mailto:drkirwan@drkirwan.com]
Sent: Friday, September 02, 2016 10:30 AM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: RE: Determination Report # 16-32120-DTR

I currently do 5% insurance and 95% Private non-insurance. The payor mix would remain the same. What is the sequence regarding licensure? I want to renew my facility license. Do I do this before building the facility? I have previously submitted the plans. I don't want to undergo the expense of building the facility to then have the license renewal denied.

Sincerely,

Laurence Kirwan MD FRCS FACS
Professor Aesthetic Plastic Surgery
www.drkirwan.com

New York City

30 Central Park South, Suite 10A
New York, NY 10019
Ph: (212) 838 8844
E-Fax:(917) 720 9944

Norwalk

Riverview East

148 East Avenue, Suite 2A
Norwalk, CT 06851-5728
Ph: (203) 838 8844
E-Fax: (203) 774 1177

London

London Welbeck Hospital

27 Welbeck Street
London W1G 8EN
Ph: +1(203) 838 8844
Phones open after 14:00 hours GMT
E-Fax: 020 7657 4475
US Office hours:
9:00 - 17:00 Monday to Thursday US Eastern Standard Time (GMT -5).
Closed Friday, Saturday, Sunday US & UK.

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From: Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]
Sent: Friday, September 02, 2016 9:29 AM
To: Laurence Kirwan
Cc: Mitchell, Micheala
Subject: Determination Report # 16-32120-DTR

Good morning Dr. Kirwan,

I am in receipt of your determination request regarding the relocation of your facility. Pursuant to Section 19a-639c-1(b) of the Regulations of Connecticut State Agencies, please provide the percentages of total patient volume by payer source prior to the relocation and following the relocation.

Thank you,

Kevin T. Hansted
Staff Attorney
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

September 2, 2016

VIA EMAIL ONLY

Laurence A. Kirwan, MD
Fairfield County Surgical Center
605 West Avenue
Norwalk, CT 06851-5728

RE: Certificate of Need Determination Report Number 16-32120-DTR
Relocation of Facility

Dear Dr. Kirwan:

On August 30, 2016, the Office of Health Care Access ("OHCA") received the Certificate of Need ("CON") Determination request you filed with respect to the relocation of Fairfield County Surgical Center ("Petitioner") from 605 West Avenue, Norwalk, CT, to 148 East Avenue, Suite 2A, Norwalk, CT.

The Petitioner's proposed location is within the same town as the current location. The Petitioner's current payer mix consists of five percent (5%) insured and ninety-five (95%) percent private payers. This will not change after the proposed relocation.

Pursuant to Conn. Gen. Stat. § 19a-639c, the Petitioner has satisfactorily demonstrated that the population and payer mix currently served by the Petitioner will not substantially change as a result of the proposed relocation. Therefore, *no CON is required*.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly R. Martone".

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHS



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, MS#13HCA
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

Olejarz, Barbara

From: Microsoft Outlook
To: DrKirwan@drkirwan.com
Sent: Friday, September 02, 2016 3:16 PM
Subject: Relayed: Determination

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

DrKirwan@drkirwan.com (DrKirwan@drkirwan.com)

Subject: Determination