

NR Connecticut, LLC

April 10, 2017

Via FedEx

Ms. Kimberly R. Martone
Director of Operations
Office of Health Care Access
410 Capital Avenue, MS #13HCA
P. O. Box 340308
Hartford, CT 06106

Re: NR Connecticut, LLC Request for CON Modification

Dear Ms. Martone:

Enclosed please find NR Connecticut, LLC's request for a modification of the Certificate of Need previously authorized by the Agreed Settlement entered into on May 13, 2015 regarding 13-31828-CON.

Please feel free to contact me by telephone at 718-682-2600 extension 203 or by email at josephs@coalcapitalgroup.com with any questions or concerns. Thank you for your consideration.

Very truly yours,



Joseph Silberstein
Counsel

Enclosure



**State of Connecticut
Office of Health Care Access
Form for Modification of a Previously
Authorized Certificate of Need**

All persons who are requesting a modification to a previously authorized Certificate of Need must complete this form. Completed forms 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 more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	NR Connecticut, LLC	
Doing Business As	Retreat at South Connecticut	
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	915 Ella Grasso Boulevard, New Haven, CT	
Petitioner type (e.g., P for profit and NP for Not for Profit)	P	
Name of Contact person, including title	David Silberstein, CFO	
Contact person's street mailing address	1377 East 4th Street, 4th Floor, Brooklyn, NY 11230	
Contact person's phone, fax and e-mail address	Tel: 718-682-2600, ext. 201 Fax: 718-709-7477 davids@coalcapitalgroup.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Title of Previously Authorized Project and Associated Docket Number(s):
Establish a 105-Bed Residential Substance Abuse Treatment Facility; 13-31828-CON; Agreed Settlement
- b. Location of proposal (Town including street address):
915 Ella Grasso Boulevard, New Haven, CT
- c. Type of Modification Request:
- Change in the Scope of the Authorized Certificate of Need Project
- Extension of CON Expiration Date
- Change in a CON Order Condition (*other than to extend expiration date*)
- Other – Describe: _____

SECTION III. IF REQUESTING A CHANGE IN THE SCOPE OF AUTHORIZED PROJECT:

- a. Provide a one page description of the requested change in the scope of a previously authorized Certificate of Need project and provide a detailed rationale for such change:

SECTION IV. IF REQUESTING AN EXTENSION OF THE CON EXPIRATION DATE:

- a. Certificate of Need expiration date per CON Final Decision: May 13, 2017, per Agreed Settlement accepted and ordered by the Department of Public Health on May 13, 2015.
- b. Requested revised CON expiration date: June 30, 2018
- c. Rationale for increased time to fully complete and implement the authorized project:

Applicant is establishing a Residential Substance Abuse Treatment Facility in a two-story, 60,000 square foot building situated on 2.72 acres in the City of New Haven. The building, which formerly housed a 120-bed skilled nursing facility, was originally constructed in 1973 and requires significant retrofitting to meet current building codes and the Applicant's planned use.

After conducting necessary engineering and other assessments of the property, Applicant engaged the services of Quisenberry Arcari Architects in September, 2015 to begin work on the extensive redesign and drawings necessary to secure approval of the architectural design and construction plans ("Plans") from the Department of Public Health ("DPH") Facility Licensing and Investigations Section Building and Fire Safety Unit and the New Haven Building Department.

As shown in the correspondence attached at Exhibit A, the Applicant has been diligently pursuing the project since that time. On March 10, 2017, after submitting the initial Plans for DPH review on July 11, 2016 and eight months of receiving and responding to follow-up questions from the Building and Fire Safety Unit, the Plans were approved. The Applicant had previously received the Building Permit from the New Haven Building Department on December 15, 2016.

Applicant has invested more than \$7.3 million in the project to date, including the engagement of a General Contractor. Presently, the General Contractor is completing demolition work and staging the commencement of all the renovation work, but additional time for construction is needed due to unforeseen delays in the plan approvals and bidding process. Applicant anticipates that construction will be completed on or about February, 2018 with a Certificate of Occupancy and necessary inspections by the DPH to follow. Accordingly, Applicant seeks an extension of the Certificate of Need expiration date until June 30, 2018 so that it may continue its diligent and good faith efforts to complete the project and begin operations.

**SECTION V. IF REQUESTING A CHANGE IN A CON FINAL DECISION CONDITION
(other than extension of the CON expiration date)**

- a. Identify the CON Condition that you are requesting to be revised or vacated.

- b. Provide the rationale for such requested change:

SECTION VI. OTHER

- a. Submit a completed CON Modification Affidavit. See Attached.
- b. Identify any other pertinent changes to the findings of facts upon which the original CON authorization was based as a result of this requested modification. N/A
- c. Identify what has been accomplished to date in terms of full project implementation.

Since entering into the Agreed Settlement, the Applicant has invested substantial time, effort and resources into the Approved Project and has taken significant steps towards establishing the approved residential substance abuse treatment facility. These accomplishments include: interior demolition of the building; installing a required water runoff separation drainage system; obtaining all required local zoning and ordinance approvals; obtaining all necessary permits and inspections; completing design plans in coordination with an architect, consultants, and engineers; obtaining builders' insurance; maintaining and repairing the land and building; installing a security system; employing a property management company, and paying all operating and maintenance costs and local and state property taxes.


CON MODIFICATION AFFIDAVIT

Applicant: NR Connecticut, LLC d/b/a Retreat at South Connecticut

Project Title: Establish a 105-Bed Residential Substance Abuse Treatment Facility

I, David Silberstein, CFO

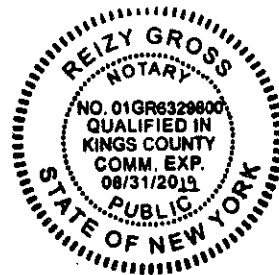
of NR Connecticut, LLC being duly sworn, depose and state that the information provided in this CON Modification form is true and accurate to the best of my knowledge.


Signature

APRIL 10, 2017
Date

Subscribed and sworn to before me on 4/10/17


Notary Public/Commissioner of Superior Court



My commission expires: 8/31/19

From: Doyle, Christopher [mailto:Christopher.Doyle@ct.gov]
Sent: Wednesday, March 22, 2017 1:21 PM
To: Adam Tarfano <atarfano@qa-architects.com>
Cc: Bruno, Anthony M. <Anthony.M.Bruno@ct.gov>; Cass, Barbara <Barbara.Cass@ct.gov>
Subject: Technical assistance fee

Hi Adam,

Based on the project costs you have submitted, a technical assistance fee of **\$17,462.50** has been assigned against this project.

It shall be sent to Tony Bruno, and the check shall be made payable to "Treasurer- State of Connecticut".

As soon as the check has been received, an approval will be issued to commence the project.

Regards,

Chris Doyle

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION
BUILDING AND FIRE SAFETY UNIT

March 10, 2017

Quisenberry Arcari Architects, LLC
318 Main Street
Farmington, Connecticut 06032
Attn: Mr. Adam Tarfano

Re: **Retreat of South Connecticut- facility renovations**
DPH Project #733

Dear Mr. Tarfano,

Final project documents as prepared by Quisenberry Arcari Architects, LLC have been received and reviewed for the above referenced project.

As a result of our review, the plan appears to satisfy the intent of the CT Public Health Code.

This approval is subject to the provisions of the Connecticut Public Health Code, State Fire Safety Code, Basic Building Codes, and local authorities having jurisdiction.

Prior to our final inspection, the following documents shall be transmitted to this Section:

1. A copy of the Building Permit issued by the City of New Haven Building Department;
2. Acceptance in writing of the completed project by the architect of record;
3. A copy of the certificate of occupancy issued by the City of New Haven Building Department;
4. A copy of the City of New Haven Fire Marshal certificate of inspection, as applicable;
5. Test reports and acceptance of all electrical; mechanical; fire suppression; smoke detection and fire alarm systems; annunciation systems on normal and emergency power; emergency generator and medical gas system, as applicable;
6. Air balancing reports for the HVAC systems if applicable.

*Phone: (860) 509-7500
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HFC
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer*

7. In accordance with CT General Statutes, Section 19a-491(f), Public Act No. 13-234 a technical assistance fee is required for this plan review, future meetings and inspections related to this project. A total cost of the project shall be sent to my attention so an accurate technical assistance fee shall be charged to this project.

Any changes to the approved plans and specifications shall be brought to the attention of this office.

During this project, all efforts shall be made to maintain the current level of services and minimize the disruption of services to patients and staff. All necessary safeguards shall be undertaken to ensure their health and safety. When installations of required systems are interrupted for any necessary reasons, the Project Manager shall immediately notify the local Fire Marshal and this Department.

Please notify this office when all related work, tests and certification have been completed and received by you. We will then schedule a date for our final inspection. Please contact this office at least 30 days prior to your anticipated opening date to schedule the final inspection.

Let me know if you have any questions. I can be reached at anthony.m.bruno@ct.gov

Sincerely,

Anthony M. Bruno
Building Construction and Fire Safety Unit Supervisor
Facility Licensing and Investigations Section
cd

Cc: File
Rose McLellan, FLIS Licensing Supervisor



February 27, 2017

Anthony M. Bruno, BFSI II
Building Construction & Fire Safety Unit Supervisor
Facilities Licensing & Investigations Section
410 Capitol Avenue – MS#12HHC P.O Box 340308
Hartford, CT 06134

Re: Retreat at South Connecticut
Facility Renovations
DPH Project #733.

Anthony,

This letter is a response to the review comments prepared by your office dated February 7, 2017 for the above referenced project.

1. Demonstrate compliance with section 3.1-2.2.2.8 of Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 edition. i.e; no indication of provision for resident storage (closets, wardrobes, etc.) indicated in the submitted drawings. A wardrobe is required for EACH resident. Only one (1) is indicated within the rooms.
 - a. Response:
 - i. Refer to attached revised furniture drawings showing compliance with (1) wardrobe per resident.
2. Demonstrate compliance with section 3.1-2.2.2.2 (3) (a) of Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 edition. i.e; the clearance around the beds in resident rooms #5, 14, and 28, are not of equal distance as required by the reference standard. No beds are indicated on the drawings in the referenced rooms submitted in the response. No point of reference.
 - a. Response:
 - i. Previously programmed resident rooms #5, 14, 28 and 37 have been revised to be Offices S123, S141, N121 and N139 respectively.

3. Demonstrate compliance with section 3.1-4.2.5 of Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 edition. i.e; No clean utility room on each residential unit is indicated on the submitted drawings. Required on EACH resident unit. A central clean utility room does not meet the standard.

a. **Response:**

i. A Clean Utility Room has been provided in the following locations:
C237, N112, and S140.

4. Demonstrate compliance with section 3.1-4.2.6 of Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 edition. i.e; No soiled utility room on each residential unit is indicated on the submitted drawings. Required on EACH resident unit. A central soiled clean utility room does not meet the standard.

a. **Response:**

i. A Soiled Utility Room has been provided in the following locations:
C224, N101.1, and S103.3.

If you have any further questions or concerns regarding this matter, please do not hesitate to call me or email me at atarfano@qa-architects.com

Sincerely,



Adam A. Tarfano, AIA

cc. Peter Schorr (Retreat)



QUISENBERRY ARCARI
ARCHITECTS LLC

January 6, 2016

Anthony M. Bruno, BFSI II
Building Construction & Fire Safety Unit Supervisor
Facilities Licensing & Investigations Section
410 Capitol Avenue – MS#12HHC P.O Box 340308
Hartford, CT 06134

Re: Retreat at South Connecticut
Facility Renovations
DPH Project #733.

Anthony,

This letter is a response to the review comments prepared by your office dated December 12, 2016 for the above referenced project.

1. The submitted drawings are missing Sheet A1.0 that details the basement of the facility.
 - a. **Response:**
 - i. Refer to attached drawing.
2. The submitted drawings are missing exterior elevation drawings of the facility, parking areas, and grounds.
 - a. **Response:**
 - i. The submitted documents do not include exterior elevation drawings, as the existing building does not require exterior façade scope of work. The parking areas are as shown on the survey. Refer to the attached drawing.
3. Demonstrate compliance with section 3.1-2.2.2.8 of Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 Edition. i.e; no indication of provision for resident storage (closets, wardrobes, etc.) indicated in the submitted drawings.
 - a. **Response:**
 - i. Refer to attached furniture plans (80 bed scheme), which indicate wardrobes in every patient room.
4. Demonstrate compliance with section 3.1-2.2.2.2 (3) (a) of Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 Edition. i.e; the clearance around the beds in resident rooms #5, 14, 28, and 33 are not of equal distance as required by the referenced standard.

318 Main Street
Farmington, CT 06032

860 677.4594
860 677.8534 Fax

- a. **Response:**
 - i. Refer to attached furniture drawings (80 Bed Scheme)

- 5. Demonstrate compliance with section 3.1-2.2.2.4 (1) of Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 Edition. i.e; no provisions for visual privacy indicated in multiple resident rooms.
 - a. **Response:**
 - i. Refer to the attached revised reflected ceiling drawings of the patient rooms in the First Floor North & South wings, and Second Floor Core areas.

- 6. Demonstrate compliance with section 3.1-4.2.5 of Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 Edition. i.e; no clean utility room on each residential unit is indicated on the submitted drawings.
 - a. **Response:**
 - i. (We currently do not have a clean utility room. Please specify a room to be indicated as a clean utility room. A clean utility room requires (1) of the following two options:
 - 1. **Option 1 – A room with:**
 - a. Work Counter
 - b. Hand-Washing Station
 - c. Storage facilities for clean supplies
 - 2. **Option 2 – A room with:**
 - a. If the room is used only for storage and holding as part of a system for distribution of clean materials, omission of the work counter and hand-washing station shall be permitted. If this option is chosen, please specify a room in the North, South, and Second Floor Core.

- 7. Demonstrate compliance with section 3.1-4.2.6 of Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 Edition. i.e; no soiled utility room on each residential unit is indicated on the submitted drawings.
 - a. **Response:**
 - i. (We currently do have a soiled utility room. Please specify a room in each wing and second floor core to be indicated as a soiled utility room. A soiled utility room requires the following:
 - 1. Clinical sink or equivalent flushing-rim fixture with a rinsing hose or bedpan washer.
 - 2. Hand-washing station
 - 3. Space for soiled linen
 - 4. Space for waste receptacles.

8. Demonstrate compliance with section 3.1-4.6.1.1 of Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 Edition. i.e; no provisions and/or narrative for storing and processing clean and soiled linen is indicated on the submitted drawings.

a. **Response:**

i. (It is unclear if we are using the existing laundry room or if we are providing new washer dryers in each wing? If we are using the basement laundry area, we will have to provide a room to hold soiled linens until they are ready to be transported to the basement. Please clarify)

9. Demonstrate compliance with section 3.1-2.2.2.6 (5) of Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 Edition. i.e; no drawings for door hardware on shared residential bathroom doors is indicated on the submitted drawings.

a. **Response:**

i. All patient bathrooms are to receive Hardware Set #22.

Set: 22.0

Description: Patient Bathroom (VIF existing conditions)

3 Hinge (heavy weight)	T4A3786 (qty, size, nrp per spec)	US26D	MK
1 Privacy Set	LB 49 8265 LNB	US26D	SA
1 Surface Overhead Stop	10-X36	630	RF
1 Kick Plate	K1050 10" 4BE CSK	US32D	RO
1 Mop Plate	K1050 4" 4BE CSK	US32D	RO
3 Silencer	608		RO

If you have any further questions or concerns regarding this matter, please do not hesitate to call me or email me at atarfano@qa-architects.com

Sincerely,



Adam A. Tarfano, AIA

cc. Peter Schorr (Retreat)



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
BUILDING AND FIRE SAFETY UNIT

December 12, 2016

Quisenberry Arcari Architects, LLC
318 Main Street
Farmington, Connecticut 06032
Attn: Mr. Adam Tarfano

Re: **Retreat of South Connecticut**
Facility renovations
DPH Project #733

Dear Mr. Tarfano,

I have reviewed design plan #733, and your response to the design review comments letter from this office dated October 07, 2016 as prepared by your office for the above referenced project.

The following are review comments that will require a response and/or clarifications prior to a construction approval letter issued by CT Department of Public Health:

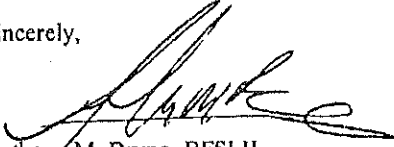
1. The submitted drawings are missing Sheet A1.0 that details the basement of the facility.
2. The submitted drawings is missing exterior elevation drawings of the facility, parking areas, and grounds.
3. Demonstrate compliance with section 3.1-2.2.2.8 of *Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 edition*. i.e; no indication of provision for resident storage (closets, wardrobes, etc.) indicated in the submitted drawings.
4. Demonstrate compliance with section 3.1-2.2.2.2 (3) (a) of *Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 edition*. i.e; the clearance around the beds in resident rooms #5, 14, 28, and 33 are not of equal distance as required by the referenced standard.
5. Demonstrate compliance with section 3.1-2.2.2.4 (1) of *Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 edition*. i.e; no provisions for visual privacy indicated in multiple resident rooms.
6. Demonstrate compliance with section 3.1-4.2.5 of *Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 edition*. i.e; No clean utility room on each residential unit is indicated on the submitted drawings.
7. Demonstrate compliance with section 3.1-4.2.6 of *Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 edition*. i.e; No soiled utility room on each residential unit is indicated on the submitted drawings.
8. Demonstrate compliance with section 3.1-4.6.1.1 of *Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 edition*. i.e; No provisions and/or narrative for storing and processing clean and soiled linen is indicated on the submitted drawings.
9. Demonstrate compliance with section 3.1-2.2.2.6 (5) of *Guidelines for the Design and Construction of Residential Health, Care, and Support Facilities 2014 edition*. i.e; No drawings for door hardware on shared residential bathroom doors is indicated on the submitted drawings.



Phone: (860) 509-7500
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HFC
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

Final approval for this project will be granted upon satisfactory responses to my design review comments. I can be reached at email at Anthony.m.bruno@ct.gov if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anthony M. Bruno', with a stylized flourish at the end.

Anthony M. Bruno, BFSI II
Building Construction & Fire Safety Unit Supervisor
Facilities Licensing & Investigations Section
cd



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
BUILDING AND FIRE SAFETY UNIT

October 7, 2016

Quisenberry Arcari Architects, LLC
318 Main Street
Farmington, Connecticut 06032
Attn: Mr. Adam Tarfano

Re: **Retreat of South Connecticut
Facility renovations
DPH Project #733**

Dear Mr. Tarfano,

I have reviewed design plan #733 as prepared by your office for the above referenced project.

The following are review comments that will require a response and/or clarifications prior to a construction approval letter issued by CT Department of Public Health:

1. Demonstrate compliance with section 3.11-6.2.4 of *Guidelines for the Design and Construction of Hospitals and Outpatient Facilities 2014 edition* .i.e; no public restroom in proximity to the main lobby indicated on the submitted drawings.
2. Demonstrate compliance with section 3.11-5.5 of *Guidelines for the Design and Construction of Hospitals and Outpatient Facilities 2014 edition* .i.e; no environmental services closet on patient wings indicated on the submitted drawings.
3. Demonstrate compliance with section 3.1-6.2.1 of *Guidelines for the Design and Construction of Hospitals and Outpatient Facilities 2014 edition* .i.e; no detailed drawings of required patient drop off and pedestrian entrances.
4. Demonstrate compliance with section 2.5-2.2.2.1 of *Guidelines for the Design and Construction of Hospitals and Outpatient Facilities 2014 edition* .i.e; patient rooms #38, #27, #24, #1, #3, #18, #15, and #23 indicate three (3) patients per room. The maximum allowed patients per room is two (2) per the referenced standard.
5. Demonstrate compliance with section 2.5-2.2.6.5 of *Guidelines for the Design and Construction of Hospitals and Outpatient Facilities 2014 edition* .i.e; no nourishment rooms are indicated in the submitted drawings.
6. Demonstrate compliance with section 2.5-2.2.8.2 of *Guidelines for the Design and Construction of Hospitals and Outpatient Facilities 2014 edition* .i.e; no visitors room on patient wings are indicated within the submitted drawings.
7. Demonstrate compliance with section 2.5-2.2.7.3 of *Guidelines for the Design and Construction of Hospitals and Outpatient Facilities 2014 edition* .i.e; no staff storage locations for personal effects on the North Wing or South Wing are indicated on the submitted drawings.
8. Demonstrate compliance with section 2.5-2.2.2.3 of *Guidelines for the Design and Construction of Hospitals and Outpatient Facilities 2014 edition* .i.e; Detox Rooms #1, #2, #3, #4, #5, #6, and #7 on the second (2nd) floor lack exterior windows as required by the referenced standard.



Phone: (860) 509-7500
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HFC
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

Final approval for this project will be granted upon satisfactory responses to my design review comments. I can be reached at email at Anthony.m.bruno@ct.gov if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Bruno', is written over a horizontal line.

Anthony M. Bruno, BFSI II
Building Construction & Fire Safety Unit Supervisor
Facilities Licensing & Investigations Section
cd



July 11, 2016

Christopher Doyle
Department of Public Health, Building and Fire Safety
410 Capitol Avenue
Hartford, CT 06134

RE: Retreat at South Connecticut, Final Plans Review

Dear Mr. Doyle:

As previously discussed, please find enclosed the full-sized, complete set of plans for your review. As a reminder, the property is located at:

915 Ella T. Grasso Blvd.
New Haven, CT 06519

If you have any questions and/or when you complete your review, I can be reached at:

(O): 855.859.8810
(C): 305-542-0687
(e): scott@retreatmail.com

Best Regards,

A handwritten signature in black ink, appearing to read "Scott Korogodsky", with a long, sweeping flourish extending to the right.

Scott Korogodsky
Corporate Administrative Director
Retreat Premier Addiction Treatment Centers

CC: Anthony Bruno