



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

January 12, 2010

IN THE MATTER OF:

An Application for a Certificate of Need
filed pursuant to Sections 19a-638 &
19a-639, C.G.S. by

Notice of Final Decision
Office of Health Care Access
Docket Number: 09-31398-CON

Surgery Center of Fairfield, County, LLC

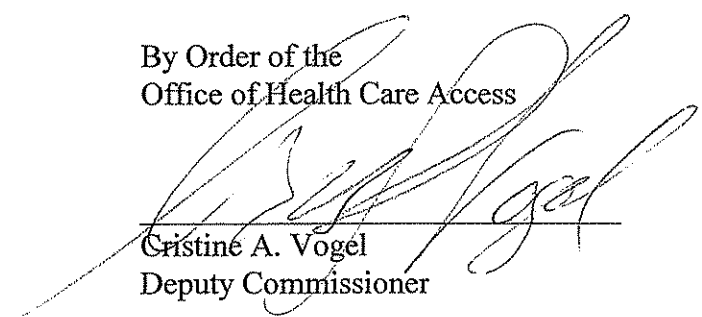
**Termination of a Multi-Specialty
Outpatient Surgical Center in Bridgeport
and Establishment of a Multi-Specialty
Outpatient Surgical Center in Fairfield**

Faith S. Kycia
Administrator
Surgery Center of Fairfield County
4920 Main Street
Bridgeport, CT 06606

Dear Ms. Kycia:

This letter will serve as notice of the Final Decision of the Office of Health Care Access in the above matter, as provided by Sections 19a-638 & 19a-639, C.G.S. On January 12, 2010, the Final Decision was rendered as the finding and order of the Office of Health Care Access. A copy of the Final Decision is attached hereto for your information.

By Order of the
Office of Health Care Access



Cristine A. Vogel
Deputy Commissioner

Enclosure
CAV:agf



**Department of Public Health
Office of Health Care Access
Certificate of Need Application**

Final Decision

Applicant: Surgery Center of Fairfield County, LLC

Docket Number: 09-31398-CON

Project Title: Termination of a Multi-Specialty Outpatient Surgical Center in Bridgeport and Establishment of a Multi-Specialty Outpatient Surgical Center in Fairfield

Statutory Reference: Sections 19a-638 & 19a-639 of the Connecticut General Statutes

Filing Date: December 3, 2009

Decision Date: January 12, 2010

Default Date: March 3, 2009

Staff Assigned: Alexis G. Fedorjaczenko
Ronald A. Ciesones

Project Description: The Surgery Center of Fairfield County, LLC ("Applicant") proposes to terminate a multi-specialty outpatient surgical center in Bridgeport and establish a multi-specialty outpatient surgical center in Fairfield at a total capital expenditure of \$4,967,454.

Nature of Proceedings: On December 3, 2009, the Office of Health Care Access ("OHCA") received the completed Certificate of Need ("CON") application from the Surgery Center of Fairfield County, LLC ("Applicant") for their proposal to terminate a multi-specialty outpatient surgical center in Bridgeport and establish a multi-specialty outpatient surgical center in Fairfield at a total capital expenditure of \$4,967,454. The Applicant is a health care facility or institution as defined by Section 19a-630 of the Connecticut General Statutes ("C.G.S.").

A notice to the public concerning OHCA's receipt of the Applicant's Letter of Intent was published in *The Connecticut Post* on July 12, 2009. Pursuant to 19a-638 and 19a-639, C.G.S., three individuals or an individual representing an entity with five or more people had until December 24, 2009 the twenty-first calendar day following the filing of the Applicant's CON Application, to request that OHCA hold a public hearing on the Applicant's proposal. OHCA received no hearing requests from the public.

OHCA's authority to review and approve, modify or deny the CON application is established by Sections 19a-638 and 19a-639, C.G.S. The provisions of this section as well as the principles and guidelines set forth in Section 19a-637, C.G.S., were fully considered by OHCA in its review.

Findings of Fact

Clear Public Need

Impact of the Proposal on the Applicant's Current Utilization Statistics Proposal's Contribution to the Quality of Health Care Delivery in the Region Proposal's Contribution to the Accessibility of Health Care Delivery in the Region

1. It is found that the Surgery Center of Fairfield County ("Applicant" or "Center") is a for-profit entity operating a multi-specialty outpatient surgery center at 4920 Main Street in Bridgeport, Connecticut. *(October 2, 2009, Initial CON Application, pages 5 and 24)*
2. It is found that the Center is licensed by the Department of Public Health ("DPH") as an outpatient surgical facility. *(October 2, 2009, Initial CON Application, page 5 and Exhibit R)*
3. It is found that ASC Acquisition, LLC acquired the Center from HealthSouth Corporation in 2007 as part of the termination of HealthSouth's ambulatory surgery division in Connecticut and the acquisition of four ambulatory surgery centers by ASC Acquisition, LLC. *(August 16, 2007, Final Decision under Docket Number 07-30955-CON)*
4. The Applicant contends that the current center in Bridgeport has the following ownership, and that there will be no changes to the amounts owned by individual physicians, practices, trusts, or other entities as a result of the proposal:
 - 71% - SunSurgery, LLC, which is a wholly owned subsidiary of Surgical Care Affiliates, LLC ("SCA") which, in turn, is a wholly owned subsidiary of ASC Acquisition, LLC; and
 - 29% - 22 physician investors who each own between 0.5% and 1.5% interest in the Center.*(October 2, 2009, Initial CON Application, pages 5 and 24, and Exhibit S)*
5. The Applicant contends that the proposed replacement facility will occupy approximately 15,000 square feet on a single floor at 5545 Park Avenue in Fairfield, on what is currently a 2.3 undeveloped parcel of land. *(October 2, 2009, Initial CON Application, pages 9 and 26)*

6. The Applicant contends that the proposed replacement facility will retain the same physicians and medical staff, and will offer services in the same surgical specialties, as follows: Gastroenterology; General Surgery; Gynecology; Ophthalmology; Oral Surgery; Orthopedic; Otolaryngology; Pain Management; Plastic Surgery; Podiatry; and Urology. *(October 2, 2009, Initial CON Application, page 5)*
7. The Applicant contends that current center in Bridgeport has four (4) operating rooms (“ORs”) and one (1) procedure room, and that the proposed facility in Fairfield will maintain the same complement of operating and procedure rooms. *(October 2, 2009, Initial CON Application, page 5)*
8. The Applicant contends that it does not anticipate any changes in patient origin as a result of the relocation, and provided data demonstrating that Bridgeport, Trumbull, and Fairfield have historically provided the highest patient volume to the facility.

Table 1: Patient Town of Origin, Current Center, 2008 & 2009

		2008 Discharges	2008 % of Total Discharges	2009 YTD Discharges	2009 YTD % of total Discharges
Service Area	Bridgeport	974	18.4%	640	19.7%
	Trumbull	686	13.0%	399	12.3%
	Fairfield	671	12.7%	384	11.8%
	Shelton	512	9.7%	292	9.0%
	Stratford	507	9.6%	315	9.7%
	Monroe	404	7.6%	264	8.1%
	Milford	228	4.3%	136	4.2%
	Westport	98	1.9%	88	2.7%
	Seymour	97	1.8%	61	1.9%
	Easton	96	1.8%	56	1.7%
	Derby	74	1.4%	46	1.4%
	Norwalk	68	1.3%	36	1.1%
	Ansonia	64	1.2%	34	1.0%
	Oxford	58	1.1%	33	1.0%
		Total	4,537	85.65%	2,784
Extended CT	West Haven	49	0.8%	21	0.6%
	Total	649	12.3%	403	12.4%
Out of State	--	111	2.1%	56	1.7%
Grand Total	--	5,297	100.0%	3,243	100.0%

(October 2, 2009, Initial CON Application, pages 8, 38-40 and Exhibits E & L)

9. The Applicant provided copies of letters from DPH dated October 23, 2006 and April 30, 2008 citing physical standards violations related to blockage of an exit corridor, smoke barrier walls with penetrations, lack of documentation for inspection of electrical receptacle outlets, lack of a policy for cleaning the ORs, equipment that was rusted or had peeling paint, and a fire-rated door that failed to close. The Applicant required no waivers from DPH. *(October 2, 2009, Initial CON Application, Exhibit R, and December 3, 2009, Completeness Response, Exhibit J)*
10. The Applicant contends that the lease on the current facility expires in February 29, 2012 and that in connection with lease renewal negotiations, a survey of the physical plant was commissioned from the Burell Group, P.C. and CRS Engineering of

Birmingham Alabama to determine whether and to what extent the facility meets state and local building codes. *(October 2, 2009, Initial CON Application, pages 5, 14, and 17)*

11. The Applicant contends that the survey identified numerous issues including those dealing with compliance with the Americans with Disabilities Act (“ADA”), and the National Fire Protections Association (“NFPA”), HVAC functionality, sprinkler and fire alarm systems, lighting and storage, and that it recommended the following steps to bring the Applicant’s facility into code compliance:
 - Revise the current surgery center layout;
 - Replace the existing mechanical system;
 - Upgrade the existing power distribution;
 - Install a new emergency generator and fuel storage capacity;
 - Replace the existing nurse call system;
 - Replace the building fire alarm system;
 - Replace all sprinkler heads in the building; and
 - Rework the parking and site.*(October 2, 2009, Initial CON Application, page 5, & Exhibit H pages 146 and 147)*
12. The Applicant contends that the Burrell Group estimated that the cost to bring the current facility into compliance with applicable building codes would be \$4.3 million, assuming the center would remain open during renovations. *(October 2, 2009, Initial CON Application, Exhibit H page 147)*
13. The Applicant contends that it estimates the cost to bring the facility into compliance with applicable building codes to be \$3.2 million, with the primary differences between the Applicant and Burrell Group’s budgets being that the Burrell Group’s budget included upgrades to the building not occupied by the Applicant, site improvements and overhead costs that go with those shell building upgrades, and extensive modernization of the operating rooms and ancillary areas as opposed to minimum upgrades. *(October 2, 2009, Initial CON Application, page 16 and 17)*
14. The Applicant contends that the initial search for a new location focused largely within the City of Bridgeport, but that none of the sites was acceptable to the company for reasons including, but not limited to, insufficient space, the inability to construct a facility on one floor, inadequate parking, and zoning issues. The Applicant provided a list of locations Bridgeport, Trumbull, and Fairfield and the reasons each site was not selected. *(October 2, 2009, Initial CON Application, pages 7-8)*
15. The Applicant contends that the operating and procedure rooms in the replacement facility will be supported with all of the ancillary functional space program areas required by the applicable American Institute of Architects (“AIA”) Guidelines for Design and Construction of Healthcare Facilities and the State of Connecticut. *(October 2, 2009, Initial CON Application, page 26)*
16. The Applicant contends that the replacement facility will include more private intake, prep and recovery areas, an examination room and ample storage space. It will also be fully ADA compliant with accessible and sufficient parking. *(October 2, 2009, Initial CON Application, page 26)*

17. OHCA finds that the Applicant has demonstrated that the proposed replacement facility will bring the Applicant's facility into compliance with applicable building codes and will improve the Applicant's ability to provide high-quality surgical services.
18. The Applicant contends that it intends to obtain DPH approval for relocation of the Center and will get a revised license with the replacement facility address. *(October 2, 2009, Initial CON Application, page 24)*

Historical Analysis & Projected Procedures by Specialty

19. The Applicant contends that on May 28, 2009, it commissioned a formal Replacement Facility Needs Analysis from Tannery Lane Partners, LLC, a Healthcare Consulting Company, located in Weston, Connecticut. The scope of work included an examination of historical volume and projected volume by procedure type. *(October 2, 2009, Initial CON Application, pages 18 and 33-56)*
20. The Applicant contends that the proposed replacement facility will generate no incremental volume, and that its volume projections are based on the historical rate of change by specialty, as shown in Tables 2a and 2b.

Table 2a: Historical & Projected Procedures by Specialty

	Hist.			Ann.*	Proj.				
	2006	2007	2008	2009A	2010	2011	2012	2013	2014
Pain Management**	1,011	932	899	957	985	1,015	1,045	1,077	1,109
Otolaryngology	1,021	1,080	1,015	1,125	1,170	1,216	1,265	1,316	1,368
General Surgery ***	20	20	16	15	14	13	12	12	12
Gastroenterology***	905	932	885	948	963	978	994	1,009	1,025
Gynecology ****	625	506	428	363	334	307	283	260	239
Ophthalmology	466	624	727	718	718	729	740	751	762
Oral Surgery	52	32	44	53	58	64	71	78	86
Orthopedic	909	1,220	1,383	1,492	1,611	1,740	1,879	2,030	2,192
Plastic Surgery	91	65	73	79	81	83	85	87	89
Podiatry	459	483	512	461	461	461	468	475	482
Urology	174	158	146	166	173	180	187	195	202
TOTAL	5,733	6,052	6,128	6,377	6,568	6,786	7,029	7,290	7,566

Notes: The Center's fiscal year is January 1 to December 31. Unit of service for this table is operative procedure. * FY 2009 was annualized by dividing year-to-date volume through July 31 by seven, then multiplying the dividend by twelve. ** Between 2007-2008 pain procedures decreased due to the relocation of a high-volume practitioner out of the service area. *** Decreases in gastroenterology and general surgery reflect the choice of a high-volume physician to move cases to a local hospital. Organic growth and the addition of new physicians in endoscopy have since mitigated the loss. ****Relocation of gynecological procedures from the Center to physician offices. *(October 2, 2009, Initial CON Application, pages 18-19, 310 and 246, Exhibit M)*

Table 2b: Historical & Projected % Change by Specialty

	% Change 2006-2009	% Change 2008-2009A	Average Annual	Assumptions Used in Projections
Pain Management	(5.38%)	6%	(1.79%)	3% annually
Otolaryngology	10.14%	11%	3.38%	Increased by 4% per year to reflect growth of surgical practices
General Surgery	(22.86%)	(4%)	(7.62%)	Historical (7.62%) decrease carried forward 2010-2011 then held flat at 12 cases to reflect credentialing requirement (minimum volume for physicians to retain privileges)
Gastroenterology	4.75%	7%	1.58%	Growth held at historical annual increase of 1.58%
Gynecology	(41.85%)	(15%)	(13.95%)	Reduced by 8% annually as practitioners near limit of what can safely be performed in an office
Ophthalmology	51.14%	(1%)	18.05%	Kept flat in 2010, then increase by 1.5% per year
Oral Surgery	2.20%	21%	0.73%	Increase of 10% per year to reflect addition of surgeon in 2009
Orthopedic	64.14%	8%	21.38%	Held at 8% to be consistent with 2009 growth rate
Plastic Surgery	(13.34%)	8%	(4.45%)	Increase 2.5% per year
Podiatry	0.47%	(10%)	0.16%	Held flat for 2010 and 2011, increased by 1.5% thereafter to reflect temporary avoidance of podiatric procedures during the current economic downturn
Urology	(4.43%)	14%	(1.48%)	4% annually
TOTAL	11.23%	4%	3.74%	

(October 2, 2009, Initial CON Application, page 246, Exhibit M)

21. The Applicant provided a copy of an article published in a peer-reviewed journal affiliated with both the American and European Surgical Associations. The authors sought to predict the effect of an aging population on the use of surgical services by using data from national surveys of medical and surgical services to establish a profile of age-specific rates of surgical use, combined with US Census Bureau population forecasts, to model the impact of forecasted population shifts on surgical work. The authors concluded that increases in the utilization of surgical services of between 14% and 47%, depending on specialty, will far outpace the rate of overall population growth. The greatest predicted increases are predicted to be in specialties in which a disproportionately high amount of care is provided to patients over the age of 65, such as ophthalmology, cardiothoracic surgery, and urology. (David A. Etzioni, et al. "The Aging Population and Its Impact on the Surgery Workforce." *Annals of Surgery* Vol 238, No 2, Aug 2003 and October 2, 2009, Initial CON Application, Exhibit G)
22. OHCA finds that the Applicant's projected volumes appear to be reasonable and achievable.
23. The Applicant contends that to maintain a utilization rate below 85%, it will increase hours at the Center in 2013, and that the Center is then anticipated to reach 88% capacity in 2015, at which time the Applicant will begin planning for the addition of operating and/or procedure room space. The Applicant contends that although it has decided not to construct shell space at this time, there are means of expanding the

footprint of the proposed facility to accommodate additional capacity when it is needed.

Table 3: Historical & Projected Procedures by Room

	Hist.			Ann.*	Proj.				
	2006	2007	2008	2009A	2010	2011	2012	2013	2014
Avg. # Proc/Rm	1,147	1,210	1,226	1,275	1,314	1,357	1,406	1,458	1,513
Total # Proc Hrs	6,376	6,484	6,722	6,878	7,961	8,316	8,708	9,129	9,578
% Total Utiliz	70%	71%	73%	75%	76%	80%	84%	80%	84%

Notes: For historical years, the Applicant calculated utilization by assuming 2,172 OR minutes each working day and between 251 and 255 working days in each year. The Applicant calculated total procedure hours by first calculating total procedure minutes by specialty, and then dividing the total by 60. For all projected years, it was assumed that there will be 254 work days/year, and that in 2010 through 2012 the four ORs will be available 8 hours/day and the procedure room will be available 9 hrs/day. In 2013 and 2014 the OR hours were increased to 9 hrs/day. (October 2, 2009, Initial CON Application, pages 21-21 and 52; and Exhibit C, page 123)

24. The Applicant provided a copy of an article published in the journal of the International Anesthesia Research Society which described an OR simulation designed to explore the different factors that must be considered in determining optimum utilization. With the goal being to minimize both patient delay and overtime, the authors concluded that 85% is the maximum utilization that can be achieved, with more complex OR suites, cases of different duration, changes in the variability of case duration, emergencies, cancellations, and other factors further decreasing optimum utilization. (Tyler, Donald C, Caroline A. Pasquariello, and Chn-Hung Chen. "Determining Optimum Operating Room Utilization." *Anesthesia & Analgesia* 96:1114-21, 2003 and October 2, 2009, Initial CON Application, pages 110-118)
25. The Applicant provided a copy of a transfer agreement between the Center and Bridgeport Hospital dated June 5, 2002. (October 2, 2009, Initial CON Application, Exhibit Q)
26. The Applicant provided excerpts from the American Society of Anesthesiologists guidelines, and indicated that it also follows guidelines of the Association of PeriOperative Registered Nurses and the respective surgical specialties of the various surgeons. The Applicant contends that the Center abides by the State of Connecticut Public Health Code and the Joint Commission on Accreditation of Health Care Organizations Standards for Ambulatory Surgical Centers. (October 2, 2009, Initial CON Application, pages 34 and 34 and Exhibit P)

**Financial Feasibility and Cost Effectiveness of the Proposal and its Impact on the Applicant's Rates and Financial Condition
 Impact of the Proposal on the Interests of Consumers of Health Care Services and the Payers for Such Services
 Consideration of Other Section 19a-637, C.G.S. Principles and Guidelines**

27. The Applicant contends that the proposal has the following expenses:

Table 4: Capital Expenditures & Costs

Medical Equipment Purchase	\$1,014,899
Non-Medical Equipment Purchase	\$169,146
Construction/Renovation	\$3,587,865
Other Non-Construction*	\$195,543
Total Capital Expenditure	\$4,967,453

* Tax/Shipping/Freight/Planning
 (October 2, 2009, Initial CON Application, page 25)

28. The Applicant contends that it will finance the proposal with loans from its parent company, SCA, with terms as follows:

- New construction loan of \$3,587,865 fully amortizing over 180 months and at an interest rate of prime plus 2%; and
- New equipment loan of approximately \$1,379,588 fully amortizing over 60 months and at an interest rate of prime plus 2%.

(December 3, 2009 Completeness Response, page 398)

29. The Applicant contends that Surgery Center of Fairfield County, LLC will bill for the proposed services. (October 2, 2009, Initial CON Application, page 28)

30. The Applicant contends that with no incremental volume, the proposed replacement facility therefore has no incremental revenue from operations. The Applicant's projected incremental revenue from operations, total operating expense, and loss from operations associated with the proposal is presented in the table below:

Table 5: Incremental Financial Projections with the Project

Description	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Incremental Revenue from Operations	\$0	\$0	\$0	\$0	\$0
Incremental Total Operating Expense	\$34,672	\$188,934	\$446,769	\$419,726	\$392,683
Incremental Loss from Operations	(\$34,672)	(\$188,934)	(\$446,769)	(\$419,726)	(\$392,683)

(December 3, 2009, Completeness Response, page 567)

31. The Applicant contends that the projected incremental losses from operations from FYs 2010 through FY 2014 are primarily due to increased interest expenses and depreciation expenses associated with the project. (October 2, 2009, Initial CON Application, Exhibit Y, page 311)

32. The Applicant contends that the lease for the new facility would be approximately \$50,000 less per year than the current lease, offsetting some of the losses. (October 2, 2009, Initial CON Application, Exhibit Y, page 311)

33. The Applicant's projected overall gain from operations with the CON proposal is presented in the table below: *(October 2, 2009, CON Completeness Responses, page 567)*

Table 6: Total Facility Gain / Loss from Operations with the Project

Description	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Gain / Loss from Operations	\$3,494,589	\$3,521,588	\$3,464,987	\$3,708,507	\$3,967,010

34. OHCA concludes that the CON proposal is financially feasible.

35. The Applicant contends that with no incremental volume or revenue associated with the proposal, there is no data to complete Financial Attachment II and therefore no average rate charge. The Applicant attached detailed charges by CPT code and contends that based on its records, they have estimated a weighted average rate of \$1,923.53 for January 1 through October 31, 2009. *(October 2, 2009, Initial CON Application, page 28 and Exhibit Z; and December 3, 2009, Completeness Response, pages 402-403)*

36. The Applicant contends that it has realized cost savings through its relationship with SCA, which owns 130 facilities and leverages its buying power to obtain the best prices on medical and office supplies, services, and equipment. The Applicant contends that cost savings for FY 2009 are nearing \$90,000. *(October 2, 2009, Initial CON Application, page 30)*

37. The Applicant contends that the proposal is consistent with the Center's long-term objectives of remaining a high-quality, cost-effective surgical facility that maintains its value in the community by demonstrating superior patient outcomes, unrivaled patient satisfaction and enhanced physician efficiency. *(October 2, 2009, Initial CON Application, page 30)*

38. The Applicant contends the Center's patient population mix will not change with the proposal as indicated in the table below.

Table 7: Current & Three-Year Projected Patient Population Mix

Payer Description	Current FY 2009	Year 1 FY 2012	Year 2 FY 2013	Year 3 FY 2014
Medicare *	16.8%	16.8%	16.8%	16.8%
Medicaid *	4.2%	4.2%	4.2%	4.2%
CHAMPUS and TriCare	0%	0%	0%	0%
Total Government	21%	21%	21%	21%
Commercial Insurers *	70.3%	70.3%	70.3%	70.3%
Uninsured	2.5%	2.5%	2.5%	2.5%
Workers Compensation	6.3%	6.3%	6.3%	6.3%
Total Non-Government	79.1%	79.1%	79.1%	79.1%
TOTAL	100%	100%	100%	100%

** Includes managed care activity.
 (October 2, 2009, Initial CON Application, page 27)*

39. The Applicant provided resumes of key staff demonstrating sufficient technical, managerial, and clinical competence and expertise to provide efficient and adequate service to the public. *(October 2, 2009, Initial CON Application, page 30)*

Rationale

The Office of Health Care Access (“OHCA”) approaches community and regional need for Certificate of Need (“CON”) proposals on a case-by-case basis. CON applications do not lend themselves to general applicability due to a variety of factors, which may affect any given proposal; e.g., the characteristics of the population to be served, the nature of the existing services, the specific types of services proposed to be offered, the current utilization of services and the financial feasibility of the proposal.

Surgery Center of Fairfield County (“Applicant”) is a for-profit entity operating a multi-specialty outpatient surgery center at 4920 Main Street in Bridgeport, Connecticut. The Applicant contends that it began a survey of the physical plant at the Bridgeport site in connection with lease renewal negotiations, and that it found that limitations of the current physical space include lack of compliance with the Americans with Disabilities Act and applicable building codes. The Applicant proposes to terminate its services at the Bridgeport location and to establish a new outpatient surgical center at 5545 Park Avenue in Fairfield, Connecticut, on what is currently an undeveloped parcel of land. OHCA finds that the Applicant has demonstrated that the proposed replacement facility will bring the Applicant’s facility into compliance with applicable building codes and will improve the Applicant’s ability to provide high-quality surgical services.

The Applicant contends that it does not anticipate any changes in patient population as a result of the relocation, and projects that there will be no incremental volume associated with the proposal. OHCA finds that the Applicant’s projected volumes appear to be reasonable and achievable. The Applicant further contends that the proposed replacement facility will retain the same physicians and medical staff, will offer services in the same surgical specialties, and will continue to maintain the same complement of operating procedure rooms as are currently offered at the existing facility. Based on the above, OHCA finds that the proposed relocation will preserve access and improve the quality of outpatient surgical services for the Applicant’s current patient population.

The project’s total capital expenditure of \$4,967,453 will be financed with a loan from the Applicant’s parent company, SCA. With the proposal, the Applicant projects incremental losses from operations in FYs 2010-2014, primarily due to increased interest expenses and depreciation expenses associated with the project. For the total facility overall, the Applicant projects continued gains from operations with the project in FYs 2010-2014. Based on the above, OHCA concludes that the CON proposal is financially feasible.

Order

Based on the foregoing Findings and Rationale, the Certificate of Need application of the Surgery Center of Fairfield County ("Applicant") for their proposal to terminate a multi-specialty outpatient surgical center in Bridgeport and establish a multi-specialty outpatient surgical center in Fairfield at a total capital expenditure of \$4,967,454. is hereby GRANTED, subject to the following conditions:

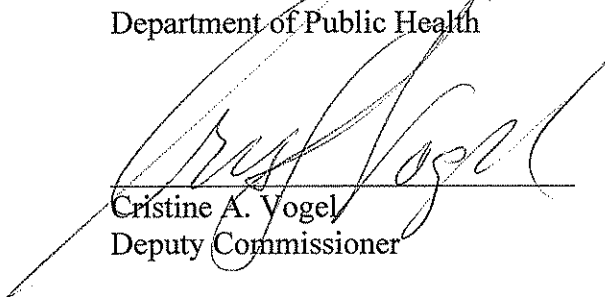
1. Should the Applicant propose any change in the array of health care services offered, the Applicant shall file with OHCA appropriate documentation regarding its change, including either a Certificate of Need Determination Request or a Certificate of Need Letter of Intent.

Should the Applicant fail to comply with any of the aforementioned conditions, OHCA reserves the right to take additional action as authorized by law.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the Division of
Office of Health Care Access,
Department of Public Health

1-12-10
Date


Cristine A. Vogel
Deputy Commissioner

CAV:agf