



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

September 17, 2007

Teresita G. Mascardo, M.D.
Connecticut Plastic Surgery Center
598 Danbury Road
Ridgefield, CT 06877

Re: **Report Number 07-31012-DTR**; A Certificate of Need Determination
Teresita G. Mascardo, M.D. d/b/a Connecticut Plastic Surgery Center

Dear Dr. Mascardo:

On July 26, 2007, the Office of Health Care Access (“OHCA”) initiated a Certificate of Need (“CON”) Determination regarding Teresita G. Mascardo, M.D. d/b/a Connecticut Plastic Surgery Center at 598 Danbury Road in Ridgefield in order to determine how the provisions of Section 19a-493b of the Connecticut General Statutes applied to this matter. On September 7, 2007, OHCA received information in response to OHCA’s inquiry in this matter. Please be advised that OHCA has reviewed this matter and makes the following findings:

1. Teresita G. Mascardo, M.D. d/b/a Connecticut Plastic Surgery Center (“Surgery Center”) received licensure from the Department of Public Health as an Outpatient Surgical Facility at 598 Danbury Road in Ridgefield, effective July 11, 2007.
2. Dr. Mascardo is the sole owner and only physician of the Surgery Center. The Surgery Center has one operating room.
3. Dr. Mascardo lists the following surgical procedures as being available at the Surgery Center

Facial Dermabrasion	Browlift	Chin Augmentation	Liposuction
Blepharoplasty	Face & Neck Lift	Mastectomy for Gynecomastia	Breast Lift
Excision of skin tumors	Breast Augmentation	Scar Revision	Otoplasty
Repair of split earlobes	Repair of Lacerations	Septoplasty	Abdominoplasty
Reduction of Nasal Fracture	Breast Reduction	Rhinoplasty	Capsulotomy/Capsulectomy of Breasts

4. For many of the above listed procedures, Dr. Mascardo utilizes general anesthesia.
5. As evidence of the performance of surgical procedures at this location prior to July 1, 2003, Dr. Mascardo provided numerous operative reports (redacted for patient specific information) for surgical procedures taking place at Connecticut Plastic Surgery Center prior to 2003. In addition, Dr. Mascardo provided a copy of the Connecticut Plastic Surgery Center's 1994 accreditation document from the American Association for Accreditation of Ambulatory Surgery Facilities, Inc., for the ABMS Specialty Plastic Surgery

Based on the information provided in this matter, OHCA has determined that the evidence was satisfactory and demonstrated that the surgical procedures provided at this outpatient surgical facility were provided prior to July 1, 2003. The exception from obtaining a Certificate of Need from the Office of Health Care Access for your facility is hereby granted as allowed by Section (b) of Section 19a-493b of the Connecticut General Statutes. However, any change in scope or services from those presented may require a Certificate of Need from OHCA and OHCA should be notified in a timely manner.

Thank you for your cooperation in this matter and if you have any questions concerning this letter, please contact Karen Roberts, Compliance Officer, at (860) 418-7041.

Sincerely,

Signed by Commissioner Vogel on September 17, 2007

Cristine A. Vogel
Commissioner

CAV:kr

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