

New York State Department of Health

Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	West Village Rehabilitation and Nursing Center
2. Name of Applicant	West Village Rehabilitation and Nursing Center
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>The Vinca Group L.L.C.</p> <p>Lead Contact: Alice Katz President akatz@thevincagroup.com 410-998-9310</p> <p>Other Contacts: Stephanie Heffernan Senior Vice President sheffernan@thevincagroup.com 410-998-9310</p> <p>Claire Nooney Director of Operations cmilando@thevincagroup.com 410-998-9310</p>
4. Description of the Independent Entity's qualifications	See Attachment A
5. Date the Health Equity Impact Assessment (HEIA) started	3/25/2025
6. Date the HEIA concluded	5/12/2025 Revised 5/27/2025 with local Health Department feedback

7. Executive summary of project (250 words max)

West Village Rehabilitation and Nursing Center (West Village) wants to add 20 skilled nursing facility beds to the 105 beds currently located at 214 West Houston Street, New York, NY 10014. This application does not contemplate any changes to the existing services at West Village.

This project includes constructing 8,162 additional square feet of space. The first floor will expand the existing Physical Therapy/Occupational Therapy suite. The 2nd through 6th floors will provide four new beds per floor. The new patient rooms will be semi-private with an exterior window allocated for each bed. Each new room will have a full toilet and shower room. This expansion will allow the facility to serve the community more efficiently and to satisfy unmet need.

8. Executive summary of HEIA findings (500 words max)

The project increases skilled nursing facility beds capacity and expands rehabilitation therapy space. The analysis and feedback support the additional services. The project supports culturally sensitive care and provides design elements, assistive devices and technology to better support residents' independence, physical, cognitive and social needs. The HEIA supports the project. The results include suggestions to enhance communication by hiring bilingual staff, tailoring outreach to medically underserved groups and attending community group meetings.

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

1. Demographics of service area: Complete the “Scoping Table Sheets 1 and 2” in the document “HEIA Data Tables”. Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.

West Village reports that the Service Area is primarily zip codes in Community District 2 as well as zip codes in Community District 1 and adjoining zip codes 10002, 10009 and 10010.

The following zip codes comprise the Service Area:

10002, 10003, 10004, 10005, 10007, 10009, 10010, 10011, 10012, 10013, 10014, 10038, 10279, 10280, 10282

2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:

The following medically underserved groups will be impacted by the project:

- ☐ Low-income people
- ☐ Racial and ethnic minorities
- ☐ Immigrants
- ☐ Women
- ☐ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- ☐ People with disabilities
- ☐ Older adults
- ☐ Persons living with a prevalent infectious disease or condition
- ☐ People who are eligible for or receive public health benefits

3. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

- New York City Community Health Profiles
- New York Department of Health
- NYC Health + Hospitals 2022 Community Health Needs Assessment (CHNA)
- Centers for Medicare and Medicaid (CMS) Framework for Health Equity 2022–2032
- National Center for Health Statistics, 2020 National Post-acute and Long-term Care Study
- Kaiser Family Foundation analysis of Certification and Survey Provider Enhanced Reports (CASPER) data 2024.
- “Care For America’s Elderly and Disabled People Relies on Immigrant Labor,” 2019
- National Bureau of Economic Research, Immigration, “The Long-Term Care Workforce, and Elder Outcomes in the U.S.,” February 2023
- American Health Care Association
- National Resource Center on LGBTQ+ Aging

4. How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?

Low Income: Medicaid covered skilled nursing facility care is available for eligible beneficiaries when there are no other options for payment. Medicaid allows for low income residents with chronic illness and/or disabilities to live in a safe and comfortable environment with the appropriate level of care. Residents can be directly admitted to a skilled nursing facility under Medicaid or residents may become qualified for Medicaid coverage during their stay after spending down their assets.

In New York for the year 2025, a single skilled nursing facility Medicaid applicant must have an income under \$1,800 per month and assets under \$32,396.

Medicaid is the primary payer for long term skilled nursing facility residents. In 2024, Medicaid paid for the care of 64% of all skilled nursing facility residents in New York State. The most recent available SNF cost report data shows Medicaid paid for 59% of New York County skilled nursing facility residents.

The following table shows the percentage of people ages 18 to 64 and ages 65 with income in the past 12 months that were below the poverty level in the county as well as the Service Area zip codes with the highest poverty rates. Data is from US Census 2023 ACS.

Percentage of People whose Income in the Past 12 Months is Below Poverty Level		
	Ages 18-64	Ages 65 and Older
New York County	14.5%	18.1%
Service Area Zips with Highest Percentages		
10002	20.1%	31.1%
10009	17.5%	26.3%
10038	13.1%	24.0%

Racial and Ethnic Minorities: Minority adults need access to both short term and long term care nursing facility services. Minority populations often have one or more comorbidities. Minority groups have higher levels of cognitive impairment as they age, impairment in activities of daily living, and lower socioeconomic status.

West Village Rehabilitation and Nursing Center reports the racial makeup of residents as 67.0% White, 10.3% Black, 7.2% Asian, 3.1% Hispanic and 12.4% declined to identify.

The table below shows population by race/ethnicity in the Service Area Zip codes based on US Census Data ASC Survey 2023. Zip codes 10002, 10009, 10013 and 10038 have the highest proportions of racial/ethnic minorities.

Total Population by Race/Ethnicity 2023 – US Census ACS										
Zip Code	Asian	Asian %	Black	Black %	White	White %	Other	Other %	Hispanic	Hispanic %
10002	27,700	36.7	7,074	9.4	23,597	31.2	17,146	22.6	18646	24.7
10003	9,639	17.9	2,367	4.4	36,193	67.2	5,626	10.4	5285	9.8
10004	923	23.8	278	7.2	2,460	63.5	214	5.6	189	4.9
10005	1,311	14.2	405	4.4	6,254	67.7	1,268	13.7	935	10.1
10006	1,058	23.6	271	6.1	2,932	65.5	214	4.7	125	2.8
10007	1,179	15.1	704	9.0	5,593	71.7	326	4.2	1016	13.0
10009	7,533	12.9	5,002	8.6	32,293	55.4	13,513	23.2	14245	24.4
10010	4,517	14.2	2,912	9.1	20,884	65.5	3,592	11.2	2701	8.5
10011	5,118	10.4	1,950	4.0	35,340	71.6	6,936	14.0	6398	13.0
10012	3,780	17.3	715	3.3	15,076	69.0	2,275	10.4	2300	10.5
10013	8,621	30.6	1,053	3.7	15,873	56.3	2,668	9.4	2189	7.8
10014	1,516	5.1	907	3	24,317	81.7	3,032	10.2	3223	10.8
10038	6,875	29.5	2,604	11.2	10,416	44.6	3,447	14.8	2748	11.8

10279	0	0	0	0	100	55.2	81	44.8	0	0
10280	2,463	28.4	161	1.9	5,333	61.5	711	8.2	1023	11.8
10282	903	15.2	145	2.4	4,207	70.6	705	11.9	124	2.1

New York's Chinatown is in zip codes 10002 and 10013, where 36.1% and 30.6% of the population is Asian. With 24% of residents over the age of 65, Chinatown is home to many senior citizens and multigenerational households.

Immigrants According to a 2017 study, immigrants accounted for 23.5% of the long term care sector workers. The study showed 27.5% of direct care workers and 30.3% of skilled nursing facility housekeeping and maintenance workers were immigrants.

According to a 2025 report on aging from the Office of the State Deputy Comptroller for the City of New York, New York City's ages 65 and older population became more diverse from 2000 to 2023. During this time, 98% of the growth for the population ages 65 and older was for the non-White population. The non-White share of residents that are 65 and over increased by 19.2 percentage points to reach 61.4%. One reason why non-Whites became the majority was because 50.7% of the City's 65 and older population were immigrants.

According to US Census ACS Survey 2019-2023, there are 107,854 foreign born people residing in the Service Area. The foreign born population represents 26.2% of the Service Area population. The table below shows the foreign born population estimates in the Service Area Zip codes based on US Census Data ASC Survey 2023.

Foreign Born Population 2019-2023 US Census ACS		
Zip Code	Population	% of Population
10002	28,899	38.3
10003	10,633	19.8
10004	856	22.1
10005	2,285	24.7
10006	1,508	33.7
10007	1,469	18.8
10009	14,792	25.4
10010	6,690	21.0
10011	9,777	19.8
10012	6,202	28.4
10013	8,702	30.8
10014	5,605	18.8
10038	6,339	27.2
10279	61	33.7
10280	2,740	31.6
10282	1,296	21.7

Women: Women are more likely to need long term care. Women live longer than men, and have higher rates of disability and chronic health problems. Women spend twice as

many years in a disabled state at the end of their lives compared to men. Data from the 2020 National Post-acute and Long-term Care Study reported that 62.2% of skilled nursing facility residents were women. West Village Rehabilitation and Nursing Center reports 58% of its residents are women.

Lesbian, gay, bisexual, transgender, or other-than-cisgender people: Approximately 2.4 million adults ages 65 and older currently identify as lesbian, gay, bisexual or transgender (LGBTQ) in the United States.

According to a national study published in 2021 by Sage, an LGBTQ+ advocacy and policy group for elders, 41% of LGBT older people report having a disability compared to 35% of heterosexual older adults. The LGBTQ+ adult community are more likely to have poor physical or mental health, delay or avoid seeking health care, be socially isolated, smoke or engage in alcohol or substance use, report suicidal thoughts, have lower incomes and experience poverty.

A 2018 AARP survey of LGBTQ+ adults 45 and older found that in the LGBTQ+ community worry about mistreatment or being forced to hide their sexual identity if they need to move to a nursing home or an assisted living facility.

LGBTQ+ older adults tend to be single and living alone without children, which makes it more likely that they will need to rely on long term care facilities. LGBTQ+ people who seek skilled nursing facility care may have unique social care needs.

Unfortunately, there is a significant lack of data on the LGBTQ+ population residing in skilled nursing facilities. This is partially due to the overall lack of data on the LGBTQ+ population in general. Measures of the LGBTQ+ population are not included in the U.S. census; however, individual state surveys have been published by the CDC with LGBTQ+ population statistics.

The most recent data on the LGBTQ population in New York is from a 2019-2020 study administered by the New York Department of Health. The study shows an estimated 4.5% of New York's population ages 65 and older identify as LGBTQ+. Studies report that 23% of LGBTQ+ New Yorkers of all ages cite inadequate insurance coverage as the most significant barrier to health care. One-third of LGBTQ+ adults ages 50 and over in New York live at or below 200 percent of the federal poverty level, compared to a quarter of non-LGBTQ+ people. Poverty rates are even higher for LGBTQ+ older people of color, those ages 80 and older, bisexual older people, and transgender older people. Approximately 21% of LGBTQ+ adults aged 50 and over have provided care to friends, compared to the 6 percent of their non-LGBTQ+ peers.

People with Disabilities: New York reported that 1.56% of the disabled population ages 18-64 reside in skilled nursing facilities.

In the Service Area, 5.5% of noninstitutionalized people ages 18 to 64 and older reported living with a disability and 29.9% of noninstitutionalized people ages 65 and older reported living with a disability.

Percent of Noninstitutionalized population with a Disability 2019-2023 US Census ACS		
Service Area Zip Code	Ages 18-64	Ages 65 and Older
10002	8.4	33.0
10003	3.5	24.1
10004	2.4	15.8
10005	0.5	0
10006	1.8	0
10007	2.0	11.3
10009	10.6	40.7
10010	4.1	24.2
10011	5.5	27.4
10012	3.6	26.0
10013	4.0	28.7
10014	2.6	26.3
10038	5.6	31.7
10279	0	0
10280	3.2	16.1
10282	2.2	54.6

Disabilities are defined as difficulty with or dependence on others to conduct activities of daily living (ADLs). SNF residents typically require assistance with three or more ADLs. Below is the disability profile of skilled nursing facility residents from the 2020 National Post-acute and Long-term Care Study:

ADL	% of Residents Needing Assistance
Bathing	96.45
Dressing	92.91
Eating	60.15
Toileting	90.15
Transferring in and out of a chair/bed	87.5
Walking or locomotion	92.53

Older Adults: Aging leads to a decline in physical health, which can limit mobility and the ability to perform daily tasks. The CDC also reports that 4.5% of adults aged 65 and older live in skilled nursing facilities or similar long-term care facilities.

Below is the national age distribution of skilled nursing facility residents from the 2020 National Post-acute and Long-term Care Study:

Age Cohort	% of Skilled nursing facility Residents
65 and over	82.14
65-74	22.01
75-84	27.3
85 and over	32.83

The following table shows the proportion of residents ages 65 and older to the total population for the county and each service area zip code.

Population Ages 65 and Older - 2019-2023 US Census ACS		
	Population	% of Population
New York County	289,340	17.8%
Service Area Zip Code		
10002	17,268	22.9
10003	8,283	15.4
10004	177	4.6
10005	361	3.9
10006	143	3.2
10007	605	7.8
10009	9,600	16.5
10010	5,420	17.0
10011	9,405	19.1
10012	3,130	14.3
10013	4,953	17.6
10014	5,351	18.0
10038	3,886	16.6
10279	0	0
10280	744	8.6
10282	606	10.2

Persons living with a prevalent infectious disease or condition: Residents in skilled nursing facilities typically have at least one chronic condition for which they need some ongoing medical care.

The table below shows the diagnoses for New York skilled nursing facility residents from the 2020 National Post-acute and Long-term Care Study:

Diagnosis	% of Skilled nursing facility Residents
Alzheimer disease or other dementias	41.5
Arthritis	43.0
Asthma	7.0
Chronic kidney disease	8.4
Chronic obstructive pulmonary disease	14.2
Depression	20.4
Diabetes	23.4
Heart disease	35.3
High blood pressure/hypertension	48.8
Osteoporosis	23.2

Older adults can be disproportionately diagnosed with multiple chronic diseases such as high blood pressure, chronic obstructive pulmonary disease and diabetes. Some of these diseases present themselves at greater rates in the City's Hispanic and Black households, and older households living in poverty.

People who are eligible for or receive public health benefits: Skilled nursing facilities serve people who are eligible for Medicare and Medicaid. Skilled nursing facilities also serve people with health benefits through the Veterans Administration and the US Indian Health Service.

US Census 2023 ACS Data shows that 30.6% of the Service Area's noninstitutionalized population with coverage have public health coverage. The following table shows the data by type of Public Health Coverage for each Service Area Zip Code.

Percent of Noninstitutionalized Population with Public Health Coverage and Type 2019-2023 US Census ACS				
	% Public Health Coverage	% Medicare	% Medicaid	% Veterans Administration
New York County	35.1	18.0	22.7	0.6
Service Area Zip Code				
10002	52.0	24.1	42.6	1.1
10003	19.9	14.8	8.3	0.6
10004	6.5	4.5	2.4	0
10005	9.5	3.8	6.1	0
10006	6.3	2.0	3.8	0.5
10007	9.8	7.4	3.9	0
10009	39.0	18.7	29.0	1.1
10010	22.7	16.7	9.8	0.7
10011	27.1	19.6	11.1	0.7
10012	21.2	15.1	8.7	0.6
10013	25.1	18.7	12.4	0.3

10014	20.6	17.1	5.3	0.7
10038	31.5	17.1	21.3	0.4
10279	0	0	0	0
10280	10.1	9.6	2.1	0
10282	15.0	7.7	9.2	0

The New York Department of Health reported that in 2023, 4.5 million people in New York City were enrolled in Medicaid, of which 14 percent (636,472) were 65 and over. This includes all five boroughs. Data from NYS Medicaid Enrollment Databook by Month reports that New York County had 484,266 Medicaid Enrollees in February 2025. Beginning January 1, 2024, certain undocumented immigrants ages 65 and older became eligible for Medicaid in New York.

5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

West Village Rehabilitation and Nursing Center reported 92.8% of its residents were paid for by Medicare, Medicare Managed Care, Medicaid and Medicaid Managed Care. Medicare and Medicare Managed Care paid for 90.8% of resident days. Medicaid and Medicaid Managed Care paid for 1.9% of resident days.

West Village Rehabilitation and Nursing Center reported 58% of its residents were women.

West Village Rehabilitation and Nursing Center reported that 20.6% of its residents reported being a racial minority and that 23.5% of residents who chose to identify their race reported being a racial minority.

The service area population is 26.2% Foreign born.

There is no data available on the LGBTQ+ population use of skilled nursing facilities.

The project will increase the available beds and provide a state-of-the-art rehabilitation therapy space. We anticipate the medically underserved groups will continue to use West Village Rehabilitation and Nursing Center.

6. What is the availability of similar services or care at other facilities in or near the Applicant's service area?

Facility Name	Zip	Total Capacity	Census	Occupancy March 2025
Service Area				
West Village Rehabilitation and Nursing Center	10014	105	100	95.2%
New East Side Nursing Home	10002	58	52	89.7%
New Gouverneur Hospital SNF	10002	295	288	97.6%
Remaining New York County				
Amsterdam Nursing Home Corp	10025	409	402	98.3%
Coler Rehabilitation and Nursing Care Center	10044	815	476	58.4%
Fort Tryon Center for Rehabilitation and Nursing	10040	205	200	97.6%
Harlem Center for Nursing and Rehabilitation	10037	199	198	99.5%
Henry J. Carter Skilled Nursing Facility	10035	164	157	95.7%
Isabella Geriatric Center Inc	10040	705	697	98.9%
Mary Manning Walsh Nursing Home Co Inc	10021	360	332	92.2%
Northern Manhattan Rehabilitation and Nursing Center	10035	320	314	98.1%
St Marys Center Inc	10027	40	38	95.0%
Terence Cardinal Cooke Health Care Center	10029	559	523	93.6%
The New Jewish Home, Manhattan	10025	514	408	79.4%
The Riverside	10024	520	485	93.3%
Upper East Side Rehabilitation and Nursing Center	10021	499	447	89.6%

7. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

West Village Rehabilitation and Nursing Center has 2.0% market share of New York County skilled nursing facility residents and 22.8% market share of the project's service area skilled nursing facility residents.

Assuming West Village Rehabilitation and Nursing Center maintains 95% occupancy its market share is projected to be 2.3% of New York County skilled nursing facility residents and 25.9% of the project's service area skilled nursing facility residents.

The following table presents skilled nursing facility market share for New York County based on reported census for March 2025.

Facility Name	Zip	Census	Market Share
Service Area			
West Village Rehabilitation and Nursing Center	10014	100	2.0%
New East Side Nursing Home	10002	52	1.0%
New Gouverneur Hospital SNF	10002	288	5.6%
Remaining New York County			
Amsterdam Nursing Home Corp	10025	402	7.9%
Coler Rehabilitation and Nursing Care Center	10044	476	9.3%
Fort Tryon Center for Rehabilitation and Nursing	10040	200	3.9%
Harlem Center for Nursing and Rehabilitation	10037	198	3.9%
Henry J. Carter Skilled Nursing Facility	10035	157	3.1%
Isabella Geriatric Center Inc	10040	697	13.6%
Mary Manning Walsh Nursing Home Co Inc	10021	332	6.5%
Northern Manhattan Rehabilitation and Nursing Center	10035	314	6.1%
St Marys Center Inc	10027	38	0.7%
Terence Cardinal Cooke Health Care Center	10029	523	10.2%
The New Jewish Home, Manhattan	10025	408	8.0%
The Riverside	10024	485	9.5%
Upper East Side Rehabilitation and Nursing Center	10021	447	8.7%

8. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

Not Applicable because the project is not a hospital.

9. Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.

After the addition, the number of FTEs is budgeted to increase from 127.25 to 144.41. The number of Registered Nurse FTEs is budgeted to increase from 19.08 to 22.71. The number of Licensed Practical Nurses is budgeted to increase from 6.54 to 7.79. The number of aides and attendants is budgeted to increase from 49.53 to 58.96. The number of environmental and food service FTEs is budgeted to increase from 26.3 to 29.00.

West Village does not anticipate significant challenges in recruiting and retaining these additional FTEs.

10. Are there any civil rights access complaints against the Applicant? If yes, please describe.

No civil rights access complaints

11. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

No similar projects

STEP 2 – POTENTIAL IMPACTS

1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:
 - a. Improve access to services and health care
 - b. Improve health equity
 - c. Reduce health disparities

Low income residents are eligible for Medicaid, which allows low income residents with chronic illness and/or disabilities to live in a safe and comfortable environment with the appropriate level of care. The project's Medicaid as primary payor utilization is projected to increase from 1.9% to 2.0% with the 20 bed addition. The state-of-the-art facility will include culturally sensitive design elements, technology, assistive devices and communication systems to enhance residents' quality of life and care and support independence.

Racial and Ethnic Minority populations often have one or more additional medical conditions co-occurring with a primary condition. Minority groups have higher levels of cognitive impairment as they age, impairment in activities of daily living, and lower socioeconomic status. The project's service area population is 412,306 of which 41.58% are non-White according to 2023 Census estimates. The project's additional beds will be able to serve this growing diverse resident base. The state-of-the-art facility will include culturally sensitive design elements, technology, assistive devices and communication systems to enhance residents' quality of life and care and support independence.

Immigrants: Long term care facilities provide job opportunities as well as care to immigrants. Census estimates there are 107,854 foreign born people in the Service Area, which is 26.2% of the total population. There is opportunity for the expansion project to have a positive economic impact for this underserved group. The state-of-the-art facility will include culturally sensitive design elements, technology, assistive devices and communication systems to enhance residents' quality of life and care and support independence.

Women account for 62.2% of skilled nursing facility residents nationally. Women live longer than men and have higher rates of disability and chronic health problems. The expansion project will increase the availability of skilled nursing care for aging women in the service area. The state-of-the-art facility will include culturally sensitive design elements, technology, assistive devices and communication systems to enhance residents' quality of life and care and support independence.

Lesbian, gay, bisexual, transgender people who seek skilled nursing facility care may have unique health care and social care needs. The project would expand the number of skilled nursing care beds in the area that could be utilized by the aging LGBTQ+ population. The state-of-the-art facility will include culturally sensitive design elements, technology, assistive devices and communication systems to enhance residents' quality of life and care and support independence.

People with disabilities Skilled nursing facilities care for residents with clinically complex needs and disabilities. In the Service Area, 5.5% of noninstitutionalized people ages 18 to 64 and older reported living with a disability and 29.9% of noninstitutionalized people ages 65 and older reported living with a disability. The project would serve the complex skilled nursing care needs of service's area's disabled adult population. The state-of-the-art facility will include culturally sensitive design elements, technology, assistive devices and communication systems to enhance residents' quality of life and care and support independence.

Older adults ages 65 have higher rates of disabilities and health care needs. The project's patient mix will primarily consist of people ages 65 and older. There are estimated to be 69,932 people ages 65 and older living in the service area, and 29.9% of the noninstitutionalized people ages 65 and older have a disability. The project will increase the number of beds available for the vulnerable and frail elderly population who need post acute skilled nursing services. Care and treatment will include using appropriate clinical protocols, assistive devices, adaptive equipment and communication methods. The project will provide monitoring and referrals for other clinical care and for treatment for patients' comorbidities. The state-of-the-art facility will include culturally sensitive design elements, technology, assistive devices and communication systems to enhance residents' quality of life and care and support independence.

Persons living with a prevalent infectious disease or condition: Skilled nursing facility residents have at least one chronic health condition. The project will increase the number of beds available to serve the service area's medically complex residents. The project will have contemporary mechanical and care systems to improve infection control as well as assistive devices to improve resident quality of care. The project will provide coordinated care and referrals to other care resources for residents with prevalent infectious disease or condition. Universal precautions will be used for treating all residents. The state-of-the-art facility will include culturally sensitive design elements,

technology, assistive devices and communication systems to enhance residents' quality of life and care and support independence.

People who are eligible for or receive public health benefits that reside in the service area include Medicare recipients, Medicaid recipients and those eligible for Veteran Administration benefits. Census 2023 ACS Data shows that 30.6% of the Service Area's noninstitutionalized population with coverage have public health coverage. The project's additional beds will serve the public healthcare recipients in the service area. The state-of-the-art facility will include culturally sensitive design elements, technology, assistive devices and communication systems to enhance residents' quality of life and care and support independence.

2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.

There are no unintended negative impacts to health equity for any of the medically underserved groups in the service area.

3. How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.

The added beds will increase the availability of skilled nursing care for Medicaid eligible residents of the service area.

4. Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.

Within walking distance of West Village is the New York City subway system including the No.1 train, which connects to the Bronx and Brooklyn. New York City has a robust bus system which is utilized regularly by current employees of West Village. The W. Houston Street/Varick Street Bus stop is a few feet from the facility. Houston Street is a major East West thoroughfare in the area and can also be reached by car from the West Side Highway, New Jersey (via the Holland Tunnel) and the Franklin Delano Roosevelt Drive.

5. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.

New York regulations state that "Skilled nursing facilities shall be designed to provide flexibility in order to meet the changing physical, medical and psychological needs of the residents. The facility design shall produce a supportive environment to enhance and extend quality of life for residents. The architectural design, through the organization of functional space, the specification of ergonomically appropriate and arranged furniture, equipment, details and finishes, shall eliminate as many barriers as possible to effective

access and use by residents of all space, services, equipment and utilities appropriate for daily living.”

West Village currently meets all disability, life safety and other pertinent building requirements. The proposed addition will continue to meet all life safety, disability and other pertinent design and building requirements.

6. Describe how implementation of the project will impact the facility’s delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?

Skilled nursing facilities typically do not care for residents requiring maternal health care services and comprehensive reproductive health care services. The project will provide access to these services as prescribed by the resident’s physicians when needed.

Meaningful Engagement

7. List the local health department(s) located within the service area that will be impacted by the project.

New York City Health Department

8. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?

Yes

9. Meaningful engagement of stakeholders: Complete the “Meaningful Engagement” table in the document titled “HEIA Data Table”. Refer to the Instructions for more guidance.

10. Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern the project or offered relevant input?

We contacted 179 stakeholders. We received feedback from 42 stakeholders. Of these stakeholders, 33 were supportive of the project, one was unsure about the project and eight declined to comment.

We were able to engage with the local health department, community organizations, health care providers, employees of the project, and family members and caregivers of

residents at the project. All family members and caregivers of residents at the project expressed support for the expansion. Many felt that there are not enough skilled nursing facility beds in the area and that an additional 20 beds would benefit the community. One stakeholder mentioned the shortage of beds in Lower Manhattan in particular. Some respondents remarked on West Village Rehabilitation and Nursing Center's excellent reputation in the community.

The NYC Health Department does not have concerns with this project and responded that the increase in beds would be "a welcome improvement."

None of the stakeholder expressed concern regarding the project.

11. How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?

Stakeholder feedback indicated that the project will benefit the local community needing rehabilitation services when being discharged from the hospital. Some stakeholders stated that adding more beds would help local prospective residents with transportation barriers for local residents who cannot travel long distances. These residents want to stay in their local community for services. One stakeholder specifically referenced medically underserved groups in Greenwich Village and how the added beds could improve access to care. One stakeholder emphasized the growing need for affordable, long-term and rehabilitative care especially among low income seniors, individuals with chronic conditions and non-English-speaking populations. The project could help to reduce wait times for admission and create more equitable access to essential services.

Many stakeholders expressed the need for marketing materials and staff at the project be multi lingual to reflect the local community's diversity. Communication for the Chinese population was specifically mentioned. Brochures and audio/visual aids should have large print for elderly or visually impaired residents. The NYC Department of health stated that the facility should employ targeted recruitment in the event that foreign-born individuals are deterred from seeking employment.

12. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

Representatives of relevant stakeholders were contacted.

STEP 3 – MITIGATION

1. If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:
 - a. People of limited English-speaking ability
 - b. People with speech, hearing or visual impairments
 - c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

Referrals will be screened to assure the potential resident's communication needs including the methods of communication or resources they use and reasonable accommodations will be used to ensure the resident can understand verbal/and or written information given to them. Qualified interpreter services will be used for assessments, care planning or other health related issues that must be discussed with the resident or responsible party. All reasonable efforts will be made to use interpreter and translation services, sound devices, picture boards, and other communication methods preferred by the resident and responsible party to ensure effective communication with the resident and responsible party. The admissions personnel will request information from the referral source regarding the resident's communication needs, if any based on the resident's proficiency with the English language or cognitive or physical disabilities. Tablets will be available for hearing impaired residents to use for visual communication. All staff will be trained and monitored to assure resources are available and appropriately used with residents who have limited English speaking ability and/or speech, hearing or visual impairments.

2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

The Applicant solicits feedback from referral sources, residents, responsible parties and employees. We suggest the Applicant seek feedback from community organizations, community leaders, civic organizations and organizations representing medically underserved groups.

3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

The Applicant can develop an advisory group to work with representatives of the impacted stakeholders. We suggest this include soliciting suggestions on ways to serve the diverse population of the service area.

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

The Applicant provides equitable access to its services for all patients who are referred and meet the criteria for post acute care. The Applicant's operating procedures include assuring appropriate and culturally sensitive care,

communication and environmental accommodations are available. The project is an addition to and enhancement of current services and procedures. The project expands the skilled nursing facility bed capacity and rehabilitation therapy space. The project increases the access for the service area's medically underserved groups.

STEP 4 – MONITORING

1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?

The Applicant has a Quality Assurance program. The Applicant seeks feedback from staff, residents, responsible parties and referral sources through surveys. to identify issues and opportunities for improvement. These mechanisms can include intentional questions and focus on ways to provide and improve culturally sensitive care and services for medically underserved groups. The Applicant can attend community group meetings for organizations that serve medically underserved groups.

2. What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?

The Applicant can establish an HEIA team to assure admission protocols review the needs of medically underserved groups, monitor the number of residents in each medically underserved group, monitor accommodations for resident needs and implement and adjust administrative and care protocols as appropriate.

STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

OPTIONAL: Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)

----- **SECTION BELOW TO BE COMPLETED BY THE APPLICANT** -----

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.

I. Acknowledgement

I, (APPLICANT), attest that I have reviewed the Health Equity Impact Assessment for the (PROJECT TITLE) that has been prepared by the Independent Entity, (NAME OF INDEPENDENT ENTITY).

Name

Title

Signature

Date

II. Mitigation Plan

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.

MITIGATION PLAN

West Village Rehabilitation and Nursing Center is committed to ensuring an inclusive and accessible environment for all individuals including those belonging to medically underserved groups. To mitigate potential negative effect and maximize positive effects, West Village Rehabilitation and Nursing Center will incorporate protocols to address the needs of low income people; racial and ethnic minorities; women; lesbian, gay, bisexual, transgender, or other-than-cisgender people; people with disabilities; older adults; persons living with a prevalent infectious disease or condition; people who are eligible for or receive public health benefits; people who do not have third-party health coverage or have inadequate third-party health coverage; and Native Americans.

West Village Rehabilitation and Nursing Center will make continuous efforts to identify and address the specific needs of diverse populations including those in the identified underserved groups. Staff will undergo training to assure cultural awareness and sensitivity and how to provide respectful and considerate care. Care will be monitored through direct supervision, concern and complaint reporting, and surveys to patients, referral sources and staff. Processes will be in place to identify issues, develop and implement corrective action plans, monitor results and adjust corrective action plans as appropriate.

Staff will be trained on culturally sensitive and clinically appropriate ways to provide care and communicate with people with cognitive impairment, neuro diversity and mental health diagnoses.

West Village Rehabilitation and Nursing Center will schedule include intentional questions and focus on ways to provide and improve culturally sensitive care and services for medically underserved groups in its Quality Assurance plan and in its surveys of residents, responsible parties, referral sources and staff.

West Village Rehabilitation and Nursing Center will continue to assess each potential resident referral for the appropriate care to serve the resident's clinical and psycho social needs. Room assignments will continue to be made based on serving each resident's needs.

Many skilled nursing facility residents, especially in some of the underserved groups, have multiple comorbidities. Patients will be monitored and referred for appropriate clinical services. Discharge planning will include referrals to appropriate clinical and social service resources.

The addition will be built to and operate according to ADA compliance standards, assuring accessibility for individuals with disabilities. Braille will be integrated into navigation signage and information signage throughout the facility.

West Village Rehabilitation and Nursing Center will make reasonable accommodations to provide qualified interpreter services to all patients needing assistance with

communication due to either limited English proficiency, hearing or site impairments. If requested or necessary to ensure meeting patient needs, written materials will be provided in a patient's preferred language. Patient communication needs will be assessed, including what methods of communications or resources the patient uses and are comfortable with, and reasonable accommodations made to ensure that patients can understand verbal and/or written information given to them by staff. Effort will be made to hire bi-lingual staff.

West Village Rehabilitation and Nursing Center will maintain outreach to stakeholder groups to solicit feedback on current services and identify additional services and approaches that are recommended to serve the stakeholder groups.

APPENDIX A
QUALIFICATIONS STATEMENT

APPENDIX A

The Vinca Group L.L.C. was founded in 1994 to support the acquisition, development, strategic and operating functions of a broad array of health care and senior living providers. The Vinca Group's experience includes market analysis, feasibility, project development, operations and reimbursement. We perform market analysis and operational due diligence. We support licensure, CON and regulatory requirements for new and existing services. We have extensive databases that support our market and strategic planning analysis. We link health utilization and patient acuity to our planning and development functions. We continuously work with state-of-the-art techniques including benchmarks and outcome measurements. When it is appropriate, we tailor our analysis to serve the cultural, ethnic, racial and religious needs of the target population.

The Vinca Group L.L.C. evaluates market need by assessing demographic data, clinical demand, competition, clinical practice, and the regulatory environment. We analyze the demographic and competitive environment of a service area to develop need projections and determine feasibility.

Our project work includes work to serve members of specific ethnic, racial and affinity groups. Illustrative examples include:

- Market analysis for post-acute and long term care skilled nursing facilities to serve the Hopi, Navajo, Fort Apache and San Carlos Apache populations
- Operations review of skilled nursing facilities that served the San Carlos Apache and Yavapai Apache populations
- Market feasibility for independent living and assisted living facilities for various Christian Church populations
- Market feasibility for multiple not-for-profit Jewish skilled nursing facilities, assisted living communities and Life Plan Communities
- Developed subacute care program and managed care pricing strategy for The New Jewish Home
- Market analysis, operations review and restructuring of Rainbow Village, a continuum of care active adult, independent living and assisted living community developed to serve the LGBTQ community
- Market feasibility for pediatric skilled nursing facilities
- Acquisition due diligence and feasibility analysis on skilled nursing facilities that serve residents with Huntington's Chorea Disease
- Market analysis, operations review and management oversight of 220 bed skilled nursing facility located in a predominantly African American community that had 22 young gunshot survivors who were long term care residents
- Market feasibility for assisted living and skilled nursing facility to serve Pakistani population
- Program development to assist The New Jewish Home's Bronx campus improve services for its Hispanic residents including hiring a Priest, developing a dementia unit where all staff spoke Spanish and implementing menus with Hispanic foods
- Analysis of hospital discharge data to identify clinical service needs
- Development of post acute services for young traumatic brain injury patients
- Market study to evaluate the need for low income housing for people ages 55 and older and persons with disabilities in a primarily African American neighborhood.

The Vinca Group L.L.C.'s clients benefit from decades of work experience in nationally known companies that provide consulting services and operate acute care, post-acute and senior housing services. We bring a team of seasoned professionals who have worked together for many years and are experienced as planners and operators for a variety of private and publicly traded companies.

A partial list of The Vinca Group L.L.C.'s clients includes:

- Alvarez and Marsal
- Brightview Senior Living
- Capital Funding Group
- Capital Health Group
- Care One
- Crista Communities
- Epoch Senior Living
- Erickson Living
- FTI Healthcare
- Greystone Mortgage and Investing
- Hebrew Senior Life
- Kensington Senior Living
- Koelsch Senior Communities
- LTC Properties
- Maxwell Group-Senior Living Communities
- Morgan Stanley
- Omega Health Care Investors
- Post Acute Partners
- Sulpicians
- Sunrise Senior Living
- Ventas
- Village Care
- Zurich Securities

RESUMES

Alice Katz

President

Ms. Katz is the President of The Vinca Group L.L.C. She specializes in market feasibility, acquisition due diligence, operations reviews, restructuring and turnaround management. nursing facilities. Ms. Katz is certified to conduct HUD LEAN studies.

Previously, Ms. Katz was the co-founder of Oakwood Living Centers, Inc. where she was the Senior Vice President and Chief Operating Officer. With Genesis Health Ventures, Inc., Ms. Katz was Vice President, Managed Operations.

Ms. Katz was a Senior Manager with Ernst and Young where she served as the Project Manager for the study that evaluated the DRG prospective payment system for Medicare reimbursement for the Department of Health and Human Services. She participated in writing the Federal standards and conducted the review process to certify HMOs including analyzing compliance programs, capitation and risk assumptions.

Ms. Katz developed the staffing management system used by the US Indian Health Service. She developed the tribal health plan for an Alaskan Native Corporation that serves five communities located over an area the size of Ohio north of the Arctic Circle. She conducted the feasibility study for the Mount Edgecumbe Medical Center located in Sitka, AK. She participated in hospital feasibility studies in Argentina, Chile, Ecuador and Singapore. Ms. Katz developed an investment plan to improve health services in Cape Verde which was based on demographic and clinical data analysis; onsite review of hospital and health post operations, physical plants, equipment and management processes; and staff supervision and training.

Ms. Katz is a registered Medical Technologist. Her clinical experience includes working as an immunologist at Temple University Health Sciences Center.

Ms. Katz has an MBA (with distinction) from Cornell University and a Bachelor of Science from The Pennsylvania State University.

Stephanie A. Heffernan

Senior Vice President

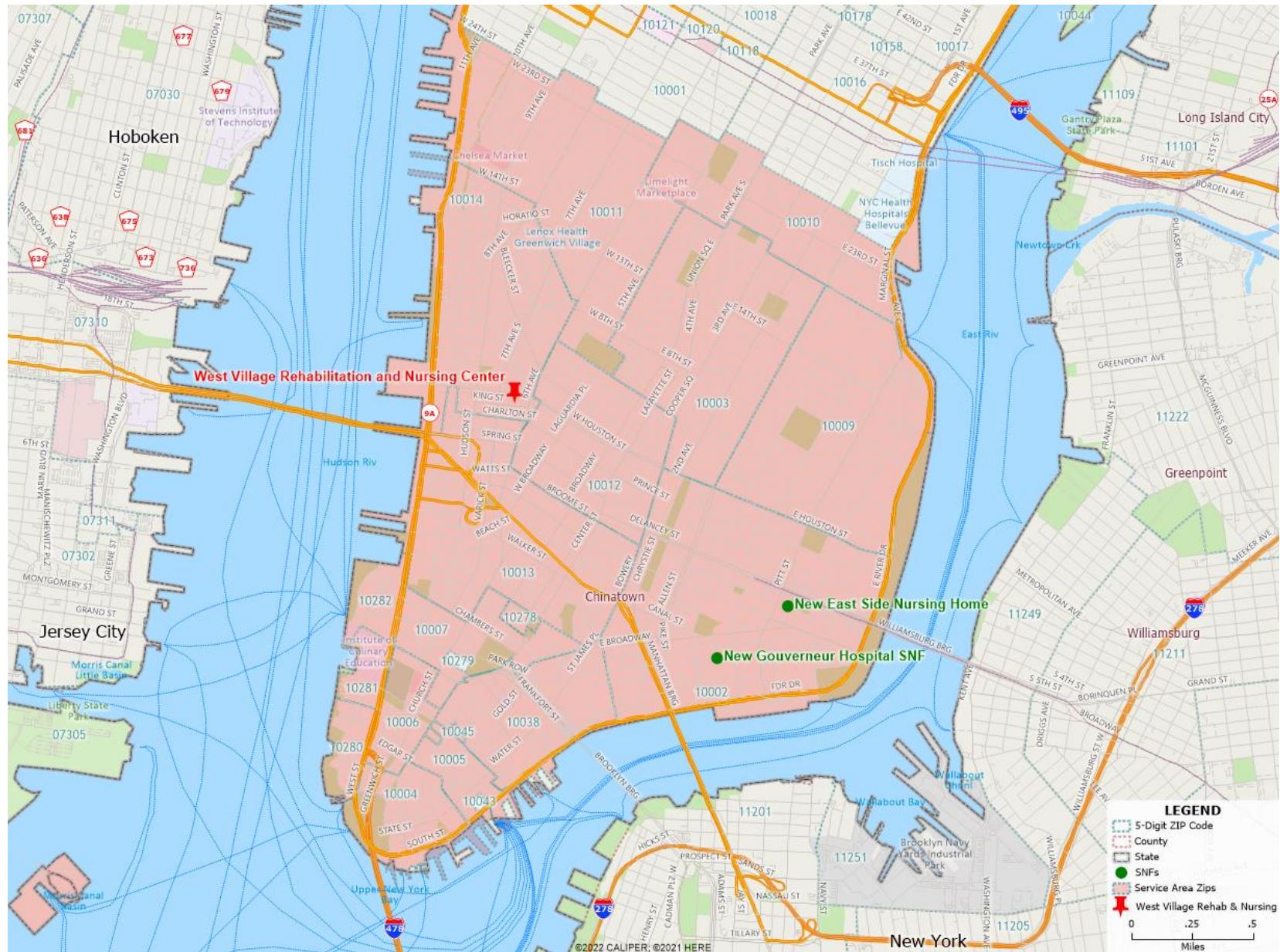
Ms. Heffernan has been conducting market research with The Vinca Group L.L.C. since 1995. Ms. Heffernan is certified to conduct HUD LEAN studies. Ms. Heffernan is responsible for conducting market and feasibility studies for skilled nursing, assisted living and independent living facilities and other health care services including managed care, adult daycare and supportive housing. Ms. Heffernan has extensive experience in defining market areas, analyzing demographic and payor mix data, conducting site visits and performing qualitative and quantitative assessments of health service providers, long-term care facilities and retirement communities. She has participated in The Vinca Group's asset management and portfolio review engagements including reviewing facility operations, sales and marketing functions, staffing levels, regulatory compliance and the subject property's product/value position compared to primary competitors.

In terms of specific projects, Ms. Heffernan has assisted in developing business opportunities for a major health insurance company to invest in the case management business. She developed strategic initiatives to enhance the performance of a large assisted living portfolio. She has developed and maintained physician databases intended to facilitate managed care contracting, and has evaluated the hospital conversion of acute care beds to a skilled nursing unit.

Ms. Heffernan has a BA with honors from Loyola College, Baltimore MD.

APPENDIX B
SERVICE AREA MAPS AND FACILITY LISTS

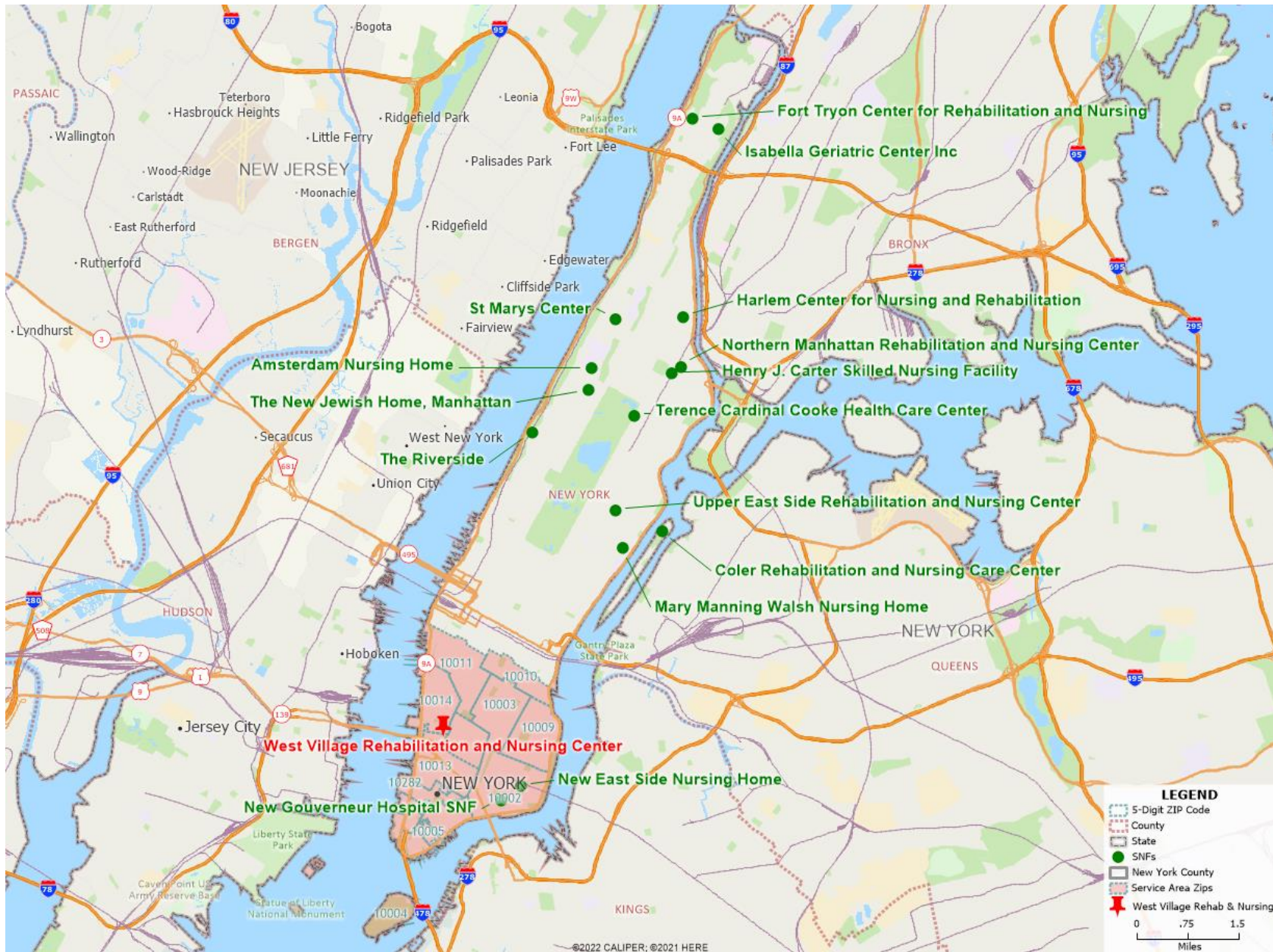
**SKILLED NURSING FACILITIES
WEST VILLAGE REHAB AND NURSING CENTER
NEW YORK, NY
SERVICE AREA ZIP CODES**



FACILITY LIST
SKILLED NURSING FACILITIES
WEST REHABILITATION AND NURSING CENTER
NEW YORK, NY
SERVICE AREA ZIP CODES

NAME	ADDRESS	CITY	ST	ZIP	PHONE	BEDS
New East Side Nursing Home	25 Bialystoker Pl	New York	NY	10002	(212) 673-8500	58
New Gouverneur Hospital SNF	227 Madison St	New York	NY	10002	(212) 238-7000	295
West Village Rehabilitation and Nursing Center	214 W Houston St	New York	NY	10014	(212) 337-9400	105
TOTAL						458

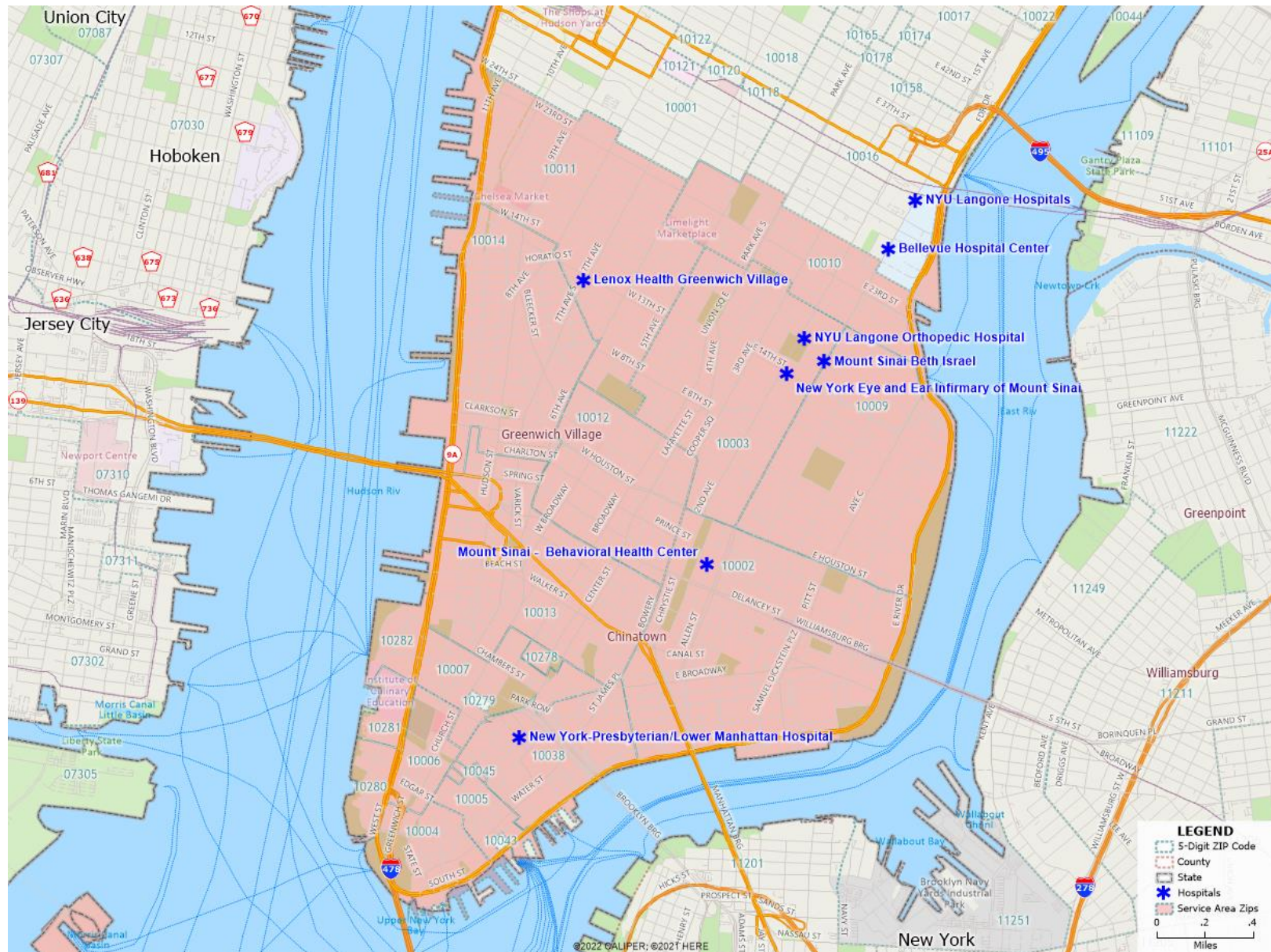
SKILLED NURSING FACILITIES NEW YORK COUNTY, NY



**FACILITY LIST
SKILLED NURSING FACILITIES
NEW YORK COUNTY, NY**

NAME	ADDRESS	CITY	ST	ZIP	PHONE	BEDS
Amsterdam Nursing Home	1060 Amsterdam Ave	New York	NY	10025	(212) 678-2600	409
Coler Rehabilitation and Nursing Care Center	900 Main St	Roosevelt Island	NY	10044	(212) 848-6300	815
Fort Tryon Center for Rehabilitation and Nursing	801 W 190th St	New York	NY	10040	(212) 543-6400	205
Harlem Center for Nursing and Rehabilitation	30 W 138th St	New York	NY	10037	(212) 690-7400	200
Henry J. Carter Skilled Nursing Facility	1752 Park Ave	New York	NY	10035	(646) 686-0057	164
Isabella Geriatric Center	515 Audubon Ave	New York	NY	10040	(212) 781-9800	705
Mary Manning Walsh Nursing Home	1339 York Ave	New York	NY	10021	(212) 628-2800	360
New East Side Nursing Home	25 Bialystoker Pl	New York	NY	10002	(212) 673-8500	58
New Gouverneur Hospital SNF	227 Madison St	New York	NY	10002	(212) 238-7000	295
Northern Manhattan Rehabilitation and Nursing Center	116 E 125th St	New York	NY	10035	(212) 426-1284	320
St Marys Center	516 W 126th St	New York	NY	10027	(212) 662-1826	40
Terence Cardinal Cooke Health Care Center	1249 Fifth Ave	New York	NY	10029	(212) 360-3600	559
The New Jewish Home, Manhattan	120 W 106th St	New York	NY	10025	(212) 870-5000	514
The Riverside	150 Riverside Dr	New York	NY	10024	(646) 505-3500	520
Upper East Side Rehabilitation and Nursing Center	211 E 79 St	New York	NY	10075	(212) 879-1600	499
West Village Rehabilitation and Nursing Center	214 W Houston St	New York	NY	10014	(212) 337-9400	105
TOTAL						5,768

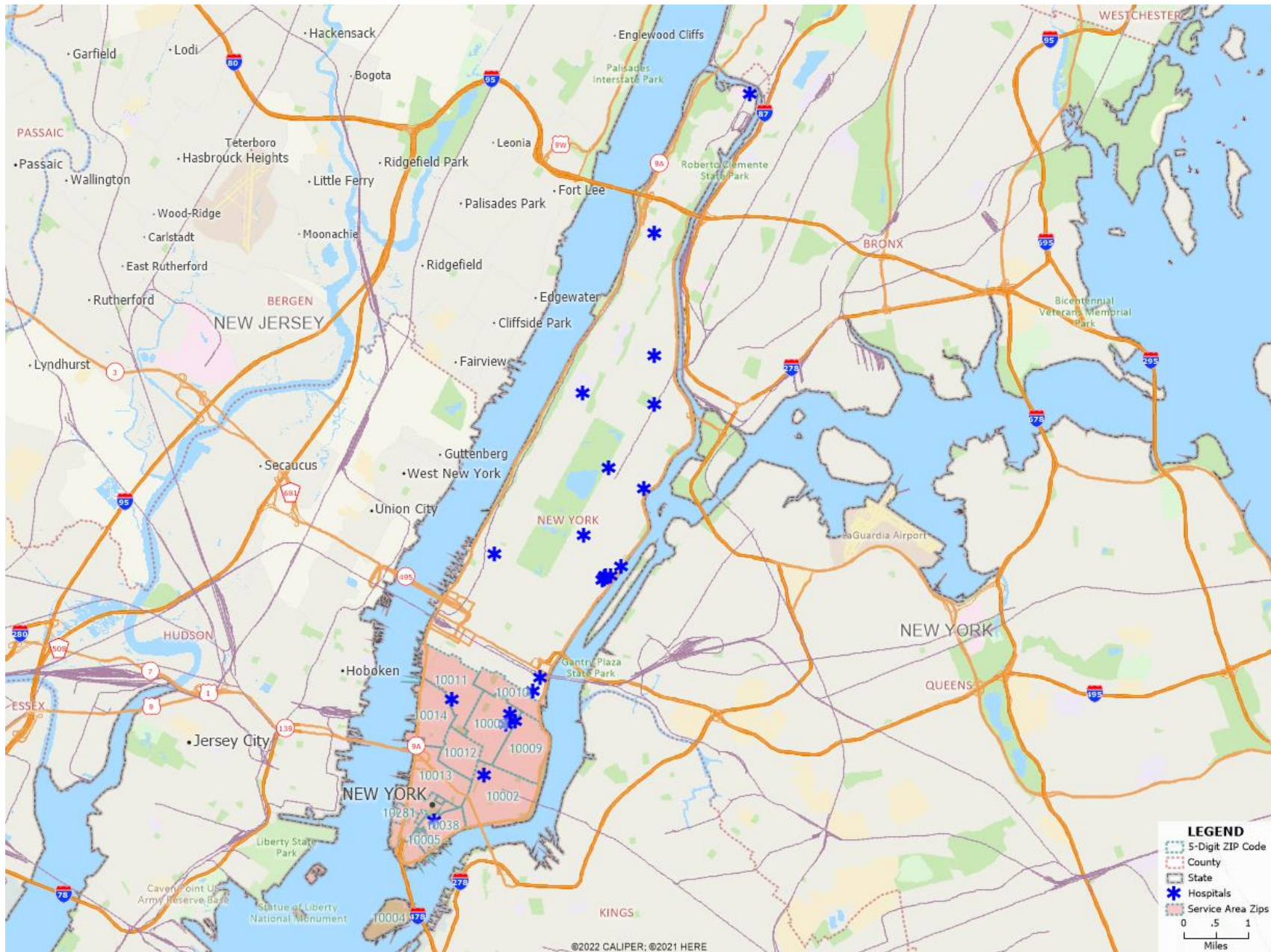
HOSPITALS
CLLAGE REHAB AND NURSING CENTER
NEW YORK, NY
SERVICE AREA ZIP CODES



**FACILITY LIST
HOSPITALS
WEST REHABILITATION AND NURSING CENTER
NEW YORK, NY
SERVICE AREA ZIP CODES**

NAME	ADDRESS	CITY	ST	ZIP	PHONE	BEDS
Lenox Health Greenwich Village	30 Seventh Avenue	New York	NY	10011	(516) 465-8018	2
Mount Sinai - Behavioral Health Center	45 Rivington Street	New York	NY	10002	(332) 249-1600	115
Mount Sinai Beth Israel	281 First Ave	New York	NY	10003	(212) 420-2873	543
New York Eye and Ear Infirmary of Mount Sinai	310 E 14th Street	New York	NY	10003	(212) 979-4300	69
New York-Presbyterian/Lower Manhattan Hospital	170 William Street	New York	NY	10038	(212) 312-5175	180
NYU Langone Orthopedic Hospital	301 E 17th Street	New York	NY	10003	(212) 598-6000	225
TOTAL						1,134

HOSPITALS NEW YORK COUNTY, NY



**FACILITY LIST
HOSPITALS
NEW YORK COUNTY, NY**

NAME	ADDRESS	CITY	ST	ZIP	PHONE	BEDS
Bellevue Hospital Center	462 First Avenue	New York	NY	10016	(212) 562-4132	912
David H. Koch Center For Cancer Care	530 E 74th Street	New York	NY	10021	(347) 798-9663	16
Harlem Hospital Center	506 Lenox Avenue	New York	NY	10037	(212) 939-1000	268
Henry J. Carter Specialty Hospital	1752 Park Avenue	New York	NY	10035	(212) 318-8000	201
Hospital for Special Surgery	535 E 70th Street	New York	NY	10021	(212) 606-1236	215
Lenox Health Greenwich Village	30 Seventh Avenue	New York	NY	10011	(516) 465-8018	2
Lenox Hill Hospital	100 E 77th Street	New York	NY	10075	(212) 434-2000	632
Memorial Hospital for Cancer and Allied Diseases	1275 York Avenue	New York	NY	10065	(212) 639-2000	514
Metropolitan Hospital Center	1901 First Avenue	New York	NY	10029	(212) 423-8993	338
Mount Sinai - Behavioral Health Center	45 Rivington Street	New York	NY	10002	(332) 249-1600	115
Mount Sinai Beth Israel	281 First Ave	New York	NY	10003	(212) 420-2873	543
Mount Sinai Hospital	One Gustave L Levy Place	New York	NY	10029	(212) 241-7005	1139
Mount Sinai Morningside	1111 Amsterdam Avenue	New York	NY	10025	(212) 523-4295	489
Mount Sinai West	1000 10th Avenue	New York	NY	10019	(212) 523-7225	514
New York Eye and Ear Infirmary of Mount Sinai	310 E 14th Street	New York	NY	10003	(212) 979-4300	69
New York-Presbyterian David H. Koch Center	1283 York Avenue	New York	NY	10065	(646) 962-4463	135
New York-Presbyterian Hospital - Allen Hospital	5141 Broadway	New York	NY	10034	(212) 932-4000	196
New York-Presbyterian Hospital - Columbia Presbyterian Center	622 W 168th Street	New York	NY	10032	(212) 305-2500	1022
New York-Presbyterian Hospital - New York Weill Cornell Center	525 E 68th Street	New York	NY	10065	(212) 746-5454	744
New York-Presbyterian/Lower Manhattan Hospital	170 William Street	New York	NY	10038	(212) 312-5175	180
NYU Langone Hospitals	550 First Avenue	New York	NY	10016	(212) 263-5500	813
NYU Langone Orthopedic Hospital	301 E 17th Street	New York	NY	10003	(212) 598-6000	225
Rockefeller University Hospital	1230 York Avenue	New York	NY	10021	(212) 327-7511	40
TOTAL						9,322