



Olean General Hospital

A Kaleida Health Facility

515 Main Street
Olean, NY
716-373-2600

Fax Cover Sheet

716-375- 6394

Date/Time: 3-10-2020

Number of pages including cover: 2

To: Robert Jackson	From: Melissa Sullivan
Facility: PA DOH	Department: Chief Admin Officer, BRMC
Fax: 716-662-4009	Phone: 814-362-8298
Phone:	CC:
Re:	

Urgent
 For Review
 Please Comment
 Please Reply

◆ **Comments:**

Please see attached letter

Confidential Health Information

Health Care Information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

IMPORTANT WARNING:

This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message by error, please notify us immediately and destroy the related message.



**Bradford Regional
Medical Center**

A Kaleida Health Facility

116 Interstate Parkway
Bradford, PA 16701
(814) 368-4143

March 10, 2020

Mr. Robert F. Jackson
Health Facility Quality Examiner Supervisor
Pennsylvania Department of Health
Division of Acute & Ambulatory Care
25 McQuiston Drive
Jackson Center, PA 16133

**RE: Olean General Hospital d/b/a Bradford Regional Medical
Center - Facility ID #: 5412 / Tax ID No: [REDACTED]**

Dear Mr. Jackson:

Please be advised that Jeff Zewe, RN, BSN, MBA, has been appointed by the Board of Directors of Olean General Hospital d/b/a Bradford Regional Medical Center as the new President & Chief Executive Officer of the facility effective March 15, 2020. He will be assuming the role currently held by Timothy J. Finan who is retiring effective that date. Mr. Zewe can be reached at 716-375-6170 or at jzewe@uahs.org.

If you have any questions, please do not hesitate to contact me. I can be reached at 814-362-8216.

Sincerely,

Melissa Sullivan
Chief Administrative Officer

MS/cr



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE Approval

This certificate is hereby granted to OLEAN GENERAL HOSPITAL
LEGAL ENTITY

To operate BRADFORD REGIONAL MEDICAL CENTER
NAME OF FACILITY OR AGENCY

Located at 116-156 INTERSTATE PARKWAY BRADFORD, PA 16701
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Psychiatric Unit
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 28
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 5100: Mental Health Procedures
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 10, 2020 until March 10, 2021,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **940270**

Robert E. Robinson
ISSUING OFFICER

Valerie J. Vanni
ASST. DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA
DEPUTY SECRETARY FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Timothy Finan, President
Olean General Hospital
515 Main Street
Olean, New York 14760

MAR 06 2020

Re: Bradford Regional Medical Center
116-156 Interstate Parkway Bradford, PA 16701
Psychiatric Unit
License #940270

Dear Mr. Finan:

A representative of the Department of Health, Division of Acute and Ambulatory Care surveyed the psychiatric inpatient unit at Bradford Regional Medical Center on January 29, 2020 and found it to be in compliance with the Department of Human Services Chapter 5100 Regulations.

Based upon this survey, the Office of Mental Health and Substance Abuse Services (OMHSAS) is issuing the enclosed Certificate of Compliance for the period of March 10, 2020 to March 10, 2021.

If you have any questions regarding the licensing process, please contact Mr. Leonard Davis of the Pittsburgh Field Office by phone at (412) 565-2555 or by email at leodavis@pa.gov.

Sincerely,

Valerie J. Vicari
Acting Deputy Secretary

Enclosures

c: Licensing Administration
OMHSAS Business Partner Support Unit
McKean County BH Administrator
DOH, Division of Acute & Ambulatory Care
OMHSAS Licensing Management Technician
Pittsburgh Field Office

Department of Human Services
Office of Mental Health and Substance Abuse Services
LICENSING INSPECTION SUMMARY

Name of Surveyor(s): April Nicklin, R.N., HFQE

Date(s) of Visit: 1/29/20 Announced Visit Unannounced Visit

Facility/Program Information

Name of Facility:	Bradford Regional Medical Center		
Address of Facility:	116-156 Interstate Parkway, Bradford, PA 16701	License/Approval Number:	940270
		Type of Program:	Psychiatric Unit
Phone Number:	814-368-4143		

Inspection Information

Type of Inspection: Initial Renewal Complaint Incident

Inspection Results: No Deficiencies Identified (No Plan of Correction Required)

Signature

OMHSAS Staff Approval (signature): Samuel Davis Date: 2-20-20

**Division of Acute and Ambulatory Care
Exceptions Results**

June 27, 2022

Dr. Jill Owens, Chief Executive Officer
Bradford Regional Medical Center
116 Interstate Parkway
Po Box 218
Bradford, PA 16701

DB ID: 22-301

Facility Name: Olean General Hospital d/b/a Bradford Regional Medical Center

Facility License #: 541201

CEO/Administrator: Jill Owens M.D.

Facility requested an exception to: 28 Pa. Code § 103.31 Chief Executive Officer

Determination of Exception Request: **GRANTED**

Conditions: Department requires a management staff person is on site and in charge of operations when the CEO is not present at the facility.

NOTE: The exceptions granted by the Department address the state requirements only. If you are Certified by CMS for Medicare and Medicaid, or plan to seek certification, you are responsible to ensure that the facility remains in compliance with the Conditions of Participation or Conditions of Coverage.

The exceptions requested and granted by the Department will not be transferred to a new owner should a change of ownership occur.

All requests are published in the Pennsylvania Bulletin and are subject to Right to Know. This request was published, and no comments were received.

The Department of Health reserves the right to revoke the exceptions for justifiable reason. A copy of this Exceptions Determination must remain on file in the facility. Should you require further information or have questions, please contact the Division of Acute and Ambulatory Care at (717) 783-8980.

Respectfully,



Garrison E. Gladfelter Jr
Director, Division of Acute and Ambulatory Care

Date Mailed: _____



717-783-8980

July 25, 2018

Mr. Timothy Finan, Chief Executive Officer
Olean General Hospital d/b/a Bradford Regional Medical Center
116 Interstate Parkway
Po Box 218
Bradford, PA 16701

Dear Mr. Finan:

The Department of Health is in receipt of your requests for exceptions to 28 Pa. Code §§ 103.1, 103.3, 103.4, 103.31, 107.1, 107.11, 107.25, 107.31, 146.1, 109.2, 117.2, 115.11, relating to hospital requirements, principle for an organized governing body, medical staff, director of nursing, emergency services, medical records, and infection control.


Your requests were published in the Pennsylvania Bulletin. No comments were received.

The Exceptions Committee reviewed your request at the regular meeting held on June 20, 2018. The results of that review are as follows:

As an initial matter, it should be noted that the situation BRMC has presented is novel, and it should not be assumed that any further or similar requests for exceptions will be granted until such time has elapsed that the Department can evaluate the impact of these exceptions on the operations of the requestor and the Department. The Department does not permit multiple hospital licenses to be held by a single corporate entity and is not inclined to approve multiple hospital licenses being held by a single entity as a regular practice at this time. As with all exceptions, they may be revoked by the Department for any justifiable reason and with sufficient notice. 28 Pa. Code § 101.14. The Department cannot grant exceptions to any applicable statutory requirement.

The request for an exception to 28 Pa Code § 103.1, which requires a licensed hospital to have an organized governing body or designated person vested with ownership who shall assume the full legal authority and responsibility for the conduct of the hospital, has been granted. BRMC shares a governing body with Olean General Hospital (OGH) as part of a single corporate entity, making an exception necessary. As a condition of the exception, the Department will require the Board to devote a designated part of each meeting to perform the governing body functions required in the Pennsylvania hospital regulations specifically with regard to BRMC. None of the regulatory functions or requirements applicable to the governing body are waived or excepted. Matters specific to BRMC will be specifically recorded in the Board meeting minutes as such. The hospitals are separately licensed, so the Department expects BRMC to maintain separate meeting minutes which will be made available at BRMC. To the extent that there are issues which are pertinent to both facilities, it

is expected that those minutes will be fully transcribed in the BRMC minutes.



The request for an exception to 28 Pa. Code § 103.3(10)(iii) is deemed unnecessary since BRMC is able to comply with it. BRMC's continued compliance with the commitment to conduct at least one meeting of the Board in Bradford and to publish the meeting in the Bradford local is necessary for BRMC's to remain in regulatory compliance. Additionally, compliance with the regulation in accordance with the meeting and notice as described by BRMC is considered by the Department to be a condition to the granting of all of the exceptions requested and granted herein. Failure to comply with the condition, as with all of the conditions stated herein, may cause the Department to revoke some or all of the exceptions granted.

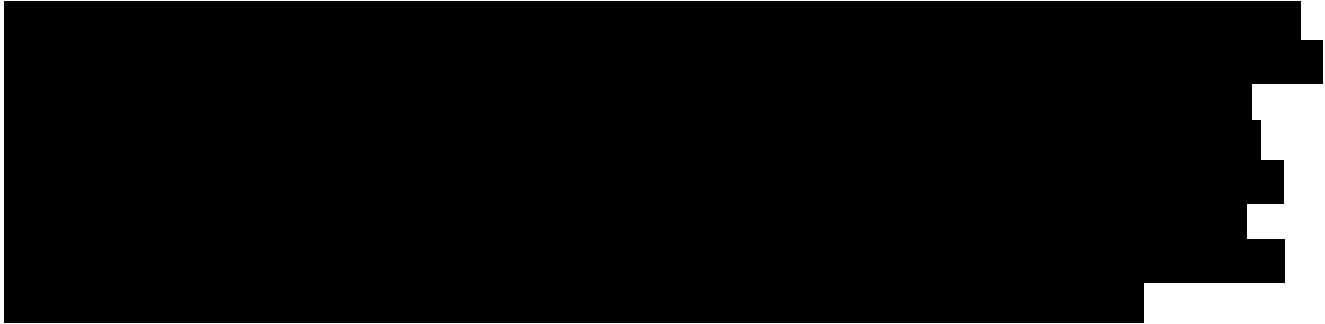
The request for an exception to 28 Pa Code § 103.31 is granted subject to conditions. It is understood that Timothy Finan is the CEO of OGH. BRMC is required to have a full-time person assigned who acts in the place of the CEO, regardless of title. OGH has designated Melissa Sullivan as the Chief Administrative Officer (CAO) of BRMC. The CAO will devote herself full time to the administration of BRMC and will be physically present there in accordance with the mandate to perform the required functions of a CEO found at 103.33 with regard to the day-to-day operations of BRMC. The CAO will further make herself available at BRMC as may be required by emergency events and will have full decision-making authority for BRMC in such events if that becomes necessary. The individual CAO may be replaced with an appropriate person; the remaining requirements will continue to be applicable as a condition of this exception.

The request for a single medical staff for OGH and BRMC, requiring an exception to 28 Pa. Code § 107.1, is granted subject to conditions. As with the shared board, the executive committee of the medical staff is essentially a shared decision-making body. It will ensure that separate minutes are kept for both BRMC and OGH. Decisions which affect BRMC will be considered separately in a designated part of the medical staff executive committee meeting and will be recorded as such. The matters which affect both BRMC and OGH may be repeated in both sets of minutes. Further, all of the clinical activities of BRMC physicians will be tracked, monitored and evaluated specific to BRMC. It is understood that the medical staff will be subject to a single set of bylaws; however, it is not necessary to grant the exception requests for 28 Pa. Code §§ 107.11, 107.25 and 107.31. Those sections remain applicable to BRMC, and BRMC is able to comply with them subject to the grant of the exception for Section 107.1 and the conditions imposed herein. It is understood that clinical privileges will be campus specific.

The request for an exception to 28 Pa. Code 109.2, which requires a hospital to have a full-time director of nursing, is deemed to be unnecessary given the stated intent to have a full-time DON at BRMC and would not be granted in any case. Continued compliance with this requirement is both

necessary for BRMC's continued regulatory compliance and is considered to be a condition applicable to the grant of all of the exceptions granted and discussed herein.

BRMC has stated its understanding that it must have its own individual Patient Safety Committee and Patient Safety Officer. This is a statutory requirement of the MCARE Act and cannot be waived or otherwise modified by the Department. Noncompliance with this requirement will result in action against BRMC's license, as well as applicable sanctions under the MCARE Act.



The remaining requests for exceptions from 28 Pa. Code § 117.2, requiring an Emergency Service Plan based on community need and hospital capability, and Section 115.11, requiring a medical record service, are not necessary. BRMC can comply with these in the absence of an exception. It is understood by the Department that OGH and BRMC share an electronic medical records system. The Department expects that medical records will be fully accessible at BRMC, secure from unauthorized access, and compliant with applicable state and federal laws and regulations regarding privacy and security. BRMC has represented that its patient bill of rights is available on the BRMC website and meets all Pennsylvania regulatory requirements.

NOTE: The exceptions granted by the Department address the state requirements only. If you are Certified by CMS for Medicare and Medicaid, or plan to seek certification, you are responsible to ensure that the facility remains in compliance with the Conditions of Participation or Conditions of Coverage. The exceptions requested and granted by the Department will not be transferred to a new owner should a change of ownership occur.

The Department of Health reserves the right to revoke the exceptions for justifiable reason. A copy of this letter must remain on file in the facility. Should you require further information or have questions, please contact the Division of Acute and Ambulatory Care at (717) 783-8980.

Respectfully,

A handwritten signature in blue ink, which appears to read "Garrison E. Gladfelter, Jr.", is written over a faint, illegible typed name.

Garrison E. Gladfelter, Jr.
Director, Division of Acute and Ambulatory Care

cc: Legal Department
Bob Jackson, HFQE Supervisor
Exceptions File

Date of mailing: 7/25/18

From: [Gladfelter, Garrison](#)
To: [Chronister, Ann](#); [Leshko, Tanya \(GC\)](#); [Lescavage, Nancy](#); [Baker, Shannon](#)
Cc: [Hinkle, Bridget](#)
Subject: Bradford Exception Letter
Date: Wednesday, July 25, 2018 11:33:00 AM
Attachments: [image001.gif](#)
[image002.gif](#)
[BRADFORD EXCEPTION LETTER.PDF](#)

Attached is the exception letter that was sent to Bradford Hospital.

Thanks,

Garrison

Garrison E. Gladfelter Jr. | Chief, Division of Acute and Ambulatory Care

Pennsylvania Department of Health | Bureau of Facility Licensure and Certification

Room 532 Health & Welfare Building

625 Forster Street | Harrisburg, PA 17120-0701

Phone: 717.783.8980 | Fax: 717.705.6663

www.health.state.pa.us



“Confidential Protected Health Information Enclosed” Protected Health Care Information is personal and sensitive information related to a person’s health care. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.



Certificate of Licensure

OLEAN GENERAL HOSPITAL D/B/A BRADFORD REGIONAL MEDICAL CENTER
116 INTERSTATE PARKWAY, PO BOX 218
BRADFORD

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Hospital

OWNED BY: UPPER ALLEGHENY HEALTH SYTEM, INC.

LICENSURE NUMBER: 541201
ISSUED ON: 02/12/2018
EFFECTIVE FROM: 01/12/2018
EXPIRES ON: 09/30/2018

The maximum number of beds shall not exceed 107 beds.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

Handwritten signature of Susan Coble in cursive.

Susan Coble
Deputy Secretary for Quality Assurance



Handwritten signature of Rachel L. Levine, MD in cursive.

Rachel L. Levine, MD
Secretary of Health

NOTE: This license must be posted in a conspicuous place on the premises.



Pennsylvania Department of Health
License Application Form

BRADFORD REGIONAL MEDICAL CENTER
116 INTERSTATE PARKWAY
PO BOX 218,
BRADFORD, PA 16701
Facility ID: 541201 License #: 541201 Medicare No: 390118

County	Mckean	Type of Application	Change Of Ownership (Closed)
Phone Number	(814)368-4143	Type of Ownership	Undefined
Fax Number	(814)368-5722	Type of Operation	Non-Profit
Email Address	jzewe@uahs.org		
Name of Immediate Owner	Upper Allegheny Health Sytem, Inc.		

Accreditation Information	01-THE JOINT COMMISSION (TJC)
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Current License Number	541201	Expiration Date of Current License	1/12/2018
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Hospital Beds

Beds Setup and Staffed Including Level 2 and 3 Bassinets	107
Beds Temporarily Out of Service	0
Total Inpatient Beds:	107

Campus, Beds (NOTE: If Current Status is N/A, Current Count must be 0.)

Campus	Bed Type	Former Status	Former Count	Current Status
BRADFORD CAMPUS	DRUG & ALCOHOL	Active	2	Active
	ESRD			N/A
	HOSPITAL - OTHER			N/A
	LDRP			N/A
	MEDICAL/SURGICAL	Active	63	Active
	NEONATAL - LEVEL 2			N/A
	NEONATAL - LEVEL 3			N/A
	OB/GYN	Active	9	Active
	OBSTETRICS			N/A
	PEDIATRIC			N/A
	PSYCHIATRIC - ADULT	Active	28	Active
	PSYCHIATRIC - CHILD			N/A
	PSYCHIATRIC - GERIATRIC			N/A

VACANT

* Are there any individuals or organizations having a direct or indirect ownership or control interest of 5% or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

Yes
 No

* Are there any individuals currently employed by the institution, agency, or organization in a major accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's intermediary or carrier within the previous 12 months? (Title XVIII providers only)

Yes
 No

* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

Yes
 No

(BRMC with Parent Co - Kaleida - 2018-01.pdf)

Remove Attachment | View Attachment

* Does owner(s) or corporate members have financial interest in other health care facilities?

Yes
 No

If yes, list name and address of all other health care facilities in which the owner or corporate member has financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

(LIST OF KALEIDA FACILITIES FOR PA DOH - 2018..docx)

Remove Attachment | View Attachment

Satellite Clinics

List names and addresses of hospital-administered Satellite Clinics, (Type in or attach a document. Make sure to click Attach button after you select a file. Enter "None" in name column if not applicable.)

Name	Address	City	State	Zipcode	Services	Date
See Attached						

BRMC Satellite Clinics List - 2018.doc

Remove Attachment | View Attachment

Payment:

A **\$928.00** licensure fee must accompany this application. Please submit payment online or via check or order. Click here for [Payment Information](#).

**UPPER ALLEGHENY HEALTH SYSTEM
2018 BOARD of DIRECTORS**

NAME	WORK ADDRESS	WORK PHONE	HOME ADDRESS	HOME PHONE
Belt, Jeff Jeff.Belt@solepoxy.com	President SolEpoxy, Inc. 211 Franklin Street Olean, NY 14760	PH: 716-372-6300 FAX: 716-372-6864		
Buffamante, Thomas teb@bwbcpa.com	Lincoln Park Center 130 S. Union Street Olean, NY 14760	PH: 716-372-1620 FAX: 716-372-2316		
Digel, Martin I. [REDACTED]	President/CEO Hamlin Bank & Trust 333 W. Main Street/PO Box 367 Smethport, PA 16749	PH: 814-887-5555 FAX: 814-887-2478		
Dionne, Pierre M.D. [REDACTED]	Center for Wound Healing & Hyperbaric Medicine 623 Main Street Olean, NY 14760	PH: 716-375-7577 FAX: 716-375-7580		
Finan, Timothy tfinan@uahs.org	Upper Allegheny Health System 130 S. Union Street, Suite 300 Olean, NY 14760	PH: 716-375-6190 FAX: 716-375-6394		
Fiorentino, Lisa Ph.D., RN Lmfl@pitt.edu	Director, Center for Rural Health Practice University of Pittsburgh at Bradford 300 Campus Drive Bradford, PA 16701	PH: 814-362-7646 FAX: 814-362-5044		
Gonzalez, Luis M.D. luiscarl@atlanticbb.net	181 Interstate Parkway Bradford, PA 16701	PH: 814-362-4345 FAX: 814-362-1178		
Javed, Muhammed M.D. [REDACTED]	PO Box 542 623 Main Street Olean, NY 14760	PH: 716-372-4212 FAX: 716-373-9167		
Marasco, Julie Julie.Marasco@northwest.com	President, Northwest Region Northwest 39 Main Street Bradford, PA 16701	PH: 716-368-5495		
McCune, Daniel dmccune@alleghenybradford.com	President/CEO Allegheny Bradford Corporation 1522 South Avenue, P.O. Box 200 Lewis Run, PA 16738	PH: 814-362-2593 Ext. 260 FAX: 814-362-1033		
McGee, Brenda [REDACTED]				
Prince, David dprince@databranch.com	Databranch, Inc. 132 N. Union Street Olean, NY 14760	PH: 716-373-4467 FAX: 716-373-5518		
Quick, Lynda Lynda_Quick@caboces.org	BOCES 1825 Windfall Road Olean, NY 14760	PH: 716-376-8254 FAX: 716-376-8455		
Schoenecker, Jeannine JSchoenecker@amref.com	American Refining Group President 77 North Kendall Avenue Bradford, PA	PH: 814-368-1200		
Scholl, Melissa OSF [REDACTED]	Franciscan Sisters of Allegany, NY	PH: 716-307-1531		

Kaleida Health

100 High Street
11th Floor
Buffalo, NY 14203

Upper Allegheny Health System

130 South Union Street
Suite 300
Olean, NY 14760

**Olean General
Hospital**

d/b/a Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 16701

LIST OF KALEIDA FACILITIES

HOSPITALS, NURSING HOMES, AMBULATORY SURGERY CENTERS, HOME HEALTH & HOSPICE ORGANIZATIONS

Facility Type	Name	Address
Hospital	Buffalo General Medical Center	100 High St. Buffalo, NY 14203
Hospital	DeGraff Memorial Hospital	445 Tremont Street N Tonawanda, NY 14120
Hospital	Millard Fillmore Suburban Hospital	1540 Maple Rd Williamsville, NY 14221
Hospital	John R. Oishei Children's Hospital	818 Ellicott Street Buffalo, NY 14203
Skilled Nursing Facility	DeGraff Skilled Nursing Facility	445 Tremont Street N Tonawanda, NY 14120
Skilled Nursing Facility	HighPointe on Michigan	1031 Michigan Avenue Buffalo, NY 14203
Ambulatory Surgery Center	Millard Fillmore Surgery Center	215 Klein Rd Williamsville, NY 14221
Ambulatory Surgery Center	Endoscopy Center of Niagara	6933 Elaine Drive Niagara Falls, NY 14304
Ambulatory Surgery Center	Southowns Surgery Center	5959 Big Tree Road Orchard Park, NY 14127
CHHA	Allegany County VNA	4944 Route 19 S Belmont, NY 14813
CHHA, LTHHCP	Chautauqua County VNA	411-415 West Third Street Jamestown, NY 14701
CHHA	Erie County VNA	2100 Wehrle Road Williamsville, NY 14221
CHHA	Genesee County VNA	61 Swan Street Batavia, NY 14020
CHHA, LTHHCP	Niagara County VNA	Niagara Woodlands Corporate Center West 3780 Commerce Court, Suite 100 North Tonawanda, NY 14120

CHHA	Wyoming County VNA	5362 Munger Mill Road Silver Spring, NY
CHHA	Cattaraugus County VNA	Lincoln Park Office Suite 130 South Union Street Olean, NY 14760
CHHA	Livingston County VNA	61 Swan Street Batavia, NY 14020
CHHA	Steuben County VNA	356 West Washington Street Bath, NY 14810
CHHA	Orleans County VNA	61 Swan Street Batavia, NY 14020
CHHA, Hospice	Northwest Pennsylvania VNA	1223 East Main Street Bradford, PA 16701

**Bradford Regional Medical Center
116 Interstate Parkway
PO Box 218
Bradford, PA 16701**

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List of Satellite Clinics

Bradford Cardiology Practice -Suite #21
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - The Cancer Care Center -Suite #22
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Bradford Adult & Pediatric Urology Practice – Suite #31
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Bradford Surgical Practice – Suite #31
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Bradford Orthopedics Practice – Suite #32
116 Interstate Parkway
Bradford, PA 16701

FMG - Bradford Family Practice - Suite #41
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Pediatric Associates of Bradford- Suite #42
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Women's Health Services
159 Interstate Parkway
Bradford, PA 16701

FMG - ENT Office
195 Pleasant Street
Bradford, PA 16701

**Bradford Regional Medical Center
116 Interstate Parkway
PO Box 218
Bradford, PA 16701**

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Center for Diabetes and Nutritional Education
116 Interstate Parkway - 1st Floor
Bradford, PA 16701

Healthy Beginnings Plus
159 Interstate Parkway
Bradford, PA 16701

Women, Infants & Children (WIC)
116 Interstate Parkway, 1st Floor
Bradford, PA 16701

Bradford Dental Center
600 Chestnut Street
Bradford, PA 16701

FMG - Smethport Family Practice
406 Franklin Street
Smethport, PA 16749

Mt. Jewett Health Center
122 W. Main Street
Mt. Jewett, PA 16740

Mt. Jewett Dental Center **(being reviewed for possible closure)**
122 W. Main Street
Mt. Jewett, PA 16740

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
HOSPITAL LICENSURE APPLICATION

<u>Bradford Regional Medical Center</u>		
Hospital Name		
<u>116 Interstate Parkway</u>		
Hospital Street Address		
<u>Bradford</u>	<u>PA</u>	<u>16701</u>
City	State	Zip
<u>(814) 368-4173</u>	<u>(814) 368-5722</u>	<u>www.brmc.com</u>
Telephone Number	Fax Number	E-Mail

2017 DEC -7 PM 12:00
Assistant Administrator

CHAIRPERSON OF GOVERNING BODY: Brenda McGee
Mailing Address: C/O Upper Allegheny Health System, 130 S. Union St., Olean, NY 14760

NAME AND TITLE OF CHIEF EXECUTIVE OFFICER: Timothy J. Finan
Qualifications: see attached resume
Email Address: tfinan@uahs.org Phone Number: (716) 375-6190

If the CEO doesn't hold the password agreement, the person that does will be designated the Assist Admin.

ASSISTANT ADMINISTRATOR: _____
Qualifications: _____
Email Address: _____ Phone Number: _____

DIRECTOR OF NURSING: Paula Platko Email Address: pplatko@brmc.com
Qualifications: see attached resume
License Number: RN-324994L License Expiration Date: 10/31/19

MEDICAL DIRECTOR: William F. Mills, MD Email Address: wmills@uahs.org
Qualifications: see attached resume
License Number: MD-438996 License Expiration Date: 12/31/18

DIRECTOR OF QUALITY ASSURANCE: Gail A. Bagazzoli
Email Address: gbagazzoli@uahs.org Phone Number: (716) 375-6979

Type of Ownership:

C Corporation	<input type="checkbox"/>	Limited Liability Limited Partnership (LLLP)	<input type="checkbox"/>	Professional Corporation (PC)	<input type="checkbox"/>
General Partnership (GP)	<input type="checkbox"/>	Limited Liability Partnership (LLP)	<input type="checkbox"/>	S Corporation	<input type="checkbox"/>
Government	<input type="checkbox"/>	Limited Partnership (LP)	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>
Limited Liability Corporation (LLC)	<input type="checkbox"/>	Non-Profit	<input checked="" type="checkbox"/>		<input type="checkbox"/>

Type of Operation Profit Non-Profit Government

List all persons having 5% or more ownership or controlling interest in the hospital (If space allotted is inadequate, prepare additional listing.)

NAME	ADDRESS
Olean General Hospital	515 Main St., Olean, NY 14760

Accredited: Yes No Date Accreditation Expires: Mo Day Year

Accrediting Organization:

TJC	<input checked="" type="checkbox"/>
AOA	<input type="checkbox"/>
AAA	<input type="checkbox"/>
AAAA	<input type="checkbox"/>
DNV	<input type="checkbox"/>

of Inpatient Beds

Owner of Hospital: Upper Allegheny Health System

(Name of Corporation)

130 S. Union St., Suite 300

(Address)

Olean	NY	14760
City	State	Zip

**Bradford Regional Medical Center
116 Interstate Parkway
PO Box 218
Bradford, PA 16701**

Page 1 of 2

List of Satellite Clinics

Bradford Cardiology Practice -Suite #21
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - The Cancer Care Center -Suite #22
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Bradford Adult & Pediatric Urology Practice – Suite #31
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Bradford Surgical Practice – Suite #31
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Bradford Orthopedics Practice – Suite #32
116 Interstate Parkway
Bradford, PA 16701

FMG - Bradford Family Practice - Suite #41
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Pediatric Associates of Bradford- Suite #42
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Women's Health Services
159 Interstate Parkway
Bradford, PA 16701

FMG - ENT Office
195 Pleasant Street
Bradford, PA 16701

**Bradford Regional Medical Center
116 Interstate Parkway
PO Box 218
Bradford, PA 16701**

Page 2 of 2

Center for Diabetes and Nutritional Education
116 Interstate Parkway - 1st Floor
Bradford, PA 16701

Healthy Beginnings Plus
159 Interstate Parkway
Bradford, PA 16701

Women, Infants & Children (WIC)
116 Interstate Parkway, 1st Floor
Bradford, PA 16701

Bradford Dental Center
600 Chestnut Street
Bradford, PA 16701

FMG - Smethport Family Practice
406 Franklin Street
Smethport, PA 16749

Mt. Jewett Health Center
122 W. Main Street
Mt. Jewett, PA 16740

Mt. Jewett Dental Center **(being reviewed for possible closure)**
122 W. Main Street
Mt. Jewett, PA 16740

SERVICES YOU PLAN TO OFFER (Not on Medicare Service Sheet):

- 0 Not Provided
- 1 Services provided by facility staff only
- 2 Services provided by arrangement or agreement
- 3 Services provided through a combination of facility staff and through agreement

ADULT TRANSPLANT	0	TELEMED-EICU SERVICES	0
AMBULANCE SERV (OWNED)	0	TELEMED-ENDOCRINOLOGY	0
BARITRIC	0	TELEMED-GENOMICS	0
BLOOD BANK	1	TELEMED-INFECTIOUS DIS	0
CARDIAC CATH - HIGH RISK	0	TELEMED-MATERNAL FETAL/OB	0
CARDIAC CATH - LOW RISK	1	TELEMED-NEONATOLOGY	0
CHRONIC ESRD	0	TELEMED-NEPHROLOGY	0
EMERGENCY SERVICES	1	TELEMED-NEUROINTERVENTION	0
EPS STUDIES	0	TELEMED-NEUROLOGY	0
HEMODIALYSIS	0	TELEMED-NEUROSCIENCES	0
LABORATORY - ANATOMICAL	0	TELEMED-NEUROSURGERY	0
LONG TERM CARE (SWING BED)	1	TELEMED-OPHTHALMOLOGY	0
NON-THERAPEUTIC ABORTION	0	TELEMED-PALLIATIVE CARE	0
OPEN HEART	0	TELEMED-PEDIATRIC ED	0
ORGAN BANK	0	TELEMED-PEDIATRIC ICU	0
PCI	0	TELEMED-PED ORTHOPAEDICS	0
PEDIATRIC TRANSPLANT	0	TELEMED-PED TELEGENETICS	0
SLEEP SERVICES	1	TELEMED-PM AND REHAB	0
TELE-ONCOLOGY GEN COUNSEL	0	TELEMED-PSYCH EVAL SVCS	0
TELEMED-ALLERGY IMMUNOLOGY	0	TELEMED-PULMONARY	0
TELEMED-BURN	0	TELEMED-RADIOLOGY	0
TELEMED-CANCER MEDICINE	0	TELEMED-RHEUMATOLOGY	0
TELEMED-CARDIOLOGY	0	TELEMED-TELE PATHOLOGY	0
TELEMED-CARDIOVASCULAR	0	TELEMED-TELE STROKE	0
TELEMED-DERMATOLOGY	0	TELEMED-TRANSPLANT SERV	0
TELE-ONCOLOGY GEN COUNSEL	0	TELEMED-WOUND CARE	0
TELEMED-EEG INTERPRET	0		

Record the number of each licensed bed that is planned for the hospital.

LICENSED INPATIENT BED COMPLEMENT	
UNIT	TOTAL
Drug & Alcohol	16
Hospital Other	
Medical/Surgical	65
LDRP	
Neonatal Level II	
Neonatal Level III	
Neonatal Level IV	
OB/Gyn combined	9
Obstetrics only	
Pediatrics	
Psychiatric: Adult	12
Child	
Geriatric	
Rehabilitation	
Special Care Units:	
ICU/CCU	5
Burn	
CCU	
ICU	
Pediatrics	
Telemetry	
Swing Beds	
OTHER:	
TOTAL	107
NON-LICENSED BEDS	
UNIT	TOTAL
Level I Nursery	6
Outpatient Surgery	
Skilled Nursing Unit	
ESRD	
OTHER:	

If space allotted is inadequate, prepare additional listing.

List names and addresses of hospital administered Satellite Clinics

Name	Address
See attached	

PAYMENT The fee is \$500.00 plus \$4.00 for each inpatient bed. There is no fee charged for Level 1 Nursery, Short Procedure and ESRD Beds. Mail check or Money Order, along with Application and any amendments or changes to the original charter made since the last Licensure Application to Division of Acute and Ambulatory Care Facilities, Pennsylvania Department of Health, Room 532 Health and Welfare Building, Harrisburg, PA. 17120.

AGREEMENT Application is made for license to operate a hospital in accordance with P.L. 130, No. 48, July 19, 1979 as amended July 12, 1980 (Act 136).

I agree to conduct said hospital in accordance with the laws of the Commonwealth of Pennsylvania and with the Rules and Regulations of the Department of Health.

AFFIDAVIT Commonwealth of Pennsylvania

County of Cattaraugus being duly sworn according to the law deposes and says that the facts set forth in the foregoing application are true and correct to the best of his (her) knowledge, information, and belief.

Signed *Samuel Durr*
(Applicant)

Sworn to and subscribed before me this 4 day of December, 2017.
Annette Rickey My commission expires 4-22-17
(Signature - Notary Public)

Much of the information previously requested by this form has been eliminated in order to prevent duplication and will be secured from the annual Hospital Questionnaire which is required under 28 Pa. Code § 101.56.

Annette M. Rickey
Notary Public - State of New York
No. 01R18280280
Qualified in Cattaraugus County
Commission expires April 22, 2021

29610

HORTY, SPRINGER & MATTERN, P.C.
4614 Fifth Avenue
Pittsburgh, PA 15213

DATE Dec 4, 2017

8-9/430

PAY TO THE ORDER OF Pennsylvania Department of Health \$ 928.00

Nine hundred twenty eight dollars and no cents DOLLARS

PNC Bank, N.A.
Pittsburgh, PA

FOR Div of Acute and Ambulatory Care Facilities

Risa A. Stetzer



Details on back Security Features



2017 DEC - 7 PM 12:00

AMBULATORY CARE

Date sent: _____

Password Agreement

PLEASE NOTE: The Password Agreement must be returned within 30 days from the above date. Failure to return the Password Agreement will result in the facility being cited.

The CEO/Administrator appointed by the governing body must sign the password agreement. The email address provided to the department must be the email address of the person who has been appointed by the governing body or its representative to receive licensure notifications.

REC-7 PH12:00

Name of Facility Bradford Regional Medical Center Facility ID Number 541201

Address of Facility 116 Interstate Parkway

Telephone Number 814-368-4173 Fax Number 814-368-5722

Facility Emergency Contact Info:


Name	Telephone	Email Address
Timothy J. Finan	716-375-6190	tfinan@uahs.org

I, Timothy J. Finan, hereby certify that: I am the administrator/director/chief executive Officer (please circle) appointed by the governing body; the email address provided above will be the point of communication with the Department; I am responsible for ensuring that the facility license/registration is renewed timely; and that I am responsible for ensuring that a Plan of Correction is timely submitted in response to deficiencies cited by the Pennsylvania Department of Health on any Statement of Deficiencies.

1. I acknowledge that the e-mail address on this password agreement will be used as the Department's primary method of communication with the facility.
2. I acknowledge that the individual named above will receive the facility login identification number and the individual password provided by the Pennsylvania Department of Health.
3. I agree to ensure the confidentiality of both the facility login identification number and the password.
4. I recognize and acknowledge that the use of the password to electronically submit a Plan of Correction in response to deficiencies cited in the Statement of Deficiencies identifies me as the signer of the Plan of Correction.
5. I recognize and acknowledge that the use of the password to electronically submit the license/registration renewal application obligates me to ensure the complete and timely submittal of the application.
6. I further recognize and acknowledge that the use of the password, in conjunction with the submission of a Plan of Correction and license/registration renewal application, authorizes the Pennsylvania Department of Health to conclusively accept an electronic license/registration renewal application or Plan of Correction as my authorized submission.

I have had the opportunity to review this Password Agreement and hereby agree to the above statements.


Administrator/CEO/Director


Witness

1-12-18
Effective Date of Change

tfinan@uahs.org
Email Address

NOTE: Please return this form to:

Department of Health, Division of Acute and Ambulatory Care or
625 Forster St.
Room 532, Health and Welfare Building
Harrisburg, PA 17120
Fax Number: 717-705-6663

Email the form to:
RA-DAAC@pa.gov

Noted in FM

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Jacob K. Javits Federal Building, Room 37-130
26 Federal Plaza
New York, New York 10278-0063



NORTHEAST DIVISION OF SURVEY & CERTIFICATION

CMS Certification Number: (33-0103) (33-S103) (39-0118) (39-3420) (39-3421) (39-3422) (39-5355)
National Provider Identifier (NPI): 1225083074 (NPI) 1578569885

August 2, 2018

Timothy Finan
Olean General Hospital
515 Main Street
Olean, NY 14760

RECEIVED PA DEPT OF HEALTH
ACUTE & AMBULATORY CARE
2018 AUG - 7 PM 12: 59

Dear Mr. Finan:

We have been informed by the New York State Department of Health and the Pennsylvania State Department of Health that Olean General Hospital and Bradford Regional Medical Center merged, effective January 12, 2018. This notice is to acknowledge the acquisition/combination of Olean General Hospital with Bradford Regional Medical Center, effective January 12, 2018. As a result of this acquisition and related actions, a change of ownership has occurred for Medicare purposes. The Medicare provider agreement for Bradford Regional Medical Center (39-0118) is subsumed into the Medicare provider agreement of Olean General Hospital (CCN: 33-0103).

In addition, as a result of the acquisition/combination, the 14-bed PPS-excluded psychiatric unit (33S103) will maintain its payment status. Olean General Hospital is also acquiring (39-3420) (39-3421) (39-3422) and (39-5355). Bradford Regional Medical Center, CCNs 39-0118 will be retired, effective January 12, 2018

According to regulation published in the April 4, 1980, Federal Register, when there is a change of ownership, the existing provider agreement is automatically assigned to the new owner (42 C.F.R. 489.18). An assigned agreement is subject to all applicable statutes and regulations and to the terms and conditions under which the original agreement was issued including, but not limited to:

1. Any existing plan of correction.
2. Any expiration date.
3. Compliance with applicable health and safety standards.
4. Compliance with the ownership and financial interest disclosure requirements of 42 C.F.R. Part 420, Subpart C of this chapter.
5. Compliance with civil rights requirements set forth in 45 C.F.R. Parts 80, 84, and 90.
6. Compliance with 42 C.F.R. Part 412 – Prospective Payment Systems for Inpatient Hospital Services.
7. Compliance with 42 C.F.R. 413.65 – Requirements for a determination that a facility or an organization has provider-based status.

Additionally, the new owner will be responsible for any claims, liabilities, overpayments, civil money penalties, and other burdens and obligations that accompany the Medicare Provider agreement, regardless of language to the contrary in other documents, including the Asset Purchase Agreement or Sale Order. Thus, CMS' rights to collect and recoupment for overpayments and other matters are not affected by the sale or the change of ownership.

Any time you add a new service location you are required to report it to your Medicare Administrative Contractor within 90 days of the effective date of change, regardless of whether you are filing a provider-based attestation or

not. Per 42 C.F.R. 424.516 (e), failure to report such changes within 90 days may result in the deactivation or revocation of the provider's Medicare billing privileges. These changes must be reported by submitting a Form CMS-855A.

We welcome your participation and look forward to working with you in the administration of the Medicare program. If you have any questions, please contact Mitzi Zambrano Certification Specialist, in the New York office at (212) 616-2225.

Sincerely,



Lauren D. Reinertsen, MPA, PhD, NHA
Associate Regional Administrator
Northeast Division Survey & Certification

cc: NYS Department of Health
Pennsylvania State Department of Health
National Government Services (NGS)

Assurance of Compliance

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. **Title VI of the Civil Rights Act of 1964** (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. **Title IX of the Education Amendments of 1972** (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. **The Age Discrimination Act of 1975** (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. **Section 1557 of the Affordable Care Act** (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a

purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

You have successfully submitted the HHS-690 for your organization. Your confirmation number is 13980115

The following information was provided:

Date:	01/10/2018
Name and Title of Authorized Official:	Mr. Timothy Finan
Name of Healthcare Facility Receiving / Requesting Funding:	Bradford Regional Medical Center 116 Interstate Parkway
Address:	Bradford, PA 16701 USA

HEALTH INSURANCE BENEFIT AGREEMENT

(Agreement with Provider Pursuant to Section 1866 of the Social Security Act,
as Amended and Title 42 Code of Federal Regulations (CFR)
Chapter IV, Part 489)

AGREEMENT

between

THE SECRETARY OF HEALTH AND HUMAN SERVICES

and

Olean General Hospital

doing business as (D/B/A) Bradford Regional Medical Center

2017 DEC -7 PM 12:01

Approved by the Secretary of Health and Human Services

In order to receive payment under title XVIII of the Social Security Act, Olean General Hospital


D/B/A Bradford Regional Medical Center as the provider of services, agrees to conform to the provisions of section of 1866 of the Social Security Act and applicable provisions in 42 CFR.

This agreement, upon submission by the provider of services of acceptable assurance of compliance with title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973 as amended, and upon acceptance by the Secretary of Health and Human Services, shall be binding on the provider of services and the Secretary.

In the event of a transfer of ownership, this agreement is automatically assigned to the new owner subject to the conditions specified in this agreement and 42 CFR 489, to include existing plans of correction and the duration of this agreement, if the agreement is time limited.

ATTENTION: Read the following provision of Federal law carefully before signing.

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both (18 U.S.C. section 1001).

Name Timothy J. Finan  Title President/CEO
Date 12/4/17

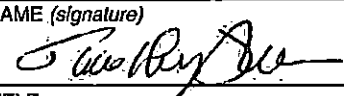
ACCEPTED FOR THE PROVIDER OF SERVICES BY: N/A
NAME (signature)

TITLE DATE

ACCEPTED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES BY: N/A
NAME (signature)

TITLE DATE

ACCEPTED FOR THE SUCCESSOR PROVIDER OF SERVICES BY:
NAME (signature)


TITLE President/CEO DATE 12/4/17

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0832. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

HORTY, SPRINGER & MATTERN
ATTORNEYS AT LAW

A PROFESSIONAL CORPORATION

4614 FIFTH AVENUE, PITTSBURGH, PA 15213

TELEPHONE: (412) 687-7677

FACSIMILE: (412) 687-7692

www.hortyspringer.com

JOHN HORTY

LINDA HADDAD

BARBARA A. BLACKMOND

DANIEL M. MULHOLLAND III

HENRY M. CASALE

PAULA A. VERARDI

ALAN J. STEINBERG

SUSAN M. LAPENTA

LAUREN M. MASSUCCI

ERIC W. SPRINGER (OF COUNSEL)

CLARA L. MATTERN (1931-1981)

NICHOLAS J. CALABRESE

LEEANNE MITCHELL O'BRIEN

RACHEL E. REMALEY

IAN M. DONALDSON

CHARLES J. CHULACK

JOSHUA HODGES

KATIE E. PAKLER

CRAIG M. GLASGOW

VIA E-MAIL
AND FEDERAL EXPRESS

December 5, 2017

Janine Mohammed
Administrative Assistant
Division of Acute and Ambulatory Care
Pennsylvania Department of Health
Room 532, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Re: Bradford Regional Medical Center
Hospital License #541201
Change of Ownership Materials

Dear Ms. Mohammed:

As per my voicemail to you from earlier today regarding the planned December 20, 2017 merger between Bradford Hospital, d/b/a Bradford Regional Medical Center, and Olean General Hospital, I have enclosed the following change of ownership materials for review by the Pennsylvania Department of Health's Division of Acute and Ambulatory Care (the "Division"):

1. Check #29610 for \$928.00 to the Pennsylvania Department of Health for the Hospital Licensure Application fee;
2. Hospital Licensure Application (form H110.002);
3. Password Agreement;
4. Noncompliance with State and Federal Regulations;
5. Health Insurance Benefit Agreement (form CMS 1561) (three copies);

Davis, Donna

From: Gladfelter, Garrison
Sent: Monday, August 06, 2018 9:29 AM
To: Davis, Donna
Subject: FW: Olean-Bradford
Attachments: 330103-390118merger.pdf

For our records.

Thanks,

Garrison

Garrison E. Gladfelter Jr. | Chief, Division of Acute and Ambulatory Care
Pennsylvania Department of Health | Bureau of Facility Licensure and Certification
Room 532 Health & Welfare Building
625 Forster Street | Harrisburg, PA 17120-0701
Phone: 717.783.8980 | Fax: 717.705.6663
www.health.state.pa.us



"Confidential Protected Health Information Enclosed" Protected Health Care Information is personal and sensitive information related to a person's health care. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

From: Goodwin, Monica (CMS/CQISCO) <Monica.Cramer@cms.hhs.gov>
Sent: Monday, August 06, 2018 9:14 AM
To: Gladfelter, Garrison <ggladfelte@pa.gov>; Chronister, Ann <achroniste@pa.gov>
Subject: RE: Olean-Bradford

And here is the approval letter, for your records.

Monica C. Goodwin
CMS Region 3
Certification and Enforcement Branch
Phone: 215-861-4223
Fax: (443) 380-5702

My work days are Monday- Thursday.

*The Philadelphia Regional Office (RO III) has moved. Our new address is Centers for Medicare and Medicaid Services, 801 Market Street, Suite 9400, Philadelphia, PA 19107-3134.

From: Goodwin, Monica (CMS/CQISCO)
Sent: Monday, August 6, 2018 7:54 AM
To: Garrison E. Gladfelter Jr. (ggladfelte@pa.gov) <ggladfelte@pa.gov>; Chronister, Ann (achroniste@pa.gov) <achroniste@pa.gov>
Subject: FW: Olean-Bradford

Good morning,
The Olean –Bradford acquisition was completed last week.

Monica C. Goodwin
CMS Region 3
Certification and Enforcement Branch
Phone: 215-861-4223
Fax: (443) 380-5702

My work days are Monday- Thursday.

*The Philadelphia Regional Office (RO III) has moved. Our new address is Centers for Medicare and Medicaid Services, 801 Market Street, Suite 9400, Philadelphia, PA 19107-3134.

From: Rocco, Roxanne (CMS/CQISCO)
Sent: Friday, August 3, 2018 12:42 PM
To: Goodwin, Monica (CMS/CQISCO) <Monica.Cramer@cms.hhs.gov>
Subject: FW: Olean-Bradford

FYI

Roxanne Rocco

Manager, Certification and Enforcement Branch
Northeast Division of Survey & Certification
Centers for Medicare & Medicaid Services
801 Market Street, Suite 9400
Philadelphia, PA 19107-3134.
Phone: (215) 861-4180
Fax: (443)-380-7539

From: Reinertsen, Lauren (CMS/CQISCO)
Sent: Friday, August 3, 2018 12:36 PM
To: Rocco, Roxanne (CMS/CQISCO) <Roxanne.Rocco@cms.hhs.gov>
Cc: Zambrano, Mitzi (CMS/CQISCO) <Mitzi.Zambrano@cms.hhs.gov>
Subject: Olean-Bradford

Rocki-

The Bradford acquisition by Olean was finalized yesterday. Mitzi can give you any documents you need for your records or answer any questions. You can also let PA know. Thank you for your assistance with this.

Lauren D. Reinertsen M.P.A, Ph.D.
Associate Regional Administrator
Northeast Division Survey & Certification
Centers for Medicare & Medicaid Services
26 Federal Plaza- Room 37-130, NY NY 10278
Phone: 212-616-2432 Fax:(443) 380-5176
Lauren.Reinertsen@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Davis, Donna

From: Davis, Donna
Sent: Tuesday, August 07, 2018 12:46 PM
To: Jackson, Robert F; Larson, Jennifer
Subject: FW: Olean-Bradford
Attachments: 330103-390118merger.pdf

For your records

Donna Davis | CT2
PA Department of Health
Bureau of Facility Licensure and Certification
Division of Acute and Ambulatory Care
Health and Welfare Building Room 532 | 625 Forster St.
Harrisburg, Pa 17120
717.783.8980 | FAX: 717.705.6663
www.health.pa.gov

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From: Gladfelter, Garrison
Sent: Monday, August 06, 2018 9:29 AM
To: Davis, Donna <donndavis@pa.gov>
Subject: FW: Olean-Bradford

For our records.

Thanks,

Garrison

Garrison E. Gladfelter Jr. | Chief, Division of Acute and Ambulatory Care
Pennsylvania Department of Health | Bureau of Facility Licensure and Certification
Room 532 Health & Welfare Building
625 Forster Street | Harrisburg, PA 17120-0701
Phone: 717.783.8980 | Fax: 717.705.6663
www.health.state.pa.us



"Confidential Protected Health Information Enclosed" Protected Health Care Information is personal and sensitive information related to a person's health care. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

Davis, Donna

From: Davis, Donna
Sent: Tuesday, January 23, 2018 10:24 AM
To: 'Goodwin, Monica (CMS/CQISCO)'
Cc: Jackson, Robert F; Larson, Jennifer
Subject: RE: Bradford Regional Medical Center-Change in Control

Monica,
At this time Pa still has not approved this.

Donna Davis | Clerk Typist II
PA Department of Health
Bureau of Facility Licensure and Certification
Division of Acute and Ambulatory Care
Health and Welfare Building Room 532 | 625 Forster St.
Harrisburg, Pa 17120
717.783.8980 | FAX: 717.705.6663
www.health.pa.gov

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From: Goodwin, Monica (CMS/CQISCO) [mailto:Monica.Cramer@cms.hhs.gov]
Sent: Tuesday, January 23, 2018 10:20 AM
To: Davis, Donna <donndavis@pa.gov>
Subject: FW: Bradford Regional Medical Center-Change in Control

Hi Donna-

This one is a CHOW, where one corporation (Bradford) merged into another (Olean). I understand the intent is to have Bradford become a campus of Olean General hospital (a NY hospital) if approved. If so, the CHOW will have to be approved by the NY Regional Office.

There's been a lot of back and forth about this and I hadn't heard that PA approved it. I know Garrison is involved but I don't know who else in the State.

Monica C. Goodwin
CMS Region 3
Certification and Enforcement Branch
Phone: 215-861-4223
Fax: (443) 380-5702

My work hours are Monday- Thursday.

From: Davis, Donna [mailto:donndavis@pa.gov]
Sent: Tuesday, January 23, 2018 10:04 AM

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

Facility ID:541201 EventID:G55LLG

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 390118		3. NAME AND ADDRESS OF FACILITY (L3) BRADFORD REGIONAL MEDICAL CENTER (L4) 116 INTERSTATE PARKWAY (L5) BRADFORD, PA (L6) 16701			4. TYPE OF ACTION: <u>9</u> (L8) 1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 8. Termination of ICF Beds 9. Other	
2. STATE VENDOR OR MEDICAID NO. (L2) 1007507650005		7. PROVIDER/SUPPLIER CATEGORY <u>01</u> (L7) 01 Hospital 05 HHA 09 ESRD 13 PTIP 02 SNF/ICCF-Dual 06 LAB 10 ICF 14 CORF 03 SNF/ICF-Distinct 07 X-Ray 11 ICFIID 15 ASC 04 SNF 08 OPT/SP 12 RIIC 16 HOSPICE			FISCAL YEAR ENDING DATE: (L35) 12/31	
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9) 01/12/2018		10. THE FACILITY IS CERTIFIED AS: <u> </u> A. In Compliance With Program Requirements Compliance Based On <u> </u> B. Not In Compliance With Program Requirements and/or Applied Waivers:			And/Or Approved Waivers Of The Following Requirements: <u> </u> 2 Technical Personnel <u> </u> 6 Scope of Services Limit <u> </u> 3 24 Hour RN <u> </u> 7 Medical Director <u> </u> 4 7-Day RN (Rural SNF) <u> </u> 8 Patient Room <u> </u> 5 Life Safety Code <u> </u> 9 Beds Per Room * Code: (L12)	
6. DATE OF SURVEY (L34)		11. LTC PERIOD OF CERTIFICATION From (a): To (b):			12. Total Facility Beds 0 (L18)	
8. ACCREDITATION STATUS: <u>1</u> (L10) 0 Unaccredited 1 JCAHO 2 AOA 3 Other		13. Total Certified Beds 0 (L17)			14. LTC CERTIFIED BED BREAKDOWN 18 SNF 18/19 SNF 19 SNF ICF IID <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> (L37) (L38) (L39) (L42) (L43)	
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE): Facility underwent a change of control but not a change in ownership The immediate owner did not change		15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): <u>1</u> <u>No</u> (L15)				
17. SURVEYOR SIGNATURE		Date 01/23/2018 (L19)		18. STATE SURVEY AGENCY APPROVAL <i>[Signature]</i> (L20)		

PART II - TO BE COMPLETED BY CMS REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY <u>X</u> 1 Facility Is Eligible To Participate <u> </u> 2 Facility Is Not Eligible (L21)		20. COMPLIANCE WITH CIVIL RIGHTS ACT: N		21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt(HCFA-1513) 3. Both of the Above	
22. ORIGINAL DATE OF PARTICIPATION (L24)		23. LTC AGREEMENT BEGINNING DATE (L41)		24. LTC AGREEMENT ENDING DATE (L25)	
25. LTC EXTENSION DATE (L27)		27. ALTERNATIVE SANCTIONS A. Suspension Of Admissions (L44)		26. TERMINATION ACTION: (L30) <u> </u> VOLUNTARY 01-Merger, Closure 02-Dissatisfaction W/ Reimbursement 03-Risk Of Involuntary Termination 04-Other Reason For Withdrawal <u> </u> INVOLUNTARY 05-Fail To Meet Health/Safety 06-Fail To Meet Agreement <u> </u> OTHER 07-Provider Status Change 00-Active	
28. TERMINATION DATE (L28)		29. INTERMEDIARY/CARRIER NO. (L31)		30. REMARKS	
31. RO RECEIPT OF HCFA-1539 (L32)		32. DETERMINATION OF APPROVAL DATE (L33)		DETERMINATION APPROVAL	

Davis, Donna

From: Davis, Donna
Sent: Tuesday, January 23, 2018 10:04 AM
To: 'monica.goodwin@cms.hhs.gov'
Subject: Bradford Regional Medical Center-Change in Control
Attachments: image2018-01-23-100709.pdf

Thanks Monica.

Donna Davis | Clerk Typist II
PA Department of Health
Bureau of Facility Licensure and Certification
Division of Acute and Ambulatory Care
Health and Welfare Building Room 532 | 625 Forster St.
Harrisburg, Pa 17120
717.783.8980 | FAX: 717.705.6663
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From: healthncf@pa.gov [mailto:healthncf@pa.gov]
Sent: Tuesday, January 23, 2018 10:07 AM
To: Davis, Donna <donndavis@pa.gov>
Subject: Scan from Lexmark MFD

Davis, Donna

From: Goodwin, Monica (CMS/CQISCO) <Monica.Cramer@cms.hhs.gov>
To: Davis, Donna
Sent: Tuesday, January 23, 2018 10:11 AM
Subject: Read: Bradford Regional Medical Center-Change in Control

Your message

To:
Subject: Bradford Regional Medical Center-Change in Control
Sent: Tuesday, January 23, 2018 3:11:27 PM (UTC+00:00) Monrovia, Reykjavik

was read on Tuesday, January 23, 2018 3:11:23 PM (UTC+00:00) Monrovia, Reykjavik.

Davis, Donna

From: Davis, Donna
Sent: Tuesday, January 23, 2018 9:56 AM
To: Jackson, Robert F; Larson, Jennifer
Subject: Bradford RMC

Importance: High

I sent the 1539 for Bradford RMC change of control to Monica Goodwin, CMS along with a copy of the transaction. The immediate owner did not change so she doesn't need any other documents.

Donna

Donna Davis | Clerk Typist II
PA Department of Health
Bureau of Facility Licensure and Certification
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Mohammed, Janine



Mohammed, Janine

From: Leshko, Tanya (GC)
Sent: Tuesday, June 20, 2017 4:05 PM
To: Mohammed, Janine
Cc: Gladfelter, Garrison; Simpson, Karin
Subject: FW: Bradford Regional Medical Center/hospital license -- Change of Control
Attachments: 20170512152959201.pdf; Kaleida Health - Proposed Legal Corporate Structure Chart.ppt; [Untitled].pdf

From: Alan Steinberg [mailto:ASteinberg@hortyspringer.com]
Sent: Thursday, June 01, 2017 11:20 AM
To: Leshko, Tanya (GC) <tleshko@pa.gov>
Subject: Bradford Regional Medical Center/hospital license -- Change of Control

Tanya,

Greetings! Not trying to be a pest, but I'm dropping by to see if you've had any chance to look yet at my e-mail below and the attached materials. As we're looking for a potential June 30/July 1 closing, I want to make sure I get you everything you need to make that work.

Thanks!

Alan

Alan Steinberg
Horty, Springer & Mattern, PC
Phone: 412.687.7677
Fax: 412.687.7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Alan Steinberg
Sent: Thursday, May 25, 2017 4:08 PM
To: 'tleshko@pa.gov'
Subject: FW: Bradford Regional Medical Center/hospital license -- Change of Control

Hi, Tanya. Just checking in to see if you've had any chance to look yet at my e-mail below and the attached materials. I entirely understand that a legitimate answer is no. ☺ But to give you a time context, we are looking for a June 30/July 1 closing.

Thanks!

Alan

Alan Steinberg
Horty, Springer & Mattern, PC
Phone: 412.687.7677
Fax: 412.687.7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Alan Steinberg
Sent: Friday, May 12, 2017 4:27 PM
To: 'Leshko, Tanya (GC)'
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Tanya,

Greetings! To re-introduce myself, I'm Alan Steinberg of the law firm of Horty, Springer & Mattern. We're counsel for Bradford Regional Medical Center. BRMC's parent company is the Upper Allegheny Health System. UAHS is going to be affiliating/aligning with Kaleida Health, such that KH will become UAHS' parent company. The e-string below hopefully will remind you of this transaction.

And I'm sorry for taking so long to get back to you. As you know, there are ebbs and flows to transactions like this, and we wound up in a huge ebb. I received info today to be able to get back to you regarding your request (for that info), and I was shocked to see that the last time you and I communicated was in early March. I didn't realize we had ebbed for so long. My apologies.

What you had requested is summarized in the following I sent to KH:

"Attorney Tanya Leshko of the DOH asked that we provide a CV/resume (or something like that) for each KH Board member (and only KH Board members.) If any Board member has healthcare experience above and beyond his or her time on the Board, that should be included, too. (Tanya's aware that for many Board members, their Board service is their health care experience, and she's not looking for anyone to pad anything.)

Per Tanya: with all of the affiliations, consolidations and mergers of hospitals in Pa., her main focus is on the ultimate decision-makers and whether the new parent entity has done troubling things in any of its hospitals or other health care entities in its system. The idea is to see if there are any concerns as to Board members and whether the system has any history of bad actions. "

Attached is a Pdf of bio information for all of the members of KH's Board of Directors. The first page has those members listed, and also provides some bio information of KH's CEO.

As for the question as to whether the KH system has any history of bad actions, you and I agreed that the attached org chart I had sent you served to provide a good corporate snapshot of that system. (The org chart shows the KH system after UAHS has become a part of it.) In response to my request of "any bad actions" in the KH system, KH'S legal counsel, John Flannery, provided me with the attached material as to one incident about which we need to inform you. Otherwise, John said there was nothing else to bring to your attention, and that was after he or his office had checked with all the health care corporations in the KH system.

10:01 AM 06/21/2017 10:01 AM

You also asked for bio information on all of the UAHS Board members to be provided to you. You'll next get an e-mail forwarded from me with that UAHS information.

I know you'll need time to re-acquaint yourself with this matter. Once you have, I am happy to discuss all of these materials and answer any questions you may have. Again, my apologies for the length of time it's taken us to get back to you.

Some of the print in the KH bios is pretty small. If you'd like me to re-send any of that to you enlarged for easier reading, just let me know.

Thanks!

Alan

Alan Steinberg
Horty, Springer & Mattern, PC
Phone: 412.687.7677
Fax: 412.687.7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Alan Steinberg
Sent: Friday, March 03, 2017 10:31 AM
To: 'Leshko, Tanya (GC)'
Cc: Black, Jaime; Simpson, Karin
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Thanks, Tanya. I appreciate the understanding.

When I mentioned how I had provided this information in a 10 Questions Document to another Division, I didn't mean that I expected the various Divisions to share information. I meant it to show how we didn't mean to withhold the information; that we had previously provided it to Div. of Home Health in a 10 Questions Document. It was simply my lapse that omitted the info in the 10 Questions Documents I sent to you and Karin Simpson.

And thanks for contacting Karin about this, too. I sent her an updated 10 Questions Document yesterday, too, with explanation. But certainly yes, please share what I'll be getting to you with Karin. Trees have rights, too. ☺

Thanks!

Alan

Alan Steinberg
Horty, Springer & Mattern, PC
Phone: 412.687.7677
Fax: 412.687.7692

10:01 AM 06/21/2017 10:01 AM

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Leshko, Tanya (GC) [<mailto:tleshko@pa.gov>]
Sent: Friday, March 03, 2017 10:15 AM
To: Alan Steinberg
Cc: Black, Jaime; Simpson, Karin
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Hey there, Alan.

Well, don't feel too bad about it. I am the literal last person entitled to berate you for missing something in a sprawling corporate structure and filing.

Also, as you have now noticed, we our efforts among our various divisions over here are not closely coordinated. In an effort to begin to address this, I spoke with my colleague Karin Simpson regarding my contact with you. She is evidently working with you on some nursing care facilities affected by the Kaleida transaction. She told me to let you know that, when I get the complete filing from you I will share it with her, and if she needs anything additional she will contact you directly to ask for it. Hopefully, that will save some trees and effort.

Thanks for the info – let me know if there's anything else.

Have a good weekend!

T.

From: Alan Steinberg [<mailto:ASteinberg@hortyspringer.com>]
Sent: Thursday, March 02, 2017 11:56 AM
To: Leshko, Tanya (GC) <tleshko@pa.gov>
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Hi, Tanya. I just recently had to review the completed 10 Questions Document we did for the VNA of NW PA, LLC back in 2014. The VNA of NW PA has two corporate members: BRMC and the VNA of Western New York (a Kaleida Health entity).

The Home Health Division has been reviewing whether a new 10 Questions Document had to be completed for the VNA of NW PA with the Kaleida affiliation, or whether a letter of information was sufficient. Fortunately, the Division said a letter was fine. Kaleida will be a "great grandfather" to the VNA of NW PA, and the Division told us it doesn't look for Ten Question Document material at the great grandfather level.

In reviewing that 2014 10 Questions Document (a copy of which is attached), I saw that I did not include in the 2017 BRMC 10 Questions Document I sent you last month information in that 2014 10 Questions Document concerning BRMC's settlement in a civil False Claims Act suit in 2012. (The settlement agreement states that the agreement is not an admission to any liability by BRMC.) I've now included a description of the FCA matter in our answers to Questions 7(c) and 8(a).

I feel badly about this. I have no better explanation than I made a mistake. I didn't have any intention to withhold information from you. BRMC previously provided this information to a different DOH Division, there's never been any idea of not disclosing the information. My sincere apologies.

10:01 AM 06/21/2017 10:01 AM

If you want to talk about this, please feel free to give me a call. And we're working on getting together the Kaleida plus information you and I talked about this past Monday.

Alan

Alan Steinberg
Horty, Springer & Mattern, PC
Phone: 412.687.7677
Fax: 412.687.7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Leshko, Tanya (GC) [<mailto:tleshko@pa.gov>]
Sent: Friday, February 24, 2017 11:13 AM
To: Alan Steinberg
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

It is now in my possession. Thanks!

From: Alan Steinberg [<mailto:ASteinberg@hortyspringer.com>]
Sent: Friday, February 24, 2017 10:51 AM
To: Leshko, Tanya (GC) <tleshko@pa.gov>
Subject: FW: Bradford Regional Medical Center/hospital license -- Change of Control
Importance: High

Hi, Tanya. Just left this message on your v-mail.

The binder didn't go to Mike, it went to Donna Davis as per the below. We had tried to e-mail the binder of documents to her, but that didn't go well. Donna told us that was ok, that the hard copies would suffice.

Thanks!

Alan

Alan Steinberg
Horty, Springer & Mattern, PC
Phone: 412.687.7677
Fax: 412.687.7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Davis, Donna [<mailto:donndavis@pa.gov>]
Sent: Thursday, February 16, 2017 2:39 PM
To: Alan Steinberg
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control
Importance: High

Hi Alan,
I received your documents safe and sound.

10:01 AM 06/21/2017 10:01 AM

It usually takes about 10 days for legal to review, however, it may take a bit longer

If you have any further questions about your Change of Control you can always call Janine Mohammed or email Garrison at ggladfelte@pa.com. He prefers email in case he must consult with another division or legal.

Thank you and we look forward to working with you to complete this Change of Control.

Donna

Donna Davis | Clerk Typist II
PA Department of Health
Bureau of Facility Licensure and Certification
Division of Acute and Ambulatory Care
Health and Welfare Building Room 532 | 625 Forster St.
Harrisburg, Pa 17120
717.783.8980 | FAX: 717.705.6663
www.health.pa.gov

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From: Alan Steinberg [<mailto:ASteinberg@hortyspringer.com>]
Sent: Thursday, February 16, 2017 10:45 AM
To: Davis, Donna <donndavis@pa.gov>
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Donna,

Thank you so much for getting back to me, and with all of this information.

I'm glad that the hard copy will suffice. Boy, we sent you a lot of e-mails. Perhaps they wound up in your spam.

Thanks again.

Alan

Alan Steinberg

Horty, Springer and Mattern, PC
Phone: 412-687-7677
Fax: 412-687-7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Davis, Donna [donndavis@pa.gov]
Sent: Thursday, February 16, 2017 7:44 AM
To: Alan Steinberg
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Mr. Steinberg,

10:01 AM 06/21/2017 10:01 AM

I haven't received any documents via email today, however, that's fine because I only need the overnight packet and won't have to print a duplicate. Actually, Mike Siget doesn't review anything for our Division anymore. Jaime Black reviews legal questions for ASFs. We will forward them to her and then they are returned to us. Our division will be taking care of everything else.

If you have any other questions Janine Mohammed in our office will be happy to help you because she will be finishing the licensure side of the transaction.

She can be reached at our main number, 717-783-8980.

Thank you and feel free to call with any questions.

Have a great day,
Donna

Donna Davis | Clerk Typist II
PA Department of Health
Bureau of Facility Licensure and Certification
Division of Acute and Ambulatory Care
Health and Welfare Building Room 532 | 625 Forster St.
Harrisburg, Pa 17120
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From: Alan Steinberg [<mailto:ASteinberg@hortyspringer.com>]
Sent: Wednesday, February 15, 2017 3:34 PM
To: Davis, Donna <donndavis@pa.gov>
Cc: Tom Kennedy <TKennedy@hortyspringer.com>; Donna McGivern <DMcGivern@hortyspringer.com>; Kathryn Flesher <KFlesher@hortyspringer.com>
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Thanks for your e-mail, Donna.

Ok, so we'll be sending to you via e-mail today and overnight mail tonight all of our materials. And just one set of documents each way.

The cover letter is already done and signed, going to both Mr. Gladfelter and MR. Siget. We're ready to mail, actually. So I'm not going to change the cover letter, but all materials go to you.

Once the materials have been assigned in Legal, could I please get an e-mail letting me know with whom I'll be working? And the same if that happens on the Admin side, too, please.

Thanks, Donna.

Alan

Alan Steinberg
Horty, Springer & Mattern, PC
Phone: 412.687.7677
Fax: 412.687.7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Davis, Donna [mailto:donndavis@pa.gov]
Sent: Wednesday, February 15, 2017 3:02 PM
To: Alan Steinberg
Subject: FW: Bradford Regional Medical Center/hospital license -- Change of Control

Mr. Steinberg,
All notifications and documents should come directly to our DAAC office in my email address. Please do not send documents directly to legal as Mr. Siget will not be the one reviewing them.
One notification and packet of documents is sufficient. Please send any way you wish.
Thank you,
Donna

Donna Davis | Clerk Typist II
PA Department of Health
Bureau of Facility Licensure and Certification
Division of Acute and Ambulatory Care
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From: Gladfelter, Garrison
Sent: Monday, February 13, 2017 2:39 PM
To: Davis, Donna <donndavis@pa.gov>
Subject: FW: Bradford Regional Medical Center/hospital license -- Change of Control

Donna,

I suspect we will receive information on Wednesday.

Thanks,

Garrison

10:01 AM 06/21/2017 10:01 AM

Garrison E. Gladfelter Jr. | Chief, Division of Acute and Ambulatory Care
Pennsylvania Department of Health | Bureau of Facility Licensure and Certification
Room 532 Health & Welfare Building
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From: Alan Steinberg [<mailto:ASteinberg@hortyspringer.com>]
Sent: Monday, February 13, 2017 1:48 PM
To: Siget, Michael <misiget@pa.gov>; Gladfelter, Garrison <ggladfelte@pa.gov>
Cc: Tom Kennedy <TKennedy@hortyspringer.com>
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Mr. Gladfelter and Mr. Siget,

Greetings! My office represents Bradford Hospital, doing business as Bradford Regional Medical Center (BRMC), located in Bradford, PA. Bradford is part of the Upper Allegheny Health System (UAHS), and is a subsidiary of UAHS. UAHS' other hospital subsidiary is Olean General Hospital (OGH). Both UAHS and OGH are New York nonprofit corporations.

UAHS has decided to affiliate with Kaleida Health (KH), a Health System based in Buffalo, NY. UAHS will become a subsidiary corporation of KH. We are targeting a March 31, 2017 closing date.

BRMC will continue to own/hold its DOH license; no changes will be made at the BRMC level with this UAHS/KH affiliation. There's certainly no change of ownership as applies to BRMC. While it's one step away from the usual change in control (CHOC) situation (where the existing parent corporation is replaced by a new parent corporation), we thought it best to send you a completed DOH Information Requested of Health Care Providers document with exhibits. There's also a cover letter that walks through the Affiliation and the 10 Question documents.

We should be ready to send you those materials by this Wednesday the 15th. There are three reasons for this e-mail: (a) to let you know this material will be coming, (b) to find out if the both of you would like to receive the full materials or less so, and (c) to find out how you would like to receive these documents. We can send by e-mail only, hard copy only, or by both e-mail and hard copy.

And one more thing: I'd be happy to talk about BRMC and the Affiliation at any time in whatever way would be helpful in your review of the materials.

Thanks!

Alan

10:01 AM 06/21/2017 10:01 AM

Alan Steinberg

Horty, Springer & Mattern, PC

Phone: 412.687.7677

Fax: 412.687.7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

Mohammed, Janine

From: Leshko, Tanya (GC)
Sent: Tuesday, June 20, 2017 4:05 PM
To: Mohammed, Janine
Cc: Gladfelter, Garrison; Simpson, Karin
Subject: FW: Upper Allegheny Health System Board Resumes/Bradford Regional Medical Center and the Affiliation/Alignment between UAHS and Kaleida Health
Attachments: B.McGee.Resume.pdf; Buffamante, Thomas Resume.pdf; Dan McCune Resume.doc; David Prince_CV.pdf; Dionne, Pierre, MD CV.pdf; Javed CV.docx; JB_Resume_Hospital_2014.pdf; JTS Bio - UAHS 201703.docx; LISA MARIE FIORENTINO CV.doc; Lynda Quick Resume 2016.docx; MARTINDIGELCVSUMMARY.docx; Scholl, Melissa Resume.docx; Timothy Finan Resume.doc; Gonzalez, Luis, MD CV.pdf

More Bradford materials.

From: Alan Steinberg [mailto:ASteinberg@hortyspringer.com]
Sent: Tuesday, May 16, 2017 11:49 AM
To: Leshko, Tanya (GC) <tleshko@pa.gov>
Subject: FW: Upper Allegheny Health System Board Resumes/Bradford Regional Medical Center and the Affiliation/Alignment between UAHS and Kaleida Health

Here's the other e-mail I sent last Friday, just to make sure you have it.

Thanks!

Alan

Alan Steinberg
Horty, Springer & Mattern, PC
Phone: 412.687.7677
Fax: 412.687.7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Alan Steinberg
Sent: Friday, May 12, 2017 4:36 PM
To: 'Leshko, Tanya (GC)'
Subject: Upper Allegheny Health System Board Resumes/Bradford Regional Medical Center and the Affiliation/Alignment between UAHS and Kaleida Health

And here is the bio info for the members of the Upper Allegheny Health System Board.

Thanks, Tanya.

Alan Steinberg
Horty, Springer & Mattern, PC
Phone: 412.687.7677

10:01 AM 06/21/2017 10:01 AM
Fax: 412.687.7692

HEALTH INSURANCE BENEFIT AGREEMENT

(Agreement with Provider Pursuant to Section 1866 of the Social Security Act,
as Amended and Title 42 Code of Federal Regulations (CFR)
Chapter IV, Part 489)

AGREEMENT

between

THE SECRETARY OF HEALTH AND HUMAN SERVICES

and

Olean General Hospital

doing business as (D/B/A) Bradford Regional Medical Center

2017 DEC -7 PM 2:01

In order to receive payment under title XVIII of the Social Security Act, Olean General Hospital

D/B/A Bradford Regional Medical Center as the provider of services, agrees to conform to the provisions of section of 1866 of the Social Security Act and applicable provisions in 42 CFR.

This agreement, upon submission by the provider of services of acceptable assurance of compliance with title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973 as amended, and upon acceptance by the Secretary of Health and Human Services, shall be binding on the provider of services and the Secretary.

In the event of a transfer of ownership, this agreement is automatically assigned to the new owner subject to the conditions specified in this agreement and 42 CFR 489, to include existing plans of correction and the duration of this agreement, if the agreement is time limited.

ATTENTION: Read the following provision of Federal law carefully before signing.

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both (18 U.S.C. section 1001).

Name Timothy J. Finan  Title President/CEO

Date 12/4/17

ACCEPTED FOR THE PROVIDER OF SERVICES BY: N/A

NAME (signature)



TITLE

DATE

ACCEPTED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES BY: N/A

NAME (signature)

TITLE

DATE

ACCEPTED FOR THE SUCCESSOR PROVIDER OF SERVICES BY:

NAME (signature)



TITLE

President/CEO

DATE

12/4/17

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0832. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

HEALTH INSURANCE BENEFIT AGREEMENT

(Agreement with Provider Pursuant to Section 1866 of the Social Security Act,
as Amended and Title 42 Code of Federal Regulations (CFR)
Chapter IV, Part 489)

AGREEMENT

between

THE SECRETARY OF HEALTH AND HUMAN SERVICES

and

Olean General Hospital

doing business as (D/B/A) Bradford Regional Medical Center

2017 DEC -7 PM 12:01

In order to receive payment under title XVIII of the Social Security Act, Olean General Hospital

D/B/A Bradford Regional Medical Center as the provider of services, agrees to conform to the provisions of section of 1866 of the Social Security Act and applicable provisions in 42 CFR.

This agreement, upon submission by the provider of services of acceptable assurance of compliance with title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973 as amended, and upon acceptance by the Secretary of Health and Human Services, shall be binding on the provider of services and the Secretary.

In the event of a transfer of ownership, this agreement is automatically assigned to the new owner subject to the conditions specified in this agreement and 42 CFR 489, to include existing plans of correction and the duration of this agreement, if the agreement is time limited.

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Name Timothy J. Finan  Title President/CEO

Date 12/4/17

ACCEPTED FOR THE PROVIDER OF SERVICES BY: N/A

NAME (signature)

TITLE

DATE

ACCEPTED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES BY: N/A

NAME (signature)

TITLE

DATE

ACCEPTED FOR THE SUCCESSOR PROVIDER OF SERVICES BY:

NAME (signature)

TITLE

DATE


President/CEO

12/4/17

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Office for Civil Rights (OCR)
Civil Rights Information Request
For Medicare Certification

Form Approved
OMB No. 0945-0086
Exp. Date 04/30/2017

2017 DEC -7 PM 12:00



Instructions: Healthcare providers applying for participation in the Medicare Part A program must receive a civil rights clearance from OCR. Complete all fields and return this form, with the required policies and procedures, to your State Health Department, along with your other Medicare application materials.

I. Healthcare Provider Information			
CMS Medicare Provider Number: <u>390118</u>			
Name of Facility: <u>Bradford Regional Medical Center</u>			
Address: <u>116 Interstate Parkway</u>			
<i>Street Number and Name</i>			
<u>Bradford</u>		<u>PA</u>	<u>16701-1013</u>
<i>City or Town</i>		<i>State or Province</i>	<i>Zip Code</i>
Administrator's Name: <u>Timothy J. Finan</u>	Contact Person: _____		
Telephone: <u>716-375-6193</u>	TDD: _____		
FAX: <u>814-368-5722</u>	E-mail: _____		
Type of Facility: <u>Hospital</u>	Number of employees: <u>518</u>		
Reason for Application: Circle One			
Corporate Affiliation: <u>Olean General Hospital</u>		Initial Medicare Certification	or Change of Ownership <input checked="" type="checkbox"/> X

You can complete this form and submit your policies electronically via the OCR Portal at <https://ocrportal.hhs.gov/ocr/portal/index.jsf>. (Please note, if using the electronic Civil Rights Information Request for Medicare Certification Package via the Portal, you do not have to submit any hard copies. Your State Health Department will be informed that you have completed this Package and submitted it to OCR. No further action will be needed by you. The Portal will guide you through completing the Package, and help you develop and submit your policies that meet your civil rights requirements.)

II. Documents Required for Submission	
For guidance on how to obtain sample policies and procedures, please visit the OCR Technical Assistance for Medicare Providers and Applicants web page at http://www.hhs.gov/ocr/civilrights/clearance/index.html . (When submitting hard copies to your State Health Department.)	
1.	Assurance of Compliance Form, HHS-690 (completed, signed and dated).
2.	Nondiscrimination Policy that provides for admission and services without regard to race, color, national origin, disability, or age, as required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. (Click to see sample policy) Learn more about the regulatory requirements
3.	Description of methods used to disseminate your nondiscrimination policies/notices: a) Describe where you post your Nondiscrimination Policy; posted throughout hospital and on web site b) Include brochures, websites, pamphlets, postings, or ads with general information about your services. www.brmo.com
4.	Facility admissions policy that describes eligibility requirements for your services.
5.	A description/explanation of any policies or practices restricting or limiting your facility's admissions or services on the basis of age. In certain narrowly defined circumstances, age restrictions are permitted. Learn more about the regulatory requirements See licenses attached. BRMC operates within the context of its licenses.
6.	For healthcare providers with 15 or more employees: copy of your procedures used for handling disability discrimination grievances along with the name/title and telephone number of the Section 504 coordinator. (Click to see sample policy) Learn more about the regulatory requirements

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0243. The time required to complete this information collection is estimated to average 8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

TITLE: PATIENT NONDISCRIMINATION POLICY		POLICY #:	
Department or Hospital-Wide Section Name:	Hospital wide and Off sites– Corporate Compliance	Revision Date:	Revision #:
Committee approvals – see meta data information		Original Effective Date:	September 2016

1) STATEMENT OF POLICY:

- a) **Bradford Regional Medical Center** is dedicated to providing services to patients and welcoming visitors in a manner that respects, protects, and promotes patient rights. BRMC will provide equal access to its facilities and services irrespective of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, association, veteran or military status, or any other basis prohibited by federal, state, or local law. Equal access includes physical accommodations for disabled persons, nondiscriminatory delivery of benefits, and reasonable aid in accessing electronic health programs.
- b) BRMC will provide notices pursuant to Section 1557 of the Patient Protection and Affordable Care Act. The nondiscrimination statement is also available on the hospital's website.
- c) BRMC has designated the Corporate Compliance Officer to coordinate its efforts to comply with and carry out its responsibilities under this policy and under Section 1557 of the Patient Protection and Affordable Care Act, including the investigation of any grievance.
- d) **DEFINITIONS** (if applicable):
 - i) The Department of Health and Human Services (HHS) issued the Final Rule implementing the prohibition of discrimination under Section 1557 of the Affordable Care Act (ACA) of 2010. The Final Rule, effective January 1, 2017, *Nondiscrimination in Health Programs and Activities*, will help to advance equity and reduce health disparities by protecting some of the populations that have been most vulnerable to discrimination in the health care context. The final rule explains consumers' rights under the law and provides covered entities important guidance about their obligations.

2) DESIGNATED PERSONNEL:

- a) All members of Bradford Regional Medical Center workforce, including employees, medical staff members, contracted service providers, and volunteers, and to all vendors, representatives, and any other individuals providing services to or on behalf of BRMC.

3) PROCEDURE:

- a) **Nondiscrimination**
 - i) All personnel will treat all patients and visitors receiving services from or participating in other programs of BRMC and its affiliated clinics with equality in a welcoming manner that is free from discrimination based on age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, association, veteran or military status, or any other basis prohibited by federal, state, or local law.
- b) **Notice**
 - i) Registration personnel will provide a notice to patients regarding this Nondiscrimination Policy and BRMC's commitment to providing access to and the provision of services in a welcoming, nondiscriminatory manner. This notice is part of the general informed consent.
 - ii) Nondiscrimination notices are posted in all public locations.
- c) **Reasonable Accommodations**
 - i) All personnel will inform patients of the availability of and make reasonable accommodations for patients consistent with federal and state requirements. This includes, for example, informing patients of their right to appropriate auxiliary aids and services such as qualified language interpreters for non-English speaking patients and sign language interpreters for hearing-impaired patients and how to obtain these aids and services. Aids and services will

be provided free of charge and in a timely manner when such aids and services are necessary to ensure an equal opportunity to participate to individuals with disabilities or to provide meaningful access to individuals with limited English proficiency. Refer to hospital wide policy Assisting Patients with Communication Needs (Including Non-English Speaking). #100.006

d) **Visitation Rights**

- i) Hospital Personnel will afford visitation rights to patients free from discrimination based on age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, association, veteran or military status, or any other basis prohibited by federal, state, or local law and will ensure that visitors receive equal visitation privileges consistent with patient preferences.
- ii) At the time patients are notified of their patient rights, Hospital Personnel will also inform each patient, or the patient's support person, including the patient's attorney in fact, when appropriate, of the patient's visitation rights, including any clinical restriction on those rights, and the patient's right, subject to the patient's consent, to receive visitors whom the patient designates, free of discrimination based upon age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, association, veteran or military status, or any other basis prohibited by federal, state, or local law.
- iii) Such visitors include a spouse, registered domestic partner (including same-sex registered domestic partner), another family member, friend, or a legal representative of the patient, such as an attorney in fact. Hospital Personnel will also notify patients of their right to withdraw or deny such consent at any time.
- iv) Hospital Personnel will afford such visitors equal visitation privileges consistent with the patient's preferences.

e) **Provision of Services**

- i) Personnel will determine eligibility for and provide services, financial aid, and other benefits to all patients in a similar manner, without subjecting any individual to separate or different treatment on the basis of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, association, veteran or military status, or any other basis prohibited by federal, state, or local law.

f) **Grievance Procedure**

- i) Any person, who believes that he, she, or another person has been subjected to discrimination which is not permitted by this Policy, may file a grievance / complaint using **BRMC's** complaint and grievance procedure, which will provide prompt and equitable resolutions of grievances.
- ii) Any personnel receiving a patient or visitor discrimination complaint will advise the complaining individual that he or she may report the problem to **Corporate Compliance Officer** and file a complaint without fear of retaliation.
- iii) The grievance/complaint must be in writing, containing the name and address of the person filing it. The grievance must be submitted to the Corporate Compliance officer within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
 - (1) You can file a grievance in person or by mail, fax or email. For additional information on the grievance procedure or help filing a grievance contact Sami Manirath, Corporate Compliance Officer.
 - (2) The Corporate Compliance Officer (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint.

- (3) The Corporate Compliance Officer will maintain the files and records of BRMC relating to such grievances. To the extent possible, and in accordance with applicable law, the compliance officer will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- (4) The Corporate Compliance Officer will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- (5) The person filing the grievance may appeal the decision of the Compliance Officer by writing to the (Administrator/Chief Executive Officer/Board of Directors/etc.) within 15 days of receiving the Corporate Compliance Officer's decision. The (Administrator/Chief Executive Officer/Board of Directors/etc.) shall issue a written decision in response to the appeal no later than 30 days after its filing.
- (6) Any person can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).
 - i) BRMC Personnel are prohibited from retaliating against any person who opposes, complains about, or reports discrimination, files a complaint, or cooperates in an investigation of discrimination or other proceeding under federal, state, or local anti-discrimination law.
- g) **Compliance. Corporate Compliance Officer** is responsible for coordinating compliance with this Policy, including giving notice to and training all employees/medical providers/contracted workers/students during new hire and annual training.

4) **SPECIAL NOTES:**

- a) BRMC facilities will post the availability of language assistance services in the top 15 non-English languages in PA. which include:

Language	Population
Spanish	215,529
Chinese	43,089
Vietnamese	23,912
Russian	17,418
Pennsylvanian Dutch	16,510
Korean	14,783
Italian	12,079
Arabic	11,150
French	9,751
German	9,444
Gujarati	7,231
Polish	7,030
French Creole	6,849
Mon-Khmer, Cambodian	6,820

5) **REFERENCE:**

- a) **Affordable care Act, Section 1557** <http://www.hhs.gov/civil-rights/for-individuals/section-1557>
- b) **Nondiscrimination in Health Programs and Activities.** A Rule by the Health and Human Services Department. Federal Registry. 05/18/2016
- c) https://www.federalregister.gov/documents/2016/05/18/2016-11458/nondiscrimination-in-health-programs-and-activities?utm_campaign=subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov

TITLE:	Admission and Assessment of a Patient	POLICY #:	6000.150
Department or Hospital-Wide Section Name:	General Nursing	Revision Date:	2/15
Committee approvals – see meta data information		Revision #:	7+
		Original Effective Date	1980

- 1) **STATEMENT OF POLICY:**
 - a) It is the policy of Bradford Regional Medical Center's Nursing Division to provide guidelines on the admission and assessment of a patient.
- 2) **PURPOSE:**
 - a) To establish rapport with the patient and family.
 - b) To ease the transition into the hospital setting.
 - c) To obtain data about a patient in a deliberate, systematic, and logical manner in order to write a beginning plan of care.
- 3) **DESIGNATED PERSONNEL:** All Nursing Units
- 4) **INDEX:**

A.	Admission of a Patient	Page 1-3
B.	Assessment of a Patient	Page 4
- 5) **PROCEDURE:**
 - a) **EQUIPMENT**
Nursing Admission Assessment as follows will be completed in the EMR:

Watch with second hand	Influenza and Pneumonia Vaccine Assessment
Basin	Admission Gift Bag
Water Pitcher/Liner	Emesis Basin
Personal Care Items	Admission Folder
Hospital gown or pajamas	Advance Directives Literature
Thermometer	VTE Screen and Order Form
Stethoscope	Scale
Sphygmomanometer	Education materials regarding patient's illness
ID Bracelet	
Bedpan or urinal if necessary	

A. ADMISSION OF A PATIENT

ESSENTIAL STEPS IN PROCEDURE	KEY POINTS
I. Preparing the Equipment	
1. Perform Hand Hygiene.	
2. Assemble equipment and transport to bedside.	
3. Open bed by folding top covers down.	

4. Place hospital gown or pajamas on bed.	
5. Unpack personal care items and place equipment appropriately.	
6. Evaluate area for completeness and neatness	

ESSENTIAL STEPS IN PROCEDURE	KEY POINTS
II. Admitting the Patient	
1. Greet patient by name and introduce yourself.	To make patient feel at ease and welcome.
2. Escort patient and accompanying relative to patient's room.	Acutely ill, helpless, and unconscious patients are brought to the unit on stretchers and must be transferred to the bed.
3. Introduce the patient to other unit staff.	
4. Explain admitting procedure.	It may be necessary in some instances to have relatives wait in the visitors' lounge until patient is in bed or to go to the Patient Access to supply necessary information.
5. Provide privacy for patient to change to hospital gown or pajamas.	Acutely ill patients should be assisted to dress.
6. Confirm patient identification with two patient identifiers (name and birthdate). Apply identification wrist band and appropriate Color coded snap tags..	Red- Allergy Purple- DNR Yellow-High Fall Risk Pink-Restricted Extremity Green-Latex Allergy
7. Obtain and record patient's height, weight, temperature, pulse, respirations and blood pressure.	Baseline data may be obtained by RN, LPN, or NA. Routine vital signs will be obtained every shift.
8. Complete the initial assessment in the EMR:	General admission information & past medical history may be compiled by the RN or LPN immediately or within eight hours of admission. For patients under 16 years of age, assessment data should be obtained from the parent or guardian.
a. Condition and cleanliness of hair and skin.	
b. Evidence of skin impairment due to disease or injury.	If a patient is admitted to unit after an emergency surgery, a post op assessment should be completed within twenty- four (24) hours. Document that the patient's condition is being assessed postoperatively.
c. Indication of physical discomfort.	
d. Signs of anxiety, depression, or confusion.	
e. History of allergic reactions.	If any, complete label for chart front and apply snap tags to color coded wrist bands. If latex sensitive obtain Latex Free Cart from Sterile Processing.
9. Provide admission bath if necessary.	

10. Secure the patient's belongings in the following manner:	List all valuable articles on Arrival/Transfer/Discharge intervention, print out admission valuables note and obtain appropriate signature.
a. Money and valuables should be placed in the hospital safe or sent home.	When describing jewelry, be objective i.e., "clear stone or yellow metal bands" rather than "diamond ring." For pediatric patients, toys brought from home should be marked with patient's name. Recommend no more than \$5-\$10 be kept at bedside.
b. Clothes are hung in locker or closet provided.	
c. Following validation of the Medication Reconciliation List, any medications brought in by patient are sent to Pharmacy, identified, and retained until patient is discharged.	Ask Patient perception of effectiveness of medications &/or any side effects.
11. Orient patient and family to medical regime, visiting hours, hospital routine, and surroundings.	Explain use of television set, call light, telephone, overhead lights, and electric bed.
12. Raise side rails when indicated and according to hospital policy.	
13. Ascertain that patient is comfortable and that the call bell and drinking water (if permitted) are within easy reach.	Orient to use of nurse call system, when applicable.
III. Documentation	
1. Assemble chart and place label on medical record.	
2. Record in EMR:	To identify the beginning of nurse's documentation.
a. Date and hour of arrival to unit.	
3. Complete Admission Assessment according to guidelines.	
4. Apply the appropriate Plan of Care based on the admission location. Apply the individualized Focus of Care based on the assessment findings.	
5. Complete Fall/Safety Assessment and apply appropriate colored snap tags on wrist band and labels, where applicable.	
6. Complete Skin/Wound/Braden/Drain Assessment and initiate appropriate preventive measures as indicated. Ensure completion of full head to toe assessment to ensure any concerns that are present upon admission.	Documentation of any skin integrity issues present on admission must be documented in the EMR and a photograph of the wound(s) should be placed on the chart.
ESSENTIAL STEPS IN PROCEDURE	KEY POINTS
7. Provide patient with Advance Directives	

Literature and follow up as needed.	
8. Inform patient and a family member of admission information packet and Gift Bag located on patient's bedside stand.	

B. ASSESSMENT AND REASSESSMENT OF THE PATIENT

NOTE:

Assessment of all patients by a Registered Nurse is required within one hour of admission, during each shift and as warranted by the patient's condition. The Assessment Documentation must be completed within eight hours of the patient's admission. Shift assessments must be documented by the end of the shift.

ESSENTIAL STEPS IN PROCEDURE	KEY POINTS
I. Preparing the Environment	
1. Identify patient and introduce yourself and state your position in the hospital.	Very ill patients are not immediately interviewed. Data gathering is limited to observation and examination.
2. Screen patient for privacy.	Patient is more likely to feel comfortable and provide highly personal information.
3. Create an environment conducive to discussion for both the nurse and the patient.	
4. Explain procedure.	Use your own words.
a. Type of information required.	
b. What the information will be used for.	
c. Who will have access to the information.	
d. Information that can be obtained with the patient's consent.	From Patient's family, other care providers, as well as medical jewelry.
e. That the patient has the right to refuse or consent to provide the data.	Should the patient refuse to provide data, document the patient's refusal.
II. Assessing the Patient	
1. Complete the assessment of each body system	
III. Complete Documentation	
1. Record in EMR	
IV. Reassessing the patient	Completed during each shift and when the patient experiences a change in condition.
1. Complete the assessment of each body system.	Report changes to the Charge Nurse, Manager, or Nursing Supervisor. Report significant changes to the physician.
V. Complete Documentation	

6) **REFERENCE:**

- a) \Best Practices-Evidence Based Nursing Procedures, (2010) 2nd Edition Lippincott Williams & Wilkins (pg 14-18), Norristown Rd, Ambler pa.

4

TITLE: ADMISSION – GENERAL ADMISSION POLICIES		POLICY #: 1D.5000.00	
Department or Hospital-Wide Section Name:	HOSPITAL WIDE	Revision Date:	10/3/2016
Committee approvals – see meta data information		Revision #:	8
		Original Effective Date:	1/1/1980

1) **STATEMENT OF POLICY:**

- a) Each patient shall be advised of their rights (See "Patient Bill of Rights" Hospital wide policy) and the criteria for Medicare (See Letter "An Important Message from Medicare") and of the criteria for Medicaid eligibility if appropriate.
- b) No patient shall be denied admission or care at the hospital on the basis of race, color, national origin, age, disability, sex, sexual orientation or source of payment. ~~See hospital wide patient nondiscrimination policy.~~ **See hospital wide:**
- c) No patient, except in an emergency case, shall be admitted unless a condition and provisional diagnosis has been stated by the attending physician and noted in the patient's medical record. In emergency cases, a provisional diagnosis must be ascertained as soon after admission as possible.
- d) Physicians direct admitting patients shall provide the following to Registration and/or Nursing/Care Manager with the following:
 - i) patient's legal name
 - ii) birthdate
 - iii) diagnosis
 - iv) patient status (i.e. inpatient, observation, ambulatory surgical)
- e) Physicians admitting patients shall be responsible for providing such information as may be necessary to assure the protection of other patients from those who are a source of danger, from any cause what so ever, or to assure protection of the patient from self-harm.
- f) Except in emergencies, patients shall be admitted only upon referral and under the care of a currently licensed and registered practitioner who is granted admitting privileges by the governing body.
- g) Admitted patients indicating a recent exposure to a communicable disease or suffering from a like illness shall be isolated to a private room and managed in accordance with Infection Control Policies.
- h) Patients applying for admission who have no attending physician shall be assigned to members of the hospitalist program.
- i) Olean General Hospital shall admit patients suffering from all types of diseases for temporary hospitalization. Patients will be treated only by physicians who have submitted proper credentials, have subsequently been duly appointed to membership on the medical staff, and have the appropriate clinical privileges to treat the patient's condition.
- j) Every patient admitted to the hospital shall receive a history and physical examination within seven (7) days before or twenty-four (24) hours after admission by a physician who is a member of the medical staff.

- k) On admission of minors to the hospital, consent for treatment papers must be signed by his parents or guardians unless the patient has proven emancipation or via telephone consent through Registration and Nursing personnel.
- l) Any patient admitted to a semi-private room for the use of it as a private room shall be made to understand that this is conditional, in that if the bed should become direly needed, he would relinquish his privacy.

2) **DESIGNATED PERSONNEL:** All employees, medical providers, contracted workers

3) **PROCEDURE:**

- a) Patients shall be admitted in order of their arrival to the patient registration area. Exceptions to this rule shall be made for maternity patients and emergency cases who shall be immediately admitted.
- b) The admitting interview shall be conducted in the patient registration office whenever possible. In emergency cases, this shall be conducted in the emergency department or the patient's room.
- c) Initiate the admitting forms-patient's face sheet, ID Bracelet, labels, applicable admission packet, and the physician's order sheet (if available).
 - i) Obtain the correct spelling of the name
 - ii) Gather the pertinent insurance information
 - iii) Complete every inquiry accurately
 - iv) Verify all admission documents are properly signed, dated, and completed.

d) The identification bracelet for Emergency admissions will be placed on the patient during triage. This ID bracelet will remain on the patient through admission.

4) **REFERENCE:**

- a) Affordable care Act, Section 1557 <http://www.hhs.gov/civil-rights/for-individuals/section-1557>

TITLE:	Civil Rights Act of 1964		POLICY #:	103.055
Department or Hospital-Wide Section Name:	Administration	Revision Date:	10/12	Revision #: 4
Committee approvals – see meta data information		Original Effective Date 7/92		

1) **STATEMENT OF POLICY:**

- a) All patients of the Bradford Regional Medical Center and all related and affiliated entities will be notified upon admission of the Patient Bill of Rights, in accordance with the Department of Health, Commonwealth of Pennsylvania.
- b) All employees will be notified upon hiring, and thereafter, of their Civil Rights as employees of Bradford Regional Medical Center.
- c) All Medical Staff members of Bradford Regional Medical Center will be notified in writing that staff privileges are granted without regard to race, color, national origin, or religious creed. All Medical Staff and dentists will be informed that Title VI requires that staff physicians select hospitals for their patients without regard to race, color, religious creed, disability, ancestry, union membership, age, gender, sexual orientation, gender identity or expression, national origin, AIDs or HIV status, or disability. All Medical Staff will be notified in writing that the medical center operates on the basis of an open admission policy and in accordance with the Civil Rights Act of 1964.
- d) To ensure that all patients, employees and Medical Staff of Bradford Regional Medical Center are aware of their civil rights.

2) **DESIGNATED PERSONNEL:**

- a) All BRMC Employees.
- b) BRMC Medical Staff

3) **PROCEDURE:**

- a) The Patient Bill of Rights, including the Civil Rights Act of 1964 will be posted in the Admitting Office, the Human Resources Department and each Patient Care Floor.
- b) Those key referral sources of the Bradford Regional Medical Center will receive annual notification of the Civil Rights Compliance Policy of the facility.
- c) All of these activities will occur in the Spring of each year.
- d) The Civil Rights Public Notice, Title VI, will be published annually in The Bradford Era. A Proof of Publication Notice will be maintained on file in the Administration Office.

**BRADFORD REGIONAL MEDICAL CENTER
Bradford, Pennsylvania**

MEDICAL CENTER STATEMENT POLICY

In an effort to comply with the Pennsylvania Department of Health Regulations, effective June 1990, the Medical Center's Administration has adopted and published a revised "Patient Bill of Rights".

In addition to the Patient Bill of Rights, and as required by the State Regulations, the Medical Center adopts the following provisions:

1. Bradford Regional Medical Center shall make its policies regarding the rights and responsibilities of patients available to the following:
 - a. Patients or their responsible person
 - b. Employees
 - c. Medical Staff
 - d. Consumer Groups
 - e. Interested Public
2. The staff at BRMC will be trained and involved in implementation of Policies and Procedures pertaining to patient rights.
3. At the time of admission, patients or their representatives will be advised of their rights and responsibilities.
4. In the case of a patient who cannot read, write or understand English, arrangements will be made to communicate the medical center's policies to that patient.
5. A copy of the Patient Bill of Rights will be posted in a conspicuous place near the entrances and on each floor for the BRMC.

Adopted July 1992
Reviewed June 1993 – June 2006
Reviewed October 2008
Reviewed June 2009
Reviewed October 2012
Reviewed October 2014
Reviewed October 2016

Timothy J. Finan
President/CEO

TITLE:	Civil Rights Act of 1964	POLICY #:	103.055
Department or Hospital-Wide Section Name:	Administration	Revision Date:	10/12
			Revision #: 4
Committee approvals – see meta data information		Original Effective Date 7/92	

1) **STATEMENT OF POLICY:**

- a) All patients of the Bradford Regional Medical Center and all related and affiliated entities will be notified upon admission of the Patient Bill of Rights, in accordance with the Department of Health, Commonwealth of Pennsylvania.
- b) All employees will be notified upon hiring, and thereafter, of their Civil Rights as employees of Bradford Regional Medical Center.
- c) All Medical Staff members of Bradford Regional Medical Center will be notified in writing that staff privileges are granted without regard to race, color, national origin, or religious creed. All Medical Staff and dentists will be informed that Title VI requires that staff physicians select hospitals for their patients without regard to race, color, religious creed, disability, ancestry, union membership, age, gender, sexual orientation, gender identity or expression, national origin, AIDs or HIV status, or disability. All Medical Staff will be notified in writing that the medical center operates on the basis of an open admission policy and in accordance with the Civil Rights Act of 1964.
- d) To ensure that all patients, employees and Medical Staff of Bradford Regional Medical Center are aware of their civil rights.

2) **DESIGNATED PERSONNEL:**

- a) All BRMC Employees
- b) BRMC Medical Staff

3) **PROCEDURE:**

- a) The Patient Bill of Rights, including the Civil Rights Act of 1964 will be posted in the Admitting Office, the Human Resources Department and each Patient Care Floor.
- b) Those key referral sources of the Bradford Regional Medical Center will receive annual notification of the Civil Rights Compliance Policy of the facility.
- c) All of these activities will occur in the Spring of each year.
- d) The Civil Rights Public Notice, Title VI, will be published annually in The Bradford Era. A Proof of Publication Notice will be maintained on file in the Administration Office.

**BRADFORD REGIONAL MEDICAL CENTER
Bradford, Pennsylvania**

MEDICAL CENTER STATEMENT POLICY

In an effort to comply with the Pennsylvania Department of Health Regulations, effective June 1990, the Medical Center's Administration has adopted and published a revised "Patient Bill of Rights".

In addition to the Patient Bill of Rights, and as required by the State Regulations, the Medical Center adopts the following provisions:

1. Bradford Regional Medical Center shall make its policies regarding the rights and responsibilities of patients available to the following:
 - a. Patients or their responsible person
 - b. Employees
 - c. Medical Staff
 - d. Consumer Groups
 - e. Interested Public
2. The staff at BRMC will be trained and involved in implementation of Policies and Procedures pertaining to patient rights.
3. At the time of admission, patients or their representatives will be advised of their rights and responsibilities.
4. In the case of a patient who cannot read, write or understand English, arrangements will be made to communicate the medical center's policies to that patient.
5. A copy of the Patient Bill of Rights will be posted in a conspicuous place near the entrances and on each floor for the BRMC.

**Adopted July 1992
Reviewed June 1993 – June 2006
Reviewed October 2008
Reviewed June 2009
Reviewed October 2012
Reviewed October 2014
Reviewed October 2016**

**Timothy J. Finan
President/CEO**



Certificate of Licensure

BRADFORD REGIONAL MEDICAL CENTER
BRADFORD REGIONAL MEDICAL CENT
116 INTERSTATE PARKWAY
BRADFORD

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Hospital

OWNED BY: BRADFORD REGIONAL MEDICAL CENTER

LICENSURE NUMBER: 541201

BRADFORD REGIONAL MEDICAL CENT 107 Beds

ISSUED ON: 09/04/2015

EFFECTIVE FROM: 09/30/2015

EXPIRES ON: 09/30/2018

The maximum number of beds for this campus shall not exceed 107 beds.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

Christine C. Filipovich, MSN, RN

Christine C. Filipovich, MSN, RN
Deputy Secretary For Quality Assurance

Karen M. Murphy, PhD, RN

Karen M. Murphy, PhD, RN
Secretary of Health



pennsylvania
DEPARTMENT OF HEALTH

NOTE: This license must be posted in a conspicuous place on the premises.

\$



Certificate of Licensure

BRADFORD REGIONAL MEDICAL CENTER
116 INTERSTATE PARKWAY
BRADFORD

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Hospital

OWNED BY: BRADFORD REGIONAL MEDICAL CENTER
LICENSURE NUMBER: 541201
ISSUED ON: 09/04/2015
EFFECTIVE FROM: 09/30/2015
EXPIRES ON: 09/30/2018

The maximum number of beds shall not exceed 107 beds.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

Christine C. Filipovich, MSN, RN

Christine C. Filipovich, MSN, RN
Deputy Secretary For Quality Assurance

Karen M. Murphy, PhD, RN

Karen M. Murphy, PhD, RN
Secretary of Health



pennsylvania
DEPARTMENT OF HEALTH

NOTE: This license must be posted in a conspicuous place on the premises.

Medical Command Facility Certification




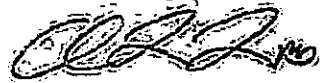
The Pennsylvania Department of Health hereby issues to

Bradford Regional Medical Center

pursuant to the Emergency Medical Services System Act, Act of August 18, 2009, P.L. 308, No. 37, as may be amended, 35 Pa.C.S. Section 8101 et seq., and duly promulgated rules and regulations, a certificate to provide facilities for medical command to prehospital personnel.

CERTIFICATION#: 5412
ISSUED ON: 11/6/2017
EXPIRES: 1/1/2021


Raphael M. Barishansky
Deputy Secretary for Health Planning and Assessment
Pennsylvania Department of Health


Dr. Rachel Levine, Acting Secretary
of Health and Physician General



Certificate of Licensure

THE PAVILION AT BRMC
200 PLEASANT STREET
BRADFORD

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above long-term care nursing facility.

OWNED BY: BRADFORD REGIONAL MEDICAL CENTER

LICENSURE NUMBER: 024702

ISSUED ON: 12/15/2016

EFFECTIVE FROM: 12/31/2016

EXPIRES ON: 12/31/2017

The maximum number of beds shall not exceed 95 beds.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: § 201.17, § 205.19(b) LETTER ON FILE IN FACILITY.

Christina C. Filipovich, MSN, RN

Christina C. Filipovich, MSN, RN
Deputy Secretary For Quality Assistance

Karen M. Murphy, PhD, RN

Karen M. Murphy, PhD, RN
Secretary of Health



NOTE: This license must be posted in a conspicuous place on the premises.



Certificate of Compliance

Issued to: BRADFORD REGIONAL MEDICAL CENTER

Facility No.: 427026

Type: FULL

THIS CERTIFICATE AUTHORIZES BRADFORD RECOVERY SYSTEMS
116 INTERSTATE PARKWAY 4TH FLOOR
BRADFORD, PA 16701

To Provide The Following Drug and Alcohol Activities Up To The Identified Maximum Number Of Persons

Inpatient Hospital Detoxification (4)

Inpatient Hospital Drug-Free (16)

Approval Date: February 01, 2017

Expiration Date: January 31, 2018



Jennifer S. Smith
Jennifer S. Smith
Acting Secretary of Drug and Alcohol Programs

NOTE: THIS CERTIFICATE OF COMPLIANCE IS ISSUED TO THE ORGANIZATION NAMED ABOVE AND IS FOR THE PREMISES AND FACILITY NAMED AND IS NOT TRANSFERRABLE.



Certificate of Compliance

Issued to: BRADFORD REGIONAL MEDICAL CENTER

Facility No.: 427040

Type: FULL

THIS CERTIFICATE AUTHORIZES BRADFORD RECOVERY SYSTEMS
116 INTERSTATE PARKWAY, 5TH FLOOR
BRADFORD, PA 16701

To Provide The Following Drug and Alcohol Activities Up To The Identified Maximum Number Of Persons

Outpatient Drug-Free (35)

Outpatient Other Chemotherapy (30)

Approval Date: February 01, 2017

Expiration Date: January 31, 2018



Jennifer S. Smith
Jennifer S. Smith
Acting Secretary of Drug and Alcohol Programs

NOTE: THIS CERTIFICATE OF COMPLIANCE IS ISSUED TO THE ORGANIZATION NAMED ABOVE AND IS FOR THE PREMISES AND FACILITY NAMED AND IS NOT TRANSFERRABLE.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE APPROVAL

This certificate is hereby granted to BRADFORD HOSPITAL

LEGAL ENTITY

To operate BRADFORD HOSPITAL

NAME OF FACILITY OR AGENCY

Located at 116-156 INTERSTATE PARKWAY, BRADFORD, PA 16701

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Psychiatric Unit

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 28

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 5100: Mental Health Procedures

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 10,

2017

until March 10,

2018

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **940460**

Robert E. Robinson

ISSUING OFFICER

Devin M...

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 12/16



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE APPROVAL

This certificate is hereby granted to BRADFORD HOSPITAL

LEGAL ENTITY

To operate BRADFORD HOSPITAL

NAME OF FACILITY OR AGENCY

Located at 116-156 INTERSTATE PARKWAY, BRADFORD, PA 16701

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Psychiatric Unit

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 28

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 5100: Mental Health Procedures

(PARTIAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 10,

2017

until March 10,

2018

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **940460**

Robert E. Robinson

ISSUING OFFICER

Devin Munn

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 626 - 12/16



pennsylvania
DEPARTMENT OF HUMAN SERVICES

RECEIVED
MAR 21 2017

Mr. Timothy Finan, President/CEO
Bradford Hospital
116 Interstate Parkway
Bradford, Pennsylvania 16701

MAR 16 2017

RE: Behavioral Health Services
#402990

Dear Mr. Finan:

The Department has received your March 13, 2017 renewal application to operate the above Partial Hospitalization pursuant to Title 55, PA Code, Chapter 5210. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa. Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Partial Hospitalization at least once every twelve months. The Department will conduct an inspection of Behavioral Health Services within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 5210 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's revised process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at ra-pwarlheadquarters@state.pa.us.

Sincerely,

Dennis Marion
Deputy Secretary

Enclosure
License



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to BRADFORD HOSPITAL
LEGAL ENTITY

To operate BEHAVIORAL HEALTH SERVICES
NAME OF FACILITY OR AGENCY

Located at 116 INTERSTATE PARKWAY, BRADFORD, PA 16701
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Partial Hospitalization
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 18
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 5210: Mental Health Partial Hospitalization Program
(ANNUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 1, 2017 until July 1, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **402990**

Robert E. Robinson
ISSUING OFFICER

Chris Munn
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF RADIATION PROTECTION

Page 1 of 3 Pages

License No. PA - 0268

RADIOACTIVE MATERIALS LICENSE

Amendment No. 25

Pursuant to the Radiation Protection Act, the Act of July 10, 1984 (No. 147, P.L. 688)(35 P.S. §§ 7110.101 – 7110.703) and Title 25, Rules and Regulations, Article V, Radiological Health of the Pennsylvania Department of Environmental Protection, and in reliance on statements and representations heretofore Licenses to receive, acquire, possess, transfer, and use radioactive material listed below for the purposes and at the places designated below. This license shall be deemed subject to all applicable rules, regulations, or orders of the Pennsylvania Department of Environmental Protection now or hereafter in effect and to any conditions specified below.

<p style="text-align: center;">Licensee</p> <p>1. Bradford Regional Medical Center</p> <p>2. 116 Interstate Parkway Bradford, PA 16701-0218</p>	<p>In accordance with a renewal application dated March 14, 2011</p> <p>3. License No. PA - 0268 is renewed in its entirety as follows:</p> <p>4. Expiration Date: February 28, 2021</p> <p>5. Client ID: 7117 Program Code: 2120 Priority: 3</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

6. Byproduct, source, and/or special nuclear material	7. Chemical and/or physical form	8. Maximum amount that licensee may possess at any one time under this license
A. Any byproduct material permitted by 10 CFR 35.100	A. Any	A. As needed
B. Any byproduct material permitted by 10 CFR 35.200	B. Any	B. As needed
C. Any byproduct material permitted by 10 CFR 35.300	C. Any	C. 100 millicuries
D. Gadolinium 153 as permitted by 10 CFR 35.500	D. Sealed sources (Isotope Product Laboratories Model No. NES-8429-SET)	D. 720 millicuries per source and 1440 millicuries total

<p>9. Authorized use:</p> <p>A. Any uptake, dilution, and excretion procedure permitted by 10 CFR 35.100</p> <p>B. Any imaging and localization study permitted by 10 CFR 35.200.</p> <p>C. Any imaging and localization study or therapy procedure permitted by 10 CFR 35.300, for which the patient can be released under the provisions of 10 CFR 35.75.</p> <p>D. Diagnostic medical use of sealed sources permitted by 10 CFR 35.500 in compatible devices registered pursuant to 10 CFR 30.32.</p>

<p>CONDITIONS</p>
<p>10. Licensed material may be used only at the licensee's facilities located 116 Interstate Parkway, Bradford, PA 16701.</p> <p>11. The Radiation Safety Officer for this license is: Mark T. Perna</p>



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF RADIATION PROTECTION

RADIOACTIVE MATERIALS LICENSE

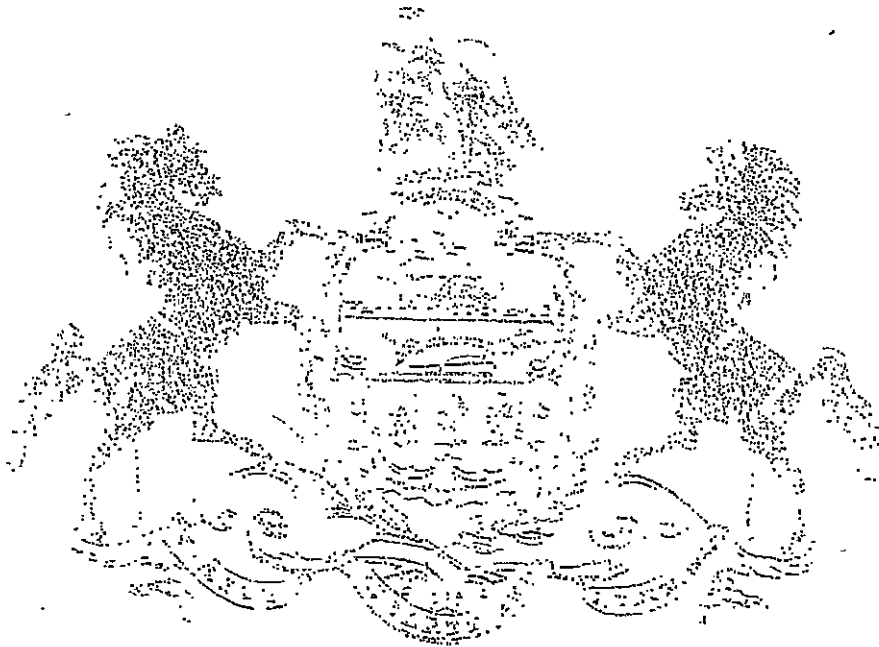
Page 3 of 3 Pages

License No. PA - 0268

Amendment No. 25

17. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents including any enclosures, listed below. This license condition applies only to those procedures that are required to be submitted in accordance with the regulations. Additionally, this license condition does not limit the licensee's ability to make changes to the radiation protection program as provided for in 10 CFR 35.26. The Department of Environmental Protection's regulations shall govern unless the statements, representations and procedures in the licensee's application and correspondence are more restrictive than the regulations.

A. Renewal application dated March 14, 2011 (DEP)



For the Pennsylvania Department of Environmental Protection

John S. Chippo
Bureau of Radiation Protection
P. O. Box 8469
Harrisburg, PA 17105-8469

Date: May 4, 2011

6

TITLE: Section 504 and Title IX Grievance Procedure	POLICY #: 104.019	
Original Effective Date: June 29, 2009	Revision Date: 10/2012	Revision #: 2
Department: Human Resources		

1) **STATEMENT OF POLICY:**

- a) It is the policy of Bradford Regional Medical Center (BRMC) not to discriminate on the basis of disability. Bradford Regional Medical Center has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) or the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 states, in part, that "no qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from Federal financial assistance." The Law and Regulations may be examined in the office of the Health Information Director, Compliance Officer, (814) 362-8253, who has been designated to coordinate the efforts of Bradford Regional Medical Center to comply with Section 504 and Title IX.

Any student or employee who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under his procedure. It is against the law for Bradford Regional Medical Center to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

2) **DESIGNATED PERSONNEL:**

- a) All employees or students

3) **PROCEDURE:**

- a) Grievances must be submitted to the Section 504/Title IX Coordinator within 60-days of the date the person filing the grievance becomes aware of the alleged discriminatory action. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought. The Section 504 Coordinator/Title IX Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 504/Title IX Coordinator will maintain the files and records of Bradford Regional Medical Center relating to such grievances.
- b) The Section 504/Title IX Coordinator will issue a written decision on the grievance no later than 30-days after its filing.
- c) The person filing the grievance may appeal the decision of the Section 504/Title IX Coordinator by writing to the CEO/President or Board of Directors within 15-days of receiving the Section 504/Title IX Coordinator's decision.
- d) The CEO/President or Board of Directors shall issue a written decision in response to the appeal no later than 30-days after its filing.
- e) The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U.S. Department of Health and Human Services, Office for Civil Rights.

- f) Bradford Regional Medical Center will make appropriate arrangements to ensure that disabled persons are provided other accommodations if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. Section 504/Title IX Coordinator will be responsible for such arrangements.

- 4) **SPECIAL NOTES** (if applicable)
 - a) Information that includes details of related documentation that should be read in conjunction with this policy/procedure.

- 5) **REFERENCE:**
 - a) Updated material no older than 10 years.

7/8

TITLE:	Assisting Patients with Communication Needs (including Non-English Speaking)	POLICY #:	100.006
Department or Hospital-Wide Section Name:	Administration	Revision Date: 2/17	Revision #: 12
Committee approvals -- see meta data information		Original Effective Date 6/89	

1) **STATEMENT OF POLICY:**

- a) Bradford Regional Medical Center will assist any patient who has an identified special need including, but not limited to, the deaf, vision impairment, speech impairment, or language barrier, or paralysis which would compromise proper communication ability.
- b) Written information is available for the patients and visitors on the Hospital Internet home page, the Main Registration area, Same Day Surgery area, and in the ED Registration area that summarizes the process for obtaining free language services.
- c) Ongoing education and training for all hospital staff is provided during general orientation for new hires and ongoing existing employees in the annual mandatory training.
- d) The language of preference and any specific language or other special needs are identified and documented in the medical record during the initial contact with the patient.
- e) At the time of the initial patient encounter with either registration or nursing, including paralysis or anytime thereafter, if a deaf, visual, translation or other communication problem is identified, the patient will be offered the assistance, devices and services needed to insure adequate communication.

2) **DESIGNATED PERSONNEL:**

- a) All Hospital Personnel who provide services which involve the need to have meaningful communication with patients and/or visitors/family.

3) **PROCEDURE:**

All patients will be assessed upon admission for any communication barriers or considerations.

a. For the person with visual impairment:

- 1. Evaluate the degree of visual impairment and begin to establish territorial orientation to the hospital as indicated.
- 2. Familiarize the patient with his/her room by use of touch. Keep furniture in the designated area at all times.
- 3. Always speak to the patient prior to touching him/her so that you do not startle the patient.
- 4. Write information you wish to communicate to the person in large letters using dark (black) writing instruments.
- 5. Provide large print vital documents. Provide magnifying glass as needed

b. For the person with hearing impairment:

- 1. Write information you wish to communicate to the person. A pencil and paper should always be available for the patient.

2. If the person is able to speech-read (lip-read), speak slowly and directly to the person after you have their full attention. Be careful not to exaggerate or shout as both distort speech.
3. Closed Caption TV is available. Notify Plant Services to activate closed caption.
4. Remote video sign language service is available 24 hours a day, 7 days a week. Remote service is available in all patient areas of the hospital, including off site locations.
5. A list of live sign language interpreters is located in the Nursing Supervisors' Office, Ext. 8204.
6. Individuals using TTY/TDDs to communicate with hearing and speech-capable persons are available by calling the following number:
PHL 1-800-654-5984

c. For persons with expressive communication impairments:

1. Encourage the person to write information they wish to communicate. Supply pencil and pad.
2. Pay close attention when the patient speaks. The patient's facial expressions and physical gestures may help you understand what the patient is communicating.
3. Encourage the person to communicate by using their environment i.e. pointing to objects or persons, asking family to assist, etc.

d. For persons with reading impairment:

1. Read the information word for word to the person.

e. For persons whose dominant language is not English:

1. A language remote video interpreting service with a multitude of languages is available 24 hours a day, 7 days a week in all patient areas, including off site locations.

f. For persons with paralysis and unable to use the manual call system.

1. The breath-activated call system will be provided. This system is available 24 hours a day, seven days a week and can be located in the Sterile Processing Department. See attachment on use.

g. Staff awareness of patient's special needs:

1. Familiarize yourself with services/equipment available and offer the assistance needed to the patient at the time of initial assessment.
2. Flag the patient's chart and care plan.
3. Place a sign over the patient's bed to inform hospital staff of patient's special needs.
4. Flag the intercom so that staff will know the patient does not speak English, has a visual, hearing, and/or speech impairment and requires a personal visit rather than a response over the intercom.
5. Consult Case Management if community resources related to this special need are indicated.

4) **REFERENCE:**

Stratus VRI Language System (see attachment)

Bilingual Individuals
(center location here)
 (As of month and year submitting information)

Staff Members:

We currently have:

- no staff members available who are qualified to speak and/or interpret a language other than English.
 the following staff member(s) who are qualified to speak and/or interpret a language other than English:

Name:	
Title:	
Phone Number:	
Language(s) spoken:	
Hours of Availability:	

Name:	
Title:	
Phone Number:	
Language(s) spoken:	
Hours of Availability:	

Contractors:

The Director of Clinical Services, *(First Name, Last Name – phone number)*, is responsible for maintaining a list of local bilingual interpreters/translators.

The Director of Clinical Services has chosen the following interpreter/translator to ensure that qualified persons with Limited English Proficiency (LEP) can adequately communicate with Hospice staff members.

Company/Organization:	Stratus Video Interpreting
Contact Person:	Alexander Branch, Account Manager
Address:	33 N. Garden Ave.
Address:	
City/State/Zip:	Clearwater, FL 33755
Voicemail:	917-767-9484
Fax:	
Email:	abbranch@stratusvideo.com

Sign Language Interpreters

(center location here)

(As of (month and year submitting information))

Staff Members:

We currently have:

- no staff members available who are qualified to interpret American Sign Language.
- the following staff member(s) who are qualified to interpret American Sign Language:

Name:	
Title:	
Phone Number:	
Hours of Availability:	

Name:	
Title:	
Phone Number:	
Hours of Availability:	

Contractors:

The Director of Clinical Services, *(First Name, Last Name – phone number)*, is responsible for obtaining an outside interpreter when required.

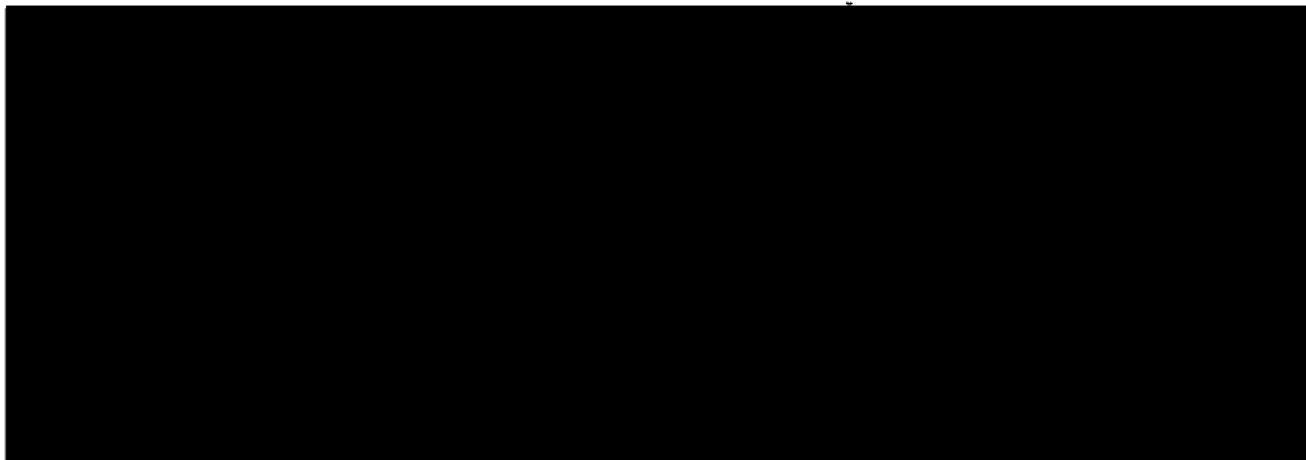
The Director of Clinical Services has chosen the following interpreter referral agency to ensure that qualified persons with disabilities, including those with impaired hearing, can adequately communicate with Hospice staff members:

Company/Organization:	Stratus Video Interpreting
Contact Person:	Alexander Branch, Account Manager
Address:	33 N. Garden Ave.
Address:	
City/State/Zip:	Clearwater, FL 33755
Voicemail:	917-767-9484
TTY:	
Email:	abbranch@stratusvideo.com

4:41 PM 01/18/2018 4:41 PM

Mohammed, Janine

To: Jackson, Robert F
Cc: Davis, Donna; Larson, Jennifer; DeCarmine-Bender, Maria; Gladfelter, Garrison
Subject: Bradford Regional Medical Center CHOW
Importance: High



Janine Mohammed | Administrative Assistant
Pennsylvania Department of Health
Division of Acute and Ambulatory Care
Room 532 Health and Welfare | 625 Forster Street
Harrisburg, PA 17120
Phone: 717.783.8980 | Fax: 717.705.6663
www.health.pa.gov

Mohammed, Janine

From: Craig M. Glasgow <CGlasgow@hortyspringer.com>
Sent: Wednesday, January 10, 2018 3:50 PM
To: Mohammed, Janine
Cc: Dan Mulholland; 'BAriglio@uahs.org'
Subject: RE: Bradford Regional Medical Center - Hospital License #541201 - Change of Ownership Materials
Attachments: OGH BRMC Registration of Fictitious Name with PA DOS.pdf

Hi Janine,

Thank you for calling me back and for confirming receipt of the HHS-690 confirmation and the PA Attorney General no objection letter from my earlier e-mail.

As per our conversation from just a moment ago, I am attaching the Registration of Fictitious Name form that we had filed with the Pennsylvania Department of State showing Olean General Hospital registering the fictitious name of Bradford Regional Medical Center.

If you need anything else from me, please do not hesitate to let me know. I'll get whatever you need right away.

Craig

Craig Glasgow
Horty, Springer & Mattern, PC
Phone: 412-687-7677
Fax: 412-687-7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Craig M. Glasgow
Sent: Wednesday, January 10, 2018 1:56 PM
To: 'Mohammed, Janine'
Cc: Dan Mulholland; BAriglio@uahs.org
Subject: RE: Bradford Regional Medical Center - Hospital License #541201 - Change of Ownership Materials

Hi Janine,

Thank you for your e-mail below regarding our need to complete the HHS-690 form.

I'm including my colleague, Dan Mulholland, and my hospital contact, Buzz Ariglio, on this e-mail.

I sent your request on to Buzz and he rallied the team and had the HHS-690 form completed. I have attached confirmation regarding the completion of the HHS-690.

Additionally, you had requested a copy of the Pennsylvania Attorney General's no objection letter to the merger of Bradford Regional Medical Center and Olean General Hospital. I have attached this no objection letter.

Please review these two documents and let me know if they satisfy your requirements. Dan and I would be happy to discuss these or any of the other documentation that we've submitted.

4:52 PM01/10/2018 4:52 PM

Thank you very much.

Craig

Craig Glasgow
Horty, Springer & Mattern, PC
Phone: 412-687-7677
Fax: 412-687-7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Mohammed, Janine [<mailto:jmohammed@pa.gov>]
Sent: Wednesday, January 10, 2018 12:44 PM
To: Craig M. Glasgow
Subject: RE: Bradford Regional Medical Center - Hospital License #541201 - Change of Ownership Materials
Importance: High

Hi Craig,

Thank you for the materials. I did not receive a copy of the electronic filing receipt for the HHS690 (you did forward back the explanation page I sent you). Please at your earliest convenience, forward me a copy of the HHS690 that was filed electronically. Also when the CHOW occurs, please send me the notice that CHOW occurred/sales agreement.

Thanks, Janine

From: Leshko, Tanya (GC)
Sent: Friday, December 22, 2017 12:01 PM
To: Mohammed, Janine <jmohammed@pa.gov>; Gladfelter, Garrison <ggladfelte@pa.gov>
Subject: FW: Bradford Regional Medical Center - Hospital License #541201 - Change of Ownership Materials

From: Craig M. Glasgow [<mailto:CGlasgow@hortyspringer.com>]
Sent: Tuesday, December 05, 2017 2:49 PM
To: Mohammed, Janine <jmohammed@pa.gov>
Cc: Leshko, Tanya (GC) <tleshko@pa.gov>; 'bariglio@uahs.org' <bariglio@uahs.org>; 'Pmillock@nixonpeabody.com' <Pmillock@nixonpeabody.com>; 'Jflannery@KaleidaHealth.org' <Jflannery@KaleidaHealth.org>
Subject: Bradford Regional Medical Center - Hospital License #541201 - Change of Ownership Materials

HORTY, SPRINGER & MATTERN, P.C.

ATTORNEYS AT LAW

4614 FIFTH AVENUE • PITTSBURGH, PA 15213

December 5, 2017

Janine Mohammed
Administrative Assistant

4:52 PM 01/10/2018 4:52 PM

Division of Acute and Ambulatory Care
Pennsylvania Department of Health
Room 532, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Dear Ms. Mohammed:

Attached please find a letter and enclosures regarding Bradford Regional Medical Center, Hospital License #541201, Change of Ownership Materials.

Sincerely,

Craig Glasgow
Horty, Springer & Mattern, PC
Phone: 412-687-7677
Fax: 412-687-7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

Mohammed, Janine

To: Craig M. Glasgow
Subject: RE: Bradford Regional Medical Center - Hospital License #541201 - Change of Ownership Materials
Attachments: Civil Rights Clearance for Medicare Provider Applicants.docx
Importance: High

Hi Craig,

Thank you for the materials. I did not receive a copy of the electronic filing receipt for the HHS690 (you did forward back the explanation page I sent you). Please at your earliest convenience, forward me a copy of the HHS690 that was filed electronically. Also when the CHOW occurs, please send me the notice that CHOW occurred/sales agreement.
Thanks, Janine

From: Leshko, Tanya (GC)
Sent: Friday, December 22, 2017 12:01 PM
To: Mohammed, Janine <jmohammed@pa.gov>; Gladfelter, Garrison <ggladfelte@pa.gov>
Subject: FW: Bradford Regional Medical Center - Hospital License #541201 - Change of Ownership Materials

From: Craig M. Glasgow [<mailto:CGlasgow@hortyspringer.com>]
Sent: Tuesday, December 05, 2017 2:49 PM
To: Mohammed, Janine <jmohammed@pa.gov>
Cc: Leshko, Tanya (GC) <tleshko@pa.gov>; 'bariglio@uahs.org' <bariglio@uahs.org>; 'Pmillock@nixonpeabody.com' <Pmillock@nixonpeabody.com>; 'Jflannery@KaleidaHealth.org' <Jflannery@KaleidaHealth.org>
Subject: Bradford Regional Medical Center - Hospital License #541201 - Change of Ownership Materials

HORTY, SPRINGER & MATTERN, P.C.

ATTORNEYS AT LAW
4614 FIFTH AVENUE • PITTSBURGH, PA 15213

December 5, 2017

Janine Mohammed
Administrative Assistant
Division of Acute and Ambulatory Care
Pennsylvania Department of Health
Room 532, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Dear Ms. Mohammed:

12:43 PM 01/10/2018 12:43 PM

Attached please find a letter and enclosures regarding Bradford Regional Medical Center, Hospital License #541201, Change of Ownership Materials.

Sincerely,

Craig Glasgow
Horty, Springer & Mattern, PC
Phone: 412-687-7677
Fax: 412-687-7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

Mohammed, Janine

From: Craig M. Glasgow <CGlasgow@hortyspringer.com>
Sent: Friday, November 17, 2017 3:42 PM
To: Mohammed, Janine
Cc: Dan Mulholland
Subject: FW: Change of Ownership Notification
Attachments: GladfelterGarrison.pdf

Ms. Mohammed,

Thank you for calling me today regarding the Bradford Hospital d/b/a Bradford Regional Medical Center ("BRMC") change of ownership. I am including my colleague, Dan Mulholland, on this e-mail.

You had requested a copy of the notification letter that we had written to Mr. Gladfelter. We sent this letter to Mr. Gladfelter by U.S. Mail and by e-mail on October 4, 2017. The e-mail is below.

You had also asked if we would be dropping BRMC's CCN with this change of ownership. I had to find out the answer to this question. I was told that BRMC's CCN will be dropped and we will only use Olean General Hospital's CCN for Medicare. I was also told that an 855 might have already been filed to accomplish this.

Does this help?

Is there anything else that I can do to help?

Sincerely,

Craig

Craig Glasgow
Horty, Springer & Mattern, PC
Phone: 412-687-7677
Fax: 412-687-7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Craig M. Glasgow
Sent: Wednesday, October 04, 2017 2:37 PM
To: 'ggladfelte@pa.gov'
Subject: Change of Ownership Notification

HORTY, SPRINGER & MATTERN, P.C.

ATTORNEYS AT LAW
4614 FIFTH AVENUE • PITTSBURGH, PA 15213

October 4, 2017

Garrison E. Gladfelter, Jr.
Director, Division of Acute and Ambulatory Care

Davis, Donna

From: Szabo, Leslie
Sent: Thursday, November 16, 2017 1:20 PM
To: Davis, Donna; Mohammed, Janine
Cc: Garrison Gladfelter
Subject: FW: Bradford Hospital - change of legal entity ownership

Thanks, Leslie

From: Choset, Beth
Sent: Thursday, November 16, 2017 12:59 PM
To: Szabo, Leslie <lszabo@pa.gov>
Cc: Latsko, Richard <rlatsko@pa.gov>; Knott, Phyllis <pknott@pa.gov>; Duncan, Christopher <chrduncan@pa.gov>
Subject: Bradford Hospital- change of legal entity ownership

*Beth A. Choset, LCSW
DHS/OMHSAS
301 Fifth Avenue, Suite 480
Pittsburgh, PA 15222*

Davis, Donna

From: Gladfelter, Garrison
Sent: Wednesday, November 15, 2017 6:23 PM
To: Davis, Donna
Subject: Fw: Bradford Regional Medical Center - Notification re Change of the Date of Merger to December 20, 2017

For our records

Thanks,

Garrison

Garrison E. Gladfelter Jr. | Chief, Division of Acute and Ambulatory Care
Pennsylvania Department of Health | Bureau of Facility Licensure and Certification
Room 532 Health & Welfare Building
625 Forster Street | Harrisburg, PA 17120-0701
Phone: 717.783.8980 | Fax: 717.705.6663
www.health.state.pa.us

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From: Craig M. Glasgow <CGlasgow@hortyspringer.com>
Sent: Wednesday, November 15, 2017 4:24 PM
To: Gladfelter, Garrison
Subject: Bradford Regional Medical Center - Notification re Change of the Date of Merger to December 20, 2017

HORTY, SPRINGER & MATTERN, P.C.

ATTORNEYS AT LAW
4614 FIFTH AVENUE • PITTSBURGH, PA 15213

November 15, 2017

Garrison E. Gladfelter, Jr.
Director, Division of Acute and Ambulatory Care
Pennsylvania Department of Health
Room 532, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701

Mr. Gladfelter,

I am following up on a notification letter that I wrote to you regarding the change of ownership of Bradford Hospital, d/b/a Bradford Regional Medical Center ("BRMC"), hospital license #541201.

I had sent a notification letter to the PA Department of Health, Division of Acute and Ambulatory Care (the "Division"), on October 4, 2017. The purpose of this letter was to notify the Division of an upcoming transaction that would result in a change of ownership of BRMC and to request any change of ownership materials from the Division that we would need regarding this transaction.

In this letter, I had stated that "BRMC plans to merge with and into [Olean General Hospital] on or about November 30, 2017." I am writing to you now to inform the Division that this initially proposed November 30, 2017 date of merger has been changed. The new proposed date of the OGH/BRMC merger is now December 20, 2017.

I hope that this e-mail can serve as proper notice regarding this date change. If there is anybody else whom I should contact or any other notification that I should submit to further properly inform the Division of the new December 20, 2017 date of merger, please do let me know.

Thank you.

Sincerely,

Craig

Craig Glasgow
Horty, Springer & Mattern, PC
Phone: 412-687-7677
Fax: 412-687-7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

Davis, Donna

From: Davis, Donna
Sent: Tuesday, November 21, 2017 8:49 AM
To: Nicklin, April; Szabo, Leslie
Cc: Larson, Jennifer
Subject: FW: Bradford Regional Medical Center - Notification re Change of the Date of Merger to December 20, 2017

Importance: High

Just an FYI.

Donna Davis | Clerk Typist II
PA Department of Health
Bureau of Facility Licensure and Certification
Division of Acute and Ambulatory Care
Health and Welfare Building Room 532 | 625 Forster St.
Harrisburg, Pa 17120
717.783.8980 | FAX: 717.705.6663
www.health.pa.gov

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From: Gladfelter, Garrison
Sent: Wednesday, November 15, 2017 6:23 PM
To: Davis, Donna <donndavis@pa.gov>
Subject: Fw: Bradford Regional Medical Center - Notification re Change of the Date of Merger to December 20, 2017

For our records

Thanks,

Garrison

Garrison E. Gladfelter Jr. | Chief, Division of Acute and Ambulatory Care

Pennsylvania Department of Health | Bureau of Facility Licensure and Certification

Davis, Donna

From: Davis, Donna
Sent: Thursday, October 12, 2017 11:42 AM
To: 'cglasgow@hortyspringer.com'
Subject: CHOW-Bradford RMC
Attachments: New Hospital and CHOW Application rev 171003.pdf

Good Morning Mr. Glasgow,
Attached please find your CHOW packet for the above facility.
If you have any questions please call Janine Mohammed at my number below.
Thank you

Donna Davis | Clerk Typist II
PA Department of Health
Bureau of Facility Licensure and Certification
Division of Acute and Ambulatory Care
Health and Welfare Building Room 532 | 625 Forster St.
Harrisburg, Pa 17120
717.783.8980 | FAX: 717.705.6663
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Davis, Donna

From: Davis, Donna
Sent: Thursday, October 05, 2017 9:54 AM
To: Jackson, Robert F
Cc: Larson, Jennifer
Subject: FW: Change of Ownership Notification-Bradford RMC
Attachments: GladfelteGarrison.pdf

Importance: High

Donna Davis | Clerk Typist II
PA Department of Health
Bureau of Facility Licensure and Certification
Division of Acute and Ambulatory Care
Health and Welfare Building Room 532 | 625 Forster St.
Harrisburg, Pa 17120
717.783.8980 | FAX: 717.705.6663
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From: Gladfelte, Garrison
Sent: Thursday, October 05, 2017 12:13 AM
To: Davis, Donna <donndavis@pa.gov>
Subject: Fwd: Change of Ownership Notification

Donna


Thanks
Garrison

Garrison E. Gladfelte Jr. | Chief, Division of Acute and Ambulatory Care
Pennsylvania Department of Health | Bureau of Facility Licensure and Certification
Room 532 Health & Welfare Building
625 Forster Street | Harrisburg, PA 17120-0701
Phone: 717.783.8980 | Fax: 717.705.6663
www.health.state.pa.us

From: Craig M. Glasgow <CGlasgow@hortyspringer.com>
Sent: Wednesday, October 4, 2017 2:36:58 PM

HORTY, SPRINGER & MATTERN

ATTORNEYS AT LAW

A PROFESSIONAL CORPORATION

4614 FIFTH AVENUE, PITTSBURGH, PA 15213

TELEPHONE: (412) 687-7677

FACSIMILE: (412) 687-7692

www.hortyspringer.com

JOHN HORTY
LINDA HADDAD
BARBARA A. BLACKMOND
DANIEL M. MULHOLLAND III
HENRY M. CASALE
PAULA A. VERARDI
ALAN J. STEINBERG
SUSAN M. LAPENTA
LAUREN M. MASSUCCI

ERIC W. SPRINGER (OF COUNSEL)

CLARA L. MATTERN (1931-1981)

PHILIP W. ZARONE
NICHOLAS J. CALABRESE
LEEANNE MITCHELL O'BRIEN
RACHEL E. REMALEY
IAN M. DONALDSON
CHARLES J. CHULACK
JOSHUA HODGES
KATIE E. PAKLER
CRAIG M. GLASGOW

VIA E-MAIL AND U.S. MAIL

October 4, 2017

Garrison E. Gladfelter, Jr.
Director, Division of Acute and Ambulatory Care
Pennsylvania Department of Health
Room 532, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701

Re: Bradford Regional Medical Center
Hospital License #541201
Change of Ownership Notification

Dear Mr. Gladfelter:

The purpose of this letter is to inform you of an upcoming transaction that will result in a change of ownership of Bradford Hospital, d/b/a Bradford Regional Medical Center ("BRMC"), located in Bradford, Pennsylvania and to request materials to be submitted to the Pennsylvania Department of Health relating to the notification required by 28 Pa. Code §51.4. BRMC is one of the two hospital subsidiaries of the Upper Allegheny Health System ("UAHS"), a New York not-for-profit corporation. The other hospital subsidiary of UAHS is Olean General Hospital ("OGH"), a New York not-for-profit corporation which operates a New York licensed hospital in Olean, New York. UAHS in turn is a subsidiary of Kaleida Health, whose principal offices are located in Buffalo, New York.

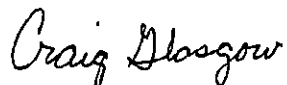
BRMC plans to merge with and into OGH on or about November 30, 2017. OGH will be the surviving entity and continue to operate BRMC in its present location and with its present services as a division of OGH under a separate Pennsylvania license. The merger of OGH and BRMC will permit the hospitals to receive more favorable reimbursement and achieve greater operational efficiencies.

Garrison E. Gladfelter, Jr.
October 4, 2017
Page 2

BRMC is currently licensed to operate 107 acute care beds, with an average daily census of approximately 45. No changes in bed complement or services will occur as a result of the merger. The current management team of BRMC will remain in place after the merger. BRMC is a participating provider in the Medicare and Pennsylvania Medical Assistance programs which will continue after the merger.

I hope this provides you with the information you require. I would respectfully request that you send us the change of ownership materials as soon as possible so we can submit the required notification in a timely manner. If you have any questions, please call me or my colleague, Daniel Mulholland.

Sincerely,



Craig Glasgow
cglasgow@hortyspringer.com
Attorney for Bradford Regional Medical Center

CG/dsn

264097.2

3:46 PM11/17/2017 3:46 PM

Pennsylvania Department of Health
Room 532, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701

Attached please find a letter regarding Bradford Regional Medical Center Hospital License #541201 Change of Ownership Notification. If you have any questions, please do not hesitate to contact me.

Sincerely,

Craig Glasgow
Horty, Springer & Mattern, PC
Phone: 412-687-7677
Fax: 412-687-7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

C39942

Davis, Donna

RECEIVED BY DEPT OF HEALTH
ACUTE & AMBULATORY CARE

From: Gladfelter, Garrison
Sent: Friday, February 17, 2017 3:49 PM
To: Davis, Donna
Subject: FW: Bradford Regional Medical Center/hospital license -- Change of Control
Attachments: 20170217103249842.pdf

2017 FEB 21 AM 9:56

Donna,

Please keep for our files.

Thanks,

Garrison

Garrison E. Gladfelter Jr. | Chief, Division of Acute and Ambulatory Care
Pennsylvania Department of Health | Bureau of Facility Licensure and Certification
Room 532 Health & Welfare Building
625 Forster Street | Harrisburg, PA 17120-0701
Phone: 717.783.8980 | Fax: 717.705.6663
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From: Alan Steinberg [mailto:ASteinberg@hortyspringer.com]
Sent: Friday, February 17, 2017 3:31 PM
To: Leshko, Tanya (GC) <tleshko@pa.gov>
Cc: Gladfelter, Garrison <ggladfelte@pa.gov>
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Tanya,

Greetings, and thanks for getting back to me so quickly. Please call me Alan. Thank you for the information concerning Mr. Siget, and that you are the Senior Counsel of the Governor's Office of General Counsel for the Department of Health, Office of Legal Counsel.

I worked with Jim Steele over a number of years, as have several of the attorneys in our office. Just before Jim left, he sent an e-mail to a number of his lawyer contacts (throughout the state, not just us) in which he identified Mr. Siget as the best, post-Jim Steele person to contact. Oddly, I've had very little reason to contact Mike since then; one or two e-mails probably more than a year ago. Thanks for understanding why the materials that should have gone to you were sent to him.

You mentioned below that you are interested in receiving an answered Ten Questions Document for the new entity, the existing parent, the Upper Allegheny Health System ("UAHS") and the existing licensee, Bradford Regional Medical Center ("BRMC"). You now have BRMC's answered Ten Questions Document. As for the parent, UAHS, if I could ask you

to keep UAHS in mind as your review the BRMC Ten Questions Document. In that BRMC Document, you'll see a substantial amount of information concerning UAHS:

- Structural information is provided in the answer to Question 1;
- Questions 1, 4, 5 and 8 answered under Question 2(b);
- UAHS's Board of Directors described in Exhibit D as part of the answers to Question 2(b);
- In answer to 3(a), we provided UHAS' existing Certificate of Incorporation as well as a Restated Certificate of Incorporation to implement the Alliance (Exhibit F2);
- UAHS' present bylaws and its revised bylaws to be adopted for the Affiliation (see Exhibit H);
- Answers to 7(c) that UAHS has never been the subject of any adverse action taken by any state or federal agency;
- Answers to Question 8(a) that neither UAHS or any of the individuals identified in 4(a), (b) or (c) have ever been subject to criminal or civil fraud charges;
- Answers to Question 8(b) that neither UAHS or any of the individuals identified in 4(a), (b) or (c) have ever been ordered to pay a civil monetary penalty;
- Answers to Question 8(c) that neither UAHS nor any of the individuals identified in 4(a), (b) or (c) have ever been convicted of Medicare or Medicaid Fraud and Abuse;
- Answers to Question 9 that there are no ongoing fraud and abuse investigations at UAHS.

With the answered BRMC Ten Questions Document, I think we've also largely provided an answered Ten Questions Document concerning UAHS. As to your e-mail below, Questions 7 through 9 have been fully answered, and I believe the Charity Care Policy provided for Question 10 is also the Charity Care Policy for UAHS, but I will confirm that to be sure.

I certainly understand your desire to have a good understanding as to where the authority lies to make decisions which impact patient care at BRMC. Do you think it would be helpful to set up a conference call among UAHS senior leadership and its legal counsel to discuss that with you? I know they'd be happy to do so, and I'd be part of that phone call, as well. Or if you'd first like to have a call between you and me, I'd be happy to do that.

You also mention below that you are interested in having a Ten Questions Document answered for the "new entity," which I take to mean Kaleida Health ("KH"). Some information concerning KH is provided in the BRMC Ten Questions Document. Question 2(b) provides KH information as to Questions 1, 4, 5 and 8. Exhibit C to Question 1 provides KH's Organizational Chart following the Affiliation, and Exhibit E provides KH's Board of Directors.

I realize this is not as fulsome a description of KH as is provided regarding UAH in the BRMC 10 Questions Document. But I wonder if through a conversation you and I could chart the areas which are essential for your review. From your e-mail, I know that's Questions 7 through 10. If we could do that, I'd be most appreciative. Some of KH's required answers would be a bit daunting. The KH Organizational Chart attached has a lot of entities involved, and having KH provide summary information on each of the entities could create a small book.

Thank you, Tanya. I'm looking forward to working with you.

Alan

Alan Steinberg
Horty, Springer & Mattern, PC
Phone: 412.687.7677
Fax: 412.687.7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Leshko, Tanya (GC) [<mailto:tleshko@pa.gov>]
Sent: Thursday, February 16, 2017 4:51 PM
To: Alan Steinberg
Cc: Gladfelter, Garrison
Subject: Bradford Regional Medical Center/hospital license -- Change of Control

Mr. Steinberg:

I have replaced Mr. Siget as the attorney for DAAC. Your e-mail regarding the above was forwarded to me. Although I understand that no direct changes are occurring to the license holder, this is, in fact, a change of control. The Department would like the 10 Questions answered for the new entity, as well as for the parent and the existing licensee. We are particularly interested in understanding where the authority lies to make decisions which impact patient care at the facility (decisions regarding closure, use of resources, etc.). We are also very interested in knowing the health care background and experience of the individuals who are involved in decision-making of this kind, and particularly their history with regard to questions 7 through 9 on the 10 questions document.

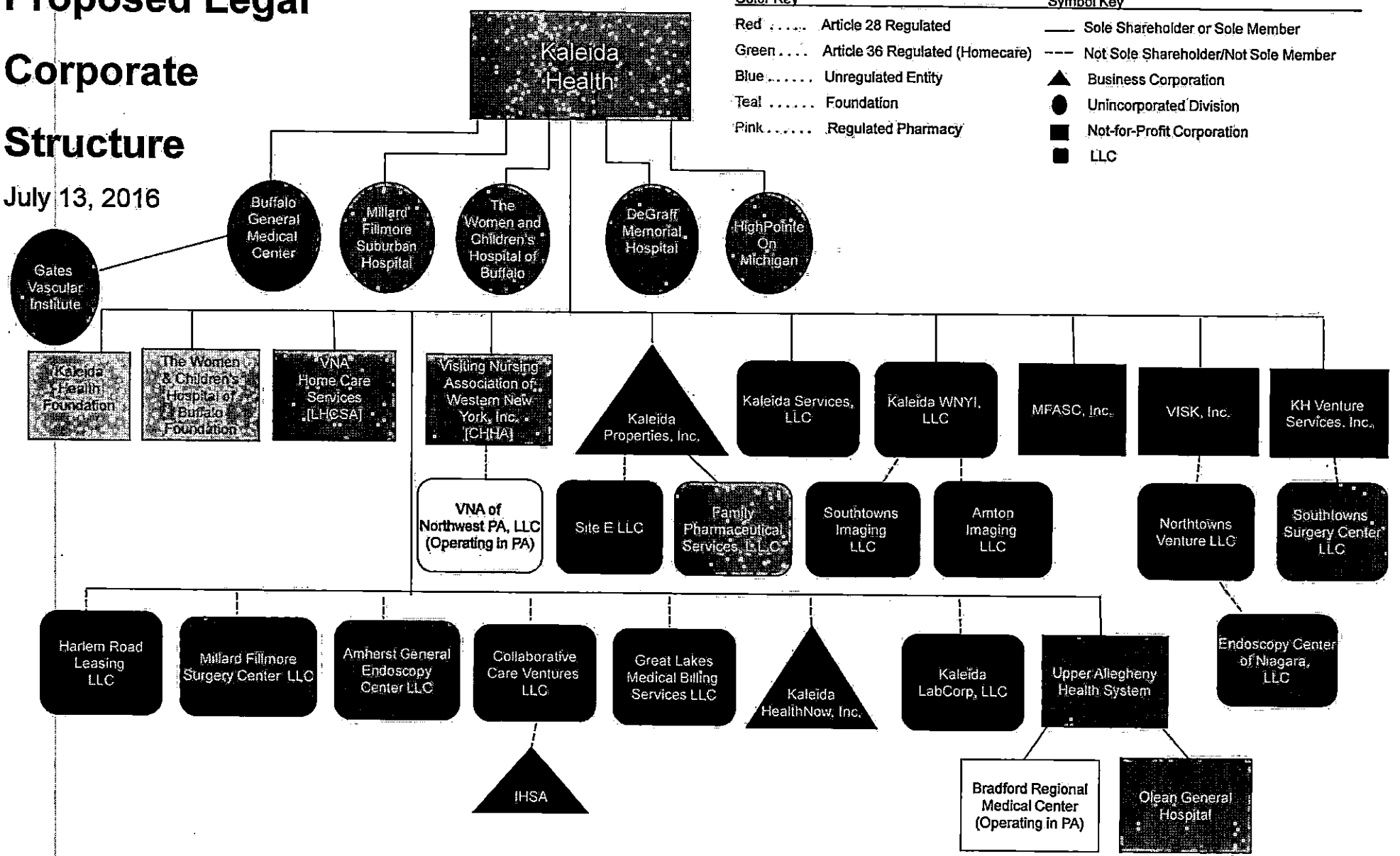
I am happy to discuss this further and answer any questions you may have. Thank you for your correspondence.

Tanya C. Leshko | Senior Counsel
Governor's Office of General Counsel
Pennsylvania Department of Health
Office of Legal Counsel
825 Health and Welfare Building
625 Forster Street | Harrisburg, PA 17120-0701
Phone: 717.783.2500 | Fax: 717.705.6042
tleshko@pa.gov
www.health.state.pa.us

Proposed Legal Corporate Structure

July 13, 2016

Color Key		Symbol Key	
Red	Article 28 Regulated	—	Sole Shareholder or Sole Member
Green	Article 36 Regulated (Homecare)	- - -	Not Sole Shareholder/Not Sole Member
Blue	Unregulated Entity	▲	Business Corporation
Teal	Foundation	●	Unincorporated Division
Pink	Regulated Pharmacy	■	Not-for-Profit Corporation
		■	LLC



Mohammed, Janine

From: Gladfelter, Garrison
Sent: Friday, February 17, 2017 3:50 PM
To: Mohammed, Janine
Subject: FW: Bradford Regional Medical Center/hospital license -- Change of Control
Attachments: 20170217103249842.pdf

Janine,

Thanks,

Garrison

Garrison E. Gladfelter Jr. | Chief, Division of Acute and Ambulatory Care
Pennsylvania Department of Health | Bureau of Facility Licensure and Certification
Room 532 Health & Welfare Building
625 Forster Street | Harrisburg, PA 17120-0701
Phone: 717.783.8980 | Fax: 717.705.6663
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From: Alan Steinberg [mailto:ASteinberg@hortyspringer.com]
Sent: Friday, February 17, 2017 3:31 PM
To: Leshko, Tanya (GC) <tleshko@pa.gov>
Cc: Gladfelter, Garrison <ggladfelte@pa.gov>
Subject: RE: Bradford Regional Medical Center/hospital license – Change of Control

Tanya,

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- UAHS's Board of Directors described in Exhibit D as part of the answers to Question 2(b);
- In answer to 3(a), we provided UHAS' existing Certificate of Incorporation as well as a Restated Certificate of Incorporation to implement the Alliance (Exhibit F2);
- UAHS' present bylaws and its revised bylaws to be adopted for the Affiliation (see Exhibit H);
- Answers to 7(c) that UAHS has never been the subject of any adverse action taken by any state or federal agency;
- Answers to Question 8(a) that neither UAHS or any of the individuals identified in 4(a), (b) or (c) have ever been subject to criminal or civil fraud charges;
- Answers to Question 8(b) that neither UAHS or any of the individuals identified in 4(a), (b) or (c) have ever been ordered to pay a civil monetary penalty;
- Answers to Question 8(c) that neither UAHS nor any of the individuals identified in 4(a), (b) or (c) have ever been convicted of Medicare or Medicaid Fraud and Abuse;
- Answers to Question 9 that there are no ongoing fraud and abuse investigations at UAHS.

With the answered BRMC Ten Questions Document, I think we've also largely provided an answered Ten Questions Document concerning UAHS. As to your e-mail below, Questions 7 through 9 have been fully answered, and I believe the Charity Care Policy provided for Question 10 is also the Charity Care Policy for UAHS, but I will confirm that to be sure.

I certainly understand your desire to have a good understanding as to where the authority lies to make decisions which impact patient care at BRMC. Do you think it would be helpful to set up a conference call among UAHS senior leadership and its legal counsel to discuss that with you? I know they'd be happy to do so, and I'd be part of that phone call, as well. Or if you'd first like to have a call between you and me, I'd be happy to do that.

You also mention below that you are interested in having a Ten Questions Document answered for the "new entity," which I take to mean Kaleida Health ("KH"). Some information concerning KH is provided in the BRMC Ten Questions Document. Question 2(b) provides KH information as to Questions 1, 4, 5 and 8. Exhibit C to Question 1 provides KH's Organizational Chart following the Affiliation, and Exhibit E provides KH's Board of Directors.

I realize this is not as fulsome a description of KH as is provided regarding UAH in the BRMC 10 Questions Document. But I wonder if through a conversation you and I could chart the areas which are essential for your review. From your e-mail, I know that's Questions 7 through 10. If we could do that, I'd be most appreciative. Some of KH's required answers would be a bit daunting. The KH Organizational Chart attached has a lot of entities involved, and having KH provide summary information on each of the entities could create a small book.

Thank you, Tanya. I'm looking forward to working with you.

Alan

Alan Steinberg
Horty, Springer & Mattern, PC
Phone: 412.687.7677
Fax: 412.687.7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Leshko, Tanya (GC) [<mailto:tleshko@pa.gov>]
Sent: Thursday, February 16, 2017 4:51 PM
To: Alan Steinberg
Cc: Gladfelter, Garrison
Subject: Bradford Regional Medical Center/hospital license -- Change of Control

Mr. Steinberg:

I have replaced Mr. Siget as the attorney for DAAC. Your e-mail regarding the above was forwarded to me. Although I understand that no direct changes are occurring to the license holder, this is, in fact, a change of control. The Department would like the 10 Questions answered for the new entity, as well as for the parent and the existing licensee. We are particularly interested in understanding where the authority lies to make decisions which impact patient care at the facility (decisions regarding closure, use of resources, etc.). We are also very interested in knowing the health care background and experience of the individuals who are involved in decision-making of this kind, and particularly their history with regard to questions 7 through 9 on the 10 questions document.

I am happy to discuss this further and answer any questions you may have. Thank you for your correspondence.

Tanya C. Leshko | Senior Counsel
Governor's Office of General Counsel
Pennsylvania Department of Health
Office of Legal Counsel
825 Health and Welfare Building
625 Forster Street | Harrisburg, PA 17120-0701
Phone: 717.783.2500 | Fax: 717.705.6042
tleshko@pa.gov
www.health.state.pa.us

Leshko, Tanya (GC)

From: Alan Steinberg <ASteinberg@hortyspringer.com>
Sent: Friday, February 17, 2017 3:31 PM
To: Leshko, Tanya (GC)
Cc: Gladfelter, Garrison
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control
Attachments: 20170217103249842.pdf

Tanya,

Greetings, and thanks for getting back to me so quickly. Please call me Alan. Thank you for the information concerning Mr. Siget, and that you are the Senior Counsel of the Governor's Office of General Counsel for the Department of Health, Office of Legal Counsel.

I worked with Jim Steele over a number of years, as have several of the attorneys in our office. Just before Jim left, he sent an e-mail to a number of his lawyer contacts (throughout the state, not just us) in which he identified Mr. Siget as the best, post-Jim Steele person to contact. Oddly, I've had very little reason to contact Mike since then; one or two e-mails probably more than a year ago. Thanks for understanding why the materials that should have gone to you were sent to him.

You mentioned below that you are interested in receiving an answered Ten Questions Document for the new entity, the existing parent, the Upper Allegheny Health System ("UAHS") and the existing licensee, Bradford Regional Medical Center ("BRMC"). You now have BRMC's answered Ten Questions Document. As for the parent, UAHS, if I could ask you to keep UAHS in mind as your review the BRMC Ten Questions Document. In that BRMC Document, you'll see a substantial amount of information concerning UAHS:

- Structural information is provided in the answer to Question 1;
- Questions 1, 4, 5 and 8 answered under Question 2(b);
- UAHS's Board of Directors described in Exhibit D as part of the answers to Question 2(b);
- In answer to 3(a), we provided UHAS' existing Certificate of Incorporation as well as a Restated Certificate of Incorporation to implement the Alliance (Exhibit F2);
- UAHS' present bylaws and its revised bylaws to be adopted for the Affiliation (see Exhibit H);
- Answers to 7(c) that UAHS has never been the subject of any adverse action taken by any state or federal agency;
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Thank you, Tanya. I'm looking forward to working with you.

Alan

Alan Steinberg
Horty, Springer & Mattern, PC
Phone: 412.687.7677
Fax: 412.687.7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Leshko, Tanya (GC) [mailto:tleshko@pa.gov]
Sent: Thursday, February 16, 2017 4:51 PM
To: Alan Steinberg
Cc: Gladfelter, Garrison
Subject: Bradford Regional Medical Center/hospital license -- Change of Control

Mr. Steinberg:

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I am happy to discuss this further and answer any questions you may have. Thank you for your correspondence.

Tanya C. Leshko | Senior Counsel
Governor's Office of General Counsel
Pennsylvania Department of Health
Office of Legal Counsel
825 Health and Welfare Building
625 Forster Street | Harrisburg, PA 17120-0701

Phone: 717.783.2500 | Fax: 717.705.6042

tleshko@pa.gov

www.health.state.pa.us

Davis, Donna

From: Davis, Donna
Sent: Thursday, February 16, 2017 3:02 PM
To: Jackson, Robert F; Farone, Carrie
Cc: Larson, Jennifer
Subject: Bradford RMC Affiliation notification
Attachments: image2017-02-16-150834.pdf

Importance: High

FYI

Donna Davis | Clerk Typist II
PA Department of Health
Bureau of Facility Licensure and Certification
Division of Acute and Ambulatory Care
Health and Welfare Building Room 532 | 625 Forster St.
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www.health.pa.gov

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From: healthncf@pa.gov [mailto:healthncf@pa.gov]
Sent: Thursday, February 16, 2017 3:09 PM
To: Davis, Donna <donndavis@pa.gov>
Subject: Scan from Lexmark MFD

Division of Acute and Ambulatory Care
Health and Welfare Building Room 532 | 625 Forster St.
Harrisburg, Pa 17120
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www.health.pa.gov

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From: Gladfelter, Garrison
Sent: Monday, February 13, 2017 2:39 PM
To: Davis, Donna <donndavis@pa.gov>
Subject: FW: Bradford Regional Medical Center/hospital license -- Change of Control

Donna,

[REDACTED]

Thanks,

Garrison

Garrison E. Gladfelter Jr. | Chief, Division of Acute and Ambulatory Care
Pennsylvania Department of Health | Bureau of Facility Licensure and Certification
Room 532 Health & Welfare Building
625 Forster Street | Harrisburg, PA 17120-0701
Phone: 717.783.8980 | Fax: 717.705.6663
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From: Alan Steinberg [<mailto:ASteinberg@hortyspringer.com>]
Sent: Monday, February 13, 2017 1:48 PM
To: Siget, Michael <misiget@pa.gov>; Gladfelter, Garrison <ggladfelte@pa.gov>
Cc: Tom Kennedy <TKennedy@hortyspringer.com>
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Mr. Gladfelter and Mr. Siget,

Greetings! My office represents Bradford Hospital, doing business as Bradford Regional Medical Center (BRMC), located in Bradford, PA. Bradford is part of the Upper Allegheny Health System (UAHS), and is a subsidiary of UAHS. UAHS' other hospital subsidiary is Olean General Hospital (OGH). Both UAHS and OGH are New York nonprofit corporations.

UAHS has decided to affiliate with Kaleida Health (KH), a Health System based in Buffalo, NY. UAHS will become a subsidiary corporation of KH. We are targeting a March 31, 2017 closing date.

BRMC will continue to own/hold its DOH license; no changes will be made at the BRMC level with this UAHS/KH affiliation. There's certainly no change of ownership as applies to BRMC. While it's one step away from the usual change in control (CHOC) situation (where the existing parent corporation is replaced by a new parent corporation), we thought it best to send you a completed DOH Information Requested of Health Care Providers document with exhibits. There's also a cover letter that walks through the Affiliation and the 10 Question documents.

We should be ready to send you those materials by this Wednesday the 15th. There are three reasons for this e-mail: (a) to let you know this material will be coming, (b) to find out if the both of you would like to receive the full materials or less so, and (c) to find out how you would like to receive these documents. We can send by e-mail only, hard copy only, or by both e-mail and hard copy.

And one more thing: I'd be happy to talk about BRMC and the Affiliation at any time in whatever way would be helpful in your review of the materials.

Thanks!

Alan

Alan Steinberg
Horty, Springer & Mattern, PC
Phone: 412.687.7677
Fax: 412.687.7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

Davis, Donna

From: Alan Steinberg <ASteinberg@hortyspringer.com>
Sent: Wednesday, February 15, 2017 3:34 PM
To: Davis, Donna
Cc: Tom Kennedy; Donna McGivern; Kathryn Flesher
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Thanks for your e-mail, Donna.

Ok, so we'll be sending to you via e-mail today and overnight mail tonight all of our materials. And just one set of documents each way.

The cover letter is already done and signed, going to both Mr. Gladfelter and MR. Siget. We're ready to mail, actually. So I'm not going to change the cover letter, but all materials go to you.

Once the materials have been assigned in Legal, could I please get an e-mail letting me know with whom I'll be working? And the same if that happens on the Admin side, too, please.

Thanks, Donna.

Alan

Alan Steinberg
Horty, Springer & Mattern, PC
Phone: 412.687.7677
Fax: 412.687.7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Davis, Donna [mailto:donndavis@pa.gov]
Sent: Wednesday, February 15, 2017 3:02 PM
To: Alan Steinberg
Subject: FW: Bradford Regional Medical Center/hospital license -- Change of Control

Mr. Steinberg,

All notifications and documents should come directly to our DAAC office in my email address. Please do not send documents directly to legal as Mr. Siget will not be the one reviewing them.

One notification and packet of documents is sufficient. Please send any way you wish.

Thank you,

Donna

Donna Davis | Clerk Typist II
PA Department of Health
Bureau of Facility Licensure and Certification

Donna Davis | Clerk Typist II
PA Department of Health
Bureau of Facility Licensure and Certification
Division of Acute and Ambulatory Care
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From: Alan Steinberg [<mailto:ASteinberg@hortyspringer.com>]
Sent: Thursday, February 16, 2017 10:45 AM
To: Davis, Donna <donndavis@pa.gov>
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Donna,

Thank you so much for getting back to me, and with all of this information.

I'm glad that the hard copy will suffice. Boy, we sent you a lot of e-mails. Perhaps they wound up in your spam.

Thanks again.

Alan

Alan Steinberg
Horty, Springer and Mattern, PC
Phone: 412-687-7677
Fax: 412-687-7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Davis, Donna [donndavis@pa.gov]
Sent: Thursday, February 16, 2017 7:44 AM
To: Alan Steinberg
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Mr. Steinberg,

I haven't received any documents via email today, however, that's fine because I only need the overnight packet and won't have to print a duplicate. Actually, Mike Siget doesn't review anything for our Division anymore. Jaime Black reviews legal questions for ASFs. We will forward them to her and then they are returned to us. Our division will be taking care of everything else.

If you have any other questions Janine Mohammed in our office will be happy to help you because she will be finishing the licensure side of the transaction.

She can be reached at our main number, 717-783-8980.

Thank you and feel free to call with any questions.

Have a great day,

Donna

Davis, Donna

From: Davis, Donna
Sent: Thursday, February 16, 2017 2:39 PM
To: 'Alan Steinberg'
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Importance: High

Hi Alan,

I received your documents safe and sound.

It usually takes about 10 days for legal to review, however, it may take a bit longer

If you have any further questions about your Change of Control you can always call Janine Mohammed or email Garrison at ggladfelte@pa.com. He prefers email in case he must consult with another division or legal.

Thank you and we look forward to working with you to complete this Change of Control.

Donna

Donna Davis | Clerk Typist II
PA Department of Health
Bureau of Facility Licensure and Certification
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From: Alan Steinberg [mailto:ASteinberg@hortyspringer.com]
Sent: Thursday, February 16, 2017 12:36 PM
To: Davis, Donna <donndavis@pa.gov>
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

:)

Thanks, Donna.

Alan

From: Davis, Donna [donndavis@pa.gov]
Sent: Thursday, February 16, 2017 11:36 AM
To: Alan Steinberg
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Ha Ha, I won't be getting them probably.

Davis, Donna

From: Alan Steinberg <ASteinberg@hortyspringer.com>
Sent: Thursday, February 16, 2017 2:44 PM
To: Davis, Donna
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

The same here. Thanks, Donna.

Alan

Alan Steinberg
Horty, Springer and Mattern, PC
Phone: 412-687-7677
Fax: 412-687-7692

Disclosure: <http://www.hortyspringer.com/HSM/email.htm>

From: Davis, Donna [donndavis@pa.gov]
Sent: Thursday, February 16, 2017 2:38 PM
To: Alan Steinberg
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Hi Alan,

I received your documents safe and sound.

It usually takes about 10 days for legal to review, however, it may take a bit longer

If you have any further questions about your Change of Control you can always call Janine Mohammed or email Garrison at ggladfelte@pa.com. He prefers email in case he must consult with another division or legal.

Thank you and we look forward to working with you to complete this Change of Control.

Donna

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From: Alan Steinberg [mailto:ASteinberg@hortyspringer.com]
Sent: Thursday, February 16, 2017 12:36 PM
To: Davis, Donna <donndavis@pa.gov>
Subject: RE: Bradford Regional Medical Center/hospital license -- Change of Control

Garrison E. Gladfelter, Jr.
Michael D. I. Siget
February 15, 2017
Page 2

The purpose of this letter is to describe a proposed affiliation between Kaleida Health, a not-for-profit, Article 28, New York licensed, health care delivery system (“Kaleida”), and UAHS (the “Affiliation”), and to provide you with a completed DOH Information Requested of Health Care Providers document as to BRMC. As Kaleida will become the parent corporation for UAHS, we understand that this also constitutes a change of control as to BRMC.

I. THE PARTIES AND THE PROPOSED AFFILIATION

A. BRMC, UAHS and Kaleida

BRMC is a licensed hospital facility, License No. 541201, and is part of UAHS. UAHS is the parent organization of both BRMC and OGH. Formed in 2009 by BRMC and OGH, UAHS has significantly enhanced the ability of both BRMC and OGH to respond to the challenges of today’s health care environment through increased scale and support.

Though UAHS has served the hospitals well, the governing boards have determined that good stewardship indicates that an alignment with a larger health system is an appropriate and intelligent approach for rural hospitals to preserve and enhance their missions.

Kaleida is a health care delivery system that includes Buffalo General Medical Center, DeGraff Memorial Hospital, Gates Vascular Institute, Millard Fillmore Suburban Hospital and Women & Children’s Hospital of Buffalo. Kaleida also operates HighPointe of Michigan and the DeGraff Memorial Hospital skilled nursing facilities, plus the nation’s oldest – and original – Visiting Nursing Association.

B. The Proposed Affiliation

Kaleida, UAHS and BRMC have a history of mutual cooperation. In 2013, Kaleida and OGH jointly established an interventional cardiac catheterization laboratory in Olean. Also in 2013, Kaleida and BRMC jointly established a home care agency, the VNA of Northwestern Pennsylvania in Bradford.

Kaleida is known as a collaborative, community-focused organization with a track record of making decisions based on what is best for the community and its patients. Its services and capabilities align with the UAHS strategic vision to continue to provide and enhance necessary services in the Bradford and Olean communities.

The proposed Affiliation brings a number of benefits to BRMC and UAHS. The first is the significant ways the Affiliation will open avenues of patient care to the BRMC and UAHS communities. Through the Affiliation, BRMC and UAHS will be able to partner with Kaleida and its programs at places like the Gates Vascular Institute, Buffalo General Medical Center and Women & Children’s Hospital of Buffalo. The end line is to coordinate care so that patients in

the region will have access to appropriate care locally and be transitioned to tertiary network care platforms when needed.

The Affiliation with Kaleida will also provide for opportunities in joint physician recruitment, telemedicine, clinical education, information technology enhancement and supply chain improvements.

As a result of the Affiliation, both BRMC and UAHS will be better positioned to attract and retain high quality physicians and clinical staff and provide a more stable economic outlook. Under the terms of the Alignment Agreement (further defined below), Kaleida will provide the funding and necessary infrastructure for several new physicians that it will recruit for the Bradford and Olean communities as set forth in the Agreement (defined below).

The proposed Affiliation of UAHS with Kaleida will help BRMC and OGH withstand the significant financial pressures of the health care industry that are the result of health care reform and consolidation, as well as the diminished levels of reimbursement being experienced by hospitals everywhere.

II. THE AFFILIATION TRANSACTION

UAHS and Kaleida have entered into an Alignment Agreement dated as of October 31, 2016 (the "Agreement") with the purpose to create the Affiliation. Kaleida will become the sole member and active parent of UAHS and in that capacity will have responsibility for UAHS, BRMC and OGH as set forth in the Agreement. UAHS will have the right to recommend one of its board members to serve on the Kaleida Board of Directors and on various committees of the Kaleida Board. The UAHS, BRMC and OGH Boards of Directors will retain local responsibility for Bradford Regional Medical Center and Olean General Hospital as set forth in the Agreement.

BRMC (and OGH) will continue to provide existing inpatient, outpatient, emergency, diagnostic and therapeutic services. Employees of BRMC and OGH will remain employees of their respective organizations under this Affiliation. Timothy Finan will remain President and CEO of UAHS, BRMC and OGH. The names Upper Allegheny Health System, Bradford Regional Medical Center and Olean General Hospital will remain in use.

The Bradford Hospital Foundation ("BHF") and the Olean General Hospital Foundation ("OGHF") will remain independent foundations and continue their efforts on behalf of BRMC and OGH.

To implement this change, UAHS will adopt amended and restated bylaws as well as a restated certification of incorporation which names Kaleida as the sole member of UAHS.

Garrison E. Gladfelter, Jr.
Michael D. I. Siget
February 15, 2017
Page 4

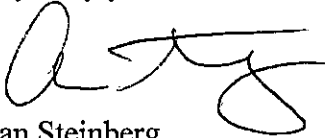
For BRMC, it is our understanding that this transaction creates a change in control (“CHOC”) and not a change in ownership (“CHOW”). BRMC will continue to own and hold its hospital license. There are not to be any changes in the services that BRMC provides.

III. THE DOH INFORMATION REQUESTED DOCUMENT

Attached is a completed DOH Information Requested document with its supporting materials. The parties hope to close the Affiliation transaction by March 31, 2017.

If you would please let me know that you have received these materials by e-mail, thank you. If you have any questions or need any further materials, please let me know.

Very truly yours,



Alan Steinberg
asteinberg@hortyspringer.com

AS/djm

Enclosures

cc: Tim Finan (e-mail and U.S. Mail)
President and Chief Executive Officer
UAHS, BRMC and OGH

Peter Millock, Esquire (e-mail only)
John Flannery, Esquire (e-mail only)

256498.2

HORTY, SPRINGER & MATTERN
ATTORNEYS AT LAW

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2017 DEC -7 PM 12:00

JOHN HORTY
LINDA HADDAD
BARBARA A. BLACKMOND
DANIEL M. MULHOLLAND III
HENRY M. CASALE
PAUL A. VERARDI
ALAN J. STEINBERG
SUSAN M. LAPENTA
LAUREN M. MASSUCCI

ERIC W. SPRINGER (OF COUNSEL)
CLARA L. MATTERN (1931-1981)

PHILIP W. ZARONE
NICHOLAS J. CALABRESE
LEEANNE MITCHELL O'BRIEN
RACHEL E. REMALEY
IAN M. DONALDSON
CHARLES J. CHULACK
JOSHUA HODGES
KATIE E. PAKLER
CRAIG M. GLASGOW

**VIA E-MAIL
AND FEDERAL EXPRESS**

December 5, 2017

Janine Mohammed
Administrative Assistant
Division of Acute and Ambulatory Care
Pennsylvania Department of Health
Room 532, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Re: Bradford Regional Medical Center
Hospital License #541201
Change of Ownership Materials

Dear Ms. Mohammed:

As per my voicemail to you from earlier today regarding the planned December 20, 2017 merger between Bradford Hospital, d/b/a Bradford Regional Medical Center, and Olean General Hospital, I have enclosed the following change of ownership materials for review by the Pennsylvania Department of Health's Division of Acute and Ambulatory Care (the "Division"):

1. Check #29610 for \$928.00 to the Pennsylvania Department of Health for the Hospital Licensure Application fee;
2. Hospital Licensure Application (form H110.002);
3. Password Agreement;
4. Noncompliance with State and Federal Regulations;
5. Health Insurance Benefit Agreement (form CMS 1561) (three copies);

6. Civil Rights Information Request for Medicare Certification (and supporting hospital policies);
7. Contractor information for Bilingual Individuals and Sign Language Interpreters; and
8. Responses (with supporting exhibits) to the Information Requested of Health Care Providers Applying for a License to Operate a Health Care Facility.

I hope that the enclosed materials provide you with the information that you require for the Division's review of this change of ownership. If you require any additional information or any other materials, or if you have any questions and/or concerns, please do not hesitate to contact me or my colleague, Dan Mulholland.

Thank you very much for your consideration.

Sincerely,



Craig Glasgow
cglasgow@hortyspringer.com
Attorney for Bradford Regional Medical Center

CG/dmc

Enclosures

cc: Tanya C. Leshko (e-mail only)
Basil Ariglio
Peter Millock, Esquire
John Flannery, Esquire

265881.1

RECEIVED PA DEPT OF HEALTH
ACUTE & AMBULATORY CARE

HORTY, SPRINGER & MATTERN

ATTORNEYS AT LAW

A PROFESSIONAL CORPORATION

4614 FIFTH AVENUE, PITTSBURGH, PA 15213

TELEPHONE: (412) 687-7677

FACSIMILE: (412) 687-7692

www.hortyspringer.com

2017 FEB 16 PM 2:49

JOHN HORTY
LINDA HADDAD
BARBARA A. BLACKMOND
DANIEL M. MULHOLLAND III
CHARLOTTE S. JEFFERIES
HENRY M. CASALE
PAULA A. VERARDI
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RACHEL E. REMALEY
IAN M. DONALDSON
CHARLES J. CHULACK
JOSHUA HODGES

ERIC W. SPRINGER (OF COUNSEL)
CLARA L. MATTERN (1931-1981)

**VIA E-MAIL AND
FEDERAL EXPRESS**

February 15, 2017

Garrison E. Gladfelter, Jr.
Director, Division of Acute and Ambulatory Care
Pennsylvania Department of Health
Room 532, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701

Michael D. I. Siget
Office of Legal Counsel
Pennsylvania Department of Health
Room 825, Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701

Re: Bradford Regional Medical Center
License No. 54120/Affiliation
With Kaleida Health Through the Upper
Allegheny Health System

Dear Mr. Gladfelter and Mr. Siget:

My office represents Bradford Regional Medical Center ("BRMC"), a Pennsylvania nonprofit community hospital located in Bradford, Pennsylvania. BRMC is one of two hospitals that is part of the Upper Allegheny Health System ("UAHS"), the other being Olean General Hospital ("OGH"), a New York not-for-profit community hospital located in Olean, New York. UAHS is the sole parent corporation of BRMC and OGH.

Garrison E. Gladfelter, Jr.
Michael D. I. Siget
February 15, 2017
Page 2

The purpose of this letter is to describe a proposed affiliation between Kaleida Health, a not-for-profit, Article 28, New York licensed, health care delivery system (“Kaleida”), and UAHS (the “Affiliation”), and to provide you with a completed DOH Information Requested of Health Care Providers document as to BRMC. As Kaleida will become the parent corporation for UAHS, we understand that this also constitutes a change of control as to BRMC.

I. THE PARTIES AND THE PROPOSED AFFILIATION

A. BRMC, UAHS and Kaleida

BRMC is a licensed hospital facility, License No. 541201, and is part of UAHS. UAHS is the parent organization of both BRMC and OGH. Formed in 2009 by BRMC and OGH, UAHS has significantly enhanced the ability of both BRMC and OGH to respond to the challenges of today’s health care environment through increased scale and support.

Though UAHS has served the hospitals well, the governing boards have determined that good stewardship indicates that an alignment with a larger health system is an appropriate and intelligent approach for rural hospitals to preserve and enhance their missions.

Kaleida is a health care delivery system that includes Buffalo General Medical Center, DeGraff Memorial Hospital, Gates Vascular Institute, Millard Fillmore Suburban Hospital and Women & Children’s Hospital of Buffalo. Kaleida also operates HighPointe of Michigan and the DeGraff Memorial Hospital skilled nursing facilities, plus the nation’s oldest – and original – Visiting Nursing Association.

B. The Proposed Affiliation

Kaleida, UAHS and BRMC have a history of mutual cooperation. In 2013, Kaleida and OGH jointly established an interventional cardiac catheterization laboratory in Olean. Also in 2013, Kaleida and BRMC jointly established a home care agency, the VNA of Northwestern Pennsylvania in Bradford.

Kaleida is known as a collaborative, community-focused organization with a track record of making decisions based on what is best for the community and its patients. Its services and capabilities align with the UAHS strategic vision to continue to provide and enhance necessary services in the Bradford and Olean communities.

The proposed Affiliation brings a number of benefits to BRMC and UAHS. The first is the significant ways the Affiliation will open avenues of patient care to the BRMC and UAHS communities. Through the Affiliation, BRMC and UAHS will be able to partner with Kaleida and its programs at places like the Gates Vascular Institute, Buffalo General Medical Center and Women & Children’s Hospital of Buffalo. The end line is to coordinate care so that patients in

Garrison E. Gladfelter, Jr.
Michael D. I. Siget
February 15, 2017
Page 3

the region will have access to appropriate care locally and be transitioned to tertiary network care platforms when needed.

The Affiliation with Kaleida will also provide for opportunities in joint physician recruitment, telemedicine, clinical education, information technology enhancement and supply chain improvements.

As a result of the Affiliation, both BRMC and UAHS will be better positioned to attract and retain high quality physicians and clinical staff and provide a more stable economic outlook. Under the terms of the Alignment Agreement (further defined below), Kaleida will provide the funding and necessary infrastructure for several new physicians that it will recruit for the Bradford and Olean communities as set forth in the Agreement (defined below).

The proposed Affiliation of UAHS with Kaleida will help BRMC and OGH withstand the significant financial pressures of the health care industry that are the result of health care reform and consolidation, as well as the diminished levels of reimbursement being experienced by hospitals everywhere.

II. THE AFFILIATION TRANSACTION

UAHS and Kaleida have entered into an Alignment Agreement dated as of October 31, 2016 (the "Agreement") with the purpose to create the Affiliation. Kaleida will become the sole member and active parent of UAHS and in that capacity will have responsibility for UAHS, BRMC and OGH as set forth in the Agreement. UAHS will have the right to recommend one of its board members to serve on the Kaleida Board of Directors and on various committees of the Kaleida Board. The UAHS, BRMC and OGH Boards of Directors will retain local responsibility for Bradford Regional Medical Center and Olean General Hospital as set forth in the Agreement.

BRMC (and OGH) will continue to provide existing inpatient, outpatient, emergency, diagnostic and therapeutic services. Employees of BRMC and OGH will remain employees of their respective organizations under this Affiliation. Timothy Finan will remain President and CEO of UAHS, BRMC and OGH. The names Upper Allegheny Health System, Bradford Regional Medical Center and Olean General Hospital will remain in use.

The Bradford Hospital Foundation ("BHF") and the Olean General Hospital Foundation ("OGHF") will remain independent foundations and continue their efforts on behalf of BRMC and OGH.

To implement this change, UAHS will adopt amended and restated bylaws as well as a restated certification of incorporation which names Kaleida as the sole member of UAHS.

Garrison E. Gladfelter, Jr.
Michael D. I. Siget
February 15, 2017
Page 4

For BRMC, it is our understanding that this transaction creates a change in control ("CHOC") and not a change in ownership ("CHOW"). BRMC will continue to own and hold its hospital license. There are not to be any changes in the services that BRMC provides.

III. THE DOH INFORMATION REQUESTED DOCUMENT

Attached is a completed DOH Information Requested document with its supporting materials. The parties hope to close the Affiliation transaction by March 31, 2017.

If you would please let me know that you have received these materials by e-mail, thank you. If you have any questions or need any further materials, please let me know.

Very truly yours,



Alan Steinberg
asteinberg@hortyspringer.com

AS/djm

Enclosures

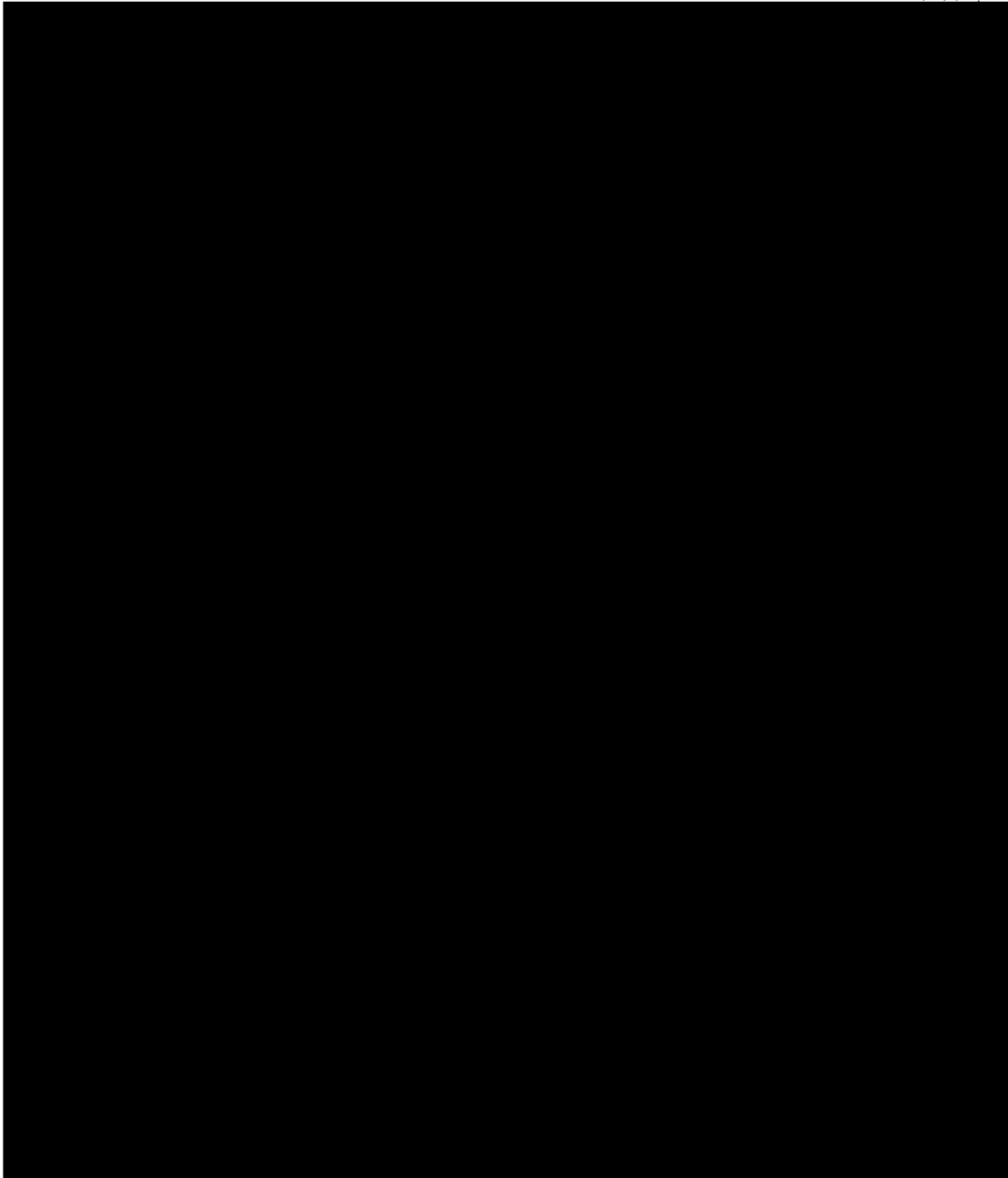
cc: Tim Finan (e-mail and U.S. Mail)
President and Chief Executive Officer
UAHS, BRMC and OGH

Peter Millock, Esquire (e-mail only)
John Flannery, Esquire (e-mail only)

256498.2

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ACUTE & AMBULATORY CARE

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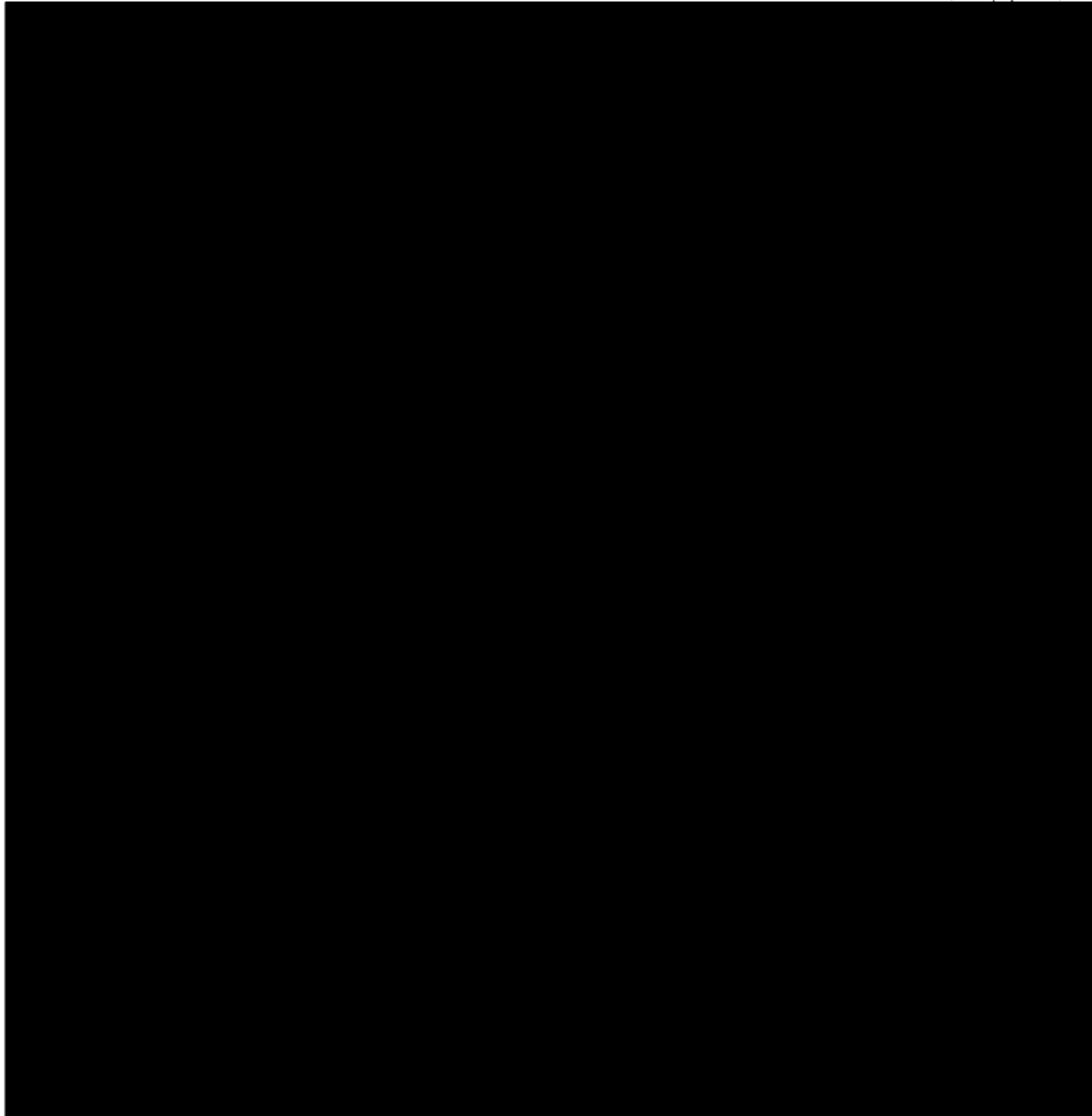


OWNERSHIP AND/OR CONTROLLING INTEREST

1

256600.3

2. (a) Identify the persons and entities with 5% or greater direct or indirect ownership or controlling interest in the Applicant (see attached definitions).



DOCUMENTATION

C-42353

PA DEPT OF HEALTH
ACUTE & AMBULATORY CARE

HORTY, SPRINGER & MATTERN
ATTORNEYS AT LAW

A PROFESSIONAL CORPORATION
4614 FIFTH AVENUE, PITTSBURGH, PA 15213
TELEPHONE: (412) 687-7677
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2017 OCT -6 AM 10:16

Note in Fm, Excel

JOHN HORTY
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CHARLES J. CHULACK
JOSHUA HODGES
KATIE E. PAKLER
CRAIG M. GLASGOW

**VIA E-MAIL
AND U.S. MAIL**

October 4, 2017

Garrison E. Gladfelter, Jr.
Director, Division of Acute and Ambulatory Care
Pennsylvania Department of Health
Room 532, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701

Re: Bradford Regional Medical Center
Hospital License #541201
Change of Ownership Notification

Dear Mr. Gladfelter:

The purpose of this letter is to inform you of an upcoming transaction that will result in a change of ownership of Bradford Hospital, d/b/a Bradford Regional Medical Center ("BRMC"), located in Bradford, Pennsylvania and to request materials to be submitted to the Pennsylvania Department of Health relating to the notification required by 28 Pa. Code §51.4. BRMC is one of the two hospital subsidiaries of the Upper Allegheny Health System ("UAHS"), a New York not-for-profit corporation. The other hospital subsidiary of UAHS is Olean General Hospital ("OGH"), a New York not-for-profit corporation which operates a New York licensed hospital in Olean, New York. UAHS in turn is a subsidiary of Kaleida Health, whose principal offices are located in Buffalo, New York.


BRMC plans to merge with and into OGH on or about November 30, 2017. OGH will be the surviving entity and continue to operate BRMC in its present location and with its present services as a division of OGH under a separate Pennsylvania license. The merger of OGH and BRMC will permit the hospitals to receive more favorable reimbursement and achieve greater operational efficiencies.

Garrison E. Gladfelter, Jr.
October 4, 2017
Page 2

BRMC is currently licensed to operate 107 acute care beds, with an average daily census of approximately 45. No changes in bed complement or services will occur as a result of the merger. The current management team of BRMC will remain in place after the merger. BRMC is a participating provider in the Medicare and Pennsylvania Medical Assistance programs which will continue after the merger.

I hope this provides you with the information you require. I would respectfully request that you send us the change of ownership materials as soon as possible so we can submit the required notification in a timely manner. If you have any questions, please call me or my colleague, Daniel Mulholland.

Sincerely,



Craig Glasgow
cglasgow@hortyspringer.com
Attorney for Bradford Regional Medical Center

CG/dsn

264097.2



Pennsylvania Department of Health
Division of Acute & Ambulatory Care

NONCOMPLIANCE WITH STATE AND FEDERAL REGULATIONS

I, Olean General Hospital, purchaser of
Purchaser Name

Bradford Regional Medical Center
Name of Facility

understand that this facility may be in violation of state statutes and regulations. If deficiencies were cited, I know and understand that these deficiencies must be corrected by me in order to retain the facility license which is issued by the Pennsylvania Department of Health to operate the named facility.

I also understand that noncompliance with the federal conditions of participation may result in decertification from the Medicare/Medicaid program.

If the Department finds and cites deficiencies subsequent to my assumption of ownership, and these deficiencies consist in whole or in part of violations that occurred in the previous ownership, I acknowledge that it is my responsibility to correct these deficiencies.

SIGNED: *[Signature]* DATED: 12/4/17

TITLE: President/CEO

A copy of the current state licensure and federal certification deficiencies may be obtained from the facility or the field office, telephone number 716-375-6190.

EXHIBIT 286

(Rev. 80, Issued: 03-01-12)

HOSPITAL/CAH DATABASE WORKSHEET

Worksheet completed by the SA surveyor to gather data of worksheet, not to be given to provider to fill out.

CMS Certification Number (CCN): 390118 Date of Worksheet Update: 11/20/2017

Medicaid Provider Number: 100750765 (MMDDYYYY) (M1)

National Provider Identification Number(s) (NPI): 1578569885

Fiscal Year Ending Date (MMDD): 1231

Name and Address of Facility (Include City, State):

Bradford Regional Medical Center

116 Interstate Parkway

Bradford, PA

Zip Code: 16701-1036

Telephone Number (M2): 814-368-4143 Fax Number (M3): 814-368-5722

CEO Telephone Number: 716-375-6190

Email Address: tfinan@uahs.org

Website Address: www.brmc.com

*Accreditation Status: 1

*Effective Date of Accreditation: 05/15/2015

Select one

(MMDDYYYY) (M4)

0 Not Accredited

1 JC

*Renewal Date of Accreditation: 05/15/2018

2 AOA

(MMDDYYYY) (M5)

3 DNV

*Multiple Accreditation Status: Yes No

(Select all others that apply; do not include the accreditation organization listed above):

JC

AOA/HFAP

DNV

State/County Code (M6): _____

State Region Code (M7): _____

* - Mandatory field, must be entered for survey kit to upload.

*Type of Program Participation (M8): 3

CLIA ID Numbers (M9):

Select one

1 Medicare

2 Medicaid

3 Medicare & Medicaid

39D0691618

Medicare CAH Status or Type of Medicare Hospital (select one) (M10): 01

01 Short-term x

06 Childrens__

02 Long-term __

07 Distinct Part Psychiatric
Hospital__

03 Religious Nonmedical Health Care Institution__

04 Psychiatric __

11 Critical Access Hospital (CAH)__

05 Rehabilitation __

* Affiliation with a Medical School (M11): _____

01 Major

02 Limited

03 Graduate School

04 No Affiliation

* Resident Programs (M12) (select all that apply): _____

01 Allopathic

02 Dental

03 Osteopathic

05 Podiatric 09 Other

*Ownership Type (select 1) (M13): 02

01 Church

06 State

02 Private (Not for Profit)

07 Local

03 Other

08 Hospital District or Authority

04 Private (For Profit)

09 Physician Ownership

05 Federal_

10 Tribal

Average Daily Census (M14): 49

Number of Staffed Beds (M15): 60

*Type of Chain/Health System Involvement (M16): 01

* - Mandatory field, must be entered for survey kit to upload.

- 01 None
 02 Joint Venture/Partnership
 03 Operated/Related
 04 Managed/Related
 05 Wholly Owned
 06 Leased
 07 Other

Name of System (M17): _____

Corporate Headquarters City (M18): _____ State (M19): _____

*Number of state-licensed beds: 107

*Number of operating rooms: 6

Separately Licensed: Yes No

*Number of endoscopy procedure rooms: 0

Separately Licensed: Yes No

*Number of cardiac catheterization procedure rooms: 1

Separately Licensed: Yes No

Number of Employees Salaried by Hospital/CAH (Use Full Time Equivalents FTE)					
M20	Physicians (Salaried only)	12	M30	Medical Technologists (Lab)	
M21	Physicians - Residents		M31	Nuclear Medicine Technicians	2
M22	Physician Assistants (PA)	3	M32	Occupational Therapists	1
M23	Nurses - CRNA	1	M33	Pharmacists (Registered)	4
M24	Nurses - Practitioners	4	M34	Physical Therapists	2
M25	Nurses - Registered	149	M35	Psychologists	
M26	Nurses - LPN	33	M36	Radiology Technicians (Diagnostic)	22
M27	Dieticians		M37	Respiratory Therapists	8
M28	Medical Social Workers	3	M38	Speech Therapists	
M29	Medical Laboratory Technicians		M39	All Others	274

* - Mandatory field, must be entered for survey kit to upload.

Medicare Payment-Related Categories for a Hospital or a CAH (select all that apply) (M40): _____

	CAH Categories			Hospital Categories	
01	CAH Psychiatric DPU		07	Hospital PPS Excluded Psych Unit	
02	CAH Rehabilitation DPU		08	Hospital PPS Excluded Rehab Unit	
03	CAH Swing Beds		09	Hospital Swing Beds	
			10	Medicare Dependent Hospital	
			11	Regional Referral Center	
			12	Sole Community Hospital	

* - Mandatory field, must be entered for survey kit to upload.

***Services Provided by the Facility (M41): _____**

0 Not Provided

1 Services provided by facility staff only

2 Services provided by arrangement or agreement

3 Services provided through a combination of facility staff and through agreement

02	Alcohol and/or Drug Services	1	42	Pharmacy	2
03	Anesthesia Service	2	43	Physical Therapy Services	2
04	Audiology	0	44	Positron Emission Tomography Scan	2
06	Burn Care Unit	0	45	Post-Operative Recovery Rooms	1
07	Cardiac Catheterization Laboratory	1	46	Psychiatric Services - Emergency	1
08	Cardiac-Thoracic Surgery	0	47	Psychiatric - Child/Adolescent	0
09	Chemotherapy Services	1	48	Psychiatric - Forensic	0
10	Chiropractic Service	0	49	Psychiatric - Geriatric	0
11	CT Scanner	1	50	Psychiatric - Adult Inpatient	1
12	Dental Services	1	51	Psychiatric - Outpatient	1
13	Dietetic Service	2	52	Radiology Services - Diagnostic	1
14	Emergency Department (Dedicated)	1	53	Radiology Services - Therapeutic	0
16	Extracorporeal Shock Wave Lithotripter	2	54	Reconstructive Surgery	0
17	Gerontological Specialty Services	0	55	Respiratory Care Services	1
20	ICU - Cardiac (non-surgical)	0	56	Rehab Services - Inpatient	0
21	ICU - Medical/Surgical	1	58	Rehab -Outpatient	1
22	ICU - Neonatal	0	59	Renal Dialysis (Acute Inpatient)	2
23	ICU - Pediatric	0	60	Social Services	1
24	ICU - Surgical	0	61	Speech Pathology Services	2
26	Laboratory-Clinical	1	62	Surgical Services - Inpatient	1
28	Magnetic Resonance Imaging (MRI)	1	63	Surgical Services - Outpatient	1
29	Neonatal Nursery	0	64	Trauma Center (Designated)	0
30	Neurosurgical Services	0	65	Transplant Center (Medicare Certified)	0
31	Nuclear Medicine Services	1	66	Urgent Care Center Services	0
32	Obstetric Service	1			
33	Occupational Therapy Services	2			
34	Operating Rooms	1			
35	Ophthalmic Surgery	1			
36	Optometric Services	0			
38	Organ Transplant Services (Not Medicare-certified)	0			
39	Orthopedic Surgery	1			
40	Outpatient Services	1			
41	Pediatric Services	1			

* - Mandatory field, must be entered for survey kit to upload.

*Sprinkler Status, Main Campus (select 1) (M42): 02

- 01 Totally sprinklered: All required areas are sprinklered
- 02 Partially sprinklered: Some but not all required areas are sprinklered
- 03 Sprinklers: No required areas are sprinklered

Total number of provider-based off-site locations under the same CCN (M43): 3

TYPES OF OFF-SITE LOCATIONS					
01	Inpatient Remote Location		07	Satellite of an IPPS-Excluded Psych Unit	
02	Offsite Outpatient Surgery		08	Satellite of a Long Term Care Hospital	
03	Offsite Urgent Care Center		09	Satellite of a Cancer Hospital	
04	Satellite of a Rehabilitation Hospital		10	Satellite of a Childrens' Hospital	
05	Satellite of a Psychiatric Hospital		11	Offsite Emergency Department	
06	Satellite of an IPPS-Excluded Rehab Unit		20	Other Provider-Based Offsite Facility/Department	3

For each off-site location, complete and attach the Provider-Based Off-Site Locations Continuation Worksheet.

Number of related or affiliated providers or suppliers (M44): _____ TYPES OF AFFILIATED PROVIDERS/SUPPLIERS					
01	Ambulance Service		06	Hospice	
02	Ambulatory Surgery Center		07	Organ Procurement Organization	
03	End Stage Renal Disease		08	Psychiatric Residential Treatment Facility	
04	Federally Qualified Health Center		09	Rural Health Clinic	3
05	Home Health Agency		10	Skilled Nursing Facility (SNF)	

For each affiliated provider/supplier, complete and attach the Affiliated Provider/Supplier Continuation Worksheet, indicating the provider/supplier name, CCN, and type.

* - Mandatory field, must be entered for survey kit to upload.

(M45) Co-location Status: Is there another hospital, or a satellite location of another hospital, that occupies space in a building used by the hospital described in this worksheet?

Yes No

If yes, provide the name and CCN number of the co-located hospital:

Name _____ CCN _____

*** - Mandatory field, must be entered for survey kit to upload.**

PROVIDER-BASED OFF-SITE LOCATION CONTINUATION WORKSHEET

PAGE 1 OF 1

ENTRY# 1

Type of Off-site Location (from table M43): 20

Name of Off-Site Location: Mt. Jewett Health Center

Off-Site Street Address: 122 W. Main St., PO Box 400

County: McKean

City: Mt. Jewett State: PA Zip Code: 16740-0400

*Sprinklered Status of Off-site Location (select 1): 04

- 01 Totally sprinklered: All required areas are sprinklered;
- 02 Partially sprinklered: Some but not all required areas sprinklered;
- 03 Sprinklers: *No required areas are sprinklered*
- 04 Sprinklers are not required

ENTRY# 2

Type of Off-site Location (from table M43): 20

Name of Off-Site Location: Women's Health Center

Off-Site Street Address: 159 Interstate Parkway

County: McKean

City: Bradford State: PA Zip Code: 16701-1013

*Sprinklered Status of Off-site Location (select 1): 04

- 01 Totally sprinklered: All required areas are sprinklered;
- 02 Partially sprinklered: Some but not all required areas sprinklered;
- 03 Sprinklers: No required areas are sprinklered
- 04 Sprinklers are not required

ENTRY# 3

Type of Off-site Location (from table M43): 20

Name of Off-Site Location: Otolaryngologist Office

Off-Site Street Address: 195 Pleasant St., Suite 2

County: McKean

City: Bradford State: PA Zip Code: 16701-1081

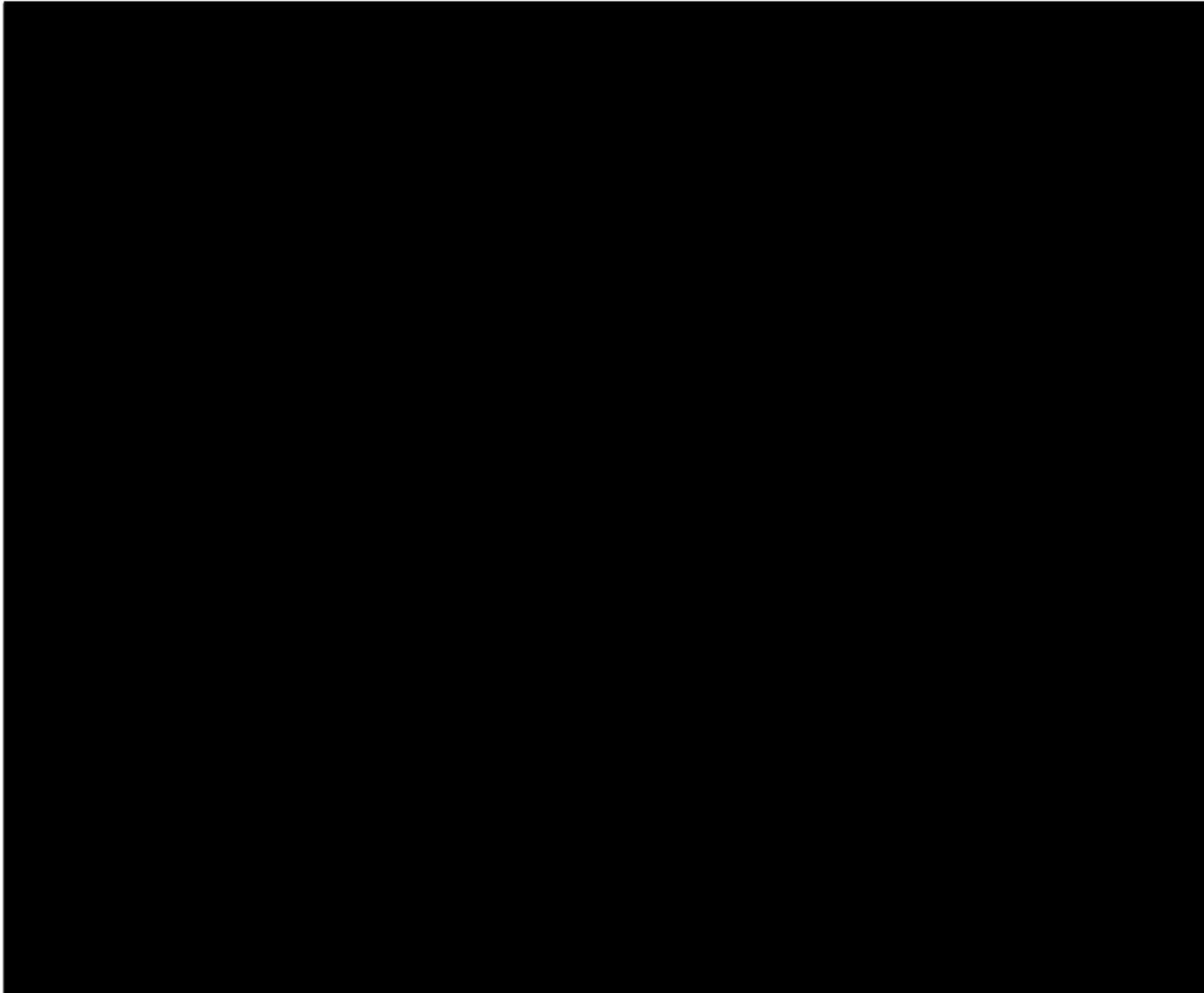
*Sprinklered Status of Off-site Location (select 1): 04

- 01 Totally sprinklered: All required areas are sprinklered;
- 02 Partially sprinklered: Some but not all required areas sprinklered;
- 03 Sprinklers: No required areas are sprinklered
- 04 Sprinklers are not required

Make additional copies as needed for additional off-site locations.

* - Mandatory field, must be entered for survey kit to upload.

ACTION MEMORANDUM



Attachment



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL

November 28, 2017

JOSH SHAPIRO
ATTORNEY GENERAL

Charitable Trusts and
Organizations Section
6th Floor Manor Complex
564 Forbes Avenue
Pittsburgh, PA 15219
Telephone: (412) 565-3581
Facsimile: 412-565-3181
cherne@attorneygeneral.gov

VIA EMAIL TO dmulholland@hortyspringer.com

Daniel M. Mulholland III, Esquire
Horty, Springer & Mattern, PC
4614 Fifth Avenue
Pittsburgh, PA 15213

**RE: Proposed Merger Between Bradford Regional Medical Center
and Olean General Hospital: McKean County**

Dear Attorney Mulholland:

The Charitable Trusts & Organizations Section of the Office of Attorney General reviewed the documents you submitted concerning the proposed merger of Bradford Regional Medical Center and Olean General Hospital.

Please be advised that this letter will confirm that, based upon our review of the information submitted to us, our conversations discussing the matter, and my notes memorializing said conversations, we have no objection to the merger of Bradford Regional Medical Center and Olean General Hospital. Please forward a copy of the Court Order so that I can complete my file.

Be further advised that this no objection is based on the information submitted to the Office of Attorney General and therefore is conditioned upon the accuracy of the submissions/omissions. This no objection letter does not constitute a formal Attorney General's Opinion and has no value as a precedent.

Daniel M. Mulholland III, Esquire

Page 2

November 29, 2017

Our review only pertains to issues within the purview of the Charitable Trusts and Organizations Section of the Office of Attorney General and does not constitute approval by any other section or government agency.

Sincerely,

A handwritten signature in black ink, appearing to read "Gene J. Herne". The signature is fluid and cursive, with a long horizontal stroke at the end.

Gene J. Herne
Senior Deputy Attorney General

GJH:clk

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to:	Registration of Fictitious Name DSCB:54-311 (rev. 2/2017)
Return per instructions on the expedite counter form.	



hos				
3. 1				
it				
116				
Num		Zip	County	

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip

5. Each entity, other than an individual, interested in such business is (are):

Olean General Hospital	nonprofit corporation	New York
Name	Form of Organization	Organizing Jurisdiction
515 Main Street, Olean, New York 14760		
Principal Office Address		
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

Timothy Finan


IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this

22nd day of November, 2017.

Individual Signature	Individual Signature
Individual Signature	Individual Signature
Olean General Hospital	
Entity Name	Entity Name
<i>Daniel M. Mullooland III</i>	
Signature	Signature
Attorney	
Title	Title

855360

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: Return per instructions on the expedite counter form. <input type="checkbox"/> Return document by email to: _____	Statement of Merger DSCB:15-335  TCO180112JD0282
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------

Read all instructions prior to completion.

Fee: \$70 plus \$40 for *each* association that is a party to the merger
The minimum amount to be submitted with this filing is \$150

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 335 (relating to Statement of merger), the undersigned, desiring to effect a merger, hereby states that:

A. For the surviving association:

1. The name of the surviving association is: Olean General Hospital

2. The jurisdiction of formation of the surviving association: New York

3. The type of association of the surviving association is (check only one):

- Business Corporation
- Nonprofit Corporation
- Limited Liability Company
- Limited Partnership
- Limited Liability (General) Partnership
- Limited Liability Limited Partnership
- Business Trust
- Professional Association
- Other _____

2018 JAN 12 AM 9:31

PA. DEPT. OF STATE

4. The surviving association is a (check only one box, provide address and follow instructions for attachments):

- Domestic (Pennsylvania) filing entity already in existence on Department of State records
If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.
- NEW domestic (Pennsylvania) filing entity (includes limited liability limited partnership)
Attach to this Statement the public organic record of the new entity.
- Foreign filing association or foreign limited liability partnership already registered with the Department.
If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.
- Foreign filing association or foreign limited liability partnership simultaneously seeking registration with the Department of State
Attach to this Statement a completed form DSCB:15-412 (Foreign Registration Statement) with applicable fee and attachments.

Its current registered office address. Complete part (a) OR (b) – not both:

(a) 116 Interstate Parkway, Bradford, PA 16701 McKean
Number and street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

- NEW domestic (Pennsylvania) limited liability partnership or electing partnership
Attach completed DSCB:15-8201 (Statement of Registration) or DSCB:15-8701A (Statement of Election)
- Domestic association that is not a domestic filing association
Attach to this Statement tax clearance certificates.

The address, including street and number, if any, of its principal office:

Number and street City State Zip County

- Foreign association that is not, and will not, be registered with the Department of State
Attach to this Statement tax clearance certificates.

The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:

Number and street City State Zip

B. For the merging association(s) that are not surviving the merger:

1. The name of the merging association is: Bradford Hospital

2. The jurisdiction of formation of the merging association: Pennsylvania

3. The type of association is (check only one):

- | | | |
|-----------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

4. Check and complete one of the following addresses.

<input checked="" type="checkbox"/>	<p>If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. <i>Complete part (a) OR (b) – not both:</i></p> <p>(a) <u>116-156 INTERSTATE PARKWAY</u> <u>Bradford,</u> <u>PA</u> <u>16701</u> <u>McKean</u> <small>Number and street City State Zip County</small></p> <p>(b) c/o: _____ <small>Name of Commercial Registered Office Provider County</small></p>
<input type="checkbox"/>	<p>If the merging association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ <small>Number and street City State Zip County</small></p>
<input type="checkbox"/>	<p>If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____ <small>Number and street City State Zip</small></p>

**Use Statement of Merger – Addendum (DSCB:15-335AD)
for additional merging parties that are not surviving the merger.**

Attachment:

**Certificate of Merger
Filed with
New York Secretary of State**

**CERTIFICATE OF MERGER
OF
BRADFORD HOSPITAL
INTO
OLEAN GENERAL HOSPITAL**


Under Section 904 of the Not-for-Profit Corporation Law

The undersigned being, respectively, the President/CEO and the Vice Chair of Bradford Hospital, and the Chair and the Vice Chair of Olean General Hospital, certify:

1. The names of the constituent corporations are Bradford Hospital, doing business as Bradford Regional Medical Center ("Bradford"), and Olean General Hospital ("Olean"). The surviving corporation is Olean.
2. The Articles of Incorporation of Bradford were filed by the Office of the Recorder of Deeds of McKean County, Commonwealth of Pennsylvania Department on August 4, 1885, pursuant to Section 2 of the Act of April 29th, 1874.
3. The Certificate of Incorporation of Olean was filed by the New York Department of State on July 18, 1898, pursuant to Chapter 559 of the Laws of 1895 of the State of New York.
4. The member of Bradford and Olean is Upper Allegheny Health System, Inc. ("UAHS").
5. The Board of Directors of Bradford adopted a Plan of Merger and authorized filing of a Certificate of Merger, in compliance with the applicable provisions of the laws of Pennsylvania, on March 29, 2017. The laws of Pennsylvania permit the merger herein effected.
6. The Board of Directors of Olean adopted a Plan of Merger and authorized filing of a Certificate of Merger in accordance with Section 903 of the Not-for-Profit Corporation Law (the "N-PCL") on March 29, 2017.
7. The Board of Directors of UAHS, as sole member of Bradford and Olean authorized filing of a Certificate of Merger in accordance with Section 903 of the Not-for-Profit Corporation Law (the "N-PCL") on March 29, 2017.
8. Any charitable gift transferred after the anticipated merger of Bradford and Olean which is contained in any will or other instrument, in trust or otherwise, made before or after the consolidation, directed to or for the benefit of Bradford, shall inure to or for the benefit of and be transferred to Olean for use by Olean to support charitable purposes, consistent with Bradford's charitable purposes, provided Olean is at the time of said disposition, an organization recognized by the Internal Revenue Service as described in Section 501(c)(3) of the Code; and so far as it is necessary for that purpose Olean shall be deemed the successor to Bradford, provided, however, that such disposition shall be devoted by the successor corporation to the purposes intended by the testator, donor or grantor, and, as far as practicable, the needs of the Bradford campus.
9. There are no outstanding certificates evidencing capital contributions or subventions.
10. The merger shall become effective on January 12, 2018.


IN WITNESS WHEREOF, the undersigned have, on behalf of each constituent corporation, signed this certificate and caused it to be verified this 29th day of March, 2017.

BRADFORD HOSPITAL

By: 
Name: Timothy Finan
Title: President and CEO

By: 
Name: Muhammed Javed, M.D.
Title: Vice Chair

OLEAN GENERAL HOSPITAL

By: 
Name: Brenda McGee
Title: Chair

By: 
Name: Muhammed Javed, M.D.
Title: Vice Chair

THE ATTORNEY GENERAL HAS NO OBJECTION TO THE GRANTING OF JUDICIAL APPROVAL HEREON, ACKNOWLEDGES RECEIPT OF STATUTORY NOTICE AND DEMANDS SERVICE OF THE FILED CERTIFICATE. SAID NO OBJECTION IS CONDITIONED ON SUBMISSION OF THE MATTER TO THE COURT WITHIN 30 DAYS HEREAFTER.

Melissa St. Thoe 1-8-2018
ASSISTANT ATTORNEY GENERAL DATE

PHHPC

PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

Empire State Plaza, Corning Tower, Room 1805
Albany, New York 12237

(518) 402-0964
PHHPC@health.ny.gov

December 26, 2017

Mr. Timothy Finan
President/Chief Executive Officer
Olean General Hospital
515 Main Street
Olean, New York 14760

Re: Certificate of Merger of Bradford Hospital into Olean General Hospital

Dear Mr. Finan:

AFTER INQUIRY and INVESTIGATION and in accordance with action taken at a meeting of the Public Health and Health Planning Council held on the 7th day of December, 2017, I hereby certify that the Certificate of Merger of Bradford Hospital into Olean General Hospital, dated March 29, 2017 is approved.

Please email a copy of the Notice of Filing to the Operating Certificate Unit, at HFISmb@health.ny.gov.

Sincerely,

Colleen M. Leonard
Colleen M. Leonard
Executive Secretary

/cl

**CERTIFICATE OF MERGER
OF
BRADFORD HOSPITAL
AND
OLEAN GENERAL HOSPITAL**

Under Section 904 of the New York Not-For-Profit Corporation Law

Nixon Peabody LLP
1300 Clinton Square
Rochester, New York 14604

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
HOSPITAL LICENSURE APPLICATION**

<u>Bradford Regional Medical Center</u>		
Hospital Name		
<u>116 Interstate Parkway</u>		
Hospital Street Address		
<u>Bradford</u>	<u>PA</u>	<u>16701</u>
City	State	Zip
<u>(814) 368-4173</u>	<u>(814) 368-5722</u>	<u>www.brmc.com</u>
Telephone Number	Fax Number	E-Mail

CHAIRPERSON OF GOVERNING BODY: Brenda McGee

Mailing Address: C/O Upper Allegheny Health System, 130 S. Union St., Olean, NY 14760

NAME AND TITLE OF CHIEF EXECUTIVE OFFICER: Timothy J. Finan

Qualifications: see attached resume

Email Address: tfinan@uahs.org Phone Number (716) 375-6190

If the CEO doesn't hold the password agreement, the person that does will be designated the Assist Admin.

ASSISTANT ADMINISTRATOR: _____

Qualifications: _____

Email Address: _____ Phone Number _____

DIRECTOR OF NURSING: Paula Platko Email Address: pplatko@brmc.com

Qualifications: see attached resume

License Number: RN-324994L License Expiration Date: 10/31/19

MEDICAL DIRECTOR: William F. Mills, MD Email Address: wmills@uahs.org

Qualifications: see attached resume

License Number: MD-438996 License Expiration Date: 12/31/18

DIRECTOR OF QUALITY ASSURANCE: Gail A. Bagazzoli

Email Address: gbagazzoli@uahs.org Phone Number (716) 375-6979

Type of Ownership:

C Corporation	<input type="checkbox"/>	Limited Liability Limited Partnership (LLLP)	<input type="checkbox"/>	Professional Corporation (PC)	<input type="checkbox"/>
General Partnership (GP)	<input type="checkbox"/>	Limited Liability Partnership (LLP)	<input type="checkbox"/>	S Corporation	<input type="checkbox"/>
Government	<input type="checkbox"/>	Limited Partnership (LP)	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>
Limited Liability Corporation (LLC)	<input type="checkbox"/>	Non-Profit	<input checked="" type="checkbox"/>		<input type="checkbox"/>

Type of Operation

Profit Non-Profit Government

List all persons having 5% or more ownership or controlling interest in the hospital (If space allotted is inadequate, prepare additional listing.)

NAME	ADDRESS
Olean General Hospital	515 Main St., Olean, NY 14760

Accredited: Yes No Date Accreditation Expires: Mo Day Year
 Mo Day Year
 05 15 18

Accrediting Organization:

TJC	<input checked="" type="checkbox"/>
AOA	<input type="checkbox"/>
AAA	<input type="checkbox"/>
AAAA	<input type="checkbox"/>
DNV	<input type="checkbox"/>

of Inpatient Beds

Owner of Hospital:

Upper Allegheny Health System

 (Name of Corporation)

130 S. Union St., Suite 300

 (Address)

Olean NY 14760

 City State Zip

**Bradford Regional Medical Center
116 Interstate Parkway
PO Box 218
Bradford, PA 16701**

Page 1 of 2

List of Satellite Clinics

Bradford Cardiology Practice -Suite #21
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - The Cancer Care Center -Suite #22
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Bradford Adult & Pediatric Urology Practice – Suite #31
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Bradford Surgical Practice – Suite #31
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Bradford Orthopedics Practice – Suite #32
116 Interstate Parkway
Bradford, PA 16701

FMG - Bradford Family Practice - Suite #41
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Pediatric Associates of Bradford- Suite #42
116 Interstate Parkway Medical Office Building
Bradford, PA 16701

FMG - Women's Health Services
159 Interstate Parkway
Bradford, PA 16701

FMG - ENT Office
195 Pleasant Street
Bradford, PA 16701

**Bradford Regional Medical Center
116 Interstate Parkway
PO Box 218
Bradford, PA 16701**

Page 2 of 2

Center for Diabetes and Nutritional Education
116 Interstate Parkway - 1st Floor
Bradford, PA 16701

Healthy Beginnings Plus
159 Interstate Parkway
Bradford, PA 16701

Women, Infants & Children (WIC)
116 Interstate Parkway, 1st Floor
Bradford, PA 16701

Bradford Dental Center
600 Chestnut Street
Bradford, PA 16701

FMG - Smethport Family Practice
406 Franklin Street
Smethport, PA 16749

Mt. Jewett Health Center
122 W. Main Street
Mt. Jewett, PA 16740

Mt. Jewett Dental Center **(being reviewed for possible closure)**
122 W. Main Street
Mt. Jewett, PA 16740

SERVICES YOU PLAN TO OFFER (Not on Medicare Service Sheet):

- 0 Not Provided
- 1 Services provided by facility staff only
- 2 Services provided by arrangement or agreement
- 3 Services provided through a combination of facility staff and through agreement

ADULT TRANSPLANT	0	TELEMED-EICU SERVICES	0
AMBULANCE SERV (OWNED)	0	TELEMED-ENDOCRINOLOGY	0
BARIATRIC	0	TELEMED-GENOMICS	0
BLOOD BANK	1	TELEMED-INFECTIOUS DIS	0
CARDIAC CATH – HIGH RISK	0	TELEMED-MATERNAL FETAL/OB	0
CARDIAC CATH – LOW RISK	1	TELEMED-NEONATOLOGY	0
CHRONIC ESRD	0	TELEMED-NEPHROLOGY	0
EMERGENCY SERVICES	1	TELEMED-NEUROINTERVENTION	0
EPS STUDIES	0	TELEMED-NEUROLOGY	0
HEMODIALYSIS	0	TELEMED-NEUROSCIENCES	0
LABORATORY - ANATOMICAL	0	TELEMED-NEUROSURGERY	0
LONG TERM CARE (SWING BED)	1	TELEMED-OPHTHALMOLOGY	0
NON-THERAPEUTIC ABORTION	0	TELEMED-PALLIATIVE CARE	0
OPEN HEART	0	TELEMED-PEDIATRIC ED	0
ORGAN BANK	0	TELEMED-PEDIATRIC ICU	0
PCI	0	TELEMED-PED ORTHOPAEDICS	0
PEDIATRIC TRANSPLANT	0	TELEMED-PED TELEGENTICS	0
SLEEP SERVICES	1	TELEMED-PM AND REHAB	0
TELE-ONCOLOGY GEN COUNSEL	0	TELEMED-PSYCH EVAL SVCS	0
TELEMED-ALLERGY IMMUNOLOGY	0	TELEMED-PULMONARY	0
TELEMED-BURN	0	TELEMED-RADIOLOGY	0
TELEMED-CANCER MEDICINE	0	TELEMED-RHEUMATOLOGY	0
TELEMED-CARDIOLOGY	0	TELEMED-TELE PATHOLOGY	0
TELEMED-CARDIOVASCULAR	0	TELEMED-TELE STROKE	0
TELEMED-DERMATOLOGY	0	TELEMED-TRANSPLANT SERV	0
TELE-ONCOLOGY GEN COUNSEL	0	TELEMED-WOUND CARE	0
TELEMED-EEG INTERPRET	0		

Record the number of each licensed bed that is planned for the hospital.

LICENSED INPATIENT BED COMPLEMENT	
UNIT	TOTAL
Drug & Alcohol	16
Hospital Other	
Medical/Surgical	65
LDRP	
Neonatal Level II	
Neonatal Level III	
Neonatal Level IV	
OB/Gyn combined	9
Obstetrics only	
Pediatrics	
Psychiatric: Adult	12
Child	
Geriatric	
Rehabilitation	
Special Care Units:	
ICU/CCU	5
Burn	
CCU	
ICU	
Pediatrics	
Telemetry	
Swing Beds	
OTHER:	
TOTAL	107
NON-LICENSED BEDS	
UNIT	TOTAL
Level I Nursery	6
Outpatient Surgery	
Skilled Nursing Unit	
ESRD	
OTHER:	

If space allotted is inadequate, prepare additional listing.
List names and addresses of hospital administered Satellite Clinics

Name	Address
See attached	

PAYMENT The fee is \$500.00 plus \$4.00 for each inpatient bed. There is no fee charged for Level 1 Nursery, Short Procedure and ESRD Beds. Mail check or Money Order, along with Application and any amendments or changes to the original charter made since the last Licensure Application to Division of Acute and Ambulatory Care Facilities, Pennsylvania Department of Health, Room 532 Health and Welfare Building, Harrisburg, PA. 17120.

AGREEMENT Application is made for license to operate a hospital in accordance with P.L. 130, No. 48, July 19, 1979 as amended July 12, 1980 (Act 136).

I agree to conduct said hospital in accordance with the laws of the Commonwealth of Pennsylvania and with the Rules and Regulations of the Department of Health.

AFFIDAVIT Commonwealth of Pennsylvania

County of Cattaraugus being duly sworn according to the law deposes and says that the facts set forth in the foregoing application are true and correct to the best of his (her) knowledge, information, and belief.

Signed [Signature]
(Applicant)

Sworn to and subscribed before me this 4 day of December, 2017.
[Signature] My commission expires 4-22-17
(Signature - Notary Public)

Much of the information previously requested by this form has been eliminated in order to prevent duplication and will be secured from the annual Hospital Questionnaire which is required under 28 Pa. Code § 101.56.

Annette M. Rickey
Notary Public - State of New York
No. 01RIS280280
Qualified in Cattaraugus County
Commission expires April 22, 2021

EXHIBIT 286

(Rev. 80, Issued: 03-01-12)

HOSPITAL/CAH DATABASE WORKSHEET

Worksheet completed by the SA surveyor to gather data of worksheet, not to be given to provider to fill out.

CMS Certification Number (CCN): 390118 Date of Worksheet Update: 11/20/2017

Medicaid Provider Number: 100750765 (MMDDYYYY) (M1)

National Provider Identification Number(s) (NPI): 1578569885

Fiscal Year Ending Date (MMDD): 1231

Name and Address of Facility (Include City, State):

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA Zip Code: 16701-1036

Telephone Number (M2): 814-368-4143 Fax Number (M3): 814-368-5722

CEO Telephone Number: 716-375-6190

Email Address: tfinan@uahs.org

Website Address: www.brmc.com

*Accreditation Status: 1

*Effective Date of Accreditation: 05/15/2015

Select one

(MMDDYYYY) (M4)

0 Not Accredited

1 JC

*Renewal Date of Accreditation: 05/15/2018

2 AOA

(MMDDYYYY) (M5)

3 DNV

*Multiple Accreditation Status: Yes No

(Select all others that apply; do not include the accreditation organization listed above):

JC AOA/HFAP DNV

State/County Code (M6): _____

State Region Code (M7): _____

* - Mandatory field, must be entered for survey kit to upload.

*Type of Program Participation (M8): 3

CLIA ID Numbers (M9):

Select one

1 Medicare

2 Medicaid

3 Medicare & Medicaid

39D0691618

Medicare CAH Status or Type of Medicare Hospital (select one) (M10): 01

01 Short-term x

06 Childrens__

02 Long-term__

07 Distinct Part Psychiatric
Hospital__

03 Religious Nonmedical Health Care Institution__

04 Psychiatric__

11 Critical Access Hospital (CAH)__

05 Rehabilitation__

* Affiliation with a Medical School (M11): _____

01 Major

02 Limited

03 Graduate School

04 No Affiliation

* Resident Programs (M12) (select all that apply): _____

01 Allopathic

02 Dental

03 Osteopathic

05 Podiatric 09 Other

*Ownership Type (select 1) (M13): 02

01 Church

06 State

02 Private (Not for Profit)

07 Local

03 Other

08 Hospital District or Authority

04 Private (For Profit)

09 Physician Ownership

05 Federal_

10 Tribal

Average Daily Census (M14): 49

Number of Staffed Beds (M15): 60

*Type of Chain/Health System Involvement (M16): 01

* - Mandatory field, must be entered for survey kit to upload.

- | | |
|------------------------------|-----------------|
| 01 None | 05 Wholly Owned |
| 02 Joint Venture/Partnership | 06 Leased |
| 03 Operated/Related | 07 Other |
| 04 Managed/Related | |

Name of System (M17): _____

Corporate Headquarters City (M18): _____ State (M19): _____

*Number of state-licensed beds: 107

*Number of operating rooms: 6

Separately Licensed: Yes No

*Number of endoscopy procedure rooms: 0

Separately Licensed: Yes No

*Number of cardiac catheterization procedure rooms: 1

Separately Licensed: Yes No

Number of Employees Salaried by Hospital/CAH (Use Full Time Equivalents FTE)					
M20	Physicians (Salaried only)	12	M30	Medical Technologists (Lab)	
M21	Physicians - Residents		M31	Nuclear Medicine Technicians	2
M22	Physician Assistants (PA)	3	M32	Occupational Therapists	1
M23	Nurses - CRNA	1	M33	Pharmacists (Registered)	4
M24	Nurses - Practitioners	4	M34	Physical Therapists	2
M25	Nurses - Registered	149	M35	Psychologists	
M26	Nurses - LPN	33	M36	Radiology Technicians (Diagnostic)	22
M27	Dieticians		M37	Respiratory Therapists	8
M28	Medical Social Workers	3	M38	Speech Therapists	
M29	Medical Laboratory Technicians		M39	All Others	274

* - Mandatory field, must be entered for survey kit to upload.

Medicare Payment-Related Categories for a Hospital or a CAH (select all that apply) (M40): _____

CAH Categories		Hospital Categories	
01	CAH Psychiatric DPU	07	Hospital PPS Excluded Psych Unit
02	CAH Rehabilitation DPU	08	Hospital PPS Excluded Rehab Unit
03	CAH Swing Beds	09	Hospital Swing Beds
		10	Medicare Dependent Hospital
		11	Regional Referral Center
		12	Sole Community Hospital

* - Mandatory field, must be entered for survey kit to upload.

***Services Provided by the Facility (M41): _____**

0 Not Provided

1 Services provided by facility staff only

2 Services provided by arrangement or agreement

3 Services provided through a combination of facility staff and through agreement

02	Alcohol and/or Drug Services	1	42	Pharmacy	2
03	Anesthesia Service	2	43	Physical Therapy Services	2
04	Audiology	0	44	Positron Emission Tomography Scan	2
06	Burn Care Unit	0	45	Post-Operative Recovery Rooms	1
07	Cardiac Catheterization Laboratory	1	46	Psychiatric Services - Emergency	1
08	Cardiac-Thoracic Surgery	0	47	Psychiatric - Child/Adolescent	0
09	Chemotherapy Services	1	48	Psychiatric - Forensic	0
10	Chiropractic Service	0	49	Psychiatric - Geriatric	0
11	CT Scanner	1	50	Psychiatric - Adult Inpatient	1
12	Dental Services	1	51	Psychiatric - Outpatient	1
13	Dietetic Service	2	52	Radiology Services - Diagnostic	1
14	Emergency Department (Dedicated)	1	53	Radiology Services - Therapeutic	0
16	Extracorporeal Shock Wave Lithotripter	2	54	Reconstructive Surgery	0
17	Gerontological Specialty Services	0	55	Respiratory Care Services	1
20	ICU - Cardiac (non-surgical)	0	56	Rehab Services - Inpatient	0
21	ICU - Medical/Surgical	1	58	Rehab -Outpatient	1
22	ICU - Neonatal	0	59	Renal Dialysis (Acute Inpatient)	2
23	ICU - Pediatric	0	60	Social Services	1
24	ICU - Surgical	0	61	Speech Pathology Services	2
26	Laboratory-Clinical	1	62	Surgical Services - Inpatient	1
28	Magnetic Resonance Imaging (MRI)	1	63	Surgical Services - Outpatient	1
29	Neonatal Nursery	0	64	Trauma Center (Designated)	0
30	Neurosurgical Services	0	65	Transplant Center (Medicare Certified)	0
31	Nuclear Medicine Services	1	66	Urgent Care Center Services	0
32	Obstetric Service	1			
33	Occupational Therapy Services	2			
34	Operating Rooms	1			
35	Ophthalmic Surgery	1			
36	Optometric Services	0			
38	Organ Transplant Services (Not Medicare-certified)	0			
39	Orthopedic Surgery	1			
40	Outpatient Services	1			
41	Pediatric Services	1			

* - Mandatory field, must be entered for survey kit to upload.

*Sprinkler Status, Main Campus (select 1) (M42): 02

- 01 Totally sprinklered: All required areas are sprinklered
- 02 Partially sprinklered: Some but not all required areas are sprinklered
- 03 Sprinklers: No required areas are sprinklered

Total number of provider-based off-site locations under the same CCN (M43): 3

TYPES OF OFF-SITE LOCATIONS					
01	Inpatient Remote Location		07	Satellite of an IPPS-Excluded Psych Unit	
02	Offsite Outpatient Surgery		08	Satellite of a Long Term Care Hospital	
03	Offsite Urgent Care Center		09	Satellite of a Cancer Hospital	
04	Satellite of a Rehabilitation Hospital		10	Satellite of a Childrens' Hospital	
05	Satellite of a Psychiatric Hospital		11	Offsite Emergency Department	
06	Satellite of an IPPS-Excluded Rehab Unit		20	Other Provider-Based Offsite Facility/Department	3

For each off-site location, complete and attach the Provider-Based Off-Site Locations Continuation Worksheet.

Number of related or affiliated providers or suppliers (M44): _____ TYPES OF AFFILIATED PROVIDERS/SUPPLIERS					
01	Ambulance Service		06	Hospice	
02	Ambulatory Surgery Center		07	Organ Procurement Organization	
03	End Stage Renal Disease		08	Psychiatric Residential Treatment Facility	
04	Federally Qualified Health Center		09	Rural Health Clinic	3
05	Home Health Agency		10	Skilled Nursing Facility (SNF)	

For each affiliated provider/supplier, complete and attach the Affiliated Provider/Supplier Continuation Worksheet, indicating the provider/supplier name, CCN, and type.

* - Mandatory field, must be entered for survey kit to upload.

(M45) Co-location Status: Is there another hospital, or a satellite location of another hospital, that occupies space in a building used by the hospital described in this worksheet?

Yes No

If yes, provide the name and CCN number of the co-located hospital:

Name _____ CCN _____

*** - Mandatory field, must be entered for survey kit to upload.**

PROVIDER-BASED OFF-SITE LOCATION CONTINUATION WORKSHEET

ENTRY# 1

Type of Off-site Location (from table M43): 20

Name of Off-Site Location: Mt. Jewett Health Center

Off-Site Street Address: 122 W. Main St., PO Box 400

County: McKean

City: Mt. Jewett State: PA Zip Code: 16740-0400

*Sprinklered Status of Off-site Location (select 1): 04

- 01 Totally sprinklered: All required areas are sprinklered;
- 02 Partially sprinklered: Some but not all required areas sprinklered;
- 03 Sprinklers: *No required areas are sprinklered*
- 04 Sprinklers are not required

ENTRY# 2

Type of Off-site Location (from table M43): 20

Name of Off-Site Location: Women's Health Center

Off-Site Street Address: 159 Interstate Parkway

County: McKean

City: Bradford State: PA Zip Code: 16701-1013

*Sprinklered Status of Off-site Location (select 1): 04

- 01 Totally sprinklered: All required areas are sprinklered;
- 02 Partially sprinklered: Some but not all required areas sprinklered;
- 03 Sprinklers: No required areas are sprinklered
- 04 Sprinklers are not required

ENTRY# 3

Type of Off-site Location (from table M43): 20

Name of Off-Site Location: Otolaryngologist Office

Off-Site Street Address: 195 Pleasant St., Suite 2

County: McKean

City: Bradford State: PA Zip Code: 16701-1081

*Sprinklered Status of Off-site Location (select 1): 04

- 01 Totally sprinklered: All required areas are sprinklered;
- 02 Partially sprinklered: Some but not all required areas sprinklered;
- 03 Sprinklers: No required areas are sprinklered
- 04 Sprinklers are not required

Make additional copies as needed for additional off-site locations.

* - Mandatory field, must be entered for survey kit to upload.



717-783-8980

Dear administrator:

The letter is to advise you that the Department of Health (Department) Division of Acute and Ambulatory Care (DAAC) will use the email address provided on the Password Agreement for the licensed/registered facility, as the official means of communication with the facility. The person signing that agreement is responsible to ensure that the e-mail address is monitored appropriately so that communications from the Department are received and responded to in a timely manner.

The CEO/Administrator appointed by the governing body must complete the password agreement. The email address provided to the Department must be the email address of the person responsible to receive licensure notification. The Password Agreement also requires entry of the current emergency contact for the facility. This information is needed to keep the information current in our database. **The Password Agreement must be returned within 30 days of receipt.** Please complete and sign the enclosed Password Agreement form and return it to the Division of Acute and Ambulatory Care at 625 Forster St., H and W Building, Room 532, Harrisburg, PA 17120 or email completed form to RA-DAAC@pa.gov.

The e-mail address provided on the Password Agreement will receive official Department emails including, but not limited to, the following:

Plan(s) of Correction

Facilities must submit Plan(s) of Correction in response to a Statement of Deficiencies through the Department's online site. To comply with the requirement, the facility must have an email address and internet access. The Department assigns a unique facility identifier and confidential password to facilities. Upon receipt of this agreement, the Department will issue the unique facility login identifier, password and written instructions for placing facility Plan(s) of Correction on the POC/Online Licensing website.

Following each survey, a facility can log onto the Department's web address with previously provided login information to review the Statement of Deficiencies. The facility shall enter its Plan of Correction, indicate the date of completion, and submit the Plan of Correction online for review by the Department of Health. Facilities have 10 days from the date the Statement of Deficiencies is made available for review to submit a Plan of Correction.

Division of Acute and Ambulatory Care staff then review the Plan of Correction and notify the facility electronically of its approval or rejection. The Department publishes the DAAC survey findings (Statement of Deficiencies) and Plans of Correction for all hospitals, ambulatory surgical facilities and portable x-ray facilities on the Department of Health public website. The findings from all surveys, except Medicare validation and EMTALA surveys, are available on the website. The entire report, including both the Statement of Deficiencies and Plan of Correction, is available to the public through the Department of Health web page 40 days after the last day of the survey.

The Department is committed to working with facilities to make electronic submission of Plan(s) of Correction as easy as possible, and to providing complete and accurate information on facility surveys through the Department of Health website.

Licensure/Registration Renewals

The Department will send via email a notice that the licensure/registration renewal application is available for the facility to complete. The Password Agreement holder will use the same unique facility login identifier and password used to submit Plan(s) of Correction to log in to the POC/Online Licensing



website and complete the online license/registration application. Application rejections, approvals, and notices to print new license will be sent via email.

Annual Medical Care Accountability and Reduction of Error Act (MCARE Act) Surcharge

The Department will email the password agreement holder in the Spring of each year a letter that explains the surcharge the facility must pay pursuant to the MCARE Act, 40 P.S. 1303.101 *et seq.* Included with the letter will be a statement assessing the amount due to the Department, and the date by which it must be paid.

The letter serves as the required 30-day notice permitting the Department to impose an administrative penalty of \$1000 per day on facilities that fail to pay the surcharge by the due date. 40 P.S. 1303.305(g).

The Department reserves the right to begin the imposition of the penalty 30 days after the letter is e-mailed to the address provided by your facility with no further notice if payment is not timely received.

Message Board

The Department posts important information for facilities on the message board. The Department encourages and expects all licensed/registered facilities to check the message board at least once a month. The message board is accessed through the POC/Online Licensing website. Messages are posted on the message board for 60 days. Viewing the message board once a month will insure that licensed/registered facilities will have had the opportunity to review important messages and information shared by the Department.

It is the responsibility of the licensed/registered facility to maintain an updated password, to provide the department with any change to the email address used for timely and official communication with the department, and to notify the Department if the identity of the password agreement holder changes.

If you have any questions, please contact the Division of Acute and Ambulatory Care at 717-783-8980.

Sincerely,

A handwritten signature in black ink that reads "Garrison E. Gladfelter, Jr." The signature is written in a cursive style.

Garrison E. Gladfelter, Jr.
Chief, Division of Acute and Ambulatory Care
Pa Department of Health

Enclosure

Date sent: _____

Password Agreement

PLEASE NOTE: The Password Agreement must be returned within 30 days from the above date. Failure to return the Password Agreement will result in the facility being cited.

The CEO/Administrator appointed by the governing body must sign the password agreement. The email address provided to the department must be the email address of the person who has been appointed by the governing body or its representative to receive licensure notifications.

Name of Facility Bradford Regional Medical Center Facility ID Number 541201

Address of Facility 116 Interstate Parkway

Telephone Number 814-368-4173 Fax Number 814-368-5722

Facility Emergency Contact Info:

Name	Telephone	Email Address
Timothy J. Finan	716-375-6190	tfinan@uahs.org

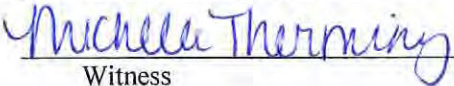
I, Timothy J. Finan, hereby certify that: I am the administrator/director/chief executive Officer (**please circle**) appointed by the governing body; the email address provided above will be the point of communication with the Department; I am responsible for ensuring that the facility license/registration is renewed timely; and that I am responsible for ensuring that a Plan of Correction is timely submitted in response to deficiencies cited by the Pennsylvania Department of Health on any Statement of Deficiencies.

1. I acknowledge that the e-mail address on this password agreement will be used as the Department's primary method of communication with the facility.
2. I acknowledge that the individual named above will receive the facility login identification number and the individual password provided by the Pennsylvania Department of Health.
3. I agree to ensure the confidentiality of both the facility login identification number and the password.
4. I recognize and acknowledge that the use of the password to electronically submit a Plan of Correction in response to deficiencies cited in the Statement of Deficiencies identifies me as the signer of the Plan of Correction.
5. I recognize and acknowledge that the use of the password to electronically submit the license/registration renewal application obligates me to ensure the complete and timely submittal of the application.
6. I further recognize and acknowledge that the use of the password, in conjunction with the submission of a Plan of Correction and license/registration renewal application, authorizes the Pennsylvania Department of Health to conclusively accept an electronic license/registration renewal application or Plan of Correction as my authorized submission.

I have had the opportunity to review this Password Agreement and hereby agree to the above statements.



Administrator/CEO/Director



Witness

Effective Date of Change

tfinan@uahs.org

Email Address

NOTE: Please return this form to:

**Department of Health, Division of Acute and Ambulatory Care or
625 Forster St.
Room 532, Health and Welfare Building
Harrisburg, PA 17120
Fax Number: 717-705-6663**

**Email the form to:
RA-DAAC@pa.gov**



Pennsylvania Department of Health
Division of Acute & Ambulatory Care

NONCOMPLIANCE WITH STATE AND FEDERAL REGULATIONS


I, Olean General Hospital, purchaser of
Purchaser Name

Bradford Regional Medical Center
Name of Facility

understand that this facility may be in violation of state statutes and regulations. If deficiencies were cited, I know and understand that these deficiencies must be corrected by me in order to retain the facility license which is issued by the Pennsylvania Department of Health to operate the named facility.

I also understand that noncompliance with the federal conditions of participation may result in decertification from the Medicare/Medicaid program.

If the Department finds and cites deficiencies subsequent to my assumption of ownership, and these deficiencies consist in whole or in part of violations that occurred in the previous ownership, I acknowledge that it is my responsibility to correct these deficiencies.

SIGNED:  DATED: 12/4/17

TITLE: President/CEO

A copy of the current state licensure and federal certification deficiencies may be obtained from the facility or the field office, telephone number 716-375-6190.

HEALTH INSURANCE BENEFIT AGREEMENT

(Agreement with Provider Pursuant to Section 1866 of the Social Security Act,
as Amended and Title 42 Code of Federal Regulations (CFR)
Chapter IV, Part 489)

AGREEMENT

between

THE SECRETARY OF HEALTH AND HUMAN SERVICES

and

Olean General Hospital

doing business as (D/B/A) Bradford Regional Medical Center

In order to receive payment under title XVIII of the Social Security Act, Olean General Hospital

D/B/A Bradford Regional Medical Center as the provider of services, agrees to conform to the provisions of section of 1866 of the Social Security Act and applicable provisions in 42 CFR.

This agreement, upon submission by the provider of services of acceptable assurance of compliance with title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973 as amended, and upon acceptance by the Secretary of Health and Human Services, shall be binding on the provider of services and the Secretary.

In the event of a transfer of ownership, this agreement is automatically assigned to the new owner subject to the conditions specified in this agreement and 42 CFR 489, to include existing plans of correction and the duration of this agreement, if the agreement is time limited.

ATTENTION: Read the following provision of Federal law carefully before signing.

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both (18 U.S.C. section 1001).

Name Timothy J. Finan  Title President/CEO

Date 12/4/17

ACCEPTED FOR THE PROVIDER OF SERVICES BY: N/A

NAME (signature)

TITLE

DATE

ACCEPTED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES BY: N/A

NAME (signature)

TITLE

DATE

ACCEPTED FOR THE SUCCESSOR PROVIDER OF SERVICES BY:

NAME (signature)

TITLE
President/CEO

DATE
12/4/17

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0832. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

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Name Timothy J. Finan  Title President/CEO

Date 12/4/17

ACCEPTED FOR THE PROVIDER OF SERVICES BY: N/A

NAME (signature)



TITLE

DATE

ACCEPTED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES BY: N/A

NAME (signature)

TITLE

DATE

ACCEPTED FOR THE SUCCESSOR PROVIDER OF SERVICES BY:

NAME (signature)



TITLE

President/CEO

DATE

12/4/17

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Name Timothy J. Finan  Title President/CEO

Date 12/4/17

ACCEPTED FOR THE PROVIDER OF SERVICES BY: N/A

NAME (signature)

TITLE

DATE

ACCEPTED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES BY: N/A

NAME (signature)

TITLE

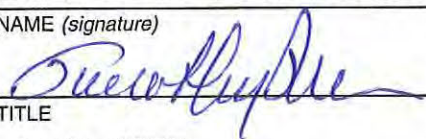
DATE

ACCEPTED FOR THE SUCCESSOR PROVIDER OF SERVICES BY:

NAME (signature)

TITLE

DATE


President/CEO

12/4/17

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Civil Rights Clearance for Medicare Provider Applicants

If you are a health care provider seeking initial Medicare Part A certification and/or undergoing a change of ownership (CHOW), you will need a civil rights clearance from the Office for Civil Rights (OCR) to be certified as a Medicare Part A provider by the Centers for Medicare and Medicaid Services (CMS). To seek a civil rights clearance from OCR, follow the instructions below:

Medicare Part A providers are required to sign an attestation of their compliance with all applicable civil rights laws enforced by OCR (including Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975 and Section 1557 of the Affordable Care Act). This attestation is referred to as an Assurance of Compliance. New applicants for Medicare funding and current providers undergoing a change of ownership are responsible for submitting this attestation electronically to OCR.

To submit this attestation, go to the [Assurance of Compliance Portal](#). Please follow all of the instructions and provide the required information. Please note that the former process in which CMS granted providers conditional approvals while OCR processed the provider's civil rights clearance application are no longer granted or an accepted temporary clearance. After September 1, 2016, OCR will accept only Assurance of Compliance forms and only via the [Assurance of Compliance Portal](#) for clearance purposes.

CMS has legal authority under Title XVIII of the Social Security Act to require health care providers to meet the legal requirements of the civil rights nondiscrimination statutes and regulations enforced by OCR in order to participate in the Medicare Part A program. These statutes and regulations ensure that eligible persons have equal access to quality health care regardless of their race, color, national origin, disability, or age. The specific statutes include: Title VI of the Civil Rights Act of 1964 (which prohibits discrimination on the basis of race, color and national origin); Section 504 of the Rehabilitation Act of 1973 (which prohibits discrimination on the basis of disability); the Age Discrimination Act of 1975 (which prohibits discrimination on the basis of age); and Section 1557 of the Affordable Care Act (which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities).

Effective September 1, 2016 the Assurance of Compliance must be submitted electronically <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>

Note:

All new providers seeking initial certification and providers forwarding notification of a CHOW, must submit evidence of successful electronic submission of the above attestation (Form HHS-690) through the OCR portal to the Department of Health Division of Acute and Ambulatory Care before an initial survey may be conducted or the CHOW may be processed.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Office for Civil Rights (OCR)
Civil Rights Information Request
For Medicare Certification



Instructions: Healthcare providers applying for participation in the Medicare Part A program must receive a civil rights clearance from OCR. Complete all fields and return this form, with the required policies and procedures, to your State Health Department, along with your other Medicare application materials.

I. Healthcare Provider Information			
CMS Medicare Provider Number: 390118			
Name of Facility: <u>Bradford Regional Medical Center</u>			
Address: <u>116 Interstate Parkway</u>			
<i>Street Number and Name</i>			
<u>Bradford</u>		<u>PA</u>	<u>16701-1013</u>
<i>City or Town</i>		<i>State or Province</i>	<i>Zip Code</i>
Administrator's Name: <u>Timothy J. Finan</u>	Contact Person: _____		
Telephone: <u>716-375-6193</u>	TDD: _____		
FAX: <u>814-368-5722</u>	E-mail: _____		
Type of Facility: <u>Hospital</u>	Number of employees: <u>518</u>		
Reason for Application: Circle One			
Corporate Affiliation: <u>Olean General Hospital</u>		Initial Medicare or Change of Certification Ownership <input checked="" type="checkbox"/>	

You can complete this form and submit your policies electronically via the OCR Portal at <https://ocrportal.hhs.gov/ocr/ppportal/index.jsf>. (Please note, if using the electronic Civil Rights Information Request for Medicare Certification Package via the Portal, you do not have to submit any hard copies. Your State Health Department will be informed that you have completed this Package and submitted it to OCR. No further action will be needed by you. The Portal will guide you through completing the Package, and help you develop and submit your policies that meet your civil rights requirements.)

II. Documents Required for Submission	
For guidance or to obtain sample policies and procedures, please visit the OCR Technical Assistance for Medicare Providers and Applicants web page at http://www.hhs.gov/ocr/civilrights/clearance/index.html . (When submitting hard copies to your State Health Department.)	
1.	Assurance of Compliance Form, <u>HHS-690</u> (completed, signed and dated).
2.	Nondiscrimination Policy that provides for admission and services without regard to race, color, national origin, disability, or age, as required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. (Click to see sample policy) Learn more about the regulatory requirements
3.	Description of methods used to disseminate your nondiscrimination policies/notices: a) Describe where you post your Nondiscrimination Policy; posted throughout hospital and on web site b) Include brochures, websites, pamphlets, postings, or ads with general information about your services. www.brmc.com
4.	Facility admissions policy that describes eligibility requirements for your services.
5.	A description/explanation of any policies or practices restricting or limiting your facility's admissions or services on the basis of age. In certain narrowly defined circumstances, age restrictions are permitted. Learn more about the regulatory requirements See licenses attached. BRMC operates within the context of its licenses.
6.	For healthcare providers with 15 or more employees: copy of your procedures used for handling disability discrimination grievances along with the name/title and telephone number of the Section 504 coordinator. (Click to see sample policy) Learn more about the regulatory requirements

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0243. The time required to complete this information collection is estimated to average 8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCTO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer



DEPARTMENT OF HEALTH & HUMAN SERVICES
Office for Civil Rights (OCR)
Civil Rights Information Request
For Medicare Certification

Form Approved
 OMB No. 0945-0006
 Exp. Date 04/30/2017



II. Documents Required for Submission (Continued)

For guidance or to obtain sample policies and procedures, please visit the OCR Technical Assistance for Medicare Providers and Applicants web page at <http://www.hhs.gov/ocr/civilrights/clearance/index.html>. (When submitting hard copies to your State Health Department.)

7.	<p>Procedures to effectively communicate with persons who are limited English proficient (LEP), including:</p> <ul style="list-style-type: none"> a) Process for how you identify individuals who need language assistance; b) Procedures to provide services (interpreters, written translations, bilingual staff, etc.). Include the name(s) and telephone number(s) of your interpreter(s) and/or interpreter service(s); c) Methods to inform LEP persons that language assistance services are available at no cost to the person being served; d) Appropriate restrictions on the use of family and friends as LEP interpreters; e) A list of all written materials in other languages, if applicable. Examples may include consent and complaint forms, intake forms, written notices of eligibility criteria, nondiscrimination notices, etc. (Click to see sample policy) Learn more about the regulatory requirements
8.	<p>Procedures used to communicate effectively with individuals who are deaf, hard of hearing, blind, have low vision, or who have other impaired sensory, manual or speaking skills, including:</p> <ul style="list-style-type: none"> a) Process to identify individuals who need sign language interpreters or other assistive services; b) Procedures to provide interpreters and other auxiliary aids and services. Include the name(s) and telephone number(s) of your interpreter(s) and/or interpreter service(s); c) Procedures used to communicate with deaf or hard of hearing persons over the telephone, including the telephone number of your TTY/TDD or State Relay System; d) A list of available auxiliary aids and services; e) Methods to inform persons that interpreter or other assistive services are available at no cost to the person being served; f) Appropriate restrictions on the use of family and friends as sign language interpreters. (Click to see sample policy) Learn more about the regulatory requirements
9.	<p>Notice of Program Accessibility and methods used to disseminate information to patients/clients about the existence and location of services and facilities that are accessible to persons with disabilities. (Click to see sample policy) Learn more about the regulatory requirements</p>

III. Certification

I certify that the information provided to the Office for Civil Rights is true, complete, and correct to the best of my knowledge.

Timothy J. Finan		12/4/17
Name and Title of Authorized Official	Signature	Date

TITLE: PATIENT NONDISCRIMINATION POLICY		POLICY #:	
Department or Hospital-Wide Section Name:	Hospital wide and Off sites-- Corporate Compliance	Revision Date:	Revision #:
Committee approvals – see meta data information		Original Effective Date:	September 2016

1) **STATEMENT OF POLICY:**

- a) **Bradford Regional Medical Center** is dedicated to providing services to patients and welcoming visitors in a manner that respects, protects, and promotes patient rights. BRMC will provide equal access to its facilities and services irrespective of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, association, veteran or military status, or any other basis prohibited by federal, state, or local law. Equal access includes physical accommodations for disabled persons, nondiscriminatory delivery of benefits, and reasonable aid in accessing electronic health programs.
- b) BRMC will provide notices pursuant to Section 1557 of the Patient Protection and Affordable Care Act. The nondiscrimination statement is also available on the hospital's website.
- c) BRMC has designated the Corporate Compliance Officer to coordinate its efforts to comply with and carry out its responsibilities under this policy and under Section 1557 of the Patient Protection and Affordable Care Act, including the investigation of any grievance.
- d) **DEFINITIONS** (if applicable):
 - i) The Department of Health and Human Services (HHS) issued the Final Rule implementing the prohibition of discrimination under Section 1557 of the Affordable Care Act (ACA) of 2010. The Final Rule, effective January 1, 2017, *Nondiscrimination in Health Programs and Activities*, will help to advance equity and reduce health disparities by protecting some of the populations that have been most vulnerable to discrimination in the health care context. The final rule explains consumers' rights under the law and provides covered entities important guidance about their obligations.

2) **DESIGNATED PERSONNEL:**

- a) All members of Bradford Regional Medical Center workforce, including employees, medical staff members, contracted service providers, and volunteers, and to all vendors, representatives, and any other individuals providing services to or on behalf of BRMC.

3) **PROCEDURE:**

- a) **Nondiscrimination**
 - i) All personnel will treat all patients and visitors receiving services from or participating in other programs of BRMC and its affiliated clinics with equality in a welcoming manner that is free from discrimination based on age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, association, veteran or military status, or any other basis prohibited by federal, state, or local law.
- b) **Notice**
 - i) Registration personnel will provide a notice to patients regarding this Nondiscrimination Policy and BRMC's commitment to providing access to and the provision of services in a welcoming, nondiscriminatory manner. This notice is part of the general informed consent.
 - ii) Nondiscrimination notices are posted in all public locations.
- c) **Reasonable Accommodations**
 - i) All personnel will inform patients of the availability of and make reasonable accommodations for patients consistent with federal and state requirements. This includes, for example, informing patients of their right to appropriate auxiliary aids and services such as qualified language interpreters for non-English speaking patients and sign language interpreters for hearing-impaired patients and how to obtain these aids and services. Aids and services will

be provided free of charge and in a timely manner when such aids and services are necessary to ensure an equal opportunity to participate to individuals with disabilities or to provide meaningful access to individuals with limited English proficiency. Refer to hospital wide policy Assisting Patients with Communication Needs (Including Non-English Speaking). #100.006

d) **Visitation Rights**

- i) Hospital Personnel will afford visitation rights to patients free from discrimination based on age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, association, veteran or military status, or any other basis prohibited by federal, state, or local law and will ensure that visitors receive equal visitation privileges consistent with patient preferences.
- ii) At the time patients are notified of their patient rights, Hospital Personnel will also inform each patient, or the patient's support person, including the patient's attorney in fact, when appropriate, of the patient's visitation rights, including any clinical restriction on those rights, and the patient's right, subject to the patient's consent, to receive visitors whom the patient designates, free of discrimination based upon age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, association, veteran or military status, or any other basis prohibited by federal, state, or local law.
- iii) Such visitors include a spouse, registered domestic partner (including same-sex registered domestic partner), another family member, friend, or a legal representative of the patient, such as an attorney in fact. Hospital Personnel will also notify patients of their right to withdraw or deny such consent at any time.
- iv) Hospital Personnel will afford such visitors equal visitation privileges consistent with the patient's preferences.

e) **Provision of Services**

- i) Personnel will determine eligibility for and provide services, financial aid, and other benefits to all patients in a similar manner, without subjecting any individual to separate or different treatment on the basis of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, association, veteran or military status, or any other basis prohibited by federal, state, or local law.

f) **Grievance Procedure**

- i) Any person, who believes that he, she, or another person has been subjected to discrimination which is not permitted by this Policy, may file a grievance / complaint using **BRMC's** complaint and grievance procedure, which will provide prompt and equitable resolutions of grievances.
- ii) Any personnel receiving a patient or visitor discrimination complaint will advise the complaining individual that he or she may report the problem to **Corporate Compliance Officer** and file a complaint without fear of retaliation.
- iii) The grievance/complaint must be in writing, containing the name and address of the person filing it. The grievance must be submitted to the Corporate Compliance officer within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
 - (1) You can file a grievance in person or by mail, fax or email. For additional information on the grievance procedure or help filing a grievance contact Sami Manirath, Corporate Compliance Officer.
 - (2) The Corporate Compliance Officer (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint.

- (3) The Corporate Compliance Officer will maintain the files and records of BRMC relating to such grievances. To the extent possible, and in accordance with applicable law, the compliance officer will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- (4) The Corporate Compliance Officer will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- (5) The person filing the grievance may appeal the decision of the Compliance Officer by writing to the (Administrator/Chief Executive Officer/Board of Directors/etc.) within 15 days of receiving the Corporate Compliance Officer's decision. The (Administrator/Chief Executive Officer/Board of Directors/etc.) shall issue a written decision in response to the appeal no later than 30 days after its filing.
- (6) Any person can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).
 - i) BRMC Personnel are prohibited from retaliating against any person who opposes, complains about, or reports discrimination, files a complaint, or cooperates in an investigation of discrimination or other proceeding under federal, state, or local anti-discrimination law.
- g) **Compliance. Corporate Compliance Officer** is responsible for coordinating compliance with this Policy, including giving notice to and training all employees/medical providers/contracted workers/students during new hire and annual training.

4) **SPECIAL NOTES:**

- a) BRMC facilities will post the availability of language assistance services in the top 15 non-English languages in PA. which include:

Language	Population
Spanish	215,529
Chinese	43,089
Vietnamese	23,912
Russian	17,418
Pennsylvanian Dutch	16,510
Korean	14,783
Italian	12,079
Arabic	11,150
French	9,751
German	9,444
Gujarati	7,231
Polish	7,030
French Creole	6,849
Mon-Khmer, Cambodian	6,820

5) **REFERENCE:**

- a) **Affordable care Act, Section 1557** <http://www.hhs.gov/civil-rights/for-individuals/section-1557>
- b) **Nondiscrimination in Health Programs and Activities.** A Rule by the Health and Human Services Department. Federal Registry. 05/18/2016
- c) https://www.federalregister.gov/documents/2016/05/18/2016-11458/nondiscrimination-in-health-programs-and-activities?utm_campaign=subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov

TITLE: Admission and Assessment of a Patient	POLICY #: 6000.150
Department or Hospital-Wide Section Name: General Nursing	Revision Date: 2/15 Revision #: 7+
Committee approvals – see meta data information	Original Effective Date 1980

- 1) **STATEMENT OF POLICY:**
 - a) **It is the policy of Bradford Regional Medical Center's Nursing Division to provide guidelines on the admission and assessment of a patient.**
- 2) **PURPOSE:**
 - a) To establish rapport with the patient and family.
 - b) To ease the transition into the hospital setting.
 - c) To obtain data about a patient in a deliberate, systematic, and logical manner in order to write a beginning plan of care.
- 3) **DESIGNATED PERSONNEL:** All Nursing Units
- 4) **INDEX:**

A. Admission of a Patient	Page 1-3
B. Assessment of a Patient	Page 4
- 5) **PROCEDURE:**
 - a) **EQUIPMENT**
Nursing Admission Assessment as follows will be completed in the EMR:

- | | |
|-------------------------------|-------------------------------------------------|
| Watch with second hand | Influenza and Pneumonia Vaccine Assessment |
| Basin | Admission Gift Bag |
| Water Pitcher/Liner | Emesis Basin |
| Personal Care Items | Admission Folder |
| Hospital gown or pajamas | Advance Directives Literature |
| Thermometer | VTE Screen and Order Form |
| Stethoscope | Scale |
| Sphygmomanometer | Education materials regarding patient's illness |
| ID Bracelet | |
| Bedpan or urinal if necessary | |

A. ADMISSION OF A PATIENT

ESSENTIAL STEPS IN PROCEDURE	KEY POINTS
I. Preparing the Equipment	
1. Perform Hand Hygiene.	
2. Assemble equipment and transport to bedside.	
3. Open bed by folding top covers down.	

4. Place hospital gown or pajamas on bed.	
5. Unpack personal care items and place equipment appropriately.	
6. Evaluate area for completeness and neatness	

ESSENTIAL STEPS IN PROCEDURE	KEY POINTS
II. Admitting the Patient	
1. Greet patient by name and introduce yourself.	To make patient feel at ease and welcome.
2. Escort patient and accompanying relative to patient's room.	Acutely ill, helpless, and unconscious patients are brought to the unit on stretchers and must be transferred to the bed.
3. Introduce the patient to other unit staff.	
4. Explain admitting procedure.	It may be necessary in some instances to have relatives wait in the visitors' lounge until patient is in bed or to go to the Patient Access to supply necessary information.
5. Provide privacy for patient to change to hospital gown or pajamas.	Acutely ill patients should be assisted to dress.
6. Confirm patient identification with two patient identifiers (name and birthdate). Apply identification wrist band and appropriate Color coded snap tags..	Red- Allergy Purple- DNR Yellow-High Fall Risk Pink-Restricted Extremity Green-Latex Allergy
7. Obtain and record patient's height, weight, temperature, pulse, respirations and blood pressure.	Baseline data may be obtained by RN, LPN, or NA. Routine vital signs will be obtained every shift.
8. Complete the initial assessment in the EMR:	General admission information & past medical history may be compiled by the RN or LPN immediately or within eight hours of admission. For patients under 16 years of age, assessment data should be obtained from the parent or guardian.
a. Condition and cleanliness of hair and skin.	
b. Evidence of skin impairment due to disease or injury.	If a patient is admitted to unit after an emergency surgery, a post op assessment should be completed within twenty- four (24) hours. Document that the patient's condition is being assessed postoperatively.
c. Indication of physical discomfort.	
d. Signs of anxiety, depression, or confusion.	
e. History of allergic reactions.	If any, complete label for chart front and apply snap tags to color coded wrist bands. If latex sensitive obtain Latex Free Cart from Sterile Processing.
9. Provide admission bath if necessary.	

10. Secure the patient's belongings in the following manner:	List all valuable articles on Arrival/Transfer/Discharge intervention, print out admission valuables note and obtain appropriate signature.
a. Money and valuables should be placed in the hospital safe or sent home.	When describing jewelry, be objective i.e., "clear stone or yellow metal bands" rather than "diamond ring." For pediatric patients, toys brought from home should be marked with patient's name. Recommend no more than \$5-\$10 be kept at bedside.
b. Clothes are hung in locker or closet provided.	
c. Following validation of the Medication Reconciliation List, any medications brought in by patient are sent to Pharmacy, identified, and retained until patient is discharged.	Ask Patient perception of effectiveness of medications &/or any side effects.
11. Orient patient and family to medical regime, visiting hours, hospital routine, and surroundings.	Explain use of television set, call light, telephone, overhead lights, and electric bed.
12. Raise side rails when indicated and according to hospital policy.	
13. Ascertain that patient is comfortable and that the call bell and drinking water (if permitted) are within easy reach.	Orient to use of nurse call system, when applicable.
III. Documentation	
1. Assemble chart and place label on medical record.	
2. Record in EMR:	To identify the beginning of nurse's documentation.
a. Date and hour of arrival to unit.	
3. Complete Admission Assessment according to guidelines.	
4. Apply the appropriate Plan of Care based on the admission location. Apply the individualized Focus of Care based on the assessment findings.	
5. Complete Fall/Safety Assessment and apply appropriate colored snap tags on wrist band and labels, where applicable.	
6. Complete Skin/Wound/Braden/Drain Assessment and initiate appropriate preventive measures as indicated. Ensure completion of full head to toe assessment to ensure any concerns that are present upon admission.	Documentation of any skin integrity issues present on admission must be documented in the EMR and a photograph of the wound(s) should be placed on the chart.
ESSENTIAL STEPS IN PROCEDURE	KEY POINTS
7. Provide patient with Advance Directives	

Literature and follow up as needed.	
8. Inform patient and a family member of admission information packet and Gift Bag located on patient's bedside stand.	

B. ASSESSMENT AND REASSESSMENT OF THE PATIENT

NOTE:

Assessment of all patients by a Registered Nurse is required within one hour of admission, during each shift and as warranted by the patient's condition. The Assessment Documentation must be completed within eight hours of the patient's admission. Shift assessments must be documented by the end of the shift.

ESSENTIAL STEPS IN PROCEDURE	KEY POINTS
I. Preparing the Environment	
1. Identify patient and introduce yourself and state your position in the hospital.	Very ill patients are not immediately interviewed. Data gathering is limited to observation and examination.
2. Screen patient for privacy.	Patient is more likely to feel comfortable and provide highly personal information.
3. Create an environment conducive to discussion for both the nurse and the patient.	
4. Explain procedure.	Use your own words.
a. Type of information required.	
b. What the information will be used for.	
c. Who will have access to the information.	
d. Information that can be obtained with the patient's consent.	From Patient's family, other care providers, as well as medical jewelry.
e. That the patient has the right to refuse or consent to provide the data.	Should the patient refuse to provide data, document the patient's refusal.
II. Assessing the Patient	
1. Complete the assessment of each body system	
III. Complete Documentation	
1. Record in EMR	
IV. Reassessing the patient	Completed during each shift and when the patient experiences a change in condition.
1. Complete the assessment of each body system.	Report changes to the Charge Nurse, Manager, or Nursing Supervisor. Report significant changes to the physician.
V. Complete Documentation	

6) **REFERENCE:**

- a) \Best Practices-Evidence Based Nursing Procedures, (2010) 2nd Edition Lippincott Williams & Wilkins (pg 14-18), Norristown Rd, Ambler pa

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TITLE: ADMISSION – GENERAL ADMISSION POLICIES		POLICY #: 1D.5000.00
Department or Hospital-Wide Section Name: HOSPITAL WIDE	Revision Date: 10/3/2016	Revision #: 8
Committee approvals – see meta data information		Original Effective Date: 1/1/1980

1) **STATEMENT OF POLICY:**

- a) Each patient shall be advised of their rights (See “Patient Bill of Rights” Hospital wide policy) and the criteria for Medicare (See Letter “An Important Message from Medicare”) and of the criteria for Medicaid eligibility if appropriate.
- b) No patient shall be denied admission or care at the hospital on the basis of race, color, national origin, age, disability, sex, sexual orientation or source of payment. See hospital wide patient nondiscrimination policy.
- c) No patient, except in an emergency case, shall be admitted unless a condition and provisional diagnosis has been stated by the attending physician and noted in the patient’s medical record. In emergency cases, a provisional diagnosis must be ascertained as soon after admission as possible.
- d) Physicians direct admitting patients shall provide the following to Registration and/or Nursing/Care Manager with the following:
 - i) patient’s legal name
 - ii) birthdate
 - iii) diagnosis
 - iv) patient status (i.e. inpatient, observation, ambulatory surgical)
- e) Physicians admitting patients shall be responsible for providing such information as may be necessary to assure the protection of other patients from those who are a source of danger, from any cause what so ever, or to assure protection of the patient from self-harm.
- f) Except in emergencies, patients shall be admitted only upon referral and under the care of a currently licensed and registered practitioner who is granted admitting privileges by the governing body.
- g) Admitted patients indicating a recent exposure to a communicable disease or suffering from a like illness shall be isolated to a private room and managed in accordance with Infection Control Policies.
- h) Patients applying for admission who have no attending physician shall be assigned to members of the hospitalist program.
- i) Olean General Hospital shall admit patients suffering from all types of diseases for temporary hospitalization. Patients will be treated only by physicians who have submitted proper credentials, have subsequently been duly appointed to membership on the medical staff, and have the appropriate clinical privileges to treat the patient’s condition.
- j) Every patient admitted to the hospital shall receive a history and physical examination within seven (7) days before or twenty-four (24) hours after admission by a physician who is a member of the medical staff.

- k) On admission of minors to the hospital, consent for treatment papers must be signed by his parents or guardians unless the patient has proven emancipation or via telephone consent through Registration and Nursing personnel.
- l) Any patient admitted to a semi-private room for the use of it as a private room shall be made to understand that this is conditional, in that if the bed should become direly needed, he would relinquish his privacy.

2) **DESIGNATED PERSONNEL:** All employees, medical providers, contracted workers

3) **PROCEDURE:**

- a) Patients shall be admitted in order of their arrival to the patient registration area. Exceptions to this rule shall be made for maternity patients and emergency cases who shall be immediately admitted.
- b) The admitting interview shall be conducted in the patient registration office whenever possible. In emergency cases, this shall be conducted in the emergency department or the patient's room.
- c) Initiate the admitting forms-patient's face sheet, ID Bracelet, labels, applicable admission packet, and the physician's order sheet (if available).
 - i) Obtain the correct spelling of the name
 - ii) Gather the pertinent insurance information
 - iii) Complete every inquiry accurately
 - iv) Verify all admission documents are properly signed, dated, and completed.

d) The identification bracelet for Emergency admissions will be placed on the patient during triage. This ID bracelet will remain on the patient through admission.

4) **REFERENCE:**

- a) **Affordable care Act, Section 1557** <http://www.hhs.gov/civil-rights/for-individuals/section-1557>

TITLE:	Civil Rights Act of 1964	POLICY #:	103.055
Department or Hospital-Wide Section Name:	Administration	Revision Date:	10/12
Committee approvals – see meta data information		Revision #:	4
		Original Effective Date	7/92

1) **STATEMENT OF POLICY:**

- a) All patients of the Bradford Regional Medical Center and all related and affiliated entities will be notified upon admission of the Patient Bill of Rights, in accordance with the Department of Health, Commonwealth of Pennsylvania.
- b) All employees will be notified upon hiring, and thereafter, of their Civil Rights as employees of Bradford Regional Medical Center.
- c) All Medical Staff members of Bradford Regional Medical Center will be notified in writing that staff privileges are granted without regard to race, color, national origin, or religious creed. All Medical Staff and dentists will be informed that Title VI requires that staff physicians select hospitals for their patients without regard to race, color, religious creed, disability, ancestry, union membership, age, gender, sexual orientation, gender identity or expression, national origin, AIDs or HIV status, or disability. All Medical Staff will be notified in writing that the medical center operates on the basis of an open admission policy and in accordance with the Civil Rights Act of 1964.
- d) To ensure that all patients, employees and Medical Staff of Bradford Regional Medical Center are aware of their civil rights.

2) **DESIGNATED PERSONNEL:**

- a) **All BRMC Employees**
- b) **BRMC Medical Staff**

3) **PROCEDURE:**

- a) The Patient Bill of Rights, including the Civil Rights Act of 1964 will be posted in the Admitting Office, the Human Resources Department and each Patient Care Floor.
- b) Those key referral sources of the Bradford Regional Medical Center will receive annual notification of the Civil Rights Compliance Policy of the facility.
- c) All of these activities will occur in the Spring of each year.
- d) The Civil Rights Public Notice, Title VI, will be published annually in The Bradford Era. A Proof of Publication Notice will be maintained on file in the Administration Office.

**BRADFORD REGIONAL MEDICAL CENTER
Bradford, Pennsylvania**

MEDICAL CENTER STATEMENT POLICY

In an effort to comply with the Pennsylvania Department of Health Regulations, effective June 1990, the Medical Center's Administration has adopted and published a revised "Patient Bill of Rights".

In addition to the Patient Bill of Rights, and as required by the State Regulations, the Medical Center adopts the following provisions:

1. Bradford Regional Medical Center shall make its policies regarding the rights and responsibilities of patients available to the following:
 - a. Patients or their responsible person
 - b. Employees
 - c. Medical Staff
 - d. Consumer Groups
 - e. Interested Public
2. The staff at BRMC will be trained and involved in implementation of Policies and Procedures pertaining to patient rights.
3. At the time of admission, patients or their representatives will be advised of their rights and responsibilities.
4. In the case of a patient who cannot read, write or understand English, arrangements will be made to communicate the medical center's policies to that patient.
5. A copy of the Patient Bill of Rights will be posted in a conspicuous place near the entrances and on each floor for the BRMC.

**Adopted July 1992
Reviewed June 1993 – June 2006
Reviewed October 2008
Reviewed June 2009
Reviewed October 2012
Reviewed October 2014
Reviewed October 2016**

**Timothy J. Finan
President/CEO**

TITLE: Civil Rights Act of 1964	POLICY #: 103.055
Department or Hospital-Wide Section Name: Administration	Revision Date: 10/12 Revision #: 4
Committee approvals -- see meta data information	Original Effective Date 7/92

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**BRADFORD REGIONAL MEDICAL CENTER
Bradford, Pennsylvania**

MEDICAL CENTER STATEMENT POLICY

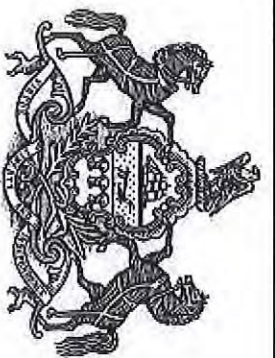
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Reviewed June 1993 – June 2006
Reviewed October 2008
Reviewed June 2009
Reviewed October 2012
Reviewed October 2014
Reviewed October 2016**

**Timothy J. Finan
President/CEO**



Certificate of Licensure

BRADFORD REGIONAL MEDICAL CENTER
BRADFORD REGIONAL MEDICAL CENT
116 INTERSTATE PARKWAY
BRADFORD

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Hospital

OWNED BY: BRADFORD REGIONAL MEDICAL CENTER
LICENSURE NUMBER: 541201
ISSUED ON: 09/04/2015
EFFECTIVE FROM: 09/30/2015
EXPIRES ON: 09/30/2018

BRADFORD REGIONAL MEDICAL CENT 107 Beds

The maximum number of beds for this campus shall not exceed 107 beds.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

Christine C. Filipovich, MSN, RN

Christine C. Filipovich, MSN, RN
Deputy Secretary For Quality Assurance

Karen M. Murphy, PhD, RN

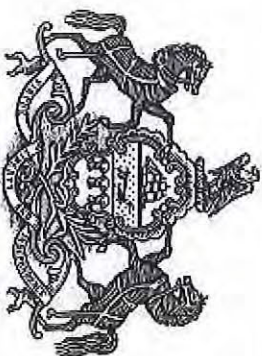
Karen M. Murphy, PhD, RN
Secretary of Health



Pennsylvania
DEPARTMENT OF HEALTH

NOTE: This license must be posted in a conspicuous place on the premises.

\$



Certificate of Licensure

BRADFORD REGIONAL MEDICAL CENTER
116 INTERSTATE PARKWAY
BRADFORD

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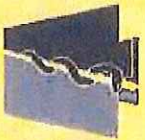
Karen M. Murphy, PhD, RN

Karen M. Murphy, PhD, RN
Secretary of Health



NOTE: This license must be posted in a conspicuous place on the premises.

Medical Command Facility Certification



pennsylvania
DEPARTMENT OF HEALTH

The Pennsylvania Department of Health hereby issues to

Bradford Regional Medical Center

pursuant to the Emergency Medical Services System Act, Act of August 18, 2009, P.L. 308, No. 37, as may be amended, 35 Pa.C.S. Section 8101 et seq., and duly promulgated rules and regulations, a certificate to provide facilities for medical command to prehospital personnel.

CERTIFICATION#: 5412

ISSUED ON: 11/6/2017

EXPIRES: 1/1/2021

Handwritten signature of Raphael M. Barishansky in black ink.

Raphael M. Barishansky
Deputy Secretary for Health Planning and Assessment
Pennsylvania Department of Health

Handwritten signature of Dr. Rachel Levine in black ink.

Dr. Rachel Levine, Acting Secretary
of Health and Physician General



Certificate of Licensure

THE PAVILION AT BRMC
200 PLEASANT STREET
BRADFORD

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above long-term care nursing facility.

OWNED BY: BRADFORD REGIONAL MEDICAL CENTER

LICENSURE NUMBER: 024702

ISSUED ON: 12/15/2016

EFFECTIVE FROM: 12/31/2016

EXPIRES ON: 12/31/2017

The maximum number of beds shall not exceed 95 beds.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: § 201.17, § 205.19(b) LETTER ON FILE IN FACILITY.

Christina C. Filipovich, MD, MPH

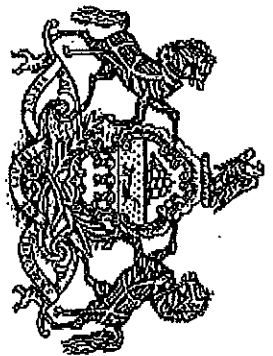
Christina C. Filipovich, MD, MPH
Deputy Secretary For Quality Assurance

Karen M. Mungler, PhD, RN

Karen M. Mungler, PhD, RN
Secretary of Health



NOTE: This license must be posted in a conspicuous place on the premises.



Certificate of Compliance

Issued to: BRADFORD REGIONAL MEDICAL CENTER

THIS CERTIFICATE AUTHORIZES BRADFORD RECOVERY SYSTEMS
116 INTERSTATE PARKWAY 4TH FLOOR
BRADFORD, PA 16701

Facility No.: 427026
Type: FULL

To Provide The Following Drug and Alcohol Activities Up To The Identified Maximum Number Of Persons
Inpatient Hospital Detoxification (4)
Inpatient Hospital Drug-Free (16)

Approval Date: February 01, 2017

Expiration Date: January 31, 2018



Jennifer S. Smith
Jennifer S. Smith
Acting Secretary of Drug and Alcohol Programs

NOTE: THIS CERTIFICATE OF COMPLIANCE IS ISSUED TO THE ORGANIZATION NAMED ABOVE AND IS FOR THE PREMISES AND FACILITY NAMED AND IS NOT TRANSFERABLE.



Certificate of Compliance

Issued to: BRADFORD REGIONAL MEDICAL CENTER

Facility No.: 427040
Type: FULL

THIS CERTIFICATE AUTHORIZES BRADFORD RECOVERY SYSTEMS
116 INTERSTATE PARKWAY, 5TH FLOOR
BRADFORD, PA 16701

To Provide The Following Drug and Alcohol Activities Up To The Identified Maximum Number Of Persons
Outpatient Drug-Free (35)
Outpatient Other Chemotherapy (30)

Approval Date: February 01, 2017

Expiration Date: January 31, 2018



Jennifer S. Smith
Jennifer S. Smith
Acting Secretary of Drug and Alcohol Programs

NOTE: THIS CERTIFICATE OF COMPLIANCE IS ISSUED TO THE ORGANIZATION NAMED ABOVE AND IS FOR THE PREMISES AND FACILITY NAMED AND IS NOT TRANSFERABLE.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE
APPROVAL**

This certificate is hereby granted to BRADFORD HOSPITAL

To operate BRADFORD HOSPITAL

Located at 116-156 INTERSTATE PARKWAY, BRADFORD, PA 16701

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Psychiatric Unit

(TYPE OF SERVICES) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 28

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P. L. 31, as amended, and Regulations

55 Pa. Code Chapter 5100: Mental Health Procedures

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 10, 2017

until March 10, 2018

No: **940460**

Robert E. Robinson
ISSUING OFFICER

Doris M. _____
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE
APPROVAL**

This certificate is hereby granted to BRADFORD HOSPITAL

To operate BRADFORD HOSPITAL

Located at 116-156 INTERSTATE PARKWAY, BRADFORD, PA 16701

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Psychiatric Unit

(TYPE OF SERVICE(S) TO BE PROVIDED)

28

(MAXIMUM CAPACITY)

The total number of persons which may be cared for at one time may not exceed 28 or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P. L. 31, as amended, and Regulations

55 Pa. Code Chapter 5100: Mental Health Procedures

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 10, 2017

until March 10, 2018

, _____

No: 940460

Robert E. Robinson
ISSUING OFFICER

David M. ...
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

RECEIVED

MAR 21 2017

Mr. Timothy Finan, President/CEO
Bradford Hospital
116 Interstate Parkway
Bradford, Pennsylvania 16701

MAR 16 2017

RE: Behavioral Health Services
#402990

Dear Mr. Finan:

The Department has received your March 13, 2017 renewal application to operate the above Partial Hospitalization pursuant to Title 55, PA Code, Chapter 5210. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Partial Hospitalization at least once every twelve months. The Department will conduct an inspection of Behavioral Health Services within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 5210 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's revised process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at ra-pwarlheadquarters@state.pa.us.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis Marion".

Dennis Marion
Deputy Secretary

Enclosure
License



RADIOACTIVE MATERIALS LICENSE

Pursuant to the Radiation Protection Act, the Act of July 10, 1984 (No. 147, P.L. 688)(35 P.S. §§ 7110.101 – 7110.703) and Title 25. Rules and Regulations, Article V. Radiological Health of the Pennsylvania Department of Environmental Protection, and in reliance on statements and representations heretofore Licensee to receive, acquire, possess, transfer, and use radioactive material listed below for the purposes and at the places designated below. This license shall be deemed subject to all applicable rules, regulations, or orders of the Pennsylvania Department of Environmental Protection now or hereafter in effect and to any conditions specified below.

Licensee	In accordance with a renewal application dated March 14, 2011
1. Bradford Regional Medical Center	3. License No. PA - 0268 Is renewed in its entirety as follows:
2. 116 Interstate Parkway Bradford, PA 16701-0218	4. Expiration Date: February 28, 2021
	5. Client ID: 7117 Program Code: 2120 Priority: 3

6. Byproduct, source, and/or special nuclear material	7. Chemical and/or physical form	8. Maximum amount that licensee may possess at any one time under this license
A. Any byproduct material permitted by 10 CFR 35.100	A. Any	A. As needed
B. Any byproduct material permitted by 10 CFR 35.200	B. Any	B. As needed
C. Any byproduct material permitted by 10 CFR 35.300	C. Any	C. 100 millicuries
D. Gadolinium 153 as permitted by 10 CFR 35.500	D. Sealed sources (Isotope Product Laboratories Model No. NES-8429-SET)	D. 720 millicuries per source and 1440 millicuries total

9. Authorized use:
A. Any uptake, dilution, and excretion procedure permitted by 10 CFR 35.100
B. Any imaging and localization study permitted by 10 CFR 35.200.
C. Any imaging and localization study or therapy procedure permitted by 10 CFR 35.300, for which the patient can be released under the provisions of 10 CFR 35.75.
D. Diagnostic medical use of sealed sources permitted by 10 CFR 35.500 in compatible devices registered pursuant to 10 CFR 30.32.

CONDITIONS
10. Licensed material may be used only at the licensee's facilities located 116 Interstate Parkway, Bradford, PA 16701.
11. The Radiation Safety Officer for this license is: Mark T. Perna



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF RADIATION PROTECTION

RADIOACTIVE MATERIALS LICENSE

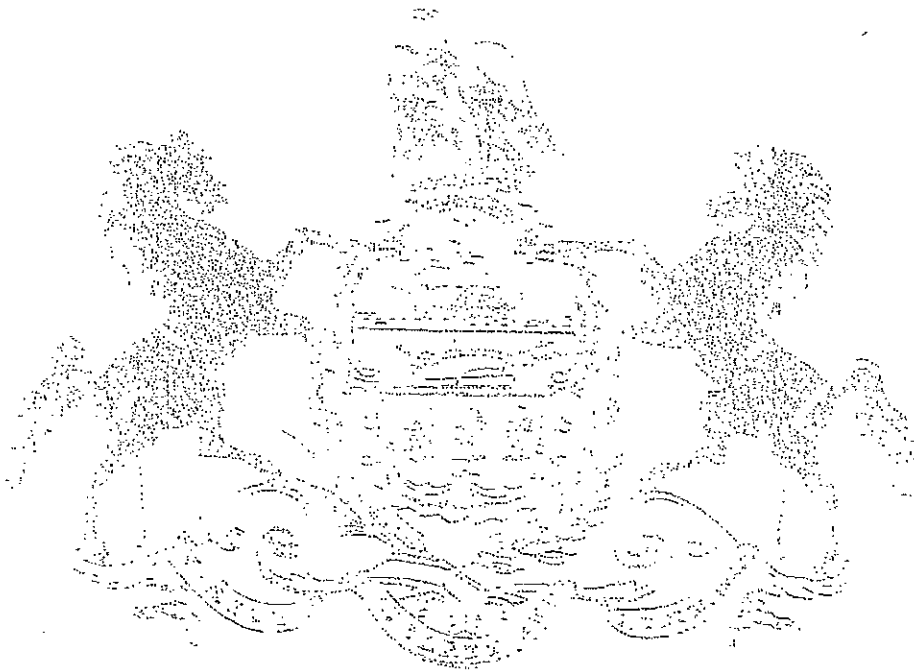
Page 3 of 3 Pages

License No. PA - 0268

Amendment No. 25

17. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents including any enclosures, listed below. This license condition applies only to those procedures that are required to be submitted in accordance with the regulations. Additionally, this license condition does not limit the licensee's ability to make changes to the radiation protection program as provided for in 10 CFR 35.26. The Department of Environmental Protection's regulations shall govern unless the statements, representations and procedures in the licensee's application and correspondence are more restrictive than the regulations.

A. Renewal application dated March 14, 2011 (DEP)



For the Pennsylvania Department of Environmental Protection

John S. Chippo
Bureau of Radiation Protection
P. O. Box 8469
Harrisburg, PA 17105-8469

Date: May 4, 2011

6

TITLE: Section 504 and Title IX Grievance Procedure	POLICY #: 104.019	
Original Effective Date: June 29, 2009	Revision Date: 10/2012	Revision #: 2
Department: Human Resources		

1) **STATEMENT OF POLICY:**

- a) It is the policy of Bradford Regional Medical Center (BRMC) not to discriminate on the basis of disability. Bradford Regional Medical Center has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) or the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 states, in part, that "no qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from Federal financial assistance." The Law and Regulations may be examined in the office of the Health Information Director, Compliance Officer, (814) 362-8253, who has been designated to coordinate the efforts of Bradford Regional Medical Center to comply with Section 504 and Title IX.

Any student or employee who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under his procedure. It is against the law for Bradford Regional Medical Center to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

2) **DESIGNATED PERSONNEL:**

- a) All employees or students

3) **PROCEDURE:**

- a) Grievances must be submitted to the Section 504/Title IX Coordinator within 60-days of the date the person filing the grievance becomes aware of the alleged discriminatory action. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought. The Section 504 Coordinator/Title IX Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 504/Title IX Coordinator will maintain the files and records of Bradford Regional Medical Center relating to such grievances.
- b) The Section 504/Title IX Coordinator will issue a written decision on the grievance no later than 30-days after its filing.
- c) The person filing the grievance may appeal the decision of the Section 504/Title IX Coordinator by writing to the CEO/President or Board of Directors within 15-days of receiving the Section 504/Title IX Coordinator's decision.
- d) The CEO/President or Board of Directors shall issue a written decision in response to the appeal no later than 30-days after its filing.
- e) The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U.S. Department of Health and Human Services, Office for Civil Rights.

- f) Bradford Regional Medical Center will make appropriate arrangements to ensure that disabled persons are provided other accommodations if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. Section 504/Title IX Coordinator will be responsible for such arrangements.
- 4) **SPECIAL NOTES** (if applicable)
 - a) **Information that includes details of related documentation that should be read in conjunction with this policy/procedure.**
- 5) **REFERENCE:**
 - a) **Updated material no older than 10 years.**

7/8

TITLE:	Assisting Patients with Communication Needs (including Non-English Speaking)	POLICY #:	100.006
Department or Hospital-Wide Section Name:	Administration	Revision Date: 2/17	Revision #: 12
Committee approvals – see meta data information		Original Effective Date 6/89	

1) **STATEMENT OF POLICY:**

- a) Bradford Regional Medical Center will assist any patient who has an identified special need including, but not limited to, the deaf, vision impairment, speech impairment, or language barrier, or paralysis which would compromise proper communication ability.
- b) Written information is available for the patients and visitors on the Hospital Internet home page, the Main Registration area, Same Day Surgery area, and in the ED Registration area that summarizes the process for obtaining free language services.
- c) Ongoing education and training for all hospital staff is provided during general orientation for new hires and ongoing existing employees in the annual mandatory training.
- d) The language of preference and any specific language or other special needs are identified and documented in the medical record during the initial contact with the patient.
- e) At the time of the initial patient encounter with either registration or nursing, including paralysis or anytime thereafter, if a deaf, visual, translation or other communication problem is identified, the patient will be offered the assistance, devices and services needed to insure adequate communication.

2) **DESIGNATED PERSONNEL:**

- a) All Hospital Personnel who provide services which involve the need to have meaningful communication with patients and/or visitors/family.

3) **PROCEDURE:**

All patients will be assessed upon admission for any communication barriers or considerations.

a. For the person with visual impairment:

- 1. Evaluate the degree of visual impairment and begin to establish territorial orientation to the hospital as indicated.
- 2. Familiarize the patient with his/her room by use of touch. Keep furniture in the designated area at all times.
- 3. Always speak to the patient prior to touching him/her so that you do not startle the patient.
- 4. Write information you wish to communicate to the person in large letters using dark (black) writing instruments.
- 5. Provide large print vital documents. Provide magnifying glass as needed

b. For the person with hearing impairment:

- 1. Write information you wish to communicate to the person. A pencil and paper should always be available for the patient.

2. If the person is able to speech-read (lip-read), speak slowly and directly to the person after you have their full attention. Be careful not to exaggerate or shout as both distort speech.
 3. Closed Caption TV is available. Notify Plant Services to activate closed caption.
 4. Remote video sign language service is available 24 hours a day, 7 days a week. Remote service is available in all patient areas of the hospital, including off site locations.
 5. A list of live sign language interpreters is located in the Nursing Supervisors' Office, Ext. 8204.
 6. Individuals using TTY/TDDs to communicate with hearing and speech-capable persons are available by calling the following number:
PHL 1-800-654-5984
- c. For persons with expressive communication impairments:
1. Encourage the person to write information they wish to communicate. Supply pencil and pad.
 2. Pay close attention when the patient speaks. The patient's facial expressions and physical gestures may help you understand what the patient is communicating.
 3. Encourage the person to communicate by using their environment i.e. pointing to objects or persons, asking family to assist, etc.
- d. For persons with reading impairment:
1. Read the information word for word to the person.
- e. For persons whose dominant language is not English:
1. A language remote video interpreting service with a multitude of languages is available 24 hours a day, 7 days a week in all patient areas, including off site locations.
- f. For persons with paralysis and unable to use the manual call system.
1. The breath-activated call system will be provided. This system is available 24 hours a day, seven days a week and can be located in the Sterile Processing Department. See attachment on use.
- g. Staff awareness of patient's special needs:
1. Familiarize yourself with services/equipment available and offer the assistance needed to the patient at the time of initial assessment.
 2. Flag the patient's chart and care plan.
 3. Place a sign over the patient's bed to inform hospital staff of patient's special needs.
 4. Flag the intercom so that staff will know the patient does not speak English, has a visual, hearing, and/or speech impairment and requires a personal visit rather than a response over the intercom.
 5. Consult Case Management if community resources related to this special need are indicated.

4) **REFERENCE:**

Stratus VRI Language System (see attachment)

Bilingual Individuals
(center location here)
 (As of *(month and year submitting information)*)

Staff Members:

We currently have:

- no staff members available who are qualified to speak and/or interpret a language other than English.
 the following staff member(s) who are qualified to speak and/or interpret a language other than English:

Name:	
Title:	
Phone Number:	
Language(s) spoken:	
Hours of Availability:	

Name:	
Title:	
Phone Number:	
Language(s) spoken:	
Hours of Availability:	

Contractors:

The Director of Clinical Services, (*First Name, Last Name – phone number*), is responsible for maintaining a list of local bilingual interpreters/translators.

The Director of Clinical Services has chosen the following interpreter/translator to ensure that qualified persons with Limited English Proficiency (LEP) can adequately communicate with Hospice staff members.

Company/Organization:	Stratus Video Interpreting
Contact Person:	Alexander Branch, Account Manager
Address:	33 N. Garden Ave.
Address:	
City/State/Zip:	Clearwater, FL 33755
Voicemail:	917-767-9484
Fax:	
Email:	abranch@stratusvideo.com

Sign Language Interpreters
(center location here)
(As of (month and year submitting information))

Staff Members:

We currently have:

- no staff members available who are qualified to interpret American Sign Language.
 the following staff member(s) who are qualified to interpret American Sign Language:

Name:	
Title:	
Phone Number:	
Hours of Availability:	

Name:	
Title:	
Phone Number:	
Hours of Availability:	

Contractors:

The Director of Clinical Services, *(First Name, Last Name – phone number)*, is responsible for obtaining an outside interpreter when required.

The Director of Clinical Services has chosen the following interpreter referral agency to ensure that qualified persons with disabilities, including those with impaired hearing, can adequately communicate with Hospice staff members:

Company/Organization:	Stratus Video Interpreting
Contact Person:	Alexander Branch, Account Manager
Address:	33 N. Garden Ave.
Address:	
City/State/Zip:	Clearwater, FL 33755
Voicemail:	917-767-9484
TTY:	
Email:	abbranch@stratusvideo.com

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4614 FIFTH AVENUE, PITTSBURGH, PA 15213

TELEPHONE: (412) 687-7677

FACSIMILE: (412) 687-7692

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SUSAN M. LAPENTA
LAUREN M. MASSUCCI

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CLARA L. MATTERN (1931-1981)

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RACHEL E. REMALEY
IAN M. DONALDSON
CHARLES J. CHULACK
JOSHUA HODGES
KATIE E. PAKLER
CRAIG M. GLASGOW

VIA E-MAIL

January 9, 2018

Nancy Lescavage
Deputy Secretary
Pennsylvania Department of Health
Room 532, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Re: Bradford Hospital – Request for Single Medicare Provider Number After
Merger with Olean General Hospital

Dear Deputy Secretary Lescavage:

At the request of Attorney Tanya Leshko from the Department's Legal Office, I am writing to you to formally request that the Department of Health inform CMS that it would agree to a reciprocal agreement with the State of New York relative to CMS survey and certification activities relative to Olean General Hospital and Bradford Hospital once the planned merger of Bradford Hospital into Olean General Hospital takes place. This would allow the merged facilities to be treated as a single hospital with a single Medicare provider number after the merger and realize the substantial benefits that are outlined below. There is some urgency in this request because we need to close by this coming Friday, January 12, 2018 in order to be eligible for the 340-B drug discount described below, which would make a difference of several hundred thousand dollars in savings for the merged hospitals over the next six months.

As you may know, representatives of the DeBrunner Group have been discussing this with the Department, your counterparts at the New York Department of Health and CMS since the Fall of 2017. There was also a conference call to discuss this in detail with Department representatives on November 16, 2017. It is my understanding that the New York Department of Health has no objection to entering into a reciprocal agreement with Pennsylvania, and that CMS would not object if both States agreed.

Under this arrangement, survey teams for full CMS surveys would be comprised of surveyors from each State concurrently surveying the location(s) in their respective State (i.e., New York surveyors would survey Olean General and Pennsylvania surveyors would survey Bradford). The States would need to address how complaints will be handled. Based on the information we have, this should not be much different in terms of what the Department does now for CMS surveys and complaints. I would call to your attention that both hospitals hold deemed status with CMS by virtue of their accreditation status, which would obviate the need for regular full surveys except in the event of a complaint.

The merger of the two hospitals will result in the following significant financial benefits for Bradford Hospital and the community that it serves:

Increased Medicare Reimbursement

Sole Community Hospital Status	\$1,255,000	
Disproportionate Share Status	\$ 64,055	
Medical Education Offset	\$ (19,416)	
Total		\$1,299,709

Increased 340B Program Discounts \$500,000-\$750,000

Debt-related savings

Pay-down of \$5,000,000 debt	\$ 240,000	
Refinance @ 1% lower interest	\$ 80,000	
Total		\$320,000

Expense Efficiencies (audit fees, etc.) \$ 50,000

TOTAL ANNUAL FINANCIAL BENEFIT \$2,169,709 to \$2,419,709

The increased Medicare reimbursement described above hinges on having as single Medicare provider number as does the increased 340B drug discount savings. However, due to timetables established by the HRSA Office of Pharmacy Affairs, the hospitals must consummate the merger by this Friday, January 12, 2018 or wait until the second half of the year to qualify for the 340B discounts, thus forfeiting hundreds of thousands of dollars in savings that could otherwise be realized.

Nancy Lescavage

January 9, 2018

Page 3

We would therefore respectfully request that the Department indicate its willingness to enter into a reciprocal agreement with the New York Department of Health to allow the two hospitals to have a single Medicare provider number after they merge.

I would appreciate your response as soon as possible. Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Dan Mulholland". The signature is written in a cursive, flowing style.

Daniel M. Mulholland III

cc: Tanya Leshko, Esquire

266793



**Bradford Regional
Medical Center**

A Kaleida Health Facility

116 Interstate Parkway
Bradford, PA 16701
(814) 368-4143

July 23, 2019

Garrison E. Gladfelter Jr.
Chief, Division of Acute and Ambulatory Care
Pennsylvania Department of Health
Bureau of Facility Licensure and Certification
Room 532 Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
RA-DAAC@pa.gov

Re: Olean General Hospital – Notice Pursuant to 28 Pa. Code §51.3(c) of Intent to Cease Providing Inpatient Maternity Services at Bradford Regional Medical Center

Dear Mr. Gladfelter:

We are providing this notice to the Department of Health pursuant to 28 Pa. Code §51.3(c). Please be advised that on or after 60 days following the date of this letter, Olean General Hospital will cease providing inpatient maternity services at its Bradford Regional Medical Center (“BRMC”) campus. Given declining birth rates and utilization, this service is no longer sustainable. BRMC has had difficulty in recruiting and retaining OB/GYN providers. Specifically, since 2012 four OB/GYN providers have left Bradford. The two current OB/GYN providers on staff are expected to retire before October 1, 2019.

Patients from McKean County will still have access to maternity services at the Olean General Hospital (“OGH”) campus in Olean, New York, which is 23.5 miles from BRMC. There is a Medical Assistance Transportation Program available for medically indigent residents of McKean County and the surrounding region that provides transportation to and from medical appointments. Ambulances can transport Bradford area woman in labor needing transportation to OGH. OGH participates in Pennsylvania Medical Assistance and all other health insurance plans in which BRMC participates. There is a federally qualified health center in Olean (Universal Primary Care) that is expanding to Bradford. They have recruited an obstetrician/gynecologist and will operate a full time OB/GYN practice in Bradford beginning this fall. Other OB/GYN services offered at BRMC include GYN surgery, ancillary testing and prenatal care. These services will remain. Therefore, patients will continue to have access to them.

I would be happy to discuss this in more detail. Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Timothy Finan". The signature is written in a cursive, flowing style.

Timothy Finan
President and CEO

From: [Gladfelter, Garrison](#)
To: [Jackson, Robert F](#); [Hinkle, Bridget](#)
Subject: Fw: [External] Monday update
Date: Tuesday, December 22, 2020 5:23:45 PM

Update. [REDACTED].

Thanks,
Garrison

Garrison E. Gladfelter Jr. | Chief, Division of Acute and Ambulatory Care
Pennsylvania Department of Health | Bureau of Facility Licensure and Certification
Room 532 Health & Welfare Building
625 Forster Street | Harrisburg, PA 17120-0701
Phone: 717.783.8980 | Fax: 717.705.6663
www.health.state.pa.us

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From: Coble, Susan <sucoble@pa.gov>
Sent: Tuesday, December 22, 2020 12:32 PM
To: Mincemoyer, Scott <ricmince@pa.gov>; Gladfelter, Garrison <ggladfelte@pa.gov>; Kurish, Sarah <skurish@pa.gov>
Subject: FW: [External] Monday update

From: Patel, Meghna <megpatel@pa.gov>
Sent: Tuesday, December 22, 2020 12:27 PM
To: Coble, Susan <sucoble@pa.gov>; Boateng, Sarah <sboateng@pa.gov>; Kurish, Sarah <skurish@pa.gov>; Klinepeter, Keara <kklinepete@pa.gov>
Subject: FW: [External] Monday update
FYSA

From: Walters, Janice <c-jawalter@pa.gov>
Sent: Tuesday, December 22, 2020 12:18 PM
To: Moore, Emily (CMS/CMMI) <Emily.Moore@cms.hhs.gov>; Janice Walters <JW@123RJWEnterprises.com>
Cc: Zegiestowsky, Gary <c-gzegiest@pa.gov>; Patel, Meghna <megpatel@pa.gov>; Boateng, Sarah <sboateng@pa.gov>
Subject: RE: [External] Monday update

Hi Emily,

I wanted to let you know that I had a very good call with Bradford this morning, and if we can work this out they are very interested in proceeding with formally joining the PARHM program. They talked through a number of the changes that they are making to the delivery system, and it squarely aligns with broader goals of the PARHM and therefore an update to the transformation plan would not be an issue.

Specific to the legal eligibility questions below, please let me know if there is anything you need from us. We covered this bridge early with CMMI in determining that Bradford was eligible for the program despite the CCN consolidation that occurred. If we need to find that documentation, we

will do so.

I informed Bradford that there were still technical questions that needed to be sorted through to determine if they could indeed join, and that hopefully I would hear more today regarding whether it was doable or not. They are very anxious to hear the outcome so please let us know what you hear.

Very Best,
Janice

From: Moore, Emily (CMS/CMMI) <Emily.Moore@cms.hhs.gov>

Sent: Monday, December 21, 2020 1:13 PM

To: Walters, Janice <c-jawalter@pa.gov>; Janice Walters <JW@123RJWEnterprises.com>

Subject: [External] Monday update

ATTENTION: *This email message is from an external sender. Do not open links or attachments from unknown sources. To report suspicious email, forward the message as an attachment to CWOPA_SPAM@pa.gov.*

Hi Janice,

Hope you had a great weekend!

I wanted to touch base briefly on Bradford. We've made some progress on the MAC programming, but have run into questions about cost reporting and how to treat the facility given that they are a teaching hospital with Olean (thus participating in indirect medical education claims-based adjustment), as well as questions around how to approach DSH and uncompensated care adjustments.

We are also confirming that a facility in Pennsylvania could participate in the model, despite being certified as a hospital in NY. I know this is something that had been discussed previously, but hoping that providing the legal language currently in the agreements will help confirm this.

The people we need to engage with on the claims-based adjustments are out of the office today but will be back tomorrow. I hope to have an update soon.

Best,
Emily

Emily H. Moore, MPH

Division of All-Payer Models | State Innovations Group

Center for Medicare and Medicaid Innovation | CMS

C: 845.926.7904 | emily.moore@cms.hhs.gov

From: [Gladfelter, Garrison](#)
To: [Davis, Donna](#)
Subject: FW: INTENT TO CEASE
Date: Monday, May 7, 2018 1:22:00 PM
Attachments: [Letter to PA DOH - Notice of Dental Closure 2-23-18.pdf](#)
[image001.gif](#)
[image002.gif](#)

[Dona,](#)

[Thanks,](#)
[Garrison](#)

[Garrison E. Gladfelter Jr. | Chief, Division of Acute and Ambulatory Care](#)
[Pennsylvania Department of Health | Bureau of Facility Licensure and Certification](#)
[Room 532 Health & Welfare Building](#)
[625 Forster Street | Harrisburg, PA 17120-0701](#)
[Phone: 717.783.8980 | Fax: 717.705.6663](#)
[www.health.state.pa.us](#)



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From: McGinty, Carrie [<mailto:cmcginty@ogh.org>]
Sent: Monday, May 07, 2018 11:22 AM
To: Gladfelter, Garrison <ggladfelte@pa.gov>
Subject: INTENT TO CEASE

Good Morning Mr. Gladfelter,

I am writing to you on behalf of the administration team for the Bradford Dental Center and Mt. Jewewtt Dental Center of the Olean General Hospital dba Bradford Regional Medical Center. Can you verify for me that the attached letter was received in your office earlier this year?

Thank you.

Carrie McGinty

Lead Patient Account Rep/Biller

OGH/BRMC Dental Centers

(p) 716-375-7306

(f) 716-375-7463

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it to the intended recipient, you are hereby notified that any release, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error please notify the author immediately by replying to this message and deleting the original message. Thank you.



February 23, 2018

Garrison E. Gladfelter Jr.
Chief, Division of Acute and Ambulatory Care
Pennsylvania Department of Health
Bureau of Facility Licensure and Certification
Room 532 Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
ggladfelte@pa.gov

Re: Olean General Hospital d/b/a Bradford Regional Medical Center– Notice Pursuant to 28 Pa. Code §51.3(c) of Intent to Cease Providing Dental Clinic Services

Dear Mr. Gladfelter:

Olean General Hospital d/b/a Bradford Regional Medical Center (hereinafter referred to as “BRMC”) is providing this information to the Department of Health pursuant to 28 Pa. Code §51.3(c). Please be advised that on or after 60 days following the date of this letter, BRMC will cease providing dental services at its existing dental clinics located at 600 Chestnut Street Extension, Bradford, PA 16701 (Bradford Dental Center) and 122 West Main Street, Mt. Jewett, PA (Mt. Jewett Dental Center). These Dental Centers offer a broad array of family dental services. Unfortunately, these Centers have consistently lost money, requiring the Hospital to subsidize their operations in the amount of \$310,000 per year. Given the Hospital’s other community service commitments, it was determined that the Dental Centers would not be sustainable in the future. The decision to close the Dental Centers was made independently of the decision to merge BRMC into Olean General Hospital, and would have been made regardless of whether the merger occurred.

Please let me know if you have any questions.

Sincerely,

Timothy J. Finan
President and CEO

cc: Daniel M. Mulholland III, Horty, Springer and Mattern, PC

Advancing Health Care In Our Region

116 Interstate Parkway • Bradford, PA 16701 • Phone: 814.368.4143 • www.brmc.com

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ATTORNEYS AT LAW

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DANIEL M. MULHOLLAND III
HENRY M. CASALE
PAULA A. VERARDI
ALAN J. STEINBERG
SUSAN M. LAPENTA
LAUREN M. MASSUCCI

ERIC W. SPRINGER (OF COUNSEL)

CLARA L. MATTERN (1931-1981)

PHILIP W. ZARONE
NICHOLAS J. CALABRESE
LEEANNE MITCHELL O'BRIEN
RACHEL E. REMALEY
IAN M. DONALDSON
CHARLES J. CHULACK
JOSHUA HODGES
KATIE E. PAKLER
CRAIG M. GLASGOW

VIA E-MAIL
AND FEDERAL EXPRESS

December 5, 2017

Janine Mohammed
Administrative Assistant
Division of Acute and Ambulatory Care
Pennsylvania Department of Health
Room 532, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Re: Bradford Regional Medical Center
Hospital License #541201
Change of Ownership Materials

Dear Ms. Mohammed:

As per my voicemail to you from earlier today regarding the planned December 20, 2017 merger between Bradford Hospital, d/b/a Bradford Regional Medical Center, and Olean General Hospital, I have enclosed the following change of ownership materials for review by the Pennsylvania Department of Health's Division of Acute and Ambulatory Care (the "Division"):

1. Check #29610 for \$928.00 to the Pennsylvania Department of Health for the Hospital Licensure Application fee;
2. Hospital Licensure Application (form H110.002);
3. Password Agreement;
4. Noncompliance with State and Federal Regulations;
5. Health Insurance Benefit Agreement (form CMS 1561) (three copies);

6. Civil Rights Information Request for Medicare Certification (and supporting hospital policies);
7. Contractor information for Bilingual Individuals and Sign Language Interpreters; and
8. Responses (with supporting exhibits) to the Information Requested of Health Care Providers Applying for a License to Operate a Health Care Facility.

I hope that the enclosed materials provide you with the information that you require for the Division's review of this change of ownership. If you require any additional information or any other materials, or if you have any questions and/or concerns, please do not hesitate to contact me or my colleague, Dan Mulholland.

Thank you very much for your consideration.

Sincerely,



Craig Glasgow
cglasgow@hortyspringer.com
Attorney for Bradford Regional Medical Center

CG/dmc

Enclosures

cc: Tanya C. Leshko (e-mail only)
Basil Ariglio
Peter Millock, Esquire
John Flannery, Esquire

265881.1



January 6, 2021

515 Main Street
Olean, NY 14760
(716) 373-2600

Garrison E. Gladfelter Jr.
Chief, Division of Acute and Ambulatory Care
Pennsylvania Department of Health
Bureau of Facility Licensure and Certification
Room 532 Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
RA-DAAC@pa.gov

Re: Olean General Hospital – Notice Pursuant to 28 Pa. Code §51.3(c) of Intent to Cease Providing Surgery and Inpatient and Outpatient Medical Surgical Services at Bradford Regional Medical Center

Dear Mr. Gladfelter:

We are providing this notice to the Department of Health pursuant to 28 Pa. Code §51.3(c). Please be advised that as of April 1, 2021, Olean General Hospital will reduce the number of inpatient beds at its Bradford Regional Medical Center (“BRMC”) campus to 10, which will remain staffed and available for operation. The BRMC campus will no longer offer inpatient or outpatient surgery services.

The emergency department at BRMC will remain open. The level of care provided in the emergency department will be consistent the level of care described in 28 Pa. Code §117.13(2) for “hospitals which offer a partial range of services and which are therefore capable of operating only a limited emergency service shall arrange for the transfer or referral of patients for whom they cannot render proper care to other institutions.”

Services that would no longer be provided at BRMC will be available at the Olean General Hospital (“OGH”) campus in Olean, New York, which is 23.5 miles from BRMC. Patients presenting at the emergency department of BRMC requiring inpatient admission will be directly admitted to OGH, which is owned and operated by the same corporate entity and operates under the same Medicare CCN number.

I would be happy to discuss this in more detail. Please let me know if you have any questions.

Sincerely,

Jeff Zewe
President and CEO



Olean General
Hospital
A Kaleida Health Facility

515 Main Street
Olean, NY 14760
(716) 373-2600

January 6, 2021

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Sincerely,

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