

## **Appendix A**

### **Department of Health Memo Regarding the Closing of Deaconess**

# New York State Department of Health Division of Health Facility Planning

## Memorandum

**To:** Neil P. Benjamin, Assistant Director  
Division of Health Facility Planning

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Division of Home and Community Based Care

**From:** Thomas M. Jung, Director  
Review & Analysis Group

**Date:** February 13, 2003

**Subject:** Kaleida Health System  
Deaconess Skilled Nursing Facility Proposal

### Executive Summary

The Kaleida Health System is considering closing the 242-bed Deaconess Nursing Home, and relocating those beds to other facilities in the Deaconess system. Preliminary plans consider the relocation of 156 RHCF beds to Buffalo General Hospital, 21 RHCF beds to Women and Children's Hospital of Buffalo, and 45 RHCF beds to the Millard Fillmore Gates Nursing Home, with plans still pending for the remaining 22 RHCF beds. On January 30, 2003, James Hall, Senior Architect, BAEFP and I performed on-site visits to each of the referenced facilities to assess the feasibility of this proposal prior to Kaleida's formal CON submittal for this initiative. This visit had two major goals; the first an evaluation of the existing Deaconess facility and its continued use as a nursing home, and secondly an assessment of the potential of each of the aforementioned facilities for their intended use for nursing home care.

Regarding the existing Deaconess Facility, we support Kaleida's decision to cease nursing home operations at the site. The entire structure on site dates from 1920, and those portions utilized for nursing home care were constructed in 1959. Because of space limitations, inefficient floor plan configurations that do not support efficient nursing home layouts, obsolete building systems and an unsafe neighborhood, we concur that continued use of this structure for nursing home use is inappropriate for both residents and staff.

Regarding the use of the Buffalo General Hospital, Women and Children's Hospital of Buffalo and Millard Fillmore Gates Circle Nursing Home as "replacement" facilities for at least 222 of the

Deaconess beds, we concur that these sites represent reasonable alternatives to a single replacement facility. It is understood that additional design efforts are needed to facilitate the favorable review of a future CON application. However, it is our position that a vastly improved and appropriate nursing home environment can be created at each of these sites.

### **BUFFALO GENERAL/DEACONESS NURSING HOME**

The Deaconess site is comprised of at least four (4) separate building constructed between 1940 and 1959. Only the 1959 structure is used for the Deaconess Nursing Home. The remaining structures, all interconnected with the Deaconess building, house other Buffalo General Hospital programs including but not limited to a W.I.C. program, Family Planning, and a Family Health Clinic. One floor of the 1920 structure houses SUNY @ Buffalo Medical School Residency offices, and at least 5 remaining floors of the 1920 and 1942 structures are vacant and mothballed.

The Buffalo General/Deaconess Nursing Home generally comprises the basement and floors one (1) through six (6) of the 1959 Building. The structure also includes floors 7, 8 and 9 for the building's mechanical equipment. The structure was originally constructed as an acute care hospital (the former Deaconess Hospital), and was converted to Nursing Home use circa 1989. The facility is inappropriate for continued long-term use as a nursing home due to the following:

1. The facility's original design, 40-plus years ago, was as an acute care facility that did not anticipate long-term residential care. Therefore, the floor plan dimensions and configuration do not support the nursing home functional uses and layouts required for modern nursing home care. Although there is additional space available in the attached structures, the age, configuration and building systems of those buildings are even less appropriate than the current Deaconess structure. Individual nursing units consist of long double loaded corridors for 50+ beds. Space for on-floor lounge and dining space is extremely limited, and nursing staff support space nearly non-existent. While it would appear that space is available on the larger ground floor, that space is very difficult to access because of the limitations of two (2) passenger elevators, and the intensive use of staff to transport residents individually.
2. In contrast to today's construction methods, the existing Deaconess facility has a massive structural system including masonry and concrete structure, steel frame exterior, and an aluminum curtain wall facade. The masonry load bearing system employed renders any significant renovation and reconfiguration of space very difficult and capital intensive.
3. The mechanical infrastructure of the facility does not provide adequate ventilation, and is incapable of supporting central air conditioning for cooling. Consequently, the use of individual window air conditioning units (when feasible only for spaces/rooms with exterior exposure) are very inefficient and expensive to operate and maintain. Furthermore, the radiant heating panel system originally installed in the ceilings provide heat that is uneven, difficult to control, and inefficient in its fuel/resource consumption. Also, the HVAC system is 100% outside air for supply and exhaust, which represents an unreasonable energy load to temper (cool or heat) supply air for the building, in contrast to systems which recirculate and mix

return air on a regular basis. Although the electrical supply is adequate, all switchgear and distribution components (including circuit breakers) require extensive modernization.

4. The immediate environment (neighborhood) represents a very serious safety concern for residents, staff and visitors. There are frequent instances of violent crime immediately adjacent to, and occasionally on the nursing home property. Staff have been known to treat gunshot wounds in the main lobby, it is not unusual for the police to call and advise staff leaving at the end of a shift to avoid specific streets and intersections due to police action, and the facility has a “policy” to replace expensive exterior windows only when they have more than two (2) bullet holes (numerous bullet holes were noted by BAEFP on site). Given the serious concern over local crime, and the fact that the facility occupies only a portion of a major structure (much of it vacant), Kaleida’s concern with safety for residents, staff and visitors is clearly warranted.

Overall, there is significant merit in the relocation of this facility. Using only one structure of this multi-building complex puts a significant strain on many aspects of the nursing home operation, including but not limited to security, maintenance, and space conditioning. Due to structural and floor plan limitations which preclude a reasonable renovation, the excess space is a significant burden on the nursing home facility rather than an advantage or opportunity. With serious consideration of all of the issues related to the existing site, BAEFP supports the relocation of this nursing home operation to space that is more appropriate for residents, staff and visitors alike.

## **PROPOSED FACILITIES**

The Kaleida Health System has considered numerous alternatives to address problems at the Deaconess site. Due to the constraints noted above, a meaningful renovation of the facility is unreasonable, and a limited upgrade of the infrastructure only (exterior window and wall repairs, new roofs, HVAC and electrical system modernization, new dietary equipment, and elevator upgrades) is estimated to exceed \$25 million. The lack of an adequately sized and appropriately located alternative site, in addition to the cost for a new facility (estimated at \$36 million +) precludes the reasonable consideration of replacement. Finally, because the population served (nearly 100% Medicaid, predominantly indigent/homeless) is not attractive to other (i.e.: proprietary) area facilities, resulting in 98%+ occupancy, Kaleida wishes to continue service to this underserved population by maintaining this bed resource in the same community.

Therefore, the current proposal suggests the relocation of beds to underutilized/vacant space in existing Kaleida facilities in the immediate vicinity.

**Buffalo General Hospital (BGH):** Preliminary plans include the relocation of 156 Deaconess RHCF beds to available space at BGH, comprised of 28 “subacute” beds on 5 North, 64 RHCF beds on 14 North and South, and 64 RHCF beds on 15 North and South. While there are additional details to finalize for this proposal, it appears that this relocation would be a feasible response to environmental and operational concerns with the present Deaconess site.

1. Overall access to the facility can be accommodated appropriately with proper signage and reception facilities. The main BGH lobby, though busy, is well lit, attractive, and capable of providing a dedicated reception desk solely for the nursing home. There is adequate seating, security, and public facilities (rest rooms, telephones, gift shop and cafeteria) directly available for family and visitors. While a small/individual residence-type of environment is not possible, other residential environments (i.e.: upscale apartments/condominiums, or hotel) can be provided with creative attention to aesthetic and functional details of the reception function.
2. The 5<sup>th</sup> floor north wing location is well situated for a 28-bed “subacute” or “shorter stay/heavier care” population. The racetrack design facilitates staff functions, creates a discrete and identifiable unit, has direct access to the hospital’s main therapy department(s) on the same floor, and is a significant improvement over the current Deaconess environment:
  - a) Both single-bedded (173 sf) and double bedded (239 sf) rooms at BGH allow for wheelchair accessibility within the rooms, and are larger than single (156 sf) and double (187 sf) rooms at Deaconess.
  - b) Though BGH patient bathrooms (average 32 sf including private shower) are not sized to meet accessibility requirements of Part 713, they are larger than existing Deaconess toilet rooms (average 29.5 sf with no private shower). Also, Deaconess generally provides one shared toilet room for two double rooms (one toilet per 4 beds) while the BGH configuration would allow a single bathroom for each double room (one toilet per 2 beds). This increase in privacy for toileting and marginal increase in space is a significant advantage of the BGH proposal.
  - c) The individual nursing unit is very well defined on the floor, and provides additional lounge activity space for the increased family and visitor participation that is expected for this program.
3. The 64 RHCF beds proposed for the 15<sup>th</sup> and 16<sup>th</sup> floors would be accommodated in separate and discrete 32 bed units (North and South). These units are essentially identical to the 5<sup>th</sup> floor wing noted above, and so share the same enhancements as well as the following:
  - a) The racetrack configuration, in contrast to the linear double-loaded corridor layout at Deaconess, provides an improved observation and monitoring condition for staff. It also allows for the use of a “wandering loop” for persons with dementia.
  - b) The 32-bed units are more residential and manageable (programmatically) than the existing 50-bed units at Deaconess.
  - c) The proposed central bathing facilities are superior to the existing Deaconess facilities, with increased space and resident privacy.
4. The overall proposal represents a significant improvement in the care environment for residents, staff, and family/visitors alike. Though the space is not in full compliance with the requirements of Part 713, it does merit serious consideration. Some of the shortcomings that will require resolution:

- a) Although there is adequate space in each BGH room to accommodate required resident furniture, the existing wardrobe closets are approximately the same size as the closets in the existing Deaconess facility (18 inches wide). Given the increased dresser and nightstand space to be provided, there appears to be adequate space available to consider out-of-season garment storage on each floor.
- b) Though each proposed unit would occupy a floor in this 16 story hospital, off-floor travel should be minimized because the space available on each floor is adequate to provide all of the residential space, and some of the program space, necessary for the NH program. Therefore, living, visiting and working on an individual NH floor would essentially be self-contained, with little interaction or conflict with the acute care functions that will share this building.
- c) The Deaconess and BGH staff understand the challenge of defining a clear and attractive reception function at the main hospital entrance. Once residents and visitors make their way through the shared lobby, the destination floor should be able to support all of the functions and activities necessary for a NH. Furthermore, direct access to diagnostic and therapeutic hospital services is a significant advantage.

**Women's and Children's Hospital of Buffalo (WCHB):** The proposed transfer of the existing 21 Pediatric RHCF beds at Deaconess to WCHB is, perhaps, the most obvious alternative. These residents are profoundly compromised, and their condition already requires frequent (daily) transport to WCHB for acute diagnostic and treatment services. Additionally, relocation of this service to a dedicated pediatric environment is most appropriate for the residents, their family visitors, and the medical staff from WCHB and Deaconess that provide specialized care.

- 1. The proposed unit at WCHB would be comprised of all single bedded rooms, which is a significant improvement for the environment needed to support these children and their family visitors. Though smaller than the Deaconess single rooms (124 sf vs. 156 sf), these rooms represent an overall improvement because they will be provided for all 21 children. Also, the space requirements in Part 713 do not contemplate the lower space requirements for a pediatric population.
- 2. Though the bathrooms are smaller at WCHB (19 sf vs. 31 sf), they are adequate for the needs of pediatric toileting. Also, many of the children are unable to utilize the toilet facilities, either independently or with assistance.
- 3. The proposed configuration of all single rooms is also advantageous for infection control, which is a critical concern for any pediatric population.
- 4. The proposed unit will provide much needed on-unit storage. This pediatric population requires more mobility equipment, which must be readily available for use on the unit.

**Millard Fillmore Gates Circle (MFG):** There are currently 75 RHCF beds at the MFG Nursing Home, located on the 2<sup>nd</sup> floor of the East, West and Center Buildings. Kaleida proposes to relocate 45 RHCF beds from Deaconess to MFG for a revised capacity of 120 RHCF beds at MFG.

1. MFG administrative staff indicate that, at any one time, at least 35 of their RHCF beds could be considered “subacute” or requiring heavier care (similar to proposal for 5 North at BGH), typically with a waiting list. To accommodate this need and the potential for additional need Kaleida is considering the relocation of 45 Deaconess beds to the 8<sup>th</sup> floor of the West and Center Buildings, and designating these beds as “subacute” or heavier care beds. This would allow for the expected expansion of that program, and result in designation of all 75 beds remaining on the 2<sup>nd</sup> floor for NH care.
2. A tour of the 8<sup>th</sup> floor suggests adequate space to support this program. Additional lounge and activity space would be available for the increased family/visitor participation this program experiences. Also, some satellite program and treatment space could be accommodated directly on the floor, representing an improvement over the current location on the 2<sup>nd</sup> floor which is “shared” with the general NH program.
3. Though slightly smaller than the BGH rooms, the MFG rooms still provide more space for both singles (164 sf) and doubles (231 sf) than existing rooms at Deaconess (156 sf and 187 sf, respectively). Accessibility standards of Part 713 are substantially met.
4. The toilet rooms are approximately the same size as the toilet rooms at Deaconess. However, similar to the BGH proposal, one toilet room is provided for each resident room (one toilet per 2 beds maximum) in contrast to the shared toilet room between two double rooms at Deaconess (one toilet per 4 beds). The lower ratio of use should be a significant improvement for these residents. Also, assurances from Deaconess staff that such rooms are adequate are reinforced by MFG staff who are utilizing the identical toilets on the 2<sup>nd</sup> floor and report identical success. Though clearly not optimal, the conditions at MFG represent a measurable improvement in resident care environment for the Deaconess residents.
5. Overall, BAEFP also supports the relocation of Deaconess residents to MFG for reasons similar to those offered for BGH and WCHB above. As at BGH, both the existing 2<sup>nd</sup> floor NH and the proposed 8<sup>th</sup> floor unit will occupy the entire floor, which will facilitate the development of a separate and distinct identity for residents, visitors, and staff. It is also significant to note that the NH is celebrating its 20<sup>th</sup> anniversary at MFG, further comfort that the physical plant, thus far, has proven to be adequate.

## CONCLUSION

Based upon this dedicated on-site visit to the existing Deaconess facility and each of the proposed locations for the relocated beds, it is clear that full compliance with the requirements of Part 713-2 at these sites is impossible. In fact, full compliance can only be assured with the construction of a new replacement facility. However, it is BAEFP's position that Kaleida's proposal for relocation to these facilities warrants serious consideration:

1. Though not fully compliant, each facility represents a significant and welcome improvement over the current Deaconess facility, to the benefit of residents, staff, and family/visitors.
2. Since the proposed facilities are located within the same general community as Deaconess, the same population should continue to be served.
3. This proposal appears to be a reasonable alternative to the construction of a new replacement facility, and provides the added benefit of the highest and best use for otherwise vacant and/or underutilized acute care space in the Kaleida system.
4. Further design and program details remain to be finalized, and would be done so through the CON application process.
5. Further discussion of reimbursement issues is also required, to confirm decision-making as it relates to hospital-based designation, rebasing, and the appropriate identification of capital.

We did communicate our generally positive position on the nature of this proposal to Kaleida, and expect that a CON application for this initiative will be forthcoming. Both Mr. Hall and I are available at your convenience to discuss further.

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