



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 360
TRENTON, N.J. 08625-0360

www.nj.gov/health

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

JEFFREY A. BROWN
Acting Commissioner

July 25, 2025

VIA ELECTRONIC AND FIRST-CLASS MAIL

Mr. Feliks Kogan
ECR OPCO, LLC
157 West 57th Street - 53B
New York, New York 10019

Re: Transfer of Ownership
CareWell Health Medical Center
CN # FR 2024-09360-07;01
Acquisition Cost: \$10,000,000
Expiration Date: July 25, 2030

Dear Mr. Kogan:

I am approving the Certificate of Need (CN) application submitted on September 27, 2024, pursuant to N.J.A.C. 8:33-3.1, for the transfer of ownership of CareWell Health Medical Center (CareWell or the Hospital) from EOH Acquisition Group, LLC (EOH Acquisition), a Delaware limited liability company, to ECR OPCO, LLC (ECR or the Applicant), a New Jersey limited liability company. ECR is comprised of the following members:

- Feliks Kogan – 48.5%
- Wayne Hatami – 24.25%
- Anthony Degradi – 24.25%
- Gregg Rock, DPM – 3.0%

Through Essex County Realty, LLC (ECR Propco) and ECR Bondco, LLC, the proposed owners will also acquire a 90% equity interest in the entities currently owning the CareWell property. ECR has stated its intent to continue operating CareWell as a for-profit general hospital.

A transfer of ownership of an entire general hospital is subject to the full CN review process, in accordance with N.J.A.C. 8:33-3.3(a)(1). The Department evaluated this application according to the standards set forth in statute (N.J.S.A. 26:2H-1 et seq.) and by administrative rule (N.J.A.C. 8:33). I am satisfied that the application submitted by ECR is consistent with those requirements. The application is being approved at the acquisition cost noted above.

This CN approval is limited to the transfer of ownership of CareWell Health Medical Center, a general acute care hospital, licensed for 201 acute care beds (License # 10704), located at 300 Central Avenue in East Orange, within Essex County. The bed composition includes 19 Adult Closed Acute Psychiatric Beds; 18 Adult Open Acute Psychiatric Beds; 13 Adult ICU/CCU Beds; and 151 Medical/Surgical Beds. The Hospital's service complement will continue to include 1 Cystoscopy Room; 7 Chronic Hemodialysis Stations; 1 MRI - Fixed unit; 3 Mixed ORs; 1 Computerized Tomography (CT) - Fixed unit; and 1 Acute Hemodialysis Station. CareWell has a designation as a primary stroke center. The other related licensed facilities/ services, which are included in this transfer of ownership are:

- East Orange Family Health Center (License #1167), a Hospital-Based Off-Site Facility providing primary care, which is located at 300 Central Avenue in East Orange.
- CareWell Health Hemodialysis (License #1388), a Hospital-Based Off-Site Facility with 29 stations, with a pending Expedited Review CN application for closure.
- CareWell Health Physical Rehabilitation (License #1280), a Hospital-Based Off-Site Facility providing Physical and Occupational Therapy, which is located at 240 Central Avenue in East Orange.
- CareWell Laboratory Services are located at 240 Central Avenue in East Orange, but this service is listed on the Hospital's license.

ECR has committed to continuing all services currently offered by CareWell and does not intend to alter the existing admission policies. Services for all patients, including indigent and medically underserved residents, will remain unchanged.

As confirmed by the New Jersey Health Care Facilities Financing Authority (NJHCFFA), CareWell has faced ongoing operating losses and an accumulated net asset deficiency. According to the Applicant, after considering all options including closure it was determined that transferring the Hospital's assets to ECR would be the best course of action to stabilize and strengthen operations. Moreover, the Applicant asserts that closure is not a viable option due to CareWell's vital role in the region.

The Applicant acknowledged persistent fiscal challenges in maintaining the Hospital's solvency and asserted that the proposed transfer of ownership to ECR is

necessary to enhance occupancy levels, expand service offerings, and secure access to additional capital. The Applicant indicated that ECR possesses specific expertise in the turnaround of financially distressed health care facilities and in their transformation to sustainable community-based providers. According to the Applicant, ECR's proposal will enable the continued fulfillment of CareWell's mission to provide quality, affordable care to all patients, including those who are indigent or medically underserved.

The Applicant further noted that CareWell is currently operating below optimal occupancy levels and that the proposed new owners may be better positioned to increase utilization and broaden service delivery, thereby improving financial stability. The stated rationale for the transfer includes: supporting the long-term financial viability of CareWell; leveraging the proposed owners' operational and financial management experience; averting potential facility closure; and maintaining the current level of inpatient and outpatient services.

Additionally, the Applicant reported that, since August 2024, CareWell has operated under an interim management agreement with ECR Management, LLC, an entity composed of the same individuals who comprise the ownership of ECR. According to the Applicant, CareWell has benefited from the proposed owners' management expertise. Should the Department approve the transfer, ECR Management, LLC would continue to direct the day-to-day operations of the Hospital.

ECR's application articulates a clear commitment to preserving health care access in Essex County, particularly for medically underserved populations. The Applicant affirmed that ECR intends to retain substantially all current employees following the change in ownership and does not anticipate changes to existing contracts with professional staff.

For the reasons that follow, I am approving, with conditions, the application submitted for the transfer of ownership of EOH Acquisition to ECR. My decision to approve this CN application is consistent with the recommendation of the State Health Planning Board (SHPB) which unanimously recommended approval of CN # FR 2024-09360-07;01 at its June 12, 2025, meeting. In reaching this decision, I considered the CN application for the transfer of ownership of CareWell Health Medical Center, completeness questions and responses, the public hearing transcript, the Department's staff recommendations, and the SHPB recommendations. The referenced materials are incorporated herein and made a part of this final decision.

Public Hearing

As part of the review process, the SHPB is required to hold at least one public hearing in the service area of the health care facility within 30 days of the application being declared complete by the Department. A public hearing was convened on Wednesday, May 7, 2025, from 6:00 pm to 7:00 pm at the CareWell Medical Center, with provisions for remote attendance via Microsoft Teams. The hearing was attended by

approximately 63 individuals in person, with additional individuals participating remotely via Teams. Representatives from the State Health Planning Board (SHPB) and the Department were also present.

The applicant, through Greg Rock, D.P.M., delivered opening remarks. Nineteen individuals provided statements during the hearing. Speakers included former and current elected officials, including Governor Jim McGreevey and East Orange Mayor Ted R. Green, hospital-affiliated physicians, community clergy, educators, and union representatives. All speakers voiced strong support for the proposed transfer, emphasizing the critical importance of the transaction's approval to ensure the continued provision of services by the hospital to the people and community of East Orange.

At its June 12, 2025, meeting, the SHPB unanimously recommended approval of this application with the conditions noted below.

Analysis

N.J.S.A. 26:2H-8, as well as N.J.A.C. 8:33-4.9(a), provide for the issuance of a CN only where the action proposed in the application for such certificate is necessary to provide required health care in the areas to be served; can be economically accomplished and maintained; will not have an adverse economic or financial impact on the delivery of health services in the region or statewide; and will contribute to the orderly development of adequate and effective health care services. In making such determinations, I must take into consideration: (a) the availability of facilities or services which may serve as alternatives or substitutes; (b) the need for special equipment and services in the area; (c) the possible economies and improvement in services to be anticipated from the operation of joint central services; (d) the adequacy of financial resources and sources of present and future revenues; (e) the availability of a sufficient workforce labor pool in the several professional disciplines; and (f) such other factors as may be established by regulation.

As to the specifics of this application, N.J.S.A. 26:2H-8(a) requires that I consider the availability of facilities or services which may serve as alternatives or substitutes. The Applicant documented that it and the current owner, EOH Acquisition, believe that the transfer of ownership of CareWell is the only alternative to potential closure of the Hospital. The Applicant asserts that the transfer of ownership is the least disruptive alternative for maintaining the current level of care and services in the area and it will preserve access to health care services for the Essex County community, including the indigent and medically underserved populations. I have taken into consideration, as listed in the application, that there are 10 other hospitals located within 25 minutes of CareWell, with University Hospital, St. Michael's Medical Center, Clara Maass Medical Center and Newark Beth Israel Medical Center being within close proximity. CareWell has asserted its belief that their role as a community hospital is still important in the provision of services, especially to the medically underserved and indigent for whom it would be more difficult to travel to other locations. I find that the proposed transfer of ownership is the

best alternative to preserve appropriate access to health care services for East Orange and the surrounding community, including the indigent and medically underserved populations.

I also find that the requirement at N.J.S.A. 26:2H-8(b), regarding the need for special equipment and services in the area, would be met in this case. ECR has documented its intention to continue the same services that are currently licensed at the facility and maintain all equipment and services necessary to operate the Hospital. Additionally, the applicant has asserted their intentions to reopen CareWell Health Hemodialysis, a Hospital-Based Off-Site Facility with 29 stations. Future adjustments will be based on an assessment of the health care needs of the region, determined in conjunction with the Essex County community, with any potential expansion to address identified gaps in services and elimination of duplicate services. ECR intends to lend their members' health care expertise to assist the Hospital to improve the quality and delivery of health services and programs currently operated by EOH Acquisition.

With respect to N.J.S.A. 26:2H-8(c), regarding the possible economies and improvement in services to be anticipated from the operation of joint central services, ECR has emphasized their past and current experience in health care, including their background in accessing state-of-the-art technologies, expanding surgical offerings, increasing volume while improving patient outcomes, recruiting qualified physicians, and restoring profitability. Through a management agreement implemented in August 2024, the Applicant has become familiar with CareWell's operations and has initiated a process to lend their experience and guidance. Based upon this information provided, I agree that the proposed operators of the Hospital have demonstrated the potential to improve the facility's financial situation.

N.J.S.A. 26:2H-8(d) requires consideration of the adequacy of financial resources and sources of present and future revenues. Following a review of the Applicant's financial standing, the New Jersey Health Care Facilities Finance Authority (NJHCFFA) has provided the following assessment: CareWell Health Medical Center (the "Hospital") and its predecessor organizations have faced significant operational losses over time, requiring cash infusions to maintain operations. The Applicant has already provided over \$30 million in cash advances and plans to continue supporting the Hospital's ongoing operations by funding future working capital needs through proceeds from a commercial mortgage. This mortgage will be secured by a primary lien on the Hospital property and related assets, as well as other guarantees and borrower assignments from Alma Bank, an independent lender.

The Applicant has submitted a commitment letter for an \$18 million mortgage loan dated April 7, 2025, which is set to expire on June 10, 2025. However, the Applicant has since negotiated an amendment to the commitment letter, extending the expiration date to July 31, 2025, which is within the 90-day window provided to the Commissioner of Health to act on the State Health Planning Board's recommendation. From my review of the record, I find that the Applicant has demonstrated a substantial financial commitment

to the Hospital and the ability to obtain outside financing suggesting the Applicant is positioned to address any potential operational cash shortfall.

Based on the Applicant's representation, I find that continuation of the operating losses at CareWell could put the future of the Hospital at risk and potentially lead to the Hospital's discontinuation of certain services or closure. I believe that CareWell's transfer to ECR could afford the Hospital an opportunity to maintain and grow needed services.

With respect to N.J.S.A. 26:2H-8(e), regarding the availability of a sufficient workforce labor pool in the several professional disciplines, I am satisfied that there will be sufficient qualified personnel because ECR has committed to retaining substantially all the Hospital's current employees when the transfer of ownership is completed. Furthermore, the application states that ECR does not anticipate any changes in the current contracts with professional staff subsequent to this change of ownership.

N.J.S.A. 26:2H-8(f) requires consideration of such other factors as may be established by administrative rule. Therefore, I have taken into consideration the applicable administrative rules governing the services subject to full review (i.e., N.J.A.C. 8:33-1.1 et seq.). ECR is in compliance with the access requirements set forth in N.J.A.C. 8:33-1.1 et seq. and N.J.A.C. 8:33-4.10(a). Specifically, the Applicant will continue to maintain its commitment to the community to preserve access to health care for the residents, including the indigent and medically underserved populations. ECR will provide care in accordance with N.J.S.A. 26:2H-18.64 and N.J.A.C. 8:43G-5.29(c) regarding the provision of health care services regardless of the patient's ability to pay or payment source. Specifically, the Applicant has committed to the continuance of the provision of charity care.

N.J.A.C. 8:33-4.9(a) requires a demonstration by the Applicant that this transfer of ownership shall not have an adverse impact on the population being served in regard to access and quality of care. The Applicant indicates that the transfer of ownership of CareWell would enhance the financial viability of the Hospital and allow it to continue as a general acute care hospital providing the same level of health care services in the community. ECR also intends to continue to serve the same payer mix, thereby maintaining all the established bridges to access and care. I find that denial of the CN transfer of ownership application could adversely affect the patients in the Essex County community, who have historically received care and services at CareWell, including the indigent and uninsured.

Moreover, I find that ECR has provided an appropriate project description, information as to the financial impact of the transfer of ownership, including operating costs and revenues, services affected, equipment involved, source of funds, utilization statistics, and justification for the proposed project (N.J.A.C. 8:33-4.10(b)); assurance that all residents of the area, particularly the medically underserved, will have access to services (N.J.A.C. 8:33 - 4.10(a)); and assurance that it will meet appropriate licensing and construction standards (N.J.A.C. 8:43G -1.1 et seq. and N.J.A.C. 8:33-4.10(d)). ECR

has also demonstrated a track record of substantial compliance with the Department's licensing standards as required by N.J.A.C. 8:33-4.10(d).

Approval with Conditions

Based on the foregoing, I am approving the application for the transfer of ownership of EOH Acquisition to ECR with conditions. The decision to approve the transfer of ownership is based on my determination that the operation of CareWell under the proposed new ownership would be beneficial to the population in its service area and will preserve access to health care services for the community, including the indigent and medically underserved populations.

This transfer of ownership may strengthen the financial viability of CareWell, and I find that this approval will not have an adverse impact on the other existing hospitals in Essex County, or those in the surrounding counties. I concur with the seller, EOH Acquisition, and the proposed buyer ECR that this transfer is the best option to maintain the financial viability of the Hospital, so as not to disrupt and decrease access to healthcare services for the Essex County community. My decision to approve this application also factors in the Applicant's intent to stabilize and/or grow admissions at the Hospital and allow CareWell to meet the health care needs of the community.

Based on the documentation of compliance with regulatory and statutory criteria, I am approving the transfer of ownership from EOH Acquisition to ECR with these Conditions:

1. Within 60 (sixty) days of this letter, the Applicant shall submit a licensing application (CN-7) for the Hospital and each of its hospital based off-site ambulatory care facilities, to the Department's Division of Certificate of Need and Licensing (CN&L) to execute the transfer of ownership of EOH Acquisition to ECR.
2. Within 60 (sixty) days of licensure, the Applicant shall notify the Certificate of Need & Licensing (CN&L), in writing, of the individual who is responsible for the safekeeping and accessibility of all CareWell patients' medical records (both active and stored) in accordance with N.J.S.A. 8:26-8.5 et seq. and N.J.A.C. 8:43G-15.2 Hospital Licensing Standards.
3. As noted by the Applicant, no reductions in services or staff are expected as a result of this transfer of ownership. Six (6) months after licensure, ECR shall submit documentation to CN&L on any staff reductions and provide the rationale for any reductions that may have occurred.
4. ECR shall operate CareWell Health Medical Center as a general acute care hospital for at least a five (5) year period following the effective date of ECR's

licensure as the licensed operator of the Hospital. This Condition shall be imposed as a contractual condition of any subsequent sale or transfer, subject to appropriate regulatory or legal review, by ECR within the five (5) year period.

5. As noted in the CN application, ECR shall continue all clinical services currently offered at CareWell and for CareWell patients. Any changes in this commitment involving either a reduction, relocation out of CareWell's current service area, or elimination of clinical services offered by CareWell, shall require prior written approval from the Department and shall be subject to all applicable statutory and regulatory requirements.
6. The Applicant will withdraw the Expedited Review Certificate of Need (ERCN) application, submitted without the required application fee, for the closure of CareWell Health Hemodialysis, a hospital based off-site ambulatory care facility with 29 dialysis stations. The Applicant will reinstate this service.
7. ECR shall continue compliance with N.J.A.C. 8:43G-5.21(a), which requires that "all hospitals provide on a regular and continuing basis, out-patient and preventive services, including clinical services for medically indigent patients for those services provided on an in-patient basis." Documentation of compliance shall be submitted within thirty (30) days of the issuance of the license and quarterly thereafter for a period of five (5) years. Such documentation of clinical services shall include, but not be limited to, a list of all physician specialties, the number of physicians within each specialty and the number of those physicians within each specialty that accept Medicaid reimbursement.
8. Related to its Behavioral Health services, ECR shall comply with all program requirements in accordance with N.J.A.C. 8:121 and shall report progress in resolving any identified compliance issues to the Behavioral Health staff at the Division.
9. ECR shall continue to comply with the Federal Emergency Medical Treatment and Active Labor Act (EMTALA) requirements and provide care for all patients who present themselves at CareWell without regard to their ability to pay or payment source, in accordance with N.J.S.A. 26:2H-18.64 and N.J.A.C. 8:43G-5.2(c) and shall provide unimpaired access to all services offered by the Hospital.
10. The value of indigent care provided by CareWell shall be determined by the dollar value of documented Charity Care, as calculated annually by the Department of Health, utilizing the prevailing Medicaid rate.

11. Within ninety (90) days of licensure, ECR shall develop and participate in a Community Advisory Group (CAG) to provide ongoing community input to the Hospital's CEO and the Hospital's Governing Board on ways that ECR can better meet the needs of the residents in its service area.
12. CareWell shall develop and implement a Community Health Needs Assessment (CHNA) in compliance with Section 501(r)(3)(A) of the Internal Revenue Code as amended, that aligns itself with the State's health improvement plan and health promotion and disease prevention agenda.
13. Within thirty (30) days of licensing, ECR shall provide the Department with an organizational chart of the Hospital and each service that shows lines of authority, responsibility, and communication between ECR, Hospital management, the Governing Board and the Community Advisory Group.
14. For the initial five (5) years following the transfer of ownership, the following reports shall be submitted:
 - a. ECR shall submit annual reports to the Department detailing:
 - i. An annual accounting of any long- or short-term debt or other liabilities incurred on the Hospital's behalf and reflected on the Hospital's balance sheet.
 - ii. A list of completed capital projects itemized to reflect both the project and its expenditure.
 - b. The members of ECR shall submit reports detailing whether their members have made an investment in CareWell during the previous year.
15. Within fifteen (15) business days of approval of this application, ECR shall provide a report to the Department detailing its plans for communications to CareWell's staff, the community, including but not limited to elected officials, clinical practitioners, and Emergency Medical Services (EMS) providers, concerning the approval of the transfer of the license and the availability of fully integrated and comprehensive health services. ECR shall also provide a follow-up report on how the plans were fully implemented.
16. Prior to licensure, ECR shall identify a single point of contact to report to the Department concerning the status of all of the Conditions within the time frames noted in the Conditions.
17. Within twelve (12) months of licensure, and annually thereafter for five (5) years, ECR shall provide the Department with a written report detailing:

- a. Its plan for addressing the community needs to expand or add ambulatory care services.
 - b. If identified, its plan to reduce unnecessary and duplicative services and excess inpatient beds and plans for restructuring whether financial or strategic.
 - c. Capital improvement plans, including physical plant improvements, equipment upgrades, additions (including IT), and other capital projects.
18. ECR shall become current with audits and other filings, as well as post on the Hospital's website annual audited financial statements within one hundred and eighty (180) days of the close of the Hospital's fiscal year and shall post quarterly unaudited financial statements within forty-five (45) days of the close of the Hospital's fiscal quarter in accordance with N.J.A.C. 8:96-2.2. All annual and quarterly statements shall be prepared in accordance with Generally Accepted Accounting Principles. With respect to the posting of quarterly unaudited financial statements, ECR may include disclaimer language regarding the unaudited nature of the quarterly financial statements on its website where such statements are posted.
19. Within sixty (60) days of posting its Audited Annual Financial Statements to the CareWell website as required by N.J.A.C. 8:96-3.1, ECR shall hold an Annual Public Meeting in New Jersey, pursuant to N.J.S.A. 26:2H-12.50, and shall make copies of those audited annual financial statements available at the Annual Public Meeting. ECR shall develop mechanisms for the meeting that address the following:
 - a. An explanation, in layperson's terms, of the audited annual financial statement;
 - b. An opportunity for members of the local community to present their concerns to ECR regarding local health care needs and hospital operations.
 - c. A method for ECR to publicly respond, in layperson's terms, to the concerns expressed by community members at the Annual Public Meeting.
20. After the transfer is implemented:
 - a. ECR shall use reasonable best efforts to negotiate in good faith for in-network HMO and commercial insurance contracts, with commercially reasonable rates based on the rates that HMOs and

commercial insurance companies pay to similarly situated in-network hospitals in the Essex County region.

- b. ECR shall convene annual meetings with the Department of Health and the Department of Banking and Insurance (DOBI) to review and evaluate all issues arising in contract negotiations within the first year of licensure that may result in increases in out-of-network coverages. At a minimum, ECR shall have routine contact with the existing HMO and commercial insurers. If the existing HMO and commercial insurers fail to respond to requests for negotiations, then ECR shall notify the Department and DOBI within thirty (30) days of the failure to respond, to request assistance.
 - c. Within ten (10) days of licensure, ECR shall post in a conspicuous place on the home page of the Hospital's website, a link to information, of which it maintains the accuracy, identifying the health benefit plans in which the Hospital participates. ECR shall provide in writing the information it posts to any person upon written electronic, telephonic, or in-person request. Upon making or amending an internet posting that N.J.A.C. 8:96-4.1 requires, ECR shall notify the Department of the occurrence of the posting by transmitting an email containing a link to the posting to the following email address: financial.reports@doh.nj.gov.
 - d. ECR shall provide notices to patients concerning pricing and charges related to coverage during termination of plans.
 - e. Within the first year of licensure, ECR shall notify the Department thirty (30) days in advance of the status of notices to terminate any HMO or commercial insurance contract that will expand out-of-network service coverage. ECR shall document how it will provide notice to patients and providers, as well as the impact that any such action is reasonably expected to have on access to health care.
 - f. During the first year from the date of licensure, ECR shall report to the Department, for each six-month period, the Hospital's payer mixes and the number and percent of total hospital admissions that came through the Emergency Department. For four years thereafter, ECR shall report the aforesaid information to the Department on an annual basis.
21. After the transfer is implemented, ECR shall comply with all requirements of N.J.S.A. 26:2SS-1 et seq., the Out-of-Network Consumer Protection, Transparency, Cost Containment and Accountability Act (Act), including the requirements pertinent to the Department of banking and Insurance (DOBI). As part of compliance ECR must note that:

- a. If a covered person (i.e., a person on whose behalf a carrier is obligated to pay health care expense benefits or provide health care services) receives medically necessary services at CareWell on an emergency or urgent basis as defined by the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. s.1395dd et seq. and section 14 of P.L. 1992, c.160 (C.26:2H-18.64), ECR shall not bill the covered person in excess of any deductible, copayment, or coinsurance amount applicable to in-network services pursuant to the covered person's health benefits plan.
 - b. If a covered person receives medically necessary services at CareWell as an out-of-network health care facility on an emergency or urgent basis as defined by the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. s.1395dd et seq. and section 14 of P.L. 1992, c.160 (C.26:2H-18.64), and the carrier and ECR cannot agree on the final offer as a reimbursement rate for these services pursuant to N.J.S.A. 26:2SS-9, the carrier, ECR, or covered person, as applicable, may initiate binding arbitration pursuant N.J.S.A. 26:2SS-10 or 11.
 - c. If CareWell is in-network with respect to any health benefits plan, ECR shall ensure that all health-care providers providing services in CareWell on an emergency or inadvertent basis are provided notification of the provisions of the Act and information as to each health benefits plan with which CareWell has a contract to be in-network.
 - d. When ECR contracts with a carrier to be in-network with respect to any health benefits plan, ECR shall annually report to the Department of Health the health benefits plan with which ECR has an agreement to be in-network.
22. ECR shall invest in programs designed to improve public health, community health services, and health and wellness and, within twelve (12) months of licensure, shall provide the Division with a written sustainability plan detailing how it intends to ensure the financial viability of such programs. ECR investment in such programs shall be coordinated with its development and implementation of the Community Health Needs Assessment (CHNA).
23. CareWell shall participate in meetings that address inpatient and outpatient medical and behavioral health care trends, needs, service reallocations, consolidations, and Regional Planning Collaboratives necessary to ensure a quality, accessible system of care for East Orange and the Greater Newark area. CareWell shall continue to participate in, cooperate with, and support

the Greater Newark Healthcare Coalition (GNHC) in its regional planning activities and services.

24. All of the Conditions shall also apply to any successor organization to ECR that acquires CareWell within five (5) years from the date of the CN approval letter.

Failure to satisfy any of the conditions of approval may result in sanctions, including license suspension, monetary penalties, and other sanctions in accordance with N.J.S.A. 26:2H-1 et seq. and all other applicable requirements. Acceptance of these conditions by the Applicant will be presumed unless written objections are submitted to the Department within 30 days of receipt of this letter. Upon receipt of such objections, this approval will be deemed suspended, and the project shall be re-examined in light of objections.

I look forward to working with the Applicant to provide a high quality of care to the patients of CareWell Health Medical Center. If there are any questions concerning this certificate of need approval, please do not hesitate to contact Stefanie J. Mozgai, Deputy Commissioner, Health Systems Branch at Stefaniej.Mozgai@doh.nj.gov or Michael J. Kennedy, Executive Director, Division of Certificate Need and Licensing at Michael.Kennedy@doh.nj.gov.

Sincerely,



Jeff Brown
Acting Commissioner
New Jersey Department of Health

- c: Stefanie Mozgai, NJ Department of Health
Michael Kennedy, NJ Department of Health
Antonella Ventura, NJ Department of Health
Luisa Alexopoulos, NJ Department of Health
Keira McRae- Wiggins, NJ Department of Health
Ramon Santiago, NJ Department of Health
Benjamin Klein, EOH Acquisition Group, LLC
David Kostinas, David Kostinas & Associates