PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER Lt. Governor

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

www.nj.gov/health

JUDITH M. PERSICHILLI, RN, BSN, MA Commissioner

January 21, 2021

VIA ELECTRONIC AND FIRST-CLASS MAIL

Roger Bernier President Clifton Senior Living, LLC 316 South Avenue Fanwood, NJ 07023

Re:

CN# 2020-10205-16 C/S & E/T

CN# 2020-10204-16 E/T and former

ER 121102-16-37 The Chelsea at Clifton

Total Project Cost: \$23,480,000 Expiration Date: April 12, 2021

Dear Ms. Bernier:

Please be advised that the Department of Health (Department) is approving the applications of Clifton Senior Living, LLC (CSL), submitted on October 6, 2020, pursuant to N.J.A.C. 8:33-5.1(a)(6), for a first and second extension of time and a change in scope for CN# ER 121102-16-37. As you are aware, the original certificate of need (CN) was granted on April 12, 2013, expired on April 12, 2018. The CN was for the establishment of The Chelsea at Clifton (Chelsea), a 100-bed assisted living residence to be located at 682 Valley Road in Clifton, Passaic County. In August 2020, in conversation with the Department regarding licensure of Chelsea, your representative was made aware that your CN had expired. It was agreed that, as the normal period granted by the Department for an extension of time is 18 months, you would submit two applications for an extension of time, the second to also include a change of scope to reflect the change in project cost. Be advised, your certificate of need is now extended for two additional 18-month time periods, as noted above. However, if after this period the applicant requires any additional extension, a new demonstration/documentation of need will be required to be submitted.

Roger Bernier The Chelsea at Clifton CN# 2020-10205-16 C/S & E/T former CN# 2020-10204-16 E/T and ER 121102-16-37 Page 3

We look forward to working with you and helping you to provide a high quality of care to your residents. If you have any questions concerning this certificate of need or regarding the licensure of these 100 assisted living beds, please do not hesitate to contact to Ms. Jean DeVitto, Executive Director, Certificate of Need and Healthcare Facility Licensure Program at Jean.DeVitto@doh.nj.gov.

Sincerely,

Marcela Ospina Maziarz, MPA

Deputy Commissioner

Health Systems

cc: Jean DeVitto (By Electronic Mail)

Maria Christensen (By Electronic Mail)

Donna Koller (By Electronic Mail)

Felicia L. Harris (By Electronic Mail)

Susan Jackson (By Electronic Mail)

Gary Spiewak (By Electronic Mail) Lisa Corrado (By Electronic Mail)

David Kostinas (By Electronic Mail)

Lic. File

Roger Bernier
The Chelsea at Clifton
CN# 2020-10205-16 C/S & E/T
former CN# 2020-10204-16 E/T and
ER 121102-16-37
Page 2

The decision to approve CSL's extension application is based on a review of the documents you submitted, including the notation of delays in obtaining Passaic County Site Plan Resolution, obtaining an executed deed of easement between CLS and the City of Clifton, obtaining a right-of-way access permit for the construction of the driveway and storm drain connection permit, as well as delays with the City of Clifton's Fire Department. You have indicated that construction is near completion and a Certificate of Occupancy is expected on or about December 1, 2020.

The total project cost originally fixed at \$10,500,000 has been adjusted to \$23,480,000. This project cost will be financed by equity and a bank loan. Please be advised that this approval is limited to the proposal as presented and reviewed. An additional review by the Department of Health (Department) may be necessary if there is any change in scope as defined in N.J.A.C. 8:33-3.9. In accordance with N.J.A.C. 8:39-3.9(a)2 the facility has remitted the additional CN fee required as a result in the upward adjustment in overall project cost. Please note that any additional increase in project cost will also be subject to the provisions of N.J.A.C. 8:39-3.9(a)2.

This approval is not intended to preempt in any way any municipality's authority to regulate land use within its borders and shall not be used by you to represent that the Department has made any findings or determination relative to the use of any specific property. Please be advised that services may not commence until such time as a license has been issued by the Certificate of Need and Healthcare Facility Licensure Program.

Any approval granted by this Department relates to certificate of need and/or licensing requirements only and does not imply acceptance by a reimbursing entity. Issues involving reimbursement are solely between the facility and the third-party payer. The Department is neither a party to such matters nor an arbiter of disputes between the parties.

The Department, in approving this application, has relied solely on the facts and information presented to us. The Department offers no opinion as to whether the proposed ownership or business organization is in compliance with the Codey Act, Board of Medical Examiners administrative rules, the federal anti-referral (Stark) and federal anti-kickback laws. We have not undertaken an independent investigation of such information. If material facts have not been disclosed or have been misrepresented, the Department may take appropriate administrative regulatory action to rescind the approval or refer the matter to the Office of the Attorney General.