



State of New Jersey  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
PO BOX 360  
TRENTON, N.J. 08625-0360

CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

[www.nj.gov/health](http://www.nj.gov/health)

MARY E. O'DOWD, M.P.H.  
Commissioner

June 19, 2012

VIA UNITED PARCEL SERVICE

Bruce R. Gilbert, Esq.  
Hudson Hospital Opco, LLC  
c/o Fox Rothschild, LLP  
2000 Market Street, 20th Floor  
Philadelphia, PA 19103

Re: Christ Hospital  
Transfer of Ownership  
CN# FR 120404-09-01  
Acquisition Cost: \$45.27 million  
Expiration Date: June 19, 2017

Dear Mr. Gilbert:

I am approving your Certificate of Need (CN) application, submitted pursuant to N.J.A.C. 8:33-3.1 on April 15, 2012, for the transfer of the ownership of the above named facility from Christ Hospital, a New Jersey not-for profit corporation, to Hudson Hospital Opco, LLC (HHO) a Delaware limited liability company. The application is being approved at the acquisition cost noted above. I note that Christ Hospital declared bankruptcy on February 6, 2012, and the U.S. Bankruptcy Court approved the transfer of Christ Hospital to HHO, subject to all necessary healthcare regulatory consents and approvals.

This CN approval is limited to the transfer of ownership of Christ Hospital, a licensed acute care hospital with a 376-bed capacity comprised of 294 Medical/Surgical beds, 13 OB/GYN beds, 31 Pediatric beds, 18 Adult ICU/CCU beds, and 20 Adult Acute Psychiatric beds. The hospital's service complement would continue to include the existing 7 Mixed Inpatient Operating rooms, 2 Cystoscopy rooms, 1 Cardiac Catheterization Lab, 2 Linear Accelerators, PTC Angioplasty services, and Acute Hemodialysis services. Christ Hospital would also continue the operation of the Christ Hospital Imaging Center, a hospital based off-site ambulatory care facility, which

provides MRI services. In addition, the hospital is committed to continuing its current designations as both a Basic Community Perinatal Center and as a Primary Stroke Center.

The standards that I am compelled to use in evaluating this application are set forth in statute (N.J.S.A. 26:2H-1 et seq.) and by administrative rule (N.J.A.C. 8:33). I must be satisfied that the application submitted by HHO is consistent with those requirements. A transfer of ownership of an entire general hospital or a transfer that will result in a new Medicare provider number for a hospital are subject to the full CN review process (N.J.A.C. 8:33-3.3(a)1). For the purposes of the review, the application was considered a transfer of ownership of a licensed facility currently offering health care services and not a reduction, elimination or relocation of health care services. Therefore, for the reasons that follow, I am approving, with conditions, the application submitted for the transfer of ownership of Christ Hospital to HHO. I note for the record that my decision to approve this CN application is consistent with the recommendation of the State Health Planning Board (SHPB), which recommended approval of CN# FR 120404-09-01 with conditions at its June 7, 2012 meeting. In issuing this decision, I reviewed the CN application for the transfer of ownership of Christ Hospital, completeness questions and responses, transcripts of the public hearing, written comments, exhibits, petitions, Department of Health and Senior Services (Department) staff recommendations, and SHPB recommendations. The referenced materials are incorporated and made a part of this final decision.

N.J.S.A. 26:2H-8, as well as N.J.A.C. 8:33-4.9(a), provides 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 area 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 sufficient manpower in the several professional disciplines, and (f) such other factors as may be established by regulation.

As part of the review process, the SHPB is also 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 held on May 23, 2012, at Hudson County Community College in Jersey City with approximately 120 people in attendance. Public comment was nearly unanimous in support of the application, with 31 people speaking in favor, including hospital union representatives and employees, the hospital's president and CEO, and area residents. Those who spoke in favor of the hospital operating under new ownership referenced the applicant's positive track record with Bayonne Medical Center (BMC) and Hoboken University

Medical Center (HUMC), especially in the area of hiring current employees, investing in needed resources, enhancing efficiency, and improving financial stability as reasons to support this application. Three speakers expressed concern regarding the transaction and advocated for safeguards to be placed on the transfer of ownership. Department staff and SHPB members reviewed these concerns and adequately addressed the issues in the analysis and recommendations approved by the SHPB.

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 carefully and thoroughly examined its available options before deciding to proceed with the acquisition of Christ Hospital. The applicant does not intend to downsize services or reduce availability to any service currently provided at the hospital. However, the applicant is in the process of carefully studying and weighing the recommendations of the July 2011 report by Navigant Consulting entitled *Hudson County Hospital Services Consolidation/Regionalization Assessment* (Navigant Report) to assess the practical application of implementing the goals of this report for the hospitals under their ownership, as well as working to achieve these goals through a collaborative effort with the other neighboring hospitals. The applicant and seller both believe the successful completion of this transfer of ownership will preserve the current level of health care services in the area.

I have taken into consideration that there are five other hospitals in the county within an eight-mile radius that offer comparable or expanded capabilities to Christ Hospital, which have coexisted with Christ Hospital and find this transfer alternative to be the least disruptive to maintaining the current level of care and services in the area. I agree that this transfer of ownership, as opposed to the closure of the hospital, will preserve access to health care services for the community, including the medically indigent and medically underserved populations. Although the Department realizes that, in the future, HHO may approach its Community Advisory Board (CAB) and the Department with requests to modify services, I conclude that the stability to the community by this provider outweighs the alternative of reduction of acute care hospital inpatient and outpatient services or significant disruption resulting from an unplanned closure. Thus, I am satisfied that this criterion is met.

I also find that the requirement at N.J.S.A. 26:2H-8(b) to consider the need for special equipment and services in the area would be met in this case following the transfer of ownership, since HHO has agreed to offer the same services that are currently licensed at the present facility and all equipment and services necessary to operate the hospital are specified in the asset transfer agreement. The applicant's future adjustments to services would be based on the collaboration with other Hudson County hospitals on assessing the health care needs of the region and eliminating duplicated health care services.

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, I find that applicant's plan to share services, coordinate administration, and

consolidate services with Bayonne Medical Center (BMC) and Hoboken University Medical Center (HUMC) could have a positive effect on these hospitals as well as the other hospitals in the county. The business working relationship between these hospitals would help to control expenses, improve efficiencies, integrate care, and thus, offer reliable access to more financially secure facilities in their communities.

N.J.S.A. 26:2H-8(d) requires me to examine the adequacy of financial resources and sources of present and future revenues. Financial analysis of the HHO application undertaken by the Department indicates that HHO possesses adequate financial resources to fund the acquisition and operation of the hospital, as well as to fund future capital improvements. The acquisition agreement for purchase of this hospital indicates that HHO would pay \$45.27 million for the purpose of both acquiring and providing working capital to ensure the hospital's future viability. According to projections provided by the applicant, the hospital is forecast to incur negative operating margins of 1.3 percent in 2012 and 2013 but will increase to positive .9 percent in 2014 and 1.4 percent in 2015. The improvement is attributed to increased revenue due to better documentation and decreased expenses due to a reduction in length of stay and better purchasing contracts. I also note that the U.S. Bankruptcy Court approved the transfer of Christ Hospital to HHO, subject to all necessary healthcare regulatory consents and approvals.

With respect to N.J.S.A. 26:2H-8(e) regarding the availability of sufficient manpower in the several professional disciplines, I am satisfied that there will be sufficient qualified personnel since HHO has agreed to operate all of the existing beds and services presently at Christ Hospital and to hire at least 90 percent of Christ Hospital employees at the time of transfer. In addition, I note that the hospital is located in close proximity to New York City and is located in one of the most densely populated counties in the country.

N.J.S.A. 26:2H-8(f) requires consideration of such other factors as may be established by regulation. 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.). HHO 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) to promote access to low income persons, racial and ethnic minorities, women, disabled persons, the elderly, persons with HIV infections, and other persons who are unable to obtain care. HHO states in its application that it agrees to "provide and maintain charity care at the hospital in amounts at least equal to the levels of charity care provided by the hospital prior to the bankruptcy." The application further states that HHO "will continue to meet the needs of the medically underserved" at Christ Hospital. I note these assurances and address them in conditions 5 through 8 of this approval. I also note that the availability and accessibility of health care services for all residents, including the medically indigent and medically underserved population, will be monitored by the CAB as described in condition 12 of this approval.

In addition, 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 regards to access and quality of care. HHO is subject to all existing administrative requirements and rules related to reporting of quality measures and patient safety and shall report to the Department consistent with required timeframes. HHO shall also provide summary reports on these quality and safety issues to the CAB. The applicant indicates that the transfer of ownership of Christ Hospital will preserve and enhance the financial viability of the hospital and allow it to continue as a general acute care hospital providing the same level of licensed beds and health care services in the community. In addition, HHO has made a commitment to maintain Christ Hospital as a general acute care hospital for at least seven years following the transfer of ownership.

Moreover, I find that HHO has provided an appropriate project description, which includes information as to the acquisition, 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. 8:33-410(d)).

As noted, I have reviewed all comments, including correspondence to me and/or the SHPB, as well as the transcripts of the public hearing and the SHPB June 7, 2012 meeting. The SHPB revised two of the conditions recommended by staff regarding insurance contacts, and I agree with these revisions. I also agree with the SHPB on all other recommended conditions and have left them intact, but I note my concern that any transition period will be transparent to patients and that HHO will take all appropriate means to ensure that patients receiving services at the facility are aware of the transfer of the license and the possibility that insurance coverage may change.

I also note that the Department of Banking and Insurance (DOBI), as described in testimony given by a senior staff member at the June 7, 2012 SHPB meeting, is in agreement with condition 18 below, allowing for the possible waiver of certain insurance deductibles and co-payments. Although DOBI would normally oppose this type of arrangement if it were a routine business practice of a hospital, it is my understanding that this condition is acceptable to DOBI because it is part of a CN approval issued by this Department, is strictly limited to 30 days' duration, is being allowed to ease the transition between the current and new owners of Christ Hospital, and is not intended to be a routine business practice of HHO after the 30-day transition period.

In reviewing the transcripts of the public hearing and the SHPB meetings, I note that the U.S. Bankruptcy Court process resulted in one final CN application being submitted, and I must now review that application and reach a decision within the context of the statutory and regulatory criteria governing CN reviews. Furthermore, as noted by staff at the SHPB meeting, the current applicant, also the owner of BMC and

HUMC, substantially complies with CN track record requirements and with the CN conditions placed on its acquisition of these hospitals in 2008 and 2011.

The issue of the for-profit status of the applicant is one that has been raised in other hospital transfers. As I believe is appropriate, neither staff nor the SHPB has ever determined that the for-profit status of an entity is one that is relevant in the review of CN or licensing applications. In other areas of health care licensing such as long-term care, we see primarily for-profit ownership. There is also no statutory or regulatory authority for treating for-profit and not for-profit entities differently in CN or licensing reviews. In this particular case, it is clear that the hospital's current financial status is so precarious that its closure, along with the resulting health care service and economic disruptions, is a real possibility. Thus, in reviewing the only application before me that could avert closure, the fact that the acquiring entity is a for-profit organization is of no particular relevance. I also note that compliance with all CN and licensing requirements is equally enforced for all facilities, whether non-profit, for-profit or governmental.

Furthermore, I understand that in your presentation to the SHPB, you made reference to the recently released Navigant report and expressed an interest in closely examining a number of issues raised in the report and their practical implementation for use by the hospitals in Hudson County. I believe that the Navigant report contains useful and important planning information that must be seriously considered by each of the hospitals in the region. While some of this information can be used to inform individual facility decisions, additional value can be achieved through regional discussions and planning. I encourage you to establish working relationships with the other hospitals in the region that would result in a more streamlined and efficient health care delivery system. Therefore, I will continue to facilitate meetings of interested parties from Hudson County and elsewhere to work to achieve consensus on the report's recommendations for the region, and if so, what specific steps are necessary and appropriate.

Based on the foregoing, I am approving the application for the transfer of ownership of Christ Hospital. My decision to allow this transfer to HHO is based on the fact that the operation of Christ Hospital under the proposed new ownership would be beneficial to the population in its service area, since it will preserve access to health care services for the community, including the medically indigent and medically underserved population. I believe that this approval of a transfer of an existing license will not have an adverse impact on the other existing hospitals in Hudson County or the surrounding counties. There is no existing data to suggest that this transfer of ownership would change Christ Hospital's relationship with other Hudson County hospitals or adversely impact the health status of the community.

Finally, I acknowledge that Christ Hospital has had a long-standing commitment to the residents in its service area and believe that this approval will better enable the hospital, under its new ownership, to maintain and enhance its commitment to the community into the foreseeable future. I also note that the applicant's planned implementation of measured outcomes and initiatives could return the hospital to

financial stability. For the reasons set forth in this letter and noting the approval of the SHPB, I am approving HHO's application for the transfer of ownership of Christ Hospital subject to the following conditions, which I note were accepted by a representative of the applicant while addressing the SHPB:

1. The applicant shall file a licensing application with the Department's Certificate of Need and Healthcare Facility Licensure Program (CNHCFL) to execute the transfer of the ownership of Christ Hospital's license to HHO.
2. The applicant shall notify the Department's CNHCFL in writing, specifically who is responsible for the safekeeping and accessibility of all patient medical records at the hospital (both active and stored) in accordance with N.J.S.A. 26:8-5 et seq. and N.J.A.C. 8:43G-15.2.
3. HHO shall hire at least 90 percent of the employees of Christ Hospital as of the closing date in accordance with Section 5.15 of the Asset Purchase Agreement.
4. HHO shall operate Christ Hospital as a general acute care hospital, in compliance with all regulatory requirements, for at least seven years. This condition shall be imposed as a contractual condition of any subsequent sale or transfer, subject to appropriate regulatory or legal review, by HHO within the seven year period.
5. HHO shall continue all clinical services and community health programs currently offered at Christ Hospital by the previous ownership. Any changes in this commitment involving either a reduction, relocation out of Christ Hospital's current service area, or elimination of clinical services or community health programs offered by Christ Hospital's former ownership shall require prior written approval from the Department and shall be subject to all applicable statutory and regulatory requirements. Any request for any of the above-noted changes shall also include comments and recommendations from the Community Advisory Board in response to HHO's request (see Condition 12 below).
6. HHO shall continue compliance with N.J.A.C. 8:43G-5.21(a), which requires that "[a]ll 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 30 days of the issuance of the license and quarterly thereafter for a period of seven years.
7. In accordance with N.J.S.A. 26:2H-18.64 and N.J.A.C. 8:43G-5.2(c), HHO shall not only comply with federal EMTALA requirements, but also provide care for all patients, including those eligible for charity care, who present themselves at Christ Hospital without regard to their ability to pay or payment source.

8. HHO shall acknowledge that the value of indigent care that shall be provided by Christ Hospital, which shall be determined by the dollar value of documented charity care calculated at the prevailing Medicaid rate, shall not be limited to the amount of charity care provided historically at the hospital.
9. HHO shall establish a functioning Board of Trustees responsible for implementing hospital-wide policy, adopting bylaws, maintaining quality of care, and providing institutional management and planning consistent with the Christ Hospital organizational structure. This Board shall maintain suitable representation of the residing population of the hospital's service area who are neither themselves owners or employees of, nor related to employees or owners of, any HHO parent company, holding company, subsidiary corporation or corporate affiliate. Annual notice shall be made to the Department of this Board's roster, along with any policies governing Board composition, governance authority and Board appointments.
10. Within 30 days of the issuance of the hospital's new license, HHO shall provide the Department with an organizational chart of the hospital and each service that shows lines of authority, responsibility, and communication between HHO and the hospital's management and Board. HHO, as licensee, shall be responsible for compliance.
11. HHO shall report the progress on the implementation and measured outcomes of the following initiatives to improve the efficiency and quality of care at Christ Hospital every six months, starting on the date a license is issued to HHO:
  - a. Transitions in Care Medical Home Management Program;
  - b. Institution of a Continuity of Care Clinic; and
  - c. Hospital Medicine Quality Program.
12. Within three months of approval of this application, HHO shall develop and participate in a Community Advisory Board (CAB) to provide ongoing community input to the hospital's CEO and the hospital's Board on ways that Christ Hospital can meet the needs of the residents in its service area.
  - a. Subject to the provisions below, HHO shall determine the membership, structure, governance, rules, goals, timeframes, and the role of the CAB in accordance with the primary objectives set forth above, and shall provide a written report setting forth same to the hospital's Board of Trustees, with a copy to the Department and subject to the Department's approval, within 60 days from the date of formation of the CAB.
  - b. HHO shall minimally seek participation from each town in the service area of Christ Hospital by offering a seat on the CAB to each town's



mayor or his/her designee. Membership on the CAB shall include patient advocates, local public health officials, clinical practitioners whose mission is to ensure that New Jersey residents are provided fully-integrated and comprehensive health services, labor union members and community advocates.

- c. HHO shall designate co-chairs of the CAB, one of whom shall be a member of the hospital's Board and one of whom shall be a community member. The community member cannot be an owner or employee of, nor be related to an employee or owner of, any HHO parent company, holding company, corporate subsidiary or corporate affiliate.
  - d. A CAB representative shall be given a seat, ex-officio, on the hospital's Board of Trustees.
  - e. The co-chairs of the CAB shall jointly submit to the hospital's Board of Trustees, with a copy to the Department, a semi-annual report of the progress toward the goals of the CAB.
  - f. The co-chairs of the CAB shall jointly transmit to the hospital's Board, with a copy to the Department, quarterly and any special reports relative to the implementation of these conditions.
  - g. Each member of the CAB shall be required to publicly disclose any and all conflicts of interest to the CAB members and the hospital's Board of Trustees.
  - h. HHO may petition the Department to disband the CAB not earlier than three years from the date of CN approval and on showing that all of the above conditions have been satisfied for at least one year.
13. HHO shall submit to the Department, on an annual basis for the initial seven years following the transfer of ownership, with the first report due one year from the date the transfer occurs or upon Department request, the following:
- a. An annual audit report prepared by an independent external auditor. The audit shall report all related party transactions in accordance with Generally Accepted Accounting Principles. The hospital shall also include an annual report on investments, capital expenditures, and transfers of funds from the hospital to any parent, holding company, subsidiary corporation, or corporate affiliate, which shall indicate the amount of funds transferred. Transfers of funds shall include, but not be limited to, assessments for corporate services, transfers of cash and investment balances to centrally controlled accounts, management fees, capital assessments, and/or special one-time assessments for any purpose.

- b. All financial data and measures required pursuant to N.J.A.C. 8:31B. In addition, the Early Warning System monthly indicators authorized by N.J.S.A. 26:2H-5(e) shall be submitted monthly to the Health Care Facilities Financing Authority. These monthly indicators include the following:
      - Days Cash on Hand
      - Days Account Payable
      - Days Account Receivable
      - Operational Margin
      - Average Monthly Census (vs. Occupancy Rates).
    - c. An annual analysis of the service synergies and economies of scale through consolidation and sharing of services with BMC and HUMC, and how these address the recommendations in the Navigant Report related to consolidation.
14. Within 15 days of approval of this application, HHO shall provide a report to the CNHCFL detailing the communication plan to Christ Hospital staff and the community, including but not limited to elected officials, clinical practitioners, and EMS providers, concerning the approval of the transfer of license and the availability of fully-integrated and comprehensive health services. This shall include reference to the outreach plan referenced in Condition 17 below.
15. HHO shall hold an annual public meeting pursuant to N.J.S.A. 26:2H-12.50 and develop mechanisms for the meeting that address the following:
  - a. An opportunity for members of the local community to present their concerns regarding local health care needs and hospital operations and how HHO should address these; and
  - b. A method for HHO to publicly respond to the concerns expressed by community members at the annual public board meeting.

HHO shall develop these mechanisms within 90 days of this approval and share them with Department's CNHCFL Program.
16. At the time HHO is licensed as the owner of Christ Hospital, it shall participate in all of the Medicaid managed care contracts in which Christ Hospital participated prior to this transfer approval.
17. An outreach plan shall be placed into effect to ensure that all residents of the hospital service area, especially the medically indigent, have access to the available services at the location. A self-evaluation of this effort shall be conducted on a yearly basis for seven years after licensure to measure its

effectiveness including any payments accounted for activities, including but not limited to, outreach, community programs, and health professional education, and shall be submitted to the Department by December 31 of every year for review and comment and presented to the public at the hospital's annual public meeting.

18. During the first 30 days of ownership by HHO, patients who obtain care from Christ Hospital but whose insurance is out-of-network shall not be responsible for more out-of-pocket expenses than when their insurance was in-network with Christ Hospital.
19. HHO shall make reasonable attempts to renegotiate the current HMO and commercial insurance contracts of Christ Hospital. If HHO provides notice to any insurer that it will not assume or it will terminate a contract at any time, it shall meet with the Department and the New Jersey Department of Banking and Insurance (DOBI) to discuss access issues and public notice to patients and other providers. Such a meeting shall occur at least 30 days prior to the termination of any insurance contracts.
  - a. HHO shall negotiate in good faith during the renegotiation of these contracts and the negotiation of any new contracts with HMO or commercial insurers. HHO shall provide to the Department written documentation of all on-going negotiations on a monthly basis. If any existing HMO or commercial insurer fails to respond to a request for negotiations, HHO shall notify the Department and DOBI to request assistance.
  - b. Within 10 days after HHO is licensed to operate Christ Hospital, it shall post on the websites of each hospital owned by its principals (Christ Hospital, Bayonne Medical Center and UMC Hoboken) the definitive status of all health insurance contracts between each of the hospitals and each insurance plan for which contracts exist. All three hospitals shall update this posted information on a monthly basis.
  - c. These website postings shall make clear which insurance plans are participating, in-network providers, using language such as "X Hospital is participating as an in-network facility with the following insurance carriers...." The website shall also be clear on which insurance carriers do not participate as in-network providers using such language as "For all other insurance carriers listed below, X Hospital is not participating as an in-network facility...."
  - d. Christ Hospital's website shall also indicate to the public that some insurance plans only provide full benefits for in-network services with clear language such as "Some insurance plans only provide benefits for in-network services, while other insurance plans provide benefits for out-

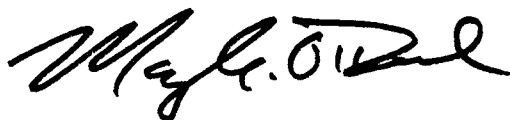
of-network services, but with greater patient cost-sharing. You should contact your insurance company for more detailed information about your benefits and any cost-sharing or co-pays that may be required.”

20. For at least two years after licensure, HHO shall report annually to the Department on the hospital's payer mix and the number and percent of total hospital admissions that came through the hospital's emergency department.
21. HHO shall, in accordance with the provisions of N.J.S.A. 26:2H-18.59h, “offer to its employees who were affected by the transfer, health insurance coverage at substantially equivalent levels, terms and conditions to those that were offered to the employees prior to the transfer.”
22. HHO shall report annually and/or as required by a specific condition to the Department's Office of Certificate of Need and Healthcare Facility Licensure.
23. All the above conditions shall also apply to any successor organization to HHO which acquires Christ Hospital within seven years from the date of this Certificate of Need approval.

Failure to satisfy the aforementioned 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 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 reexamined in light of the objections.

We look forward to working with you and helping you to provide a high quality of care to the patients of Christ Hospital. If you have any questions concerning this approval, please do not hesitate to contact John Calabria, Director of the Department's Office of Certificate of Need and Healthcare Facility Licensure, at (609) 292-8773.

Sincerely,



Mary E. O'Dowd, M.P.H.  
Commissioner

c: Vivek Garipelli, HHO  
Peter Kelly, Christ Hospital  
Judy Donlen, Chairwoman, SHPB  
John A. Calabria, DHSS