



**State of Connecticut
Office of Health Care Access
CON Determination Form
Relocation of a Health Care Facility**

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed relocation of a health care facility must complete this form. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner	Petitioner
Full Legal Name	Advanced Colon Care, Inc.	
Doing Business As	Shoreline Colonoscopy Suites	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	929 BOSTON POST ROAD, SUITE #1, OLD SAYBROOK, CT, 06475	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
Contact Person at Facility, including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Maurizio Nichele, M.D. Sole Shareholder	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	929 BOSTON POST ROAD, SUITE #1, OLD SAYBROOK, CT, 06475	
Contact Person's Telephone Number	(860) 395-0554	
Contact Person's Fax Number	860-395-0448	
Contact Person's e-mail Address	ritzn@aol.com	

SECTION II. INFORMATION ON PROPOSED RELOCATION

Please provide a description of the proposed relocation, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable.

Name of the Health Care Facility: Shoreline Colonoscopy Suites

Current Location: 929 Boston Post Road, Suite 1, Old Saybrook, CT 06475

Proposed Location: 4 Grove Beach Road North, Westbrook, CT 06498

Current Population Served: Residents of the Towns of Old Saybrook, Westbrook, Lyme, East Lyme, Essex and Deep River

Proposed Population Served: Same as above

Current Payor Mix: Medicare, Medicaid, commercial insurance and private pay

Proposed Payor Mix: Same as above

Any other information that the Petitioner deems relevant: This single suite endoscopy center, which is owned and operated exclusively by Dr. Nichele, has been in constant operation since 1999 and carries state licensure number 307. For the past two years, the center has been engaged in an ongoing dispute with the landlord at its current premises. Accordingly, it seeks to relocate to the proposed new location, which is a building partially-owned by Dr. Nichele where it can enter into more favorable lease terms. The proposed relocation to Westbrook will involve moving only one town over from the current location in Old Saybrook. The facility will continue to serve the same patient population and payor mix.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Advanced Colon Care, Inc., dba Shoreline Colonoscopy Suites

Project Title: Relocation of Facility

I, Maurizio Nichele, CEO
(Name) (Position – CEO or CFO)

of Advanced Colon Care, Inc., dba Shoreline Colonoscopy Suites being duly sworn,
(Organization Name)

deposes and states that the information provided in this CON Determination form is true and accurate to the best of my knowledge.

 02/27/17
Signature Date

Subscribed and sworn to before me on 27th of February 2017


Notary Public/Commissioner of Superior Court

My commission expires: _____

DAVID N. VERZILLO
NOTARY PUBLIC
MY COMM. EXP. 03-31-2021



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

March 1, 2017

VIA ELECTRONIC MAIL ONLY

Maurizio Nichele, M.D.
Sole Shareholder
Advanced Colon Care, Inc.
929 Boston Post Road, Ste. 1
Old Saybrook, CT 06475

RE: Certificate of Need Determination Report Number 17-32154-DTR
Relocation of Facility

Dear Dr. Nichele:

On February 28, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Advanced Colon Care, Inc. ("Petitioner") with respect to the relocation of its facility.

The Petitioner operates a single-suite endoscopy center located at 929 Boston Post Road, Ste. 1 in Old Saybrook, Connecticut. The Petitioner currently serves residents in the towns of Old Saybrook, Westbrook, Lyme, East Lyme, Essex and Deep River. Due to an ongoing dispute with the landlord at its Old Saybrook location, the Petitioner seeks to relocate the facility to 4 Grove Beach Road North in Westbrook, Connecticut. This new location is in a town adjacent to Old Saybrook and is accessible to the Petitioner's current patient population. The Petitioner's payor mix is comprised of private payers and patients insured under Medicare, Medicaid, and commercial insurance. This will not change after the proposed relocation.

Pursuant to Conn. Gen. Stat. § 19a-639c, the Petitioner has satisfactorily demonstrated that the population and payer mix currently served by the Petitioner will not substantially change as a result of the proposed relocation. Therefore, *no CON is required.*

Sincerely,

A handwritten signature in blue ink, appearing to read "Kim Martone".

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR



Phone: (860) 418-7001 • Fax: (860) 418-7053
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Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

Olejarz, Barbara

From: Microsoft Outlook
To: ritzn@aol.com
Sent: Wednesday, March 01, 2017 11:39 AM
Subject: Relayed: Determination

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

ritzn@aol.com (ritzn@aol.com)

Subject: Determination