



State of New Jersey
DEPARTMENT OF HEALTH

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

www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

March 14, 2022

VIA ELECTRONIC & FIRST-CLASS MAIL

Ms. Meghan Windrem
Executive Director
PGIM Real Estate
7 Giralda Farms
Madison, New Jersey 07904

Re: SHP V Shrewsbury, LLC- Arbor Terrace
Shrewsbury
864 Shrewsbury Avenue
Tinton Falls, New Jersey 07724
License # Q4VDWW
CN ER# 2019-5113-13;01
Total Project Cost: \$00.00
Expiration Date: March 14, 2027

Dear Ms. Windrem:

Please be advised that the Department of Health (Department) is approving the Expedited Review Certificate of Need application for Arbor Terrace of Shrewsbury received by applicant SHP V Shrewsbury, LLC on April 25, 2019, pursuant to N.J.A.C. 8:33-5.1(a)(4), for the addition of ten (10) assisted living beds to the existing 124-bed assisted living residence located at 864 Shrewsbury Avenue in Tinton Falls, New Jersey 07724 in Monmouth County. The addition of these beds will be accomplished through the conversion of ten (10) single bedded units into double-bedded units. A functional review of the project confirmed that all proposed units are large enough to accommodate the additional licensed beds and there will be no need for any construction or other disruption of services to current residents. This application is being approved, with conditions, at the total project cost as noted above.

Although the services proposed in this application are subject to expedited review pursuant to N.J.A.C. 8:33-5.1(a)(4), the Department notes that the addition of an additional 10 assisted living beds will have a minimal impact on the health care system as a whole; as such, a statistical bed need methodology is not required.

The Department has taken into consideration the applicable regulations for the services subject to expedited review (i.e., N.J.A.C. 8:33-5.3 and 8:33H-1.16), and finds that SHP V Shrewsbury, LLC, the licensed operator, has provided an appropriate project description. The

project description includes information as to operating costs and revenues, services affected, utilization statistics, and justification for the proposed project (N.J.A.C. 8:33-5.3(a)(1)); assurance that all residents of the area, particularly the medically underserved, will have access to services (N.J.A.C. 8:33-5.3(a)(2)); and documentation that it will meet appropriate licensing (N.J.A.C. 8:33-5.3(a)(3)(i)). In addition, SHP V Shrewsbury, LLC has demonstrated a track record of substantial compliance with the Department's licensing standards (N.J.A.C. 8:33-5.3(a)(3)(ii)).

As a condition of this approval, a double-bedded room can only be occupied by married couples or civil union partners, relatives, individuals related by blood or adoption, or friends who have consented in writing as part of the admission agreement to the living arrangement. The admission agreement should note that the resident is aware he or she will share a single toilet/bath in the unit and acknowledges there are higher health risks associated with shared occupancy and co-habitation. Under no circumstances shall any resident be coerced or compelled to agree to a double-bedded room.

Please be advised that this approval is limited to the application as presented and reviewed. The application, related correspondence and any completeness questions and responses are incorporated herein and made a part of this approval. An additional review by the Department may be necessary if there is any change in scope, as defined at N.J.A.C. 8:33-3.9. However, a change in cost of an approved certificate of need is exempt from certificate of need review subject to the following:

1. The applicant shall file a signed certification as to the final total project cost expended for the project at the time of the application for licensure for the beds/services with the Certificate of Need and Healthcare Facility Licensure Program.
2. Where the actual total project cost exceeds the certificate of need approved total project cost and is greater than \$1,000,000, the applicant shall remit the additional certificate of need application fee due to the Certificate of Need and Healthcare Facility Licensure Program. The required additional fee shall be 0.25 percent of the total project cost in excess of the certificate of need approved total project cost.
3. The Department will not issue a license for beds/services until the additional fee is remitted in full.

The Department, in approving this application, has relied solely on the facts and information presented. The Department has not undertaken an independent investigation of such information. If material facts have not been disclosed or have been misrepresented as part of this application, the Department may take appropriate administrative regulatory action to rescind the approval or refer the matter to the Office of the Attorney General.

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. This letter is not intended as an approval of any arrangement affecting reimbursement or any remuneration involving claims for health care services.

This approval is not intended to preempt in any way the authority of any municipality to regulate land use within its borders and shall not be used by the applicant 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 a license has been issued by the Certificate of Need and Healthcare Facility Licensure Program to operate this facility. A survey by Department staff will be required prior to commencing services.

The Department looks forward to working with the applicant to provide high quality of care to the assisted living residents. If you have any questions concerning this Certificate of Need approval, please do not hesitate to contact Michael Coceano via email at michael.coceano@doh.nj.gov.

Sincerely,

Robin C. Ford

Robin C. Ford, MS
Deputy Commissioner
Health Systems

cc: Brian Rath, Buchanan Ingersoll & Rooney, PC (Electronic Mail)
Donna Koller, DOH (Electronic Mail)
Antonella Ventura, DOH (Electronic mail)
Michael Coceano, DOH (Electronic mail)
Intake Unit, DOH (Electronic mail)