New York State Department of Health

Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	Decertify 70 RHCF beds
2. Name of Applicant	Beechwood Homes
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Sachs Policy Group (SPG) – 212-827-0660 • Aisha King, MPH (Lead Contact) – aking@sachspolicy.com • Anita Appel, LCSW - AnitaAppel@sachspolicy.com • Maxine Legall, MSW, MBA - mlegall@sachspolicy.com Qualifications: • Health equity – 6+ years • Anti-racism – 6+ years • Community engagement – 25+ years • Health care access and delivery – 10+ years
4. Description of the Independent Entity's qualifications	The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities. The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies. In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health disparities. They are dedicated to supporting organizations that serve vulnerable

	populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities. The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.
5. Date the Health Equity Impact Assessment (HEIA) started	June 10, 2026
6. Date the HEIA concluded	August 17, 2026

7. Executive summary of project (250 words max)
Beechwood Homes, located at 2235 Millersport Highway, Getzville, NY, is currently certified to operate 220 beds. The Applicant seeks approval to formally decertify 70 beds to better align its certified capacity with current operational bed utilization and census levels. Upon decertification, the facility's certified capacity would be reduced to 150 beds. The certification will enable the full closure of one building at Beechwood Homes, leaving the currently operational 150-bed building open to provide skilled nursing care.
8. Executive summary of HEIA findings (500 words max)
Our assessment finds that the proposed decertification of 70 skilled nursing beds at Beechwood Homes is unlikely to meaningfully reduce access to care for medically underserved groups. The beds were transitioned offline in 2025 without any residents being displaced externally, and current census levels remain below the proposed 150-bed capacity. In general, the project has the potential to impact older adults, low-income individuals, Medicaid beneficiaries, immigrants, and people belonging to racial/ethnic minority groups. While a general reduction of licensed bed capacity could create concerns if community demand rises, the potential risk is mitigated by available capacity at nearby nursing homes and the facility's continued ability to accept referrals. Stakeholders interviewed as part of this assessment, including community leaders, staff, current residents and their family members, were largely supportive of the project. Representatives from the NYS and Erie County Departments of Health noted concern about a regional decline in long-term care beds

compounded with an aging population. However, stakeholders acknowledged the financial and staffing challenges faced by skilled nursing facilities across the state.

Community leaders, referral partners, staff, and family members of current residents were very positive about the Applicant's track record providing high-quality care to older adults and individuals needing skilled nursing levels of care and were generally supportive of any steps that need to be taken in order to ensure the Applicant's financial solvency and ability to continue providing services in the community.

To mitigate any concerns related to community access to skilled nursing home beds, we recommend the Applicant continue to monitor admissions, waitlists, and referral patterns to identify any unintended access issues.

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

1. **Demographics of service area: Complete the "Scoping Table Sheets 1 and 2" in the document "HEIA Data Tables". Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.**

   Please see attached spreadsheet titled "heia_data_tables_Beechwood.xlsx"

2. **Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:**

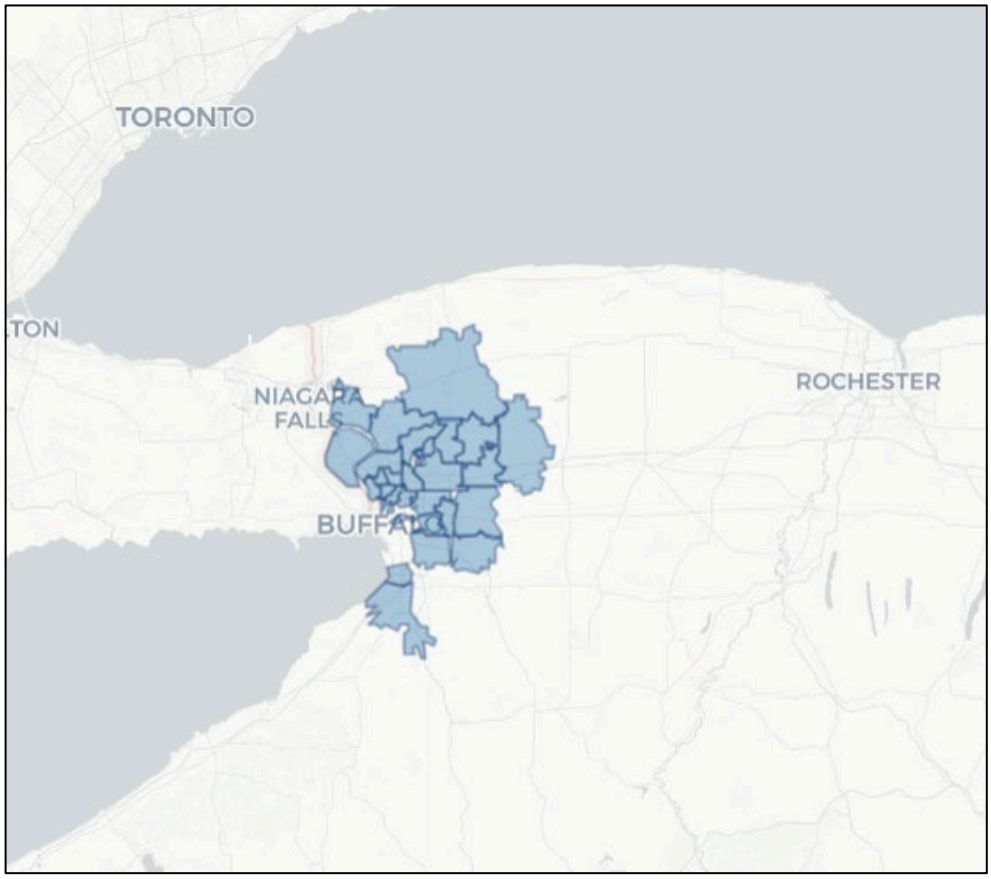
   - Low-income individuals
   - Older adults
   - People who are eligible for or receive public health benefits
   - Immigrants
   - Racial or ethnic minority populations

3. **For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?**

   We analyzed utilization data from the Applicant, census data for the community/service area, academic literature, DOH nursing home data, the Erie County Community Needs Assessment, and information obtained from interviews with staff, community-based organizations, referral partners, residents, and family members.

In our geographic analysis and scoping tables, we included the zip code where the facility is located and the zip codes where residents in the past year originated. The facility is located in a suburban setting outside of Buffalo. The facility draws residents predominantly from Erie and Niagara Counties.

Map of Applicant Service Area



4. How does the project impact the unique health needs or quality of life of <u>each</u> medically underserved group (identified above)?

Nursing homes, also known as skilled nursing facilities (SNFs), are inpatient residential health facilities that provide a range of health and personal care services to individuals on a 24/7 basis. Along with skilled nursing, SNFs provide short-term rehabilitation and/or long-term residential care for individuals who need help with activities of daily living (ADLs).

Given the demographics in the region and unique health needs related to skilled nursing care, we expect the Applicant's proposal to formally decertify 70 skilled nursing beds to primarily impact older adults, low-income individuals, those eligible for or receiving public health benefits, immigrant populations, and racial/ethnic

minority groups. Additional details, including prevalence in the Applicant's service area, are outlined below. Unless otherwise indicated, prevalence data is derived from the 2020-2024 ACS Census.

Older Adults

	Service Area	Erie County	Niagara County	New York State
Older adults (65+) (%)	20	19.3	20.7	17.9

The prevalence of older adults (65 years or older) is approximately 20% in the Applicant's service area, compared to 18% statewide and 19% in Erie County. Nationally, the older adult population continues to grow and is projected to more than double over the next 40 years.[1] The number of individuals over the age of 85, who most often require help with personal care and activities of daily living, is expected to quadruple between 2000 and 2040.[3] New York currently has the 4th largest population of older adults in the country, and the aging population continues to increase statewide.[2]

Residents aged 65 years and older account for approximately 82% of the national SNF population.[3] The U.S. Department of Health and Human Services estimates that more than half of Americans turning 65 will need long-term care services and supports at some point in their lives.[4] Older adults may be impacted by this project given their representation within the facility's resident population, the continued growth of the older population both locally and nationally, and the ongoing need for access to skilled nursing services among seniors.

Low-income people and people who are eligible for or receive public health benefits

	Service Area	Erie County	Niagara County	New York State
Poverty (below 100% FPL) (%)	12.2	13.9	13.5	14
Low-income (below 200% FPL) (%)	26.4	29.1	28.4	28.4
Public health coverage (Medicaid/Medicare/other) (%)	41.8	43.3	45.1	42.4

[1] Urban Institute. (n.d.). *The U.S. population is aging.* Retrieved from https://www.urban.org/policy-centers/cross-center-initiatives/program-retirement-policy/projects/data-warehouse/what-future-holds/us-population-aging

[2] New York State Department of Health, Office of Aging and Long Term Care, & New York State Office for the Aging. (2025, June 30). *New York State master plan for aging: Final report*. https://planforaging.ny.gov/system/files/documents/2025/06/mpa-final-report-6.30.25.pdf

[3] National Center for Health Statistics. (2024). *Data brief no. 208: [Overview of Post-acute and Long-term Care Providers and Services Users in the United States, 2020]*. Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/data/nhsr/nhsr208.pdf

[4] Assistant Secretary for Planning and Evaluation. (2022). *Long-term services and supports for older Americans: Risks and financing, 2022*. U.S. Department of Health and Human Services. https://aspe.hhs.gov/reports/ltss-older-americans-risks-financing-2022

SNAP / cash public assistance (households) (%)	14.3	16.4	16.2	17

In the Applicant's service area, approximately 12% of individuals live below the poverty level, compared to 14% in Erie County, and 14% statewide. Poverty levels vary considerably across the Applicant's service area, from 36% of the population living in poverty in some zip codes to below 4% in others. Community leaders indicated that the area in which the Applicant is directly located is a relatively affluent neighborhood.

Medicaid is the primary payer for skilled nursing services both nationally and in New York State, where more than 70% of SNF care is covered by Medicaid. [5,6] At the same time, individuals living in socioeconomically disadvantaged communities often face significant disparities in access to nursing home care. [7] Given Medicaid's central role in financing skilled nursing services, this project may impact low-income individuals and families, including those eligible for or currently receiving public benefits who require long-term services and supports.

Racial and Ethnic Minority & Immigrant Populations

	Service Area	Erie County	Niagara County	New York State
Racial/ethnic minority (people of color) (%)	24	27.7	17.9	47.2
NH White alone (%)	76	72.3	82.1	52.8
NH Black / African American alone (%)	10.2	12.1	6.3	13.4
NH Asian alone (%)	4.5	4.9	1.2	9
Hispanic or Latino (any race) (%)	4.8	6.4	4	19.8
Immigrants (foreign-born) (%)	7.4	7.5	4.4	22.8

In the Applicant's service area, 24% of the population identifies as belonging to a racial or ethnic minority group, and slightly more than 7% of the population was born outside of the U.S. As seen among economic indicators, the racial diversity of zip codes that make up the Applicant's service area is varied. For example, in some neighborhoods, more than 90% of the population is Non-Hispanic White while in others, less than 20%

[5] Chidambaram, P., & Burns, A. (2024, December 6). *A look at nursing facility characteristics between 2015 and 2024*. KFF. https://www.kff.org/medicaid/issue-brief/a-look-at-nursing-facility-characteristics/

[6] New York State Senate. (2021). *Long-term care workforce hearing report 2021.* Retrieved from https://www.nysenate.gov/sites/default/files/article/attachment/long-term_care_workforce_hearing_report_2021.pdf

[7] Yuan, Y., Louis, C., Cabral, H., Schneider, J. C., Ryan, C. M., & Kazis, L. E. (2018). Socioeconomic and geographic disparities in accessing nursing homes with high star ratings. *Journal of the American Medical Directors Association, 19*(9), 784-791.

of the population is Non-Hispanic White. In the zip code in which the facility is located, 82% of the population identify as Non-Hispanic White.

The Erie County Department of Health indicated that most of the People of Color (POC) and immigrants living in the Applicant's zip code are students or faculty at the University of Buffalo, which may account for the fact that the majority of the Applicant's residents identify as Non-Hispanic White. The Department indicated that the vast majority of the area's long-term residents are Non-Hispanic White.

However, county-wide availability of SNF beds may impact this medically underserved group given historical and structure racism nationally and in NYS. Nationally, the demographic breakdown of SNF residents is as follows:[4]

- 73.7% non-Hispanic White
- 15.7% non-Hispanic Black
- 5% Hispanic
- 5.6% other race, non-Hispanic

Evidence indicates that the proportion of minority residents in nursing homes is increasing rapidly, in part due to unequal access to home and community-based alternatives among persons of color.[8,9,10]

5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

The tables below outline the utilization of skilled nursing and short-term rehabilitation services at Beechwood Homes among medically underserved groups. As the beds proposed for decertification are already offline and the facility's current census remains below the proposed operating capacity, we do not anticipate any reductions in access to care or changes to the number of medically underserved residents at the facility.

Age

Age	Percent of Residents
Under 65 years	2.5%
65 to 74 years	3.1%

[8] Feng, Z., Fennell, M. L., Tyler, D. A., Clark, M., & Mor, V. (2011). Growth of racial and ethnic minorities in U.S. nursing homes driven by demographics and possible disparities in options. *Health Affairs, 30*(7), 1358–1365. https://doi.org/10.1377/hlthaff.2011.0126

[9] Li, Y., & Cai, X. (2018). Disparities in nursing home use and quality among African American, Hispanic, and White Medicare residents with Alzheimer's disease and related dementias. *Journal of Aging and Health, 30*(8), 1371–1389. https://doi.org/10.1177/0898264318767778

[10] Smith, D., Chai, E., & Temkin-Greener, H. (2020). Racial/ethnic disparities in nursing home end-of-life care: A systematic review. *Journal of the American Medical Directors Association, 21*(10), 1445–1450. https://doi.org/10.1016/j.jamda.2020.05.026

75 to 84 years	31.5%
85 years +	63.0%

Payor Mix

Payor	Percent of Residents
Medicaid	53.0%
Medicaid Advantage	0.8%
Medicare	2.1%
Blue Cross	2.4%
Private Pay	36.6%
Medicare Advantage	5.1%

Race

Race	Percent of Residents
White	96.9%
Black/African American	1.9%
Other	1.3%

Ethnicity

Ethnicity	Percent of Residents
Hispanic/Latino	1.9%
Not Hispanic/Latino	98.1%

6. What is the availability of similar services or care at other facilities in or near the Applicant's service area?

Skilled Nursing Facilities in Erie County[11]

Facility	Address	Driving miles	Drive time (min)
Elderwood At Williamsville	200 Bassett Road, Williamsville, NY	2.8	7
Canterbury Woods	725 Renaissance Drive, Williamsville, NY	3.2	8
Elderwood At Amherst	4459 Bailey Avenue, Amherst, NY	3.8	7
Williamsville Suburban LLC	193 South Union Road, Williamsville, NY	4.6	10
St Catherine Laboure Health Care Center	2157 Main Street, Buffalo, NY	7.1	16
Terrace View Long Term Care Facility	462 Grider Street, Buffalo, NY	7.1	16

[11]New York State Department of Health. (n.d.). *Nursing home weekly bed census: Last submission*. Health Data NY. Retrieved July 30, 2026, from Health Data NY – Nursing Home Weekly Bed Census: Last Submission; distances calculated via OpenStreetMap

Schofield Residence	3333 Elmwood Avenue, Kenmore, NY	8	14
Delaware Oaks Center For Rehabilitation And Nursing	1205 Delaware Avenue, Buffalo, NY	8.6	20
Buffalo Center For Rehabilitation And Nursing	1014 Delaware Ave, Buffalo, NY	8.9	21
Elderwood At Cheektowaga	225 Bennett Road, Cheektowaga, NY	11.5	18
Elderwood At Lancaster	1818 Como Park Blvd, Lancaster, NY	13.5	24
Elderwood At Grand Island	2850 Grand Island Blvd, Grand Island, NY	14	22
Ellicott Center For Rehabilitation And Nursing	200 7th Street, Buffalo, NY 14201	14.6	23
Greenfield Health & Rehab Center	5949 Broadway, Lancaster, NY	15.6	28
Safire Rehabilitation Of Southtowns LLC	300 Dorrance Avenue, Buffalo, NY	15.9	25
Mercy Hospital Skilled Nursing Facility	55 Melroy Avenue, Lackawanna, NY	16.2	26
Elderwood At Hamburg	5775 Maelou Drive, Hamburg, NY	21.9	34
Absolut Center For Nursing And Rehab At Aurora Park	292 Main Street, East Aurora, NY	25.2	36
Fiddlers Green Manor Rehab And Nursing Center	168 West Main Street, Springville, NY	39.8	52

7. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

Nursing Home Adult Bed Market Share in Erie County

Facility	Total Beds	Current Market Share	Expected Market Share
Beechwood Health Care Center, Inc.	220 -> 150	7%	5%
Mercy Hospital Skilled Nursing Facility	84	3%	3%
Elderwood At Amherst	92	3%	3%
St Catherine Laboure Health Care Center	80	3%	3%
Ellicott Center For Rehabilitation And Nursing	160	5%	5%
Schofield Residence	120	4%	4%
Elderwood At Lancaster	96	3%	3%
Absolut Center For Nursing And Rehabilitation At Aurora Park, LLC	320	10%	11%
Fiddlers Green Manor Rehab And Nursing Center	82	3%	3%
Elderwood At Grand Island	90	3%	3%
Delaware Oaks Center For Rehabilitation And Nursing	95	3%	3%
Williamsville Suburban, LLC	220	7%	7%
Terrace View Long Term Care Facility	390	13%	13%
Elderwood At Williamsville	200	6%	7%
Buffalo Center For Rehabilitation And Nursing	200	6%	7%

Safire Rehabilitation Of Southtowns, LLC	120	4%	4%
Elderwood At Hamburg	166	5%	5%
Elderwood At Cheektowaga	172	6%	6%
Greenfield Health & Rehab Center	160	5%	5%
Canterbury Woods	50	2%	2%

8. **Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.**

   N/A

9. **Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.**

   No. No staff were dismissed as a result of this project.

10. **Are there any civil rights access complaints against the Applicant? If yes, please describe.**

    No

11. **Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.**

    N/A

STEP 2 – POTENTIAL IMPACTS

1. **For each medically underserved group identified in Step 1 Question 2, describe how the project will:**
   a. **Improve access to services and health care**
   b. **Improve health equity**
   c. **Reduce health disparities**

   The reduction from 220 beds to 150 beds will allow the facility to remain financially solvent and continue to provide high-quality care to residents. As such, we believe that the proposed decertification will reduce health disparities as follows:

Maintain access to long-term care services: Although 75% of older adults would like to remain in their homes as they age, functional, financial, caregiver, and/or community barriers can prohibit this.[12] Residential skilled nursing levels of care is often necessary for older adults who can no longer remain safely in their homes and community.[13] Through this proposal, the Applicant aims to continue providing high-quality, person-centered long-term care to current and future residents who cannot safely remain in their homes. The building that the Applicant is proposing to close is already offline, and the process did not displace any residents or staff who wished to stay at Beechwood; all residents who wished to remain were able to relocate to the remaining skilled nursing building. Without this project to officially decertify these beds, the Applicant may not be able to remain financially viable. By taking these 70 beds formally offline, this project preserves access to skilled nursing care in the community.

Improve health equity: The 150-bed building that will remain certified consists of smaller groups of units in a community-oriented and person-centered environment. Retaining these beds advances health equity by ensuring that residents, including those who rely on Medicaid or have limited financial resources, have access to this model of skilled nursing care, as opposed to a more institutional model described below. Inadequate state Medicaid reimbursement rates can be a financial barrier to implementing more person-centered nursing home models.[14] For that reason, maintaining and prioritizing a building with a neighborhood model in a facility where approximately half of residents are covered by Medicaid represents an important step toward expanding access to a higher-quality, more home-like care environment for residents, regardless of payer source. In addition, the smaller number of residents enables more resources to be allocated to a more focused area, so residents get even more attention and care than before, and social workers and RNs are able to provide even more resident-centered care.

Reduce health disparities: Low-income older adults, including people of color and immigrants, often have fewer community-based alternatives to care and may be more likely to receive long-term care in older, more institutional environments. The building being decertified reflected the traditional institutional model: multiple floors, locked doors to keep residents safe, and large rooms that in decades past housed multiple residents per room. The building that will remain operational is on a single floor and is organized into smaller communities so residents can feel more at home and develop deeper connections with staff and other residents. Residents who moved buildings and

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[12] Lohmeyer, S. (2024, December 10). *Older adults want to age-in-place, but many don't expect they'll be able to*. AARP. https://www.aarp.org/home-living/home-community-preferences-survey-2024/

[13] The John A. Hartford Foundation. (2021, December 7). *Age-friendly insights: Poll reveals how older adults feel about nursing homes*. https://www.johnahartford.org/resources/view/age-friendly-insights-how-do-older-adults-feel-about-nursing-homes

[14] Meyer, H. (2023, December 29). *Turning nursing homes into true homes: The household model*. Center for Health Care Strategies. https://www.chcs.org/turning-nursing-homes-into-true-homes-the-household-model/

their families indicated that the move was a positive experience, and that the first-floor units offer appropriately sized rooms with large windows and a more neighborhood feel. The facility's model may help reduce disparities in the quality of the long-term care experience for a population that has historically been served in more institutional settings.

2. **For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.**

   An unintended negative health equity impact of this project may be the reduction of certified long term nursing beds in the community and region, which could create access issues for older adults and Medicaid beneficiaries if there is insufficient capacity over time. In terms of community capacity, there are 9 nursing homes within 10 miles of the facility (see Step 1, Question 6). According to state census data, all but two SNFs in Erie County currently have available bed capacity. Additionally, the Applicant has not been at the 220-bed capacity in a year and has room to accept residents within its new proposed capacity of 150 beds. Staff and community-based partners confirmed during the interview process that the facility currently has open capacity and is able to accept referrals.

   One unintended positive impact of the project includes the possibility of repurposing the decertified building to meet another community need. Additionally, by way of all residents living in one building, the project could foster closer relationships among staff and residents; The layout could encourage socialization between staff and among residents. This may improve quality of life for staff and residents and decrease potential for social isolation among residents. It could also help when staff need to float (i.e., work on different units) or cover others on vacation or sick leave, as they will already be familiar with all residents. Staff may be able to coordinate care better and work more efficiently as a team, leading to improved relationships and potentially health outcomes. Lastly, the layout could increase staff and resident involvement in social activities.

3. **How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.**

   N/A

4. **Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.**

Family members and visitors typically travel to the facility by car. The facility is accessible via the region's local bus system. Access to the facility will not be impacted by this project.

5. **Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.**

   N/A

6. **Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?**

   N/A

Meaningful Engagement

7. **List the local health department(s) located within the service area that will be impacted by the project.**

   Erie County Department of Health

8. **Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?**

   Yes.

9. **Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table". Refer to the Instructions for more guidance.**

   Please refer to attached spreadsheet titled "heia_data_tables_Beechwood.xlsx"

10. **Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern about the project or offered relevant input?**

    The stakeholders most impacted by the project are individuals in need of skilled nursing care and their families. Those who have been most impacted are current residents who moved buildings. Family members who participated in meaningful engagement were positive about the project and highlighted that their family members consistently receive excellent service and care, including during the moving process. One resident

noted that she would like to return to living in her own home, although this desire seemed unrelated to the move.

External stakeholders were generally supportive of the project, recognizing that the beds are not currently in use and therefore the project does not represent a change to current operations or service capacity. Stakeholders familiar with the Applicant's mission and services overwhelmingly expressed confidence in the Applicant's mission and intentions to continue providing high-quality services within the community.

No stakeholders had concerns specific to this project. However, some stakeholders expressed concern about the broader decline in nursing home bed capacity in the region and community, and another indicated that they did not have sufficient information about the project to provide substantive feedback. Representatives from Erie County Department of Health were concerned about the decline in long term beds and noted challenges placing individuals who need long term care. They highlighted that families in the area may be impacted if it becomes harder to find housing and Long-Term Care options for older parents and grandparents. Community leaders and public health experts who were worried about the general loss of SNF beds in the county acknowledged the financial strains that long term care organizations, particularly nonprofits, face.

11. **How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?**

    As part of our stakeholder engagement, we conducted 17 interviews with staff, local and regional healthcare and community organizations, referral partners, family members, and residents. The meaningful engagement process provided valuable insight into the characteristics and needs of current residents and the local community, the community's skilled nursing capacity, and the rationale for and anticipated benefits of the facility renovation.

12. **Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.**

    No, we believe we were able to reach individuals or representatives from all medically underserved groups impacted by the project via the interview process.

STEP 3 – MITIGATION

1. **If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:**
    a. **People of limited English-speaking ability**

b. People with speech, hearing or visual impairments

c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

The Applicant conducted proactive and ongoing communication with residents, family members, staff, and referral sources before, during, and after the bed decertification. Communication methods included emails, phone calls, walk-throughs (e.g., tours of the new facility), and in-person meetings. All family members of residents who moved buildings indicated that they were pleased with the communication process and that they felt very informed. They also highlighted that the communication they receive in general is excellent and proactive.

Although all current residents speak English, the Applicant has a 24/7 interpreter line for any future residents who may require interpretation services.

2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

No specific changes are suggested for this project.

3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

As the beds are not currently in use, no further communication is anticipated regarding the project.

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

Key systemic barriers in nursing home care include staff shortages, high turnover, for-profit corporate ownership, underfunding, and resident isolation. This project addresses several of these barriers:

- **Staffing shortages:** Consistent with national trends, New York State faces significant workforce challenges within residential long-term care settings.[15] Workforce challenges can create systemic barriers to equitable care, particularly for low-income residents and residents who rely on Medicaid, who may have few alternative long-term care options and are dependent on the quality and stability of facility-based staffing. By consolidating care into one building, this project enables the organization to maintain appropriate staffing levels. Additionally, as the building emphasizes a home-like, comfortable environment, the Applicant may also increase likelihood of attracting new staff in future.

[15] University at Albany. (2026, June 1). *Report shows continued healthcare workforce shortages across New York State*. https://www.albany.edu/news-center/news/2026-report-shows-continued-healthcare-workforce-shortages-across-new-york-state

- **Turnover:** Staff turnover can be disruptive for residents, particularly older adults with dementia or other challenges. Staff indicated that the remaining building encourages collaboration within and across care teams. By maintaining a welcoming environment where staff feel valued and supported, turnover may be limited. By supporting staff retention and thus continuity of care, the project may help ensure that residents with limited resources receive more consistent, individualized, and responsive support.
- **Ownership:** Nearly 3 out of 4 nursing facilities nationally are for-profit. The Applicant is one of the few SNFs in the local area that maintains its mission-driven, nonprofit status. Community leaders, regulators, and family members had high confidence in the Applicant's ability to maintain a high quality of care for all residents. This project enables the applicant to "right-size," thus preserving access to exemplary skilled nursing care for local residents.
- **Resident isolation:** Living in a long-term care facility can exacerbate social isolation and loneliness due to increased dependency and limited intimate relationships. The neighborhood model of care, which is utilized in the remaining skilled nursing building, has the potential to reduce social isolation and loneliness among residents.

STEP 4 – MONITORING

1. **What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?**

    - Data routinely reported to CMS, including resident assessment data, staffing records, and infection rates, contribute to publicly reported, independently calculated quality measures that are calculated regularly. These data allow the Applicant to compare its numbers before and after decertification. Examples of specific measures include:
        - Clinical quality: pressure ulcers, falls with major injury, urinary tract infections, catheter use, and residents losing the ability to walk or care for themselves
        - Behavioral health: use of antipsychotic, anti-anxiety, and sleep medications, and rates of depression
        - Hospital/ER use: hospitalizations and emergency department visits per resident
    - New York State's Nursing Home Quality Initiative scores facilities on CMS measures and reliance on temporary/agency staff and avoidable hospitalizations, and ties the score to Medicaid funding.

2. **What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?**

The Applicant could conduct periodic reviews of admissions, waitlist activity, referral patterns, resident census, and bed availability to assess whether the project has affected access to short-term or long-term skilled nursing care. Where available and appropriate, the Applicant can review this information by key demographic and access-related factors, such as payer source, race and ethnicity, language preference, age, disability status, and ZIP code, to identify any disparities or unintended consequences.

The Applicant can also create a structured feedback mechanism with referral partners, residents, families, and staff to identify any concerns related to access, care transitions, or capacity following implementation of the project. Findings from this monitoring process can be reviewed by facility leadership on a regular basis, with any identified issues addressed through corrective actions, such as adjustments to admissions practices, enhanced communication with referral sources, or targeted outreach to affected populations.

STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

OPTIONAL: Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)

---------- SECTION BELOW TO BE COMPLETED BY THE APPLICANT ----------

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.

I. Acknowledgement

I, Beechwood Homes, attest that I have reviewed the Health Equity Impact Assessment for the Project Decertify 70 RHCF beds that has been prepared by the Independent Entity, Sachs Policy Group.

Daniel P. O'Neill

Name

President/CEO

Title



Signature

08/19/2026

Date

II. Mitigation Plan

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.

As acknowledged / stated in the Health Equity Impact Assessment (HEIA), the proposed decertification of 70 skilled nursing beds at Beechwood Homes is unlikely to meaningfully reduce access to care for medically underserved groups. The 70 skilled nursing beds were transitioned offline in 2025 without any residents being displaced externally, and current census levels remain below the proposed 150-bed capacity. Staff and community-based

partners confirmed during the HEIA interview process that the facility currently has open capacity and is accepting referrals for placement.

To mitigate potential access concerns related to community access to skilled nursing home beds for medically underserved groups going forward, Beechwood Homes – consistent with its mission-driven, nonprofit status – will monitor admissions, waitlists, referral patterns, resident demographics, and residents' eligibility for or receipt of public health benefits to identify any unintended access issues.

This data will be reviewed quarterly to identify trends, ensure that medically underserved populations maintain or gain access to skilled nursing care, and guide targeted outreach as needed.