

E-160-19
Additional
Backup

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Business History Form and Appendix L

2019 JUL 10 A 8 55
MASSACHUSETTS
CLERK OF THE DISTRICT COURT
PROBATE

Business History Form

The contract shall be awarded to the responsible proposer who, at the discretion of the County, taking into consideration the reliability of the proposer and the capacity of the proposer to perform the services required by the County, offers the best value to the County and who will best promote the public interest.

In addition to the submission of proposals, each proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the Proposal.

NOTE: All questions require a response, even if response is "none" or "not-applicable." No blanks.

(USE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING QUESTIONS).

Date: 07/08/2019

- 1) Proposer's Legal Name: Nassau Health Care Corporation
- 2) Address of Place of Business: 2201 Hempstead Turnpike
City: East Meadow State: NY Zip Code: 11561
- 3) Mailing Address (if different): _____
City: _____ State: _____ Zip Code: _____
Phone: (631) 572-6062
Does the business own or rent its facilities? Own If other, please provide details:

- 4) Dun and Bradstreet number: 01-122-5825
- 5) Federal I.D. Number: 11 30590
- 6) The proposer is a: Other (Describe) Public Benefit Corporation
- 7) Does this business share office space, staff, or equipment expenses with any other business?
YES ☐ NO ☒ If yes, please provide details:

- 8) Does this business control one or more other businesses?
YES ☒ NO ☐ If yes, please provide details:
Nassau Health Care Corporation ("NHCC") operates Nassau University Medical Center, A. Holly Patterson Extended Care Facility, and co-operates several community health centers.
- 9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business?
YES ☒ NO ☐ If yes, please provide details:
NHCC has several clinical and educational affiliations
- 10) Has the proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassau County or any other government entity terminated?
YES ☐ NO ☒ If yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture: or details regarding the termination (if a contract).

- 11) Has the proposer, during the past seven years, been declared bankrupt?
YES ☐ NO ☒ If yes, state date, court jurisdiction, amount of liabilities and amount of assets

- 12) In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, or on behalf of an affiliated business.

YES ☒ NO ☐ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

On September 17, 2015, former Executive Vice President for Operations Larry Slatky was acquitted of two misdemeanor charges of official misconduct regarding a 2010 sealed bid.

- 13) In the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business.

YES ☒ NO ☐ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

NHCC has been the subject of investigations in the past 5 years by various agencies. NHCC is a public benefit corporation, and as such it has no owners. In October 2014, former EVP for Operations, Larry Slatky, was indicted on 2 misdemeanor charges of official misconduct with respect to a laundry contract resulting from a 2010 Sealed Bid. On September 17, 2015, Mr. Slatky was acquitted of both charges.

NHCC is the owner and operator of the only public hospital and skilled nursing facility in Nassau County, as well as the co-operator of several community health centers. As with many other health facilities, routine patient complaints may result in investigations by agencies. As a result of several of these investigations, NHCC has instituted corrective action plans which were accepted by the agencies involved and implemented by NHCC.

- 14) Has any current or former director, owner or officer or managerial employee of this business had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:

a) Any felony charge pending?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

b) Any misdemeanor charge pending?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

- 15) In the past (5) years, has this business or any of its owners or officers, or any other affiliated business had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

- 16) For the past (5) tax years, has this business failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?
YES ☐ NO ☒ If yes, provide details for each such year. Provide a detailed response to all questions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the questionnaire.

17 Conflict of Interest:

- a) Please disclose any conflicts of interest as outlined below. NOTE: If no conflicts exist, please expressly state "No conflict exists."
(i) Any material financial relationships that your firm or any firm employee has that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.
No conflict exists, to the best of my knowledge. NHCC has 3000+ employees.
(ii) Any family relationship that any employee of your firm has with any County public servant that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.
No conflict exists, to the best of my knowledge. NHCC has 3000+ employees.
(iii) Any other matter that your firm believes may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.
No conflict exists, to the best of my knowledge. NHCC has 3000+ employees.
b) Please describe any procedures your firm has, or would adopt, to assure the County that a conflict of interest would not exist for your firm in the future.
All NHCC employees must comply with the NHCC Conflict of Interest Policy (copy attached) and are subject to NYS conflict of interest laws.

- A. Include a resume or detailed description of the Proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

Have you previously uploaded the below information under in the Document Vault?
YES ☐ NO ☒

Is the proposer an individual?

YES ☐ NO ☒ Should the proposer be other than an individual, the Proposal MUST include:

- i) Date of formation;
09/29/1999
ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner. If none, explain.
NHCC is a public benefit corporation. As such, there are no shareholders, members, or partners.
iii) Name, address and position of all officers and directors of the company. If none, explain.

First Name Warren
Last Name Zysman
MI D Suffix _____
Address 5 Schenk Avenue, Apt. 3F

City	Great Neck	State	NY	Zip Code	11021
Position	Member of Board				

First Name	Frank				
Last Name	Saracino				
MI		Suffix			
Address	608 Carman Avenue, Apt. B1				
City	Westbury	State	NY	Zip Code	11590
Position	Member of Board				

First Name	Maureen				
Last Name	Roarty				
MI		Suffix			
Address	2201 Hempstead Turnpike				
City	East Meadow	State	NY	Zip Code	11554
Position	Executive Vice President, Human Resources				

First Name	Linda				
Last Name	Reed				
MI		Suffix			
Address	303 Duck Pond Drive South				
City	Wantagh	State	QC	Zip Code	11793
Position	Member of Board				

First Name	Russell				
Last Name	Caprioli				
MI		Suffix			
Address	1801 Bay Boulevard				
City	Atlantic Beach	State	NY	Zip Code	11509
Position	Member of Board				

First Name	Felice				
Last Name	Jones-Lee				
MI		Suffix			
Address	2201 Hempstead Turnpike				
City	East Meadow	State	NY	Zip Code	11554
Position	Executive Vice President, Quality Assurance & Utilization Review				

First Name	Megan				
Last Name	Ryan				
MI	C	Suffix			
Address	2201 Hempstead Turnpike				
City	East Meadow	State	NY	Zip Code	11554
Position	Executive Vice President, General Counsel				

First Name	Victor				
Last Name	Gallo				
MI	A	Suffix			

Address 9 Nassau Boulevard
City Garden City State NY Zip Code 11530
Position Member of Board

First Name Robert
Last Name Heatley
MI S Suffix
Address 2201 Hempstead Turnpike
City East Meadow State NY Zip Code 11554
Position Executive Vice President, Business Development and Ambulatory Services

First Name Winifred
Last Name Mack
MI B Suffix
Address 2201 Hempstead Turnpike
City East Meadow State NY Zip Code 11554
Position President/Chief Executive Officer

First Name Bobby
Last Name Kalotee
MI K Suffix
Address 5 Bradley Court
City Syosset State NY Zip Code 11791
Position Member of Board

First Name Anthony
Last Name Boutin
MI Suffix
Address 2201 Hempstead Turnpike
City East Meadow State NY Zip Code 11554
Position Chief Medical Officer

First Name John
Last Name Maher
MI P Suffix
Address 2201 Hempstead Turnpike
City East Meadow State NY Zip Code 11554
Position Executive Vice President, Chief Financial Officer

First Name Giuseppe
Last Name Caruso
MI Suffix
Address 4271 Hempstead Turnpike
City Bethpage State NY Zip Code 11714
Position Member of Board

First Name Steven
Last Name Cohn

MI		Suffix	
Address	537 Springtown Road		
City	New Paltz	State	NY Zip Code 12561
Position	Member of Board		

First Name	John		
Last Name	Sardelis		
MI		Suffix	
Address	260-07 Pembroke Avenue		
City	Great Neck	State	NY Zip Code 11020
Position	Member of Board		

First Name	Kathy		
Last Name	Skarka		
MI		Suffix	
Address	2201 Hempstead Turnpike		
City	East Meadow	State	NY Zip Code 11554
Position	Executive Vice President, Patient Care Services		

First Name	George		
Last Name	Tsunis		
MI	J	Suffix	
Address	246 Piping Rock Road		
City	Matinecock	State	NY Zip Code 11560
Position	Chairman of Board		

First Name	Michael		
Last Name	DeLuca		
MI		Suffix	
Address	1145 Roosevelt Way		
City	Westbury	State	NY Zip Code 11590
Position	Member of Board		

- iv) State of incorporation (if applicable);
- v) The number of employees in the firm;
- vi) Annual revenue of firm;
- vii) Summary of relevant accomplishments

B. Indicate number of years in business.

- C. Provide any other information which would be appropriate and helpful in determining the Proposer's capacity and reliability to perform these services.

NHCC has provided these services to Nassau County since its purchase of Nassau County Medical Center and A. Holly Patterson Geriatric Center from the County in September 1999. As the owner/operator of the only public hospital and nursing home in Nassau County, NHCC is uniquely qualified to provide these services to Nassau County.

- D. Provide names and addresses for no fewer than three references for whom the Proposer has provided similar services or who are qualified to evaluate the Proposer's capability to perform this work.

Company	Long Island FQHC, Inc.		
Contact Person	David Nemiroff, LCSW, Executive Director		
Address	380 Nassau Road		
City	Roosevelt	State	NY
Telephone	(516) 296-3742		
Fax #	(516) 546-4154		
E-Mail Address	dnemirof@numc.edu		

Company	Northwell Health		
Contact Person	Jeffrey Kraut		
Address	200 Great Neck Road		
City	Great Neck	State	NY
Telephone	(516) 465-8198		
Fax #			
E-Mail Address	jkraut@northwell.edu		

Company	Catholic Health Services		
Contact Person	Patrick O'Shaughnessy, DO, SVP VP Medical Affairs & CMO		
Address	992 North Village Avenue		
City	Rockville Centre	State	NY
Telephone	(516) 705-7182		
Fax #			
E-Mail Address	patrickm.o'shaughnessy@chsli.org		

I, Megan C. Ryan, hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Megan C. Ryan, hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

Name of submitting business: Nassau Health Care Corporation

Electronically signed and certified at the date and time indicated by:
Megan C. Ryan [PORTAL@NUMC.EDU]

Executive Vice President/ General Counsel

Title

07/08/2019 03:47:46 PM

Date

Appendix L
Certificate of Compliance

In compliance with Local Law 1-2006, as amended (the "Law"), the Contractor hereby certifies the following:

- Chief Financial Officer
1. The ~~chief executive officer~~ of the Contractor is:

John P. Maurer (Name)
2201 Hempstead Tpke. East Meadow, NY 11554 (Address)
(516) 572-6711 (Telephone Number)

2. The Contractor agrees to either (1) comply with the requirements of the Nassau County Living Wage Law or (2) as applicable, obtain a waiver of the requirements of the Law pursuant to section 9 of the Law. In the event that the contractor does not comply with the requirements of the Law or obtain a waiver of the requirements of the Law, and such contractor establishes to the satisfaction of the Department that at the time of execution of this agreement, it had a reasonable certainty that it would receive such waiver based on the Law and Rules pertaining to waivers, the County will agree to terminate the contract without imposing costs or seeking damages against the Contractor
3. In the past five years, Contractor has ~~has not~~ been found by a court or a government agency to have violated federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If a violation has been assessed against the Contractor, describe below:

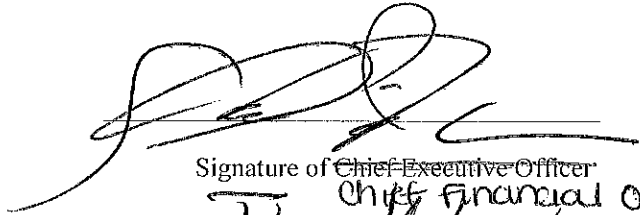
4. In the past five years, an administrative proceeding, investigation, or government body-initiated judicial action has ~~has not~~ been commenced against or relating to the Contractor in connection with federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If such a proceeding, action, or investigation has been commenced, describe below:

5. Contractor agrees to permit access to work sites and relevant payroll records by authorized County representatives for the purpose of monitoring compliance with the Living Wage Law and investigating employee complaints of noncompliance.

I hereby certify that I have read the foregoing statement and, to the best of my knowledge and belief, it is true, correct and complete. Any statement or representation made herein shall be accurate and true as of the date stated below.

4/30/19

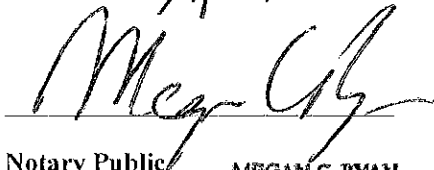
Dated


Signature of ~~Chief Executive Officer~~
Chief Financial Officer
John Maher

Name of ~~Chief Executive Officer~~
Chief Financial Officer
Chief Financial Officer

Sworn to before me this

30th day of April, 2019



Notary Public

MEGAN C. RYAN
NOTARY PUBLIC STATE OF NY
NO 02RY6142488
QUALIFIED IN NASSAU COUNTY
COMMISSION EXPIRES 5/28/22