

FEMA
FINDING OF NO SIGNIFICANT IMPACT
Long Beach Medical Arts Pavilion and South Nassau Southwest Addition
South Nassau Community Hospitals (SNCH)
FEMA-4085-DR-NY

BACKGROUND

On October 29, 2012, heavy rain, wind, and storm surge from Hurricane Sandy caused damage throughout the New York State (NYS) area including the former Long Beach Medical Center (LBMC) in Long Beach, Nassau County, New York. President Barack Obama declared a major disaster for selected counties in New York on October 30, 2012 (FEMA-4085-DR-NY). The declaration authorized the Department of Homeland Security-Federal Emergency Management Agency (FEMA) to provide assistance to the state in accordance with the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) of 1974 (Public Law [P.L.] 93-288) (42 U.S.C. 5121-5206) as amended, implementing regulations in 44 Code of Federal Regulations [CFR] 206.31-206.48, the Sandy Recovery Improvement Act (SRIA) of 2013 (P.L. 113-2), and the accompanying Disaster Relief Appropriations Act, 2013. The SRIA amended Title IV of the Stafford Act, adding Section 428, which authorizes alternative procedures for permanent work funding under the Federal Emergency Management Agency's (FEMA) Public Assistance (PA) Program.

The facility known as LBMC at the time of the disaster was subjected to severe flooding and was inundated by storm surge. South Nassau Community Hospital (SNCH) (subrecipient) has since acquired the LBMC site and has applied to FEMA for financial assistance with restoration of appropriate medical services in Long Beach including the construction of a new Medical Arts Pavilion in Long Beach and a new Southwest Addition to the SNCH facility in Oceanside. The New York State Division of Homeland Security and Emergency Services (NYS DHSES) is the recipient partner for this project.

FEMA is required, as part of its decision-making process, to evaluate the environmental consequences of proposed actions it funds or undertakes. This Environmental Assessment (EA) is prepared in accordance with Section 102 of the National Environmental Policy Act (NEPA) of 1969, as amended; the Regulations for Implementation of the National Environmental Policy Act (40 Code of Federal Regulations [CFR] Parts 1500 to 1508); and FEMA's implementing regulations (44 CFR Part 10). The purpose of the EA is to evaluate and document the potential impacts of the proposed project and alternatives, including a No Action Alternative, on the human and natural environment and to determine whether to prepare an Environmental Impact Statement (EIS) or a Finding of No Significant Impact (FONSI).

PROJECT DESCRIPTION

SNCH proposes to construct a 25,000-square-foot "Long Beach Medical Arts Pavilion" on remaining structural elements of the Main and West Buildings of the former LBMC. A potential third-floor expansion of the Pavilion would be based on a determination of space needs and funding and a future date. At SNCH in Oceanside, the project would include the construction of a four story, 58,000 square foot Southwest Addition to the current F-Wing; renovation of the 3rd and 4th floors of the hospital's F-Wing to upgrade

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existing mechanical systems, conversion of the 3rd floor to a surgical recovery unit and the 4th floor to a Critical Care Unit; construction of a connecting bridge to the new Southwest Addition; expansion of the Central Utility Plant for the hospital; and upgrades to the emergency electrical infrastructure.

SUMMARY OF POTENTIAL IMPACTS AND MITIGATION

There would be no effect on soils, topography, geology, or land use. The project sites are currently completely developed in medical facility uses and those conditions will not change. There would also be no effect on historic and archaeological resources.

Construction activity would result in emissions of air pollutants and greenhouse gases, but emissions would be temporary and, by implementing best management practices (BMPs), impacts on air quality and climate change would be below *de minimis* levels. Use of backup generators during operations would also generate air and greenhouse gas emissions, but these activities would be temporary, negligible, and mitigated by the installation of high efficiency equipment. The expanded medical facilities will provide mitigation for climate change-induced disease and illness. Construction would result in minor, short-term, adverse impacts related to noise and traffic, but these would be minimized through adherence to local regulations.

There would be negligible to minor adverse impacts on water resources due to construction. Water quality, floodplains, and coastal resources would be affected through stormwater runoff from disturbed areas during construction. The use of BMPs and compliance with a NYSDEC SPDES general permit would minimize impacts on the adjacent Reynolds Channel. There would be no effects on wetlands or the sole source aquifer. The new Medical Arts Pavilion will have a negligible beneficial effect on floodplains because it will reduce the mass below the 500-year flood elevation and improve flood flow-through under the building. The project is consistent with NYSDOS coastal policies.

The implementation of water quality BMPs would minimize potential effects on biological resources including vegetation, and wildlife. The installation of new native landscaping following construction will result in negligible beneficial effects on wildlife. Construction and operation would have no effect on threatened or endangered species or designated critical habitats.

There would be a minor effect on infrastructure and utilities during construction, but because more energy efficient systems will be installed and both facilities will have backup generators, there will be no long-term or operational effects on utilities. The provision of emergency services that are more resilient in the event of floods and storms will benefit the Long Beach community. There would continue to be the potential for storm events to limit or prevent access from Long Beach to SNCH for other medical services in the long term. Environmental Justice (low-income and minority) population identified in Long Beach would be negligibly affected by construction activity including heavier traffic patterns and noise but would benefit from the expanded and mitigated medical services. During construction, excavation and ground disturbance has the potential to encounter hazardous materials resulting in negligible, short-term, adverse impacts.

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Although hospitals routinely store and dispose of hazardous materials, there would be no impact on the human environment when these materials are handled in accordance with state and federal regulations.

At the time of FONSI signing, the subrecipient had not begun the NYS Environmental Quality Review (SEQR) process. As data becomes available during the review it will be sent to FEMA for review. If data changes the impact analysis in the EA, a supplemental EA may be required.

PUBLIC INVOLVEMENT

An electronic copy of the EA was made available by email request and for download at <http://www.southnassau.org/fema/>. The public was invited to submit written comments by mail to: FEMA Region II – DR-4085-NY, 26 Federal Plaza, New York, NY 10278 Attn: South Nassau Community Hospitals EA Comments, or: FEMA-4085-Comment@fema.dhs.gov.

This EA reflects the evaluation and assessment of the federal government, the decision maker for the federal action; however, FEMA has taken into consideration substantive comments received during the public review period to inform the final decision regarding grant approval and project implementation.

PERMITS & PROJECT CONDITIONS

SNCH is responsible for obtaining and adhering to all applicable federal, state, and local permits, permit conditions, regulatory compliance, and authorizations for project implementation. Any substantive change to the approved scope of work would require re-evaluation by FEMA for compliance with NEPA and other environmental and historic preservation laws and EOs. SNCH must also adhere to the following conditions during project implementation. Failure to comply with grant conditions may jeopardize federal funds.

- 1) Mitigation measures would be employed that may include, at a minimum, covering spoil piles, covering the haul vehicle loads that contain fill or cut materials, and spraying the site with water during construction.
- 2) Adequate maintenance of equipment must be ensured, including proper engine maintenance, adequate tire inflation, and proper maintenance of pollution control devices.
- 3) Running times for fuel-burning equipment would be kept to a minimum, and engines would be properly maintained. Ultra-low sulfur diesel fuel would also be utilized. EPA conformity analysis shall be conducted in accordance with federal general conformity regulations as required by the Clean Air Act to ensure that emissions would not affect the state's ability to meet the NAAQS and New York State Ambient Air Quality Standards.
- 4) The central utility plant at SNCH will require a construction and operation permit from the NYSDEC.

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- 5) Measures to reduce runoff would be employed that may include construction site stabilization, dust control, sediment traps, and temporary swales. Coverage under NYSDEC SPDES general permit would be required if one or more acre of soil is disturbed at each site.
- 6) If threatened or endangered species are found on site, construction will cease and consultation with FEMA and USFWS will be done.
- 7) In the event of an unexpected discovery of cultural resources, the subrecipient shall immediately stop construction in the vicinity of the discovery; and take all reasonable measures to avoid or minimize harm to the property until FEMA has completed consultation with the SHPO.
- 8) Revegetation of exposed soils should use native planting of landscape vegetation following construction.
- 9) Though sites are not within invasive species quarantine zones, BMPs required by USDA and NYS Department of Agriculture and Markets would be used if invasive species are discovered.
- 10) Noise abatement in residential areas shall limit construction activities, including operation of heavy machinery, by ensuring that construction activities are not conducted during early morning or late evening hours according to local ordinances.
- 11) Local ordinances for work around utilities must be followed. Electric utility connections shall be approved by the affected public service companies and be completed in accordance with their requirements and local building codes.
- 12) Excavated soil and waste materials, including hazardous waste, shall be managed and disposed of in accordance with applicable federal, state, and local regulations. Solid waste haulers shall be required to have an NYSDEC waste hauler permit and all must shall be disposed of or processed at an NYSDEC permitted facility.
- 13) When a draft is complete, SNCH will provide a copy of the State Environmental Quality Review (SEQR) to FEMA for coordination with EPA.
- 14) Construction activities cannot be initiated until 15 days after the date that the FONSI has been signed as “APPROVED” at the LBMC site.

PUBLIC COMMENTS

During the 15 day public comment period that ended July 5th 2016, FEMA received public comments on the EA. The below table states who made the comment, what their comment was, and FEMA’s response. Any comment regarding formatting and grammar is not addressed below but has been updated in the EA.

Commenter	Comment	FEMA’s Response
FEMA Office of Chief Council	There is discussion in the EA about coastal resources and a consultation letter to NYS Department of State was included in the appendices, however the response does not appear to be included.	FEMA received NYS Department of State general concurrence to the project during the public comment period on June 6, 2016.

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US Environmental Protection Agency	Section 5.1, Alternative 2. While the EA states that the expected emissions for construction are below General Conformity de minimus values, the document does not provide information necessary to support a General Conformity Applicability Analysis. The analysis should include the subrecipient's best estimate of mobile source equipment types (ie cranes, backhoes) to be used during construction, the emissions factors for that equipment and total emissions. In this case, it should also include the construction emissions from both projects.	As of the drafting of the Environmental Assessment, substantive estimates of mobile emissions had not yet been prepared. FEMA anticipates that this will be further detailed in the subrecipient's State Environmental Quality Review. Based on other FEMA-funded projects in New York, best estimates for mobile emissions are as follows; 22 tons/yr or NOx, 2 tons/yr for VOC, 21 tons/yr for CO, 1 ton/yr for PM _{2.5} , and 0.11 tons/yr for SO ₂ . De minimus thresholds are as follows; 100 tons/yr or NOx, 50 tons/yr for VOC, 100 tons/yr for CO, 100 ton/yr for PM _{2.5} , and 100 tons/yr for SO ₂ . FEMA anticipates that this project will be comparable or less than these estimates. When this information is available, FEMA will resume coordination with EPA.
US Environmental Protection Agency	Section 5.1. The Air quality section should also include the information that the central utility plant will require a construction and operation permit from NYSDEC.	SNCH is required to obtain all applicable local, State, and Federal permits as a condition of FEMA funding.
US Environmental Protection Agency	Section 5.2. The EA does not contain enough information for EPA to determine whether either construction project meets the requirements of Section 1424(e) of the Safe Water Drinking Act.	While FEMA does not anticipate substantive impacts to sole source aquifers, the data for detailed analysis has not be compiled yet as the engineering and design is still in early stages. FEMA anticipates that such information will be included in the State Environmental Quality Review. When this information is available, FEMA will resume coordination with EPA.
US Environmental Protection Agency	Section 5.5.2. EPA recommends that only native species of plant, shrubs and trees be used as permanent landscaping.	Recommendation included in FONSI conditions.

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<p>US Environmental Protection Agency</p>	<p>Section 5.7. EPA is concerned that by using the demographics of the entire town of Long Beach, the EA does not realistically determine whether there is a community of concern near the proposed Long Beach Medical Pavilion that would experience a disproportionate amount of impacts from the project. EPA would suggest using a buffer between .5 and 1 mile from the Pavilion on EJ Screen to determine whether there was a community of concern in the area.</p>	<p>Following EPA recommendations, FEMA used both a 1 mile and a .5 mile buffer on EJ Screen that showed the one community of concern that was stated in section 5.7.1 and no others. The impact analysis in EA remains applicable.</p>
<p>US Environmental Protection Agency</p>	<p>Section 5.9. EPA is concerned that the traffic analysis is not adequate to determine whether the projects will generate more traffic on local streets. The EA should include baseline or existing traffic volumes for each hospital and then determine the increase in future traffic volumes generated by each hospital renovation/construction. It appears that both projects will provide health care for more patients and therefore, will increase traffic to the facilities. It should then be determined whether an increase (if any) in traffic will impact the existing level of service on the residential roads leading to each hospital.</p>	<p>FEMA conducted additional evaluation of potential traffic impacts. This additional evaluation suggests an estimated increase in traffic near Oceanside of 1.5 percent. This increase in traffic was estimated using available traffic counts on local roads from NYSDOT and comparing count to SNCH's estimated increase in emergency visit capabilities and increase in beds. FEMA anticipates that traffic to the Long Beach site to be comparable to pre-disaster conditions as the first source of medical services in the community. FEMA anticipates that the traffic impacts at the Oceanside site will be minor and similar or negligible at the Long Beach site. FEMA anticipates that these estimates will be further refined in the State Environmental Quality Review as the engineering, design, and more detailed estimates are prepared by SNCH.</p>
<p>Beach to Bay Civic Association</p>	<p>Cover letter indicates response to the Notice of Availability of the Environmental Assessment for the Long Beach Medical Arts Pavilion and South Nassau Southwest Addition.</p>	<p>The website referenced in the cover letter includes a typo that was not present in the legal notices published in Newsday, the Long Beach Herald, and submitted to SNCH for local distribution. The result of this is that FEMA did not receive comments from Beach to Bay Civic Association during the public comment period. FEMA recognizes</p>

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		that the community has had concerns since Hurricane Sandy impacted New York and thus is considering these comments submitted after the comment period.
Beach to Bay Civic Association	The FEMA report improperly states the purpose of the Project ("restore appropriate medical services to Long Beach and the Subrecipient's service area"). It improperly expands the scope of the project beyond the affected five towns in the Barrier Island Community.	FEMA is neither a regulatory agency nor a public health agency and thus defers to those entities to establish what constitutes appropriate levels of service. SNCH has been determined to be an eligible applicant with an eligible scope of work under the Robert T. Stafford Act, as amended and including the alternate procedures introduced by the Sandy Recovery Improvement Act (SRIA) in 2013. As SNCH is a medical institution and regulated by the NYS Department of Health, FEMA defers to SNCH and NYS DOH expertise in determining what constitutes appropriate levels of service and what would be permitted in the community.
Beach to Bay Civic Association	The FEMA report "Finding that there is No Significant Impact" (FONSI) regarding the proposal to build a medical services solution in Oceanside and Long Beach materially understates the impact on the Barrier Island Community. Specifically, the report erroneously understates the impacts related to factors 5.7 (Environmental Justice), 5.9 (Transportation) and, most importantly, 5.11 (Public Health and Safety). This last factor is most important. Our incidence of critical health conditions (Stroke, Trauma, Heart Conditions, and Severe Broken Bones) is higher than most Nassau communities. We cannot afford to be reliant on a health care solution that requires our population to be transported over a bridge system that was unavailable over 800 times in a recent report period.	EPA requested that FEMA consider additional data for Environmental Justice and Transportation (comments and responses included above). FEMA understands that populations that seek medical treatment at the proposed Long Beach Medical Pavilion or the free-standing Emergency Department will be treated as deemed appropriate by medical industry standards and as required by applicable laws. As design and regulatory review is still in the early stages, FEMA anticipates that additional data will be developed and explored during the State Environmental Quality Review (SEQR) process to ensure compliance with state and local laws. A Finding of No Significant Impact (FONSI) is a determination of the federal action proposed for funding

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		<p>in comparison to existing circumstances in relation to federal laws and executive orders; FEMA understands that current existing services are limited to off-island care and Emergency Department services, therefore the proposed project is an improvement to the currently compromised health care services and consistent with federal laws and executive orders. The proposed project includes consideration of future expansion to accommodate changes in service needs, the design of which are still in early stages.</p>
<p>Beach to Bay Civic Association</p>	<p>The reliance on Bruce Vladeck's report to discount an alternative to rebuild a Long Beach focused facility fails to respond to critical considerations (e.g. Alternative 2/Oceanside-Long Beach does not resolve critical Doctor shortages). Further, other data provided by South Nassau and reported by FEMA inaccurately describes current and future emergency services (the reason only 8.7% of Long Beach ER patients go to another Hospital is because the 9 most critical medical conditions currently are not allowed to be transported by ambulance to Long Beach).</p>	<p>FEMA understands the report authored by Bruce Vladeck to be a third-party, independent study commissioned by SNCH to establish feasible alternatives including fiscal sustainability. The purpose of the project is to restore medical services to the community following the impacts of the disaster. The purpose of the alternate procedures introduced by SRIA is to support eligible applicants with eligible projects to recover in a manner that makes sense to them in a post-disaster environment. The purpose of this project is not intended to address doctor shortages.</p>
<p>Beach to Bay Civic Association</p>	<p>The report focuses on information provided by South Nassau, failing to properly consider Community feedback. The Community's preferences, expressed in meetings with South Nassau, a public forum with the Department of Health, conversations with elected officials and over 1000 signed petitions confirm that greater investment in Long Beach-located medical services is preferred by the Community over an Oceanside-Long Beach solution.</p>	<p>The project proposed by South Nassau Communities Hospital, determined to be an eligible applicant with an eligible project under the Robert T. Stafford Act, as amended was considered in this EA. The public comment period ending July 5, 2016 was the forum to consider community feedback on the project proposal. FEMA recognizes that SNCH has been and continues to conduct public outreach and expects the same to continue through the development of the SEQ process.</p>

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<p>Beach to Bay Civic Association</p>	<p>The FEMA analysis (Section 10.0 Summary of Impacts) recognizes that the Environmental impacts of alternative 2 (the Oceanside-Long Beach proposal) are more significant than alternative 3 (Long Beach only). We believe this negative gap would be greater if the data were more accurate and if a fourth alternative (rebuild the Long Beach medical facility to a greater degree) was considered.</p>	<p>Under NEPA, FEMA is not obligated to consider alternatives that would not be otherwise approvable. FEMA understands that the Department of Health actions following the disaster supports the dismissal of restoration of the facility to pre-existing conditions as not likely to obtain the required certification and permits. Under the Robert T. Stafford act as amended, the subrecipient, SNCH, has proposed an eligible project that this assessment has not found conflict with existing federal regulations or executive orders.</p>
<p>Beach to Bay Civic Association</p>	<p>While FEMA has properly focused on resiliency, it has not recognized the most at-risk locales and populations that require the protection of resiliency. Hurricane Sandy confirmed where the need existed three years ago, and where it will exist in the future. The community needs an investment in the area most at risk...an island physically isolated from Oceanside and whose elderly and poor population cannot afford to be separated from appropriate medical care.</p>	<p>The purpose of this project is to restore medical services lost as a result of the disaster while recognizing the options afforded to eligible applicants under the Robert T. Stafford Act, as amended. The proposed action in this assessment is expected to provide greater access to medical care than the temporary facilities that are currently present while also not precluding future expansion based on community needs. Department of Health and industry-recognized needs assessments will be the basis for determining services appropriate to community needs. The proposed action provides greater resiliency of the facility through design that accounts for flood levels that are expected to reduce the chance of closure and comparable damages in future storms.</p>
<p>Beach to Bay Civic Association</p>	<p>The report undervalues the need to replace a community asset: our lost Hospital. Public Health and Safety depends on more than just brick and mortar. Our community asserts that the presence of a hospital in Long Beach, not requiring transport to a distant site</p>	<p>The proposed project is for the restoration of medical services that meets applicant's request and industry standards in accordance with Federal, State, and local laws.</p>

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	(Oceanside), is a critical health prerequisite.	
Beach to Bay Civic Association	The response from Beach to Bay included additional statements beyond the seven key disagreements stated and responded to above.	Responses to the specific disagreements are listed above. FEMA is a reimbursement agency for disaster recovery projects, the Recipients and subrecipients propose projects and FEMA determines whether the proposals would be eligible for FEMA funding; FEMA does not design or dictate recovery projects.

FINDINGS

In accordance with NEPA and 44 CFR Part 10, FEMA has determined that the proposed action will have no significant adverse impact on the quality of the human environment in relation to post-disaster conditions. As a result of this FONSI, an Environmental Impact Statement will not be prepared. This FONSI serves as the final public notice for the proposed project.

APPROVED:

John Dawson

July 29, 2016

FEMA Region II Regional Environmental Officer Representative