Olean Planning Board Meeting Minutes

Monday, February 23, 2026
Common Council Chambers & Zoom

Attendance:	**Chairman:**	Craig Polson
	Members:	Jaye Beattie
		Mark Sabella
		Jerry Steiner
	Applicant(s):	David Miller, Olean General Hospital
		Brad Chapman, Olean General Hospital President
	Staff:	Keri L. Kerper, CD Program Coordinator
		Kathleen Monroe, Sr. Account Clerk Typist
	Others(s):	Mary Fay, 525 First Avenue (via Zoom)
		Thomas Mahar, 942 Delaware Avenue
		Paul Mahar, 209 N. 20th Street
		Bob Clark, Olean Times Herald

1. **Roll Call**

Recognizing a quorum, Chairman Craig Polson called the meeting to order at 6:30 p.m. and requested the roll call show all members present.

2. **Reading and approval of the February 9, 2026 meeting minutes**

A motion was made by Mark Sabella, seconded by Jerry Steiner to approve the February 9, 2026 meeting minutes. Voice vote, ayes all. Motion carried.

3. **Old Business**

i. **Olean General Hospital (SP # 2026-010)**
515 Main Street

Ms. Kerper referred to the correspondence received from the Department of Public Works (DPW), and

noted the various DPW divisions reviewed the project and reported no comments or suggested changes, finding the project proposal to be in order. Mr. Polson inquired about the proposed exterior

lighting for the parking lots areas. Mr. Miller explained the project, as proposed, includes additional pole lighting in the parking lot to be shielded and directed downward.

Mr. Polson asked whether there were any additional questions relating to the traffic patterns. Mr. Sabella requested clarification regarding the one-way and two-way drive aisles. Mr. Miller explained the Front Street entrance would consist of a one-way drive aisle, while the Main Street entrance would provide both ingress and egress, with a two-way drive aisle serving the general patient parking lot. Mr. Polson asked whether the Front Street entrance would be clearly marked as one-way traffic to ensure safety and compliance. Mr. Miller confirmed that the one-way drive aisle at the Front Street entrance would be clearly identified. He added, however, that motorists have been known to disregard the signage in order to bypass the traffic light at the corner of Front and Main Streets.

After brief discussion, a motion was made by Mark Sabella, seconded by Jaye Beattie to approve Olean General Hospital (SP # 2026-010) as presented with the no conditions. Voice vote, ayes all. Motion carried.

Mr. Polson thanked the applicant for their efforts on improving the facility, and its impact on the community.

4. New Business

There was no new business at this time.

5. Miscellaneous Communications

There were no miscellaneous communications at this time.

6. Next Meeting

The next Planning Board meeting has been scheduled for Monday, March 9, 2026 at 6:00 p.m., if there is business.

7. Adjournment

A motion to adjourn was made by Jerry Steiner, seconded by Jaye Beattie. Voice vote, ayes all. Motion carried. Meeting adjourned at approximately 6:35 p.m.

Olean Planning Board Public Hearing Minutes

Monday, February 23, 2026
Common Council Chambers & via Zoom

6:00 p.m. Olean General Hospital (SP # 2026-010)
515 Main Street

Attendance:	Chairman:	Craig Polson
	Members:	Jaye Beattie
		Mark Sabella
		Jerry Steiner
	Applicant(s):	David Miller, Olean General Hospital
		Brad Chapman, Olean General Hospital President
	Staff:	Keri L. Kerper, CD Program Coordinator
		Kathleen Monroe, Sr. Account Clerk Typist
	Citizen(s):	Mary Fay, 525 First Avenue
		Thomas Mahar, 942 Delaware Avenue
		Paul Mahar, 209 N. 20th Street
		Bob Clark, Olean Times Herald

Recognizing a quorum, Chairman Craig Polson opened the public hearing at 6:01 p.m., and Ms. Kerper read the legal notice of public hearing that was published in the Olean Times Herald on February 10, 2026.

Mr. Polson invited the applicant to provide an overview of the project for those in attendance prior to opening the floor for public comment. Mr. Miller introduced himself as the Director of Facilities at Olean General Hospital (OGH) and explained the hospital is proposing renovations to the existing 10,100 sq. ft. Emergency Department (ED), along with the construction of an approximately 13,000 sq. ft., one-story addition that will connect to the hospital's main lobby. He provided an overview of the current conditions within the ED and emphasized the need for the proposed improvements. Mr. Miller explained the existing twenty-five bed licensed ED was constructed in 1999, and designed under standards that are longer adequately support advancements in medical technology and modern patient care practices. He noted the current layout, which

includes curtained treatment areas and the use of hallway beds, does not provide sufficient patient privacy. In addition, mental health patients are currently held and treated in the same general area as other patients, which can lead to disturbances.

Mr. Miller outlined the proposed project improvements, which include the addition of enclosed private patient rooms, two fast-track treatment rooms for lower acuity patients, an airborne isolation room, two trauma rooms, a decontamination room, a Sexual Assault Nurse Examiner (SANE) room, and an interventional radiology room. He noted the proposed project would address congestion along the EMS and radiology pathway, incorporate advanced imaging capabilities, and establish a Comprehensive Psychiatric Emergency Program (CPEP) unit. He explained the CPEP unit would provide five adult and two adolescent treatment rooms with a common patient activities area, which would function as a separate unit that would not be factored into the twenty-five licensed beds.

Mr. Miller stated the overall purpose of the proposed project is to enhance patient care and safety through expansion and modernization of the ED.

Mr. Miller advised the hospital anticipates a two-year construction schedule, with the work to be completed in phases to ensure ED remains operational throughout the project. He further noted that the larger enclosed patient rooms with reduced noise and activity levels, along with the creation of a dedicated CPEP unit providing a safe environment for mental health patients, would be impactful for the community.

Mr. Miller explained the proposed alterations to the parking lot would consist of expanding the parking lot into the front lawn of the facility providing five additional parking spaces. He noted the project also includes a reconfiguration of the site's traffic patterns, which would maintain the Front Street EMS entrance as one-way drive aisle, while allowing two-way traffic from Main Street and throughout the general parking lot.

Mr. Miller advised the tentative schedule for the proposed project, which requires review and approval from the New York State Department of Health (NYSDOH) and Office of Mental Health (OMH), has been revised. He indicated the project is now anticipated to go out to bid on October 1, 2026, with a goal of commencing construction by the end of the calendar year 2026.

Mr. Polson asked if there were any questions or comments from the Board or those in attendance.

In response to Mr. Sabella's inquiry regarding the integration of the current ED area, Mr. Miller explained the majority of the existing ED area would become the CPEP unit to accommodate mental health patients, providing a safe environment for patients to move about freely and access the activities room.

Ms. Fay disclosed she works at the hospital, expressed the need for the expansion, and inquired about the net change to the availability of the proposed patient beds. Mr. Miller

explained there would be no net gain in the number of proposed ED patient beds. He reiterated the hospital is not seeking to expand its licensed bad capacity, but rather to improve and streamline the process for evaluating and treating patients who present to the ED. Mr. Miller advised the anticipated benefit of the project is increased efficiency in ED operations. He noted the implementation of the CPEP unit consisting of mental health patient rooms, would function as a separate service and would not be included within the twenty-five licensed ED beds. Mr. Miller explained the CPEP unit would be established as a separate new line under the licensure. He further explained the inclusion of four fast-track patient treatment rooms is intended to improve patient flow and efficiency, noting these rooms would be used for lower-acuity patients requiring services such as X-rays, blood draws, or fluids, while the remaining patient rooms would be utilized for patients under the direct care and monitoring of nursing staff. Mr. Miller indicated together with the CPEP unit, these new services are expected to improve patient response times and overall throughput in the ED.

Ms. Fay expressed concern regarding the number of patient beds proposed in light of the recently publicized closing of the Bradford Regional Medical Center (BRMC). In response, Mr. Miller indicated the addition of a dedicated ED CT machine within the ED, along with the implementation of the CPEP unit, would help streamline patient services and allow patients to move quickly and more efficiently through the treatment process. Ms. Fay noted although the plans were drafted prior to the BRMC notification of closure, the hospital will likely see an increase in demand for ED services as a result.

Ms. Fay inquired whether the drainage ditch located parallel to the Front Street extension would remain intact. Mr. Miller responded the overflow area between the hospital and Front Street would remain unchanged, as the project would not infringe that far south to impact the curb line. He explained the hospital initially sought an Area Variance from the Zoning Board of Appeals (ZBOA). However, the current design places the proposed improvements approximately 17’ from the public right-of-way.

In response to Ms. Fay’s inquiry into whether the existing beautiful trees lining Front Street would be removed, Mr. Miller advised the cypress trees lining the roadway on Front Street would remain intact. However, the pine tree located at the front of the hospital, along with one older maple tree, both of which are experiencing health issues, would be removed. Mr. Miller advised the hospital intends to plant additional trees along the parking lot area.

Ms. Fay asked for clarification regarding the number of Area Variances the applicant requested from the ZBOA. Mr. Miller explained the hospital sought three Area Variances. One variance was granted to allow the hospital to construct the addition 8’ from the public right-of-way, which ended up being unnecessary, along with another variance granted by the ZBOA related to the expansion of the parking lot into the front lawn. He further explained the hospital currently does not meet the 10% greenspace requirement, therefore the proposed project did not necessitate a third Area Variance.

Ms. Fay expressed concern regarding the shortage of parking at the facility, and questioned whether the hospital has considered purchasing additional land such as the property adjacent to the Quick Fill gas station. Mr. Miller stated the applicant has not sought out or researched the purchase of additional land at this time.

Ms. Fay indicated question C.2.a. of the Full Environmental Assessment Form, which inquires whether any municipally-adopted (city, town village or county) comprehensive land use plan(s) include the site where the proposed action would be located, should be marked as yes. She suggested marking yeas to the corresponding section of the inquiry whether the comprehensive plan include specific recommendations for the site where the prosed action would be located.

Mr. Sabella asked for clarification on which patient treatment beds are included in the twenty-five bed licensure. Mr. Miller explained the CPEP unit patient rooms are not included in the licensed twenty-five patient beds. He explained the ED patient rooms including the fast-track rooms are a separate line item from the CPEP unit consisting of five adult and two adolescent patient beds.

Mr. Polson noted that in light of the closure of the BRMC, the question remains whether the ED would be sufficient to meet the community's needs. He asked whether the hospital would consider a future additional extension to accommodate an unforeseen increase in patient demand. Mr. Chapman responded the hospital started the project planning process prior to the BRMC announcement, and stated with the efficiencies expected from the proposed improvements, the hospital believes it will be able to satisfy the community's emergency patient care needs. He noted the BRMC averaged approximately 30 patients per day, and OGH administration believes area medical facilities, such as the Kane Hospital, local urgent care centers, and the improvements to the OGH facility would provide ample patient treatment beds. Mr. Chapman indicated the improvements to the ED resulting in twenty-five regular ED licensed patient beds, and seven additional CPEP unit mental health patient beds for a total of 32 patient beds, would allow OGH to increase efficiencies moving patients through the ED at a much quicker pace.

Mr. Polson stated, although the hospital would gain five additional parking spaces, the facility would continue to experience parking challenges. He acknowledged opportunities to expand parking are limited, short of constructing a parking garage, which is unfeasible at this point in time. Mr. Polson added the parking situation is not expected to worsen, since the patient bed count would remain essentially the same. He emphasized that the purpose of the expansion was not to increase the number of licensed beds, but rather to improve operational efficiencies.

Mr. Thomas Mahar shared his experience in the OGH ED with his brother-in-law, noting long delays in patient treatment, with patients lined up in the hallways. He observed, for safety reasons, individuals accompanied by the Sheriff's Office received preferential treatment. Mr. Thomas Mahar emphasized lengthy wait times are an

ongoing issue, noting an instance where he accompanied an eighty-seven year-old patient to the ED spending several hours waiting to be triaged and many additional hours before receiving treatment.

Mr. Polson reiterated the proposed project is intended to address these delays by improving operational efficiencies. Mr. Miller added the addition of the second CT machine, along with the proximity to equipment and other project components is expected to reduce wait times and improve the overall patient experience.

Mr. Paul Mahar expressed concern visitors unable to find parking at the facility may choose to park the Park & Shop parking lot. Mr. Miller responded that while the hospital cannot control motorists' actions, the additional five additional parking spaces, along with other improvements, should provide sufficient parking. Mr. Thomas Mahar also expressed concerns regarding the parking situation, noting the potential for increased patient demand following the closing of the BRMC.

Mr. Miller indicated OGH is working with the Christ United Methodist Church to assist with contractor parking during construction. He stated the facility would work toward minimizing parking challenges that may arise during the two-year construction period.

Mr. Sabella indicated the improvements proposed relating to the mental health aspect of patient care, would help to alleviate the challenges currently experienced in the ED. Mr. Miller explained the current conditions of the ED takes patient treatment rooms offline for extended lengths of time to safely discharge mental health patients.

Mr. Polson asked if there were any further questions or comments relating to the project. Absent further comments or questions, He entertained a motion to declare the public hearing closed. Motion made by Jerry Steiner, seconded by Mark Sabella to close the public hearing at 6:29 p.m. Voice vote, ayes all. Motion carried.