

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

-----X
ANASTASIA ANDREYEVA, as the Administrator of :
the Estate of FAINA LYUBAVINA, Deceased, and :
ANASTASIA ANDREYEVA, Individually, :

Index Number: 516420/2018

Plaintiffs,

- against -

NOTICE OF APPEAL

HAYM SOLOMON HOME FOR THE AGED, LLC,
ALEXEY ISAKOV, M.D., ANDREY KUCHERINA,
M.D., SHORE VIEW ACQUISITION I, LLC., d/b/a
SHORE VIEW NURSING HOME &
REHABILITATION CENTER,

Defendants.
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COUNSELORS:

PLEASE TAKE NOTICE that defendants hereby appeal to the Appellate Division of the Supreme Court of the State of New York, Second Judicial Department, from the annexed Order of the Supreme Court, Kings County, by the Honorable Marsha Steinhardt, dated February 21, 2019, and entered in the office of the Clerk of the above-named Court on February 28, 2019.

This appeal is taken from each and every part of the Order and the whole thereof.

New York, New York
March 13, 2019,

Yours Truly,

SHEELEY LLP.

By: 
COURTNEY A. BIHN

Attorneys for Defendant
SHORE VIEW ACQUISITION I, LLC., d/b/a
SHORE VIEW NURSING HOME &
REHABILITATION CENTER
747 Third Avenue Floor 2
New York, NY 10017
(646) 809-1372

Supreme Court of the State of New York
Appellate Division: Second Judicial Department

Form A - Request for Appellate Division Intervention - Civil

See § 670.3 of the rules of this court for directions on the use of this form (22 NYCRR 670.3).

Case Title: Set forth the title of the case as it appears on the summons, notice of petition or order to show cause by which the matter was or is to be commenced, or as amended.
ANASTASIA ANDREYEVA, as the Administrator of the Estate of FAINA LYUBAVINA, Deceased, and ANASTASIA ANDREYEVA, Individually,
Plaintiffs,
- against -
HAYM SOLOMON HOME FOR THE AGED, LLC, ALEXEY ISAKOV, M.D., ANDREY KUCHERINA, M.D., SHORE VIEW ACQUISITION I, LLC., d/b/a SHORE VIEW NURSING HOME & REHABILITATION CENTER,
Defendants.

For Court of Original Instance
Date Notice of Appeal Filed
For Appellate Division

Case Type: Civil Action, CPLR article 75 Arbitration, CPLR article 78 Proceeding, Special Proceeding Other, Habeas Corpus Proceeding
Filing Type: Appeal, Original Proceeding
Transferred Proceeding, CPLR 5704 Review

Nature of Suit: Check up to five of the following categories which best reflect the nature of the case.

A. Administrative Review: 1 Freedom of Information Law, 2 Human Rights, 3 Licenses, 4 Public Employment, 5 Social Services, 6 Other
B. Business & Other Relationships: 1 Partnership/Joint Venture, 2 Business, 3 Religious, 4 Not-for-Profit, 5 Other
C. Contracts: 1 Brokerage, 2 Commercial Paper, 3 Construction, 4 Employment, 5 Insurance, 6 Real Property, 7 Sales, 8 Secured, 9 Other
D. Domestic Relations: 1 Adoption, 2 Attorney's Fees, 3 Children - Support, 4 Children - Custody/Visitation, 5 Children - Terminate Parental Rights, 6 Children - Abuse/Neglect, 7 Children - JD/PINS, 8 Equitable Distribution, 9 Exclusive Occupancy of Residence, 10 Expert's Fees, 11 Maintenance/Alimony, 12 Marital Status, 13 Paternity, 14 Spousal Support, 15 Other
E. Miscellaneous: 1 Constructive Trust, 2 Debtor & Creditor, 3 Declaratory Judgment, 4 Election Law, 5 Notice of Claim, 6 Other
F. Prisoners: 1 Discipline, 2 Jail Time Calculation, 3 Parole, 4 Other
G. Real Property: 1 Condemnation, 2 Determine Title, 3 Easements, 4 Environmental, 5 Liens, 6 Mortgages, 7 Partition, 8 Rent, 9 Taxation, 10 Zoning, 11 Other
I. Torts: 1 Assault, Battery, False Imprisonment, 2 Conversion, 3 Defamation, 4 Fraud, 5 Intentional Infliction of Emotional Distress, 6 Interference with Contract, 7 Malicious Prosecution/Abuse of Process, 8 Malpractice, 9 Negligence, 10 Nuisance, 11 Products Liability, 12 Strict Liability, 13 Trespass and/or Waste, 14 Other
J. Wills & Estates: 1 Accounting, 2 Discovery, 3 Probate/Administration, 4 Trusts, 5 Other



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Appeal	
Paper Appealed From (check one only):	
<input type="checkbox"/> Amended Decree	<input type="checkbox"/> Determination
<input type="checkbox"/> Amended Judgment	<input type="checkbox"/> Finding
<input type="checkbox"/> Amended Order	<input type="checkbox"/> Interlocutory Decree
<input type="checkbox"/> Decision	<input type="checkbox"/> Interlocutory Judgment
<input type="checkbox"/> Decree	<input type="checkbox"/> Judgment
<input checked="" type="checkbox"/> Order	<input type="checkbox"/> Resettled Order
<input type="checkbox"/> Order & Judgment	<input type="checkbox"/> Ruling
<input type="checkbox"/> Partial Decree	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Resettled Decree	
<input type="checkbox"/> Resettled Judgment	
Court: Supreme Court	County: Kings County
Dated: 2/21/19	Entered: 2/28/19
Judge (name in full): Marsha Steinhardt	Index No.: 516420/2018
Stage: <input checked="" type="checkbox"/> Interlocutory <input type="checkbox"/> Final <input type="checkbox"/> Post-Final	Trial: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury
Prior Unperfected Appeal Information	
Are any unperfected appeals pending in this case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, do you intend to perfect the appeal or appeals covered by the annexed notice of appeal with the prior appeals? <input type="checkbox"/> Yes <input type="checkbox"/> No. Set forth the Appellate Division Cause Number(s) of any prior, pending, unperfected appeals:	
Original Proceeding	
Commenced by: <input type="checkbox"/> Order to Show Cause <input type="checkbox"/> Notice of Petition <input type="checkbox"/> Writ of Habeas Corpus	Date Filed:
Statute authorizing commencement of proceeding in the Appellate Division:	
Proceeding Transferred Pursuant to CPLR 7804(g)	
Court:	County:
Judge (name in full):	Order of Transfer Date:
CPLR 5704 Review of Ex Parte Order	
Court:	County:
Judge (name in full):	Dated:
Description of Appeal, Proceeding or Application and Statement of Issues	
<p>Description: If an appeal, briefly describe the paper appealed from. If the appeal is from an order, specify the relief requested and whether the motion was granted or denied. If an original proceeding commenced in this court or transferred pursuant to CPLR 7804(g), briefly describe the object of the proceeding. If an application under CPLR 5704, briefly describe the nature of the ex parte order to be reviewed.</p> <p>This is an appeal from a Decision & Order denying the Defendant Shoreview's Motion to Compel Arbitration and Change Venue based upon a signed nursing home admission agreement.</p> <p>Amount: If an appeal is from a money judgment, specify the amount awarded.</p> <p>Issues: Specify the issues proposed to be raised on the appeal, proceeding, or application for CPLR 5704 review.</p>	

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Issues Continued:

Use Form B for Additional Appeal Information

Party Information

Instructions: Fill in the name of each party to the action or proceeding, one name per line. If this form is to be filed for an appeal, indicate the status of the party in the court of original instance and his, her, or its status in this court, if any. If this form is to be filed for a proceeding commenced in this court, fill in only the party's name and his, her, or its status in this court.

Examples of a party's original status include: plaintiff, defendant, petitioner, respondent, claimant, defendant third-party plaintiff, third-party defendant, and intervenor. Examples of a party's Appellate Division status include: appellant, respondent, appellant-respondent, respondent-appellant, petitioner, and intervenor.

No.	Party Name	Original Status	Appellate Division Status
1	SHORE VIEW ACQUISITION I, LLC, d/b/a SHORE VIEW NURSING HOME & REHABILITATION CENTER.	Defendant	Appellant
2	ANDREY KUCHERINA, M.D. & ALEXEY ISAKOV, M.D.	Defendant	Respondent
3	HAYM SOLOMON HOME FOR THE AGED, LLC	Defendant	Respondent
4	ANASTASIA ANDREYEVA, as the Administrator of the Estate of FAINA LYUBAVINA, Deceased.	Plaintiff	Respondent
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Attorney Information	
<p>Instructions: Fill in the names of the attorneys or firms of attorneys for the respective parties. If this form is to be filed with the notice of petition or order to show cause by which a special proceeding is to be commenced in the Appellate Division, only the name of the attorney for the petitioner need be provided.</p>	<p>In the event that a litigant represents herself or himself, the box marked "Pro Se" must be checked and the appropriate information for that litigant must be supplied in the spaces provided.</p>
Attorney/Firm Name: Sheeley LLP.	
Address: 747 Third Avenue. Floor 2	
City: New York	State: NY Zip: 10017 Telephone No.: 646-809-1372
Attorney Type: <input checked="" type="checkbox"/> Retained <input type="checkbox"/> Assigned <input type="checkbox"/> Government <input type="checkbox"/> Pro Se <input type="checkbox"/> Pro Hac Vice	
Party or Parties Represented (set forth party number(s) from table above or from Form C):	1
Attorney/Firm Name: LAW OFFICE OF BENVENUTO & SLATTERY	
Address: 1800 Northern Blvd.	
City: Roslyn	State: NY Zip: 11576 Telephone No.: (516) 775-2236
Attorney Type: <input checked="" type="checkbox"/> Retained <input type="checkbox"/> Assigned <input type="checkbox"/> Government <input type="checkbox"/> Pro Se <input type="checkbox"/> Pro Hac Vice	
Party or Parties Represented (set forth party number(s) from table above or from Form C):	2
Attorney/Firm Name: KAUFMAN BORGEEEST & RYAN LLP	
Address: 120 Broadway 14th Floor	
City: New York	State: NY Zip: 10271 Telephone No.: (212) 980-9600
Attorney Type: <input checked="" type="checkbox"/> Retained <input type="checkbox"/> Assigned <input type="checkbox"/> Government <input type="checkbox"/> Pro Se <input type="checkbox"/> Pro Hac Vice	
Party or Parties Represented (set forth party number(s) from table above or from Form C):	3
Attorney/Firm Name: BRAND, GLICK & BRAND, P.C.	
Address: 600 Old Country Road, Suite 440	
City: Garden City	State: NY Zip: 11530 Telephone No.: (516) 284-2215
Attorney Type: <input checked="" type="checkbox"/> Retained <input type="checkbox"/> Assigned <input type="checkbox"/> Government <input type="checkbox"/> Pro Se <input type="checkbox"/> Pro Hac Vice	
Party or Parties Represented (set forth party number(s) from table above or from Form C):	4
Attorney/Firm Name:	
Address:	
City:	State: Zip: Telephone No.:
Attorney Type: <input type="checkbox"/> Retained <input type="checkbox"/> Assigned <input type="checkbox"/> Government <input type="checkbox"/> Pro Se <input type="checkbox"/> Pro Hac Vice	
Party or Parties Represented (set forth party number(s) from table above or from Form C):	
Attorney/Firm Name:	
Address:	
City:	State: Zip: Telephone No.:
Attorney Type: <input type="checkbox"/> Retained <input type="checkbox"/> Assigned <input type="checkbox"/> Government <input type="checkbox"/> Pro Se <input type="checkbox"/> Pro Hac Vice	
Party or Parties Represented (set forth party number(s) from table above or from Form C):	
Use Form C for Additional Party and/or Attorney Information	
<p>The use of this form is explained in § 670.3 of the rules of the Appellate Division, Second Department (22 NYCRR 670.3). If this form is to be filed for an appeal, place the required papers in the following order: (1) the Request for Appellate Division Intervention [Form A, this document], (2) any required Additional Appeal Information Forms [Form B], (3) any required Additional Party and Attorney Information Forms [Form C], (4) the notice of appeal or order granting leave to appeal, (5) a copy of the paper or papers from which the appeal or appeals covered in the notice of appeal or order granting leave to appeal is or are taken, and (6) a copy of the decision or decisions of the court of original instance, if any.</p>	

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