

Massachusetts Department of Public Health Determination of Need Affidavit of Truthfulness and Compliance

Version: 7-6-17

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Applicat	tion Number:	CA-21092808-	CL	Original Application D	ate: September 28, 1024
Applica	nt Name: Ascentr	ia Care Alliance, Inc. (Laur	el Ridge Rehabilitation	and Skilled Care Center)	
pplica	tion Type: Conserv	vation Long Term Care Pro	ject		
nnlica	nt's Business Type	Corporation CLin	nited Partnershin	Partnership (Trust (LLC (Other
		·	•	ies) that are the subject of this Ap	
2. k. j. j. j. j. j. j. j. j. j. j	I have read 105 CM I understand and a I have read this ap information conta I have submitted t I have submitted t Parties of Record a I have caused, as r all carriers or third Applicant contrac I have caused, as r all carriers or third Applicant contrac I have caused prop 100.405(E) and 30 If subject to M.G.L accordance with 1 Pursuant to 105 C substantial comple previously issued I have read and ur Determination of I understand that, pursuant to 105 C	AR 100.000, the Massachus agree to the expected and plication for Determination ained herein is accurate ar the correct Filing Fee and is the required copies of this and other parties as requir equired, notices of intent -party administrators, put ts, and with Medicare and per notification and subm 1 CMR 11.00; will be made . c. 6D, § 13 and 958 CMR 05 CMR 100.405(G); MR 100.210(A)(3), I certify iance and good standing Notices of Determination inderstand the limitations of Need as established in 102 if Approved, the Applicar MR 100.310, as well as any	setts Determination of appropriate conduct on of Need including a nd true; understand it is nonref application to the Det ed pursuant to 105 CM to be published and d olic and commercial, for Medicaid, as required issions to the Secretar of Applicable. 7.00, I have submitted that both the Applicat with relevant federal, s of Need and the terms on solicitation of fundi 5 CMR 100.415; ht, as Holder of the Dol y applicable Other Con	of the Applicant pursuant to 105 C I exhibits and attachments, and ca undable pursuant to 105 CMR 100 ermination of Need Program, and IR 100.405(B); uplicate copies to be submitted to r the payment of health care servi by 105 CMR 100.405(C), et seq.; r of Environmental Affairs pursuan such Notice of Material Change to at and the Proposed Project are in tate, and local laws and regulation and Conditions attached therein; and from the general public prior to A, shall become obligated to all Sta ditions as outlined within 105 CM	CMR 100.800; artify that all of the 0.405(B); , as applicable, to all o all Parties of Record, and ces with which the at to 105 CMR o the HPC - in material and hs, as well as with all o receiving a Notice of andard Conditions
	Ridge Rehabil	ECURITY - HEAT ACTIVATED itation & Skilled Ca orest Hills Street a Plain, MA 02130		IAL SECURITY FEATURES INCLUDED • Berkshire Bank 53:7169/2118 09/21/2021	SEE BACK FOR DETAILS
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	Det	ermination of	of Need	E(
	Affidavit of T	ruthfulness	and Complian	ce		
RANNIENT OF PUE	15		Form 100.405(I	000 90 0001		
Instructions	Complete Information below. When c		N	46		
lock the form	. Print Form. Each person must sign an h.don@state.ma.us Include all attach	d date the form. When				
Application	Number: ACA - 21092808 -	CL	Original Applica	tion Date: September 28, 1024		
Applicant Na	me: Ascentria Care Alliance, Inc. (Laur	el Ridge Rehabilitation	and Skilled Care Center)			
Application	Type: Conservation Long Term Care Pro	iject				
Applicant's I	Business Type: 🙃 Corporation 🦳 Lin	nited Partnership 🤇 🤇	Partnership (Trust	CLLC COther		
Is the Applic	ant the sole member or sole shareholde	r of the Health Facility(i	es) that are the subject of t	his Application? 🕞 Yes 🕜 No		
	ned certifies under the pains and penal					
	Applicant is the sole corporate member			are the subject of this Application;		
	re read 105 CMR 100.000, the Massachus derstand and agree to the expected and			105 CMP 100 800-		
	read this application for Determination					
- C.Y	rmation contained herein is accurate an					
	e submitted the correct Filing Fee and u					
	e submitted the required copies of this			n, and, as applicable, to all		
	ies of Record and other parties as require					
7. I hav	re caused, as required, notices of intent	to be published and du	plicate copies to be submit	ted to all Parties of Record, and		
	arriers or third-party administrators, pub					
	licant contracts, and with Medicare and					
8. I hav	večaused proper notification and submi 405(E) and 301 CMR 11.00; will be made	issions to the Secretary	of Environmental Affairs pu	ursuant to 105 CMR		
	bject to M.G.L. c. 6D, § 13 and 958 CMR 7		uch Notice of Material Char	age to the HPC - in		
	ordance with 105 CMR 100.405(G);		uch notice of Material Cria	ige to the HFC - III		
	uant to 105 CMR 100.210(A)(3), I certify	that both the Applican	and the Proposed Project	are in material and		
sub	tantial compliance and good standing v	with relevant federal, st	ate, and local laws and regu	ulations, as well as with all		
prev	iously issued Notices of Determination (of Need and the terms :	and Conditions attached th	erein;		
11. I hav	re read and understand the limitations o	on solicitation of fundin	g from the general public p	prior to receiving a Notice of		
	ermination of Need as established in 105		1.00			
12. I un	derstand that, if Approved, the Applican	t, as Holder of the DoN	shall become obligated to	all Standard Conditions		
purs	uant to 105 CMR 100.310, as well as any rwise become a part of the Final Action	applicable Other Conc	litions as outlined within 10	05 CMR 100.000 or that		
				r facility and		
14. Purs						
ordi	nances, whether or not a special permit	is required: or.	is addronized ander applica	able zoning by-laws of		
	a. If the Proposed Project is not auth	norized under applicab	le zoning by-laws or ordina	nces, a variance has been		
	received to permit such Pro	oposed Project; or,				
	b. The Proposed Project is exempt f	rom zoning by-laws or	ordinances.			
Corporation						
Attach a copy of Articles of Organization/Incorporation, as amended						
Angela Bovil		Up/	5	9/28/21		
CEO for Corp	oration Name:	Signature:	, 1 1			
William May		Lil	hut	28 5 1 21		
-		Signaturé:		Date		
* been informed of the contents of						
** have been informed that *** issued in compliance with 105 CMR 100.000, the Massachusetts Determination of Need regulation effective January 27, 2017 and amended December 28, 2018						

Affidavit of Truthfulness Ascentria Care Alliance Inc. / Jaurel Ridge Rehabil

BARRETT, HARRELL & FERRER LLC

Via Email - Read Receipt Requested and Overnight UPS - Signature Requested

September 29, 2021

Via E-Mail

Lara Szent-Gyorgyi, Director Determination of Need Program Department of Public Health 250 Washington Street Boston, MA 02108

MA Dec. of indeficient the 67 Forest St. Matibornich Ma 01750

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RE: Ascentria Care Alliance, Inc. – Lutheran Home of Jamaica Plain, Inc. d/b/a Laurel Ridge Rehabilitation and Skilled Care Center Determination of Need Application # ACA-21092808-CL

Dear Ms. Szent-Gyorgyi:

We write to provide you with additional documentation for the above-captioned Determination of Need ("DoN") Application submitted to your office electronically on September 28, 2021. Please find enclosed the original Affidavit of Truthfulness (Exhibit 1) and the filing fee (Exhibit 2) for the Ascentria Care Alliance, Inc. – Lutheran Home of Jamaica Plain, Inc. d/b/a Laurel Ridge Rehabilitation and Skilled Care Center DoN Application # ACA-21092808-CL.

We thank you for your assistance with this matter. Please do not hesitate to contact Amanda Beauregard, Esq. or me if you have any questions or require additional information.

Sincerely,

Kathleen Harrell, Esq.

Enclosure

cc: R. Rodman, Esq. dph.don@state.ma.us

EXHIBIT 1

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Laurel Ridge Rehabilitation & Skilled Care Center Jamaica Plain, MA 02130

3804

COMMON			09/21/2021		3804	
Invoice Number	Invoice Date	Description	Gross Amount	Discount Taken	Net Amount Paid	
DON	09/24/2021	DON (0.2% of MCE)	\$25,479.80	\$0.00	\$25,479.80	
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Laurel Ridge Rehabilitation & Skilled Care Center Jamaica Plain, MA 02130

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EXHIBIT 2

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