



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

Application Type:	Conservation Long Term Care Project	Application Date:	
Applicant Name:	Berkshire Healthcare Systems, Inc.		
Mailing Address:	265 N. Main Street		
City:	Yarmouth	State:	Massachusetts
		Zip Code:	02664
Contact Person:	Karen Koprowski	Title:	Regulatory Advisor
Mailing Address:	92 Montvale Avenue, Suite 2300		
City:	Stoneham	State:	Massachusetts
		Zip Code:	02180
Phone:	7742395885	Ext:	
E-mail:	kkoprowski@strategiccares.com		

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:	Windsor Nursing & Retirement Home		
Facility Address:	265 N Main Street		
City:	Yarmouth	State:	Massachusetts
		Zip Code:	02664
Facility type:	Long Term Care Facility	CMS Number:	225349
Add additional Facility		Delete this Facility	

1. About the Applicant

1.1 Type of organization (of the Applicant):	nonprofit
1.2 Applicant's Business Type:	<input checked="" type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Partnership <input type="radio"/> Trust <input type="radio"/> LLC <input type="radio"/> Other
1.3 What is the acronym used by the Applicant's Organization?	NONE
1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program?	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.5 Is Applicant or any affiliated entity an HPC-certified ACO?	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.7 Does the Proposed Project also require the filing of a MCN with the HPC?	<input type="radio"/> Yes <input checked="" type="radio"/> No

- 1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? ☐ Yes ☒ No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

A. FACILITY INFORMATION

The Applicant is Berkshire Healthcare Systems, Inc. (which is 100% owned by Berkshire Healthcare Systems, Inc.) is DBA Windsor Nursing & Retirement Home, a not for profit corporation. Berkshire Healthcare has been delivering high quality health care to elders and disabled person in the Commonwealth of Massachusetts since 1987. Berkshire Healthcare Systems, Inc. operates fourteen (14) skilled nursing and rehabilitation facilities, 2 assisted living facilities, 2 hospice companies, and housing for seniors in Massachusetts. All of its skilled nursing and rehabilitation centers are dually-certified by Medicaid and Medicare, and the Joint Commission Certified.

Windsor Nursing & Retirement Home is a one hundred twenty (120) bed skilled nursing and rehabilitation center located in South Yarmouth, Massachusetts. The facility provides short term and long term nursing care, rehabilitative care, and hospice and respite care to residents who need such services. In addition to being Joint Commission Certified, the facility has received the Bronze National Quality Award.

B. BACKGROUND

Windsor Nursing & Retirement Home is a one story facility and is a 120 bed, 2 unit skilled nursing facility located in South Yarmouth, Massachusetts. Yarmouth, a town in Barnstable County, is an affluent, residential community with a population of over 23,000 residents with 30.3% of the population 65 years of age or older.

The 46,100 square foot facility was originally constructed, in 1975 with no additions since opening. It was purchased by Berkshire Healthcare Systems, Inc. in 1990 from Genesis Health Care.

The facility is comprised of two 60 bed units for a total of 120 licensed beds. Wing A has 12 three bedded rooms, and Wing B has 11 three bedded rooms. These beds will be located in the two new wings attached to the existing structure.

The state's nursing facility De-Densification Requirements, which will prohibit residents in three and four-bedded rooms effective April 30, 2022, would reduce Windsor's one hundred twenty (120) licensed beds by twenty three (23) beds to a total of ninety seven (97) beds.

C. SCOPE OF WORK

To comply with the De-Densification Requirements, the facility proposes to relocate the twenty three (23) beds in three-bedded rooms within the facility by constructing two (2) wings attached to the front of the existing facility. Each wing will have 4,986 square feet for a total of 9,972 square feet. To meet the discharge needs of area hospitals and community, the additions would be able to accommodate skilled short-term, subacute transitional care (TCU) patients, who comprise approximately 20% of the population. Windsor Nursing & Retirement Home admissions come primarily from Cape Cod Hospital (79%) and Falmouth Hospital (9%).

We have provided with this Determination of Need (DON) application a detailed copy of the scope of work and estimated cost of the proposed project. The estimated Maximum Capital Expenditure (MCE) for the project is \$4,261, 344. (March 2022 dollars).

D. PATIENT PANEL

Of the current population, 51% are male and 49% are female. The average age of residents is 73.6 years. In the demographics of race and ethnicity, 99% of residents are Caucasian. While Windsor Nursing & Retirement Home does not discriminate against any religion and welcomes all to its facilities, all residents listing their religion were Catholic or Protestant.

The average length of stay (ALOS) in 2021 for short term residents was 32 days and long term residents was 195. The payor mix shows that the majority (76%) of Windsor facility residents had their care covered by Medicaid. This represents primarily longer stay residents who were either admitted to the facility on Medicaid or who spent down their private resources over time and then converted to Medicaid. 76% of residents had their stays paid by Medicaid, 3% were private pay residents, 15% were covered by Medicare Part A, and the remaining 6% were primarily insurance paid (Fallon, United Health Care Medicare HMO, USAA, and Medicaid HMO).

As noted earlier, Windsor's residents have longer lengths of stay than most state and national facilities. Its admissions have been constant over the past two years, 190 admissions in 2020 and 191 admissions in 2021. There has been an uptick in admissions over the first few months of 2022. Windsor's referrals and subsequent admissions come from a number of sources including Cape Cod Hospital, families, and various home care agencies.

Windsor's longer length of stay also impacts other comparable statistics including re-hospitalization rates. Its short-term rehospitalization rate of 13.8% is far below state (22.9%) and national (24.9%) rates. Its long-term rehospitalization rate of 1.48% per 1,000 patient days is almost identical to the national rate of 1.45%.

E. COMPETITION

Windsor Nursing & Retirement Home operates within a highly competitive environment. There are a total of 5 skilled nursing facilities with 537 beds located within 10 miles of the facility. These facilities are located in 5 different Cape Cod towns, but the two facilities located in Harwich and Hyannis with 217 beds are the direct competition for Windsor Nursing & Retirement Home. Despite this intense competition as well as admission limitations caused by COVID-19, Windsor Nursing & Retirement Home has been able to maintain 75% occupancy in 2020, 71% occupancy in 2021, and 73% occupancy in 2022 to date. Windsor Nursing & Retirement Home is also competitive in terms of daily rates on its private and semi-private accommodations.

F. CONCLUSION

Windsor Nursing & Retirement Home has been a vital part of the town of South Yarmouth's health care system since its original construction in 1975. Berkshire Healthcare Systems commitment to quality long-term and post-acute services has allowed the facility to maintain high occupancy rates, no citations from DPH infection control inspections in the last 3 years, and high patient satisfaction throughout the challenging COVID-19 era. The facility is well maintained and in Life Safety compliance having made ongoing renovations/improvements to the interior and exterior of the facility to ensure the comfort and safety of its residents, staff, and family members. The scope of work proposed in this application is aimed at improving the quality of life for all residents of the facility while not altering or adding any current facility services.

If approved and implemented, this Determination of Need (DON) project will allow ownership to address the state's new De-Densification requirements. The facility proposes to relocate 23 beds lost in the three-bedded room by constructing a two wing addition.

Lastly, the new addition and the scope of work proposed in this Determination of Need (DON) application will follow closely the "sustain and restore" sections (105 CMR:100.100 of the Department of Public Health DON regulations).

2.2 and 2.3 Complete the Change in Service Form

3. Delegated Review

3.1 Do you assert that this Application is eligible for Delegated Review?

☒ Yes ☐ No

3.1.a If yes, under what section?

4. Conservation Project

4.1 Are you submitting this Application as a Conservation Project?

☒ Yes ☐ No

4.2 Within the Proposed Project, is there any element that has the result of modernization, addition or expansion?

☒ Yes ☐ No

4.2.a If yes, How?

4.3 Does the Proposed Project add or accommodate new or increased functionality beyond sustainment or restoration

☐ Yes ☒ No

4.4 As part of the Proposed Project, is the Applicant:

- | | |
|--|---|
| <input type="checkbox"/> Adding a new service? | <input type="checkbox"/> Expanding a service? |
| <input type="checkbox"/> Modernizing the provision of a service? | <input type="checkbox"/> Substituting a service? |
| <input type="checkbox"/> Otherwise altering a service's usage or designation, including patients served? | |
| <input type="checkbox"/> Adding a new piece(s) of equipment | <input type="checkbox"/> Modernizing a piece(s) of equipment? |
| <input type="checkbox"/> Expanding bed capacity? | <input type="checkbox"/> Adding bed capacity? |
| <input type="checkbox"/> Otherwise altering bed capacity, usage, or designation? | <input checked="" type="checkbox"/> Adding additional square footage? |

5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? ☐ Yes ☒ No

6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100.735? ☐ Yes ☒ No

7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? ☐ Yes ☒ No

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ☐ Yes ☒ No

9. Research Exemption

9.1 Is this an application for a Research Exemption? ☐ Yes ☒ No

10. Amendment

10.1 Is this an application for a Amendment? ☐ Yes ☒ No

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? ☐ Yes ☒ No

12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: Conservation Long Term Care Project

12.1 Total Value of this project:	<input type="text" value="\$4,261,334.00"/>
12.2 Total CHI commitment expressed in dollars: (calculated)	<input type="text" value="\$42,613.34"/>
12.3 Filing Fee: (calculated)	<input type="text" value="\$8,522.67"/>
12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:	<input type="text"/>
12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.	<input type="text"/>

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210

Some Factors will not appear depending upon the type of license you are applying for.

Text fields will expand to fit your response.

Factor 3: Compliance

Applicant certifies, by virtue of submitting this Application that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein .

F3.a Please list all previously issued Notices of Determination of Need

Add/Del Rows	Project Number	Date Approved	Type of Notification	Facility Name
<div><div>+</div><div>-</div></div>	N/A			N/A

F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.

	Category of Expenditure	New Construction	Renovation	Total (calculated)
	Land Costs			
	Land Acquisition Cost			
	Site Survey and Soil Investigation	\$5000.		\$5000.
	Other Non-Depreciable Land Development			
	Total Land Costs	\$5000.		\$5000.
	Construction Contract (including bonding cost)			
	Depreciable Land Development Cost			
	Building Acquisition Cost			
	Construction Contract (including bonding cost)	\$3304454.	\$376200.	\$3680654.
	Fixed Equipment Not in Contract			
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost	\$232669.	\$23011.	\$255680.
	Pre-filing Planning and Development Costs			
	Post-filing Planning and Development Costs			
Add/Del Rows	Other (specify)			
<input type="checkbox"/> + <input type="checkbox"/> -				
	Net Interest Expensed During Construction			
	Major Movable Equipment	\$320000.		\$320000.
	Total Construction Costs	\$3857123.	\$399211.	\$4256334.
	Financing Costs:			
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc			
	Bond Discount			
Add/Del Rows	Other (specify)			
<input type="checkbox"/> + <input type="checkbox"/> -				
	Total Financing Costs			
	Estimated Total Capital Expenditure	\$3862123.	\$399211.	\$4261334.

Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application. Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- ☒ Copy of Notice of Intent
- ☒ Affidavit of Truthfulness Form
- ☒ Scanned copy of Application Fee Check
- ☒ Affiliated Parties Table Question 1.9
- ☒ Change in Service Tables Questions 2.2 and 2.3
- ☐ Certification from an independent Certified Public Accountant
- ☒ Articles of Organization / Trust Agreement
- ☐ Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office
- ☐ Community Engagement Stakeholder Assessment form
- ☐ Community Engagement-Self Assessment form

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form.

To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit

Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file:

☐

Date/time Stamp:

E-mail submission to
Determination of Need

Application Number: -22032410-CL

Use this number on all communications regarding this application.

☐ Community Engagement-Self Assessment form