



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

Application Type:	Conservation Long Term Care Project	Application Date:	06/17/2024 10:56 am
Applicant Name:	Lasell Village Inc.		
Mailing Address:	120 Seminary Avenue		
City:	Newton	State:	Massachusetts
		Zip Code:	02466
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:	Lasell House		
Facility Address:	120 Seminary Avenue		
City:	Newton	State:	Massachusetts
		Zip Code:	02466
Facility type:	Long Term Care Facility	CMS Number:	225755
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 Lasell Village Inc., registered as a 501 (c) 3 corporation, is a non-profit educationally based continuing care retirement community, sponsored by Lasell University, and located on its thirteen (13) acre campus. In addition to one hundred eighty-two (182) independent living and nine (9) supportive living units, the campus includes Lasell House, a skilled nursing facility. To best serve the community, the full continuum of care is accessible at Lasell Village. Lasell Village is recognized nationally as a leader in building a highly touted living and learning community of excellence for aged adults.

B. BACKGROUND:

Lasell House is a thirty-eight (38) bed Medicare certified skilled nursing facility, located in Newton, Massachusetts in Middlesex County. Newton is an affluent residential community 11 miles from downtown Boston with over 87,000 residents. The facility provides stellar short-term rehabilitation services along with long-term skilled nursing, hospice care, and respite care. Patients, who would benefit from a short-term rehabilitation stay, with a goal of returning home once rehabilitation and medical goals are achieved, is the focus of Lasell House. The existing facility, originally constructed and certified by Medicare in the year 2000, has one nursing unit on the third floor of a multi-use building containing 13,528 Gross Square Feet (GSF). There have been no additions since the original construction. The configuration for licensed beds is twelve (12) private rooms and thirteen (13) semi-private rooms. The facility is a five (5) star Medicare rated facility with a strong Department of Health survey history, staffing patterns significantly above state and national averages, and excellent quality measures/clinical outcomes. Due to the age of the facility, upgrades are needed to outdated finishes and furnishings in resident rooms and common areas as well as new design features to make the facility feel more homelike and comfortable for residents. The proposed project includes decreasing the number of licensed beds to twenty-three (23) with seventeen (17) private rooms and three (3) semi-private rooms. The decrease in licensed beds will allow for re-designing and modernizing the unit, including the installation of showers in each patient bathroom. In addition to private rooms being requested by prospective residents, private rooms can better accommodate patients with infections requiring special precautions or in the event of a future pandemic. Hospital discharge planners routinely send referrals on patients who require a private room for isolation precautions and/or medical reasons. By having more private rooms available, a hospital bed in turn becomes available for a patient no longer requiring acute care. Infection and infectious disease management is an integral part of the care provided.

Lasell Village Inc. engaged the services of the architectural firm DiMella Shaffer, general contractor and construction firm C. E. Floyd, and project management by The Vertex Companies to evaluate the existing facility. They developed a Scope of Work that included energy efficiency improvements, and upgrades that would make the environment more homelike. The project includes a renovation of the entire building, including all patient care, staff, and support spaces. The goal is to restore and sustain aging elements of the facility to provide an enhanced environment for patients and a more efficient environment for staff to work. These upgrades will improve the patient experience and quality of life by increasing satisfaction and providing a safe environment.

The proposed project includes upgrades to the physical plant. Upgrades will reduce maintenance and utility costs. There is no new construction or additions but an increase to the Square Footage of the facility by 515 square feet for a total of 14,043 gross square feet with the tub room, soiled linen room, and storage area being relocated to the lower level.

C. SCOPE OF WORK:

This project is a phased renovation of the third floor Skilled Nursing Facility Lasell House. The facility has twenty-five (25) total bedrooms accommodating up to thirty-eight (38) residents. At present, all twenty-five (25) bedrooms have a toilet and sink with only one of the twenty-five (25) bedrooms having its own shower (the Special Care Isolation Bedroom). The other patients are currently transported to the Tub/Shower Room resulting in patients having to wait to receive a shower when the room is not occupied.

Upon completion of the phased renovation, the facility will provide skilled nursing care in seventeen (17) Private Bedrooms and three (3) Semi-Private Bedrooms. The Semi-Private Bedrooms will be able to accommodate two residents or allow for a couple to remain together as they age through the Continuum of Care. The twenty (20) total bedrooms accommodate twenty-three (23) licensed beds with each bedroom having a full bathroom including toilet, sink, and shower. A select number of rooms will also be outfitted with additional structural blocking within the ceilings to accommodate Hoyer lifts in the future if they are needed. The tub room will be relocated to the lower level within the same building and located directly off the elevator. Service spaces will include a nursing station and two charting stations, a rehabilitation gym, dining space with nourishment kitchen, clean linen, clean utility room, medication room, oxygen storage, general storage, and public bathrooms. A new Linen Chute will be integrated into the building from the third floor emptying into a new Soiled Linen Room located in the lower level. The chute will alleviate the need for soiled linen closets to be located

on the unit and will assist with infection prevention.

The feel of the existing facility is reminiscent of a hospital setting as was typical of most skilled nursing facilities when Lasell House was constructed. One of the goals of this renovation, and one that is tied to Lasell's overall desire to improve the culture is to create a more homelike and welcoming feel within the facility. To achieve this goal, the new design does not include a central nurse's station and instead locates nurses and charting stations directly off the corridors so that they are easily accessible and able to monitor patients without being in the main circulation space. While finish materials still need to be durable and meet the fire rated standards for a skilled nursing facility, the design team will choose warm and inviting materials that would feel more like a home setting. Patient bedrooms will have new beds, bedside cabinets, bureaus, chairs, and window treatments as part of the renovation. Common areas will have new furniture, tables, and other accessories.

Regarding building systems, the existing main mechanical, electrical, and plumbing infrastructure will remain, and the new design will connect to these existing systems. Improvements for patient comfort will be made by providing each bedroom with its own thermostat to independently control heating and cooling as currently two bedrooms share a single thermostat control. Additionally, the existing windows on the third floor will be replaced with new high-performing energy efficient windows. The roof on the building will be replaced as it is past its useful life.

The Maximum Capital Expenditure (MCE) for the project is \$6,703,239.35.

D. PATIENT PANEL:

Of Current Patients:

Gender: 84% are female, and 16% are male.

Ages: 4% ages 65-74, 32% ages 75 to 84, 48% ages 85 to 94, 8% ages 95-99, and 8% over the age of 100

Race and Ethnicity: 96% Caucasian and 4% African American

Religious Affiliation: 40% Catholic, 8% Protestant, 28% Judaism, and 24% None/Unknown

Resident Profile by Community: Lasell House primarily serves patients from Newton, Wellesley, Weston, and those residing in the Lasell Village Community

Payor Mix: 56% Medicare A, 12% Private Pay, 8% Managed Care (contracts in place with Harvard Pilgrim, United Healthcare, Tufts Health Plan, and Aetna), and 24% Lasell Villagers

Patient Acuity: The short-term Medicare A and Managed Care patients are admitted for rehabilitation services, including physical, occupational, and speech therapy, to attain maximum potential and return home. The average length of stay is seventeen (17) days. The typical resident mix by diagnosis is orthopedic (joint replacements, fractures related to injury), surgical (general surgery, cardiac surgery), and medical (respiratory, metabolic, cardiac).

Referrals/Admissions: In 2023, Lasell House received an average of 316 referrals per month and an average 30 admissions per month. Of the referrals, 67% were received from six (6) acute care hospitals—Beth Israel Deaconess Medical Center-Boston 23%, Newton-Wellesley Hospital and Beth Israel Deaconess Hospital-Needham both at 14%, Brigham & Women's Hospital 6%, and Massachusetts General Hospital and Tufts Medical Center both at 5%. The high volume of referrals is indicative of the reputation of Lasell House has with their acute care partners.

Of total admissions, Newton-Wellesley 39%, MGB 21%, Beth Israel Deaconess 16%, New England Baptist 9%, and Other 15% is the breakdown. The facility participates in the referring hospital's ACO/PHO waiver programs so the end of the 1135 waiver has not had an impact on the three (3) day qualifying stay for Medicare A patients. Lasell House is an active participant in the Newton Wellesley Hospital Transitions & Care Continuum Teams Meetings. Of the patients admitted to Lasell House, 14% reside in Lasell Village.

E. COMPETITION:

Lasell House operates in a highly competitive market. There are four (4) competitor facilities with 491 beds within a three (3) mile radius of Lasell House. The facilities are as follows:

1. West Newton Healthcare	Newton	123 beds
2. Stone Rehab & Senior Living	Newton	82 beds
3. Care One Newton	Newton	202 beds
4. Elizabeth Seton	Wellesley	84 beds

With this project, Lasell is not trying to change the payor mix, but to improve the quality of life with a more homelike environment for the patients.

F. CONCLUSION:

The Applicant views this DoN project as the process to improve the quality of the patient experience by re-designing and upgrading the facility as outlined in the Scope of Work.

In summary, the proposed project includes the following:

- Decreasing the number of licensed beds to seventeen (17) Private Bedrooms and three (3) Semi-Private Bedrooms to re-design the unit for the installation of a full bathroom, including toilet, sink, and shower in the twenty (20) Bedrooms
- Adding structural blocking within the ceilings in some rooms to accommodate Hoyer lifts

- Adding a new linen chute to allow emptying of soiled linen to a room in the lower level
- Modernizing patient bedrooms and common areas with new furniture and finishes, window treatments, and accessories
- Relocating nurses and charting stations directly off the corridors
- Relocating the tub room to the lower level
- Installing individual heating and cooling thermostat in every bedroom
- Replacing existing windows throughout the facility
- Replacing building roof as it is past its useful life

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 serves'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 checked="" type="checkbox"/> Otherwise altering bed capacity, usage, or designation? | <input 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="\$6,703,239.35"/>
12.2 Total CHI commitment expressed in dollars: (calculated)	<input type="text" value="\$67,032.39"/>
12.3 Filing Fee: (calculated)	<input type="text" value="\$13,406.48"/>
12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:	<input type="text" value="\$0.00"/>
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

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs

Applicant has provided (as an attachment) a certification, by an independent certified public accountant (CPA) as to the availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel.

F4.a.i **Capital Costs Chart:**
For each Functional Area document the square footage and costs for New Construction and/or Renovations.

		Present Square Footage		Square Footage Involved in Project				Resulting Square Footage		Total Cost		Cost/Square Footage	
				New Construction		Renovation							
Add/Del Rows	Functional Areas	Net	Gross	Net	Gross	Net	Gross	Net	Gross	New Construction	Renovation	New Construction	Renovation
<div>+ -</div>													
<div>+ -</div>													
<div>+ -</div>													
	Total: (calculated)												

Lasell Village

F4.a.i Capital Costs Chart													
		Present Square Footage		Square Footage Involved in Project				Resulting Square Footage		Total Cost		Cost/Square Footage	
	Functional Area			New Construction		Renovation							
		Net	Gross	Net	Gross	Net	Gross	Net	Gross	New Construction	Renovation	New Construction	Renovation
1	Patient Rooms		6,818	-	-				6,818				
2	Patient Bathrooms		1,586	-	-				1,586				
3	Dietary		227	-	-				227				
4	Rehab		431						431				
5	Administration/Nursng Office		158	-	-				158				
6	Nursing Areas/Tub Room		362	-	-		226		588				
7	Central Supply/Storage		18	-	-		150		168				
8	Housekeeping/Janitor Closet		204	-	-				204				
9	Laundry/Linen (clean &soiled)		97	-	-		139		236				
10	Mechanical		425	-	-				425				
11	Oxygen Storage		14	-	-				14				
12	Common Areas/Tub Room		3,188	-	-				3,188				
13				-	-								
14				-	-								
15													
16				-	-								
17				-	-								

Lasell House (Schedule F4.a.i)**Determination of Need-Maximum Capital Expenditure**

Prepared: March 6, 2024

	Total Cost Renovation	Cost/Sq. Ft Renovation
General Conditions & Requirements	550,247	39.18
Existing Conditions & Demolition	153,452	10.93
Masonry and Carpentry	329,580	23.47
Thermal & Moisture Protection	96,392	6.86
Doors & Windows	264,659	18.85
Finishes and Specialties	811,911	57.82
Furniture, Fixtures, & Equipment	434,956	30.97
Fire Supression	65,059	4.63
Plumbing	417,432	29.73
HVAC	544,219	38.75
Electrical	330,216	23.51
Communications & Security	114,718	8.17
Construction Contingency	116,922	8.33
Design Contingency	194,870	13.88
Escalation Contingency	194,870	13.88
Building Permit and Fees	191,853	13.66
General Liability, Prof. Insurance & SDI	119,928	8.54
Architectural & Engineering	1,465,398	104.35
Interest During Construction	306,557	21.83
Total	<u>6,703,239</u>	<u>477.34</u>

Square Ft	14,043
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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			
	Other Non-Depreciable Land Development			
	Total Land Costs			
Construction Contract (including bonding cost)				
	Depreciable Land Development Cost			
	Building Acquisition Cost			
	Construction Contract (including bonding cost)		\$4559702.	\$4559702.
	Fixed Equipment Not in Contract			
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost		\$1465398.	\$1465398.
	Pre-filing Planning and Development Costs			
	Post-filing Planning and Development Costs			
Add/Del Rows	Other (specify)			
<input type="button" value="+"/> <input type="button" value="-"/>				
	Net Interest Expensed During Construction		\$306557.	\$306557.
	Major Movable Equipment		\$371582.	\$371582.
	Total Construction Costs		\$6703239.	\$6703239.
Financing Costs:				
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc			
	Bond Discount			
Add/Del Rows	Other (specify)			
<input type="button" value="+"/> <input type="button" value="-"/>				
	Total Financing Costs			
	Estimated Total Capital Expenditure		\$6703239.	\$6703239.

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: 06/17/2024 10:56 am

E-mail submission to
Determination of Need

Application Number: NONE-24030510-CL

Use this number on all communications regarding this application.

☐ Community Engagement-Self Assessment form