



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:	Royal Wayland Nursing Home LLC		
Mailing Address:	188 Commonwealth Avenue		
City:	Wayland	State:	Massachusetts
		Zip Code:	01778
Contact Person:	Scott Plumb	Title:	Consultant
Mailing Address:	92 Monthvale Avenue, Suite 2300		
City:	Stoneham	State:	Massachusetts
		Zip Code:	02180
Phone:	6174880429	Ext:	
E-mail:	splumb5583@aol.com		

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:	Royal Wayland Nursing Home LLC		
Facility Address:	188 Commonwealth Avenue		
City:	Wayland	State:	Massachusetts
		Zip Code:	01778
Facility type:	Long Term Care Facility	CMS Number:	222591
Add additional Facility		Delete this Facility	

1. About the Applicant

1.1 Type of organization (of the Applicant):	for profit
1.2 Applicant's Business Type:	<input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Partnership <input type="radio"/> Trust <input checked="" 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.

Project Description:

The Applicant is Royal Wayland Nursing Home LLC DBA Royal Wayland Nursing & Rehabilitation Center (Royal Wayland). The facility was purchased by the Royal in 2017. The facility is the only skilled nursing facility located in Wayland, 20 miles west of Boston in Middlesex County, operating with 40 licensed beds serving mainly a Medicaid population (approximately 80%). The facility specializes in providing Memory Care/Alzheimer's Disease or related Dementias. The 40 beds are in a secure Dementia Special Care Unit (DSCU) and serve primarily a geriatric population. The unit meets all Massachusetts state licensing regulations for the care of residents with dementia in a secure locked environment and is re-certified annually.

The single story 26,356 square foot facility was constructed in 1966 and is comprised of one 40 bed unit. The bed configuration is as follows: 4 private rooms, 8 semi-private rooms, and 5 quadruple rooms. The state's new De-Densification Licensure Requirements, which will prohibit nursing facilities from placing residents in three and four-bedded rooms, would reduce the facility's allowable bed capacity by 10 beds. In addition to a 30-bed unit being inefficient, the unit would not be able to accommodate the demand for admissions. To comply with the De-Densification Requirements, the proposed project plans to construct a new state of the art 52 bed renovation and addition to the same campus. The proposed project plans to add 12 beds to the current licensed 40 beds. The conservation project will be 35,422 square feet, two story facility to expand services to meet the needs of the entire community. The renovation of 30 existing licensed beds along with the additional 12 licensed beds would total 52 licensed beds to serve the specialized current resident population. Beds for Memory Care will be certified as a Dementia Special Care Unit (DSCU).

Despite admission limitations from COVID-19, the facility has been able to maintain approximately 85% occupancy because of close attention to infection control safety measures. Resident and staff COVID vaccination rates are above the national and state averages, per Care Compare. Another example of their focus on infection control safety measures involves their initiative to improve air quality in the facility. The upgrade of the installation of a state-of-the-art air purification system Needlepoint Bipolar Ionization (NPBI) installed in the air handler system in February 2021 provides additional protection to residents, staff, and family members.

To follow through on the facility's success with handling COVID exposure, the renovations and addition will be designed to ensure infection control measures/features are incorporated into the design. All private rooms will assist with isolation/quarantine needs and are clearly the preferred choice of residents and family members. Private rooms assist with adjustment to the environment, along with increased satisfaction and comfort.

The Proposed Project

The project will add 12 beds which will create additional employment opportunities for clinical nursing staff hired from Wayland and surrounding communities.

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

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?

The proposed project plans to add 12 beds to the current licensed 40 beds under the DPH regulation that allows nursing facilities to do so once during the life of the facility.

- 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 checked="" 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="\$8,262,515.00"/>
12.2 Total CHI commitment expressed in dollars: (calculated)	<input type="text" value="\$82,625.15"/>
12.3 Filing Fee: (calculated)	<input type="text" value="\$16,525.03"/>
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>				

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>	Administration	429	454			429	454	429	454	\$0.00	\$45,400.00	\$0.00	\$100.00
<div>+ -</div>	Bathing & Showers	230	245			230	245	230	245		\$24,500.00		\$100.00
<div>+ -</div>	Beauty	112	118			112	118	112	118		\$11,800.00		\$100.00
<div>+ -</div>	Circulation	2,671	2,767	1,357	1,406	2,671	2,767	4,028	4,173	\$828,343.00	\$276,700.00	\$589.15	\$100.00
<div>+ -</div>	Day Room	114	120	701	731	114	120	815	851	\$430,668.00	\$12,000.00	\$589.15	\$100.00
<div>+ -</div>	Dining & Activity	1,634	1,678			1,634	1,678	1,633	1,677		\$167,800.00	\$0.00	\$100.00
<div>+ -</div>	Kitchen	524	555			524	555	524	555		\$55,500.00	\$0.00	\$100.00
<div>+ -</div>	Laundry/ Linen	169	183			169	183	169	183		\$18,300.00	\$0.00	\$100.00
<div>+ -</div>	Mechanical	163	176	542	564	163	176	705	740	\$332,280.00	\$17,600.00	\$589.15	\$100.00
<div>+ -</div>	Nursing Area	590	620	321	340	590	620	911	960	\$200,311.00	\$62,000.00	\$589.15	\$100.00
<div>+ -</div>	Public Toilets	169	183			169	183	169	183		\$18,300.00		\$100.00
<div>+ -</div>	Rehab	317	334			317	334	317	334		\$33,400.00		\$100.00
<div>+ -</div>	Resident Rooms	5,075	5,269	4,233	4,384	5,075	5,269	9,308	9,653	\$2,582,829.00	\$526,900.00	\$589.15	\$100.00
<div>+ -</div>	Staff Area	350	364			350	364	350	364		\$36,400.00		\$100.00
<div>+ -</div>	Storage			580	606			580	606	\$357,027.00		\$589.15	\$0.00
<div>+ -</div>													
<div>+ -</div>													
<div>+ -</div>													
	Total: (calculated)	12,547	13,066	7,734	8,031	12,547	13,066	20,280	21,096	\$4,731,458.00	\$1,306,600.00	\$3,534.90	\$1,400.00

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	\$55000.		\$55000.
	Other Non-Depreciable Land Development			
	Total Land Costs	\$55000.		\$55000.
Construction Contract (including bonding cost)				
	Depreciable Land Development Cost	\$1152436.		\$1152436.
	Building Acquisition Cost			
	Construction Contract (including bonding cost)	\$4731458.	\$1306600.	\$6038058.
	Fixed Equipment Not in Contract			
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost	\$473146.	\$104528.	\$577674.
	Pre-filing Planning and Development Costs			
	Post-filing Planning and Development Costs			
Add/Del Rows	Other (specify)			
<input type="checkbox"/> <input type="checkbox"/>	IT, Security, EMR	\$55000.	\$125000.	\$180000.
	Net Interest Expensed During Construction			
	Major Movable Equipment	\$159347.		\$159347.
	Total Construction Costs	\$6571387.	\$1536128.	\$8107515.
Financing Costs:				
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc	\$75000.	\$25000.	\$100000.
	Bond Discount			
Add/Del Rows	Other (specify)			
<input type="checkbox"/> <input type="checkbox"/>				
	Total Financing Costs	\$75000.	\$25000.	\$100000.
	Estimated Total Capital Expenditure	\$6701387.	\$1561128.	\$8262515.

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
- ☐ 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: NONE-22091314-CL

Use this number on all communications regarding this application.

☐ Community Engagement-Self Assessment form