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ALEG 2.00 X 18.00 Words: 128
Total ALEG 36.00
Class: A100 LEGAL
Rate: ALEG Cost: 82.80
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Contact:

Ad Descrpt: LONG TERM CENTERS PUBLIC

Phone: (781)246-3318

Given by: *

Fax#:

P.O. #:

Email: TFreeman@strategiccares.com

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Under this agreement rates are subject to change with 30 days notice. In the event of a cancellation before schedule completion, I understand that the rate charged will be based upon the rate for the number of insertions used.

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Long Term Centers

**PUBLIC ANNOUNCEMENT CONCERNING
HEALTHCARE PROJECT**

LONG TERM CENTERS OF WRENTHAM, INC., (d/b/a Serenity Hill Nursing and Rehabilitation Center) located at 655 Dedham Street, Wrentham, Massachusetts, intends to file a Significant Change Amendment to an approved Conservation Determination of Need Application (#22032815-CL) with the Department of Public Health. The Amendment will address a decrease in the maximum Capital Expenditure of over 10% of the inflation adjusted originally approved total expenditure that could not have been reasonably foreseen by the Holder. There are no other changes to the Application as approved. The estimated revised capital expenditure for this project is \$4,573,402.00 (March 2023 dollars). The Holder does not anticipate any price or service impacts to the existing Patient Panel as a result of this Significant Change.
04/24/2023



Massachusetts Department of Public Health

Determination of Need

Affidavit of Truthfulness and Compliance with Law and Disclosure Form 100.405(B)

Version: 7-6-17

Instructions: Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: **dph.don@state.ma.us** Include all attachments as requested.

Application Number: NONE-23040210-AM Original Application Date: 03/31/ 2022

Applicant Name: Long Term Centers Of Wrentham, Inc

Application Type: Amendment Significant

Applicant's Business Type: ☒ Corporation ☐ Limited Partnership ☐ Partnership ☐ Trust ☐ LLC ☐ Other

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? ☐ Yes ☒ No



Describe the role /relationship: Owner

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is Owner;
2. I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4. I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the information contained herein is accurate and true;
5. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;
6. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G);
7. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all previously issued Notices of Determination of Need and the terms and Conditions attached therein;
8. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415;
9. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 105 CMR 100.360;
10. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
11. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,
 - a. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,
 - b. The Proposed Project is exempt from zoning by-laws or ordinances.

Corporation:

Attach a copy of Articles of Organization/Incorporation, as amended

Thomas Wood		05/27/2023
CEO for Corporation Name:	Signature:	Date
Mathew Sweeney		05/27/2023
Board Chair for Corporation Name:	Signature:	Date

This document is ready to print: ☒

Date/time Stamp: 05/27/2023 10:35 am

From: [Tiffany Freeman](#)
To: [DPH-DL - DoN Program](#); [DPH-DL - DoN Program](#); [Clarke, Lucy \(DPH\)](#)
Subject: Long Term Care Centers Of Wrentham, LLC NONE-23040210-AM
Date: Thursday, July 20, 2023 11:30:11 AM
Attachments: [!Amended - Affidavit of Truthfulness and Compliance.docx](#)
[!Amended - Affidavit of Truthfulness and Compliance.pdf](#)
[!Serenity change-in-service.docx](#)
[!Serenity change-in-service.pdf](#)

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They are updating their website today with intent

Tiffany Freeman

Office Manager



92 Montvale Ave, Suite 2300

Stoneham, MA 02180

tel 781-246-3318 | f 781-213-9098 |

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Strategic Care Solutions understands that today's rapidly changing health care environment can create complications for senior care facilities, and we strive to find solutions to these challenges. If you would like to discuss our services, please send us your information to info@StrategicCareS.com. We would love to hear from you!

Memorandum to the Commissioner

Applicant: Long Term Centers of Wrentham, Inc.
655 Dedham Street
Wrentham, MA 02093

Re: Serenity Hill Nursing and Rehabilitation Center
655 Dedham Street
Wrentham, MA 02093

Project Number: 22032815-CL

Filing Date: June 2, 2022

Introduction

This memorandum presents, for Commissioner review and action, the Determination of Need (DoN) Program's recommendation regarding a request by Long Term Centers of Wrentham, Inc. for approval of renovations and construction at Serenity Hill Nursing and Rehabilitation Center. The Proposed Project includes renovations of patient care units and construction of an addition designed to create the space necessary to de-densify resident rooms to come into compliance with new Department of Public Health (DPH) de-densification licensure requirements for long-term care facilities set out in 105 CMR 150 (the "De-Densification Requirements"). The Applicant is also proposing to use its one-time regulatory allowance of an additional twelve beds. The capital expenditure for the project is \$7,043,250.00. The CHI commitment is \$70,432.50. The Applicant is a for-profit corporation organized under existing law of the Commonwealth of Massachusetts.

On April 28, 2021, DPH issued a memo¹ noting that construction or renovation at a long-term care facility that is planned solely to reduce the number of beds per room to come into compliance with the De-densification Requirements set out in 105 CMR 150 are considered Conservation projects for the purposes of applying for a Notice of DoN. Conservation Projects are defined as "Construction that consists solely of a project(s) that would Sustain or Restore a Health Care Facility or service for its designated purpose, and to its original functionality, without Modernization, Addition, or Expansion."

The construction included in this Proposed Project is solely to enable the facility to come into compliance with the updated De-densification Requirements and is therefore appropriately submitted as a Conservation Project. Pursuant to 105 CMR 100.210(B)(2), Factors 1, 2, and 5 do not apply to Conservation Projects. Therefore, Staff reviewed this proposal in the context of Factors 3 (Compliance), 4 (Financial Feasibility), and 6 (Community Health Initiatives). Pursuant to 105 CMR 100.630, this Application has been delegated by the Department for review and Final Action by the Commissioner.

¹ <https://www.mass.gov/doc/long-term-care-notice-pdf/download>

Background

Long Term Centers of Wrentham, Inc. (Applicant) is a for-profit corporation located in Wrentham, MA that owns and operates Serenity Hill Nursing and Rehabilitation Center (the Facility). The Applicant's facility, Serenity Hill Nursing and Rehabilitation Center, is a 40-bed skilled nursing facility and rehabilitation center located in Wrentham Massachusetts. Serenity Hill Nursing and Rehabilitation Center is a 17,991 square foot, two-story facility that was constructed in 1961 with no additions added since opening. The Facility provides long-term skilled nursing care, short-term rehabilitative care, hospice, and respite care to its residents.

The Facility is comprised of one 40-bed nursing unit on the first floor. All beds are dually-certified by Medicaid and Medicare. The average length of stay (ALOS) for all residents discharged in 2021 was approximately one and one-half years. Based on the 2021 payer mix, the majority of all residents have their care covered by Medicaid (85%), followed by private pay (~9%), and Medicare (6%). The Applicant states that historically, Serenity Hill has maintained an occupancy in the low 90's; the Facility occupancy rate was 91.2% in 2019. The Applicant notes that occupancy has dropped over the last two years due to admission limitations cause by COVID-19. The Facility maintained an occupancy rate of 79.7% in 2020, and 74% in 2021.

The Facility is comprised of 40 Level III licensed beds within one nursing unit on the first floor of the Facility. The nursing unit has one private room; two semi-private rooms; five three-bed rooms, and five four-bed rooms. The bed configuration of the Facility is presented in Table 1 below.

Table 1: Serenity Hill Nursing and Rehabilitation Center Current Bed Configuration

Current Facility Bedroom Configuration					
Unit	Private	Two-bedded	Three-bedded	Four-bedded	Total Beds
First Floor	1	2	5	5	40

The second floor of the Facility houses administrative functions including office space for the administrator, director of nursing, activities director and social worker. The Facility also has a full basement which includes the kitchen and laundry.

The Proposed Project

The Applicant is proposing to construct a 15,210 square foot addition to the existing structure to house 34 beds, including relocating 15 beds from the three and four-bedded rooms and required support areas in order to comply with the Department's De-densification Requirements. The addition would also include twelve additional beds under the facility's one-time regulatory allowance, bringing it from 40 to 52 beds. Without this proposed addition, Serenity Hill would lose 15 of its 40 beds. The five three-bed rooms and five four-bed rooms will be eliminated.

The Proposed Project also includes renovating corridors at the connection points only and reconfiguring beds for all semi-private and private rooms.

The proposed bed configuration is presented in Table 2 below.

Table 2: Serenity Hill Nursing and Rehabilitation Center Proposed Bed Configuration

Proposed Facility Bedroom Configuration					
Unit	Privates	Two-bedded	Three-bedded	Four-bedded	Total Beds
First Floor	2	8	0	0	18
New Addition	2	16	0	0	34
Total	4	24	0	0	52

The Applicant expects construction related to the DON project will commence within 18 months of the receipt of the DON approval letter, but has stated that the start date is dependent on COVID-19 conditions to ensure the safety of staff and residents. The Applicant outlined processes that will be used to minimize disruption of patient care and ensure patient safety and well-being during construction. The Applicant has presented sufficient information to support the position that the proposed construction fits within the definitions in the DoN Regulation of Sustain and/or Restore; that this proposed Conservation Project is necessary to maintain the original functionality of the facility. The Proposed Project will add 12 new beds under the Facility's one-time regulatory allowance, which will increase the licensed bed count to 52 beds.

Factor 3

The Applicant has certified that it is in compliance and in 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.

Factor 4

Under Factor 4, the Applicant must demonstrate that it has sufficient funds available for capital and operating costs necessary to support the Proposed Project without negative effects or consequences to the existing Patient Panel. Documentation sufficient to make such finding must be supported by an analysis conducted by an independent CPA.

The Applicant submitted a report performed by John P. Sanella, CPA (CPA Report).^{2,3} The scope of the analysis and conclusions in the CPA Report are based upon a detailed review of all relevant information, including financial projections (projection years ending December 2022 through 2026) and the related supporting documentation.⁴

The CPA reports that the projected revenue consists primarily of net patient service revenue. Revenue projected for the first year of operation is based on financial data for the current period, Management's historical experience with operating the Facility, and current reimbursement and nursing home

² The CPA states it was prepared in accordance with the attestation standards established by the American Institute of Certified Public Accountants for the projected operation of the Serenity Hill Nursing and Rehabilitation Center.

³ Reasonableness is defined within the context of this report as supportable and proper, given the underlying information. Feasibility is defined as based on Management achieving the hypothetical assumptions used, the plan is expected to result in "sufficient funds available for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel" (per Determination of Need, Factor 4(a)).

⁴ During the year ended December 31, 2021, the Nursing Home received forgiveness on a loan for approximately \$740,922 through the Federal Paycheck Protection Program. These amounts are not included in the Projection Period.

reimbursement rates and regulations. Future years were projected utilizing best assumptions for changes in reimbursement rates, payor mix, and occupancy.

The CPA reviewed the projected operating expenses and states that baseline expenses for the first year of the projection were derived from financial data relevant to current and historical operations of the facility and review of each expense category.⁵ Subsequent years factored in anticipated inflation and increases for all expenses.

The CPA also reviewed past and present capital expenditures and cash flow to determine whether the Applicant will likely have sufficient funds to service the debt. According to the documents reviewed by the CPA, the Project will be financed by a construction loan with a 25-year amortization period.

As a result of the foregoing, the CPA stated “Based upon my review of the relevant documents and analysis of the projected financial statements, I determined the Projections operating surpluses are reasonable expectations based upon achieving the hypothetical assumptions that Management has included in the Projections. Accordingly, I determined that the Projections are financially feasible and sustainable and not likely to have a negative impact on the patient panel.”

Factor 6

The Community Health Initiative (CHI) component of the DoN regulation requires Long Term Care Facilities completing a Conservation project to contribute 1% of the total value of the project, to the CHI Healthy Aging Fund. The Applicant has chosen the option to pay in two equal installments. Payment may must be made in two equal installments with the first payment due within six months of receipt of a duly-approved Notice of Determination of Need, and the second, on the first anniversary of the Notice. Any deviation to this payment schedule will require program approval. For this proposed Conservation Project, the CHI contribution will be \$70,432.50. Based on the Applicant’s compliance with the above requirement, the Applicant meets the terms of Factor 6.

Overall Findings

Based upon a review of the materials submitted, staff finds that the Proposed Project at Serenity Hill Nursing and Rehabilitation Center has met each applicable DoN Factor and recommends that the Commissioner approve this Application for Determination of Need, subject to all Standard Conditions as provided in the Regulations and the Other Conditions, set out below.

Conditions

1. All Standard Conditions apply except 105 CMR 100.310(A)(10).
2. The total CHI contribution of \$70,432.50, will be directed to the Massachusetts Healthy Aging Fund.
3. To comply with the Holder’s obligation to contribute to the Massachusetts Healthy Aging Fund, the Holder must submit payment to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative) in two equal installments of \$35,216.25 as follows:

⁵ Including salaries and benefits, supplies, depreciation and interest expenses.

- a. The Holder must submit the first check to HRiA within six months from the date of the approved Notice of Determination of Need.
- b. The Holder must submit the second installment of funds to HRiA on the first anniversary of the approved Notice of Determination of Need.
- c. The Holder must promptly notify DPH (CHI contact staff) when each payment has been made.

Payment should be sent to:
Health Resources in Action, Inc. (HRiA)
2 Boylston Street, 4th Floor
Boston, MA 02116
Attn: Ms. Bora Toro



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MARGRET R. COOKE
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

DATE: August 29, 2022

Via email - kkoprowski@strategiccares.com

Karen Koprowski
Senior Operations Consultant
Strategic Care Solutions, LLC
92 Montvale Ave, Suite 2300
Stoneham, MA 02180

RE: Long Term Centers of Wrentham, Inc.
DoN #22032815-CL

Dear Ms. Koprowski,

This shall serve as notification that, based on the information provided by the Applicant and staff analysis, and pursuant to M.G.L. c. 111, § 25C and the regulatory provisions of 105 CMR 100.000 et seq, including 105 CMR 100.630 (A)(1), I hereby approve the application for Determination of Need ("DoN") filed by Long Term Centers of Wrentham, Inc. for renovations to restore and sustain Serenity Hill Nursing and Rehabilitation Center (located at 655 Dedham Street Wrentham, MA 02093). This Notice of Final Action incorporates by reference the Memorandum to the Commissioner.

The capital expenditure for the project is \$7,043,250.00 (March 2022). The CHI contribution will be \$70,432.50. Please reference the project number 22032813-CL on the payment as well.

In compliance with the provisions of 105 CMR 100.310 A (2) and (11) the Holder shall submit an acknowledgment of receipt to the Department (attached) and also include a written attestation of participation or intent to participate in MassHealth.

In compliance with the provisions of 105 CMR 100.310 A (12), which require a report to the Department, at a minimum on an annual basis, including the measures related to achievement of the DoN factors for a period of five years from completion of the Proposed Project, the Holder shall address its assertions with respect to all the factors.

Other Conditions

1. The total CHI contribution of \$70,432.50, will be directed to the Massachusetts Healthy Aging Fund.
2. To comply with the Holder's obligation to contribute to the Massachusetts Healthy Aging Fund, the Holder must submit the first installment, a check for \$35,216.25, to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).
 - a. The Holder must submit the funds to HRiA within six months from the date of the Notice of Approval.
 - b. The Holder must submit the second installment of funds to HRiA within one year of the date of the Notice of Approval.
 - c. The Holder must promptly notify DPH (CHI contact staff) when each payment has been made.

Payment should be sent to:

Health Resources in Action, Inc. (HRiA)
2 Boylston Street, 4th Floor
Boston, MA 02116
Attn: Ms. Bora Toro

Sincerely,



Margret R. Cooke
Commissioner

cc:

Elizabeth D. Kelley, Director, Bureau of Health Care Safety and Quality
Stephen Davis, Director, Division of Health Care Facility Licensure and Certification
Rebecca Rodman, General Counsel
Daniel Gent, Health Care Facility Licensure and Certification
Samuel Louis, Office of Health Equity
Jennica Allen, Division of Community Health Planning and Engagement
Elizabeth Maffei, Division of Community Health Planning and Engagement
Suzanne Barry, Center for Health Information Analysis
Katherine Mills, Health Policy Commission
Eric Gold, Office of the Attorney General
Zhao Zhang, MassHealth