

PAM CUBED, LLC
DON APPLICATION #PAM-21111018-TO
ATTACHMENTS

TRANSFER OF OWNERSHIP
CURAHEALTH STOUGHTON

NOVEMBER 12, 2021

PAM CUBED, LLC

DON APPLICATION # PAM-21111018-TO

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EXHIBIT 1
DETERMINATION OF NEED NARRATIVE

2. Project Description

By virtue of the Proposed Project, the Applicant proposes to become the owner of Curahealth Stoughton, LLC, a long-term acute care hospital (“LTCH”) located in Stoughton, Massachusetts (the “Hospital”). Pursuant to an Agreement and Plan of Merger and Equity Purchase Agreement, dated July 20, 2021, by and among PAM Cubed, LLC and its subsidiaries (“PAM”) and Nautic Partners VII-A, L.P. and its subsidiaries, including the Applicant and the Hospital (collectively, the “Seller”), PAM will acquire 100% of the equity in the Applicant. Thereafter, the Hospital will be an indirect subsidiary of PAM. PAM and its affiliated entities are part of a national network that owns and operates LTCHs throughout the United States (collectively “PAM Health”). As part of the same transaction PAM also acquired 100% the equity in seven (7) other LTCHs and seven (7) inpatient rehabilitation hospitals owned and operated by the Seller in states other than Massachusetts, which will all be part of PAM Health.

PAM Health currently provides post-acute healthcare services through more than fifty (50) LTCHs and medical rehabilitation hospitals, as well as eighteen (18) outpatient physical therapy locations, in thirteen (13) states. As described in more detail in the Application, the Proposed Project will allow the Hospital to benefit from PAM Health’s experienced clinicians, multi-factorial approach to care delivery, implementation of disease specific programs, and standardized policies and procedures with best practices to ensure that the Hospital delivers safe, effective and affordable care.

6.5 Explain why you believe this most closely characterizes the Proposed Project

The Applicant will become the owner of the Hospital. Pursuant to an Agreement and Plan of Merger and Equity Purchase Agreement, dated July 20, 2021, by and among PAM and the Seller, PAM will acquire 100% of the equity in the Applicant. Thereafter, the Hospital will be an indirect subsidiary of PAM and part of PAM Health, a national network that owns and operates LTCHs throughout the United States.

6.6 In context of responding to each of the Required Factors 1, 3 and 4, consider how the proposed transaction will affect the manner in which the Applicant serves its existing Patient Panel in the context of value (that is cost and quality), and describe3 the impact to the Patient Panel in the context of Access, Value (price, cost, outcomes, and Health Disparities).

The Applicant does not anticipate any changes in the Hospital’s healthcare services in connect with the proposed transaction, whether in respect to any of the Hospital’s reimbursement rates, care referral patters and/or access to needed services.

13. Factors

F.1.a.i Patient Panel:

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

The Hospital is an LTCH that is licensed by the Department of Public Health (“DPH”) as a non-acute hospital. As an LTCH, the Hospital provides care to inpatients who have chronic needs and require an average length of stay of greater than 25 days and a higher level of care than can be provided in a skilled nursing facility. The Hospital also provides long-stay psychiatric services to a small patient population with traumatic brain injury (TBIs).

As set forth on Exhibit A, from January 1, 2018 through December 31, 2020, the Patient Panel consisted of 745 patients with an average of 240 LTCH patients and 9 TBI patients¹ each year.

The following describes the Patient Panel in more detail:

Gender:	37% of the Patient Panel identified as Female and 63% as Male.
Age:	55 % of the Patient Population is ages 18 to 64 and 45% of the Patient Population is age 65+. The Patient Population does not include any patients age 17 or younger.
Race/Ethnicity:	The Patient Panel self-identified as 72 % Caucasian, 12% African American, 2% Hispanic and 2% Asian and 12% as other.
Referral Sources and Patient Origin:	The Hospital, like the other LTCHs in Massachusetts, serves the entire Commonwealth. As noted above, LTCHs provide care to inpatients who have chronic needs and require a longer length of stay, thus referrals are only from hospitals and there are no referrals from community-based providers. The majority of the Hospital’s referral sources are acute care hospitals located in Eastern Massachusetts extending from the Cape to the New Hampshire boarder. Because of this state-wide service area, the Hospital discharges patients to an average of 105 different zip codes each year with approximately 26% of the Patient Panel came from five zip codes on the South Shore with 18% from zip codes less than 10 miles from the Hospital

¹ There is not much fluctuation in the TBI Patient Panel.

Payor Mix: The Hospital serves a large public payor mix. From January 1, 2018 through December 31, 2020 the public payor mix was 90% broken down as follows: 62% Medicare and Managed Medicare and 38% Medicaid and Managed Medicaid and .8% VA. The remaining 10% of the payor mix includes commercial pay and other.

Length of Stay: As noted above, the Hospital provides care to inpatients who have chronic needs and require an average length of stay of greater than 25 days. The average length of stay for an LTCH patient during this period was 36 days.

F1.a.ii Need by Patient Panel:

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

LTCHs serve a crucial role by treating the sickest patients who need extended hospital stay². LTCHs serve a high-acuity patient mix that requires specialized clinical teams and programs for respiratory, infectious disease and other comorbidities³. As noted above, the Hospital provides an important role in the care continuum. In particular, the Hospital received referrals during the period of 2018-2020 from over 40 Massachusetts acute care hospitals across the state⁴. The top five diagnosis from the period of 2018-2020 at the time admission at the Hospital are: respiratory failure, sepsis, pneumonia, cellulitis and shortness of breath. Exhibit B.

The Proposed Project will ensure that the Hospital services continue in the community. With the Proposed Project, the Applicant will further enhance the Hospital's administrative and clinical infrastructure. It will leverage PAM Health's fifteen (15) years of experience as a national provider of LTCH services. PAM Health's national and regional leadership that will work with the Hospital includes a Chief Clinical Officer, Chief Quality Officer, three (3) Corporate Directors of Quality,

² See, AHA Fact Sheet: Long-term Care Hospitals at: <https://www.aha.org/system/files/media/file/2019/04/fact-sheet-ltch-0319.pdf> (March 2019).

³ See, AHA Fact Sheet: Long-term Care Hospitals at: <https://www.aha.org/system/files/media/file/2019/04/fact-sheet-ltch-0319.pdf> (March 2019).

⁴ Referrals came the Merrimack Valley, Boston, the Cape, the MetroWest area, Worcester, Springfield and the Berkshires. The Hospital also receives referrals from surrounding New England hospitals that need to place chronic patients.

five (5) Corporate Directors of Clinical, a Corporate Clinical Resource Nurse, a Corporate Director of Dialysis, and a Corporate Director of Education.

The Applicant will maintain the Hospital's current accreditation with The Center for Improvement in Healthcare Quality (CIHQ) with the goal of transitioning the Hospital to Joint Commission Accreditation to in Year 2 or later of the Proposed Project. The Applicant will also evaluate the Hospital to determine if it can implement one of its 9 disease specific certified programs that are accredited by The Joint Commission. These programs include: Stroke, Amputee, Parkinson's Disease, Spinal Cord Injury, Traumatic Brain Injury and Brain Injury Rehabilitation along with Respiratory and Health Failure and Wound Care. These programs include standardized measures that the Applicant can benchmark across PAM Health and to national measures. The Applicant will also utilize standard policies and procedures in a systematic way to ensure the Hospital is delivering safe and effective care.

F1.a.iii Competition:

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

The Hospital is a certified Medicare and MassHealth provider that services the entire Commonwealth and has a large public payer mix (approximately 90%). The Proposed Project should either have a net neutral impact or reduce the Hospital's total medical expenses (TME). Under the Proposed Project, the Hospital will continue to provide chronic care hospital level services to patients with average stay greater than 25 days and long-stay psychiatric services to a small patient population with TBIs. In addition, the Proposed Project will foster PAM Health's mission of providing quality health care services by continuing to develop an environment that fosters meaningful improvement and recovery for post-acute services for people with injuries, illness and disabilities to the services provided by the Hospital. Through PAM Health's network, the Hospital will be able to obtain economies of scale and reduce non-clinical expenses. On the clinical side, the Applicant will continue to maximize the LTCH services that it provides to reduce the burden on acute care hospitals by providing a collaborative continuum of care. Patients with chronic long-term needs will have access to the appropriate setting where the Applicant will continue to implement its best practices to both reduce and prevent hospital readmissions and improve patients' quality of life.

F1.b.i Public Health Value /Evidence-Based:

Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

As discussed throughout this application, LTCHs are an important part of the care continuum and ensures that patients with chronic long-term needs have access to the appropriate setting. As noted above, the Applicant will evaluate the Hospital to determine if it can implement one of its 9 disease

specific certified programs that are accredited by The Joint Commission. In addition, the Applicant will execute a comprehensive quality assurance program as described in F1.b.iv below.

F1.b.ii Public Health Value /Outcome-Oriented:

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

The Applicant anticipates that the Proposed Project will improve health outcomes and quality of life through its standardized clinical practices, disease specific programs and best practices.

Assessing the Impact of the Proposed Project

To assess the impact of the Proposed Project, the Applicant developed the following measures discussed below:

1. **Patient Satisfaction.** The Applicant will review patient satisfaction levels with LTCH services.

Measure: PAM Health's "We Care" program will be provided to all eligible patients. The "We Care" program focus on the following key areas:

- Delivering exceptional experiences for our patients
- Ensuring safe and quality outcomes
- Engaging our patients and their loved ones in their care plan

Projections: The Hospital's current overall rating under the current ownership's patient satisfaction program is projected to be 51% for CY2021. Since the Proposed Project has not occurred, the Applicant will establish a benchmark of 70% for the overall rating of care.

Monitoring: Any category receiving less than national benchmark will be evaluated and policy changes instituted as appropriate. Metrics will be reviewed monthly.

2. **Clinical Quality.**

- a. **Vent Wean Rates.** As noted above, one of the top five diagnosis for the Hospital is respiratory illness. This measure evaluates the number of patients that are weaned from ventilators, i.e. decreasing the degree of ventilator support and allowing the patient to assume a greater proportion of their own ventilation.

Measure: The wean rate is determined by the number of patients on a ventilator that are successfully weaned (>48 hours) at the time of discharge.

Projections: The Applicant through PAM Health has demonstrated a wean rate from ventilators that is higher than the national average. PAM Health's average is 76% compared to the national average of 53%. Since the Proposed Project has not occurred, the Applicant will establish a benchmark of 70% for this measure.

Monitoring: Reviewed monthly

- b. New or Worsened HAPUs. LTCHs by their nature serve chronic conditions that include complex wounds. PAM Health's average is 1.9% compared to the national average of 2.5%.

Measure: The number of patients with Stage 2-4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, that were not present or were at a lesser stage on admission.

Projections: Since the proposed project has not occurred, the Applicant will establish the national benchmark of 2.5%

Monitoring: Reviewed quarterly

F1.b.iii Public Health Value /Health Equity-Focused:

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g.culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

The Applicant complies with all applicable federal and state laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. The Applicant will also continue to serve a high mix of government payors including MassHealth beneficiaries. In addition, the Application has culturally and linguistically appropriate language services and will provide aids and translation services to patients so that they can communicate effectively with their providers. The Applicant also provides written information in alternative formats such as large print, audio, and accessible electronic formats. The Applicant engages its team in cultural competence training and hosts a comprehensive employee voice strategy to maintain a supportive and inclusive workplace culture.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

The Applicant has a comprehensive quality assurance program that utilizes a multi-factorial approach to improve quality and delivery of care for the Patient Panel while continuing to promote health equity. During the initial year of the Proposed Project, the Applicant will collect and analyze the Hospital's historic patient outcomes and operations to identify areas for improvement. With this information, the Applicant will set a baseline and establish goals to work on areas of improvement. Additionally, the Applicant will draw upon its vast experiences in other PAM Health hospitals to implement best practices at the Hospital. The Applicant will work on improving access to care by adding evidenced based service lines/programs.

The Applicant will also have an enhanced focus on patient satisfaction, including implementation of PAM Health's "We Care" program. This program includes enhanced patient rounding to connect and encourage communication between patients, families, physicians, other care providers, and the health care team. This process will assist in the Applicant achieve its goals as mentioned above.

The Applicant will continue to collaborate with other organizations in the state and across the country to enhance patient quality and outcomes.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

The Applicant's goal is to ensure that patients are discharged to the most appropriate level of care. It conducts daily evaluations of patient's clinical and physical capabilities and, in collaboration with the patient, patient's physician, and family, review discharge goals. The Applicant coordinates home discharges with the patient and their care team to ensure proper durable medical equipment and community support is provided, as needed.

At admission and upon patient request, the Applicant notifies the patient's primary care provider. The patient's attending physician at the Hospital will communicate with the patient's primary care provider throughout the patients' stay as needed. Upon discharge, the patient discharge information is provided to the patient's primary care provider and directed follow-up appointments will be made as directed.

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

The Applicant and its representatives have had discussions with the Department of Public Health Determination of Need Program, Division of Health Care Facility Licensure and Certification and the Health Policy Commission. The Applicant and the Seller have also made the necessary Hart-

Scott-Rodino filing to the Federal Trade Commission and the Department of Justice regarding the proposed transaction.

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review Community Engagement Standards for Community Health Planning Guideline. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

The Applicant has consulted with the Determination of Need program to determine how to address community engagement in a confidential transaction such as the Proposed Project prior to its announcement. Upon announcing the transaction publicly, the parties will undertake a broad community engagement further outlined in F1.e.ii. to discuss the Proposed Project.

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the “Public Health Value” of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to “Patient Panel” need; and Linking the Proposed Project to “Public Health Value”.

- Key governmental and regulatory stakeholders were contacted.
- Town halls with Hospital employees and Applicant’s leadership were held in August 2021 and individual meetings with employees were held during the week of November 1, 2021.

Upon approval of Proposed Project, the Applicant will issue a press release to local media outlets to inform the Patient Panel and the local community. The Applicant will also communicate with the Hospital’s referral sources and primary care providers in the region to inform them of Proposed Project. The Applicant will also publish announcement on website and social media. PAM Health also publishes a quarterly newsletter, which will contain news of Proposed Project.

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a Cost Containment:

Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

The Applicant plans to work in partnership with its primary referral sources (acute care hospitals) to ensure that patients are receiving care in the appropriate setting on the care continuum. Getting

patients with chronic needs who are in need of long-term acute hospital services into the correct setting opens up capacity at the acute care hospitals. In addition, as noted above, the Applicant anticipates implementing some of its 9 disease specific certified programs that are accredited by The Joint Commission at the Hospital. These programs along with the Applicant's quality assurance programs aimed at improving quality of care and health outcomes will contribute to the Patient Panel's quality of life which in turn will reduce the burden on the acute hospital system and allow for more discharges home instead to long-term care facilities. Collectively, this will all contribute to the Commonwealth's goals for cost containment.

For example, during the current COVID-19 Public Health Emergency, LTCHs have served an important role. When acute care hospitals were overwhelmed during the surges and lacked the capacity to care for patients with higher needs, LTCHs were available to care for long-haul COVID-19 patients that were stable but required a high level of support. The presence of LTCHs in a market enable short-term acute care hospitals to clear beds, often ICU beds, to treat other COVID-19 and non COVID-19 patients. LTCHs are particularly adept and experienced in the treatment of high acuity patients, such as those suffering from COVID-19 and needing placement on a ventilator.

F2.b Public Health Outcomes:

Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

As noted above, the Applicant has a comprehensive quality assurance program aimed at improving outcomes to enhance the Patient Panel's quality of life. The Applicant through PAM Health has demonstrated a wean rate from ventilators that is higher than the national average. The wean rate is determined by the number of patients on a ventilator that are successfully weaned (>48 hours) at the time of discharge. PAM Health's average is 76% compared to the national average of 53%. The Applicant will bring these clinical practices and its expertise to the Proposed Project to improve the public health outcomes for the Patient Panel.

F2.c Delivery System Transformation:

Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

The Applicant will provide an interdisciplinary collaborative discharge planning process focusing on the individualized goals and treatment preferences of the patient to ensure an effective transition of the patient from hospital to post-discharge care, and reduce potential factors leading to preventable hospital readmission. This process considers a number of factors including, but not limited to, patient functionality, patient caregiver supports, social support systems, and social

determinates of health (e.g. availability/accessibility to adequate housing and transportation). Collaborative communication in discharge planning is a shared responsibility of the interdisciplinary healthcare team, patient, and designated patient support caregiver.

As part of the discharge process to ensure continuity of care related to patient's needs, the Applicant makes referrals, as applicable, subject to patient choice and consistent with relevant to the discharge plan and patient goals/preferences of treatment, to extended care providers, community-based resources, durable medical equipment, and/or specialized ambulatory services (physical therapy, occupational therapy, home health, hospice, mental health, wound care, dialysis, infusion clinics, skilled nursing facility, etc.).

The Applicant will also assist patients with scheduling post-discharge follow-up appointments with primary care providers and/or specialists as applicable. The Applicant ensures the transfer of medically necessary information for continuity of care for post-discharge services and/or follow-up needs of patient. The Applicant will also provide relevant training to the patient and designated supportive caregiver as applicable.

EXHIBIT 2

EXHIBITS TO DETERMINATION OF NEED NARRATIVE

Exhibit A

1. Patient Volume and Gender

Years	Sex		Grand Total
	F	M	
LTCH	273	445	718
2018	80	151	231
2019	80	137	217
2020	113	157	270
TBI / NRU	6	21	27
2018	4	5	9
2019	1	9	10
2020	1	7	8
Grand Total	279	466	745

2. Age

	2018	2019	2020	Grand Total
0 to 17	0	0	0	0
18 to 64	111	129	167	407
65+	129	98	111	338

3. Race / Ethnicity

Patient Volume	Years			Grand Total
Service	2018	2019	2020	
LTCH	231	217	270	718
AFRICAN AMERICAN	24	31	32	87
ASIAN	2	4	8	14
CAUCASIAN	173	140	195	508
HISPANIC	1	4	16	21
OTHER	31	38	19	88
TBI / NRU	9	10	8	27
CAUCASIAN	8	8	6	22
HISPANIC		1	1	2
OTHER	1	1	1	3
Grand Total	240	227	278	745

4. Referral Source/Origin

Top 5 Zip Codes at Discharge					
Zip Codes	02072	02301	02302	02368	02703
2018	13	32	5	15	10
2019	17	24	10	15	6
2020	8	19	8	9	3
Grand Total	38	75	23	39	19
					194

5. Payor Mix

Patient Volume	Service	TBI /	Grand
Payors	LTCH	NRU	Total
2018			
Commercial	16		16
Medicaid	45	9	54
Medicare	122		122
Mng Medicaid	11		11
Mng Medicare	26		26
Other	11		11
2019			
Commercial	10		10
Medicaid	38	9	47
Medicare	95		95
Mng Medicaid	30	1	31
Mng Medicare	34		34
Other	10		10
2020			
Commercial	12		12
Champus / VA	6		6
Medicaid	51	7	58
Medicare	96		96
Mng Medicaid	49	1	50
Mng Medicare	41		41

Other	15		15
Grand Total	718	27	745

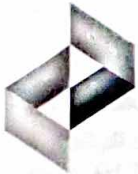
6. Length of Stay by Days - LTCH

2018	2019	2020	Avg LOS 2018-2020
41	34	34	36

Exhibit B

Top 5 Admit Diagnosis (2018-2020) By ICD-10 Code				
	2018	2019	2020	Grand Total
LTCH				
Respiratory Failure (J96.00, J96.10, J96.20, J96.90)	41	61	99	201
Sepsis (A41.89, A41.9)	18	36	24	78
Pneumonia (J18.9)	21	10		31
Cellulitis (L03.90)	8	7	7	22
Shortness of Breath (R06.02)	19		1	20

EXHIBIT 3
NOTICE OF MATERIAL CHANGE



MASSACHUSETTS HEALTH POLICY COMMISSION

GENERAL INSTRUCTIONS

REQUIREMENT TO FILE

This Notice must be submitted by any Provider or Provider Organization with \$1 million or more in Net Patient Service Revenue in the preceding fiscal year that is proposing a Material Change, as defined in 95B CMR 2.03. Notice must be filed with the Commission not less than 60 days before the transmission or closing of the transaction (i.e., the proposed effective date of the proposed Material Change).

SUBMISSION OF NOTICE

One electronic copy must be submitted to the following:

Health Policy Commission

Office of the Advisory Center

Center for Health Policy Research and Analysis, Children and Families

NOTICE OF MATERIAL CHANGE FORM

PRELIMINARY REVIEW AND NOTICE OF COST AND MARKET IMPACT REVIEW

If the Commission considers the Notice to be incomplete, or if the Commission requires clarification of any information to make its determination, the Commission may, within 30 days of receipt of the Notice, notify the Provider or Provider Organization of the information or clarification necessary to complete the Notice.

The Commission will allow for a single meeting between the Provider or Provider Organization and the Commission to discuss the Notice and Market Impact Review within 30 days of the receipt of a completed Notice and all required information, or by a later date as may be set by mutual agreement of the Provider or Provider Organization and the Commission.

CONFIDENTIALITY

Information on this Notice form itself shall be a public record and will be posted on the Commission's website. Pursuant to 95B CMR 2.05, the Commission shall keep confidential all confidential information and documents submitted in connection with a Notice of Material Change and shall not disclose the information or documents to any person without the consent of the Provider or Provider Organization that provided the information. Confidentiality of the Notice or Final Report of a Cost and Market Impact Review shall be maintained only if it can be made in the public interest after taking into account and balancing the public's right to know with the need for confidentiality. The confidential information and documents shall be destroyed upon request from disclosure under M.G.L. c. 93A, § 7C. M.G.L. c. 93A, § 7D.

Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

GENERAL INSTRUCTIONS

The attached form should be used by a Provider or Provider Organization to provide a Notice of Material Change ("Notice") to the Health Policy Commission ("Commission"), as required under M.G.L. c. 6D, § 13 and 958 CMR 7.00, Notices of Material Change and Cost and Market Impact Reviews. To complete the Notice, it is necessary to read and comply with 958 CMR 7.00, a copy of which may be obtained on the Commission's website at www.mass.gov/hpc. Capitalized terms in this Notice are defined in 958 CMR 7.02. Additional sub-regulatory guidance may be available on the Commission's website (e.g., Technical Bulletins, FAQs). For further assistance, please contact the Health Policy Commission at HPC-Notice@state.ma.us. This form is subject to statutory and regulatory changes that may take place from time to time.

REQUIREMENT TO FILE

This Notice must be submitted by any Provider or Provider Organization with \$25 million or more in Net Patient Service Revenue in the preceding fiscal year that is proposing a Material Change, as defined in 958 CMR 7.02. Notice must be filed with the Commission not fewer than 60 days before the consummation or closing of the transaction (i.e., the proposed effective date of the proposed Material Change).

SUBMISSION OF NOTICE

One electronic copy of the Notice, in a portable document form (pdf), should be submitted to the following:

Health Policy Commission HPC-Notice@state.ma.us;

Office of the Attorney General HCD-6D-NOTICE@state.ma.us;

Center for Health Information and Analysis CHIA-Legal@state.ma.us

PRELIMINARY REVIEW AND NOTICE OF COST AND MARKET IMPACT REVIEW

If the Commission considers the Notice to be incomplete, or if the Commission requires clarification of any information to make its determination, the Commission may, within 30 days of receipt of the Notice, notify the Provider or Provider Organization of the information or clarification necessary to complete the Notice.

The Commission will inform each notifying Provider or Provider Organization of any determination to initiate a Cost and Market Impact Review within 30 days of its receipt of a completed Notice and all required information, or by a later date as may be set by mutual agreement of the Provider or Provider Organization and the Commission.

CONFIDENTIALITY

Information on this Notice form itself shall be a public record and will be posted on the Commission's website. Pursuant to 958 CMR 7.09, the Commission shall keep confidential all nonpublic information and documents obtained in connection with a Notice of Material Change and shall not disclose the information or documents to any person without the consent of the Provider or Payer that produced the information or documents, except in a Preliminary Report or Final Report of a Cost and Market Impact Review if the Commission believes that such disclosure should be made in the public interest after taking into account any privacy, trade secret or anti-competitive considerations. The confidential information and documents shall not be public records and shall be exempt from disclosure under M.G.L. c. 4, § 7 cl. 26 or M.G.L. c. 66, § 10.

NOTICE OF MATERIAL CHANGE

DATE OF NOTICE: 07/27/2021

1. Name: Curahealth Stoughton, LLC

	Federal TAX ID #	MA DPH Facility ID #	NPI #
2.	81-2244828	1357010	1053762484

CONTACT INFORMATION

3. Business Address 1: 909 Sumner St

4. Business Address 2:

5. City: Stoughton State: MA Zip Code: 02072

6. Business Website: <http://curahealth.com/long-term-acute-care/curahealth-stoughton/>

7. Contact First Name: Colin Contact Last Name: McCulloch

8. Title: Member of the Firm

9. Contact Phone: 202.861.1894 Extension:

10. Contact Email: cmcculloch@ebglaw.com

DESCRIPTION OF ORGANIZATION

11. Briefly describe your organization.

Curahealth Stoughton is an inpatient long term acute care hospital serving patients with serious medical conditions that require care on an ongoing basis but no longer require intensive care or extensive diagnostic procedures. These patients are typically discharged from the intensive care units and require more care than they can receive in a rehabilitation center, skilled nursing facility, or at home

TYPE OF MATERIAL CHANGE

12. Check the box that most accurately describes the proposed Material Change involving a Provider or Provider Organization:

- ☐ A Merger or affiliation with, or Acquisition of or by, a Carrier;
- ☐ A Merger with or Acquisition of or by a Hospital or a hospital system;
- ☒ Any other Acquisition, Merger, or affiliation (such as a Corporate Affiliation, Contracting Affiliation, or employment of Health Care Professionals) of, by, or with another Provider, Providers (such as multiple Health Care Professionals from the same Provider or Provider Organization), or Provider Organization that would result in an increase in annual Net Patient Service Revenue of the Provider or Provider Organization of ten million dollars or more, or in the Provider or Provider Organization having a near-majority of market share in a given service or region;
- ☐ Any Clinical Affiliation between two or more Providers or Provider Organizations that each had annual Net Patient Service Revenue of \$25 million or more in the preceding fiscal year; provided that this shall not include a Clinical Affiliation solely for the purpose of collaborating on clinical trials or graduate medical education programs; and
- ☐ Any formation of a partnership, joint venture, accountable care organization, parent corporation, management services organization, or other organization created for administering contracts with Carriers or third-party administrators or current or future contracting on behalf of one or more Providers or Provider Organizations.

13. What is the proposed effective date of the proposed Material Change? Upon approval from all governmental auth

MATERIAL CHANGE NARRATIVE

14. Briefly describe the nature and objectives of the proposed Material Change, including any exchange of funds between the parties (such as any arrangement in which one party agrees to furnish the other party with a discount, rebate, or any other type of refund or remuneration in exchange for, or in any way related to, the provision of Health Care Services) and whether any changes in Health Care Services are anticipated in connection with the proposed Material Change:

PAM Cubed, LLC (Post Acute Medical) is acquiring the full equity ownership interest in Curahealth Massachusetts Holdco, LLC EIN: 81-2263970, the current owner of Curahealth Stoughton, LLC. This is part of a broader transaction whereby PAM Cubed, LLC will become the owner of all Curahealth and Cobalt hospitals and real estate. This is a cash transaction.

Curahealth will remain the licensed operator of the hospital and will continue to be responsible for the management and operation of the hospital and its pharmacy pursuant to the current state permit. Neither the day-to-day operations, nor the manner of delivery of hospital services will be impacted by the transaction. Moreover, the transaction will not result in:

- A change in name;
- A change in the taxpayer identification number;
- A change in the medical staff;
- A change in hospital management staff other than ordinary turnover;
- A change in employee staffing at the hospital other than ordinary turnover; and,
- A change in the provision of hospital services.

15. Briefly describe the anticipated impact of the proposed Material Change, including but not limited to any anticipated impact on reimbursement rates, care referral patterns, access to needed services, and/or quality of care:

There is no anticipated impact on reimbursement rates, care referral patterns, access to needed services and the quality of care.

DEVELOPMENT OF THE MATERIAL CHANGE

16. Describe any other Material Changes you anticipate making in the next 12 months:

None

17. Indicate the date and nature of any applications, forms, notices or other materials you have submitted regarding the proposed Material Change to any other state or federal agency:

We will be submitting a Hart Scott Rodino notification to the FTC this month and upon closing of the transaction, we will be submitting a Change of Information notification to CMS for the CLIA certificate and the Medicare Participation Agreement as well as to the Drug Enforcement Agency for the Curahealth Pharmacy. We will be submitting a Change of Information notification to the MA Board of Pharmacy.

SUPPLEMENTAL MATERIALS

18. Submit the following materials, if applicable, under separate cover to HPC-Notice@state.ma.us.

The Health Policy Commission shall keep confidential all nonpublic information, as requested by the parties, in accordance with M.G.L. c. 6D, § 13(c), as amended by 2013 Mass. Acts, c. 38, § 20 (July 12, 2013).

- a. Copies of all current agreement(s) (with accompanying appendices and exhibits) governing the proposed Material Change (e.g., definitive agreements, affiliation agreements);
- b. A current organizational chart of your organization
- c. Any analytic support for your responses to Questions 14 and 15 above.

[Remainder of this page intentionally left blank]

This signed and notarized Affidavit of Truthfulness and Proper Submission is required for a complete submission.


AFFIDAVIT OF TRUTHFULNESS AND PROPER SUBMISSION

I, the undersigned, certify that:

1. I have read 958 CMR 7.00, Notices of Material Change and Cost and Market Impact Reviews.
2. I have read this Notice of Material Change and the information contained therein is accurate and true.
3. I have submitted the required copies of this Notice to the Health Policy Commission, the Office of the Attorney General, and the Center for Health Information and Analysis as required.

Signed on the 27th day of July, 2021, under the pains and penalties of perjury.

Signature:



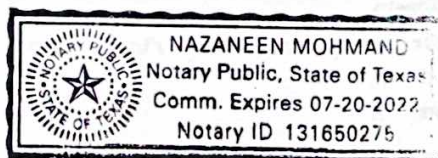
Name:

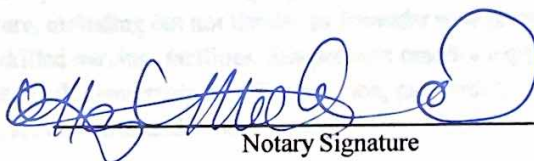
Kimberly Montes

Title:

Corporate Compliance Officer

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:





Notary Signature

Copies of this application have been submitted electronically as follows:

Office of the Attorney General (1)

Center for Health Information and Analysis (1)

EXPLANATIONS AND DEFINITIONS

1.	Name	Legal business name as reported with Internal Revenue Service. This may be the parent organization or local Provider Organization name.
2.	Federal TAX ID #	9-digit federal tax identification number also known as an employer identification number (EIN) assigned by the internal revenue service.
	MA DPH Facility ID #	If applicable, Massachusetts Department of Public Health Facility Identification Number.
	National Provider Identification Number (NPI)	10-digit National Provider identification number issued by the Centers for Medicare and Medicaid Services (CMS). This element pertains to the organization or entity directly providing service.
3.	Business Address 1	Address location/site of applicant
4.	Business Address 2	Address location/site of applicant continued often used to capture suite number, etc.
5.	City, State, Zip Code	Indicate the City, State, and Zip Code for the Provider Organization as defined by the US Postal Service.
6.	Business Website	Business website URL
7.	Contact Last Name, First Name	Last name and first name of the primary administrator completing the registration form.
8.	Title:	Professional title of the administrator completing the registration form.
9.	Contact Telephone and Extension	10-digit telephone number and telephone extension (if applicable) for administrator completing the registration form
10.	Contact Email	Contact email for administrator
11.	Description of Organization	Provide a brief description of the notifying organization's ownership, governance, and operational structure, including but not limited to Provider type (acute Hospital, physician group, skilled nursing facilities, independent practice organization, etc.), number of licensed beds, ownership type (corporation, partnership, limited liability corporation, etc.), service lines and service area(s).
		Indicate the nature of the proposed Material Change.
12.	Type of Material Change	<p><i>Definitions of terms:</i></p> <p>"Carrier", an insurer licensed or otherwise authorized to transact accident or health insurance under M.G.L. c. 175; a nonprofit Hospital service corporation organized under M.G.L. c. 176A; a nonprofit medical service corporation organized under M.G.L. c. 176B; a health maintenance organization organized under M.G.L. c. 176G; and an organization entering into a preferred provider arrangement under M.G.L. c. 176I; provided, that this shall not include an employer purchasing coverage or acting on behalf of its employees or the employees of one or more subsidiaries or affiliated corporations of the employer; provided that, unless otherwise noted, the term "Carrier" shall not include any entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or visions care services.</p>

“Hospital”, any hospital licensed under section 51 of chapter 111, the teaching hospital of the University of Massachusetts Medical School and any psychiatric facility licensed under section 19 of chapter 19.

“Net Patient Service Revenue”, the total revenue received for patient care from any third party Payer net of any contractual adjustments. For Hospitals, Net Patient Service Revenue should be as reported to the Center under M.G.L. c. 12C, § 8. For other Providers or Provider Organizations, Net Patient Service Revenue shall include the total revenue received for patient care from any third Party payer net of any contractual adjustments, including: (1) prior year third party settlements; and (2) premium revenue, which means per-member-per-month amounts received from a third party Payer to provide comprehensive Health Care Services for that period, for all Providers represented by the Provider or Provider Organization in contracting with Carriers, for all Providers represented by the Provider or Provider Organization in contracting with third party Payers..

“Provider”, any person, corporation, partnership, governmental unit, state institution or any other entity qualified under the laws of the Commonwealth to perform or provide Health Care Services.

“Provider Organization”, any corporation, partnership, business trust, association or organized group of persons, which is in the business of health care delivery or management, whether incorporated or not that represents one or more health care Providers in contracting with Carriers or third-party administrators for the payments of Health Care Services; provided, that a Provider Organization shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, Provider networks, accountable care organizations and any other organization that contracts with Carriers for payment for Health Care Services.

13.	Proposed Effective Date of the Proposed Material Change	Indicate the effective date of the proposed Material Change. NOTE: The effective date may not be fewer than 60 days from the date of the filing of the Notice.
14.	Description of the Proposed Material Change	Provide a brief narrative describing the nature and objectives of the proposed Material Change, including any exchange of funds between the parties (such as any arrangement in which one party agrees to furnish the other party with a discount, rebate, or any other type of refund or remuneration in exchange for, or in any way related to, the provision of Health Care Services). Include organizational charts and other supporting materials as necessary to illustrate the proposed change in ownership, governance, or operational structure.
15.	Impact of the Proposed Material Change	Provide a brief description of any analysis conducted by the notifying organization as to the anticipated impact of the proposed Material Change including, but not limited to, the following factors, as applicable: <ul style="list-style-type: none"> • Costs • Prices, including prices of the Provider or Provider Organization involved in the proposed Merger, Acquisition, affiliation or other proposed Material Change • Utilization • Health Status Adjusted Total Medical Expenses • Market Share • Referral Patterns • Payer Mix • Service Area(s) • Service Line(s) • Service Mix

- | | | |
|-------|---|--|
| 16. | Future Planned Material Changes | Provide a brief description of the nature, scope and dates of any pending or planned Material Changes, occurring between the notifying organization and any other entity, within the 12 months following the date of the notice. |
| <hr/> | | |
| 17. | Submission to Other State or Federal Agencies | Indicate the date and nature of any other applications, forms, notices or other materials provided to other state or federal agencies relative to the proposed Material Change, including but not limited to the Department of Public Health (e.g., Determination of Need Application, Notice of Intent to Acquire, Change in Licensure), Massachusetts Attorney General (e.g., notice pursuant to G.L. c. 180, §8A(c)), U.S. Department of Health and Human Services (e.g., Pioneer ACO or Medicare Shared Savings Program application) and Federal Trade Commission/Department of Justice (e.g., Notification and Report Form pursuant to 15 U.S.C. sec. 18a). |
| <hr/> | | |

EXHIBIT 4
NOTICE OF INTENT

Classifieds

To Place an Advertisement Call 508-588-5000 • Mon-Fri 9am-5pm

JOBS

SERVICES

STUFF

HOMES

WHEELS



NOTICES

Legals

1540 Bedford St
**LEGAL NOTICE
PUBLIC HEARING
NOTICE**

The Abington Planning Board will hold a public hearing at Abington Town Hall on Monday, November 1, 2021, at 6:05 P.M. on the application of Bud's Goods & Provisions Corp, 54 West Boylston Street, Worcester, MA to amend the Special Permit decision dated December 12, 2019, to modify condition 8, to increase the store hours pursuant to Zoning Bylaw §175-24.3. The property is owned by Taiga Realty Trust, (Steven Gosselin, Trustee), 1540 Bedford St., Abington, MA 02351. The property is located at 1540 Bedford St on Assessor's map 68 lot 13. The application can be viewed at the Town Clerk's office.

Wayne P. Smith,
Chairman

AD#13989572
BE 10/18, 10/25/21

GOYETTE ESTATE
**LEGAL NOTICE
Commonwealth of
Massachusetts
The Trial Court
Plymouth Probate and
Family Court
52 Obery Street
Suite 1130
Plymouth, MA 02360
(508) 747-6204
Docket No PL 20P1178EA**

**CITATION ON PETITION
FOR ORDER OF
COMPLETE
SETTLEMENT**

Estate of: John Albert
Goyette

Date of Death: 01/23/2020

A Petition for Order of
Complete Settlement has
been filed by:

Michelle Madden of
Middleboro, MA

requesting that an Order of
Complete Settlement of the
estate issue including to
approve an accounting and
other such relief as may be
requested in the Petition.

IMPORTANT NOTICE
You have the right to
obtain a copy of the
Petition from the
Petitioner or at the Court.
You have a right to object
to this proceeding. To do
so, you or your attorney
must file a written
appearance and objection
at this Court before:
10:00 a.m. on 11/19/2021

This is NOT a hearing
date, but a deadline by
which you must file a
written appearance and
objection if you object to
this proceeding. If you
fail to file a timely written
appearance and objection
followed by an affidavit
of objections within thirty
(30) days of the return
date, action may be
taken without further
notice to you.

WITNESS, Hon. Edward
G. Boyle III, First Justice
of this Court.

Date: October 19, 2021

Matthew J. McDonough
Register of Probate

AD#: 13991649
ENT: 10/25/2021

"MY 3 LINE service directory
ad worked excellent. I got 30
new clients in 3 months." C.B.

Legals

JAKULIS REAL ESTATE
SALE
**LEGAL NOTICE
Commonwealth of
Massachusetts
The Trial Court
Probate and Family Court
Norfolk Probate and
Family Court
35 Shawmut Road
Canton, MA 02021
(781) 830-1200
Docket No. 21P225pm**

CITATION

In re: Egidijus Jakulis

To all interested persons: A
petition has been filed by:
**Randy Brinson, Jr. of
Hyde Park, MA** requesting:
**Petition of Sale of Real
Estate for reasons more
fully stated in said petition**

**You have the right to
obtain a copy of the
Petition from the
Petitioner or at the Court.
You have a right to object
to this proceeding. To do
so, you or your attorney
must file a written
appearance and objection
at this Court before:
10:00 a.m. on 11/24/21.**

This is NOT a hearing
date, but a deadline by
which you must file a
written appearance and
objection if you object to
this proceeding. If you
fail to file a timely written
appearance and objection
followed by an Affidavit
of Objections within thirty
(30) days of the return
date, action may be taken
without further notice to
you.

WITNESS, Hon. Patricia
Gorman, First Justice of
this Court.

Date: October 19, 2021

Colleen Brierley
Register of Probate

AD#: 13991669
ENT: 10/25/2021

JONES vs. JONES
**LEGAL NOTICE
Commonwealth of
Massachusetts
The Trial Court
Probate and Family Court
Plymouth Probate and
Family Court
52 Obery Street
Suite 1130
Plymouth, MA 02360**

Docket No.PL21D0615DR
**DIVORCE SUMMONS BY
PUBLICATION AND
MAILING
Maranda L Jones vs.
Maurice D Jones**

To the Defendant:
The Plaintiff has filed a
Complaint for Divorce
requesting that the Court
grant a divorce for
Irretrievable Breakdown,
resume former name of
Maranda L Manuel

The Complaint is on file at
the Court.
An Automatic Restraining
Order has been entered in
this matter preventing you
from taking any action
which would negatively
impact the current financial
status of either party. **SEE
Supplemental Probate
Court Rule 411.**

**You are required to serve
upon:
Maranda L Jones
280 N. Warren Avenue
Apt B 9
Brockton, MA 02301**

your answer on or before
11/08/2021. If you fail to do
so, the court will proceed to
the hearing and the adjudication
of this action. You are
also required to file a copy
of your answer if any in
the office of the Register
of this Court.

WITNESS, Hon. Edward G
Boyle, First Justice of this
Court.
Date: September 1, 2021

Matthew J McDonough
Register of Probate

AD# 13991737
BE 10/25/2021

Legals

PAM Cubed, LLC

LEGAL NOTICE

Public Announcement Concerning
a Proposed Health Care Project
PAM Cubed, LLC (Applicant), with a principal place
of business at 1828 Good Hope Road, Suite 102, Enola, PA
17025, intends to file a Notice of Determination of Need
with respect to a change of corporate control of
Curahealth Hospital Stoughton, a hospital that provides
long-term acute care hospital (LTCH) services at 909
Sumner Street, Stoughton, MA 02072 (the Hospital). Pursuant to an Agreement and Plan of Merger and Equity
Purchase Agreement, dated July 20, 2021, PAM Cubed,
LLC, which is part of PAM Health, a national operator of
LTCHs, will acquire 100% of the equity in the Hospital.
The Total Value of this transaction is based on an unad-
justed purchase price of \$7,500,000.00. The Applicant
does not anticipate any price or service impacts on the
Hospital's existing Patient Panel as a result of the trans-
action. Any ten Taxpayers of Massachusetts may reg-
ister in connection with the intended Application by no
later than November 19, 2021 or 30 days from the Filing
Date, whichever is later, by contacting the
Department of Public Health Determination of Need
Program by email at dph.don@massmail.state.ma, or via
United States Postal Services at 250 Washington Street,
4th Floor, Boston, MA 02108.

13991673 Patriot Ledger 10/25/2021

Brockton, 35 Twelfth
Avenue a/k/a 35 12th
Avenue

**LEGAL NOTICE
COMMONWEALTH OF
MASSACHUSETTS**



**LAND COURT
DEPARTMENT OF THE
TRIAL COURT**

DOCKET NO.
18 SM 004846

ORDER OF NOTICE

TO:

Michael C. Stewart, a/k/a
Michael C. Stewart, Sr.;
Renee A. Stewart;
Kerrie Jackson

and to all persons entitled
to the benefit of the
Servicemembers Civil
Relief Act, 50 U.S.C. C. 50
§3901 (et seq):

NewRez LLC d/b/a
Shellpoint Mortgage
Servicing

claiming to have an interest
in a Mortgage covering real
property in **Brockton,
numbered 35 Twelfth
Avenue a/k/a 35 12th
Avenue, given by Michael
C. Stewart and Renee A.
Stewart to Mortgage
Electronic Registration
Systems, Inc., as mort-
gagee, acting solely as a
nominee for Ditech.com,
Inc., dated May 2, 2006,
and recorded in
Plymouth County
Registry of Deeds in
Book 32707, Page 98,** and
now held by the Plaintiff by
assignment, has/have filed
with this court a complaint
for determination of
Defendant's/Defendants'
Servicemembers status.

If you now are, or recently
have been, in the active
military service of the
United States of America,
then you may be entitled to
the benefits of the
Servicemembers Civil
Relief Act. If you object to
a foreclosure of the above-
mentioned property on that
basis, then you or your
attorney must file a written
appearance and answer in
this court at **Three
Pemberton Square,
Boston, MA 02108** on or
before 11/29/2021 or you
may lose the opportunity to
challenge the foreclosure
on the ground of noncom-
pliance with the Act.

Witness, GORDON H.
PIPER Chief Justice of this
Court on 10/18/2021.

Attest:
Deborah J. Patterson,
Recorder

AD#13991655
BE 10/25/21

In search of a certain antique?
Place a "Wanted to Buy" ad in
these columns. There are thou-
sands of readers daily listing
that hidden treasure. Let the
classifieds help you.

Legals

225-227 SPRING STREET

LEGAL NOTICE

NOTICE OF MORTGAGEE'S SALE OF REAL ESTATE

By virtue and in execution of the Power of Sale contained
in a certain mortgage given by Marie M. Dorisca to
Mortgage Electronic Registration Systems, Inc., as nomi-
nee for WMC Mortgage Corp., dated May 10, 2006 and
recorded in the Plymouth County Registry of Deeds in
Book 32714, Page 143, as modified by a certain modifica-
tion agreement dated July 5, 2018, and recorded with said
Plymouth County Registry of Deeds in Book 50243, Page
184 of which mortgage the undersigned is the present
holder, by assignment from:

Mortgage Electronic Registration Systems, Inc. to U.S.
Bank National Association, recorded on March 21, 2008,
in Book No. 35753, at Page 3

U.S. Bank National Association to U.S. Bank National
Association, as Trustee to MASTR Asset Backed
Securities Trust 2006-WMC3 Mortgage Pass-Through
Certificates, Series 2006-WMC3, recorded on January 14,
2009, in Book No. 36687, at Page 314

for breach of the conditions of said mortgage and for the
purpose of foreclosing, the same will be sold at Public
Auction at 3:00 PM on November 23, 2021, on the mort-
gaged premises located at 225-227 Spring Street,
Brockton, Plymouth County, Massachusetts, all and singu-
lar the premises described in said mortgage,

TO WIT:

The land together with the buildings thereon situated in
Brockton, Plymouth County, Massachusetts bounded and
described as follows: PARCEL 1. A certain parcel of land
together with the building thereon on the Northerly side of
Sprint Street at the corner of Simmons Avenue, situated in
said Brockton, further bounded and described as follows,
viz: Beginning at a stone bound at the corner formed by
the interse tion of said street and avenue being the south-
west corner of the premises herein conveyed; THENCE
Easterly in line of Spring Street, sixty two (62) feet to a
stone bound; THENCE Northerly in line of land formerly of
Effie Sherburne, One Hundred Twnty (120) feet to a stone
bound; THENCE Westerly in line of land formerly owned
by Caroline E. Perkins and the Estate of Mary P. Hewins,
Seventy Five and 78/100 (75.78) feet to a stone bound in
the east line of Simmons Avenue THENCE Southerly in
line of said Avenue, One Hundred Twenty and 79/100 feet
(120.79) to a point of beginning Said parcel is being fur-
ther designated as Plot 69 on Plan 49, Records for the
Assessors for the City of Brockton having a total area of
8275 square feet. PARCEL 2 A certain strip of land with a
garage thereon situated on the Northerly side of Spring
Street, in Brockton, Plymouth County, Massachusetts fur-
ther bounded and described as follows: Beginning at a
point in the North line of said street, sixty two (62) feet
easterly from a stone bound at the corner of Spring Street
and Simmons Avenue THENCE Easterly in line of said
Spring Street, ten (10) feet to a stake and corner THENCE
one hundred twenty (120) feet Northerly in line of other
land now or formerly of James W. Thompson et ux to a
stake and corner THENCE Westerly ten (10) feet
THENCE TURNING AND RUNNING Southerly in line of
other land, being Parcel 1 hereinabove described one
hundred twenty (120) feet to the point of beginning. See
Plan of Land in Brockton, surveyed for Harry W.
Sherburne, Rayward & Hayward, Surveyors, dated May
11, 1955, Scale 20 feet to an inch For title see deed at
6740, Page 283

For mortgagor's(s)' title see deed recorded with Plymouth
County Registry of Deeds in Book 32714, Page 141.

These premises will be sold and conveyed subject to and
with the benefit of all rights, rights of way, restrictions,
easements, covenants, liens or claims in the nature of
liens, improvements, public assessments, any and all
unpaid taxes, tax titles, tax liens, water and sewer liens
and any other municipal assessments or liens or existing
encumbrances of record which are in force and are appli-
cable, having priority over said mortgage, whether or not
reference to such restrictions, easements, improvements,
liens or encumbrances is made in the deed.

TERMS OF SALE:

A deposit of Fifteen Thousand (\$15,000.00) Dollars by
certified or bank check will be required to be paid by the
purchaser at the time and place of sale. The balance is to
be paid by certified or bank check at Harmon Law Offices,
P.C., 150 California St., Newton, Massachusetts 02458, or
by mail to P.O. Box 610389, Newton Highlands,
Massachusetts 02461-0389, within thirty (30) days from
the date of sale. Deed

will be provided to purchaser for recording upon receipt in
full of the purchase price. The description of the premises
contained in said mortgage shall control in the event of an
error in this publication.

Other terms, if any, to be announced at the sale.

U.S. BANK NATIONAL ASSOCIATION, AS TRUSTEE
FOR MASTR ASSET BACKED SECURITIES TRUST
2006-WMC3 MORTGAGE PASS-THROUGH CERTIFI-
CATES, SERIES 2006-WMC3
Present holder of said mortgage

By its Attorneys,
HARMON LAW OFFICES, P.C.
150 California St.
Newton, MA 02458
(617)558-0500
18049

AD#13992043 10/25, 11/1, 11/8/21



**Visit the
Classifieds
online!**

The Enterprise

www.enterpriseneeds.com

Legals

SHAW GUARDIANSHIP
**LEGAL NOTICE
Commonwealth of
Massachusetts
The Trial Court
Probate and Family Court
Plymouth Probate and
Family Court
52 Obery Street
Suite 1130
Plymouth MA 02360
Docket No.
PL97P1824GD2**

**CITATION GIVING
NOTICE OF PETITION
FOR APPOINTMENT OF
GUARDIAN FOR
INCAPACITATED
PERSON PURSUANT TO
G.L. c. 190B, §5-304**

In the matter of: Derek
J.M. Shaw

Of: Brockton, MA

RESPONDENT
Alleged Incapacitated
Person

To the named Respondent
and all other interested per-
sons, a petition has been
filed by **Dept. of
Developmental Services
of Middleboro, MA** in the
above captioned matter
alleging that **Derek J.M.
Shaw** is in need of a
Guardian and requesting
that **Susan B Braus of
Hingham, MA** (or some
other suitable person) be
appointed as Guardian to
serve **Without Surety** on
the bond.

The petition asks the court
to determine that the
Respondent is incapacitat-
ed, that the appointment of
a Guardian is necessary,
and that the proposed
Guardian is appropriate.
The petition is on file with
this court and may contain
a request for certain spec-
ific authority.

**You have the right to
object to this proceeding.**
If you wish to do so, you or
your attorney must file a
written appearance at this
court on or before 10:00
A.M., on the return date of
11/01/2021. This day is
NOT a hearing date, but a
deadline date by which you
have to file the written
appearance if you object to
the petition. If you fail to
file the written appearance
by the return date, action
may be taken in this matter
without further notice to you.
In addition to filing the written
appearance, you or your
attorney must file a written
affidavit stating the specific
facts and grounds of your
objection within 30 days
after the return date.

IMPORTANT NOTICE

The outcome of this pro-
ceeding may limit or
completely take away the
above-named person's
right to make decisions
about personal affairs or
financial affairs or both.
The above-named person
has the right to ask for a
lawyer. Anyone may
make this request on
behalf of the above-
named person. If the
above-named person
cannot afford a lawyer,
one may be appointed at
State expense.

WITNESS, Hon. Edward G
Boyle, First Justice of
this Court.

Date: September 30, 2021

Matthew J. McDonough
Register of Probate

AD#13992007 10/25/21

Legals

PERCY TERMINATION OF
PARENTAL RIGHTS

**LEGAL NOTICE
CARE AND PROTECTION,
TERMINATION OF
PARENTAL RIGHTS,
SUMMONS BY PUBLICA-
TION, DOCKET NUMBER:
21CP0089BK, Trial Court
of Massachusetts, Juvenile
Court Department, COM-
MONWEALTH OF MASSA-
CHUSETTS, Plymouth
County Juvenile Court, 215
Main Street, Suite 270,
Brockton, MA 02301 TO:
Samantha Dunn:** A peti-
tion has been presented to
this court by DCF Plymouth
Office, seeking, as to the
following child, **Sabrina H.
Percy** that said child be
found in need of care and
protection and committed to
the Department of Children
and Families. The court
may dispense the rights of
the person(s) named herein
to receive notice of or to
consent to any legal pro-
ceeding affecting the adop-
tion, custody, or guardian-
ship or any other disposi-
tion of the child named
herein, if it finds that the
child is in need of care and
protection and that the best
interests of the child would
be served by said disposi-
tion.

You are hereby ORDERED
to appear in this court, at
the court address set forth
above, on the following
date and time: **11/23/2021
at 09:00 AM Temporary
Custody Hearing**
You may bring an attorney
with you. If you have a
right to an attorney and if
the court determines that
you are indigent, the court
will appoint an attorney to
represent you.
**If you fail to appear, the
court may proceed on
that date and any date
thereafter with a trial on
the merits of the petition
and an adjudication of
this matter.**

For further information call
the Office of the Clerk-
Magistrate at 508-586-
4030.
WITNESS: Hon. Kathryn A.
White, FIRST JUSTICE,
C.R. Gomes, Clerk-
Magistrate, DATE ISSUED:
10/07/2021
AD#: 13990233
ENT.# 10/15, 10/18,
10/25/2021



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Christ Community Church opens 2nd location

Desmond Bernal The Taunton Daily Gazette
USA TODAY NETWORK

TAUNTON — Seven years ago, members of Christ Community Church were on their prayer walks in the Whittenton neighborhood of Taunton and they prayed to have a community-based ministry.

Those prayers were answered and Christ Community Church is now opening its north campus on Nov. 14, church leaders said.

The church's main location is at 41 Stevens St. In East Taunton.

Lead Pastor for Christ Community Church the Rev. Matt Thornton said during their annual cookout at Whittenton Park many people talked about how they would like to have a place they can go to church and bring their children.

Campus Pastor Tom Mello said that is their goal with this new campus: to make a place people feel safe to come and bring their children.

On Saturday, Oct. 16, the church held an open house for members of the church, surrounding communities and local officials to see the updates and renovations to the new location.

"Everyone was excited that we are going to be right up the road from them," Thornton said.

Thornton said the church where they are located was previously Union Congregational Church but after



North campus Pastor Tom Mello, left, and lead pastor Matt Thornton of Christ Community Church visit the new location in the Whittenton neighborhood of Taunton on Friday.

DESMOND BERNAL/DAILY GAZETTE

their senior pastor left to take a full-time job the church was left to find someone else, so they reached out to Christ Community Church and agreed to hand the property over.

Thornton said renovation started in May and they

tried to maintain the beauty and history of the church.

He said they decided to keep the oak wood on the walls and the organ to keep the aesthetic of the church.

Thornton said that one thing that the church did was remove the stained-glass windows and put in regular windows to allow some natural light inside.

"It was like light came back into the building," Mello said about the installation of the windows.

Thornton said the church contacted contractors to put in windows and the heat and air conditioning units. He said it has been a mix of contractors, discounts, donations and volunteers to get the church prepared for the community.

The Union Congregational Church was built in 1895 and started as a Sunday school.

That is why Thornton said he liked the location, because it was "right in the nucleus of the community."

"There is a lot of life here," Thornton said during a car ride around the neighborhood.

Thornton said the church is excited about this new location and looking to continue to grow and be a church for all people of the community.

"Our heart is to be a church that people can walk to and be a part of the community," Thornton said.

Christ Community Church's new north campus is located at 265 W. Britannia St. Weekend Services will be held at 11 a.m. For more information, visit <https://cccfamily.com>.

Taunton City Council hopefuls talk term limits, sludge

Chris Helms The Taunton Daily Gazette
USA TODAY NETWORK

TAUNTON – All but one of the 18 City Council candidates attended this year's Taunton Community Access and Media/Taunton Daily Gazette forum.

Host and moderator Bob Jacobs, president of the TCAM Board, used the same format as last week's School Committee forum. Candidates came up in five groups of four or three, chosen randomly. Chris Helms, reporter with the *Gazette* and writer of this story, served as a panelist. Jacobs and Helms alternated questions, with each candidate in the group being asked the same question, with 90 seconds to respond. After each candidate spoke, Jacobs or Helms opened the floor for three minutes of discussion among the candidates.

Voters will choose at least one new city councilor in the election that ends Nov. 2. The nine-member board is guaranteed at least one new face as City Councilor Deborah Carr decided not to seek re-election.

There are 18 candidates, all but one of whom participated in Thursday's forum. The lone hold-out was Ray Medeiros, a longtime UPS driver seeking his first elected role. Medeiros' decision to run, finalized in the last minutes of the allowed window, forced September's preliminary election, which trimmed another first-time candidate, Joe Clifford, from the field.

Candidates at Thursday's forum fielded a total of 15 questions across nearly three hours. Each of the five groups was asked three questions. Here's how Groups 1 and 2 answered one of their questions.

We'll run an answer from the other three groups in a subsequent story.

See below for how to view the entire forum.

Group 1: Term limits

Jacobs asked about a key element of the proposed revision to the city charter: term limits. The charter is more or less the city's constitution, laying out the rules governing the political life of the city. In the proposal now sitting with the city's legislative delegation, city councilors could serve up to four three-year terms, for a total of 12 years. Years already served won't count against that cap. Jacobs asked candidates why those years should be grandfathered in.

The discussion begins here, about the 1 hour, 54 second mark, if you'd like to fast-forward to it while streaming (see below for how to access a recording of the forum.)

City Councilor David Pottier, who served on the committee that organized the charter debate, said the existing proposal is a compromise with those who don't like term limits at all.

If Taunton's legislative delegation agrees, the charter will be put before residents for an up-or-down vote.

"It's not a perfect document by any means," said Pottier. "I do give the mayor's administration a lot of credit for getting it to this point. I do hope our legislators will see fit to let the public actually vote on it."

Pottier praised the proposals checks and balances, including provisions for a mayoral veto with council override.

Larry Quintal, a funeral director seeking his first term on Taunton's governing board, declined to comment on specifics.

"I'm in favor of term limits," Quintal said. "I have to be honest with you, I'm not up to par on the whole charter, what they're trying to pass. I've been doing some of my own research, but I can't really weigh in on this. I don't know enough about it."

Tanya Lobo, an Afro-Latina seeking to become the



Chris Helms, left, reporter with the Taunton Daily Gazette, and Bob Jacobs, president of the board for Taunton Community Access and Media, hosted the forum.

KIM MURPHY

first Black woman to hold a seat on Taunton City Council, also backed term limits while not being sure how she'd vote on the charter as a whole, despite going to charter meetings and discussing the document with sitting councilors.

"I'm in favor of term limits because I believe it's important for our council to have turnover, for us to have different voices, different perspectives on the council," said Lobo. "I believe it's important for our citizens to see different faces and to understand that there are different opinions."

First-time candidate Andy Amaro, who owns an East Taunton car dealership, backed term limits while remaining hazy on the details of charter reform.

"I'm in favor of term limits," Amaro said. "As far as the charter goes, I'm not as well versed as some of the other council people. But should we revisit a 110-year-old protocol? Yes. What worked in 1915 might not work in 2021."

Amaro said more sunlight is needed in how the city operates, though he did not cite specific cases where city leaders kept information from the public.

"The more I see how the city works with certain things, the more I want to see more transparency," said Amaro. "That sort of back-door deals and shady politics is not what Taunton is about. It's not what it should be about. I seek to change that if elected."

Group 2: Sludge gasification plant

How to deal with the waste residents create has become an important issue since the city closed Taunton's landfill. A big piece of the puzzle is a proposal for a massive "gasification" plant that would turn sewage sludge from Taunton and beyond into sellable components that could bring millions of dollars to city coffers.

City Council has already approved a lease option agreement for Aries Clean Technologies to build such a plant on East Britannia at the shuttered dump. Aries is currently trying to convince the state's Department of Environmental Protection that the plant is a good idea. Helms asked candidates where they stood on this project. Discussion begins about 12 minutes into Thursday's forum.

Chris Coute, president of the City Council, credited the administration of Mayor Shaunna O'Connell for bringing forward the idea of a gasification plant, noting that for two decades the city knew the landfill would be closing.

"Financially it's right for us, but is it right health-

wise?" Coute said of the proposed plant, noting that he's relying on the state environmental experts to understand the complex science and sign off on the project. "I'm only for a gasification plant if it's proven 100% safe for the community."

Coute, a developer and restaurant entrepreneur whose family and extended family live nearby the old landfill, noted that the city's sludge isn't treated at all now. It's just buried.

Jeff Postell, also an incumbent councilor, said the gasification plant is an important project, but that the city's waste challenges also include trash and recycling. He applauded O'Connell's administration for putting the gasification option on the table, drawing a contrast with previous mayors who "had that can kicked down the road and into the yard of our taxpayers."

Don Cleary, a sitting councilor seeking another term, said he's watching closely an Aries facility in New Jersey that's already open.

"I look at the gasification plant as being in its infancy, and we've got a long way to go," Cleary said. "We're going to be watching the odors, we'll be watching the emissions that come out of that operation and we're going to try and do what's best for the city but that's safe for the city."

Cleary noted that the state DEP has shot down previous proposals for such a plant, and that it's a national problem. He also highlighted that the city is losing as much as \$3.5 million a year because of the closure of the dump.

Barry Sanders, also an incumbent, gave the only "no" to the plant. He said that although he voted to move the project forward in the earlier stages, he said his concerns over "forever chemicals" have grown as he's learned more. Those chemicals include PFAS (per- and polyfluoroalkyl substances), a toxic element found in sewer sludge that the Biden administration is seeking to regulate. Sanders said PFAS has been linked to cancer, problems with fertility and the immune system.

"I'm not convinced Aries has a technology that is going to be able to destroy PFAS in the manner they've suggested," said Sanders.

The social worker echoed Cleary that there needs to be a state-wide solution. He also said it's a problem that the gasification project was never put out to bid.

Groups 3, 4 and 5

We'll publish responses from candidates in the other three groups in an upcoming article.

See it yourself

TCAM will re-broadcast the forum at the following days and times on Comcast channel 15 and Verizon channel 22:

- 9 p.m. Saturday, Oct. 23
- 1 p.m. Monday, Oct. 25
- 8 p.m. Tuesday, Oct. 26
- 9 p.m. Friday, Oct. 29
- 12:30 p.m. Saturday, Oct. 30
- 9 p.m. Sunday, Oct. 31

The forum is also available on-demand on the TCAM website at tcamtv.com, Facebook at [facebook.com/TCAMTV](https://www.facebook.com/TCAMTV) or Vimeo at vimeo.com/637879673.

Send your news tips to reporter Chris Helms by email at CHelms@tauntongazette.com.

PUBLIC ANNOUNCEMENT CONCERNING A PROPOSED HEALTH CARE PROJECT

PAM Cubed, LLC (Applicant), with a principal place of business at 1828 Good Hope Road, Suite 102, Enola, PA 17025, intends to file a Notice of Determination of Need with respect to a change of corporate control of Curahealth Hospital Stoughton, a hospital that provides long-term acute care hospital (LTCH) services at 909 Summer Street, Stoughton, MA 02072 (the Hospital). Pursuant to an Agreement and Plan of Merger and Equity Purchase Agreement, dated July 20, 2021, PAM Cubed, LLC, which is part of PAM Health, a national operator of LTCHs, will acquire 100% of the equity in the Hospital. The Total Value of this transaction is based on an unadjudged purchase price of \$7,500,000.00. The Applicant does not anticipate any price or service impacts on the Hospital's existing Patient Panel as a result of the transaction. Any ten Taxpayers of Massachusetts may register in connection with the intended Application by no later than November 19, 2021 or 30 days from the Filing Date, whichever is later, by contacting the Department of Public Health Determination of Need Program by email at dph.don@massmail.state.ma,

or
via United States Postal Services at 250 Washington Street, 4th Floor, Boston, MA 02108.

NW-CN13991675

NOTICE OF PUBLIC HEARING

Under the Wetlands Protection Act, Chapter 131, Section 40, MGL as amended and the West Bridgewater Wetlands Protection By-law & Rules and Regulations, the Conservation Commission will hold a Public Hearing in the MacDonald Brown Conference Room, 65 North Main Street, through both Remote Participation and In-person on 2 November 2021 at 6:30 PM for a Notice of Intent to construct a single family home with associated amenities within the 100' wetland buffer at 10 Lamp Post Lane. All interested persons are welcome to attend in person or join as instructed on the posted agenda found on the town calendar website. This ad can also be found at masspublicnotices.org.

Tim Hay, Chairman

NW-CN13992051

LEGAL NOTICE

NOTICE OF PUBLIC HEARING

Under the Wetlands Protection Act, Chapter 131, Section 40, MGL as amended, the West Bridgewater Wetlands Protection By-law & Rules and Regulations, and the West Bridgewater Stormwater Bylaw, the Conservation Commission will hold a Public Hearing in the MacDonald Brown Conference Room, 65 North Main Street, through both Remote Participation and In-person on 2 November 2021 at 6:30 PM for a General Stormwater Management Application to permit constructing a single family home with associated amenities within the 100' wetland buffer at 6 Lamp Post Lane. All interested persons are welcome to attend in person or join as instructed on the posted agenda found on the town calendar website. This ad can also be found at masspublicnotices.org.

Tim Hay, Chairman

NW-CN13992048

NOTICE OF PUBLIC HEARING

Under the Wetlands Protection Act, Chapter 131, Section 40, MGL as amended and the West Bridgewater Wetlands Protection By-law & Rules and Regulations, the Conservation Commission will hold a Public Hearing in the MacDonald Brown Conference Room, 65 North Main Street, through both Remote Participation and In-person on 2 November 2021 at 6:30 PM for a Notice of Intent to construct a single family home with associated amenities within the 100' wetland buffer at 14 Lamp Post Lane. All interested persons are welcome to attend in person or join as instructed on the posted agenda found on the town calendar website. This ad can also be found at masspublicnotices.org.

Tim Hay, Chairman

NW-CN13992032

LEGAL NOTICE

NOTICE OF PUBLIC HEARING

Under the Wetlands Protection Act, Chapter 131, Section 40, MGL as amended and the West Bridgewater Wetlands Protection By-law & Rules and Regulations, the Conservation Commission will hold a Public Hearing in the MacDonald Brown Conference Room, 65 North Main Street, through both Remote Participation and In-person on 2 November 2021 at 6:30 PM for a Notice of Intent to construct a single family home with associated amenities within the 100' wetland buffer at 13 Lamp Post Lane. All interested persons are welcome to attend in person or join as instructed on the posted agenda found on the town calendar website. This ad can also be found at masspublicnotices.org.

Tim Hay, Chairman

NW-CN13991939

EXHIBIT 5

FACTOR 4 – INDEPENDENT CPA ANALYSIS

[To be Submitted Separately]

EXHIBIT 6
CERTIFICATE OF ORGANIZATION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

10/06/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

PAM Cubed, LLC

I, Veronica Degraffenreid, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on Jul 2, 2019 - Pages (2)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Veronica W. Degraffenreid".

Acting Secretary of the Commonwealth

Certification Number: TSC211006121269-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

☐ Return document by mail to:

Erin Bosley

Name

1828 Good Hope Road, Suite 102

Address

Enola

PA

170251233

City

State

Zip Code

☐ Return document by email to: _____

**Certificate of Organization Domestic
Limited Liability Company**

DSCB:15-8821(rev. 2/2017)



8821

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125.00

☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):

PAM Cubed, LLC

2. Complete part (a) or (b) – not both:

(a) The address of the limited liability company's initial registered office in this Commonwealth is:

(post office box alone is not acceptable)

1828 Good Hope Rd, Suite 102

Enola

PA

17025

Cumberland

Number and Street

City

State

Zip

County

(b) name of its commercial registered office provider and the county of venue is:

c/o:

Name of Commercial Registered Office Provider

County

3. The name of each organizer is (all organizers must sign on page 2):

Name

Address

Erin Bosley

1828 Good Hope Rd , Suite 102 , Enola , Cumberland ,
PA , United States , 17025

4. Effective date of Statement of Registration (check, and if appropriate complete, one of the following):

☒ The Certification of organization shall be effective upon filing in the Dept of State.

☐ The Certification of organization shall be effective
on: _____

at _____

Date(MM/DD/YYYY)

Hour (if any)

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

☐ **The company is a restricted professional company organized to render the following restricted professional service(s):**

☐ **Chiropractic**

☐ **Dentistry**

☐ **Law**

☐ **Medicine and surgery**

☐ **Optometry**

☐ **Osteopathic medicine and surgery**

☐ **Podiatric medicine**

☐ **Public accounting**

☐ **Psychology**

☐ **Veterinary medicine**

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

☐ **This limited liability company shall have the purpose of creating general public benefit**

*Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s).
See instructions for examples of specific public benefit.*

☐ **This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):**

7. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this 02 day of July, 2019.

Erin Bosley

Signature

EXHIBIT 7

AFFIDAVIT OF TRUTHFULNESS AND COMPLIANCE



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: **PAM-21111018-TO**

Original Application Date: **Nov. 12, 2021**

Applicant Name: **PAM Cubed, LLC**

Application Type: **Transfer of Ownership**

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

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is the sole corporate member or sole shareholder of the Health Facility(ies) that are the subject of this Application;
2. I have read¹ 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 read¹ 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 submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7. 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.;
8. I have caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00;
9. 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);
10. 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;
11. I have read² 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;
12. 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;
13. Pursuant to 105 CMR 100.705(A), I certify² that the Applicant has Sufficient Interest in the Site or facility; and
14. Pursuant to 105 CMR 100.705(A), I certify² 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.

LLC

All parties must sign. Add additional names as needed.

Type name here **Anthony F. Misitano**

11/5/2021

Name:

Signature:

Date

This document is ready to print: ☒

Date/time Stamp:



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: PAM-21111018-TO

Original Application Date: Nov. 12, 2021

Applicant Name: PAM Cubed, LLC

Application Type: Transfer of Ownership

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

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4. I have read¹ 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 submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7. 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.;
8. I have caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00;
9. 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);
10. 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;
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12. 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;
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14. Pursuant to 105 CMR 100.705(A), I certify² 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.

LLC

All parties must sign. Add additional names as needed.

Type name here Anthony F. Misitano

11/5/2021

Name:

Signature:

Date

This document is ready to print: ☒

Date/time Stamp:

¹been informed of the content of

²been informed of/that

EXHIBIT 8
FILING FEE

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THERMOCHROMIC INK ON BACK.

Post Acute Medical, LLC
1828 Good Hope Road
Enola, PA 17025

Wells Fargo
214 Senate Avenue, 4th Floor
Camp Hill, PA 17011

322512

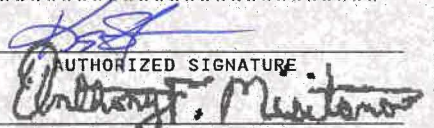
DATE
11/09/2021

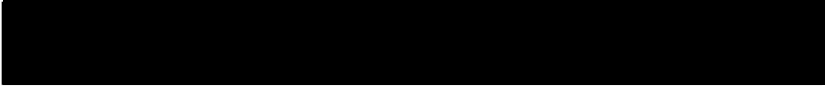
CHECK AMOUNT
***15,000.00

VOID AFTER 90 DAYS

FIFTEEN THOUSAND & 00/100 *****

PAY TO THE ORDER OF: COMMONWEALTH OF MASSACHUSETTS


AUTHORIZED SIGNATURE
AUTHORIZED SIGNATURE



See Other Side For Opening Instructions

Post Acute Medical, LLC
1828 Good Hope Road
Enola, PA 17025

COMMONWEALTH OF MASSACHUSETTS