EXHIBIT 7

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# Massachusetts Department of Public Health Determination of Need

Version: 7--6--17

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# Affidavit of Truthfulness and Compliance with Law and Disclosure Form 100AOS(B)

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,le-ma iE to: **dph.don@state.ma.us**Endude atl attachments as requested.

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Application N'.umber:

##  20111605-LS

Original Appficatfon Date: INI

## ovember 16, 2020 II

Applicant Name: [eampron Health & Wetrness, fnc.

Application Type: long Term CareSubstantial Capital Expenditure

Applicant's Business Type: **Ce** Corporation *C"* 11.imited! Partnership *C"* PartnefSbip *C"* Trust *C"* U.C *C"* Othef"

Is the Appficantthe sofe member or so[e shareholder of the Hearth Fadfity(jes) that arethe subject of this Application? *r* Yes ***r.***IN'o

Descli'rbe the rote /relationship:

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| [The undersigned certifies under the pains and penalties of perjmy:j1. The Applicant is;l2 I have fWEl-1105 CMR 100.000, the Massachusetts Determination of Need ReguFation;;3. *E* understand and agreeto the expected and appropriate conduct ofthe Applicant pursuant to 105CMR 100.800;:4. f have feil'dthis application for Determination of Need rndudrng a!E exhibits and attachments, and certify that all of the information contained haein isaccurate and true;iIs. I have submitted the correct filing Fee and understand it is nonrefundable pursuantto 105 CMR 100.465(8);:6. I have submitted the required copies of thisappHcatio111 to the Determinatiolili of Need Program, and,*as* applicabfe, to all Parties of Record!and other. parties *as* required! pursuantto 105CMR 100.405fB};[I,. E have caused, *as* required!, notices of intent to be pubfished and duplicate copies to be submitted! to afE Parties of Record!, and,I all earners or third-party administrators, public: and commercial, for the payment of health care services with which theAppficant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.4i05K). et:seq.;8 r hw.te caused pfflper ootiHGHien aoo submissiefts te tfte See-etat)·ef Emi refl.m.e ma l Affa i,s . purstJaRt ta 105 CMR.1 199 .495 €E) and 39t CMR 1 UJ&,,j9. ff fflbjectto P/.LG:L E: 60, § 13 and 958 CMR 7.99, f ha"JC submitted socn NetiEe ef Matefiaf Change ta the HPC iA1 accetduRff' with 1!85 CMR 1!00.485€Q!m. Pursuant to 105 CMR 100.21iO(AJ{3J,I cectifythat both th.e Applicant and the Proposed Project are in material and,I1 substantial compfrance and good standing with refevant federal,state, and focal faws and! reg ufat iom s , as weil as wilth alli previousEy rssu:edl Notices of Determination of Need!and the ter,ms and Condruons atta.ched therein;111- E have &ea#and understand the limitations on solicitation of funding from the general public pfiorto receiving a Notice·of Determination of Need *as* established in 105 OAR 100.415;1,11 2.f understand that, if Approved. the Applicant, as Hofder of the DoN,shaH become obligated to,all Standard ConditionsI pum.rantto 105 CMR 100310,*as* well as any appficabfe Other umdruot15 as outlined within 105OAR 100.000 or thatotherwise become a part of the final Action pursuantt:o 105CMR 100360;13. Pursuantto 105CMR 100.705(;\ ), I ]hat thAppticant hasSufficient Interest rn the Site or facifcty;: and14 Pursuant: to 105 CMR 100.705{AJ1, I that thProposed Project *is* authorized! under applccabfe zoning by faws or11 • ordinances, whether or not a special permit is required; or,a. If the Pmposed Project 5 not authorized under applicabre zoning by:..faws or ordinances, a varriance has beenI received to per.mit:such Proposed Project; or,l b. The Proposed Project is ex:empt from zoning by-laws or- ordinances. |
| **:!Corpo · ration:**!Atta ch a copy of Artides of Organaation/lnc:orporation,as amended *Typ e r&lP,J?B* - ***C.o\\* \'\S SS.** *�* @.\_ ·d=. *a.o.l..o*i cro fur Corporation Name: , Srgnature: 7 Date1 *Type n*(*u*?*m*e*e ,1e*,*r8*q*-J* e E\_ · Co\\\.<'lS *S.S.* e- \_s . \\ )1, *'"'r,.*..,, |
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