

Application Number:

# Massachusetts Department of Public Health Determination of Need

**Change in Service**

Original Application Date:

NONE-20111605-LS

11/16/2020

Version: DRAFT 6-14-17

**DRAFT**

 **Applicant Information**

Applicant Name:

Campion Health & Wellness, Inc.

Emily B. Kretchmer, Esq.

Legal Counsel

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Title:

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|  **Facility: Complete the tables below for each facility listed in the Application Form** **1** Facility Name: Campion Health & Wellness CMS Number: 225656 Facility type: Long Term Care Facility |
| **Change in Service** |
| 2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable. |
| Add/Del Rows |  | Licensed BedsExisting | Operating BedsExisting | Change in Number of Beds ( +/-)Licensed Operating | Number of Beds After Project Completion (calculated)Licensed Operating | Patient Days(Current/ Actual) | Patient DaysProjected | Occupancy rate for Operating BedsCurrent Beds Projected | Average Length of Stay (Days) | Number of DischargesActual | Number of DischargesProjected |
|  | **Acute** |  |
| Medical/Surgical 0% 0%Obstetrics (Maternity) 0% 0%Pediatrics 0% 0%Neonatal Intensive Care 0% 0%ICU/CCU/SICU 0% 0%+ - 0% 0%Total Acute 0% 0%**Acute Rehabilitation** 0% 0%+ - 0% 0%Total Rehabilitation 0% 0% |
| **Acute Psychiatric** |  |

Add/Del Rows

Licensed Beds

Existing

Operating Beds

Existing

Change in Number of Beds ( +/-)

Licensed Operating

Number of Beds After Project Completion (calculated)

Licensed Operating

Patient Days

(Current/ Actual)

Patient Days

Projected

Occupancy rate for Operating Beds

Current Beds Projected

Average Length of Stay (Days)

Number of Discharges

Actual

Number of Discharges

Projected

Adult 0% 0%

Adolescent 0% 0%

Pediatric 0% 0%

Geriatric 0% 0%

+ - 0% 0%

Total Acute Psychiatric 0% 0%

**Chronic Disease** 0% 0%

+ - 0% 0%

Total Chronic Disease 0% 0%

## Substance Abuse

detoxification 0% 0%

short-term intensive 0% 0%

+ - 0% 0%

Total Substance Abuse 0% 0%

## Skilled Nursing Facility

Level II 34 12 46 11,069 15,526 0% 0% 161 103 119

Level III 0% 0%

Level IV 36 -12 24 8,029 8,029 0% 0% 176 111 105

+ - 0% 0%

Total Skilled Nursing 70 0 70 19,098 23,555 0% 0% 337 214 224

2.3 Complete the chart below If there are changes other than those listed in table above.

Add/Del

Rows **List other services** if Changing e.g. OR, MRI, etc

+ -

Existing Number of Units

Change in Number +/-

Proposed Existing Volume Number of Units

Proposed Volume



Add additional Facility

Delete this Facility

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