

Application Number:

**Massachusetts Department of Public Health Determination of Need**

**Change in Service**

Original Application Date:

PHC-21052014-LE

10/08/2021

Version: DRAFT 6-14-17

DRAFT

#  Applicant Information

Applicant Name:

Wellman Healthcare Group, Inc.

Contact Person: Title:

Emily Kretchmer

Legal Counsel

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| --- |
| **Facility: Complete the tables below for each facility listed in the Application Form** |
| **1** | Facility Name: Palmer Healthcare Center |  |  |  |  | CMS Number: | 225763 |  | 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% |  |  |  |
| inactive add row buttoninactive delete row button | ICU/CCU/SICU |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| + | - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Acute |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| inactive add row buttoninactive delete row button | **Acute Rehabilitation** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| + | - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Rehabilitation |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Acute Psychiatric** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  | Adult |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Adolescent |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Pediatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Geriatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| inactive add row buttoninactive delete row button+ | - |  |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Acute Psychiatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Chronic Disease** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| inactive add row buttoninactive delete row button+ | - |  |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Chronic Disease |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Substance Abuse** |  |
|  | detoxification |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | short-term intensive |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| inactive add row buttoninactive delete row button+ | - |  |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Substance Abuse |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Skilled Nursing Facility** |  |
|  | Level II | 60 | 60 | 21 | 21 | 81 | 81 | 20,097 | 27,636 | 92% | 93% | 476 | 31 |  |
|  | Level III |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Level IV |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| inactive add row buttoninactive delete row button+ | - |  |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Skilled Nursing | 60 | 60 | 21 | 21 | 81 | 81 | 20,097 | 27,636 | 92% | 93% | 476 | 31 |  |
|  |
| 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 Number of Units | Existing Volume | Proposed Volume |
| + |  | - |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Add additional Facility |  | Delete this Facility |  |  |  |  |  |  |  |  |  |



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