 Version 6-14-17

**Massachusetts Department of Public Health**

**Determination of Need**

**Change in Service**

Application Number: ESC-22101909-AS

Original Application Date: 11/17/2022

**Applicant Information:**

Applicant Name: EXCEL SURGERY CENTER, LLC

Contact Person: RAMI R. RUSTUM, MD

Title: PRESIDENT

Phone: 978-2576600

E-mail: RRRUSTUM@YAHOO.COM

**Facility:**

Complete the tables below for each facility listed in the Application Form

1 Facility Name: EXCEL SURGERY CENTER

CMS Number: Pending

Facility Type: Freestanding Ambulatory Surgery capacity

**Change in Service:**

2.2 Complete the chart below with existing and planned service changes. Add additional services within each grouping if applicable.

| **Add/ Del Rows** |  | **Licensed Beds** | **Operating Beds** | **Change in Number of Beds (+/-)** | | **Number of Beds After Project Completion (calculated)** | | **Patient Days** | **Patient Days** | **Occupancy Rate for Operating Beds** | | **Average Length of Stay** | **Number of Discharges** | **Number of Discharges** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Existing | Existing | Licensed | Operating | Licensed | Operating | (Current/ Actual) | Projected | Current Beds | Projected | (Days) | Actual | Projected |
|  | **Acute** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Medical/ Surgical | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Obstetrics (Maternity) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Pediatrics | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Neonatal Intensive Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | ICU/CCU/SICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Acute | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | **Acute Rehabilitation** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Rehabilitation | 0 | 0 |  |  | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | **Acute Psychiatric** | 0 | 0 |  |  | 0 | 0 | 0 | 0 |  |  | 0 | 0 | 0 |
|  | Adult | 0 | 0 |  |  | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Adolescent | 0 | 0 |  |  | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Pediatric | 0 | 0 |  |  | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Geriatric | 0 | 0 |  |  | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
| +/- |  | 0 | 0 |  |  | 0 | 0 | 0 | 0 |  |  | 0 | 0 | 0 |
|  | Total Acute Psychiatric | 0 | 0 |  |  | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | **Chronic Disease** | 0 | 0 |  |  | 0 | 0 |  | 0 | 0% | 0% | 0 | 0 | 0 |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Chronic Disease | 0 | 0 |  |  | 0 | 0 |  | 0 | 0% | 0% |  | 0 | 0 |
|  | **Substance Abuse** | 0 | 0 |  |  | 0 | 0 |  | 0 |  |  |  | 0 | 0 |
|  | Detoxification | 0 | 0 |  |  | 0 | 0 |  | 0 | 0% | 0% |  | 0 | 0 |
|  | Short-term intensive | 0 | 0 |  |  | 0 | 0 |  | 0 | 0% | 0% |  | 0 | 0 |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Substance Abuse | 0 | 0 |  |  | 0 | 0 |  | 0 | 0% | 0% |  | 0 | 0 |
|  | **Skilled Nursing Facility** | 0 | 0 |  |  | 0 | 0 |  | 0 |  |  |  | 0 | 0 |
|  | Level II | 0 | 0 |  |  | 0 | 0 |  | 0 | 0% | 0% |  | 0 | 0 |
|  | Level III | 0 | 0 |  |  | 0 | 0 |  | 0 | 0% | 0% |  | 0 | 0 |
|  | Level IV | 0 | 0 |  |  | 0 | 0 |  | 0 | 0% | 0% |  | 0 | 0 |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Skilled Nursing | 0 | 0 |  |  | 0 | 0 |  | 0 | 0% | 0% |  | 0 | 0 |

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** |
| +/- | OR | 0 | 2 | 2 | 0 | 1,200 |
| +/- | Pre-OP Beds | 0 | 3 | 3 |  |  |
| +/- | Post-OP Beds | 0 | 3 | 3 |  |  |

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