



Massachusetts Department of Public Health  
Determination of Need  
Change in Service

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DRAFT

Application Number: 22032410-CL

Original Application Date: 03/31/2022

Applicant Information

Applicant Name: Fairview Extended Care Services, Inc.

Contact Person: Karen Koporwski Title: Regulatory Advisor

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

1 Facility Name: Windsor Nursing & Retirement Home CMS Number: 225349 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 Beds	Operating Beds	Change in Number of Beds ( +/- )		Number of Beds After Project Completion (calculated)		Patient Days  (Current/ Actual)	Patient Days	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating		Projected	Current Beds	Projected		Actual	Projected
	Acute													
	Medical/Surgical									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
<div>+ -</div>										0%	0%			
	Total Acute									0%	0%			
	Acute Rehabilitation									0%	0%			
<div>+ -</div>										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds ( +/-)		Number of Beds After Project Completion (calculated)		Patient Days  (Current/ Actual)	Patient Days  Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected		Actual	Projected
	Adult									0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
<div><div>+</div><div>-</div></div>										0%	0%			
	Total Acute Psychiatric									0%	0%			
	Chronic Disease									0%	0%			
<div><div>+</div><div>-</div></div>										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
<div><div>+</div><div>-</div></div>										0%	0%			
	Total Substance Abuse									0%	0%			
	Skilled Nursing Facility													
	Level II	120	120			120	120	31,087	40,296	71%	92%	150	184	239
	Level III	0	0			0	0	0	0	0%	0%	0	0	0
	Level IV									0%	0%			
<div><div>+</div><div>-</div></div>										0%	0%			
	Total Skilled Nursing	120	120			120	120	31,087	40,296	71%	92%	150	184	239

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
<div><div>+</div><div>-</div></div>						

Add additional Facility

Delete this Facility

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