

APPENDIX 5

CHANGE IN SERVICE



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number: LLC-22122011-CL

Original Application Date: 01/27/2023

Applicant Information

Applicant Name: Care Realty, LLC

Contact Person: Francine Petricone Title: Vice President of Financial Operations

Phone: 9788312123 Ext: E-mail: fpetricone@care-one.com

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

1 Facility Name: CareOne at Newton CMS Number: 22-5268 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 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	(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	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	0	0	0	0	0	0	0%	0%	0	0	0
	Total Rehabilitation	0	0	0	0	0	0	0	0	0%	0%	0	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 Actual	Number of Discharges Projected
		Existing		Existing		Licensed	Operating	Licensed	Operating			Current Beds	Projected			
	Adult	0		0		0	0	0	0	0	0	0%	0%	0	0	0
	Adolescent	0		0		0	0	0	0	0	0	0%	0%	0	0	0
	Pediatric	0		0		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
<input type="checkbox"/> + <input type="checkbox"/> -		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	0	0
	Chronic Disease	0		0		0	0	0	0	0	0	0%	0%	0	0	0
<input type="checkbox"/> + <input type="checkbox"/> -		0		0		0	0	0	0	0	0	0%	0%	0	0	0
	Total Chronic Disease	0		0		0	0	0	0	0	0	0%	0%	0	0	0
	Substance Abuse															
	detoxification	0		0		0	0	0	0	0	0	0%	0%	0	0	0
	short-term intensive	0		0		0	0	0	0	0	0	0%	0%	0	0	0
<input type="checkbox"/> + <input type="checkbox"/> -		0		0		0	0	0	0	0	0	0%	0%	0	0	0
	Total Substance Abuse	0		0		0	0	0	0	0	0	0%	0%	0	0	0
	Skilled Nursing Facility															
	Level II	115		115		40	40	155	155	67,523	63,564	161%	112%	52.48	2,037	1,109
	Level III	26		26		0	0	26	26			0%	0%			
	Level IV											0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -												0%	0%			
	Total Skilled Nursing	141		141		40	40	181	181	67,523	63,564	131%	96%	52.48	2,037	1,109

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
<input type="checkbox"/> + <input type="checkbox"/> -		0	0	0	0	0

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Date/time Stamp: 01/27/2023 3:46 pm

E-mail submission to
Determination of Need

1. Please note that the SNF does not track discharges and days by bed level.
2. Regarding "Occupancy Rates for Operating Beds" please note that 40 beds were operating under the COVID Waiver and that is why the occupancy rate is over 100%.