



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number: NONE-24030510-CL

Original Application Date: 06/17/2024

Applicant Information

Applicant Name: Lasell Village, Inc.

Contact Person: Karen Koprowski Title: Regulatory Advisor

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

1 Facility Name: Lasell House CMS Number: 225755 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% | | | |
| | 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 | | Occupancy rate for Operating Beds | | Average Length of Stay (Days) | Number of Discharges | |
|-----------------|--------------------------|---------------|--|----------------|--|-------------------------------------|-----------|---|-----------|----------------------|-----------|--------------------------------------|-----------|--|-------------------------|-----------|
| | | Existing | | Existing | | Licensed | Operating | Licensed | Operating | (Current/ Actual) | Projected | Current Beds | Projected | | Actual | Projected |
| | Adult | | | | | | | | | | | 0% | 0% | | | |
| | Adolescent | | | | | | | | | | | 0% | 0% | | | |
| | Pediatric | | | | | | | | | | | 0% | 0% | | | |
| | Geriatric | | | | | | | | | | | 0% | 0% | | | |
| <div>+ -</div> | | | | | | | | | | | | 0% | 0% | | | |
| | Total Acute Psychiatric | | | | | | | | | | | 0% | 0% | | | |
| | Chronic Disease | | | | | | | | | | | 0% | 0% | | | |
| <div>+ -</div> | | | | | | | | | | | | 0% | 0% | | | |
| | Total Chronic Disease | | | | | | | | | | | 0% | 0% | | | |
| | Substance Abuse | | | | | | | | | | | | | | | |
| | detoxification | | | | | | | | | | | 0% | 0% | | | |
| | short-term intensive | | | | | | | | | | | 0% | 0% | | | |
| <div>+ -</div> | | | | | | | | | | | | 0% | 0% | | | |
| | Total Substance Abuse | | | | | | | | | | | 0% | 0% | | | |
| | Skilled Nursing Facility | | | | | | | | | | | | | | | |
| | Level II | 38 | | 38 | | -15 | -15 | 23 | 23 | 9,975 | 7,665 | 72% | 91% | 17 | 30 | 26 |
| | Level III | | | | | | | | | | | 0% | 0% | | | |
| | Level IV | | | | | | | | | | | 0% | 0% | | | |
| <div>+ -</div> | | | | | | | | | | | | 0% | 0% | | | |
| | Total Skilled Nursing | 38 | | 38 | | -15 | -15 | 23 | 23 | 9,975 | 7,665 | 72% | 91% | 17 | 30 | 26 |

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> | | | | | | |
| | | | | | | |

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