

APPENDIX 6

CHANGE IN SERVICE



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number: NHMV-22090717-LE

Original Application Date: 10/27/2022

Applicant Information

Applicant Name: Navigator Homes of Martha's Vineyard, Inc.

Contact Person: Crystal Bloom, Esq. Title: Regulatory Counsel

Phone: 6175926700 Ext: E-mail: Crystal.Bloom@HuschBlackwell.com

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

1 Facility Name: Windemere Nursing & Rehabilitation Center CMS Number: 22-5630 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		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
	Acute															
	Medical/Surgical											0%	0%			
	Obstetrics (Maternity)											0%	0%			
	Pediatrics											0%	0%			
	Neonatal Intensive Care											0%	0%			
	ICU/CCU/SICU											0%	0%			
+	-											0%	0%			
	Total Acute											0%	0%			
	Acute Rehabilitation											0%	0%			
+	-											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%			
<input type="checkbox"/> + <input type="checkbox"/> -												0%	0%			
	Total Acute Psychiatric											0%	0%			
	Chronic Disease											0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -												0%	0%			
	Total Chronic Disease											0%	0%			
	Substance Abuse															
	detoxification											0%	0%			
	short-term intensive											0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -												0%	0%			
	Total Substance Abuse											0%	0%			
	Skilled Nursing Facility															
	Level II	61		30		9	40	70	70	9,808	22,904	90%	90%	439.7	14	288
	Level III											0%	0%			
	Level IV											0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -												0%	0%			
	Total Skilled Nursing	61		30		9	40	70	70	9,808	22,904	90%	90%	439.7	14	288

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"/> -						

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box.
Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file:



Date/time Stamp: 10/27/2022 2:57 pm

E-mail submission to
Determination of Need