



# Massachusetts Department of Public Health

## Determination of Need

### Change in Service

Version: DRAFT  
6-14-17

**DRAFT**

Application Number: PAM-21111018-TO

Original Application Date: 11/12/2021

#### Applicant Information

Applicant Name: PAM Cubed, LLC

Contact Person: Emily Kretchmer, Esquire Title: Attorney

Phone: 6174827211 Ext: E-mail: ekretchmer@kb-law.com

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

1 Facility Name: Curahealth Stoughton CMS Number: 222002 Facility type: Hospital

#### 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
	<b>Acute</b>													
	Medical/Surgical									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
<b>+</b>										0%	0%			
<b>-</b>										0%	0%			
	Total Acute									0%	0%			
	<b>Acute Rehabilitation</b>									0%	0%			
<b>+</b>										0%	0%			
<b>-</b>										0%	0%			
	Total Rehabilitation									0%	0%			
	<b>Acute Psychiatric</b>													

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	41		41		0	0	41	41			0%	0%			
	Adolescent											0%	0%			
	Pediatric											0%	0%			
	Geriatric											0%	0%			
<div>+ -</div>												0%	0%			
	Total Acute Psychiatric	41		41		0	0	41	41			0%	0%			
	<b>Chronic Disease</b>											0%	0%			
<div>+ -</div>		157		47		0	0	157	47			0%	0%			
	Total Chronic Disease	157		47		0	0	157	47			0%	0%			
	<b>Substance Abuse</b>															
	detoxification											0%	0%			
	short-term intensive											0%	0%			
<div>+ -</div>												0%	0%			
	Total Substance Abuse											0%	0%			
	<b>Skilled Nursing Facility</b>															
	Level II											0%	0%			
	Level III											0%	0%			
	Level IV											0%	0%			
<div>+ -</div>												0%	0%			
	Total Skilled Nursing											0%	0%			

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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Date/time Stamp: 11/12/2021 8:07 am

E-mail submission to  
Determination of Need