



Massachusetts Department of Public Health  
Determination of Need  
Change in Service

Version: DRAFT  
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DRAFT

Application Number: 22031614-CL

Original Application Date: 03/31/2022

Applicant Information

Applicant Name: Royal Nursing Centers, LLC

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: Royal Falmouth Nursing & Rehabilitation Center CMS Number: 225459 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		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	80	80	-2	-2	78	78	21,561	26,835	74%	94%	125	195	243
	Level III	40	40	2	2	42	42	10,780	14,450	74%	94%	303	60	80
	Level IV									0%	0%			
<div><div>+</div><div>-</div></div>										0%	0%			
	Total Skilled Nursing	120	120	0	0	120	120	32,341	41,285	74%	94%	428	255	323

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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