



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

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Commissioner

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September 26, 2023

VIA electronic mail

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Notice of Final Action: Care Realty, L.L.C.  
DON Application # LLC-22122011-CL

Dear Attorney Bloom,

This shall serve as notification that, based on the information provided by the Applicant and staff analysis, and pursuant to M.G.L. c. 111, § 25C and the regulatory provisions of 105 CMR 100.000 et seq, including 105 CMR 100.630 (A)(1), I hereby approve the application for Determination of Need (DoN) filed by Care Realty LLC for approval of a conservation project to re-open 40 previously licensed long term care beds, bringing the bed total to 181 at CareOne At Newton, 2101 Washington St, Newton, Massachusetts, 01742. The capital expenditure for the Proposed Project is \$ 0.00 (September 2023 dollars); the Community Health Initiatives (CHI) contribution is \$0.00. This Notice of Final Action incorporates by reference the Memorandum concerning this Application and is subject to the conditions set forth therein.

In compliance with the provisions of 105 CMR 100.310 A (2) and (11) the Holder shall submit an acknowledgment of receipt to the Department (attached) and include a written attestation of participation or intent to participate in MassHealth.

In compliance with 105 CMR 100.310(A)(12), which requires a report to the Department, at a minimum on an annual basis, including the measures related to achievement of the DoN factors

for a period of five years from completion of the Proposed Project, the Holder shall address its assertions with respect to all the factors.

Please notify the DoN Program at [DPH.DON@State.MA.US](mailto:DPH.DON@State.MA.US) of the anticipated completion date of all the components of the DoN-approved Project once it has been established. Additionally, send an email confirming the Project's completion (licensure/ amended licensure approval date) and the first day of operations to determine the annual DoN reporting timeline.

**Other Conditions to the DoN**

1. To comply with the Applicant's assertion that the Payer mix will remain constant, the Applicant will report annually on the Payer mix for a period of 5 years.
2. To ensure compliance with the licensed bed count, the Applicant will report on the number of staffed beds, the number of beds occupied, number of patients days, and the ALOS, annually for a period of 5 years.
3. To align with the Applicant's assertion that they admit a specialized population of patients with mental health diagnoses, the Applicant will report annually on both the number and percentage of patients admitted with a mental health diagnosis, sorted by diagnosis, for a period of 5 years.
4. In accordance with Factor 3, the Applicant will report on compliance with all regulatory laws regulations and requirements for a period of 5 years, including the requirement to meet the licensed bed count.

Ongoing compliance with the conditions and all terms of the DoN is, pursuant to the Regulation, a precondition to the filing of any future DoN by the Holder.

Sincerely,



Robert Goldstein, MD, PhD  
Commissioner, Massachusetts Department of Public Health

cc:

Dennis Renaud, Director Determination of Need Program  
Elizabeth Kelly, Director Bureau of Health Care Safety and Quality  
Rebecca Kaye, General Counsel  
Stephen Davis, Director, Division of Health Care Facility Licensure and Certification  
Judy Bernice, Division of Health Care Facility Licensure and Certification  
Daniel Gent, Health Care Facility Licensure and Certification  
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Jennica Allen, Division of Community Health Planning and Engagement  
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Elizabeth Almanzor, Center for Health Information Analysis  
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