

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

Governor

KARYN E. POLITO Lieutenant Governor MARYLOU SUDDERS Secretary

MARGRET R. COOKE Commissioner

> Tel: 617-624-6000 www.mass.gov/dph

DATE: August 29, 2022

Via email - kkoprowski@strategiccarec.com

Karen Koprowski Senior Operations Consultant Strategic Care Solutions, LLC 92 Montvale Ave, Suite 2300 Stoneham, MA 02180

RE: Long Term Centers of Lexington, Inc. DoN #22032813-CL

Dear Ms. Koprowski,

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 Long Term Centers of Lexington, Inc. for renovations to restore and sustain Pine Knoll Nursing Center (located at 30 Watertown Street Lexington, MA). This Notice of Final Action incorporates by reference the Memorandum to the Commissioner.

The capital expenditure for the project is \$6,216,750 (March 2022). The CHI contribution will be \$62,167.50. Please reference the project number 22032813-CL on the payment as well.

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 also include a written attestation of participation or intent to participate in MassHealth.

In compliance with the provisions of 105 CMR 100.310 A (12), which require 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.

Other Conditions

- 1. The total required CHI contribution of \$62,167.50 will be directed to the Massachusetts Healthy Aging Fund.
- 2. To comply with the Holder's obligation to contribute to the Massachusetts Healthy Aging Fund, the Holder must submit the first installment, a check for \$31,083.75, to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).
 - a. The Holder must submit the funds to HRiA within six months from the date of the Notice of Approval.
 - b. The Holder must submit the second installment of funds to HRiA within one year from the date of the Notice of Approval.
 - c. The Holder must promptly notify DPH (CHI contact staff) when each payment has been made.

Payment should be sent to:

Health Resources in Action, Inc. (HRiA) 2 Boylston Street, 4th Floor Boston, MA 02116 Attn: Ms. Bora Toro

Sincerely,

Margret R. Cooke Commissioner

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cc:

Elizabeth D. Kelley, Director, Bureau of Health Care Safety and Quality

Stephen Davis, Director, Division of Health Care Facility Licensure and Certification

Rebecca Rodman, General Counsel

Daniel Gent, Health Care Facility Licensure and Certification

Samuel Louis, Office of Health Equity

Jennica Allen, Division of Community Health Planning and Engagement

Elizabeth Maffei, Division of Community Health Planning and Engagement

Suzanne Barry, Center for Health Information Analysis

Katherine Mills, Health Policy Commission

Eric Gold, Office of the Attorney General

Zhao Zhang, MassHealth