



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

**CHARLES D. BAKER**  
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**KARYN E. POLITO**  
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**MARYLOU SUDDERS**  
Secretary

**MARGRET R. COOKE**  
Commissioner

Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

DATE: August 29, 2022

Via email - [kkoprowski@strategiccarec.com](mailto:kkoprowski@strategiccarec.com)

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

RE: Royal Norwell Nursing & Rehabilitation Center, LLC  
DoN #22031611-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 Royal Norwell Nursing & Rehabilitation Center, LLC for construction of an eight-bed addition to the facility, Royal Norwell Nursing & Rehabilitation Center, LLC (located at 329 Washington Street, Norwell, MA). This Notice of Final Action incorporates by reference the Memorandum to the Commissioner.

The capital expenditure for the project is \$3,579,537.00 (March 2022 dollars). The CHI contribution will be \$35,795.37. Please reference the project number 22031611-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 \$35,795.37 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 \$17,897.68, 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

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,



Margret R. Cooke  
Commissioner

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  
Katelyn Teague, 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