



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
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DRAFT

Application Number: 23101112-TO

Original Application Date: 03/18/2025

Applicant Information

Applicant Name: Everest Hospital, LLC

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

1 Facility Name: Vibra Hospital of Western Massachusetts - Central Campus CMS Number: 222046 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	Patient Days	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating	(Current/ Actual)	Projected	Current Beds	Projected	(Days)	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 Actual	Number of Discharges Projected
		Existing		Existing		Licensed	Operating	Licensed	Operating			Current Beds	Projected			
	Adult					0	0	0	0			0%	0%			
	Adolescent											0%	0%			
	Pediatric											0%	0%			
	Geriatric											0%	0%			
<div>+ -</div>												0%	0%			
	Total Acute Psychiatric					0	0	0	0			0%	0%			
	Chronic Disease	47		47				47	47	10,983	12,775	64%	74%	40.27	287	315
<div>+ -</div>												0%	0%			
	Total Chronic Disease	47		47				47	47	10,983	12,775	64%	74%	40.27	287	315
	Substance Abuse															
	detoxification											0%	0%			
	short-term intensive											0%	0%			
<div>+ -</div>												0%	0%			
	Total Substance Abuse											0%	0%			
	Skilled Nursing Facility															
	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: 03/18/2025 10:30 am

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Determination of Need