

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

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

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April 27, 2017

Via E-mail and first class mail

Andrew S. Levine, Esq.
Donoghue Barrett & Singal
One Beacon Street Suite 1320
Boston, MA 02108-3106

RE: Notice of Final Action
Project Number 4-1606
FRC, Inc. d/b/a Spaulding Nursing & Therapy Center West Roxbury

Dear Mr. Levine:

This shall serve as notification to you that pursuant to M.G.L. c.111, §25C and the regulations adopted thereunder, I hereby approve the application for Determination of Need ("DoN") filed by FRC, Inc. d/b/a Spaulding Nursing & Therapy Center West Roxbury ("Applicant") with respect to renovations to a closed skilled nursing facility (SNF) in Brighton and relocation of an existing SNF in the West Roxbury section of Boston to the renovated facility in Brighton.

This Notice of Final Action incorporates by reference the Staff Summary concerning this application.


This application was reviewed pursuant to M.G.L. c. 111, § 25C and the regulatory provisions of 105 CMR 100.000 et seq. In addition, it was reviewed in accordance with the May, 1993 DPH/DoN Guidelines for Nursing Facility Replacement and Renovation ("Guidelines") and upon information gathered at the Public Hearing on March 23, 2017.

In its review, Staff finds that the Applicant satisfied the standards applied under 105 CMR 100.533, subject to the mandatory terms and conditions set forth in 105 CMR 100.551 as well as the conditions discretionary with the Department pursuant to 105 CMR 100.552. Those conditions of approval are as follows:

1. The Applicant shall accept the maximum capital expenditure of \$27,263,174 (2017 dollars) as the final cost figure except for those increases allowed pursuant to 105 CMR 100.635.

2. The total approved gross square feet ("GSF") for this project is 56,839 GSF of renovation.
3. The Applicant shall initiate all actions appropriate to protecting the privacy, health, and safety of the residents of the facility during the renovation process.
4. The Applicant shall maintain affiliation/transfer agreements with local acute care hospitals and at least one local home care corporation.
5. The approved MCE does not include any capital expenditures associated with this project made prior to the date of DoN approval with the exception of expenditures incurred in the planning and development of the DoN application. Should the Applicant find that any of the expenses submitted are not in fact eligible for consideration because they preceded the date of the DoN application or are not capital expenses, the Applicant shall submit an amendment that will adjust the MCE accordingly. All submissions made to the Center for Health Information and Analysis pursuant to this DoN shall be in accordance with this condition.
6. Applicant's representations and commitments set forth in its letters of April 11, 2017 to each of the DoN program (Attachment 1) and State Representative Michael Moran (Attachment 2) shall become conditions to the DoN issued hereunder.

Sincerely,



Monica Bharel, MD, MPH
Commissioner

cc: Sherman Lohnes, Director, Division of Health Care Facility Licensure and Certification
Rebecca Rodman, Deputy General Counsel
Daniel Gent, Health Care Facility Licensure and Certification
Patty McCusker, Center for Health Information and Analysis
Thomas Lane, MassHealth
Katherine Mills, Health Policy Commission
Eric Gold, Office of the Attorney General
Alice Bonner, Executive Office of Elder Affairs

STAFF SUMMARY FOR DETERMINATION OF NEED
BY THE COMMISSIONER OF PUBLIC HEALTH

APPLICANT: FRC, Inc. d/b/a Spaulding Nursing & Therapy Center West Roxbury

LOCATION: 1153 Centre Street
West Roxbury, MA 02130

DATE OF APPLICATION: January 9, 2017

PROJECT NUMBER: 4-1606

PROJECT DESCRIPTION: Renovations to a closed SNF and relocation of an existing SNF in the West Roxbury section of Boston to the renovated facility in the Brighton section of Boston.

ESTIMATED MAXIMUM CAPITAL EXPENDITURE:

Requested: \$27,263,174 (January 2017 dollars)

Recommended:

ESTIMATED FIRST YEAR INCREMENTAL OPERATING COSTS:

Requested: \$9,197,541 (January 2017 dollars)

Recommended:

COMMENTS BY THE CENTER FOR HEALTH INFORMATION AND ANALYSIS: Comments were submitted to alert the Applicant to the regulations (114.2 CMR 6.05) governing the rate determination process for nursing homes.

COMMENTS BY EXECUTIVE OFFICE OF ELDER AFFAIRS: None submitted

COMMENTS BY THE DIVISION OF MEDICAL ASSISTANCE: None submitted

TEN TAXPAYER GROUP(S): None formed

RECOMMENDATION:

I. BACKGROUND AND PROJECT DESCRIPTION

The Applicant, FRC, Inc. d/b/a Spaulding Nursing & Therapy Center West Roxbury (FRC) is a subsidiary of Spaulding Rehabilitation Network (SRN) and operates two skilled nursing facilities: one in Boston's North End (SNE) and one in the West Roxbury section of Boston (SWR). SNE and SWR are both older facilities. SNE currently has 140 beds and SWR currently has 81 beds. The subject of this application is the SWR facility. The Applicant plans to transfer its SWR license to a newly remodeled site located at 100 North Beacon Street in Boston ("Brighton Facility"). At the same time, the Applicant has agreed to voluntarily relinquish 40 beds in the SNE license and waive SNE's one-time right to add 12 new beds (see Letter dated April 11, 2017 from David E. Storto, attached). In a separate proceeding, Spaulding Rehabilitation Network will seek permission to transfer the license for the 100-bed SNE facility to a new owner¹. Upon approval and completion of all planned transactions, there will be a 123-bed facility in Brighton and a 100-bed North End facility, resulting in an aggregate decrease in the number of licensed long-term care beds in the area.

The Brighton Facility operated as a long term care facility, Wingate of Boston, its closure in early 2016. The Applicant intends to fully renovate the Brighton Facility for the purpose of accommodating all the patients from SWR and any patients from SNE who wish to move². This proposed project has been analyzed for conformance with DoN Regulation ("Regulation") 105 CMR 100.000, *et seq.*, in place before January 2017, including 105 CMR 100.720 governing Transfer of Site, and the May, 1993 DPH/DoN Guidelines for Nursing Facility Replacement and Renovation ("Guidelines"). The Guidelines help to inform compliance under each relevant factor of the Regulation.

II. STAFF ANALYSIS AND FINDINGS

Factor 1 - Health Planning Process

In the context of its ongoing review of facilities and operations, the Applicant states that its parent, SRN, identified physical plant limitations, outdated systems, and operational inefficiencies in each of SNE and SWR. The Applicant developed a plan for the consolidation of its operations to a new location. Toward that end, the Applicant acquired a closed nursing home - the Brighton Facility - with the infrastructure needed to accommodate the needs of the Applicant's resident population. The closed Brighton Facility needed renovation and system upgrades to meet current architectural requirements and the needs the patient population.

The Applicant describes the patient population for whom this facility will be designed as "hard to place" and states that they are generally a high acuity patient population discharged from each of Mass. General Hospital (MGH) and the Brigham and Women's Hospital (BWH).

Separately, but in the context of this consolidation plan, SNE will be transferred to a new owner. As a result, the North End community will still have a local long-term care facility in its neighborhood. As further detailed in the context of Factor 7, Relative Merit, management and staff of the Applicant and SRN reviewed a variety of options designed to facilitate care for their current and projected patient population. By consolidating the services it currently provides in two sites – North End and West Roxbury – into a single site in Brighton, the Applicant believes that it can more effectively serve its population and achieve operational efficiencies and cost savings overall.

¹ This second transaction will be reviewed in the context of a transfer of ownership by the DPH licensure staff. Staff anticipates review of a DoN application for substantial capital expenditure for the North End site after the transfer of the property and license to the new owner, as well.

² All residents of SNE will be offered the choice of moving to Brighton or staying at the North End facility under its new ownership.

In addition to its own health planning analysis, the Guidelines encourage the Applicant to consult with relevant state agencies including the Determination of Need Program (“DoN”), the Bureau of Health Care Safety and Quality, the Executive Office of Elder Affairs (“Elder Affairs”), MassHealth, and the Center for Health Information and Analysis prior to filing, as well as other area providers. The Applicant describes consultation process that comports with the Health Planning Process requirement.

Finding

Staff finds the health planning process for the project to be satisfactory relative to the requirements of the Regulation and Guidelines.

Factor 2 - Health Care Requirements

SWR primarily cares for patients that are discharged from BWH who are described by the Applicant as difficult to place in traditional nursing facilities due to the cost and complexity of the care they require in relation to reimbursement for nursing facility services. SNE cares for both local long-term residents as well as a cohort of similarly hard to place patients discharged from MGH in need of skilled nursing and rehabilitation. BWH and MGH are part of a 60 facility SNF collaborative and have begun to place their more traditional SNF patients in other facilities. This has resulted in the patient population, at SNE and SWR, being made up of a greater percentage of medically complex patients. As a result of the placement of the more standard SNF patients in other facilities, both SWR and SNE have seen a decline in overall census and currently have excess bed capacity, with SNE at 82% occupancy and SWR at 73% occupancy.

Looking at anticipated capacity and occupancy of the proposed Brighton facility, depending on how many of the SNE long-term residents choose to move to Brighton, the Applicant anticipates that the Brighton facility will initially have a higher-than-expected percentage of long-term residents but that over time, the patient population at Brighton will shift to include a higher portion of sub-acute rehab patients with a length of stay ranging from 18-30 days, more closely mirroring the current patient mix at SWR. Applicant asserts that by consolidating the care of these patients in Brighton, rather than serving them at both SNE and SWR, it will achieve savings³, concludes that a single 123-bed facility will serve the needs of the patients discharged from MGH and BWH, and anticipates an average occupancy of 85.9% at the Brighton facility.

In terms of patient care, at a public hearing called to discuss this proposed project, Staff heard testimony from family of residents at SNE and SWR and from former patients, all of whom strongly support the proposed project. Each testified to the inadequacy of facilities: small multi-bed rooms; lack of private bathroom facilities; improvised therapeutic spaces; and the use of storage closets as offices for clinicians. The renovations proposed for Brighton will address these issues and will result in improvements in lighting and interior finishes in all patient rooms.

In interpretation of Factor 2, the Guidelines include specific criteria for Bed Replacement as well as for Substantial Renovation. Those include: that the existing building or part thereof is at least 20 or 25 years (depending on whether it is wood or masonry); ii) that there is documentation of operating inefficiencies in the existing facility and how the proposed project will address them, including cost savings; or iii) documentation of the existence of deficiencies that impact residents/staff health or safety and /or impose serious restrictions on the quality of life or care within the unit or building. The proposed project meets these criteria.

Finding

³ See, below, Factor 5, page 6 for more information on the projected savings.

Staff finds that consistent with the provisions of the Regulation and Guidelines, the Applicant has met the provisions of Factor 2.

Factor 3 - Operational Objectives

The Guidelines require that the Applicant have affiliation agreements with local acute care hospitals and home care corporations to further the coordination of long-term care and respite services, that the Applicant assure continuing Medicare access, and that the Applicant take all appropriate actions to protecting the privacy, health, and safety of the residents of the facility during the renovation process.

The Applicant transfers residents/patients when necessary to other facilities within the Partners HealthCare network. These facilities include BWH and MGH for hospitalization and rehabilitation, as well as Partners Continuing Care for home health care. Applicant indicates that there will be no change to its policy of accepting patients irrespective of payer and that they have and maintain a policy of non-discrimination.

The Applicant utilizes a variety of quality assurance mechanisms to assess the quality of skilled nursing and rehabilitation care delivered to each of its residents, as well as the appropriateness of the services provided. The Performance Improvement Committee (PIC) is a multi-disciplinary committee that meets quarterly and is comprised of the Applicant's Executive Director, Medical Director, Director of Nursing, nurse managers, the Rehabilitation Director, staff education and infection control nurses, the Director of Social Services and a quality improvement specialist. Additionally, the PIC is comprised of representatives from pharmacy, laboratory, and radiology vendors, as well as accreditation leaders from SRN. The PIC is charged with implementing the Performance Improvement & Patient Safety Plan for the organization, identifying and prioritizing areas of improvements, as well as assessing and evaluating performance. The PIC utilizes a Plan, Do, Check, Act ("PDCA") model for improvement and to facilitate performance improvement projects. Additionally, the PIC has subcommittees that focus on various aspects of resident care. These committees include the Skin Care and Wound Committee, the Falls Prevention Committee, the Environment of Care Committee and the Patient Experience Committee.

Addressing the Brighton Facility, the Applicant has responded to concerns that were raised about Applicant maintaining clear and timely communications with the community, appropriate community engagement and effective solutions for potential parking issues. The Applicant indicates that it is committed to ensuring consistent communication and on-going engagement with the community. To advance this commitment, FRC affirmed that, in order to enable interested citizens of the community to fully express any concerns, provide feedback to us on proposed plans and acquire a thorough understanding of the proposed project's impact, community members, including community organizations, as well as abutters and elected officials will be regularly engaged in planning processes. (See, letter dated April 11, 2017 from David E. Storto to State Representative Michael Moran, attached as Attachment 2)

Finding

Staff finds that the project meets the operational objectives requirements of the Guidelines.

Factor 4- Standards Compliance

The Guidelines require that the applicant is suitable for licensure, that the Gross Square Footage ("GSF") meets minimum licensure standards, and that the project will comply with Americans with Disabilities Act ("ADA").

All facilities are required to gain plan approval from the Bureau of Health Care Safety and Quality prior to commencing major renovation and construction which will ensure compliance with the Guidelines.

Finding

Staff finds that because it will be subject to plan approval, and based upon the statements made in the Application, the Proposed Project meets the standards compliance requirements of the Guidelines.

Factor 5- Financial Analysis- Reasonableness of Capital Expenditures and Incremental Operating Costs

Because of the way reimbursement is administered by Medicare and the methodology for determining comparable construction costs, the guidelines look at Capital Expenditures separately addressing construction costs and major moveable equipment.

Capital Costs

The proposed and recommended MCE for this project is \$27,263,174 (January 2017 dollars). This MCE includes \$14,600,000 for the acquisition of the Brighton Facility, and itemized as follows:

	Renovation
Construction Costs:	
Depreciable Land Development	
Building Acquisition Cost	\$14,600,000
Construction Contract	\$ 9,577,700
Fixed Equipment NOT in Contract	\$ 364,800
Architectural Cost	\$ 952,500
Pre-filing Planning & Development	\$ 50,000
Post-filing Planning & Development	
Equipment-Therapy, Kitchen, Office	\$ 60,000
Other: Furnishings	\$ 205,000
Net Interest Expense during Construction	
Major Movable Equipment	<u>\$ 1,236,800</u>
Total Construction Costs	\$27,046,800
Financing Costs	
Cost of Securing Financing	\$ 216,374
Bond	\$ 0
Other	\$ 0
Total Financing Costs	<u>\$ 216,374</u>
Total	\$27,263,174

Renovation Cost

Staff has calculated the renovation costs per gross square feet (“GSF”) and compared them to the Marshall & Swift cost/GSF for renovation. The Marshall & Swift guideline for renovation is 60% of the cost of new construction. The requested renovation cost of \$191.68/GSF is greater than the DoN standard of the Marshall & Swift allowable

cost/GSF for renovation of \$165.51/GSF by 15.8%. Of note, the project costs here are increased by the purchase price for the Brighton Facility – a financial factor that is not calculated in the standard analysis of financial feasibility. Staff reviewed recent similar long term care renovation projects and found that the cost per GSF for the proposed project is within the range of projects which have been reviewed and approved by the Department.

Equipment Cost

The major movable equipment cost (“MME”) for this project is \$1,236,800 or \$10,055 per bed for the facility’s 123 Level II beds. The Guidelines cap the expenditure for major movable equipment at \$6,632 per bed (2017 dollars). This project is 52% above the guidelines.

Reasonableness of Incremental Operating Costs

The proposed incremental operating costs for the project’s first full year of operation are \$9,197,541 (January 2017 dollars). The Center for Health Information and Analysis (“CHIA”) maintains a standard reimbursement system for nursing facilities. Revised in October, 2016, the payment rate for new capital costs should be within a range of \$30-\$37.60 per resident day depending on ratio of renovation to new construction costs a facility incurs. Based upon the Applicant’s FY 2021 projection of 38,554 total resident days, the projected annual capital cost of \$1,552,670 represents \$40.27 per resident day, a value falling 7% above the CHIA cap. There are no other capital costs associated with the proposed project. All operating costs are subject to review by CHIA and by third party payers according to their policies and procedures.

Operating Costs

The proposed incremental operating costs for the project’s first full year of operation are \$9,197,541 (January 2017 dollars).

The Applicant asserts that by consolidating its services at one facility, it can achieve cost savings, after five years of consolidation, of \$26,442,041. The cost savings is a reduction in Margin Support, i.e., the annual operating support provided to FRC by MGH and BWH to support losses at SNE and SWR. The consolidated operating cost includes net interest and depreciation associated with acquiring & renovating Brighton offset by the sale of SNE.

	Yr1	Yr2	Yr3	Yr4	Yr5	5-yr reduction
FY16 Projected Margin +2%	\$(15,805,920)	\$(16,122,038)	\$(16,444,479)	\$(16,773,369)	\$(17,108,836)	
Reduction in Margin Support	\$3,833,707	\$4,341,742	\$5,331,380	\$6,065,933	\$6,869,280	\$26,442,041

Finding

Staff finds the recommended maximum capital expenditure of \$27,263,174 (January 2017 dollars) while higher than the Marshall & Swift and CHIA standards are within the range of recent projects, in the aggregate, and when viewed in the totality of the application, are not unreasonable.

Factor 6- Financial Feasibility and Capability

The project is funded by a cash contribution from Partners Continuing Care and proceeds from the sale of SNE – a combined \$12.1 million plus long-term borrowing by Partners in the amount of \$15,163,174 for a total of \$27,263,174.

In response to questions by staff about the reasonableness of costs and financial feasibility of purchasing the Brighton facility and doing renovations, the Applicant states that their analysis of the costs of renovating SWR to adequately modify the facility to meet the clinical needs of its patient population would be approximately \$30 million and would result in significant disruption to patients during construction.

In order to assure the Applicant's ability to service their debt, the Guidelines require the Applicant to maintain a minimum debt service coverage ratio of 1.4, and a current ratio of at least 1.5 when they are seeking financing. In this project Partners Health Care is obtaining tax exempt financing for this project in the form of tax exempt MEFA 30 year bonds with an anticipated yield of 4.5%. Based on their 2015 audited financial statement for Partners, the current ratio is 2.45 which is favorable and above the standard of the guideline.

Finding

Staff finds the operating expenses are within the scope that can be found reasonable in compliance with Factor 6.

Factor 7- Relative Merit

The Guidelines require the Applicant to discuss the alternatives considered. The Applicant defines its objective as consolidating its operations into one facility that can accommodate the complex needs of its patient population. In that context, the Applicant considered whether the West Roxbury site was appropriate to the type of renovations that would accommodate the code upgrades and the 42 additional beds required by the consolidation and determined that it would not. The Applicant also considered continuing to maintain two separate sites but, given that each was under-utilized, determined that this was not optimal because each site would require significant renovations and it would not be cost-effective or programmatically optimal to maintain two separate sites. Ultimately, the proposed project will accommodate the programmatic and services requirements for the patient population.

Finding

Staff finds that the project meets the relative merit requirements of the Guidelines.

Factor 8- Environmental Impact

This factor contemplates compliance with LEED Guidelines for New Construction and Major Renovations projects.

Finding

This requirement is not applicable as the Project does not include new construction or gut renovation.

Factor 9- Community Health Initiatives

This application was filed under the pre-2017 regulations and thus, is exempt from this DoN review factor.

III. STAFF RECOMMENDATION

Based upon its review of this Application, the relevant regulations and Guidelines, and upon information gathered at the Public Hearing on March 23, 2017, Staff recommends approval with conditions as set forth below. Failure of the Applicant to comply with these conditions may result in Department sanctions.

1. The Applicant shall accept the maximum capital expenditure of \$27,263,174 (2017 dollars) as the final cost figure except for those increases allowed pursuant to 105 CMR 100.635.
2. The total approved gross square feet ("GSF") for this project is 56,839 GSF of renovation.
3. The Applicant shall initiate all actions appropriate to protecting the privacy, health, and safety of the residents of the facility during the renovation process.
4. The Applicant shall maintain affiliation/transfer agreements with local acute care hospitals and at least one local home care corporation.
5. The approved MCE does not include any capital expenditures associated with this project made prior to the date of DoN approval with the exception of expenditures incurred in the planning and development of the DoN application. Should the Applicant find that any of the expenses submitted are not in fact eligible for consideration because they preceded the date of the DoN application or are not capital expenses, the Applicant shall submit an amendment that will adjust the MCE accordingly. All submissions made to the Center for Health Information and Analysis pursuant to this DoN shall be in accordance with this condition.
6. Applicant's representations and commitments set forth in its letters of April 11, 2017 to each of the DoN program (Attachment 1) and State Representative Michael Moran (Attachment 2) shall become conditions to the DoN issued hereunder.

April 11, 2017

Via Email and First Class Mail

Nora Mann, Esq., Program Director
Determination of Need Program
Department of Public Health
250 Washington Street
Boston, MA 02108

Re: FRC, Inc. d/b/a Spaulding Nursing and Therapy Center West Roxbury

Dear Attorney Mann:

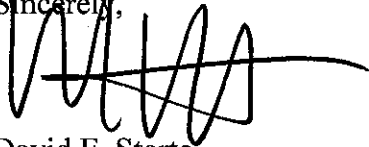
This is in follow-up to the various discussions that have occurred regarding our pending Determination of Need ("DoN") to relocate to Brighton and renovate an existing building to accommodate a 123-bed nursing facility. As you are aware, FRC, Inc. ("FRC") is the owner and licensee of two nursing facilities known as Spaulding Nursing and Rehabilitation Center - North End ("SNE") and Spaulding Nursing and Rehabilitation Center - West Roxbury ("SWR"). SNE holds a license to operate a 140-bed nursing facility and has not yet exercised its right to add 12 additional beds. SWR holds a license to operate an 81-bed nursing facility and has not exercised its right to add 12 additional beds. In light of the fact that the facilities are commonly owned, that this request results in an overall decrease in the supply of nursing home beds and that the overall requests result in SNE remaining open, FRC requests that the Department grant FRC the right to increase the SWR license to 123 beds based on its commitment to surrender the current and future right to operate 52 beds under the SNE license. The surrender of 52 SNE licensed beds and the corresponding DoN approval for a 30 bed increase of the SWR license will result in the reduction of 22 present and potential future licensed beds in the statewide supply.

To that end, in my capacity as president of FRC, I hereby commit FRC to the following in order for DoN approval to be issued to FRC for a 123-bed nursing facility in Brighton:

1. Upon full implementation of the DoN approval for SWR to relocate to Brighton, FRC will surrender its right under the SNE license to operate 40 licensed nursing beds as well as its future right to add 12 additional beds, for a total of 52 surrendered beds. With this reduction, the SNE license will be reduced to 100 beds with no future right to add 12 beds; and
2. Subject to regulatory approval, FRC will transfer its right to operate the SNE as a 100 bed nursing facility to a new owner.

If you have any questions or comments, please contact Attorney Andrew Levine.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Storto', with a long horizontal stroke extending to the right.

David E. Storto

cc: Andrew S. Levine, Esq.
Rebecca Rodman, Esq. DPH
Timothy Miley, DPH
Thomas Mangan, MPH, DPH

April 11, 2017

Via Email and First Class Mail

The Honorable Michael J. Moran
Second Assistant Majority Leader
State House, Room 42
Boston, MA 02133

Re: FRC, Inc. d/b/a Spaulding Nursing and Therapy Center West Roxbury

Dear Representative Moran:

We are writing to follow-up on the public hearing at which our pending Determination of Need ("DoN") to relocate Spaulding West Roxbury to Brighton and renovate an existing building to accommodate a 123-bed nursing facility was considered. As previously expressed, we appreciated your testimony at the public hearing especially as it related to concerns about clear and timely communications with the community, appropriate community engagement and effective solutions for potential parking issues. In response to your testimony, we offer the following comments.

FRC is committed to ensuring consistent communication and on-going engagement with the community. To advance this commitment, FRC affirms that community members, including community organizations, as well as abutters and elected officials will be regularly engaged in planning processes. This will enable interested citizens of the community to fully express any concerns, provide feedback to us on proposed plans and acquire a thorough understanding of the proposed project's impact.

Concerning potential parking issues, FRC is in the process of developing a plan to address these issues and will share that plan with community members and elected officials for feedback. Based on the planning process that FRC has already initiated, the new site in Brighton has seventy-three (73) onsite parking spaces that will be utilized for staff and visitors. Additionally, the new commuter rail station at Boston Landing which is scheduled to open this Spring, will provide for additional commuting and parking options. Nevertheless, we understand the potential issues that you raised on behalf of the community concerning this location and its impact on the surrounding neighborhoods. FRC leadership and staff are working diligently to address these concerns and develop effective solutions.

Specifically, and to mitigate parking constraints, FRC is developing a staffing plan for the new facility based on a determination of the number of staff that will be on campus each day and that will require parking. FRC anticipates that some staff members currently at the Spaulding North End will remain at that location under the new ownership and that other staff members from Spaulding West Roxbury will seek employment alternatives in order to avoid the daily commute to Brighton. Accordingly, once we complete the staffing plans (in the Summer of 2017), FRC


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will host a job fair in Allston/Brighton, so the organization may hire additional staff from the community.

The plan for the Brighton site will proceed in a similar way to the transportation plan that was employed when Spaulding Hospital moved to Charlestown. Once staff are identified for the new site, the Parking and Security Departments will conduct a survey of employees to determine modes of transportation they will use for commuting to the site. This survey will identify employees who are planning to drive to the facility on a daily basis and priority for parking spaces at the site will be set for individuals who participate in car pools. If there are inadequate parking spaces to accommodate all staff who plan to drive, parking spaces will be provided via a lottery and wait list. Furthermore, it is FRC's practice to mitigate parking issues through management's promotion of bus, subway and commuter rail alternatives. This practice will continue at the Brighton site via town hall meetings with staff.

If you have any questions or comments, please feel free to contact me at any time. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'David E. Storto', with a stylized, cursive script.

David E. Storto

cc: Joseph Alviani, Esq.
Jennifer Barrelle, Esq.
Rebecca Kaiser
Andrew S. Levine, Esq.
Nora Mann, Esq.
Timothy Miley, DPH
Rebecca Rodman, Esq. DPH