



Massachusetts Department of Public Health
Determination of Need
Change in Service

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DRAFT

Application Number: NDHC-20080409-CL Original Application Date: 08/18/2020

Applicant Information

Applicant Name: Notre Dame Health Care Center, Inc d/b/a Notre Dame Long Term Care Center
Contact Person: Stephen Totino Title: Executive Director of Finance
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Facility: Complete the tables below for each facility listed in the Application Form

1 Facility Name: Notre Dame Health Care Center, Inc. CMS Number: 225577 Facility type: Long Term Care Facility

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 (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected		Actual	Projected
	Acute													
	Medical/Surgical									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
+										0%	0%			
-										0%	0%			
	Total Acute									0%	0%			
	Acute Rehabilitation									0%	0%			
+										0%	0%			
-										0%	0%			
	Total Rehabilitation									0%	0%			

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		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	Actual	Projected	
	Acute Psychiatric													
	Adult								0%	0%				
	Adolescent								0%	0%				
	Pediatric								0%	0%				
	Geriatric								0%	0%				
<div><div>+</div><div>-</div></div>									0%	0%				
	Total Acute Psychiatric								0%	0%				
	Chronic Disease								0%	0%				
<div><div>+</div><div>-</div></div>									0%	0%				
	Total Chronic Disease								0%	0%				
	Substance Abuse													
	detoxification								0%	0%				
	short-term intensive								0%	0%				
<div><div>+</div><div>-</div></div>									0%	0%				
	Total Substance Abuse								0%	0%				
	Skilled Nursing Facility													
	Level II	82	82			82	82	26,518	28,295	89%	95%	55	170	182
	Level III	41	41			41	41	13,661	14,577	91%	97%	29	88	93
	Level IV									0%	0%			
<div><div>+</div><div>-</div></div>									0%	0%				
	Total Skilled Nursing	123	123			123	123	40,179	42,872	89%	95%	84	258	275

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>+</div><div>-</div></div>						

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