

Masonic Health System of Massachusetts, Inc.
DoN # MHSM-24021310-LS

APPLICANT RESPONSES #2

Responses should be sent to DoN staff at DPH.DON@State.MA.US

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- When providing the answer to the final question, submit all questions and answers in one final document
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. If "cutting and pasting" charts, provide them in a PDF so they can be clearly seen
- **Whenever possible, include a table with the response**
- **For HIPAA compliance Do not include numbers <11.**

Factor 1a: Patient Panel Need

- 1. Describe the current layout of the Facility by floor, and the proposed layout after project completion, including the location of licensed beds, and other spaces used by residents.**

Overlook Masonic Health Center (the "Facility") consists of two connected buildings which house a total of 167 licensed beds, including 28 Level IV Rest Home ("RH") beds and 139 Level II long-term care ("LTC") and post-acute unit ("PAU") beds. For ease of reference, these buildings will be referred to as "Building A" and "Building B". The table below illustrates the existing breakdown of licensed beds by building, floor, and type.

Floor	Current Building A	Current Building B
Second	34 Level II LTC	27 Level II PAU
Third	39 Level II LTC	28 Level IV RH
Fourth	39 Level II LTC	0
Total Licensed Beds	112	55

Following the Proposed Project, the PAU will move from Building B to Building A with an increase of 13 dedicated beds, resulting in a total reduction of 21 Level II beds due to the decommissioning of the existing 34-bed LTC unit on the second floor of Building A (-34+13=-21).

Floor	Proposed Building A	Proposed Building B
Second	40 Level II PAU	0
Third	39 Level II LTC	28 Level IV RH
Fourth	39 Level II LTC	0
Total Licensed Beds	118	28

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Currently, the three levels of long-term skilled nursing units are each comprised of two wings with a centralized nursing station connecting the two wings.¹ Also centralized between the two wings are activity rooms (on one side of the nursing station) elevator lobbies (on the other side of the nursing station), and a multi-purpose activity room beyond the elevator lobby. Also in the centralized space around the nursing station are offices, bathrooms, and utility closets. Each wing of resident rooms stemming from the nursing station includes nursing stations, dining areas², living spaces, and utility closets for each resident pod.

The existing PAU is located on the second floor of Building B with two wings of resident rooms. The wings are joined in the middle by the following centralized spaces: dining, rehabilitation room, lobby, nurses' station, staff offices, and a library/conference room.

The Proposed Project will convert the Facility's second floor long-term skilled nursing care unit into the Facility's PAU. The main changes to the floor plan include increasing the number of resident rooms from 34 to 40; converting the existing nursing station area into a full-service kitchen and dining room; converting half of the existing multi-purpose activity room into the rehabilitation therapy suite and creating additional offices and a designated conference room/meeting space within the other half. The general layout will remain the same in that resident rooms will split between two wings stemming from the central dining space. Across from the dining room/kitchen will be a clinician office and medication storage room, as well as the elevator lobby. Further down past the elevator lobby will be restrooms, additional storage closets, the rehabilitation therapy suite, conference room, and clinician offices and meeting space. Existing access to outside space from the second floor will remain unchanged offering short-term rehabilitation residents easy access to a private courtyard for the Facility's residents.³

2. The response (pg.7) says that the Applicant is leveraging decreased long-term care utilization to ensure that all existing long-term care residents are living on other floors of the facility so no residents will need to be moved to accommodate the Proposed Project's construction.

a. Is the existing space that is going to be converted into the 40-bed short-term rehabilitation unit currently unoccupied?

No. There are 15 residents currently on the second floor that will be moved to the fourth floor in June. The facility is making this move in order to keep long term care residents together, to promote their social interactions and improve efficiency for staff. The facility has provided the residents and their families with notice of the move and is meeting with each resident and family members to ensure a smooth transition and minimal disruption.

b. Is the space being utilized in any capacity? See above.

¹ Each wing further is comprised of two resident "pods" which promotes more effective and efficient resident care.

² As noted in the Narrative, the existing dining areas are physically separated by a kitchen, limiting staff's ability to see and assist all residents, depending on where they are seated.

³ The building is situated on a hill so there is direct access outside from the second floor on one side of the building where the second floor is, in effect, the ground level.

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3. **The application provides projections for the first five years following the opening of the new rehabilitation unit at the Health Center.**
 - a. **What year does Year 1 of the projections represent?** 2025
4. **Describe the process for sharing resident medical records with outside providers.**

Medical records are only shared pursuant to a signed release authorizing the sharing of information and in the manner prescribed such as fax, email, or mail. For incoming admissions, the Applicant is able to access certain resident's medical records via electronic medical record access. If shared access is unavailable, the discharging hospital will provide the Applicant with a copy of the record via a secured electronic method or paper copy.
5. **The application states the number of CCRC members living in the Applicant's Independent Living and Assisted Living communities requiring short-term rehabilitation continues to grow (pg. 4).**
 - a. **How many CCRC members are in the Applicant's Independent Living and Assisted Living communities?**

225 CCRC currently reside in the Applicant's independent living community and 14 CCRC members are in its assisted living community.