

APPLICANT QUESTIONS

In order for the Department to take final action on your application within the four month timeframe set forth in state law responses should be sent to DoN staff no later than 2/12/2020.

While you may submit each answer as available, please

- list question number and question for each answer you provide
- do not submit any answer in the body of an email, but as a separate document (as WORD or EXCEL, not PDF)
- when providing the answer to the final question, submit all questions with their responses by number in one final document, the above application title and number as a running header and page numbers in the footer

1. From the project description, it is not clear which of the renovations will only impact the first floor and which will be across the facility. The application often refers to “select areas covered by the Project.”

- a) Explain further the location of these “select areas,” and if renovations will benefit residents from across the facility or just in particular parts of the facility.

Response from Applicant:

The reference to “selected areas” in the project description relates to either the first floor or the garden area. The following will clarify the location of the improvement as well as what resident areas will benefit.

The following renovations will only impact the first floor:

- New HVAC system.
- Plumbing including new toilets, sinks, showers and tubs
- Fire protection system
- Lighting system
- Nurse call system
- Removal of cinderblock walls
- Furniture and fixtures
- Casework, handrails, flooring
- Asbestos remediation
- Reduction of 4 and 3 bed wards
- Removal of community bathrooms
- Expand common nursing space / nursing stations
- Renovated resident common area.
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The following improvements will benefit all residents of the building:

- New Boiler
- Replacement of electrical panels
- Fire alarm system
- Emergency generator
- Relocating therapy area to the garden level.
- Majority of windows to be replaced

b) Explain how patient care may be disrupted around construction and how you will mitigate those disruptions.

Response from Applicant:

As the Facility will be providing services while the renovations occur, disruptions to resident care may occur on the First Floor resident units. As each part of the First Floor East and West wings will have some work performed on them, the architects developed a phasing plan for the proposed work. This plan assures that only a small portion of the First Floor is taken out of service at one time and that all the work required on that particular area is completed so it can be reopened prior to moving to the next, designated portion of renovation. Each select area has been designed to assure that all essential services remain available to residents through each phase.

A variety of mitigations will be used to assure minimal impact occurs as a result of the renovations of the First Floor while it is occupied. The phasing is one such mitigation. Also, each area in the phasing will be kept small and self-contained with plastic and other barriers to securely separate the area from those areas used by residents. No resident function area (such as resident room, bathrooms, nursing station, etc.) will be taken out of service unless there is an adequate replacement facility available. All work will be performed during regular day time hours in order to not disrupt residents' ability to rest and various sound mitigation techniques will be used during such work. Also, the staff will have the ability to halt any work that it may determine is adversely impact resident comfort and wellbeing.

2. Provide an updated chart Resident Room Configuration (1, 2, 3, and 4 bedded rooms) showing "Before and After" Project Completion, by nursing unit on the first and second floors (see p. 1 of the CPA Report).

Response from Applicant:

Location	BEFORE PROJECT					AFTER PROJECT				
	1 Bed	2 bed	3 bed	4 bed	Total	1 Bed	2 Bed	3 Bed	4 Bed	Total
1 East	5	14	18	12	49	8	22	-	-	30
1 West	-	-	12	-	12	1	18	12	-	31
2 East	7	8	9	32	56	6	4	21	-	31
2 West	5	6	24	-	35	5	6	24	-	35
3 West	5	6	27	-	38	5	6	27	-	38
TOTAL	22	34	90	44	190	25	56	84	-	165

3. Clarify whether or not you own the property. If not, confirm that the proposed project is permitted by lease/landlord.

Response from Applicant:

The Applicant, Advocate Healthcare of East Boston, LLC, is the owner of the property. Please see the attached deed recorded at the Suffolk County Registry of Deeds. Exhibit A.

4. You state that you intend to seek reclassification for level II beds¹.

- a) Outline your plans for seeking reclassification and whether your proposal would result in a change to the number of beds you have
- b) Describe how many of your current Level III beds you intend to have reclassified as Level II beds
- c) Explain if there are any aspects of this Conservation project related solely to your plans to seek reclassification for these additional Level II beds

Response from Applicant:

The Applicant understands that reclassification of Level III beds to Level II requires licensure approval. The Applicant did not propose any renovation work in the application related to the making a request to seek level II classification of its Level III beds; however, after further review, the Applicant does not intend to seek reclassification of its Level III beds to Level II. The Level III beds located on the first floor and second floor East Wing will remain level III.

¹ although changing from Level III to Level II beds is not a DoN event, we note that you must obtain written approval to reclassify beds under the applicable licensure regulation (105 CMR 153.027).