

#### **Massachusetts Department of Public Health Determination of Need**

#### **Affidavit of Truthfulness and Compliance** with Law and Disclosure Form 100,405(B)

Instructions: Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: dph.don@state.ma.us Include all attachments as requested.

Applica	on Number: NA-17112414-LE Original Application Date: 11/24/2017
Applica	Name: SunBridge Healthcare, LLC d/b/a Merrimack Valley Center
Applica	on Type: Long Term Care Substantial Capital Expenditure
	t's Business Type: Corporation Climited Partnership Partnership Trust • LLC Other
Is the A	olicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application?
The unc	rsigned certifies under the pains and penalties of perjury:
1.	he Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application;
2.	have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3.	understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4.	have read this application for Determination of Need including all exhibits and attachments, and certify that all of the nformation contained herein is accurate and true;
_	
5.	have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B); have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all
6.	rave submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7	have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and
7.	Il carriers or third-party administrators, public and commercial, for the payment of health care services with which the
	Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;
8.	have caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 00.405(E) and 301 CMR 11.00;
9.	subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in
	ccordance with 105 CMR 100.405(G);
10.	ursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and
	ubstantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all
	previously issued Notices of Determination of Need and the terms and Conditions attached therein;
11.	have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of
	Determination of Need as established in 105 CMR 100.415;
12.	understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions
	oursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that
	otherwise become a part of the Final Action pursuant to 105 CMR 100.360;
13.	Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
14.	Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or
1-1.	ordinances, whether or not a special permit is required; or,
	a. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been
	received to permit such Proposed Project; or,
	b. The Proposed Project is exempt from zoning by-laws or ordinances.
LLC	
	must sign. Add additional names as needed
ACCCUMA - 4-0.000	must sign. Add additional names as needed.
Туре по	
Name:	Signature: Date
	This document is ready to print:   Date/time Stamp: 11/24/2017 2:52 pm

Version:

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Date/time Stamp:



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Applica	ation Number:			0	riginal Application Date:	:
Applica	ant Name: Sur	nBridge Healthcare, LLC d/b	/a Merrimack Valley	Center	Maria en angene en a	
A 11	[	T	2. 15 22	1	Control of the Contro	
Applica	ation Type: Lor	ng Term Care Substantial Ca	pital Expenditure			
		ype: Corporation C			○ Trust	
is the A	applicant the sc	le member or sole sharehol	der of the Health Fa	cility(ies) that are t	ne subject of this Applic	ation? • Yes • No
The un	dersigned certi	fies under the pains and per	nalties of perjury:			
1.		is the sole corporate memb				bject of this Application;
2.		5 CMR 100.000, the Massac				
3.	I understand	and agree to the expected a	ind appropriate cond	duct of the Applica	nt pursuant to 105 CMR	100.800;
4.	I have read th	is application for Determina	ition of Need-includi	ng-all exhibits-and	attachments, and certif	y that all of the
	information of	contained herein is accurate	and true;			
5.	I have submit	ted the correct Filing Fee an	nd understand it is no	onrefundable purs	uant to 105 CMR 100.40	5(B);
6.		ted the required copies of the ord and other parties as req				applicable, to all
7.		, as required, notices of inte				Parties of Record, and
		third-party administrators, p				
		tracts, and with Medicare a				
8.		proper notification and sub				105 CMR
		d 301 CMR 11.00;				
9.		M.G.L. c. 6D, § 13 and 958 CM	AR 7.00. I have submi	tted such Notice o	f Material Change to the	HPC - in
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10.		empliance and good standing				
		ued Notices of Determination				is their as their an
11.		d understand the limitation				reiving a Notice of
• • •		n of Need as established in		arraing from the g	cheral public prior to re-	cerving a monee or
12.		that, if Approved, the Applic		DoN shall becom	e obligated to all Stand	ard Conditions
12.	nursuant to 1	05 CMR 100.310, as well as a	any applicable Other	Conditions as out	lined within 105 CMR 10	00 000 or that
		come a part of the Final Acti			inica within 105 chill re	o.ooo or mat
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14.		05 CMR 100.705(A), I certify				
14.		hether or not a special perr		roject is authorized	ander applicable zonii	ig by laws of
		he Proposed Project is not a		olicable zoning by	laws or ordinances a va	riance has been
	a. ii c	received to permit such			laws of ordinances, a vo	mance has been
	h Th	e Proposed Project is exemp				
	D. III	e Proposed Project is exemp	pt from zoning by-ia	ws or ordinances.		
LLC			22			
All part	ies must sign.	Add additional names as ne	eded.	)		
SEAN S	STEVENSON		Sland	EM	10	0/09/2017
Name			Signature:		D	ate
		This document is ready to	print: 🔀	Date/time Sta	mp: 10/10/2017 2:33 pr	m



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Applicant Name: SunBridge Healthcare, LLC d/b/a Merrimack Valley Center				
Application Type: Long Term Care Substantial Capital Expenditure				
Applicant's Business Type: OCorporation OLimited Partnership O Partnership O Trust OLC Other				
Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application?   No				
The undersigned certifies under the pains and penalties of perjury:				
1. The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application;				
<ol> <li>I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;</li> </ol>				
<ol> <li>I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;</li> </ol>				
<ol> <li>I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the information contained herein is accurate and true;</li> </ol>				
<ol> <li>I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);</li> </ol>				
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);				
7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and				
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LLC All parties must sign. Add additional names as needed.				
2				
CASSIE MISTRETTA (astu Myratta 10/09/2017				
Name: Signature: Date				
This document is ready to print: Date/time Stamp:				



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Date/time Stamp:



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Date/time Stamp:



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Date/time Stamp: 10/10/2017 2:34 pm



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NICHAEL S. SHERMAN 10/09/2017	
Name: Signature: Date	

Date/time Stamp:



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lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: dph.don@state.ma.us Include all attachments as requested. **Application Number:** Original Application Date: Applicant Name: | SunBridge Healthcare, LLC d/b/a Merrimack Valley Center Application Type: Long Term Care Substantial Capital Expenditure Applicant's Business Type: OCorporation OLimited Partnership Partnership O Trust Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? (a) Yes The undersigned certifies under the pains and penalties of perjury: The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application; 2. I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation; I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800; 3. I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the 4. information contained herein is accurate and true; I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B); 5. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all 6. Parties of Record and other parties as required pursuant to 105 CMR 100.405(B); I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and 7 all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.; I have caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 8. 100.405(E) and 301 CMR 11.00; If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in 9 accordance with 105 CMR 100.405(G); 10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all previously issued Notices of Determination of Need and the terms and Conditions attached therein; 11. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415; 12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 105 CMR 100.360; 13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and 14. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or, a. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or, b. The Proposed Project is exempt from zoning by-laws or ordinances. All parties must sign. Add additional names as needed. 10/09/2017 J. RICHARD EDWARDS Date Name: Signature:

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Signature:

Date/time Stamp:

This document is ready to print:

Name:

Date



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e-mail to: dph.don@state.ma.us Include all attachments as requested.				
Application Number: Original Application Date:				
Applicant Name: SunBridge Healthcare, LLC d/b/a Merrimack Valley Center				
Application Type: Long Term Care Substantial Capital Expenditure				
Applicant's Business Type: Corporation Climited Partnership Partnership Trust © LLC Other				
Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? • Yes • No				
The undersigned certifies under the pains and penalties of perjury:				
1. The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application;				
<ol> <li>I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;</li> </ol>				
<ol> <li>I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;</li> </ol>				
4. I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the				
information contained herein is accurate and true;				
<ol> <li>I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);</li> </ol>				
<ol> <li>I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);</li> </ol>				
7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and				
all carriers or third-party administrators, public and commercial, for the payment of health care services with which the				
Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;				
8. I have caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR				
100.405(E) and 301 CMR 11.00;				
9. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in				
accordance with 105 CMR 100.405(G);				
10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and				
substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all				
previously issued Notices of Determination of Need and the terms and Conditions attached therein;				
Determination of Need as established in 105 CMR 100.415;				
12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions				
pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that				
otherwise become a part of the Final Action pursuant to 105 CMR 100.360;				
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and				
14. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or				
ordinances, whether or not a special permit is required; or,				
<ul> <li>a. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been</li> </ul>				
received to permit such Proposed Project; or,				
<ul> <li>b. The Proposed Project is exempt from zoning by-laws or ordinances.</li> </ul>				
LLC				
All parties must sign. Add additional names as needed.				
Renee Ellis 10/09/2017				
Name: Signature: Date				
This document is ready to print: Date/time Stamp:				



#### Massachusetts Department of Public Health Determination of Need Affidavit of Truthfulness and Compliance

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with Law and Disclosure Form 100.405(B)

Appl	ication Number:			Ori	ginal Application Date	2:
Appl	icant Name: Su	nBridge Healthcare, LLC	d/b/a Merrimack Valley	Center		
Appl	ication Type: Lo	ng Term Care Substanti	al Capital Expenditure			
Annl	icant's Rusiness	Type: O Corporation	CLimited Partnership	○ Partnership	○ Trust	Other
150		5.00 (SW) 5.0	20 - 51			
			eholder of the Health Fa	cility(les) that are th	e subject of this Applic	cation? • Yes • No
The u		ifies under the pains and			11135	351 1811 1811 1811 1811
1.						ubject of this Application;
2.	I have read 10	05 CMR 100.000, the Ma	ssachusetts Determinati	on of Need Regulati	on;	
3.	I understand	and agree to the expect	ted and appropriate con	duct of the Applican	t pursuant to 105 CMI	R 100.800;
4.			mination of Need includ			
		contained herein is accu		9	· ·	,
5.	I have submit	tted the correct Filing Fe	ee and understand it is n	onrefundable pursu	ant to 105 CMR 100.40	05(B);
б.			of this application to the			
			s required pursuant to 10		<b>J</b>	
7.			intent to be published a		to be submitted to all	Parties of Record, and
			ors, public and commerc			
			are and Medicaid, as requ			
8.			d submissions to the Sec			o 105 CMR
		nd 301 CMR 11.00;		,		
9.	If subject to N		8 CMR 7.00, I have subm	itted such Notice of	Material Change to th	e HPC - in
10.			certify that both the Ap	olicant and the Bron	ared Project are in ma	storial and
10.			anding with relevant fede			
			nation of Need and the t			as well as with all
11.			ations on solicitation of f			esiving a Notice of
11.		on of Need as established		unding from the ge	neral public prior to re	ceiving a Notice of
12.			pplicant, as Holder of the	DoN shall become	obligated to all Stand	lard Conditions
12.			l as any applicable Other			
			Action pursuant to 105		ied Within 103 Civin 1	50.000 of that
13.			rtify that the Applicant h		t in the Site or facility	and
14.			rtify that the Proposed P			
1-7.		whether or not a special		roject is authorized	under applicable zoni	ng by-laws of
			not authorized under ap	nlicable zoning by-l	we or ordinances a v	ariance has been
	a. 11 t		such Proposed Project; o		aws of ofulfiances, a ve	anance has been
	h Th		xempt from zoning by-la			
	D. 11	ie Proposed Project is ex	tempt from zoning by-ia	iws of ordinarices.		
LLC						
All pa	arties must sign.	Add additional names	as needed.	0		
WEN	DY LABATE		Wendy	la bate	1	0/09/2017
Nam	ne:		Signature:		D	Pate
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Applic	lication Number: Origin	nal Application Date:
Applic	licant Name: SunBridge Healthcare, LLC d/b/a Merrimack Valley Center	
Applic	lication Type: Long Term Care Substantial Capital Expenditure	
Applia	olicant's Business Type: C Corporation C Limited Partnership C Partnership	C Trust © LLC C Other
	e Applicant the sole member or sole shareholder of the Health Facility(ies) that are the s	TO SUBSTITUTE TO SUBSTITUTE OF
The un	undersigned certifies under the pains and penalties of perjury:	A A A A A A A A A A A A A A A A A A A
1.	The Applicant is the sole corporate member or sole shareholder of the Health Facility	ty[ies] that are the subject of this Application;
2.	I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation	;
3.	I understand and agree to the expected and appropriate conduct of the Applicant p	
4.	I have read this application for Determination of Need including all exhibits and attainformation contained herein is accurate and true;	achments, and certify that all of the
5.	I have submitted the correct Filing Fee and understand it is nonrefundable pursuan	t to 105 CMR 100.405(B):
6.	I have submitted the required copies of this application to the Determination of Ne	
	Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);	
7.	I have caused, as required, notices of intent to be published and duplicate copies to	be submitted to all Parties of Record, and
20	all carriers or third-party administrators, public and commercial, for the payment of	
	Applicant contracts, and with Medicare and Medicald, as required by 105 CMR 100.	
8.	I have caused proper notification and submissions to the Secretary of Environmenta	
	100.405(E) and 301 CMR 11.00;	ar and parodative so the same
9.	If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Ma	aterial Change to the HPC - In
	accordance with 105 CMR 100.405(G);	18-1-1-1-1
10.	Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Propos substantial compliance and good standing with relevant federal, state, and local lav	vs and regulations, as well as with all
	previously issued Notices of Determination of Need and the terms and Conditions a	
11.	I have read and understand the limitations on solicitation of funding from the gene Determination of Need as established in 105 CMR 100.415;	ral public prior to receiving a Notice of
12.	I understand that, if Approved, the Applicant, as Holder of the DoN, shall become of	bligated to all Standard Conditions
-	pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outline	
	otherwise become a part of the Final Action pursuant to 105 CMR 100.360;	a
13.	Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest Ir	the Site or facility; and
14.	Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized un	
	ordinances, whether or not a special permit is required; or,	
	a. If the Proposed Project is not authorized under applicable zoning by-law	s or ordinances, a variance has been
	received to permit such Proposed Project; or,	T. T. T. T. T. C.
	<ul> <li>b. The Proposed Project is exempt from zoning by-laws or ordinances.</li> </ul>	
LLC		Company of the Compan
	arties must sign. Add additional names as needed.	
MARK	RK WIESS W. LO	1011/112
Name	1/ MOUNT	Date
ranne	The state of the s	Ser an areas
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