



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number: NA-17112414-LE

Original Application Date: 11/24/2017

Applicant Information

Applicant Name: SunBridge Healthcare, LLC

Contact Person: David A Roush Title: Partner, Strategic Care Solutions, LLC

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Facility: Complete the tables below for each facility listed in the Application Form

1 Facility Name: Merrimack Valley Center CMS Number: 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	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	(Days)	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%			
	Total Acute									0%	0%			
	Acute Rehabilitation									0%	0%			
+	-									0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

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	
		Existing		Existing		Licensed	Operating	Licensed	Operating	(Current/ Actual)	Projected	Current Beds	Projected		Actual	Projected
	Adult											0%	0%			
	Adolescent											0%	0%			
	Pediatric											0%	0%			
	Geriatric											0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -												0%	0%			
	Total Acute Psychiatric											0%	0%			
	Chronic Disease											0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -												0%	0%			
	Total Chronic Disease											0%	0%			
	Substance Abuse															
	detoxification											0%	0%			
	short-term intensive											0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -												0%	0%			
	Total Substance Abuse											0%	0%			
	Skilled Nursing Facility															
	Level II	44		0		76	120	120	120	0	40,880	0%	93%			
	Level III	147		0		-147	0	0	0	0	0	0%	0%			
	Level IV											0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -												0%	0%			
	Total Skilled Nursing	191		0		-71	120	120	120	0	40,880	0%	93%			

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
<input type="checkbox"/> + <input type="checkbox"/> -						

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