

March 17, 2017

Ms. Nora Mann, Esq.  
Director, Determination of Need Program  
Department of Public Health  
250 Washington Street, 6<sup>th</sup> Floor  
Boston, Massachusetts 02108

Re: Webster Park Operator, LLC  
d/b/a Webster Park Rehabilitation & Healthcare Center  
Project # 5-1302  
Request for Significant Change  
(Addendum to previously filed request from 02/24/17)

Dear Ms. Mann:

We write on behalf of Webster Park Operator, LLC, (the “Applicant”), the holder of approved and in process Determination of Need (“DoN”) Project #5-1302 (“Project”). The facility has begun the implementation of this DoN and as a result of the more detailed planning related to the implementation; it determined that the original and amended approvals require certain modifications prior to full implementation. As a result, the Applicant hereby respectfully requests a significant change to its DoN authorization pursuant to 105 C.M.R. §100.635(A)(3). We offer the following comments in support of the Applicant’s request for this significant amendment to its DoN approval.

#### I. Background

On September 26, 1995, the Department approved with conditions DoN Project Number 5-1302 to construct a 3-story addition and renovations to the existing 110 Level II bed nursing facility located at 54 Webster Street in Rockland. The approved project scope encompassed 12,590 gross square feet (“GSF”) which included 5,222 GSF of renovations, 3,288 GSF of new construction associated with the replacement of 12 beds, and 4,080 GSF associated with a one-time increase of 10 DoN-exempt beds. The approved MCE for this project was \$1,000,788 (May 1994 dollars) and did not include the costs related to the construction and financing of the one time bed expansion. The requested amount including the exempt beds was \$1,539,974 (May 1994 dollars).

On November 22, 1996, the Department approved a request to transfer the approved but not yet implemented DoN to Coyne Management, LLC. The requested scope changes include the following:

- Increase project gross square footage from 12,590 total GSF (7,368 new, 5,222 renovation) to 31,163 total GSF (11,445 new, 19,718 renovation);
- Increase project MCE by \$1,180,026 or 38.75% above inflation-adjusted DoN-approved MCE;
- New construction will accommodate 15 beds (3 replacement and 12 DoN exempt beds);

- Increase additional DoN-exempt beds from 10 to 12 and an increase in bed complement from 120 to 122 Level II beds. A substantial portion of the increase in project scope results from the requirement that construction encompassing 30% or more of the value of a facility becomes subject to the accessibility regulations of the Massachusetts Architectural Access Board (521 CMR). According, renovations to building systems such as plumbing, fire alarm, and elevator are now required to meet the regulatory changes adopted in July 2006 regarding accessibility for persons with disabilities.

On November 6, 2013, the Department approved with conditions an increase in gross square footage in excess of 15% of the approved space, an inflation adjustment and a corresponding increase in the maximum capital expenditure (“MCE”).

- The amended MCE of the project, including costs associated with 12 DoN-exempt beds shall be increased to \$4,224,868 (August 2013 dollars).
- The total approved GSF of construction for this project shall be 31,163 GSF (11,445 new construction, 19,718 renovation) which includes the space for 12 DoN exempt beds.
- All other conditions attached to the original project shall remain in effect.

On December 30, 2013, the Department approved a request to transfer the approved but not yet implemented DoN to Webster Park Operator, LLC. No additional scope changes were requested with this transfer of ownership request. All conditions attached to the project remain in effect.

See **Attachment I** for all Department approvals

## II. Unforeseen Circumstances

After starting to implement the DoN and beginning to finalize costs, the Applicant developed the detailed architectural and engineering plans and obtained current updated construction bids. In order to accomplish the basic goals of the DoN Project, the Applicant identified that costs were higher than expected, regulatory requirements needed to be met, and certain aspects of the project necessitated cost modifications.

The unforeseen circumstances which caused the prolongation of Phase I (New Addition) are attributed to the discovery of two underground storage tanks and the remediation of surrounding contaminated soil. Those events pushed the sequence of work so that severe winter weather hampered completion of exterior walls and roofing, and affected the demolition of and breaking through for the connection into the Existing building. Addition of temporary walls and temporary heat in the affected part of the Existing building further slowed work access and progress.

Time extensions in Phase II (Existing Building Physical Therapy Room and four Northeast bedrooms) relate to unforeseen conditions that were discovered after completion of selective, sequential demolition and through the course of coordinating new work among the various subcontractor trades, most notably the plumbing, fire sprinklers, electrical distribution and structural reconstruction/reinforcement.

The following issues were discovered during Phase II construction causing additional costs and delays to the project.

1. Structural metal decking had been severely compromised as a result of decades of water infiltration around floor drains.
2. As existing ceilings were exposed for reconstruction, numerous leaks were evident in old, corroded water distribution piping.
3. As walls were demolished, the old cast iron sanitary drain pipes were exposed. The town Plumbing Inspector mandated that the aged, leaking piping be replaced and brought up to building codes. This process of replacement, created long delays so as to maintain service to resident toilets on all levels.
4. As connection for new PTAC units to existing heating unit was taking place it was discovered that the old piping lacked proper insulation.
5. It was discovered that insulation around the heating unit was asbestos which had to be remediated and this was unplanned.

The construction time for Phase III (Existing Building – Ground Floor Dining & Offices) has been sectioned off into sub phases in order to allow facility operations to resume as normally as possible which has created longer construction times than normally anticipated. This Phase of the project is currently in progress and has also been plagued with deteriorate piping which has to be replaced, drain pipes beneath the slab-on-grade which are cracked, and crumbling due to water filtration will need replacement which was not factored into the original construction plans.

Phase IV (2<sup>nd</sup> Level Existing Building) construction is underway, however many of the issues plaguing other Phases of the project are also hampering the construction for this Phase.

There were many change orders involved in this project due to the unforeseen problems with the building as well as the need for changes to meet building code compliance.

Please see **Attachment II** for a more detailed explanation from the Architect for the entire project and the many issues and unforeseen circumstances causing the necessity for this significant amendment.

### III. Inflation Adjustment

The Holder is requesting inflation to the date of this request.

A detailed listing of the inflation adjusted costs of the Project is provided. See **Attachment III** for the inflation adjustment which results in an increase of the MCE of \$4,224,868 to \$4,561,167 based on a 1.0796 inflation multiplier.

#### IV. Changes to the Approved MCE

The holder is requesting a significant change amendment from the inflation adjusted amount of \$4,561,167 to \$7,371,839, the requested changes in the MCE are attributable to unforeseen circumstances due to the changes required because of the age of the building, the deterioration discovered as walls and floors were being exposed, underestimation of construction costs (due to length of the project and condition of the building) and upgrades required to meet building codes as mandated by the Town and State. The outcomes of the upgrades are improvement to the resident's quality of life and personal safety, a more efficient and economical building and many operational efficiencies.

The primary unforeseen increase in costs is related to three line items in the MCE; land acquisition, construction and renovation costs, and architectural costs.

1. Land Acquisition – the original DoN had no allowance for land acquisition. The Applicant became aware of property across the street from the facility became available for purchase. The facility is in need of additional parking for visitors and employees and felt this was the best option presented to them. Purchase price of the property was approximately \$146,000.
2. Construction costs for new construction decreased from the inflated cost of \$2,473,242 to \$2,465,000 and the renovation cost increased from \$1,142,806 to \$3,975,165. The increase in cost was due to many different variables; scope of work changed from original construction quote, many change orders relating to unforeseen problems such as contaminated soil, corroded pipes and asbestos to cite a few issues, and the need to replace the roof. These changes were not part of the original scope of work and therefore were not included in the original or amended MCE. Moreover, the new amount requested is based on actual costs as opposed to estimates of future costs that were made when the DoN was prepared.
1. The architectural costs are in excess of the amount projected in the DoN. The costs have increased from the inflated projected level of \$253,123 to what is now an actual cost of \$387,176. This is an increase of \$134,053; however, these costs remain less than the 6.9% of construction costs requested in the amendment. Much of the overage in architectural costs was related to the numerous design changes required because of the problems with the underground storage tank issues and regulatory required changes mandated by the Fire Department around the installation of Medical Gas System, smoke detector issues and issues surrounding the fire annunciator panel.

See Attachment IV for a detailed listing of the adjusted costs of the project reflecting inflation.

See Attachment V for the revised Form 4.

#### V. Patient Panel

Over the past 36 months, Webster Park Rehabilitation and Healthcare Center, a 5-Star Skilled Nursing Facility has been placed in the unfortunate position of having to decline over 600 referrals to the facility. This was primarily due to being unable to accommodate and access care due to the lack of available beds, as well as, the inability to cohort or accommodate patient needs, due to the amount of 4 and 3 bedroom suites in place.

In previous meetings with Health Administration, and primarily with Southshore Hospital, it was indicated that in the demographic area there existed a desperate need for specialty programming, specifically in Pulmonary, of which to include Piped-in oxygen, as well as, additional Private and Semi-Private Rooms to accommodate for multi drug resistant infections, isolation patients, and customer satisfaction.

Due to this, Webster Park has already reduced some 4 and 3 bedrooms down to semi-private in the past year to more easily accommodate and attract the patients within the community who require this higher level of care. They recently rolled out a new Pulmonary Program, and since the implementation of the program, they have increased their referral catchment area to include Plymouth County and downtown Boston. They now have a Pomologist and Respiratory Therapist on staff as well. Through the current DoN Project, it is their hope to continue these efforts in providing this much needed resource to these communities.

In addition, Webster Park continues to be a preferred provider for Southshore Hospital's Model 2 Bundled Payment Program. They are also participating in their own Model 3 Bundled Payment program with CMS.

Webster Park continues to strive to be a leader and at the forefront of Healthcare Reform; lowering the cost alternatives of care, reduced length of stay in hospitals, changes to the LTACH criteria, and the management of total medical costs all demonstrate that the post-acute setting is the venue where recovery now occurs. This new addition and renovation, and the investment of clinical and rehabilitation equipment will compliment and support their goals for the future.

On one last note, Webster Park was recently added to the Partner's Preferred Provider list. This continues to demonstrate the position they strive to achieve and maintain in the post-acute environment for their community.

See **Attachment VIII and included Excel File** for Patient Panel Statistics

#### VI. Request for a Significant Change

In accordance with the provisions of 105 C.M.R. § 100.635(A)(3), the Applicant respectfully requests that the Department approve a significant change to its DoN authorization. This approval will permit the Holder to address and complete the critical need for renovation of this facility's aged physical plant.

Moreover, upon completion of the Project, the construction and renovation will increase the Holder's operating efficiency and resident safety and improve nursing unit size and efficiency. The implementation of the proposed full renovation of this Facility will assure the Applicant's long term ability to serve Rockland, Massachusetts and the surrounding communities.

Specifically, the Applicant requests significant change amendment approval for an increase over the inflated amount to an MCE of \$7,371,839 (December 2016 dollars), an inflation increase of 7.96% from the previously amended MCE of \$4,224,868 (November 2013 dollars) to inflated MCE of \$4,561,167 (December 2016 dollars). In compliance with the regulations applicable to significant changes, 105 C.M.R. § 100.635(A)(3), the Applicant states the following:

1. The original request is being submitted to the DoN Program Director electronically. A copy of the request is also being filed with the Central Regional Health Office, the Executive Office of Elder Affairs, Department of Public Health Plan Review, Department of Public Health Licensure, and the Center for Health Information and Analysis. In accordance with 105 C.M.R. § 100.635(A)(3), this request contains a narrative comparison of the approved project and the proposed changes and the rationale for the proposed changes.
2. Included as **Attachment VI** is a Certificate of Truthfulness and Proper Submission pursuant to 105 C.M.R. § 100.405(B), certifying to the truthfulness of the facts contained in the request and that the requisite number of copies of this request have been sent to the Program Director, Central Regional Health Office, the Executive Office of Elder Affairs, and the Center for Health Information and Analysis.
3. In accordance with 105 CMR § 100.405(C), the Applicant shall cause notice of the proposed amendment to the approved determination of need be published prior to the filing. **Attachment VII** is a copy of the notice, the original newspaper filing will be sent with the copies of this request to the Program Director.

The Department's approval of this request will be consistent with the DoN Program's mandate to ensure satisfactory access to quality health care at reasonable costs. The Webster Park facility needs repairs and renovations to continue to meet the needs of the current and future residents it serves. To that end, we respectfully request that you approve this request, which has been submitted in conformance with 105 C.M.R. §§ 100.635(A)(3) of the Department's DoN Regulations.

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Webster Park Operator, LLC.  
d/b/a Webster Park Rehabilitation and Nursing Center  
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We thank you for your consideration of this request. Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

A handwritten signature in blue ink that reads "Mark Cummings". The signature is written in a cursive style.

Mark Cummings, CPA  
Principal  
617-984-8188  
[mark.cummings@claconnect.com](mailto:mark.cummings@claconnect.com)

Enclosures: Attachments I, II, III, IV, V, Affidavit of Truthfulness, Newspaper Notice & Patient Panel Statistics

Cc:  
Marquis Health Services, Norman Rokeach, [nrokeach@mhsjp.com](mailto:nrokeach@mhsjp.com)

## ATTACHMENTS



DoN 13 miles

# The Commonwealth of Massachusetts

Executive Office of Health and Human Services  
Department of Public Health  
Determination of Need Program

150 Tremont Street

Boston, Mass. 02111

(617) 727-8825

David H. Mulligan  
Commissioner

*Expires 1/1/2007.  
Client plans on implementing  
& continues to review.*

September 26, 1995

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

NOTICE OF DETERMINATION OF NEED  
PROJECT NUMBER 5-1302  
Del Manor Nursing Home  
(Renovations to the Existing 110-Bed Level II  
Facility and New Construction to Replace 12  
Level II Beds and Add 10 DoN Exempt Beds).

Mr. Edmond Del Prete  
Del Manor Nursing Home, Inc.  
54 Webster Street  
Rockland, MA 02370

Dear Mr. Del Prete:

This is to notify you that pursuant to M.G. L. c.111, s.25C and the Regulations adopted thereunder, including the provisions of 105 CMR 100.504, I hereby approve in part with conditions the application filed by Del Manor Nursing Home, Inc. for a Determination of Need. The application, as approved, provides for renovations to the existing 110 Level II bed facility located at 54 Webster St., Rockland, MA, and new construction of a three-story addition to the existing facility to add an activity room and sitting room on the first floor and 12 replacement beds on the second floor. In addition, Staff notes that the applicant will be making use of a one-time expansion of 10 Level II beds available under 105 CMR 100.020, definitions of Expansion and Substantial Change in Services of the DoN Regulations, for a total of 120 Level II beds. This Notice of Determination of Need incorporates by reference the attached Staff Summary.

The total approved gross square footage (GSF) associated with the project is 12,590 which includes 5,222 GSF for renovations to the existing 110 bed facility (which, after renovations, will contain 98 beds) and 3,288 GSF in new construction to replace 12 Level II beds. The applicant may construct at its own risk the requested additional 4,080 GSF for the 10 bed expansion.

The maximum capital expenditure approved for the project is \$1,000,788 (May 1994 dollars), itemized as follows:

<u>Construction Costs</u>	
Land Development	\$ 100,000
Construction Contract	
Architectural and Engineering Costs	\
Site & Soil Investigation	> 700,274
Equipment not in Contract	./
<del>Major Movable Equipment</del>	<del>39,000</del>
Pre-filing Planning and Develop Costs	<u>53,000</u>
Total Construction Costs	892,274
<u>Financing Costs</u>	
Net Interest Expense during Construction	49,075
Costs of Securing Financing	<u>59,439</u>
Total Financing Costs	108,514
<b>Total Maximum Capital Expenditure</b>	<b>\$1,000,788</b>

The project will be financed through Federal Housing Administration Mortgage at an estimated interest rate of 8% for a 40-year term. The applicant has not proposed an equity contribution toward the project since, consistent with the Determination of Need Guidelines, it is assumed that the applicant already has equity in the existing facility.

The estimated first year incremental costs are \$60,725 (May 1994 dollars), itemized as follows:

Salaries, Wages and Fringe Benefits	\$(50,467)
Purchase of Services	(28,999)
Supplies and Other Expenses	24,323
Depreciation	26,206
Interest	<u>89,662</u>
Total Operating Expenses	\$ 60,725

All operating costs are subject to review and approval by the Rate Setting Commission and third party payors according to their policies and procedures.

The reasons for this approval with conditions are as follows:

1. Del Manor Nursing Home, Inc. proposes to renovate the existing 110 level II bed facility and construct a three-story addition to replace 12 Level II beds and add 10 Level II beds available under 105 CMR 100.020 definitions of Expansion and Substantial Changes in Services of the DoN Regulations, for a total of 120 Level II beds.
2. The Department found the health planning process to be satisfactory.
3. The Department found that consistent with the Determination of Need Guidelines for Nursing Facility Replacement and Renovation (Guidelines), the applicant has demonstrated need for renovation and expansion of the existing facility as discussed under the health care requirements section of the Staff Summary.
- ~~4. The Department found that the project, with adherence to certain conditions, met the operational objectives of the Guidelines.~~
5. The Department found that the project met the standards compliance factor of the Guidelines.
6. The Department found the recommended maximum capital expenditure of \$1,000,788 (May 1994 dollars) reasonable.
7. The Department found the recommended incremental operating costs of \$60,725 (May 1994 dollars) reasonable based on similar, previously approved projects. All operating costs are subject to review by the Rate Setting Commission and third party payors according to their policies and procedures.
8. The Department found the project financially feasible and within the financial capability of the applicant.
9. The Department found that the project met the relative merit requirements of the Guidelines.
10. The Executive Office of Elder Affairs did not comment on the application.
11. The Rate Setting Commission submitted comments related to reimbursement aspects of the project (Attachment 1).
12. The project is exempt from the community initiatives requirement.

This Determination is effective upon receipt of this Notice. The Determination is subject to the conditions set forth in Determination of Need Regulation 105 CMR 100.551, including sections 100.551 (C) and (D) which read in part:

- (C) . . . such determination shall be valid authorization only for the project for which made and only for the total capital expenditure approved.
- (D) The determination . . . shall be valid authorization for three (3) years. If substantial and continuing progress toward completion is not made during the three (3) year authorization period, the authorization shall expire if not extended by the Department for good cause shown (see 105 CMR 100.756) . . . Within the period of authorization, the holder shall make a substantial and continuing progress toward completion; however, no construction may begin until the holder has received final plan approval in writing from the Division of Health Care Quality.

This Determination is subject to the following conditions, in addition to the terms and conditions set forth in 105 CMR 100.551. Failure of the applicant to comply with the conditions may result in Department sanctions, including possible fines and/or revocation of the DoN.

1. The applicant shall accept the maximum capital expenditure of \$1,000,788 (May 1994 dollars) as the final cost figure except for those increases allowed pursuant to 105 CMR 100.751 and 752.
2. The applicant shall, prior to construction, sign a formal affiliation agreement with at least one local acute care hospital and one local home care corporation that include provisions for respite care services.
3. The applicant shall not commence construction as proposed without first obtaining waivers from the Division of Health Care Quality for two proposed units of 60 Level II beds, which is above the 41-bed limit allowed by the Guidelines.
4. The applicant shall establish a plan to protect the privacy, health and safety of the residents during the renovation and construction process, and to ensure that they experience as little disruption as possible to their daily routines.
5. The applicant shall obtain Medicare certification for the Level II beds.
6. The approved gross square feet (GSF) for this project shall be 12,590 which includes 5,222 GSF for renovations to the existing 110 bed facility (which, after renovation, will contain 98 beds), 3,288 GSF in new construction to replace 12 Level II beds, and 4,080 GSF in new construction which the applicant may construct at its own risk for a one-time expansion of 10 beds.

7. Upon implementation of the project, any assets such as land improvements, or equipment which are either destroyed or no longer used for patient care, shall not be claimed for reimbursement for public aided patients.

Sincerely,



David H. Mulligan  
Commissioner

DHM/PT/pt

cc: Fred Beebe, Rate Setting Commission  
~~Jean Pontikas, Division of Health Care Quality~~  
Elizabeth Green, Division of Medical Assistance  
Mary McKenna, Executive Office of Elder Affairs  
Decision Letter File  
Public File, 5-1302  
MIS  
Peter Tedesco, Consultant Analyst

**STAFF SUMMARY FOR DETERMINATION OF NEED  
BY THE COMMISSIONER OF PUBLIC HEALTH  
(DELEGATED REVIEW PROCESS)  
AUGUST, 1995**

APPLICANT: Del Manor Nursing Home, Inc.    PROGRAM ANALYST: Peter Tedesco  
54 Webster Street  
Rockland, MA

LOCATION: 54 Webster Street                      REGION: V  
Rockland, MA

DATE OF APPLICATION: May 1, 1994              PROJECT NUMBER: 5-1302

PROJECT DESCRIPTION: Renovate Del Manor Nursing Home of Rockland, a 110-bed Level II facility located at 54 Webster Street, Rockland, MA and construct a three-story addition to the existing facility to replace 12 Level II beds and add 10 Level II DoN exempt beds, a new sitting room and new activity room.

ESTIMATED MAXIMUM CAPITAL EXPENDITURE:

**Requested: \$1,539,974** (May 1994 dollars)  
**Recommended: \$1,000,788** (May 1994 dollars)

ESTIMATED FIRST YEAR INCREMENTAL OPERATING COST:

**Requested: \$117,001** (May 1994 dollars)  
**Recommended: \$60,725** (May 1994 dollars)

LEGAL STATUS: A regular application for substantial capital expenditure pursuant to M.G.L. c.111, s.25C and the Regulations adopted thereunder.

ENVIRONMENTAL STATUS: No environmental notification form or environmental impact report is required to be submitted for this project since it is exempt under 301 Code of Massachusetts Regulations 10.32 (3), promulgated by the Executive Office of Environmental Affairs pursuant to Massachusetts General Laws, Chapter 30, Sections 61-62H. This exemption has the effect of a determination that the project will cause no significant damage to the environment.

COMPARABLE APPLICANTS: None

COMMENTS BY RATE SETTING COMMISSION: The Rate Setting Commission submitted comments related to reimbursement aspects of the project (Attachment 1).

COMMENTS BY EXECUTIVE OFFICE OF ELDER AFFAIRS: None submitted

COMMENTS BY THE DIVISION OF MEDICAL ASSISTANCE: None submitted

TEN TAXPAYER GROUPS: None formed

RECOMMENDATION: Approval in part with conditions

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## I. BACKGROUND AND PROJECT DESCRIPTION

Del Manor Nursing Home, Inc. filed a DoN application for renovations to the Del Manor Nursing Home, a 110 Level II bed facility located at 54 Webster Street, Rockland, MA, and the construction of a three-story addition to replace 12 Level II beds, add a new activity room and sitting room on the first floor, and a one-time expansion of 10 Level II beds available under 105 CMR 100.020, definitions of Expansion and Substantial Change in Services of the DoN regulations, for a total of 120 Level II beds. Edmund, Dominic, Anthony and Frank Del Prete are equal stockholders in the corporation and, according to the application, Edmund Del Prete has a financial interest in the North River Nursing Home in Pembroke, MA.

## II. STAFF ANALYSIS AND FINDINGS

### A. Health Planning Process

The applicant consulted with:

Appropriate state agencies	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Area providers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Staff finds that the applicant has engaged in a satisfactory health planning process.

### B. Health Care Requirements

#### 1. Substantial Renovation

The proposed project meets the Health Care Requirements review factors of the Guidelines as follows:

Repairs, replacements and improvements include one or more of the following major building components: roof structure; ceiling; wall or floor structures; foundations; plumbing systems; heating, ventilation and air conditioning (HVAC) systems; and electrical systems.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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The repairs, replacements, improvements and major movable equipment must include work necessary to meet current State and local standards as well as pertain to elements that are peculiar to residential health care facilities (e.g., nursing stations including call systems, utility and staff work areas, and other related components).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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The additions are being built as part of the existing facility which requires substantial rehabilitation as defined above.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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## 2. Bed Replacement

The proposed project meets the Health Care Requirements review factors of the Guidelines as follows:

One-time 12-bed expansion exemption.  Yes  No

One-for-one replacement of existing beds to be located in the same service area within 25 miles of the original site.  Yes  No

The existing facility is at least 25 years old (facility is 26 years old and of masonry construction)  Yes  No

Operating inefficiencies in the existing facility are documented.  Yes  No

Existing facility deficiencies that negatively impact resident/staff health or safety and impose restrictions on resident quality of life and care are documented.  Yes  No

In support of its application, the applicant states that the deficiencies of the existing facility, including non-compliance with Americans with Disabilities Act (ADA) regulations, lack of adequate HVAC system, substandard fire alarm and electrical systems, and substandard elevators has led to high maintenance and repair costs as well as many existing code violations and/or deficiencies.

Staff finds need for renovation of the existing 110 Level II bed facility, and new construction to replace 12 of the 110 Level II beds, consistent with the Determination of Need Guidelines for Nursing Facility Replacement and Renovation (Guidelines).

## C. Operational Objectives

The proposed project meets the requirements of the Guidelines with regard to:

One-time 12-bed expansion exemption (The applicant is proposing to add 10 DoN exempt beds).  Yes  No

Affiliation agreements with local acute care hospitals and homecare corporations.  Yes  No

Proposed size of units will be above the 41-bed limit.  Yes  No

Medicare access will be assured through Medicare Certification.  Yes  No

Affiliation agreements will provide for respite services.  Yes  No

Staff finds that, with adherence to certain conditions, the project meets the operational objectives requirements of the Guidelines. These conditions include obtaining formal affiliation agreements with at least one local acute care hospital and one local homecare corporation that address provision of respite services; obtaining waivers from the Division of Health Care Quality (DHCQ) for two units above the 41-bed limit, actually two 60-bed units; and obtaining Medicare certification for the proposed Level II beds.

D. Standards Compliance

The proposed project meets the requirements of the Guidelines with regard to the following:

The applicant is suitable for licensure.  Yes  No

Gross Square Footage (GSF) meets minimum licensure standards.  Yes  No

Project will comply with Americans with Disabilities Act (ADA).  Yes  No

The total GSF proposed is 12,590, which includes 5,222 GSF for renovations to the existing 110-bed facility (which, after renovation, will contain 98 beds) and 7,368 GSF in new construction to replace 12 Level II beds and add 10 Level II DoN exempt beds. Of the 7,368 GSF of new construction, Staff recommends approval of 3,288 GSF for the replacement of the 12 beds and the applicant, at its own risk, may construct 4,080 GSF for the 10 DoN exempt beds.

Staff finds the project meets the standard compliance requirements of the Guidelines.

E. Financial Analysis

1. Reasonableness of Capital Expenditure

The requested capital expenditure (MCE) for the proposed project is \$1,539,974 (May 1994 dollars). The recommended MCE is \$1,000,788 (May 1994 dollars). The difference is attributable to the deletion of renovation costs in excess of the allowable renovation costs per Marshall & Swift and costs related to construction and financing of the one-time 10 bed expansion. The requested and recommended MCE are itemized as follows:

<u>Construction Costs</u>	<u>Requested</u>	<u>Recommended</u>
Land Development	\$ 100,000	\$ 100,000
Construction Contract		
Architectural and Engineering Costs		
Site and Soil Investigation	> 1,199,715	700,274
Fixed Equipment not in Contract	/	
Major Movable Equipment	39,000	39,000
Pre- & Post- Planning & Development	<u>54,000</u>	<u>53,000</u>
Total Construction Costs	1,392,715	892,274
<u>Financing Costs</u>		
Net Interest Expense during Construction	66,936	49,075
Costs of Securing Financing	<u>80,323</u>	<u>59,439</u>
Total Financing Costs	147,259	108,514
<b>Total Maximum Capital Expenditure</b>	<b>\$ 1,539,974</b>	<b>\$ 1,000,788</b>

Staff finds the recommended MCE reasonable when compared to similar, previously approved projects.

## 2. Reasonableness of Incremental Operating Costs

The applicant has requested \$117,001 in incremental operating costs for the project's first year of operation. The recommended incremental operating costs of \$60,725 include recalculated depreciation and interest expenses related to the decrease in MCE, discussed above. In addition, Staff also disallowed the operating expenses of the 10 DoN exempt beds. The requested and recommended incremental operating costs for the project's first full year of operation, FY 1995, are itemized as follows:

	<u>Requested</u>	<u>Recommended</u>
Salaries, Wages, Fringe	\$(50,467)	\$(50,467)
Purchased Services	(28,999)	(28,999)
Supplies and Other Expenses	24,343	24,323
Depreciation	39,416	26,206
Interest	<u>132,708</u>	<u>89,662</u>
Total Operating Expenses	\$117,001	\$60,725

It is recommended that the applicant contact the Rate Setting Commission to determine the estimated operating costs that will be used in the rate determination process. All operating costs are subject to review by the Rate Setting Commission and third party payors according to their policies and procedures.

Staff finds the recommended incremental operating costs reasonable when compared with similar, previously approved projects.

F. Financial Feasibility and Capability

Financing of the \$1,000,788 recommended MCE is through a Federal Housing Administration (FHA) insured mortgage at 8.00% for a 40-year term.

Projected Debt Service Coverage is at least 1.4.  Yes  No

Current Ratio is at least 1.5.  Yes  No

Staff notes that the 1993 current ratio of 1.13 is below the DoN standard of 1.5. Staff's analysis of the applicant's FY 1993 financial statements indicated that the applicant has over \$500,000 in cash to meet any short-term obligations and has no long term debt, giving the applicant ability to borrow to meet any short-term obligations. Further, the applicant states that DoN approval of the proposed project will further improve the facilities balance sheet position since it will become more competitive with a renovated facility, which in turn will increase operating profit.

Consistent with the Determination of Need for Nursing Facility Replacement and Renovation (May 1993) Guidelines, no equity contribution will be required since it is assumed the applicant already has equity in the existing facility.

Staff finds that the project is financially feasible and within the financial capability of the applicant.

G. Relative Merit

The applicant considered three alternatives for the proposed project: 1) moderate renovation and expansion; 2) facility replacement; and 3) conversion to assisted living/congregate housing. The applicant chose the first alternative, renovation and expansion. In view of the problems and costs of abandoning the site and building a replacement facility, this option was rejected. Further, because of the lack of management expertise and market risk associated with a congregate care/assisted living facility, this option was also rejected.

Staff finds the proposed project meets the relative merit requirements of the Guidelines.

H. Community Health Initiatives

At present, nursing facility applications are exempt from this DoN review factor.

### III. COMMENTS BY RATE SETTING COMMISSION

The Rate Setting Commission submitted comments related to reimbursement aspects of the project (Attachment 1). In particular, the Commission will make a new computation of the rate to replace the existing capital components of the rate with the new allowable capital costs. Other portions of the rate will remain in effect.

### IV. STAFF RECOMMENDATION

Based upon the above analysis and findings, Staff recommends approval in part with conditions of Project #5-1302 submitted by Del Manor Nursing Home, Inc. for addition and renovation of Del Manor Nursing Home, a 110 Level II bed facility located at 54 Webster Street in Rockland, MA; and new construction of a three-story structure adjacent to the existing facility to add an activity room and sitting room on the first floor and 12 replacement beds on the second floor. In addition, Staff notes that the applicant will be making use of a one-time expansion of 10 Level II beds on the third floor, available under 105 CMR 100.020, definitions of Expansion and Substantial Change in Services of the DoN Regulations, for a total of 120 Level II beds. The recommended maximum capital expenditure associated with this project is \$1,000,788 (May 1994 dollars). This approval is subject to the conditions listed below. Failure of the applicant to comply with these conditions may result in Departmental sanctions including possible fines and/or revocation of the DoN.

1. The applicant shall accept the maximum capital expenditure of \$1,000,788 (May 1994 dollars) as the final cost figure except for those increases allowed pursuant to 105 CMR 100.751 and 752.
2. The applicant shall, prior to construction, sign a formal affiliation agreement with at least one local acute care hospital and one local home care corporation that include provisions for respite care services.
3. The applicant shall not commence construction as proposed without first obtaining waivers from the Division of Health Care Quality for two proposed units of 60 Level II beds, which is above the 41-bed limit allowed by the Guidelines.
4. The applicant shall establish a plan to protect the privacy, health and safety of the residents during the renovation and construction process, and to ensure that they experience as little disruption as possible to their daily routines.
5. The applicant shall obtain Medicare certification for the Level II beds.
6. The approved gross square feet (GSF) for this project shall be 12,590: 5,222 GSF for renovations to the existing 110-bed facility and 3,288 GSF for new construction to replace 12 Level II beds. In addition, the applicant may construct at its own risk 4,080 GSF for the one-time 10-bed expansion.

7. Upon implementation of the project, any assets such as land improvements, or equipment which are either destroyed or no longer used for patient care, shall not be claimed for reimbursement for public aided patients.

The applicant has agreed to these conditions.



*The Commonwealth of Massachusetts*  
*Rate Setting Commission*  
*Two Boylston Street, Boston, Mass. 02116-4704*

BARBARA ERBAN WEINSTEIN

*Chairman*

LOUIS I. FREEDMAN

*Commissioner*

MARGARET LONG RANDLE

*Commissioner*

Area Code (617)

451-5330

Fax: (617) 451-1878

June 28, 1995

Joyce James, Program Director  
Determination of Need Program  
Department of Public Health  
150 Tremont Street  
Boston, Massachusetts 02111

Re: Replacement DON  
Del Manor

Dear Ms. James:

This is to provide comment on the replacement and renovation application of Del Manor Nursing Home in Rockland.

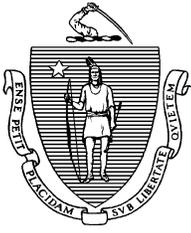
We understand that this project anticipates a combination of replacement and renovation and will increase the existing licensed bed capacity from 110 to 120. Twelve of these beds will be housed in new construction and the remainder will be located in the existing building which will be modernized. The maximum capital expenditure is expected to be about \$1,539,975.

As a result of our analysis, nothing in this application or related Commission files indicated a problem with the projections as submitted.

Upon completion of the Determination of Need replacement and renovation project, the Commission will make a new computation of the rate to replace the existing capital components of the rate with new allowable capital costs. Other portions of the rate will remain in effect.

Sincerely,

*James E. Sullivan*  
James E. Sullivan  
Supervisor of Audits



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
Determination of Need Program  
99 Chauncy Street, Boston, MA 02111

DEVAL L. PATRICK  
GOVERNOR

JOHN W. POLANOWICZ  
SECRETARY

CHERYL BARTLETT, RN  
COMMISSIONER

Tel: 617-753-7340  
Fax: 617-753-7349  
[www.mass.gov/dph/don](http://www.mass.gov/dph/don)

November 6, 2013

J. William D. Gady  
Clifton Larson Allen, LLP  
300 Crown Colony Drive, Suite 310  
Quincy, MA 02169  
[bill.gady@claconnect.com](mailto:bill.gady@claconnect.com)

Re: Coyne Management, LLC (f/k/a Del  
Manor Nursing Home, Inc.  
DoN Project No. 5-1302  
(Significant change to increase scope  
and MCE)

Dear Mr. Gady:

This letter is in response to your letter dated September 23, 2013 and submitted on behalf of Coyne Management, LLC ("Coyne" or "Holder") requesting, pursuant to 105 CMR 100.753 and 100.756, a significant change amendment to approved and unimplemented Determination of Need ("DoN") Project Number 5-1302. As proposed, the Holder seeks approval of an increase in gross square footage in excess of 15% of the approved space, an inflation adjustment, and a corresponding increase in the maximum capital expenditure ("MCE") of the project from \$1,000,788 (May 1994 dollars) to \$4,224,826 (August 2013 dollars).

On September 26, 1995, the Department approved with conditions DoN Project Number 5-1302 to construct a 3-story addition and renovations to the existing 110 Level II bed nursing facility located at 54 Webster Street in Rockland. The approved project scope encompassed 12,590 gross square feet ("GSF") which included 5,222 GSF of renovations, 3,288 GSF of new construction associated with the replacement of 12 beds, and 4,080 GSF associated with a one-time increase of 10 DoN-exempt beds. The total expenditure, including the approved MCE and the cost of the exempt beds was \$1,539,974.

On November 22, 1996, the Department approved a request to transfer the approved but not yet implemented DoN to Coyne Management, LLC.

The requested scope changes include the following:

- Increase project gross square footage from 12,590 total GSF (7,368 new, 5,222 renovation) to 31,163 total GSF (11,445 new, 19,718 renovation);

- Increase project MCE by \$1,180,026 or 38.75% above inflation-adjusted DoN-approved MCE;
- New construction will accommodate 15 beds (3 replacement and 12 DoN exempt beds);
- Increase additional DoN-exempt beds from 10 to 12 and an increase in bed complement from 120 to 122 Level II beds.

According to your letter, a substantial portion of the increase in project scope results from the requirement that construction encompassing 30% or more of the value of a facility becomes subject to the accessibility regulations of the Massachusetts Architectural Access Board (521 CMR). Accordingly, renovations to building systems such as plumbing, fire alarm, and elevator are now required to meet the regulatory changes adopted in July 2006 regarding accessibility for persons with disabilities.

Pursuant to 105 CMR 100.756(f), approval is hereby granted to your request for a significant change to Project #5-1302 based upon the following:

1. The request has been filed pursuant to 105 CMR 100.756 of the Determination of Need regulation.
2. The scope and cost of the requested changes are reasonable and could not reasonably have been foreseen at the time of filing the original DoN application.
3. No comments were submitted objecting to this significant change request.

The conditions accompanying this approval are as follows:

1. The amended MCE of the project, including costs associated with 12 DoN-exempt beds shall be increased to \$4,224,868 (August 2013 dollars), itemized as follows:

	New Construction	Renovation	Total
Site Survey and Soil Investigation	\$16,594	0	\$16,594
Depreciable Land Development Cost	0	64,194	64,194
Construction Contract	2,290,887	1,058,546	3,349,433
Architectural Cost	160,362	74,098	234,460
Pre- & Post-Filing Planning & Development Costs	38,500	66,400	104,900
Other: Telephone/Data	0	29,879	29,879
Net Interest Expense During Construction	58,768	34,200	92,968
Major Movable Equipment	<u>94,440</u>	<u>238,000</u>	<u>332,440</u>
Total MCE	\$2,659,551	\$1,565,317	\$4,224,868

2. The total approved GSF of construction for this project shall be 31,163 GSF (11,445 new construction, 19,718 renovation) which includes the space for 12 DoN exempt beds.
3. All other conditions attached to the original project shall remain in effect.

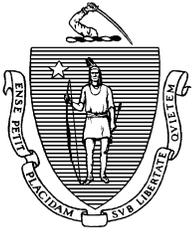
Sincerely,



Bernard Plovnick  
Director, Determination of Need Program

/bp

cc: Sherman Lohnes, HCQ  
Patty McCusker, CHIA  
Daniel Gent, HCQ  
Ron Pawelski, EOE  
Paul DiNatale, HCQ



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Determination of Need Program  
99 Chauncy Street, Boston, MA 02111

DEVAL L. PATRICK  
GOVERNOR

JOHN W. POLANOWICZ  
SECRETARY

CHERYL BARTLETT  
ACTING COMMISSIONER

Tel: 617-753-7340  
Fax: 617-753-7349  
[www.mass.gov/dph/don](http://www.mass.gov/dph/don)

December 30, 2013

J. William D. Gady  
CliftonLarsonAllen LLP  
300 Crown Colony Drive  
Suite 310  
Quincy, MA 02169  
[bill.gady@cliftonlarsonallen.com](mailto:bill.gady@cliftonlarsonallen.com)

Re: Approved DoN Project No. 2-1456  
Coyne Health Care Operator LLC  
f/k/a Del Manor Nursing Home, Inc.  
(Transfer of ownership of  
unimplemented DoN)

Dear Mr. Gady:

This letter will respond to your letter, received on November 27, 2013, on behalf of Coyne Health Care Operator LLC (“Coyne”) or (“Holder”) requesting a transfer of ownership of the approved but not yet implemented Determination of Need (“DoN”) project referenced above.

Your letter noted that the filing of this request is related to a change of ownership effective November 30, 2013 in which Webster Park Operator, LLC became the licensee of the Coyne nursing facility.

Originally approved on September 26, 1995 and issued to Del Manor Nursing Home, Inc., the former owner, the DoN was subsequently amended twice. As amended on November 6, 2013, the project encompassed 31,163 total GSF (11,445 new GSF and 19,718 GSF of renovations) and included the replacement of 15 beds (3 replacement and 12 DoN exempt beds) and other support functions. The approved maximum capital expenditure (“MCE”) was \$4,224,868 (August 2013 dollars).

Pursuant to 105 CMR 100.710(E), approval is hereby granted to your request for the transfer of ownership of Project #2-1456 to Webster Park Operator, LLC based upon the following:

1. The request has been filed pursuant to 105 CMR 100.710 of the Determination of Need regulation.
2. The Division of Health Care Quality has approved the transfer of ownership of the facility from Coyne to Webster Park Operator, LLC.

3. No comments were submitted objecting to this transfer request.

The condition accompanying this approval is as follows:

All conditions attached to the project as amended shall remain in effect.

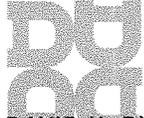
Sincerely,



Bernard A. Plovnick  
Director  
Determination of Need Program

/bp

cc: Patty McCusker  
Sherman Lohnes  
Daniel Gent



DAVID H. DUNLAP & ASSOCIATES, INC.  
ARCHITECTS  
*architecture / interiors / planning*

---

105 Webster Street  
Hanover, MA 02339  
781 878-0066 t  
781 878-7060 f

December 20, 2016

Nora J. Mann, Esquire  
The Commonwealth of Massachusetts  
Department of Public Health  
99 Chauncy Street  
Boston, MA 02111

Reference: DoN Project No. 5-1302  
Webster Park Rehabilitation and Healthcare Center

Subject: Request for Extension

Dear Ms. Mann:

With regard to our request submitted to you today, below is a summary of the unforeseen circumstances and other scope impacts resulting in a prolongation of the work for the New Addition and sequentially staged renovations in the Existing Building; hence, the overall project completion is estimated to be May 30, 2017 (physical work finished). This date is further influenced by the potential for more hidden surprises in the aged Existing Building, and sequencing bedroom renovation work with minimal inconvenience to patients.

The statements below refer to Phases depicted on Drawing T-2, but the actual sequence of work had to be and will continue to be adjusted due to realistic impediments while we maintain patient care and for administrative functions to be maintained and shifted amongst temporary spaces within the Existing Building.

By way of background and broad overview, the construction of the New Addition and the sequential, phased alterations within the Existing Building have to be performed with minimal inconvenience and maximum safety to patients. The duration of this type of construction with consideration of the complexities we have dealt with (and continue to address) should take approximately 24 months. With a town building permit having been issued on May 2, 2015, that would translate into an earliest completion date of May 2, 2017 (barring further significant impediments).

Prolongation of work in Phase I (New Addition) is attributed to discovery of two (2) underground storage tanks and the remediation of surrounding contaminated soils. Those events pushed the sequence of work so that severe winter weather hampered completion of exterior walls and roofing,

and affected the demolition of and breaking through for the connection into the Existing Building. Addition of temporary walls and temporary heat in the affected part of the Existing Building further slowed work access and progress.

Reconstruction in Phase II (Existing Building Ground Floor) started in March 2016 after redesign for PT Room #151 to a larger size. It was realized that the original layout was cramped and not suited for physical therapy that the facility has planned

Time extensions in Phase II (Existing Building PT Room and 4 northeast bedrooms) relate to unforeseen conditions that were discovered after completion of selective, sequential demolition and through the course of coordinating new work among the various subcontractor trades, most notably the plumbing, fire sprinklers, electrical distribution and structural reconstruction/reinforcement. The unforeseen conditions encountered included:

1. Structural metal decking below a shower room and bathrooms on the 2nd Level had been severely compromised as a result of decades of water infiltration around floor drains to corrode the metal decking and crumble the concrete floor slab. The old floor systems had to be removed, new corrugated decking installed, new concrete slab poured and new tiling for the walls and floors of the affected rooms. This work delayed layout and installation of new framing and mechanical work.

2. As existing ceilings were exposed for reconstruction, numerous leaks were evident in old, corroded water distribution piping. The replacement of such with new copper piping to current code required weeks of work as each section was exposed. New walls and finishes could not be installed in the required sequence because the overhead work took precedence. Furthermore, the plumbing replacement work progressed more slowly in order to keep the water supply operational to spaces above.

3. As walls were demolished to create new Ground Floor room layouts, the old cast iron sanitary drain pipes were exposed. With justification, the town plumbing inspector mandated that the aged, leaking piping and all visible PVC piping be replaced with code-compliant cast iron piping. This reconstruction of plumbing stacks/risers advanced slowly so as to maintain service to patient toilets on all levels above.

4. As work was started for connection of new PTAC units to existing hydronic piping (heating system), it was discovered that the old piping lacked isolation valves so zones could be shut off to perform work safely. Those valves had to be installed at times and sequences so as not to inconvenience patients. 5. As work had to be performed on existing hydronic piping, the asbestos insulation on the aged pipes had to be remediated, and work was suspended awaiting that remediation.

The time for Phase III (Existing Building Ground Floor Dining & Offices) has been sectioned into subphases. This is required to shift the current functions as in a “chess game” to temporary spaces in the Existing Building, so as to allow subparts to be renovated in this Phase.

The time for Phase III (Existing Building Ground Floor 4 bedrooms in northeast) is currently in progress and is already plagued with deteriorated piping which has to be replaced, drain pipes beneath the slab-on-grade which are cracked, and crumbling structural slab of the 2<sup>nd</sup> Level due to water infiltration.

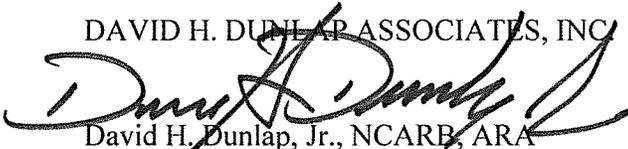
One subphase of Phase IV (2<sup>nd</sup> Level New Addition and Existing Building Hair Salon & Isolation Bedroom Area) has already been substantially completed. The part in the 2<sup>nd</sup> Level New Addition is on the same timeline as the New Addition Ground Floor.

The upcoming subphase of Phase IV (2<sup>nd</sup> Level Existing Building 6 new ADA toilets) is already anticipated to involve delays for concealed deterioration/leaks in sanitary drain pipes and water supply. Similarly, we may encounter structural slab deterioration due to decades of water seepage around toilets and other plumbing drains.

If you have any questions regarding our request, or require additional information, please feel to contact us.

Sincerely yours,

DAVID H. DUNLAP ASSOCIATES, INC



David H. Dunlap, Jr., NCARB, ARA  
President



**Webster Park Rehabilitation and Healthcare Center**

Category of Expenditure	APPROVED MCE			MCE ADJ. FOR INFLATION			REQUESTED MCE		
	A - New	A - Renov	A - TOTAL	B - New	B - Renovation	B	C - New	C - Renov.	C - TOTAL
	Nov-13	Nov-13	Nov-13	Dec-16	Dec-16	Dec-16	Dec-16	Dec-16	Dec-16
	APPROVED MCE	APPROVED MCE	APPROVED MCE	MCE ADJ. FOR INFLATION	MCE ADJ. FOR INFLATION	MCE ADJ. FOR INFLATION	REQUESTED MCE	REQUESTED MCE	REQUESTED MCE
Construction Costs:									
Land Costs									
1 Land Acquisition		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 145,953	\$ -	\$ 145,953
2 Site Survey and Soil Investigation	\$ 16,594		\$ 16,594	17,915	-	17,915	\$ -	\$ -	-
3 Other Non-Depreciable Land Development a			\$ -	-	-	-	\$ -	\$ -	-
4 Total Land Costs (Lines 1 through 3)	\$ 16,594	\$ -	\$ 16,594	\$ 17,915	\$ -	\$ 17,915	\$ 145,953	\$ -	\$ 145,953
Construction Costs:									
5 Depreciable Land Development Cost b		\$ 64,194	\$ 64,194	\$ -	\$ 69,304	\$ 69,304	\$ -	\$ 2,640	\$ 2,640
6 Building Acquisition Cost			\$ -	-	-	-	\$ -	\$ -	-
7 Construction Contract New Construction (including bonding costs):	\$ 2,290,887		\$ 2,290,887	2,473,242	-	2,473,242	\$ 2,465,000		2,465,000
Use these costs to calculate plan review fee Renovation		\$ 1,058,546	\$ 1,058,546	-	1,142,806	1,142,806		\$ 3,975,165	3,975,165
8 Fixed Equipment not in Contract			\$ -	-	-	-	\$ -	\$ -	-
9 Architectural Cost (includes fees, printing, supervision, etc.) and Engineering Cost	\$ 160,362	\$ 74,098	\$ 234,460	173,127	79,996	253,123	\$ 244,178	\$ 142,998	387,176
10 Pre-filing Planning & Development Costs	\$ 38,500	\$ 66,400	\$ 104,900	41,565	71,685	113,250	\$ 34,055	\$ 58,739	92,794
11 Post-filing Planning & Development Costs			\$ -	-	-	-	\$ -	\$ -	-
12 Other (specify): Telephon/communications	\$ -	\$ 29,879	\$ 29,879	-	32,257	32,257	\$ -	\$ -	-
13 Other (specify): Rehab Equipment	\$ -		\$ -	-	-	-	\$ -	\$ -	-
13a Other (specify):			\$ -	-	-	-	\$ -	\$ -	-
13b Other (specify):			\$ -	-	-	-	\$ -	\$ -	-
13c Other (specify):			\$ -	-	-	-	\$ -	\$ -	-
14 Net Interest Expense During Construction c	\$ 58,768	\$ 34,200	\$ 92,968	63,446	36,922	100,368	\$ 36,908	\$ 56,060	92,968
15 Major Movable Equipment	\$ 94,440	\$ 238,000	\$ 332,440	101,957	256,945	358,902	\$ -	\$ 208,963	208,963
16 Total Construction Costs (lines 5 through 15)	\$ 2,642,957	\$ 1,565,317	\$ 4,208,274	\$ 2,853,337	\$ 1,689,915	\$ 4,543,252	\$ 2,780,141	\$ 4,444,565	\$ 7,224,706
Financing Costs:									
17 Cost of Securing Financing (Legal, Administrative, Feasibility Studies, Mortgage Insurance, Printing,			\$ -	\$ -	\$ -	\$ -	\$ 468	\$ 712	\$ 1,180
18 Bond Discount	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	-
19 Other (specify)	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	-
20 Total Financing Costs (Lines 17 through 19)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 468	\$ 712	\$ 1,180
21 Estimated Total Capital Expenditure (Lines 4 + Line 16 + Line 20)	\$ 2,659,551	\$ 1,565,317	\$ 4,224,868	\$ 2,871,252	\$ 1,689,915	\$ 4,561,167	\$ 2,926,562	\$ 4,445,277	\$ 7,371,839
Inflation - see Attachment II						7.96%			

**CAPITAL COST ESTIMATE**

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF HEALTH CARE QUALITY  
99 CHAUNCY STREET, 2ND FLOOR, BOSTON, MA 02111 (617) 753-7340

FORM 4 6-2000

Facility Name: Webster Park Rehabilitation and Healthcare Center DoN Project No.: 5-1302 Location: 56 Webster Park Operator LLC , Rockland, MA Zip Code: 02370

Gr. Sq. Ft<sup>1</sup> 0 #/Bed<sup>1</sup> 122 \$/Bed<sup>1</sup> \$60,425 Sq.Ft./Bed<sup>1</sup> 0 ( <sup>1</sup> excluding DoN exempt beds and outpatient services )

Category of Expenditure	(month & year dollars)	New Construction Approved Costs* ( Nov / 2013 )	Renovation Approved Costs* ( Nov / 2013 )	New Construction Present Estimates** ( Dec / 2016 )	Renovation Present Estimates** ( Dec / 2016 )
<b>Land Costs:</b>					
1. Land Acquisition		\$ -	\$ -	\$ 145,953	\$ -
2. Site Survey and Soil Investigator		\$ 16,594	\$ -	\$ -	\$ -
3. Other Non-Depreciable Land Development <sup>1</sup>		\$ -	\$ -	\$ -	\$ -
4. Total Land Costs (Lines 1 through 3)		\$ 16,594	\$ -	\$ 145,953	\$ -
<b>Construction Costs:</b>					
5. Depreciable Land Development Cost <sup>2</sup>		\$ -	\$ 64,194	\$ -	\$ 2,640
6. Building Acquisition Cost		\$ -	\$ -	\$ -	\$ -
7. Construction Contract (including bonding costs): Use these costs to calculate plan review fee		\$ 2,290,887	\$ 1,058,546	\$ 2,465,000	\$ 3,975,165
8. Fixed Equipment Not in Contract		\$ -	\$ -	\$ -	\$ -
9. Architectural Cost (includes fees, printing, supervision, etc.) and Engineering Cost		\$ 160,362	\$ 74,098	\$ 244,178	\$ 142,998
10. Pre-filing Planning & Development Costs		\$ 38,500	\$ 66,400	\$ 34,055	\$ 58,739
11. Post-filing Planning & Development Costs		\$ -	\$ -	\$ -	\$ -
12. Other (specify): Telephon/communications		\$ -	\$ 29,879	\$ -	\$ -
13. Other (specify): Rehab Equipment		\$ -	\$ -	\$ -	\$ -
Other (specify): 0		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
14. Net Interest Expense During Construction <sup>3</sup>		\$ 58,768	\$ 34,200	\$ 36,908	\$ 56,060
15. Major Movable Equipment		\$ 94,440	\$ 238,000	\$ -	\$ 208,963
16. Total Construction Costs (lines 5 through 15)		\$ 2,642,957	\$ 1,565,317	\$ 2,780,141	\$ 4,444,565
<b>Financing Costs:</b>					
17. Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, pri		\$ -	\$ -	\$ 468	\$ 712
18. Bond Discount		\$ -	\$ -	\$ -	\$ -
19. Other (specify)		\$ -	\$ -	\$ -	\$ -
20. Total Financing Costs (Lines 17 through 19)		\$ -	\$ -	\$ 468	\$ 712
21. Estimates Total Capital Expenditure (Line 4+Line16+Line 20)		\$ 2,659,551	\$ 1,565,317	\$ 2,926,562	\$ 4,445,277

\*Amount Approved by the Public Health Council

\*\*Check as appropriate: [ ] Preliminary [X] Updated [ ] Final [ ] Post-Final

Inflation Factor Used: 7.96% If Final-Date DPH Final Plan Approval: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_

<sup>1</sup>Examples Other Non-Depreciable Land Development Costs: commissions to agents for purchase of land, attorney fees related to land, demolition of old buildings, clearing and grading, streets, removal of ledge, off-site sewer and water lines, public utility charges necessary to service the land, zoning requirements, and toxic waste removal.

<sup>2</sup>Examples of Depreciable Land Development costs; construction of parking lots, walkways and walls; on-site septic systems; on-site water and sewer lines; and reasonable and necessary landscaping.

<sup>3</sup>Describe assumptions used in calculating interest rates and costs.



Massachusetts Department of Public Health  
Determination of Need  
Affidavit of Truthfulness and Compliance  
with Law and Disclosure Form  
100.405(B)

Applicant Name:

Webster Park Operator, LLC

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.
  - a. If Applicant occupies a different role, please check here and describe the role/relationship to the project \_\_\_\_\_.
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 pursuant to 105 CMR 100.800;
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;
5. I have submitted the Filing Fee and understand it is nonrefundable;
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 submitted to all Parties of Record, and all carriers or third-party administrators 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 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 on <<DATE>> in accordance with 105 CMR 100.405(G);
10. Pursuant to 105CMR100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with federal, state, and local laws and regulations, and with all Notices of Determination of Need and the terms and Conditions attached therein issued under the Regulations as they became effective January 27, 2017 or as amended thereafter;
11. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of DoN as established pursuant to 105 CMR 100.415. ;
12. I understand that, if Approved, Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310 and any Other Conditions that become a part of the Final Action pursuant to 105 CMR 100.360.
13. Pursuant to 105 CMR 100.705\*(A), I certify that 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.

For the Limited Liability Corporation \_\_\_\_\_

Date: 3/17/17

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**Legals**

**NOTICE OF PUBLIC SALE:** Self-storage Cube contents of the following customers containing household and other goods will be sold for cash by CubeSmart 692 South Franklin St., Holbrook, MA 02343 to satisfy a lien on 3/08/2017 at approx. 2:00PM at [www.storageasures.com](http://www.storageasures.com). Michael Feeley, Steven Conroy, William Fitzpatrick, Kurt Mello, Lisa Hill.

13534553  
 2/22,3/1, 2017

**Commonwealth of Massachusetts**  
**The Trial Court**  
**Bristol Probate and Family Court**

**Legals**

**PUBLIC ANNOUNCEMENT CONCERNING**

**Webster Park Operator, LLC**

Webster Park Operator, LLC, d/b/a Webster Park Rehabilitation and Healthcare Center located at 54 Webster Street, Rockland, Massachusetts, intends to file an amendment with the Department of Public Health for a significant change to the approved but not yet implemented Determination of Need (DoN) Project #5-1302. The approved DoN project included gross square footage of 31,163 GSF for new construction, renovations and other improvements to the existing 122 bed facility, including the addition of 12 DoN exempt beds. The proposed amendment will include continued renovations to the existing facility. This will increase the cost of the new construction and renovations to an estimated maximum capital expenditure of \$7,371,839 (December 2016 dollars). Persons who wish to comment on the proposed amendment must submit written comments within 20 days of the filing date of the request to the Department of Public Health: Attention Program Director, Determination of Need Program, 250 Washington Street, 6th Floor Boston, Massachusetts 02108. The request for amendment may be inspected at such address and also at the Massachusetts Department of Public Health Southeast Regional Health Office, 1736 Purchase Street, New Bedford, MA 02740-6821.

**Legals**

**Legals**

**NOTICE OF MORTGAGEE'S SALE OF REAL ESTATE** Premises: 132 Quincy Street, Brockton, Massachusetts By virtue and in execution of the Power of Sale contained in a certain mortgage given by Parker W. Bates Jr. to Sovereign Bank and now held by Santander Bank, N.A. f/k/a Sovereign Bank, N.A. f/k/a Sovereign Bank, said mortgage dated March 19, 2007, and recorded in the Plymouth County Registry of Deeds, in Book 34336 at Page 7, of which mortgage the undersigned is the present holder, for breach of the conditions in said mortgage, and for the purpose of foreclosing the same will be sold at Public Auction on March 1, 2017, at 1:00 PM Local Time upon the premises, all and singular the premises described in said mortgage, to wit: **PROPERTY DESCRIPTION** That certain piece or parcel of land, and the buildings and improvements thereon; in the Town of: BROCKTON County of: PLYMOUTH and State of: MASSACHUSETTS and being more particularly described in a deed recorded in Book: 15158 Page 45 of the PLYMOUTH County, City of BROCKTON which property is more commonly known as 132 QUINCY ST, BROCKTON, MA 03202 ("Property Address"); And more particularly described as follows: A certain parcel of land, with the buildings thereon, situated in said Brockton, being Lots 9 and 10 on a plan by Hayward and Hayward, Surveyors, Dated Feb. 1946, recorded with Plymouth County Registry of Deeds, Plan B00k 6, Plan No. 951, and bounded and described according to said plan as follows: WESTERLY by Quincy Street, 74 feet, more or less; NORTHWESTERLY by a street

**Legals**

**Legals**

**NOTICE OF MORTGAGEE'S SALE OF REAL ESTATE**

By virtue and in execution of the Power of Sale contained in a certain mortgage given by **George H. Goulet Jr.** to New Century Mortgage Corporation dated April 25, 2005, recorded at the Plymouth County Registry of Deeds in Book 30464, Page 278; said mortgage was then assigned to Deutsche Bank National Trust Company, as Indenture Trustee, for New Century Home Equity Loan Trust 2005-3 by virtue of an assignment dated July 19, 2012, and recorded in Book 41875, Page 65; of which mortgage the undersigned is the present holder for breach of conditions of said mortgage and for the purpose of foreclosing the same will be sold at PUBLIC AUCTION at 10:00 AM on **March 16, 2017**, on the mortgaged premises. This property has the address of 103 Prospect Avenue, Brockton, MA 02301-0000. The entire mortgaged premises, all and singular, the premises as described in said mortgage:

The land in Brockton, Plymouth County, Massachusetts, on the northerly side of Prospect Avenue, and more particularly described as follows: Beginning at a point on said northerly side of Prospect Avenue, being the southwesterly corner of land of Mary S. Thompson and being one hundred eighteen and 34/100 (118.34) feet easterly from the northeast corner of Ellis Street and Prospect Avenue; thence NORTHWESTERLY by said Mary S. Thompson

where the slaying occurred.

**LEGAL NOTICES**

**PUBLIC ANNOUNCEMENT CONCERNING  
Webster Park Operator, LLC**

Webster Park Operator, LLC, d/b/a Webster Park Rehabilitation and Healthcare Center located at 54 Webster Street, Rockland, Massachusetts, intends to file an amendment with the Department of Public Health for a significant change to the approved but not yet implemented Determination of Need (DoN) Project #5-1302. The approved DoN project included gross square footage of 31,163 GSF for new construction, renovations and other improvements to the existing 122 bed facility, including the addition of 12 DoN exempt beds. The proposed amendment will include continued renovations to the existing facility. This will increase the cost of the new construction and renovations to an estimated maximum capital expenditure of \$7,371,839 (December 2016 dollars). Persons who wish to comment on the proposed amendment must submit written comments within 20 days of the filing date of the request to the Department of Public Health: Attention Program Director, Determination of Need Program, 250 Washington Street, 6th Floor Boston, Massachusetts 02108. The request for amendment may be inspected at such address and also at the Massachusetts Department of Public Health Southeast Regional Health Office, 1736 Purchase Street, New Bedford, MA 02740-6821.

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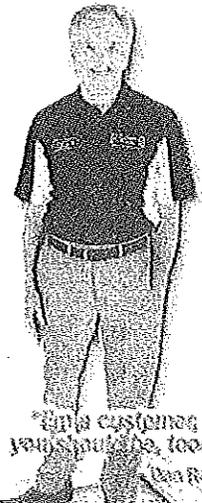
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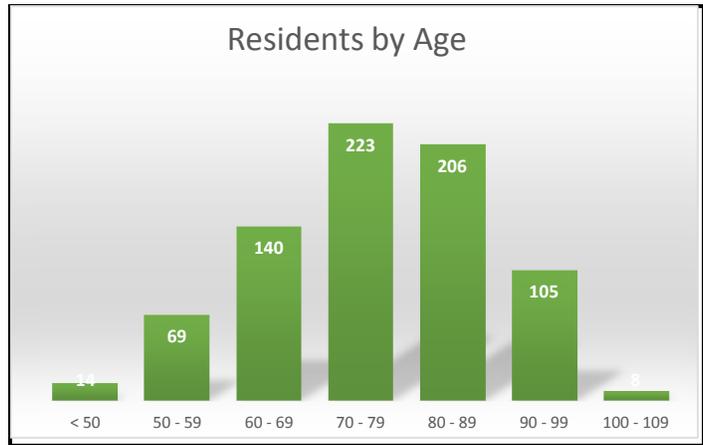
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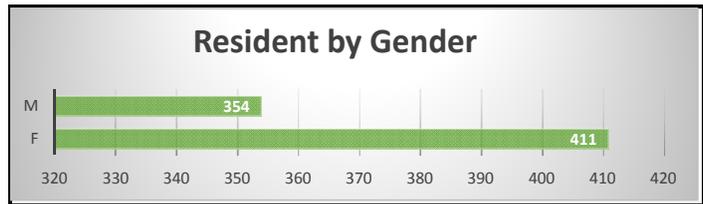
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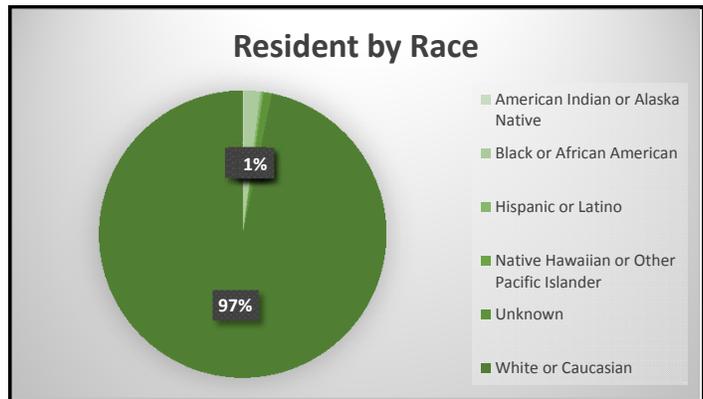
	Number of Residents
< 50	14
50 - 59	69
60 - 69	140
70 - 79	223
80 - 89	206
90 - 99	105
100 - 109	8
<b>Grand Total</b>	<b>765</b>



	Number of Residents
F	411
M	354
<b>Grand Total</b>	<b>765</b>



	Number of Residents
American Indian or Alaska Native	1
Black or African American	14
Hispanic or Latino	2
Native Hawaiian or Other Pacific Islander	1
Unknown	7
White or Caucasian	740
<b>Grand Total</b>	<b>765</b>



February 24, 2017

Ms. Nora Mann, Esq.  
Director, Determination of Need Program  
Department of Public Health  
250 Washington Street, 6<sup>th</sup> Floor  
Boston, Massachusetts 02108

Re: Webster Park Operator, LLC  
d/b/a Webster Park Rehabilitation & Healthcare Center  
Project # 5-1302  
Request for Significant Change

Dear Ms. Mann:

We write on behalf of Webster Park Operator, LLC, (the “Applicant”), the holder of approved and in process Determination of Need (“DoN”) Project #5-1302 (“Project”). The facility has begun the implementation of this DoN and as a result of the more detailed planning related to the implementation; it determined that the original and amended approvals require certain modifications prior to full implementation. As a result, the Applicant hereby respectfully requests a significant change to its DoN authorization pursuant to 105 C.M.R. §100.753 and §100.756. We offer the following comments in support of the Applicant’s request for this significant amendment to its DoN approval.

### I. Background

On September 26, 1995, the Department approved with conditions DoN Project Number 5-1302 to construct a 3-story addition and renovations to the existing 110 Level II bed nursing facility located at 54 Webster Street in Rockland. The approved project scope encompassed 12,590 gross square feet (“GSF”) which included 5,222 GSF of renovations, 3,288 GSF of new construction associated with the replacement of 12 beds, and 4,080 GSF associated with a one-time increase of 10 DoN-exempt beds. The approved MCE for this project was \$1,000,788 (May 1994 dollars) and did not include the costs related to the construction and financing of the one time bed expansion. The requested amount including the exempt beds was \$1,539,974 (May 1994 dollars).

On November 22, 1996, the Department approved a request to transfer the approved but not yet implemented DoN to Coyne Management, LLC. The requested scope changes include the following:

- Increase project gross square footage from 12,590 total GSF (7,368 new, 5,222 renovation) to 31,163 total GSF (11,445 new, 19,718 renovation);
- Increase project MCE by \$1,180,026 or 38.75% above inflation-adjusted DoN-approved MCE;
- New construction will accommodate 15 beds (3 replacement and 12 DoN exempt beds);

- Increase additional DoN-exempt beds from 10 to 12 and an increase in bed complement from 120 to 122 Level II beds. A substantial portion of the increase in project scope results from the requirement that construction encompassing 30% or more of the value of a facility becomes subject to the accessibility regulations of the Massachusetts Architectural Access Board (521 CMR). According, renovations to building systems such as plumbing, fire alarm, and elevator are now required to meet the regulatory changes adopted in July 2006 regarding accessibility for persons with disabilities.

On November 6, 2013, the Department approved with conditions an increase in gross square footage in excess of 15% of the approved space, an inflation adjustment and a corresponding increase in the maximum capital expenditure (“MCE”).

- The amended MCE of the project, including costs associated with 12 DoN-exempt beds shall be increased to \$4,224,868 (August 2013 dollars).
- The total approved GSF of construction for this project shall be 31,163 GSF (11,445 new construction, 19,718 renovation) which includes the space for 12 DoN exempt beds.
- All other conditions attached to the original project shall remain in effect.

On December 30, 2013, the Department approved a request to transfer the approved but not yet implemented DoN to Webster Park Operator, LLC. No additional scope changes were requested with this transfer of ownership request. All conditions attached to the project remain in effect.

See **Attachment I** for all Department approvals

## II. Unforeseen Circumstances

After starting to implement the DoN and beginning to finalize costs, the Applicant developed the detailed architectural and engineering plans and obtained current updated construction bids. In order to accomplish the basic goals of the DoN Project, the Applicant identified that costs were higher than expected, regulatory requirements needed to be met, and certain aspects of the project necessitated cost modifications.

The unforeseen circumstances which caused the prolongation of Phase I (New Addition) are attributed to the discovery of two underground storage tanks and the remediation of surrounding contaminated soil. Those events pushed the sequence of work so that severe winter weather hampered completion of exterior walls and roofing, and affected the demolition of and breaking through for the connection into the Existing building. Addition of temporary walls and temporary heat in the affected part of the Existing building further slowed work access and progress.

Time extensions in Phase II (Existing Building Physical Therapy Room and four Northeast bedrooms) relate to unforeseen conditions that were discovered after completion of selective, sequential demolition and through the course of coordinating new work among the various subcontractor trades, most notably the plumbing, fire sprinklers, electrical distribution and structural reconstruction/reinforcement.

The following issues were discovered during Phase II construction causing additional costs and delays to the project.

1. Structural metal decking had been severely compromised as a result of decades of water infiltration around floor drains.
2. As existing ceilings were exposed for reconstruction, numerous leaks were evident in old, corroded water distribution piping.
3. As walls were demolished, the old cast iron sanitary drain pipes were exposed. The town Plumbing Inspector mandated that the aged, leaking piping be replaced and brought up to building codes. This process of replacement, created long delays so as to maintain service to resident toilets on all levels.
4. As connection for new PTAC units to existing heating unit was taking place it was discovered that the old piping lacked proper insulation.
5. It was discovered that insulation around the heating unit was asbestos which had to be remediated and this was unplanned.

The construction time for Phase III (Existing Building – Ground Floor Dining & Offices) has been sectioned off into sub phases in order to allow facility operations to resume as normally as possible which has created longer construction times than normally anticipated. This Phase of the project is currently in progress and has also been plagued with deteriorate piping which has to be replaced, drain pipes beneath the slab-on-grade which are cracked, and crumbling due to water filtration will need replacement which was not factored into the original construction plans.

Phase IV (2<sup>nd</sup> Level Existing Building) construction is underway, however many of the issues plaguing other Phases of the project are also hampering the construction for this Phase.

There were many change orders involved in this project due to the unforeseen problems with the building as well as the need for changes to meet building code compliance.

Please see **Attachment II** for a more detailed explanation from the Architect for the entire project and the many issues and unforeseen circumstances causing the necessity for this significant amendment.

### III. Inflation Adjustment

The Holder is requesting inflation to the date of this request.

A detailed listing of the inflation adjusted costs of the Project is provided. See **Attachment III** for the inflation adjustment which results in an increase of the MCE of \$4,224,868 to \$4,561,167 based on a 1.0796 inflation multiplier.

#### IV. Changes to the Approved MCE

The holder is requesting a significant change amendment from the inflation adjusted amount of \$4,561,167 to \$7,371,839, the requested changes in the MCE are attributable to unforeseen circumstances due to the changes required because of the age of the building, the deterioration discovered as walls and floors were being exposed, underestimation of construction costs (due to length of the project and condition of the building) and upgrades required to meet building codes as mandated by the Town and State. The outcomes of the upgrades are improvement to the resident's quality of life and personal safety, a more efficient and economical building and many operational efficiencies.

The primary unforeseen increase in costs is related to three line items in the MCE; land acquisition, construction and renovation costs, and architectural costs.

1. Land Acquisition – the original DoN had no allowance for land acquisition. The Applicant became aware of property across the street from the facility became available for purchase. The facility is in need of additional parking for visitors and employees and felt this was the best option presented to them. Purchase price of the property was approximately \$146,000.
2. Construction costs for new construction decreased from the inflated cost of \$2,473,242 to \$2,465,000 and the renovation cost increased from \$1,142,806 to \$3,975,165. The increase in cost was due to many different variables; scope of work changed from original construction quote, many change orders relating to unforeseen problems such as contaminated soil, corroded pipes and asbestos to cite a few issues, and the need to replace the roof. These changes were not part of the original scope of work and therefore were not included in the original or amended MCE. Moreover, the new amount requested is based on actual costs as opposed to estimates of future costs that were made when the DoN was prepared.
1. The architectural costs are in excess of the amount projected in the DoN. The costs have increased from the inflated projected level of \$253,123 to what is now an actual cost of \$387,176. This is an increase of \$134,053; however, these costs remain less than the 6.9% of construction costs requested in the amendment. Much of the overage in architectural costs was related to the numerous design changes required because of the problems with the underground storage tank issues and regulatory required changes mandated by the Fire Department around the installation of Medical Gas System, smoke detector issues and issues surrounding the fire annunciator panel.

See **Attachment IV** for a detailed listing of the adjusted costs of the project reflecting inflation.

See **Attachment V** for the revised Form 4.

#### V. Request for a Significant Change

In accordance with the provisions of 105 C.M.R. § 100.753, the Applicant respectfully requests that the Department approve a significant change to its DoN authorization. This approval will permit the Holder to address and complete the critical need for renovation of this facility's aged physical plant. Moreover, upon completion of the Project, the construction and renovation will increase the Holder's operating efficiency and resident safety and improve nursing unit size and efficiency. The implementation of the proposed full renovation of this Facility will assure the Applicant's long term ability to serve Rockland, Massachusetts and the surrounding communities.

Specifically, the Applicant requests significant change amendment approval for an increase over the inflated amount to an MCE of \$7,371,839 (December 2016 dollars), an inflation increase of 7.96% from the previously amended MCE of \$4,224,868 (November 2013 dollars) to inflated MCE of \$4,561,167 (December 2016 dollars). In compliance with the regulations applicable to significant changes, 105 C.M.R. § 100.753 and 100.756, the Applicant states the following:

1. Along with the original request, two (2) copies of this request are being submitted to the DoN Program Director. A copy of the request is also being filed with the Central Regional Health Office, the Executive Office of Elder Affairs, and the Center for Health Information and Analysis. In accordance with 105 C.M.R. § 100.756, this request contains a narrative comparison of the approved project and the proposed changes and the rationale for the proposed changes.
2. Included as **Attachment VI** is a Certificate of Truthfulness and Proper Submission pursuant to 105 C.M.R. § 100.324, certifying to the truthfulness of the facts contained in the request and that the requisite number of copies of this request have been sent to the Program Director, Central Regional Health Office, the Executive Office of Elder Affairs, and the Center for Health Information and Analysis.
3. In accordance with 105 CMR § 100.330, the Applicant shall cause notice of the proposed amendment to the approved determination of need be published prior to the filing. **Attachment VII** is a copy of the notice, the original newspaper filing will be sent with the copies of this request to the Program Director.

The Department's approval of this request will be consistent with the DoN Program's mandate to ensure satisfactory access to quality health care at reasonable costs. The Webster Park facility needs repairs and renovations to continue to meet the needs of the current and future residents it serves. To that end, we respectfully request that you approve this request, which has been submitted in conformance with 105 C.M.R. §§ 100.753 and 100.756 of the Department's DoN Regulations.

February 24, 2017  
Webster Park Operator, LLC.  
d/b/a Webster Park Rehabilitation and Nursing Center  
Page 6

We thank you for your consideration of this request. Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,



Mark Cummings, CPA  
Principal  
617-984-8188  
[mark.cummings@claconnect.com](mailto:mark.cummings@claconnect.com)

Enclosures: Attachments I, II, III, IV, V, Affidavit of Truthfulness, & Newspaper Notice

2 Copies

Cc:

Marquis Health Services, Norman Rokeach, [nrokeach@mhspl.com](mailto:nrokeach@mhspl.com)  
Center for Health Information and Analysis (CHIA), Patty McCusker, [patty.mccusker@state.ma.us](mailto:patty.mccusker@state.ma.us)  
Southeast Regional Health Office, Ron O'Connor, [ron.oconnor@state.ma.us](mailto:ron.oconnor@state.ma.us)  
Executive Office of Elder Affairs, Tom Lane, [thomas.lane@state.ma.us](mailto:thomas.lane@state.ma.us)

## ATTACHMENTS



DoN 13 miles

# The Commonwealth of Massachusetts

Executive Office of Health and Human Services  
Department of Public Health  
Determination of Need Program

150 Tremont Street

Boston, Mass. 02111

(617) 727-8825

David H. Mulligan  
Commissioner

*Expires 1/1/2007.  
Client plans on implementing  
& continues to review.*

September 26, 1995

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

NOTICE OF DETERMINATION OF NEED  
PROJECT NUMBER 5-1302  
Del Manor Nursing Home  
(Renovations to the Existing 110-Bed Level II  
Facility and New Construction to Replace 12  
Level II Beds and Add 10 DoN Exempt Beds).

Mr. Edmond Del Prete  
Del Manor Nursing Home, Inc.  
54 Webster Street  
Rockland, MA 02370

Dear Mr. Del Prete:

This is to notify you that pursuant to M.G. L. c.111, s.25C and the Regulations adopted thereunder, including the provisions of 105 CMR 100.504, I hereby approve in part with conditions the application filed by Del Manor Nursing Home, Inc. for a Determination of Need. The application, as approved, provides for renovations to the existing 110 Level II bed facility located at 54 Webster St., Rockland, MA, and new construction of a three-story addition to the existing facility to add an activity room and sitting room on the first floor and 12 replacement beds on the second floor. In addition, Staff notes that the applicant will be making use of a one-time expansion of 10 Level II beds available under 105 CMR 100.020, definitions of Expansion and Substantial Change in Services of the DoN Regulations, for a total of 120 Level II beds. This Notice of Determination of Need incorporates by reference the attached Staff Summary.

The total approved gross square footage (GSF) associated with the project is 12,590 which includes 5,222 GSF for renovations to the existing 110 bed facility (which, after renovations, will contain 98 beds) and 3,288 GSF in new construction to replace 12 Level II beds. The applicant may construct at its own risk the requested additional 4,080 GSF for the 10 bed expansion.

The maximum capital expenditure approved for the project is \$1,000,788 (May 1994 dollars), itemized as follows:

<u>Construction Costs</u>	
Land Development	\$ 100,000
Construction Contract	
Architectural and Engineering Costs	\
Site & Soil Investigation	> 700,274
Equipment not in Contract	./
<del>Major Movable Equipment</del>	<del>39,000</del>
Pre-filing Planning and Develop Costs	<u>53,000</u>
Total Construction Costs	892,274
<u>Financing Costs</u>	
Net Interest Expense during Construction	49,075
Costs of Securing Financing	<u>59,439</u>
Total Financing Costs	108,514
<b>Total Maximum Capital Expenditure</b>	<b>\$1,000,788</b>

The project will be financed through Federal Housing Administration Mortgage at an estimated interest rate of 8% for a 40-year term. The applicant has not proposed an equity contribution toward the project since, consistent with the Determination of Need Guidelines, it is assumed that the applicant already has equity in the existing facility.

The estimated first year incremental costs are \$60,725 (May 1994 dollars), itemized as follows:

Salaries, Wages and Fringe Benefits	\$(50,467)
Purchase of Services	(28,999)
Supplies and Other Expenses	24,323
Depreciation	26,206
Interest	<u>89,662</u>
Total Operating Expenses	\$ 60,725

All operating costs are subject to review and approval by the Rate Setting Commission and third party payors according to their policies and procedures.

The reasons for this approval with conditions are as follows:

1. Del Manor Nursing Home, Inc. proposes to renovate the existing 110 level II bed facility and construct a three-story addition to replace 12 Level II beds and add 10 Level II beds available under 105 CMR 100.020 definitions of Expansion and Substantial Changes in Services of the DoN Regulations, for a total of 120 Level II beds.
2. The Department found the health planning process to be satisfactory.
3. The Department found that consistent with the Determination of Need Guidelines for Nursing Facility Replacement and Renovation (Guidelines), the applicant has demonstrated need for renovation and expansion of the existing facility as discussed under the health care requirements section of the Staff Summary.
- ~~4. The Department found that the project, with adherence to certain conditions, met the operational objectives of the Guidelines.~~
5. The Department found that the project met the standards compliance factor of the Guidelines.
6. The Department found the recommended maximum capital expenditure of \$1,000,788 (May 1994 dollars) reasonable.
7. The Department found the recommended incremental operating costs of \$60,725 (May 1994 dollars) reasonable based on similar, previously approved projects. All operating costs are subject to review by the Rate Setting Commission and third party payors according to their policies and procedures.
8. The Department found the project financially feasible and within the financial capability of the applicant.
9. The Department found that the project met the relative merit requirements of the Guidelines.
10. The Executive Office of Elder Affairs did not comment on the application.
11. The Rate Setting Commission submitted comments related to reimbursement aspects of the project (Attachment 1).
12. The project is exempt from the community initiatives requirement.

This Determination is effective upon receipt of this Notice. The Determination is subject to the conditions set forth in Determination of Need Regulation 105 CMR 100.551, including sections 100.551 (C) and (D) which read in part:

- (C) . . . such determination shall be valid authorization only for the project for which made and only for the total capital expenditure approved.
- (D) The determination . . . shall be valid authorization for three (3) years. If substantial and continuing progress toward completion is not made during the three (3) year authorization period, the authorization shall expire if not extended by the Department for good cause shown (see 105 CMR 100.756) . . . Within the period of authorization, the holder shall make a substantial and continuing progress toward completion; however, no construction may begin until the holder has received final plan approval in writing from the Division of Health Care Quality.

This Determination is subject to the following conditions, in addition to the terms and conditions set forth in 105 CMR 100.551. Failure of the applicant to comply with the conditions may result in Department sanctions, including possible fines and/or revocation of the DoN.

1. The applicant shall accept the maximum capital expenditure of \$1,000,788 (May 1994 dollars) as the final cost figure except for those increases allowed pursuant to 105 CMR 100.751 and 752.
2. The applicant shall, prior to construction, sign a formal affiliation agreement with at least one local acute care hospital and one local home care corporation that include provisions for respite care services.
3. The applicant shall not commence construction as proposed without first obtaining waivers from the Division of Health Care Quality for two proposed units of 60 Level II beds, which is above the 41-bed limit allowed by the Guidelines.
4. The applicant shall establish a plan to protect the privacy, health and safety of the residents during the renovation and construction process, and to ensure that they experience as little disruption as possible to their daily routines.
5. The applicant shall obtain Medicare certification for the Level II beds.
6. The approved gross square feet (GSF) for this project shall be 12,590 which includes 5,222 GSF for renovations to the existing 110 bed facility (which, after renovation, will contain 98 beds), 3,288 GSF in new construction to replace 12 Level II beds, and 4,080 GSF in new construction which the applicant may construct at its own risk for a one-time expansion of 10 beds.

7. Upon implementation of the project, any assets such as land improvements, or equipment which are either destroyed or no longer used for patient care, shall not be claimed for reimbursement for public aided patients.

Sincerely,



David H. Mulligan  
Commissioner

DHM/PT/pt

cc: Fred Beebe, Rate Setting Commission  
~~Jean Pontikas, Division of Health Care Quality~~  
Elizabeth Green, Division of Medical Assistance  
Mary McKenna, Executive Office of Elder Affairs  
Decision Letter File  
Public File, 5-1302  
MIS  
Peter Tedesco, Consultant Analyst

**STAFF SUMMARY FOR DETERMINATION OF NEED  
BY THE COMMISSIONER OF PUBLIC HEALTH  
(DELEGATED REVIEW PROCESS)  
AUGUST, 1995**

APPLICANT: Del Manor Nursing Home, Inc.    PROGRAM ANALYST: Peter Tedesco  
54 Webster Street  
Rockland, MA

LOCATION: 54 Webster Street                      REGION: V  
Rockland, MA

DATE OF APPLICATION: May 1, 1994              PROJECT NUMBER: 5-1302

PROJECT DESCRIPTION: Renovate Del Manor Nursing Home of Rockland, a 110-bed Level II facility located at 54 Webster Street, Rockland, MA and construct a three-story addition to the existing facility to replace 12 Level II beds and add 10 Level II DoN exempt beds, a new sitting room and new activity room.

ESTIMATED MAXIMUM CAPITAL EXPENDITURE:

**Requested: \$1,539,974** (May 1994 dollars)  
**Recommended: \$1,000,788** (May 1994 dollars)

ESTIMATED FIRST YEAR INCREMENTAL OPERATING COST:

**Requested: \$117,001** (May 1994 dollars)  
**Recommended: \$60,725** (May 1994 dollars)

LEGAL STATUS: A regular application for substantial capital expenditure pursuant to M.G.L. c.111, s.25C and the Regulations adopted thereunder.

ENVIRONMENTAL STATUS: No environmental notification form or environmental impact report is required to be submitted for this project since it is exempt under 301 Code of Massachusetts Regulations 10.32 (3), promulgated by the Executive Office of Environmental Affairs pursuant to Massachusetts General Laws, Chapter 30, Sections 61-62H. This exemption has the effect of a determination that the project will cause no significant damage to the environment.

COMPARABLE APPLICANTS: None

COMMENTS BY RATE SETTING COMMISSION: The Rate Setting Commission submitted comments related to reimbursement aspects of the project (Attachment 1).

COMMENTS BY EXECUTIVE OFFICE OF ELDER AFFAIRS: None submitted

COMMENTS BY THE DIVISION OF MEDICAL ASSISTANCE: None submitted

TEN TAXPAYER GROUPS: None formed

RECOMMENDATION: Approval in part with conditions

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## I. BACKGROUND AND PROJECT DESCRIPTION

Del Manor Nursing Home, Inc. filed a DoN application for renovations to the Del Manor Nursing Home, a 110 Level II bed facility located at 54 Webster Street, Rockland, MA, and the construction of a three-story addition to replace 12 Level II beds, add a new activity room and sitting room on the first floor, and a one-time expansion of 10 Level II beds available under 105 CMR 100.020, definitions of Expansion and Substantial Change in Services of the DoN regulations, for a total of 120 Level II beds. Edmund, Dominic, Anthony and Frank Del Prete are equal stockholders in the corporation and, according to the application, Edmund Del Prete has a financial interest in the North River Nursing Home in Pembroke, MA.

## II. STAFF ANALYSIS AND FINDINGS

### A. Health Planning Process

The applicant consulted with:

Appropriate state agencies  
Area providers

Yes    No  
 Yes    No

Staff finds that the applicant has engaged in a satisfactory health planning process.

### B. Health Care Requirements

#### 1. Substantial Renovation

The proposed project meets the Health Care Requirements review factors of the Guidelines as follows:

Repairs, replacements and improvements include one or more of the following major building components: roof structure; ceiling; wall or floor structures; foundations; plumbing systems; heating, ventilation and air conditioning (HVAC) systems; and electrical systems.

Yes    No

The repairs, replacements, improvements and major movable equipment must include work necessary to meet current State and local standards as well as pertain to elements that are peculiar to residential health care facilities (e.g., nursing stations including call systems, utility and staff work areas, and other related components).

Yes    No

The additions are being built as part of the existing facility which requires substantial rehabilitation as defined above.

Yes    No

## 2. Bed Replacement

The proposed project meets the Health Care Requirements review factors of the Guidelines as follows:

One-time 12-bed expansion exemption.  Yes  No

One-for-one replacement of existing beds to be located in the same service area within 25 miles of the original site.  Yes  No

The existing facility is at least 25 years old (facility is 26 years old and of masonry construction)  Yes  No

Operating inefficiencies in the existing facility are documented.  Yes  No

Existing facility deficiencies that negatively impact resident/staff health or safety and impose restrictions on resident quality of life and care are documented.  Yes  No

In support of its application, the applicant states that the deficiencies of the existing facility, including non-compliance with Americans with Disabilities Act (ADA) regulations, lack of adequate HVAC system, substandard fire alarm and electrical systems, and substandard elevators has led to high maintenance and repair costs as well as many existing code violations and/or deficiencies.

Staff finds need for renovation of the existing 110 Level II bed facility, and new construction to replace 12 of the 110 Level II beds, consistent with the Determination of Need Guidelines for Nursing Facility Replacement and Renovation (Guidelines).

## C. Operational Objectives

The proposed project meets the requirements of the Guidelines with regard to:

One-time 12-bed expansion exemption (The applicant is proposing to add 10 DoN exempt beds).  Yes  No

Affiliation agreements with local acute care hospitals and homecare corporations.  Yes  No

Proposed size of units will be above the 41-bed limit.  Yes  No

Medicare access will be assured through Medicare Certification.  Yes  No

Affiliation agreements will provide for respite services.  Yes  No

Staff finds that, with adherence to certain conditions, the project meets the operational objectives requirements of the Guidelines. These conditions include obtaining formal affiliation agreements with at least one local acute care hospital and one local homecare corporation that address provision of respite services; obtaining waivers from the Division of Health Care Quality (DHCQ) for two units above the 41-bed limit, actually two 60-bed units; and obtaining Medicare certification for the proposed Level II beds.

D. Standards Compliance

The proposed project meets the requirements of the Guidelines with regard to the following:

The applicant is suitable for licensure.  Yes  No

Gross Square Footage (GSF) meets minimum licensure standards.  Yes  No

Project will comply with Americans with Disabilities Act (ADA).  Yes  No

The total GSF proposed is 12,590, which includes 5,222 GSF for renovations to the existing 110-bed facility (which, after renovation, will contain 98 beds) and 7,368 GSF in new construction to replace 12 Level II beds and add 10 Level II DoN exempt beds. Of the 7,368 GSF of new construction, Staff recommends approval of 3,288 GSF for the replacement of the 12 beds and the applicant, at its own risk, may construct 4,080 GSF for the 10 DoN exempt beds.

Staff finds the project meets the standard compliance requirements of the Guidelines.

E. Financial Analysis

1. Reasonableness of Capital Expenditure

The requested capital expenditure (MCE) for the proposed project is \$1,539,974 (May 1994 dollars). The recommended MCE is \$1,000,788 (May 1994 dollars). The difference is attributable to the deletion of renovation costs in excess of the allowable renovation costs per Marshall & Swift and costs related to construction and financing of the one-time 10 bed expansion. The requested and recommended MCE are itemized as follows:

<u>Construction Costs</u>	<u>Requested</u>	<u>Recommended</u>
Land Development	\$ 100,000	\$ 100,000
Construction Contract		
Architectural and Engineering Costs	\	
Site and Soil Investigation	> 1,199,715	700,274
Fixed Equipment not in Contract	/	
Major Movable Equipment	39,000	39,000
Pre- & Post- Planning & Development	<u>54,000</u>	<u>53,000</u>
Total Construction Costs	1,392,715	892,274
<u>Financing Costs</u>		
Net Interest Expense during Construction	66,936	49,075
Costs of Securing Financing	<u>80,323</u>	<u>59,439</u>
Total Financing Costs	147,259	108,514
<b>Total Maximum Capital Expenditure</b>	<b>\$ 1,539,974</b>	<b>\$ 1,000,788</b>

Staff finds the recommended MCE reasonable when compared to similar, previously approved projects.

## 2. Reasonableness of Incremental Operating Costs

The applicant has requested \$117,001 in incremental operating costs for the project's first year of operation. The recommended incremental operating costs of \$60,725 include recalculated depreciation and interest expenses related to the decrease in MCE, discussed above. In addition, Staff also disallowed the operating expenses of the 10 DoN exempt beds. The requested and recommended incremental operating costs for the project's first full year of operation, FY 1995, are itemized as follows:

	<u>Requested</u>	<u>Recommended</u>
Salaries, Wages, Fringe	\$(50,467)	\$(50,467)
Purchased Services	(28,999)	(28,999)
Supplies and Other Expenses	24,343	24,323
Depreciation	39,416	26,206
Interest	<u>132,708</u>	<u>89,662</u>
Total Operating Expenses	\$117,001	\$60,725

It is recommended that the applicant contact the Rate Setting Commission to determine the estimated operating costs that will be used in the rate determination process. All operating costs are subject to review by the Rate Setting Commission and third party payors according to their policies and procedures.

Staff finds the recommended incremental operating costs reasonable when compared with similar, previously approved projects.

F. Financial Feasibility and Capability

Financing of the \$1,000,788 recommended MCE is through a Federal Housing Administration (FHA) insured mortgage at 8.00% for a 40-year term.

Projected Debt Service Coverage is at least 1.4.  Yes  No

Current Ratio is at least 1.5.  Yes  No

Staff notes that the 1993 current ratio of 1.13 is below the DoN standard of 1.5. Staff's analysis of the applicant's FY 1993 financial statements indicated that the applicant has over \$500,000 in cash to meet any short-term obligations and has no long term debt, giving the applicant ability to borrow to meet any short-term obligations. Further, the applicant states that DoN approval of the proposed project will further improve the facilities balance sheet position since it will become more competitive with a renovated facility, which in turn will increase operating profit.

Consistent with the Determination of Need for Nursing Facility Replacement and Renovation (May 1993) Guidelines, no equity contribution will be required since it is assumed the applicant already has equity in the existing facility.

Staff finds that the project is financially feasible and within the financial capability of the applicant.

G. Relative Merit

The applicant considered three alternatives for the proposed project: 1) moderate renovation and expansion; 2) facility replacement; and 3) conversion to assisted living/congregate housing. The applicant chose the first alternative, renovation and expansion. In view of the problems and costs of abandoning the site and building a replacement facility, this option was rejected. Further, because of the lack of management expertise and market risk associated with a congregate care/assisted living facility, this option was also rejected.

Staff finds the proposed project meets the relative merit requirements of the Guidelines.

H. Community Health Initiatives

At present, nursing facility applications are exempt from this DoN review factor.

### III. COMMENTS BY RATE SETTING COMMISSION

The Rate Setting Commission submitted comments related to reimbursement aspects of the project (Attachment 1). In particular, the Commission will make a new computation of the rate to replace the existing capital components of the rate with the new allowable capital costs. Other portions of the rate will remain in effect.

### IV. STAFF RECOMMENDATION

Based upon the above analysis and findings, Staff recommends approval in part with conditions of Project #5-1302 submitted by Del Manor Nursing Home, Inc. for addition and renovation of Del Manor Nursing Home, a 110 Level II bed facility located at 54 Webster Street in Rockland, MA; and new construction of a three-story structure adjacent to the existing facility to add an activity room and sitting room on the first floor and 12 replacement beds on the second floor. In addition, Staff notes that the applicant will be making use of a one-time expansion of 10 Level II beds on the third floor, available under 105 CMR 100.020, definitions of Expansion and Substantial Change in Services of the DoN Regulations, for a total of 120 Level II beds. The recommended maximum capital expenditure associated with this project is \$1,000,788 (May 1994 dollars). This approval is subject to the conditions listed below. Failure of the applicant to comply with these conditions may result in Departmental sanctions including possible fines and/or revocation of the DoN.

1. The applicant shall accept the maximum capital expenditure of \$1,000,788 (May 1994 dollars) as the final cost figure except for those increases allowed pursuant to 105 CMR 100.751 and 752.
2. The applicant shall, prior to construction, sign a formal affiliation agreement with at least one local acute care hospital and one local home care corporation that include provisions for respite care services.
3. The applicant shall not commence construction as proposed without first obtaining waivers from the Division of Health Care Quality for two proposed units of 60 Level II beds, which is above the 41-bed limit allowed by the Guidelines.
4. The applicant shall establish a plan to protect the privacy, health and safety of the residents during the renovation and construction process, and to ensure that they experience as little disruption as possible to their daily routines.
5. The applicant shall obtain Medicare certification for the Level II beds.
6. The approved gross square feet (GSF) for this project shall be 12,590: 5,222 GSF for renovations to the existing 110-bed facility and 3,288 GSF for new construction to replace 12 Level II beds. In addition, the applicant may construct at its own risk 4,080 GSF for the one-time 10-bed expansion.

7. Upon implementation of the project, any assets such as land improvements, or equipment which are either destroyed or no longer used for patient care, shall not be claimed for reimbursement for public aided patients.

The applicant has agreed to these conditions.



*The Commonwealth of Massachusetts*  
*Rate Setting Commission*  
*Two Boylston Street, Boston, Mass. 02116-4704*

BARBARA ERBAN WEINSTEIN

Chairman

LOUIS I. FREEDMAN

Commissioner

MARGARET LONG RANDLE

Commissioner

Area Code (617)

451-5330

Fax: (617) 451-1878

June 28, 1995

Joyce James, Program Director  
 Determination of Need Program  
 Department of Public Health  
 150 Tremont Street  
 Boston, Massachusetts 02111

Re: Replacement DON  
 Del Manor

Dear Ms. James:

This is to provide comment on the replacement and renovation application of Del Manor Nursing Home in Rockland.

We understand that this project anticipates a combination of replacement and renovation and will increase the existing licensed bed capacity from 110 to 120. Twelve of these beds will be housed in new construction and the remainder will be located in the existing building which will be modernized. The maximum capital expenditure is expected to be about \$1,539,975.

As a result of our analysis, nothing in this application or related Commission files indicated a problem with the projections as submitted.

Upon completion of the Determination of Need replacement and renovation project, the Commission will make a new computation of the rate to replace the existing capital components of the rate with new allowable capital costs. Other portions of the rate will remain in effect.

Sincerely,

*James E. Sullivan*  
 James E. Sullivan  
 Supervisor of Audits



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
Determination of Need Program  
99 Chauncy Street, Boston, MA 02111

DEVAL L. PATRICK  
GOVERNOR

JOHN W. POLANOWICZ  
SECRETARY

CHERYL BARTLETT, RN  
COMMISSIONER

Tel: 617-753-7340  
Fax: 617-753-7349  
[www.mass.gov/dph/don](http://www.mass.gov/dph/don)

November 6, 2013

J. William D. Gady  
Clifton Larson Allen, LLP  
300 Crown Colony Drive, Suite 310  
Quincy, MA 02169  
[bill.gady@claconnect.com](mailto:bill.gady@claconnect.com)

Re: Coyne Management, LLC (f/k/a Del  
Manor Nursing Home, Inc.  
DoN Project No. 5-1302  
(Significant change to increase scope  
and MCE)

Dear Mr. Gady:

This letter is in response to your letter dated September 23, 2013 and submitted on behalf of Coyne Management, LLC (“Coyne” or “Holder”) requesting, pursuant to 105 CMR 100.753 and 100.756, a significant change amendment to approved and unimplemented Determination of Need (“DoN”) Project Number 5-1302. As proposed, the Holder seeks approval of an increase in gross square footage in excess of 15% of the approved space, an inflation adjustment, and a corresponding increase in the maximum capital expenditure (“MCE”) of the project from \$1,000,788 (May 1994 dollars) to \$4,224,826 (August 2013 dollars).

On September 26, 1995, the Department approved with conditions DoN Project Number 5-1302 to construct a 3-story addition and renovations to the existing 110 Level II bed nursing facility located at 54 Webster Street in Rockland. The approved project scope encompassed 12,590 gross square feet (“GSF”) which included 5,222 GSF of renovations, 3,288 GSF of new construction associated with the replacement of 12 beds, and 4,080 GSF associated with a one-time increase of 10 DoN-exempt beds. The total expenditure, including the approved MCE and the cost of the exempt beds was \$1,539,974.

On November 22, 1996, the Department approved a request to transfer the approved but not yet implemented DoN to Coyne Management, LLC.

The requested scope changes include the following:

- Increase project gross square footage from 12,590 total GSF (7,368 new, 5,222 renovation) to 31,163 total GSF (11,445 new, 19,718 renovation);

- Increase project MCE by \$1,180,026 or 38.75% above inflation-adjusted DoN-approved MCE;
- New construction will accommodate 15 beds (3 replacement and 12 DoN exempt beds);
- Increase additional DoN-exempt beds from 10 to 12 and an increase in bed complement from 120 to 122 Level II beds.

According to your letter, a substantial portion of the increase in project scope results from the requirement that construction encompassing 30% or more of the value of a facility becomes subject to the accessibility regulations of the Massachusetts Architectural Access Board (521 CMR). Accordingly, renovations to building systems such as plumbing, fire alarm, and elevator are now required to meet the regulatory changes adopted in July 2006 regarding accessibility for persons with disabilities.

Pursuant to 105 CMR 100.756(f), approval is hereby granted to your request for a significant change to Project #5-1302 based upon the following:

1. The request has been filed pursuant to 105 CMR 100.756 of the Determination of Need regulation.
2. The scope and cost of the requested changes are reasonable and could not reasonably have been foreseen at the time of filing the original DoN application.
3. No comments were submitted objecting to this significant change request.

The conditions accompanying this approval are as follows:

1. The amended MCE of the project, including costs associated with 12 DoN-exempt beds shall be increased to \$4,224,868 (August 2013 dollars), itemized as follows:

	New Construction	Renovation	Total
Site Survey and Soil Investigation	\$16,594	0	\$16,594
Depreciable Land Development Cost	0	64,194	64,194
Construction Contract	2,290,887	1,058,546	3,349,433
Architectural Cost	160,362	74,098	234,460
Pre- & Post-Filing Planning & Development Costs	38,500	66,400	104,900
Other: Telephone/Data	0	29,879	29,879
Net Interest Expense During Construction	58,768	34,200	92,968
Major Movable Equipment	<u>94,440</u>	<u>238,000</u>	<u>332,440</u>
Total MCE	\$2,659,551	\$1,565,317	\$4,224,868

2. The total approved GSF of construction for this project shall be 31,163 GSF (11,445 new construction, 19,718 renovation) which includes the space for 12 DoN exempt beds.
3. All other conditions attached to the original project shall remain in effect.

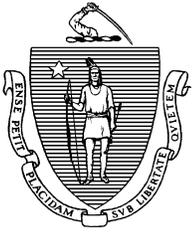
Sincerely,



Bernard Plovnick  
Director, Determination of Need Program

/bp

cc: Sherman Lohnes, HCQ  
Patty McCusker, CHIA  
Daniel Gent, HCQ  
Ron Pawelski, EOE  
Paul DiNatale, HCQ



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Determination of Need Program  
99 Chauncy Street, Boston, MA 02111

DEVAL L. PATRICK  
GOVERNOR

JOHN W. POLANOWICZ  
SECRETARY

CHERYL BARTLETT  
ACTING COMMISSIONER

Tel: 617-753-7340  
Fax: 617-753-7349  
[www.mass.gov/dph/don](http://www.mass.gov/dph/don)

December 30, 2013

J. William D. Gady  
CliftonLarsonAllen LLP  
300 Crown Colony Drive  
Suite 310  
Quincy, MA 02169  
[bill.gady@cliftonlarsonallen.com](mailto:bill.gady@cliftonlarsonallen.com)

Re: Approved DoN Project No. 2-1456  
Coyne Health Care Operator LLC  
f/k/a Del Manor Nursing Home, Inc.  
(Transfer of ownership of  
unimplemented DoN)

Dear Mr. Gady:

This letter will respond to your letter, received on November 27, 2013, on behalf of Coyne Health Care Operator LLC ("Coyne") or ("Holder") requesting a transfer of ownership of the approved but not yet implemented Determination of Need ("DoN") project referenced above.

Your letter noted that the filing of this request is related to a change of ownership effective November 30, 2013 in which Webster Park Operator, LLC became the licensee of the Coyne nursing facility.

Originally approved on September 26, 1995 and issued to Del Manor Nursing Home, Inc., the former owner, the DoN was subsequently amended twice. As amended on November 6, 2013, the project encompassed 31,163 total GSF (11,445 new GSF and 19,718 GSF of renovations) and included the replacement of 15 beds (3 replacement and 12 DoN exempt beds) and other support functions. The approved maximum capital expenditure ("MCE") was \$4,224,868 (August 2013 dollars).

Pursuant to 105 CMR 100.710(E), approval is hereby granted to your request for the transfer of ownership of Project #2-1456 to Webster Park Operator, LLC based upon the following:

1. The request has been filed pursuant to 105 CMR 100.710 of the Determination of Need regulation.
2. The Division of Health Care Quality has approved the transfer of ownership of the facility from Coyne to Webster Park Operator, LLC.

3. No comments were submitted objecting to this transfer request.

The condition accompanying this approval is as follows:

All conditions attached to the project as amended shall remain in effect.

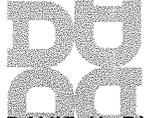
Sincerely,



Bernard A. Plovnick  
Director  
Determination of Need Program

/bp

cc: Patty McCusker  
Sherman Lohnes  
Daniel Gent



DAVID H. DUNLAP & ASSOCIATES, INC.  
ARCHITECTS  
*architecture / interiors / planning*

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105 Webster Street  
Hanover, MA 02339  
781 878-0066 t  
781 878-7060 f

December 20, 2016

Nora J. Mann, Esquire  
The Commonwealth of Massachusetts  
Department of Public Health  
99 Chauncy Street  
Boston, MA 02111

Reference: DoN Project No. 5-1302  
Webster Park Rehabilitation and Healthcare Center

Subject: Request for Extension

Dear Ms. Mann:

With regard to our request submitted to you today, below is a summary of the unforeseen circumstances and other scope impacts resulting in a prolongation of the work for the New Addition and sequentially staged renovations in the Existing Building; hence, the overall project completion is estimated to be May 30, 2017 (physical work finished). This date is further influenced by the potential for more hidden surprises in the aged Existing Building, and sequencing bedroom renovation work with minimal inconvenience to patients.

The statements below refer to Phases depicted on Drawing T-2, but the actual sequence of work had to be and will continue to be adjusted due to realistic impediments while we maintain patient care and for administrative functions to be maintained and shifted amongst temporary spaces within the Existing Building.

By way of background and broad overview, the construction of the New Addition and the sequential, phased alterations within the Existing Building have to be performed with minimal inconvenience and maximum safety to patients. The duration of this type of construction with consideration of the complexities we have dealt with (and continue to address) should take approximately 24 months. With a town building permit having been issued on May 2, 2015, that would translate into an earliest completion date of May 2, 2017 (barring further significant impediments).

Prolongation of work in Phase I (New Addition) is attributed to discovery of two (2) underground storage tanks and the remediation of surrounding contaminated soils. Those events pushed the sequence of work so that severe winter weather hampered completion of exterior walls and roofing,

and affected the demolition of and breaking through for the connection into the Existing Building. Addition of temporary walls and temporary heat in the affected part of the Existing Building further slowed work access and progress.

Reconstruction in Phase II (Existing Building Ground Floor) started in March 2016 after redesign for PT Room #151 to a larger size. It was realized that the original layout was cramped and not suited for physical therapy that the facility has planned

Time extensions in Phase II (Existing Building PT Room and 4 northeast bedrooms) relate to unforeseen conditions that were discovered after completion of selective, sequential demolition and through the course of coordinating new work among the various subcontractor trades, most notably the plumbing, fire sprinklers, electrical distribution and structural reconstruction/reinforcement. The unforeseen conditions encountered included:

1. Structural metal decking below a shower room and bathrooms on the 2nd Level had been severely compromised as a result of decades of water infiltration around floor drains to corrode the metal decking and crumble the concrete floor slab. The old floor systems had to be removed, new corrugated decking installed, new concrete slab poured and new tiling for the walls and floors of the affected rooms. This work delayed layout and installation of new framing and mechanical work.

2. As existing ceilings were exposed for reconstruction, numerous leaks were evident in old, corroded water distribution piping. The replacement of such with new copper piping to current code required weeks of work as each section was exposed. New walls and finishes could not be installed in the required sequence because the overhead work took precedence. Furthermore, the plumbing replacement work progressed more slowly in order to keep the water supply operational to spaces above.

3. As walls were demolished to create new Ground Floor room layouts, the old cast iron sanitary drain pipes were exposed. With justification, the town plumbing inspector mandated that the aged, leaking piping and all visible PVC piping be replaced with code-compliant cast iron piping. This reconstruction of plumbing stacks/risers advanced slowly so as to maintain service to patient toilets on all levels above.

4. As work was started for connection of new PTAC units to existing hydronic piping (heating system), it was discovered that the old piping lacked isolation valves so zones could be shut off to perform work safely. Those valves had to be installed at times and sequences so as not to inconvenience patients. 5. As work had to be performed on existing hydronic piping, the asbestos insulation on the aged pipes had to be remediated, and work was suspended awaiting that remediation.

The time for Phase III (Existing Building Ground Floor Dining & Offices) has been sectioned into subphases. This is required to shift the current functions as in a “chess game” to temporary spaces in the Existing Building, so as to allow subparts to be renovated in this Phase.

The time for Phase III (Existing Building Ground Floor 4 bedrooms in northeast) is currently in progress and is already plagued with deteriorated piping which has to be replaced, drain pipes beneath the slab-on-grade which are cracked, and crumbling structural slab of the 2<sup>nd</sup> Level due to water infiltration.

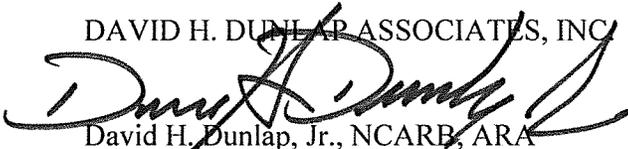
One subphase of Phase IV (2<sup>nd</sup> Level New Addition and Existing Building Hair Salon & Isolation Bedroom Area) has already been substantially completed. The part in the 2<sup>nd</sup> Level New Addition is on the same timeline as the New Addition Ground Floor.

The upcoming subphase of Phase IV (2<sup>nd</sup> Level Existing Building 6 new ADA toilets) is already anticipated to involve delays for concealed deterioration/leaks in sanitary drain pipes and water supply. Similarly, we may encounter structural slab deterioration due to decades of water seepage around toilets and other plumbing drains.

If you have any questions regarding our request, or require additional information, please feel to contact us.

Sincerely yours,

DAVID H. DUNLAP ASSOCIATES, INC



David H. Dunlap, Jr., NCARB, AIA  
President



**Webster Park Rehabilitation and Healthcare Center**

Category of Expenditure	APPROVED MCE			MCE ADJ. FOR INFLATION			REQUESTED MCE		
	A - New	A - Renov	A - TOTAL	B - New	B - Renovation	B	C - New	C - Renov.	C - TOTAL
	Nov-13	Nov-13	Nov-13	Dec-16	Dec-16	Dec-16	Dec-16	Dec-16	Dec-16
	APPROVED MCE	APPROVED MCE	APPROVED MCE	MCE ADJ. FOR INFLATION	MCE ADJ. FOR INFLATION	MCE ADJ. FOR INFLATION	REQUESTED MCE	REQUESTED MCE	REQUESTED MCE
Construction Costs:									
Land Costs									
1 Land Acquisition		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 145,953	\$ -	\$ 145,953
2 Site Survey and Soil Investigation	\$ 16,594		\$ 16,594	17,915	-	17,915	\$ -	\$ -	-
3 Other Non-Depreciable Land Development a			\$ -	-	-	-	\$ -	\$ -	-
4 Total Land Costs (Lines 1 through 3)	\$ 16,594	\$ -	\$ 16,594	\$ 17,915	\$ -	\$ 17,915	\$ 145,953	\$ -	\$ 145,953
Construction Costs:									
5 Depreciable Land Development Cost b		\$ 64,194	\$ 64,194	\$ -	\$ 69,304	\$ 69,304	\$ -	\$ 2,640	\$ 2,640
6 Building Acquisition Cost			\$ -	-	-	-	\$ -	\$ -	-
7 Construction Contract New Construction (including bonding costs):	\$ 2,290,887		\$ 2,290,887	2,473,242	-	2,473,242	\$ 2,465,000		2,465,000
Use these costs to calculate plan review fee Renovation		\$ 1,058,546	\$ 1,058,546	-	1,142,806	1,142,806		\$ 3,975,165	3,975,165
8 Fixed Equipment not in Contract			\$ -	-	-	-	\$ -	\$ -	-
9 Architectural Cost (includes fees, printing, supervision, etc.) and Engineering Cost	\$ 160,362	\$ 74,098	\$ 234,460	173,127	79,996	253,123	\$ 244,178	\$ 142,998	387,176
10 Pre-filing Planning & Development Costs	\$ 38,500	\$ 66,400	\$ 104,900	41,565	71,685	113,250	\$ 34,055	\$ 58,739	92,794
11 Post-filing Planning & Development Costs			\$ -	-	-	-	\$ -	\$ -	-
12 Other (specify): Telephon/communications	\$ -	\$ 29,879	\$ 29,879	-	32,257	32,257	\$ -	\$ -	-
13 Other (specify): Rehab Equipment	\$ -		\$ -	-	-	-	\$ -	\$ -	-
13a Other (specify):			\$ -	-	-	-	\$ -	\$ -	-
13b Other (specify):			\$ -	-	-	-	\$ -	\$ -	-
13c Other (specify):			\$ -	-	-	-	\$ -	\$ -	-
14 Net Interest Expense During Construction c	\$ 58,768	\$ 34,200	\$ 92,968	63,446	36,922	100,368	\$ 36,908	\$ 56,060	92,968
15 Major Movable Equipment	\$ 94,440	\$ 238,000	\$ 332,440	101,957	256,945	358,902	\$ -	\$ 208,963	208,963
16 Total Construction Costs (lines 5 through 15)	\$ 2,642,957	\$ 1,565,317	\$ 4,208,274	\$ 2,853,337	\$ 1,689,915	\$ 4,543,252	\$ 2,780,141	\$ 4,444,565	\$ 7,224,706
Financing Costs:									
17 Cost of Securing Financing (Legal, Administrative, Feasibility Studies, Mortgage Insurance, Printing,			\$ -	\$ -	\$ -	\$ -	\$ 468	\$ 712	\$ 1,180
18 Bond Discount	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	-
19 Other (specify)	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	-
20 Total Financing Costs (Lines 17 through 19)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 468	\$ 712	\$ 1,180
21 Estimated Total Capital Expenditure (Lines 4 + Line 16 + Line 20)	\$ 2,659,551	\$ 1,565,317	\$ 4,224,868	\$ 2,871,252	\$ 1,689,915	\$ 4,561,167	\$ 2,926,562	\$ 4,445,277	\$ 7,371,839
Inflation - see Attachment II						7.96%			

**CAPITAL COST ESTIMATE**

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF HEALTH CARE QUALITY  
99 CHAUNCY STREET, 2ND FLOOR, BOSTON, MA 02111 (617) 753-7340

FORM 4 6-2000

Facility Name: Webster Park Rehabilitation and Healthcare Center DoN Project No.: 5-1302 Location: 56 Webster Park Operator LLC , Rockland, MA Zip Code: 02370

Gr. Sq. Ft<sup>1</sup> 0 #/Bed<sup>1</sup> 122 \$/Bed<sup>1</sup> \$60,425 Sq.Ft./Bed<sup>1</sup> 0 ( <sup>1</sup> excluding DoN exempt beds and outpatient services )

Category of Expenditure	(month & year dollars)	New Construction Approved Costs* ( Nov / 2013 )	Renovation Approved Costs* ( Nov / 2013 )	New Construction Present Estimates** ( Dec / 2016 )	Renovation Present Estimates** ( Dec / 2016 )
<b>Land Costs:</b>					
1. Land Acquisition		\$ -	\$ -	\$ 145,953	\$ -
2. Site Survey and Soil Investigator		\$ 16,594	\$ -	\$ -	\$ -
3. Other Non-Depreciable Land Development <sup>1</sup>		\$ -	\$ -	\$ -	\$ -
4. Total Land Costs (Lines 1 through 3)		\$ 16,594	\$ -	\$ 145,953	\$ -
<b>Construction Costs:</b>					
5. Depreciable Land Development Cost <sup>b</sup>		\$ -	\$ 64,194	\$ -	\$ 2,640
6. Building Acquisition Cost		\$ -	\$ -	\$ -	\$ -
7. Construction Contract (including bonding costs): Use these costs to calculate plan review fee		\$ 2,290,887	\$ 1,058,546	\$ 2,465,000	\$ 3,975,165
8. Fixed Equipment Not in Contract		\$ -	\$ -	\$ -	\$ -
9. Architectural Cost (includes fees, printing, supervision, etc.) and Engineering Cost		\$ 160,362	\$ 74,098	\$ 244,178	\$ 142,998
10. Pre-filing Planning & Development Costs		\$ 38,500	\$ 66,400	\$ 34,055	\$ 58,739
11. Post-filing Planning & Development Costs		\$ -	\$ -	\$ -	\$ -
12. Other (specify): Telephon/communications		\$ -	\$ 29,879	\$ -	\$ -
13. Other (specify): Rehab Equipment		\$ -	\$ -	\$ -	\$ -
Other (specify): 0		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
14. Net Interest Expense During Construction <sup>c</sup>		\$ 58,768	\$ 34,200	\$ 36,908	\$ 56,060
15. Major Movable Equipment		\$ 94,440	\$ 238,000	\$ -	\$ 208,963
16. Total Construction Costs (lines 5 through 15)		\$ 2,642,957	\$ 1,565,317	\$ 2,780,141	\$ 4,444,565
<b>Financing Costs:</b>					
17. Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, pri		\$ -	\$ -	\$ 468	\$ 712
18. Bond Discount		\$ -	\$ -	\$ -	\$ -
19. Other (specify)		\$ -	\$ -	\$ -	\$ -
20. Total Financing Costs (Lines 17 through 19)		\$ -	\$ -	\$ 468	\$ 712
21. Estimates Total Capital Expenditure (Line 4+Line16+Line 20)		\$ 2,659,551	\$ 1,565,317	\$ 2,926,562	\$ 4,445,277

\*Amount Approved by the Public Health Council

\*\*Check as appropriate: [ ] Preliminary [X] Updated [ ] Final [ ] Post-Final

Inflation Factor Used: 7.96% If Final-Date DPH Final Plan Approval: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_

<sup>1</sup>Examples Other Non-Depreciable Land Development Costs: commissions to agents for purchase of land, attorney fees related to land, demolition of old buildings, clearing and grading, streets, removal of ledge, off-site sewer and water lines, public utility charges necessary to service the land, zoning requirements, and toxic waste removal.

<sup>b</sup>Examples of Depreciable Land Development costs; construction of parking lots, walkways and walls; on-site septic systems; on-site water and sewer lines; and reasonable and necessary landscaping.

<sup>c</sup>Describe assumptions used in calculating interest rates and costs.

## AFFIDAVIT OF TRUTHFULNESS AND PROPER SUBMISSION

Webster Park Operator, LLC . Project No 5-1302

(Name of Applicant)\*

54 Webster Street, Rockland, MA 02370

(Address of Applicant, Street, City/Town and Zip Code)

hereby makes an application for a Determination of Need under M.G.L. c. 111, 25C or 51 and 105 CMR 100.000 for:

- original licensure  
 significant change  
 substantial capital expenditure  
 substantial change in service

respecting a:  hospital  
 long term care facility  
 clinic  
 other (specify) \_\_\_\_\_

for the development of: Webster Park Rehabilitation and Healthcare Center  
(Name of facility and/or program)

at the following address: 54 Webster Street, Rockland, MA 02370  
(Street, City/Town and Zip Code)

Type of Ownership:

City  State  
 County  Private Nonprofit Organization

Proprietary:

Individual  Partnership  
 Corporation  Limited Liability Corporation

with the following estimated capital expenditure (Section 100.020 of the Regulations)

\$ 7,371,839 .

\*All persons participating in Joint Venture DoN applications (e.g., applications with two or more corporations) should be aware that each person who comprises the "applicant" will have to be named on the license. In addition, any subsequent changes in ownership of any person comprising the licensee will require compliance with the relevant change of ownership procedures.

All joint venture applicants should carefully evaluate the effect these requirements will have on their future activities.

# AFFIDAVIT OF TRUTHFULNESS AND PROPER SUBMISSION

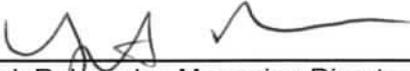
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I, the undersigned, certify that:

1. I have read the Massachusetts Determination of Need Regulations.
2. I have read this amendment application for Determination of Need including all exhibits and attachments, and the information contained therein is accurate and true.
3. I have submitted the required copies of this application to the Determination of Need Program and to all relevant agencies (see below\*) as required.
4. The applicant is, or will be, the eventual licensee of the facility.

Signed on the 17th day of February, 2017, under the pains and penalties of perjury.

For Limited Liability Corporation:

  
\_\_\_\_\_  
Yitzchok Rokowsky, Managing Director

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:



MIRIAM D KARMEL  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
MY COMMISSION EXPIRES AUG. 31, 2021

  
\_\_\_\_\_  
Notary Signature

Copies of this application have been submitted as follows:

Department of Public Health (2)  
Regional Health Office (1)  
Division of Medical Assistance (0)

Center for Health Information & Analysis (1)  
Executive Office of Elder Affairs (1)\*  
Department of Mental Health (0)\*\*

\*Only if the project relates to long term care

\*\*Only if project relates mental health

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 Everything \$2 or \$5.  
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 Chicco, New, Womens,  
 Mens, kids, shoes,  
 purses, coats, all seasons,  
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**Legals**

**NOTICE OF PUBLIC SALE:** Self-storage Cube contents of the following customers containing household and other goods will be sold for cash by CubeSmart 692 South Franklin St., Holbrook, MA 02343 to satisfy a lien on 3/08/2017 at approx. 2:00PM at [www.storageasures.com](http://www.storageasures.com). Michael Feeley, Steven Conroy, William Fitzpatrick, Kurt Mello, Lisa Hill.

13534553  
 2/22,3/1, 2017

**Commonwealth of Massachusetts**  
**The Trial Court**  
**Bristol Probate and Family Court**

**Legals**

**PUBLIC ANNOUNCEMENT CONCERNING**

**Webster Park Operator, LLC**

Webster Park Operator, LLC, d/b/a Webster Park Rehabilitation and Healthcare Center located at 54 Webster Street, Rockland, Massachusetts, intends to file an amendment with the Department of Public Health for a significant change to the approved but not yet implemented Determination of Need (DoN) Project #5-1302. The approved DoN project included gross square footage of 31,163 GSF for new construction, renovations and other improvements to the existing 122 bed facility, including the addition of 12 DoN exempt beds. The proposed amendment will include continued renovations to the existing facility. This will increase the cost of the new construction and renovations to an estimated maximum capital expenditure of \$7,371,839 (December 2016 dollars). Persons who wish to comment on the proposed amendment must submit written comments within 20 days of the filing date of the request to the Department of Public Health: Attention Program Director, Determination of Need Program, 250 Washington Street, 6th Floor Boston, Massachusetts 02108. The request for amendment may be inspected at such address and also at the Massachusetts Department of Public Health Southeast Regional Health Office, 1736 Purchase Street, New Bedford, MA 02740-6821.

**Legals**

**Legals**

**NOTICE OF MORTGAGEE'S SALE OF REAL ESTATE** Premises: 132 Quincy Street, Brockton, Massachusetts By virtue and in execution of the Power of Sale contained in a certain mortgage given by Parker W. Bates Jr. to Sovereign Bank and now held by Santander Bank, N.A. f/k/a Sovereign Bank, N.A. f/k/a Sovereign Bank, said mortgage dated March 19, 2007, and recorded in the Plymouth County Registry of Deeds, in Book 34336 at Page 7, of which mortgage the undersigned is the present holder, for breach of the conditions in said mortgage, and for the purpose of foreclosing the same will be sold at Public Auction on March 1, 2017, at 1:00 PM Local Time upon the premises, all and singular the premises described in said mortgage, to wit: **PROPERTY DESCRIPTION** That certain piece or parcel of land, and the buildings and improvements thereon; In the Town of: BROCKTON County of: PLYMOUTH and State of: MASSACHUSETTS and being more particularly described in a deed recorded in Book: 15158 Page 45 of the PLYMOUTH County, City of BROCKTON which property is more commonly known as 132 QUINCY ST, BROCKTON, MA 03202 ("Property Address"); And more particularly described as follows: A certain parcel of land, with the buildings thereon, situated in said Brockton, being Lots 9 and 10 on a plan by Hayward and Hayward, Surveyors, Dated Feb. 1946, recorded with Plymouth County Registry of Deeds, Plan B00k 6, Plan No. 951, and bounded and described according to said plan as follows: WESTERLY by Quincy Street, 74 feet, more or less; NORTHWESTERLY by a street

**Legals**

**Legals**

**NOTICE OF MORTGAGEE'S SALE OF REAL ESTATE**

By virtue and in execution of the Power of Sale contained in a certain mortgage given by **George H. Goulet Jr.** to New Century Mortgage Corporation dated April 25, 2005, recorded at the Plymouth County Registry of Deeds in Book 30464, Page 278; said mortgage was then assigned to Deutsche Bank National Trust Company, as Indenture Trustee, for New Century Home Equity Loan Trust 2005-3 by virtue of an assignment dated July 19, 2012, and recorded in Book 41875, Page 65; of which mortgage the undersigned is the present holder for breach of conditions of said mortgage and for the purpose of foreclosing the same will be sold at PUBLIC AUCTION at 10:00 AM on **March 16, 2017**, on the mortgaged premises. This property has the address of 103 Prospect Avenue, Brockton, MA 02301-0000. The entire mortgaged premises, all and singular, the premises as described in said mortgage:

The land in Brockton, Plymouth County, Massachusetts, on the northerly side of Prospect Avenue, and more particularly described as follows: Beginning at a point on said northerly side of Prospect Avenue, being the southwesterly corner of land of Mary S. Thompson and being one hundred eighteen and 34/100 (118.34) feet easterly from the northeast corner of Ellis Street and Prospect Avenue; thence NORTHWESTERLY by said Mary S. Thompson

where the slaying occurred.

**LEGAL NOTICES**

**PUBLIC ANNOUNCEMENT CONCERNING  
Webster Park Operator, LLC**

Webster Park Operator, LLC, d/b/a Webster Park Rehabilitation and Healthcare Center located at 54 Webster Street, Rockland, Massachusetts, intends to file an amendment with the Department of Public Health for a significant change to the approved but not yet implemented Determination of Need (DoN) Project #5-1302. The approved DoN project included gross square footage of 31,163 GSF for new construction, renovations and other improvements to the existing 122 bed facility, including the addition of 12 DoN exempt beds. The proposed amendment will include continued renovations to the existing facility. This will increase the cost of the new construction and renovations to an estimated maximum capital expenditure of \$7,371,839 (December 2016 dollars). Persons who wish to comment on the proposed amendment must submit written comments within 20 days of the filing date of the request to the Department of Public Health: Attention Program Director, Determination of Need Program, 250 Washington Street, 6th Floor Boston, Massachusetts 02108. The request for amendment may be inspected at such address and also at the Massachusetts Department of Public Health Southeast Regional Health Office, 1736 Purchase Street, New Bedford, MA 02740-6821.

**Veteran's Aid & Attendance  
Benefit**

Dinner will be served  
**Lindsey's Family Restaurant**

3138 Cranberry Highway East, Wareham, MA 02538

on **Tuesday, February 28<sup>th</sup> & Wednesday, March 1<sup>st</sup>**  
6:00 pm - 7:30 pm

*Did You Know - you could be eligible for a veteran's benefit at All American of up to - \$1,750 per month!*  
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Jake Lowrey from American Veterans Aid will discuss who is eligible for the benefit and how to apply. There will be an open forum for questions relating to the benefit and All American Assisted Living.

Please RSVP by February 24<sup>th</sup> to 774-678-0513  
or go to [www.AllAmericanAtWareham.com](http://www.AllAmericanAtWareham.com)

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