

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:

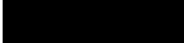


Appeal Decision:	Denied	Appeal Number:	2512462
Decision Date:	09/05/2025	Hearing Date:	09/03/2025
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:

Pro se

Appearance for Respondent:

 Director of Social Services et. al.



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Nursing Facility Discharge – Improved Health; Endangering the Safety of Others
Decision Date:	09/05/2025	Hearing Date:	09/03/2025
Respondent's Rep.:	Stacy Sullivan et. al.	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a Notice dated August 14, 2025, [REDACTED] (hereinafter "respondent" or "facility") issued a Notice of Intent to Discharge Resident with less than 30 Days' Notice to [REDACTED] because appellant's health has improved sufficiently so he no longer needs the services provided by the facility; the safety of the individuals in the facility is endangered due to the clinical or behavioral status of the resident and the health of the individuals in the facility would be otherwise endangered. (Ex. 1). Appellant filed this appeal in a timely manner on August 25, 2025. (130 CMR 610.015(F); Ex. 2). Notice of transfer or discharge from a nursing facility is valid grounds for appeal. (130 CMR 456.703; 130 CMR 610.032(C)).

Action Taken by Respondent

The facility issued a notice of intent to discharge resident with less than 30 days' notice.

Issue

The appeal issue is whether the facility satisfied its statutory and regulatory requirements pursuant to 130 CMR 456.701 (A), (B), when it issued appellant the 30-days' notice of intent to discharge.

Summary of Evidence

The nursing facility was represented telephonically at the hearing by its Director of Social Services and several other members of the facility staff. Appellant also appeared by phone. All were sworn. Appellant is a male in [REDACTED]. (Ex. 4, p. 7). Appellant was admitted to the facility in [REDACTED]. (Testimony). On August 14, 2025, the facility issued appellant a Notice of Intent to Discharge Resident with less than 30-Days' Notice. (Ex. 1). Appellant timely appealed on August 25, 2025. (Ex. 2). The facility presented documents that were incorporated into the hearing record as Exhibit 4. The appellant presented documents that were incorporated into the hearing record as Exhibit 5. A representative is listed on the request for hearing form. The representative did not appear at the hearing and the appellant agreed to move forward with the hearing on his own. (Testimony).

Documents presented by the facility include an admission record, nursing progress notes, physician progress notes, social service progress notes, and the facility's substance use-behavioral/no harm agreements. (Ex. 4). Admission records and progress notes list the following diagnoses: Type 2 diabetes mellitus with food ulcer; Type 2 diabetes mellitus with diabetic neuropathy; unspecified opioid dependence; uncomplicated other psychoactive substance abuse; uncomplicated panic disorder; other specified anxiety disorder; long term use of insulin; other complications of amputation stump; pain in the left foot; unspecified lack of coordination adjustment disorder with mixed anxiety and depressed mood; other specified peripheral vascular diseases; laceration without foreign body in the right foot; radial styloid tenosynovitis; pressure chronic ulcer of the right heel and midfoot; laceration without a foreign body, right foot, a subsequent encounter; non-pressure chronic ulcer of other part of the right foot with unspecified severity; opioid abuse, uncomplicated; other psychoactive substance use; unspecified psychoactive substance-induced disorder.

The Director of Social Services testified appellant was given the notice of discharge for several reasons. A signed note from the facility's physician states appellant no longer needs skilled care at the facility and can therefore be safely discharged home. (Ex. 4, p. 6). Appellant was given a wound assessment on August 28, 2025 and the wound was closed and resolved. (Testimony; Ex. 4, p. 7). Appellant was educated on insulin administration and diabetic foot care by nursing staff and he is alert and able to make his needs known. (Id). Appellant can manage any wound care on his own. (Ex. 4, p. 17). On August 6, 2025, appellant was seen by a nurse practitioner who offered to send appellant to the emergency room due to his infection to his left upper extremity, left armpit and left ear but appellant declined. He stated those areas "felt better." (Ex. 4, p. 32). In

another nursing note on June 16, 2025, it is written appellant is “100% independent with all care and requires no assistance.” (Ex. 4, p. 83).

Appellant did not dispute the physician’s note from the facility that stated appellant no longer needed skilled care at the facility and that he can be safely discharged. Appellant testified he had his own doctor at [REDACTED] but, when asked the name of his doctor, he could not provide it. In response to appellant’s attending the [REDACTED], the Administrator testified this shows appellant has community support and that there is no need for appellant to be in a nursing facility and that appellant can advocate for himself. (Testimony). Appellant stated he had bed bug bites from another patient the facility placed in his room. The Director of Nursing for the facility testified that the facility does not have patients with bed bugs. (Testimony). In reviewing appellant’s documentary evidence, (Ex. 5), appellant accuses the Administrator of making false statements regarding the safety of residents. He did not elaborate on any particular statements he thought were false.

On August 10, 2025 appellant removed his intravenous midline¹ by pulling it out of his arm. (Ex. 4, p. 23). On August 6, 2025, appellant was seen walking into the facility from the direction of the back parking lot. He had his midline in place even though he had been educated that he could not leave the building with a midline in place. (Ex. 4, p. 32). The Director of Social Services testified appellant signed a smoking agreement upon admission, but the facility did not provide a copy for inclusion into evidence. She stated the policy informs residents they can only smoke in designated places and no smoking material is allowed inside the facility. (Testimony). On August 4, 2025, appellant was seen smoking in nonsmoking areas. Appellant was reeducated as to the times and designated areas where smoking is allowed. In a statement by a facility employee dated July 23, 2025, the employee wrote “got cigarette and lighter comes out to smoke when he wants.” (Ex. 4, p. 114). In another written statement by a facility employee dated May 23, 2025, the employee writes appellant, after he was given a lighter, gave that lighter to another resident. (Ex. 4, p. 115). In a written statement dated April 25, 2025, the employee wrote appellant was giving out cigarettes to other residents and appellant was lighting the cigarettes of the other residents. (Ex. 4, p. 117).

On August 2, 2025, a nurse noticed appellant had a rocker knife on the table inside his room. She asked appellant where he got the knife and he said Amazon. She asked him if anyone knew about the knife and appellant said no. The nurse informed the administrator, who went and talked to appellant about doing a room search which appellant declined. The police department then arrived at the facility and appellant complied with the room search while the police were present and appellant recorded the search. After the police left, appellant told the nurse he got the knife from the kitchen. (Ex. 4, pp. 49-50). On July 31, 2025, a resident informed facility staff that appellant had purchased crack cocaine for her and that it was not

¹ It was explained by a member of the facility that a midline is to provide IV antibiotics, is 35 mm in length and allows access to the blood stream.

the first time. (Ex. 4, p. 57). In a note dated July 14, 2025, the Director of Social Services searched appellant's room. This was done after the administrator received a written statement from a resident's family member who wrote they saw the transaction of cocaine being sold. Found in the search was a metal bat, burnt scissors, multiple metal tools that had burnt ends, a cigarette presser and a marijuana pen for smoking. The police witnessed the search. During the search, appellant became belligerent towards the police and facility staff. (Ex. 4, p. 66). On July 30, 2025, the police became involved when appellant became verbally aggressive with another female resident of the facility and her boyfriend while they were coming back from the front door. A facility nurse and a police officer instructed both appellant and the other resident to stay apart. (Ex. 4, p. 62). The evidence shows appellant left the facility without signing out and has been spoken to on many occasions about leaving the facility. Appellant is non-compliant with facility policies and procedures. On July 21, 2025, he was reported missing, and the administrator and the police were notified. (Ex. 4, 64-65). On June 6 and July 17, 2025, appellant signed Substance Use-Behavioral/No Harm Agreements. (Ex. 4, pp. 108-109).

Appellant did not deny he had been informed of the smoking policy of the facility. He testified he was told by the administrator to go "off the property" to smoke. Regarding the knife found in his room, appellant stated the knife was from the facility's kitchen and was a safety knife. He stated the nurse was not aware it was issued by the kitchen. (Testimony).

Regarding discharge planning, on August 12, 2025, the facility Administrator and the Director of Operations met with appellant to discuss discharge. (Ex. 4, p. 17). The Director of Social Services testified she is the facility discharge planner, and the discharge location is the [REDACTED] because they have openings. She stated she would set up appellant's primary care doctor appointments to continue appellant's care in the community and ensure appellant has access to his medications as well as setting appellant up with a suboxone clinic. She stated the facility would provide transportation for appellant to the discharge location. (Testimony). She testified appellant refused to go to other locations where they had obtained clinical eligibility for him to reside at these facilities. Regarding involving appellant with discharge planning, she stated appellant is working with an employee of [REDACTED], a community living program. The employee of [REDACTED] is a community living specialist, who works with residents who do not have housing placement. He helps with applications, housing searches and connections to other facilities for long term placement and appellant works with him and meets on a regular basis. (Testimony).

Regarding assistance from the employee of the [REDACTED], appellant stated that employee "gave me some pointers but nothing else."

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. Appellant is a male in his [REDACTED] who was admitted to the facility in [REDACTED] (Testimony; Ex. 4, p. 7).
2. On August 14, 2025, the facility issued appellant a Notice of Intent to Discharge Resident with less than 30-Days' Notice. (Ex. 1). Appellant timely appealed on August 25, 2025. (Ex. 2).
3. Appellant signed a smoking agreement upon admission that informs residents they can only smoke in designated places, and no smoking material is allowed inside the facility. (Testimony).
4. On August 4, 2025, appellant was seen smoking in nonsmoking areas. Appellant was reeducated as to the times and designated areas where smoking is allowed.
5. In an employee written statement dated July 23, 2025, the employee wrote "got cigarette and lighter comes out to smoke when he wants." (Ex. 4, p. 114).
6. On May 23, 2025, appellant, after he was given a lighter, gave that lighter to another resident. (Ex. 4, p. 115).
7. On April 25, 2025, appellant was giving out cigarettes to other residents and appellant was lighting the cigarettes of the other residents. (Ex. 4, p. 117).
8. On August 2, 2025, appellant had a rocker knife on the table inside his room. (Ex. 4, p. 49).
9. On July 31, 2025, a resident informed facility staff that appellant had purchased crack cocaine for her and that it was not the first time. (Ex. 4, p. 57).
10. On July 14, 2025, the Director of Social Services searched appellant's room in response to the Administrator receiving a written statement from a resident's family member who wrote they saw cocaine being sold. Found in the search was a metal bat, burnt scissors, multiple metal tools that had burnt ends, a cigarette presser and a marijuana pen for smoking. The police witnessed the search. During the search, appellant became belligerent towards the police and facility staff. (Ex. 4, p. 66).
11. On July 30, 2025, appellant became verbally aggressive with another female resident of the facility and her boyfriend while they were coming back from the front door. (Ex. 4, p. 62).
12. On July 21, 2025, appellant was reported missing and the administrator and the police were notified. (Ex. 4, 64-65). On June 6 and July 17, 2025, appellant signed Substance Use-Behavioral/No Harm Agreements. (Ex. 4, pp. 108-109).

13. Appellant no longer needs skilled care at the facility and can therefore be safely discharged home. (Ex. 4, p. 6).
14. Appellant was given a wound assessment on August 28, 2025 and the wound was closed and resolved. (Testimony; Ex. 4, p. 7). Appellant was educated on insulin administration and diabetic foot care by nursing staff and he is alert and able to make his needs known. (Id). Appellant can manage any wound care on his own. (Ex. 4, p. 17).
15. Appellant is 100% independent with all care and requires no assistance. (Ex. 4, p. 83).
16. Appellant testified he had his own doctor at [REDACTED] but could not provide the name of the doctor. (Appellant Testimony).
17. On August 12, 2025, the facility Administrator and the Director of Operations met with appellant to discuss discharge. (Ex. 4, p. 17).
18. The Director of Social Services will set up appellant's primary care doctor appointments to continue appellant's care in the community and ensure appellant has access to his medications as well as setting appellant up with a suboxone clinic. The facility would provide transportation for appellant to the discharge location. (Testimony).
19. Appellant is working with [REDACTED], a community living program, and one of their employees who is a community living specialist. He works with residents who do not have housing placement. He helps with applications, housing searches and connections to other facilities for long term placement and appellant works with him and they meet on a regular basis. (Testimony).

Analysis and Conclusions of Law

The federal Nursing Home Reform Act (NHRA) of 1987 guarantees all residents the right to advance notice of, and the right to appeal, any transfer or discharge action initiated by a nursing facility. Massachusetts has enacted regulations that follow and implement the federal requirements concerning a resident's right to appeal a transfer or discharge, and the relevant regulations may be found in both (1) the MassHealth Nursing Facility Manual regulations at 130 CMR 456.000 et seq., and (2) the Fair Hearing Rules at 130 CMR 610.000 et seq.²

² The regulatory language in the MassHealth Nursing Facility Manual, found in 130 CMR 456.000 et seq. has regulations which are nearly identical to counterpart regulations found within the Commonwealth's Fair Hearing Rules at 130 CMR 610.001 et seq. and corresponding federal government regulations. Because of such commonality, the remainder of regulation references in this Fair Hearing decision will only refer to the MassHealth Nursing Facility Manual regulations in 130 CMR 456.000, unless otherwise noted and required for clarification.

Before a nursing facility discharges or transfers any resident, the nursing facility must hand deliver to the resident and mail to a designated family member or legal representative a notice written in 12-point or larger type that contains, in a language the member understands, the following:

- (1) the action to be taken by the nursing facility;
- (2) the specific reason or reasons for the discharge or transfer;
- (3) the effective date of the discharge or transfer;
- (4) the location to which the resident is to be discharged or transferred;
- (5) a statement informing the resident of his or her right to request a hearing before the Division's Board of Hearings including:
 - a) the address to send a request for a hearing;
 - b) the time frame for requesting a hearing as provided for under 130 CMR 456.702; and
 - c) the effect of requesting a hearing as provided for under 130 CMR 456.704;
- (6) the name, address, and telephone number of the local long-term-care ombudsman office;
- (7) for nursing-facility residents with developmental disabilities, the address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. s. 6041 et seq.);
- (8) for nursing-facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act (42 U.S.C. s. 10801 et seq.);
- (9) a statement that all residents may seek legal assistance and that free legal assistance may be available through their local legal-services office. The notice should contain the address of the nearest legal-services office; and
- (10) the name of a person at the nursing facility who can answer any questions the resident has about the notice and who will be available to assist the resident in filing an appeal.

(130 CMR 456.701(C)).

Further, the notice requirements set forth in 130 CMR 456.701(A) state that a resident may be transferred or discharged from a nursing facility only when:

- (1) the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the nursing facility;
- (2) the transfer or discharge is appropriate because the resident's health has

- improved sufficiently so that the resident no longer needs the services provided by the nursing facility;
- (3) the safety of individuals in the nursing facility is endangered;
 - (4) the health of individuals in the nursing facility would otherwise be endangered;
 - (5) the resident has failed, after reasonable and appropriate notice, to pay for (or failed to have the Division or Medicare pay for) a stay at the nursing facility; or
 - (6) the nursing facility ceases to operate.

(See, 130 CMR 610.028(A); 130 CMR 456.701(A)). (emphasis added).

When the facility transfers or discharges a resident under any of the circumstances specified in 130 CMR 456.701(A)(1) through (5), the resident's clinical record must contain documentation to explain the transfer or discharge. The documentation must be made by:

- (1) the resident's physician when a transfer or discharge is necessary under 130 CMR 456.701(A)(1) or (2); and
- (2) a physician when the transfer or discharge is necessary under 130 CMR 456.701(A)(3) or (4).

(130 CMR 456.701(B)).

130 CMR 456.702: Time Frames for Notices Issued by Nursing Facilities:³

³ See also 130 CMR 610.029: Time Frames for Notices Issued by Nursing Facilities

(A) The notice of discharge or transfer required under 130 CMR 610.028 must be made by the nursing facility at least 30 days before the date the resident is to be discharged or transferred, except as provided for under 130 CMR 610.029(B) and (C).

(B) In lieu of the 30-day-notice requirement set forth in 130 CMR 610.029(A), the notice of discharge or transfer required under 130 CMR 610.028 must be made as soon as practicable before the discharge or transfer in any of the following circumstances, which are considered to be emergency discharges or emergency transfers.

- (1) The health or safety of individuals in the nursing facility would be endangered and this is documented in the resident's record by a physician. (emphasis added)
- (2) The resident's health improves sufficiently to allow a more immediate transfer or discharge and the resident's attending physician documents this in the resident's record.
- (3) An immediate transfer or discharge is required by the resident's urgent medical needs and this is documented in the medical record by the resident's attending physician.
- (4) The resident has not lived in the nursing facility for 30 days immediately before receipt of the notice.

(C) When the transfer or discharge is the result of a nursing facility's failure to readmit a resident following hospitalization or other medical leave of absence, the notice of transfer or discharge,

(A) The notice of discharge or transfer required under 130 CMR 456.701(C) must be made by the nursing facility at least 30 days prior to the date the resident is to be discharged or transferred, except as provided for under 130 CMR 456.702(B).

(B) Instead of the 30-day-notice requirement set forth in 130 CMR 456.702(A), the notice of discharge or transfer required under 130 CMR 456.701 must be made as soon as practicable before the discharge or transfer in any of the following circumstances, which are emergency discharges or emergency transfers.

- (1) The health or safety of individuals in the nursing facility would be endangered and this is documented in the resident's record by a physician.
- (2) The resident's health improves sufficiently to allow a more immediate transfer or discharge and the resident's attending physician documents this in the resident's record.
- (3) An immediate transfer or discharge is required by the resident's urgent medical needs and this is documented in the medical record by the resident's attending physician.
- (4) The resident has not resided in the nursing facility for 30 days immediately prior to receipt of the notice.

(C) When the transfer or discharge is the result of a nursing facility's failure to readmit a resident following hospitalization or other medical leave of absence, the notice of transfer or discharge, including that which is required under 130 CMR 456.429, must comply with the requirements set forth in 130 CMR 456.701 and must be provided to the resident and an immediate family member or legal representative at the time the nursing facility determines that it will not readmit the resident.

130 CMR 456.704: Stay of a Transfer or Discharge from a Nursing Facility Pending Appeal

(A) If a request for a hearing regarding a discharge or transfer from a nursing facility is received by the Board of Hearings during the notice period described in 130 CMR 456.703(B)(1), the nursing facility must stay the planned discharge or transfer until 30 days after the decision is rendered. While this stay is in effect, the

including that which is required under 130 CMR 456.429: *Medical Leave of Absence: Failure to Readmit*, must comply with the requirements set forth in 130 CMR 456.701: *Notice Requirements for Transfers and Discharges Initiated by a Nursing Facility*, and must be provided to the resident and an immediate family member or legal representative, if such person is known to the nursing facility, at the time the nursing facility determines that it will not readmit the resident.

(D) Appeals of discharges and transfers listed in 130 CMR 610.029(B) and (C) are handled under the expedited appeals process described in 130 CMR 610.015(F).

resident must not be transferred or discharged from the nursing facility.

(B) If a hearing is requested, in accordance with 130 CMR 456.703(B)(2), and the request is received prior to the discharge or transfer, then the nursing facility must stay the planned transfer or discharge until five days after the hearing decision.

(C) If the request for a hearing is received within the applicable time frame but after the transfer, the nursing facility must, upon receipt of the appeal decision favorable to the resident, promptly readmit the resident to the next available bed in the facility.

(D) In the case of a transfer or discharge that is the result of a nursing facility's failure to readmit a resident following hospitalization or other medical leave of absence, if the request for a hearing is received within the applicable time period as described in 130 CMR 456.703(B)(3), the nursing facility must, upon receipt of the appeal decision favorable to the resident, promptly readmit the resident to the next available bed.

The facility has argued that there is ample evidence that appellant has endangered the health and safety of the individuals in the facility with his smoking violations, possession of a knife in his room, pulling his midline and belligerent behavior, but the regulations require that any allegation of the health or safety of individuals in the nursing facility being endangered be documented in the resident's record by a physician. (130 CMR 456.702 (B) (1)). The record here is bereft of any physician documentation that the safety and health of individuals is endangered. Further, based on my conclusion below, I need not reach a conclusion here.

In contrast, the facility has met the documentation requirements for discharge based on improvement of the appellant's health. When the facility transfers or discharges a resident under any of the circumstances specified in 130 CMR 456.701(A)(1) through (5), the resident's clinical record must contain documentation to explain the transfer or discharge. Pursuant to 130 CMR 456.701(B), the documentation must be made by appellant's physician. I find that the facility's notice does comport with the strict requirements for notice for a discharge based upon sufficient improvement of the appellant's condition so that the appellant no longer requires the services provided by the facility, as encapsulated within the regulations. The resident's physician at the facility did document appellant's progress, writing "patient no longer needs skilled care at the facility and can therefore be safely discharged home." (Ex. 4, p. 6). The record supports the doctor's conclusion. Appellant was educated on insulin administration and diabetic foot care by nursing staff and he is alert and able to make his needs known and Appellant can manage any wound care on his own. (Ex. 4, p. 17). Appellant is 100% independent with all care and requires no assistance. (Ex. 4, p. 83). I therefore find that the nursing facility sufficiently demonstrated that the appellant's health has improved sufficiently so as not to require skilled nursing care as required by 130 CMR 456.701(A)(2).

Another issue is whether the nursing facility has met the requirements of 42 CFR 483.15(c) and MGL Chapter 111, Section 70E in providing sufficient preparation and orientation to the appellant to ensure safe and orderly discharge from the facility to another safe and appropriate place. “The Federal Centers for Medicare and Medicaid, during the times relevant here known as the Health Care Finance Administration, is the Federal agency charged with administering the Medicaid program and promulgating regulations. Sufficient preparation means, according to HCFA,⁴ that the facility informs the resident where he or she is going and takes steps under its control to assure safe transportation; the facility should actively involve, to the extent possible, the resident and the resident’s family in selecting the new residence.” Centennial Healthcare Investment Corp. v. Commissioner of the Division of Medical Assistance, 61 Mass. App. Ct. 1124, n. 5, 2004 (Appeals Court Rule 1:28). Here, the facility informed appellant where he is going via the written August 14, 2025 notice. I find the record supports the facility provided sufficient preparation to appellant regarding his discharge. On August 12, 2025, the facility Administrator and the Director of Operations met with appellant to discuss discharge. The Director of Social Services will set up appellant’s primary care doctor appointments to continue appellant’s care in the community and ensure appellant has access to his medications as well as setting appellant up with a suboxone clinic. The facility would provide transportation for appellant to the discharge location. Appellant is working with an employee of Old Colony Elder Services, a community living program. The employee works with residents who do not have housing placement. He helps with applications, housing searches and connections to other facilities for long term placement and appellant works with him and they meet on a regular basis.

I find the record supports the facility provided sufficient preparation and involved appellant regarding the place of discharge. The facility properly complied with this federal regulation.

As the facility has satisfied the requirements for discharge pursuant to 130 CMR 456.701(A)(2), this appeal is DENIED. The facility may go forward with the discharge after the stay as set forth in 130 CMR 456.704(B).⁵

Order for Respondent

Proceed with the discharge as set forth in the notice dated August 14, 2025 for the sole reason that appellant’s health has improved sufficiently enough that he no longer needs the services provided by the facility after the 5-day stay (from the date of this decision).

Notification of Your Right to Appeal to Court

⁴ The Health Care Finance Administration is now known as the Centers for Medicare and Medicaid Services.

⁵ Earlier versions of 130 CMR 456.704(B) and 130 CMR 610.030(B) allowed for a five-day stay after a hearing decision for discharges issued on an emergency basis. The current revisions of 130 CMR 456.704(B) and 130 CMR 610.030(B) do not appear to contain the correct reference to the regulation for an emergency discharge, presumably due to a drafting error.

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Thomas Doyle
Hearing Officer
Board of Hearings

cc: Respondent: