The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health  
Bureau of Health Care Safety and Quality  
Division of Health Care Facility Licensure & Certification

67 Forest Street, Marlborough, MA 01752



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April 21, 2021

Jason J. Ardizzone

Halcyon House

175 Berkeley Street

Methuen, MA 01844

[j.ardizzone@yahoo.com](mailto:j.ardizzone@yahoo.com)

BY EMAIL ONLY

**Re: Approval of Closure Plan**

**Facility:** Halcyon House

**Ref. #:** 1144-016

Dear Mr. Ardizzone:

The Department of Public Health (the “Department”) received a draft closure plan (the “Plan”) for Halcyon House (the “Facility”) on March 16, 2021. The Plan calls for closure of the Facility on or about July 16, 2021.

After consideration and review of the Plan and any comments submitted to the Department on the proposed closure of the Facility, the Department approves the Facility’s plan for voluntary closure under 105 CMR 153.023.

In conjunction with approval of the Plan, the Facility agrees not to admit any new residents from the date of this letter through the date of closure.  This does not apply to Facility residents who are hospitalized but are expected to return to the Facility prior to the closure date. For any such residents, the Facility should continue to plan for and coordinate the relocation and transfer of the resident to a suitable facility prior to closure.

Walter Mackie, Licensure Unit Coordinator, will be the Department’s liaison for the closure. Please provide an updated Resident Roster (see attachments) each Tuesday to the Department. This should be faxed to Walter Mackie’s attention at (617) 753-8089. Immediately following the transfer of the last resident, please forward the complete alphabetical list of residents, date transferred and the name/location of the facility where they were transferred, along with a completed closure form (see attachments). As a reminder, although the licensee is no longer required to return its Facility license to the Department, once the Facility closes, the Facility license is no longer valid or in effect.

Please note that our office will be working closely with other state agencies, including the Office of the State Long-Term Care Ombudsman, to monitor the closure.

If you have any questions, please do not hesitate to contact Walter Mackie by email at [Walter.Mackie@Mass.Gov](mailto:Walter.Mackie@Mass.Gov). Material may be faxed to our attention at (617)753-8089.

Sincerely,



Sherman Lohnes

Director

Attachments:

1. Closure Form
2. Resident Roster Form

Cc:

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| E. Kelley, DPH  S. Lohnes, DPH  C. Fenn, ELD  W. Mackie, DPH  H. Hoefler, DPH  M. Callahan, DPH |  |