



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

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

November 20, 2024

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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Judith Hyland, MSW, LCSW
Chief Compliance Officer
Athena Health Care Systems
135 South Road
Farmington, CT 06032
jhyland@AthenaHealthCare.com

By Email Only

Re: **Approval of Closure Plan**
Facility: Highview of Northampton
Ref. #: 0872-C43

Dear Judith Hyland:

The Department of Public Health (the "Department") received a draft closure plan (the "Plan") for Highview of Northampton (the "Facility") on October 7, 2023. The plan calls for closure of the Facility no later than February 6, 2025.

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 the approval of this 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, State Health Inspection Unit Manager, will be the Department's liaison for the closure. Please provide an updated Resident Roster (see attachments) each Tuesday to the Department on the progress of transfers. 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no longer required to return its Facility license to the Department, once the Facility closes, the Facility license is no longer valid or in effect.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 at Walter.Mackie@Mass.Gov. Material may be faxed to our attention at (617) 753-8089.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Davis". The signature is fluid and cursive, with the first name "Stephen" written in a larger, more prominent script than the last name "Davis".

Stephen Davis
Director

Attachments:

1. Closure Form
2. Resident Roster Form

Cc:

A. Sousa, DPH
J. Bernice, DPH
C. Fenn, ELD
J. Gagne, DPH
M. Callahan, DPH
P. Terpelets, MassHealth
L. Santilli, Athena