



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

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

May 28, 2021

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

Sean Carney  
President  
Town and Country Health Care Center  
259 Baldwin Street  
Lowell, MA 01851  
[scarney@cmchealthcaremgmt.com](mailto:scarney@cmchealthcaremgmt.com)

BY EMAIL ONLY

**Re:** Approval of Plan for Orderly Closure  
**Facility:** Town and Country Health Care Center  
**Ref. #:** 0185-509

Dear Mr. Carney:

The Department of Public Health (the "Department") approves the closure plan (the "Plan") submitted by you on behalf of Town and Country Health Care Center (the "Facility") on May 25, 2021. The Plan calls for the orderly closure of the Facility on or before July 31, 2021.

During the closure period, the Facility agrees to not admit any new residents from the date of this letter through the date of closure (the period of time starting on the date of this letter through the discharge and transfer of the last resident referred to in this letter is the "closure period"). The term "new resident" does not apply to Facility residents who are hospitalized but are expected to return to the Facility prior to the end of the closure period. For any such resident(s), the Facility should continue to plan for and coordinate the discharge and transfer of the resident(s). **Please note that in addition to the steps detailed in the Plan, the Facility must test residents for COVID-19 before transferring them to a new facility.**

Walter Mackie, Licensure Unit Coordinator, will be the Department's liaison for the closure. On each Tuesday during the closure period, please submit a completed "Resident Roster" form (see attachments) to update the Department on the progress of transfers. Promptly after the discharge and transfer of the last resident, please complete and submit a list of residents who were discharged during the closure period arranged alphabetically by last name, the date of each resident's discharge, and the name and location of the facility to which each resident was 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.

Walter will separately send to you instructions on where and how to securely transmit to him the weekly resident roster and the other closure documents.

The Department has learned that the Facility did not provide all required notices when engaging in a change of ownership, process in March of 2021. While the Facility has decided instead to go through an orderly closure process, it is important to note that it is the responsibility of the current licensee to comply with the notice requirements of 105 CMR .022(B)(2). Failure to distribute a copy of the notice required by 105 CMR 153.022(B)(1) to *all* interested parties as required shall delay or may result in the revocation of a finding of suitability.

Please further note that the Department will be closely working 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 (781) 234-8633, or by email at [Walter.Mackie@Mass.Gov](mailto:Walter.Mackie@Mass.Gov).

Sincerely,

A handwritten signature in black ink, appearing to be 'S. Lohnes', written in a cursive style.

Sherman Lohnes  
Division Director

Attachments:

1. Closure Form
2. Resident Roster Form

cc:

E. Kelley, DPH  
S. Lohnes, DPH  
C. Fenn, ELD  
W. Mackie, DPH  
H. Hoefler, DPH  
R. Rodman, DPH  
M. Callahan, DPH  
P. Terpelets, ELD