



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 and Certification
67 Forest Street, Marlborough, MA 01752

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November 23, 2021

Shannon Donahue
Executive Assistant
Athena Health Care Systems
135 South Road
Farmington, CT 06032
sdonahue@AthenaHealthCare.com

BY EMAIL ONLY

Re: **Closure Plan Comments**
Facility: Stonehedge Health Care Center
Ref. #: 0534-639

Dear Shannon Donahue:

The Department of Public Health (the "Department") received from you a draft closure plan (the "Plan") for Stonehedge Health Care Center (the "Facility") on October 1, 2021. The proposed date of closure under the plan is February 10, 2022. Pursuant to 105 CMR 153.023(B), a public hearing on the proposed closure was held on November 9, 2021.

Pursuant to 105 CMR 153.023(D), the Department has completed its review of the plan and all comments received on the proposed closure. As a result of this review, the Department has the following comment on the Plan:

1. **Family Meetings:** The Plan states the Facility will be contacting the family of each resident regarding the closure and, if necessary, hold a family meeting. Please update the closure plan to include information on further steps that will be taken by the Facility to guide residents and their representatives through the closure process, including specific dates and times for resident and family meetings. Additionally, please include information on steps the Facility will take to communicate with residents themselves to ensure there is coordinated messaging reducing confusion due to mixed messaging.

- 2. Plan to Ensure Sufficient Staffing Prior to Closure:** Please update the closure plan to include steps the Facility is taking, or will take, to ensure there will be sufficient and competent staffing throughout the closure process to meet the needs of residents. Your response must be reflective of all state and federal regulatory requirements for staffing, including 42 CFR 483.35 which specifies that all facilities "... must have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)."

- 3. Transfer and Discharge:** The Department is unclear as to what steps the Facility will be taking to ensure compliance with state and federal regulations regarding transfer and discharge. Please update the closure plan to include additional information addressing the requirements below:

 - a. The Facility must assess the needs of each resident prior to closure, and work with each resident or their legal surrogate to identify appropriate placement that is consistent with the needs and preferences of the resident.

 - b. The Facility must provide and document sufficient preparation and orientation to each resident to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand.

 - c. The Facility must ensure that each transfer or discharge is documented in the resident's medical record, and appropriate information is communicated to the receiving health care institution or provider.

 - d. The Facility must ensure that the information provided to the receiving provider includes at a minimum the following:

 - i. Contact information of the practitioner responsible for the care of the resident; and
 - ii. Resident representative information including contact information; and
 - iii. Advance Directive information; and
 - iv. All special instructions or precautions for ongoing care, as appropriate; and
 - v. Comprehensive care plan goals; and
 - vi. All other necessary information, including a copy of the resident's discharge summary, and any other documentation, as applicable, to ensure a safe and effective transition of care.

Under 105 CMR 153.023(D), the licensee must respond in writing to the Department's comments within 14 days of receipt of this letter. Your response should be emailed to my attention at Stephen.Davis@Mass.Gov, with a copy to Walter.Mackie@Mass.Gov in order that we may complete our review of the closure plan.

Thank you for your continued cooperation in this process. If you have any questions, please contact Walter.Mackie@Mass.Gov.

Sincerely,

A handwritten signature in black ink that reads "Step Davis". The signature is written in a cursive, flowing style.

Stephen Davis
Director

Cc: E. Kelley, DPH
M. Callahan, DPH
W. Mackie, DPH
J. Bernice, DPH
H. Hoefler, DPH
C. Fenn, ELD