



*Protecting, maintaining and improving the health of all Minnesotans*

September 4, 2009

Brenda Meyer, Administrator  
Doman Rose Place #20084  
220 Milwaukee Street, Suite #3  
Lakefield, MN 56150

RE: 144G Review conducted on June 30, 2009

Dear Ms. Meyer:

This letter acknowledges that a 144G review was conducted at Doman Rose Place in Lakefield, MN on June 30, 2009. Based upon the information gathered at this review, Minnesota Department of Health staff have determined that the minimum requirements for the use of the term "assisted living" as outlined in MN Statute 144G have been met.

Please note that this letter will remain on record at the Minnesota Department of Health. This letter does not preclude the Minnesota Department of Health, from taking action with respect to any future failures to meet the minimum requirements of MN Statute 144G. The Minnesota Department of Health reserves the right to pursue any and all actions specified under Minnesota Statute §144G.02 Subdivision 2.

If you have any questions, feel free to call our office at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large, looped initial "J".

Jean Johnston, Program Manager  
Case Mix Review Program

01/07 AL Letter F CMR



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February 11, 2009

Brenda Meyer, Administrator  
Doman Rose Place #20084  
224 Milwaukee Street  
Lakefield, MN 56150

RE: Letter of Warning/Response/Attestation Statement dated December 31, 2008

Dear Ms. Meyer:

This letter acknowledges receipt of the response/attestations statement dated January 20, 2009 from Doman Rose Place in Lakefield, MN.

Based upon the information received from Doman Rose Place in Lakefield, MN; Minnesota Department of Health staff has determined that all the actions described in the response/attestation statement dated January 20, 2009 are satisfactory.

Please note that the Letter of Warning and the response from Doman Rose Place in Lakefield, MN will remain on record at the Minnesota Department of Health. This closure letter does not preclude the Minnesota Department of Health from taking further action with respect to the failure to meet the minimum requirements of MN Statute 144G. The Minnesota Department of Health reserves the right to pursue any and all actions specified under Minnesota Statute §144G.02 Subdivision 2.

If you have any questions, feel free to call our office at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large initial "J".

Jean Johnston, Program Manager  
Case Mix Review Program

01/07 AL Letter D CMR



*Protecting, maintaining and improving the health of all Minnesotans*

Certified Mail #7004 1350 0003 0567 1923

December 31, 2008

Brenda Meyer, Administrator  
Doman Rose Place #20084  
224 Milwaukee Street  
Lakefield, MN 56150

Re: Letter of Warning

Dear Ms. Meyer

The Minnesota Department of Health has determined that Doman Rose Place located in Lakefield, MN is not meeting the following provisions of MN Statute 144G:

1. MN Statute §144G.03 Subdivision 1. **Verification in annual registration.** A registered housing with services establishment using the phrase "assisted living," pursuant to section [144G.02, subdivision 1](#), shall verify to the commissioner in its annual registration pursuant to chapter 144D that the establishment is complying with sections [144G.01](#) to [144G.05](#), as applicable.

A certificate of registration was reissued to the licensee effective August 1, 2008, through July 31, 2009. The registered housing with services annual registration did not verify to the commissioner the use of the phrase "assisted living."

The website for Doman-Rose Place, <http://www.habsvinc.com/domanrose.asp>, viewed on December 18, 2008, contained the following information: "Located in a friendly residential area in Lakefield, MN. Doman-Rose Place is an Assisted Living Plus Community designed to provide you comfortable and affordable living."

Beside the instance cited in this letter, if Doman-Rose Place is using the phrase "assisted living" in other means that violate the provisions of MN Statute § 144G.03 Subdivision 1, that should also be covered in your response to this letter.

To respond to this Letter of Warning please complete the enclosed form which includes a brief statement of actions taken to address the failure(s) to meet requirements noted above, and an attestation statement concerning compliance with MN Statute 144G. The form should be signed by an individual authorized to sign on behalf of the establishment.

Division of Compliance Monitoring • Case Mix Review  
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301  
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529  
<http://www.health.state.mn.us>  
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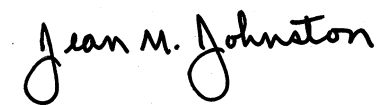
This information must be submitted to the Minnesota Department of Health within 30 days of receipt of this letter. If you do not respond to this Letter of Warning, the Minnesota Department of Health may take further action which could include a referral to another governmental agency, and/or action for injunctive relief in district court.

This Letter of Warning and your response do not preclude the Minnesota Department of Health from taking further action with respect to the failure to meet the minimum requirements described in this letter. The Minnesota Department of Health reserves the right to pursue any and all actions specified under Minnesota Statute §144G.02 Subdivision 2.

The requirements of MN Statute 144G can be viewed by accessing the Minnesota Department of Health website at: <http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html> and clicking on the Assisted Living link.

If you have questions, feel free to call our office at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large, looped initial "J".

Jean Johnston, Program Manager  
Case Mix Review Program

Attachments

08/07 AL Letter G CMR