



Protecting, maintaining and improving the health of all Minnesotans

September 4, 2009

Jan Luthens, Administrator
Assumption Health Service#20324
615 North First Street
Cold Spring, MN 56320

RE: Letter of Warning/Response/Attestation Statement dated August 4, 2009

Dear Ms. Luthens:

This letter acknowledges receipt of the response/attestations statement dated August 14, 2009 from Assumption Health Service in Cold Spring, MN.

Based upon the information received from Assumption Health Service in Cold Spring, MN; Minnesota Department of Health staff has determined that all the actions described in the response/attestation statement dated August 14, 2009 are satisfactory.

Please note that the Letter of Warning and the response from Assumption Health Service in Cold Spring, 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



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Certified Mail #7008 0150 0001 1713 6994

August 4, 2009

Jan Luthens, Administrator
Assumption Court #20324
615 North First Street
Cold Spring, MN 56320

Re: Letter of Warning

Dear Ms. Luthens:

The Minnesota Department of Health has determined that Assumption Court in Cold Spring, 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 Assumption Court,

http://www.assumptionhome.org/index.php?option=com_content&view=article&id=6:welcometo-assumption-community&catid=1:assumption-home-welcome&Itemid=53, viewed on July 23, 2009, contained the following information: "Once again an expansion in 2005 added Assumption Court, which provides 59 independent living apartments, with congregate & assisted living services, indoor garages, a library and enclosed walkway to Assumption Home."

Beside the instance cited in this letter, if Assumption Court 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

Division of Compliance Monitoring • Case Mix Review
85 East 7th Place Suite, 220 • PO Box 64938 • St. Paul, MN 55164-0938 • 651-201-4301
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<http://www.health.state.mn.us>
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attestation statement concerning compliance with MN Statute 144G. The form should be signed by an individual authorized to sign on behalf of the establishment.

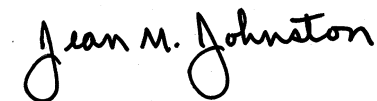
This information must be submitted to the Minnesota Department of Health within 30 days of receipt of this letter. If you do not respond to this Letter of Warning, the Minnesota Department of Health may take further action which could include a referral to another governmental agency, and/or action for 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 initial "J" and "J".

Jean Johnston, Program Manager
Case Mix Review Program

Attachments

08/07 AL Letter G CMR