



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

September 24, 2008

Kim Nguyen, Administrator  
Dunedin Hi Rise #20545  
555 North Wabasha St., Suite 400  
St. Paul, MN 55102

RE: Letter of Warning/Response/Attestation Statement dated July 24, 2008

Dear Ms. Nguyen:

This letter acknowledges receipt of the response/attestations statement dated August 19, 2008 from Dunedin Hi Rise in St. Paul, MN.

Based upon the information received from Dunedin Hi Rise in St. Paul, MN; Minnesota Department of Health staff has determined that all the actions described in the response/attestation statement dated August 19, 2008 are satisfactory.

Please note that the Letter of Warning and the response from Dunedin Hi Rise in St. Paul, 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, looped initial "J".

Jean Johnston, Program Manager  
Case Mix Review Program

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

Certified Mail #7004 1350 0003 0567 2227

July 24, 2008

Kim Nguyen, Administrator  
Dunedin Hi Rise #20545  
555 North Wabasha Street, Suite400  
St. Paul, MN 55102

Re: Letter of Warning

Dear Ms. Nguyen,

The Minnesota Department of Health has determined that Dunedin Hi Rise located in St. Paul, 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.

The St. Paul Public Housing Agency website at: <http://www.stpaulpha.org/phprograms.html>; viewed on May 28, 2008, had the following information listed:

**“Wilder Assisted Living Program (ALP)**

The Wilder Assisted Living Program provides comprehensive supportive services to assist frail or disabled residents at risk of nursing home placement at four PHA hi-rises: Ravoux, Dunedin, Hamline and Edgerton. Basic services include three daily meals, 24-hour on-site staff that provide housekeeping, laundry, personal care services, medication monitoring and a day activity program. The program was created through collaboration between the PHA, Wilder and Ramsey County. It is licensed through the state under the Home Care Rule. Community resources augment base services to meet specific residents' needs. Payment is made through direct client reimbursement, Alternative Care, Elderly Waiver funds and/or Minnesota Supplemental Assistance funds.”

The website specific for Dunedin Hi Rise at: <http://www.stpaulpha.org/phhiridunedin.html>; viewed on May 28, 2008, had the following information listed under Special Services: “Wilder

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>  
*An equal opportunity employer*

Assisted Living Program (ALP) - provides a greater level of support than CHSP. ALP services include meals, help with cleaning and laundry, health monitoring, personal care and activities.”

In a brochure titled “Wilder Assisted Living Programs”; Dunedin Hi Rise is listed as one of the locations in which Wilder Assisted Living Programs provides services.

The housing with services registration form filed by Dunedin Hi Rise, June 28, 2007, indicated that Dunedin Hi Rise does not intend to use the phrase “assisted living” orally or in writing to advertise, market or otherwise describe, offer or promote itself.

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.

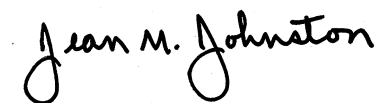
This information must be submitted to the Minnesota Department of Health within 30 days of receipt of this letter. If you do not respond to this Letter of Warning, the Minnesota Department of Health may take further action which could include a referral to another governmental agency, and/or action for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

Jean Johnston, Program Manager  
Case Mix Review Program

Attachments

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