



Protecting, maintaining and improving the health of all Minnesotans

August 27, 2008

Mr. Dwayne Schwan
Colonial Home
P.O. Box 350
Brookston, MN 55711

RE: Letter of Warning/Response/Attestation Statement dated September 27, 2007

Dear Mr. Schwan:

This letter acknowledges receipt of the response/attestations statement dated October 1, 2007 from Colonial Home in Brookston, MN.

Based upon the information received from Colonial Home in Brookston, MN. Minnesota Department of Health staff has determined that all the actions described in the response/attestation statement dated October 1, 2007 are satisfactory.

Please note that the Letter of Warning and the response from Colonial Home in Brookston, 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

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Certified Mail # 7004 1350 0003 0567 0407

September 27, 2007

Mr. Dwayne Schwan
Colonial Homes
P.O. Box 350
Brookston, MN 55711

Re: Letter of Warning

Dear Mr. Schwan:

The Minnesota Department of Health has sufficient information to determine that Colonial Homes located in Brookston, is in violation following provisions of MN Statute 144G:

1. Minnesota Statutes **144G.02**, Subdivision 1. **Protected title; restriction on use.**

No person or entity may use the phrase "assisted living," whether alone or in combination with other words and whether orally or in writing, to advertise, market, or otherwise describe, offer, or promote itself, or any housing, service, service package, or program that it provides within this state, unless the person or entity is a housing with services establishment that meets the requirements of this chapter, or is a person or entity that provides some or all components of assisted living that meet the requirements of this chapter. A person or entity entitled to use the phrase "assisted living" shall use the phrase only in the context of its participation in assisted living that meets the requirements of this chapter. A housing with services establishment offering or providing assisted living that is not made available to residents in all of its housing units shall identify the number or location of the units in which assisted living is available, and may not use the term "assisted living" in the name of the establishment registered with the commissioner under chapter 144D, or in the name the establishment uses to identify itself to residents or the public.

A sign has been observed which states that Colonial Homes is providing assisted living services. Additional advertisement also indicates the provision of assisted living services. Colonial Homes is not registered as housing with services (HWS) and as a assisted living provider.

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.

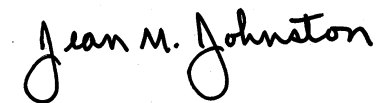
This information must be submitted to the Minnesota Department of Health within [insert time frame]. If you do not respond to this Letter of Warning, the Minnesota Department of Health may take further action which could include a referral to another governmental agency, and/or action for injunctive 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

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