

Clintonville Manor

201 Clintonville Road
North Haven, CT 06473

Tel 203-801-7017
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RECEIVED

DEC 02 2011

DEPT. OF SOCIAL SERVICES
OFFICE OF CON AND RATE SETTING

December 1, 2011

Christopher LaVigne, Acting Director
Certificate of Need and Rate Setting
Department of Social Services
25 Sigourney St.
Hartford, CT 06106

RE: Clintonville Manor – Letter of Intent to Terminate Services

Dear Mr. LaVigne:

The purpose of this letter is to request a Certificate of Need (“CON”) application for the termination of rest home with nursing supervision (“RHNS”) services provided by Clintonville Manor Realty, Inc, dba Clintonville Manor (“Clintonville”), located at 201 Clintonville Rd, North Haven, CT. Clintonville Manor is 112-bed nursing facility that services 84 individuals as of this date. Our CON filing will also request authorization to submit future CON requests for the relocation of the 112 nursing home beds to other facilities subject to department review and approval under Section 17b-354 of the Connecticut General Statutes (“CGS”). Under separate filing we will request a Medicaid interim rate increase related to the high per diem costs during close-down.

The decision to seek closure approval was difficult as we know that the relocation of residents from this facility will be disruptive and the jobs of our 85 dedicated full or part-time employees will be affected. We have been unable to make the facility financially viable due to low occupancy and our efforts to sell the facility have been unsuccessful.

In accordance with Section 17b-352 CGS, today we are also notifying the Office of Long Term Care Ombudsman and residents (and/or responsible parties) of our request to file a CON to terminate RHNS services at Clintonville Manor. Notice of our CON request will be posted on the facility bulletin board today.

Our notice to residents (attached) is in accordance with Section 17b-352 CGS as it: 1) includes a projected CON filing date of Dec. 15, 2011; 2) states that only the Department of Social Services (“DSS”) has the authority to either grant, modify or deny the certificate of need application; 3) that the department has up to ninety days to grant, modify, or deny the certificate of need application; 4) describes the reasons for submitting a request to close; 5) indicates that no patient shall be involuntarily transferred or discharged with or from a facility pursuant to state and federal law because of the filing of the certificate of need application; 6) state that all patients have the right to appeal any proposed transfer or discharge and 7) provides the name, mailing address and telephone number of the Office of Long-Term Care Ombudsman and local legal aid office.

Mr. LaVigne
December 1, 2011

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As you know, Subsection (c) of Section 17b-353 CGS, requires that a hearing be held at the facility within thirty days of the date that a letter of intent to terminate services is filed with the department. Please contact me to coordinate the scheduling of the DSS hearing and feel free to contact me with any questions you or your staff may have at 203-239-8017.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melissa Simonetti".

Melissa Simonetti,
Administrator

cc. Honorable Roderick L. Bremby, Comm.
Nancy B. Shaffer, MA, State Long Term Care Ombudsman
Barbara Cass, RN, Dir. CT DPH
File