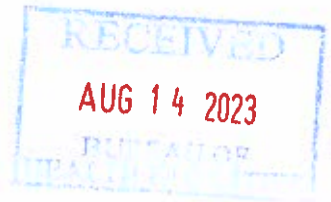


#102

STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 OFFICE OF LEGAL AND REGULATORY SERVICES
 HEALTH FACILITIES ADMINISTRATION
 129 Pleasant Street, Concord, NH 03301
 TDD Access: Relay NH 1-800-735-2964
 Agency Phone: 603-271-9039



APPLICATION FOR RESIDENTIAL, HEALTH CARE LICENSE OR SPECIAL HEALTH CARE SERVICES

EXISTING FACILITY LICENSE #: _____
 CURRENT FACILITY LICENSE EXPIRATION DATE, IF APPLICABLE: _____

THIS APPLICATION SHALL BE FILLED OUT IN ACCORDANCE WITH RSA 151:4. A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH LICENSURE CATEGORY. **PLEASE BE SURE TO COMPLETE THE ENTIRE APPLICATION.** IF A SECTION DOES NOT APPLY TO YOUR FACILITY, MARK NOT APPLICABLE (N/A). FAILURE TO COMPLETE THE APPLICATION WILL RESULT IN A DELAY IN THE LICENSURE PROCESS. SEND THE ENTIRE COMPLETED FORM TO THE ADDRESS ABOVE. IF YOU NEED TO REVIEW YOUR LICENSING RULES, THEY CAN BE FOUND ONLINE AT: <https://www.dhhs.nh.gov/administrative-rules-health-facilities>

Check all applicable items:

- | | | |
|---|---|--|
| <input type="checkbox"/> License renewal: | <input type="checkbox"/> *New facility: | <input checked="" type="checkbox"/> Home Health Care Services |
| <input type="checkbox"/> *New owner: | <input type="checkbox"/> **Change in # of beds: | Other (please explain): |
| <input type="checkbox"/> **Change in address: | | ***Change in classification: |

- * Requires processing as a new application.
- ** Requires Local Approval Forms
- *** Requires both

LICENSEE (Legal Owner of Facility): Prisca Langa Duquette TELEPHONE #: (603) 759 4559

NAME OF FACILITY (DBA): Langa Home Health Care Services LLC TELEPHONE #: ()
 FAX #: ()

STREET ADDRESS: 56 Marie Ave CITY: Nashua STATE: NH ZIP: 03063

MAILING ADDRESS: P.O. Box 107 CITY: Nashua STATE: NH ZIP: 03061

ADMINISTRATOR: Prisca Langa Duquette

MEDICAL DIRECTOR (IF APPLICABLE): _____

FACILITY E-MAIL ADDRESS (REQUIRED): Prisca@langastaffing.com

IF APPLICABLE:

NUMBER OF BEDS: PRESENTLY LICENSED: _____ TOTAL # TO BE LICENSED: _____

NUMBER OF HCBC CFI OR STATE PLACED INDIVIDUALS IN HOME (Complete for He-P 804, He-P 805 and He-P 814): _____

NUMBER OF ESRD STATIONS (Completed for He-P 811 licensees only): _____

BRANCH OFFICE LOCATIONS (Complete if applies under He-P 809.07, 819.07, 822.07 & 823.07 only):

56 MARIE AVE, NASHUA NH 03063

OWNERSHIP

- a. Type of ownership: Association Partnership Corporation
 LLC Individual Other (explain)
- b. List name and address of each person having an ownership interest (directly or indirectly) of greater than 5% in the facility. *Prisca Langa Duellette & Vincent Wayne Duellette*
- c. If the licensee is organized as an association or corporation, list the name of the association or corporation and the name, address, and title of each officer.
- d. If the licensee is a partnership, list the name and address of each partner.
Prisca L. Duellette & Vincent W. Duellette
- e. Is this a certified facility? (Facilities with deem status under RSA 151) YES NO
 Only applies to He-P 802, 803, 809, 811, 812, 815, & 823
- If you are already a certified facility, is this an increase in services? If YES, please call 1-800-852-3345 ext. 9049
- f. Are you planning on being a certified facility? If YES, please call 1-800-852-3345 ext. 9049
N/A

FEES:

Hospitals (General, CAH, Psychiatric, Rehabilitation) (802)	\$25 per licensed bed
Free Standing Emergency Rooms (802)	\$500
Nursing Homes (803)	\$25 per licensed bed
Residential and Supported Residential Care Homes (804 & 805)	\$15 per licensed bed (NO CHARGE FOR HCBC OR NH STATE PLACED RESIDENTS)
Non-Emergency Walk-In Care Centers (806)	\$500
Residential Treatment and Rehabilitation Facilities (807)	\$25 per licensed bed
Home Health Care Providers (809)	\$250
Birthing Centers (810)	\$150
End Stage Renal Disease Dialysis Centers (811)	\$500
Ambulatory Surgical Centers (812)	\$500
Intermediate Care Facilities for Individuals with Intellectual Disabilities(ICF/IID)(815)	\$25 per licensed bed
Educational Health Centers (816)	\$500
Adult Day Care Centers (818)	\$200
Case Management Agencies (819)	\$150
<input checked="" type="checkbox"/> Home Care Service Provider Agencies (822)	Less than ten clients \$25; Ten or more clients \$250
Home Hospice Care Providers (823)	\$250
Hospice Houses (824)	\$25 per licensed bed
Substance Use Disorder Residential Treatment Facilities (826)	\$25 per licensed bed
Freestanding Megavoltage Radiation Therapy Facility (827)	\$500
Psychiatric Residential Treatment Programs (830)	\$25 per licensed bed

A check or money order (payable to: **TREASURER, STATE OF NEW HAMPSHIRE**) must be attached to this application.

Applications submitted by those facilities exempt under RSA 151:4 I (a), (b) & (c) are not required to pay the license fee.

ADDITIONAL APPLICATION REQUIREMENTS: NOTE THAT NOT ALL APPLICATION REQUIREMENTS ARE LISTED HERE PLEASE REFER TO THE APPROPRIATE RULE TO DETERMINE OTHER ITEMS THAT NEED TO BE SUBMITTED.

1. Renewal applications must be submitted at least 120 days prior to expiration of the current license. **(Yearly)**
- ② Include qualifications, including a resume with education and experience, and copies of all applicable licenses and certifications, for the administrator and medical director **(if applicable)**. **(Initial Application Only, unless changing Administrator or Medical Director)**
3. Include information relative to whether the facility has been granted any waivers, exemptions, or variances to the rules by the Department of Health and Human Services and/or the State Fire Marshal. **(Yearly)**
4. Include a floor plan indicating the location of all rooms, # of beds in each bedroom, and fire exits. **(Initial Application Only – NOT FOR He-P 809, 819, 820 & 823)**
- ⑤ Include NH Secretary of State Authority to do business in the State of NH and/or tradename registration **(Initial Application Only)**
6. Include written local approvals from the health officer, the building official, the zoning officer, and the fire chief. For a building under construction, the written approvals required shall be submitted at the time of the application based on the local official's review of the building plans and again upon completion of the construction project. **(Initial Application Only for ALL categories)**
7. Include documentation that the water supply has been tested in accordance with RSA 485 and Env-Dw 702.02 and 704.02 (formerly Env-Ws 313.01 and 314.01). **(Initial Application Only – NOT FOR He-P 809, 819, 820 & 823)**
8. Include documentation that every 3 years the water supply has been tested for bacteria and nitrates and determined to be at acceptable levels, in accordance with Env-Dw 702.02 (formerly Env-Ws 313.01) for bacteria and Env-Dw 704.02 (formerly Env-Ws 314.01) for nitrates. **(NOT FOR He-P809, 819, 820 & 823)**
9. Include a list of all employees who have previously been granted waivers for criminal background check results from the Department of Health and Human Services. **(Yearly and on initial application if change of ownership or category)**
10. Include the results of a criminal records check to include results for the state of New Hampshire for the applicant(s), the licensee (owner even if entity) if different than the applicant, the administrator, medical director and, if applicable, each household member 17 years of age or older who resides at the facility. **(Initial Application Only)**

FACILITY SERVICE DESCRIPTION: Complete even on renewal

The following information will be used to determine which licensure category your facility will be placed in.

- ① I. Provide a detailed description of the services and programs you wish to provide.
- *II. Describe the facility's health care you wish to provide to residents.
- *III. Identify who will provide the health care listed in II.

*To be completed if applying for beds

SIGNATURES: This application must be signed by:

1. The owner if a private facility;
2. Two officers if a corporation;
3. Two authorized individuals if an association or partnership; or
4. The head of the government agency if a government unit.

I affirm that I am familiar with the requirements of RSA 151 and the rules adopted thereunder and that the premises are in full compliance. I understand that providing false information shall be grounds for denial, suspension, or revocation of the license and the imposition of a fine.

DATE: 8/9/23 SIGNED: *R. Annette* (RN)
(NAME AND TITLE)

DATE: 8/9/23 SIGNED: *Vincent Quillith* (member)
(NAME AND TITLE)

For all facilities to be newly licensed as an ambulatory surgical center (He-P 812), hospital (He-P 802), birthing center (He-P 810), walk in care center (He-P 806), dialysis center (He-P 811), or special health care service (He-P 802 and He-P 827) located within a 15 mile radius of a hospital certified as a critical access hospital, pursuant to 42 C.F.R. section 485.610 (b) and (c):

I affirm that I have complied with 151:4-a and a determination is on file with the department that finds the proposed health care facility shall be allowed to apply for licensure.

DATE: _____ SIGNED: _____
(NAME AND TITLE)

DATE: _____ SIGNED: _____
(NAME AND TITLE)

HFA OFFICE USE ONLY

CHECK NUMBER: 146
 APPLICATION COMPLETE: _____

AMOUNT: \$25.00
 NOT COMPLETE: _____

(Describe in comments)

NEW RENEWAL CHANGE

QUALIFICATIONS OF ADMINISTRATOR	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
COPY OF ADMINISTRATOR LICENSE	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LIST OF EMPLOYEES WITH WAIVERS	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
WATER TEST (INITIAL OR 3YR)	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
FLOOR PLAN*	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
SECRETARY OF STATE INFORMATION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LOCAL APPROVAL	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LSC INSPECTION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LSC PLAN OF CORRECTION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LICENSURE INSPECTION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
PLAN OF CORRECTION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
COMPLIED WITH RSA 151:4-a	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>

FEDERAL FACILITY (EXEMPT FROM INSPECTION) YES NO

LICENSURE CATEGORY:

- | | |
|---|---|
| <input type="checkbox"/> 02 Hospitals (General, CAH, Psychiatric, Rehabilitation) | <input type="checkbox"/> 14 Community Residence |
| <input type="checkbox"/> 03 Nursing Homes | <input type="checkbox"/> 15 ICF/IID |
| <input type="checkbox"/> 04 Residential Care Home Facility | <input type="checkbox"/> 16 Educational Health Services |
| <input type="checkbox"/> 05 Supported Residential Health Care Facility | <input type="checkbox"/> 18 Adult Day Care |
| <input type="checkbox"/> 06 Non-Emergency Walk-in Care | <input type="checkbox"/> 19 Case Management |
| <input type="checkbox"/> 07 Residential Treatment & Rehabilitation Facility | <input type="checkbox"/> 22 Home Care Service Provider |
| <input type="checkbox"/> 09 Home Health Care Provider | <input type="checkbox"/> 23 Home Hospice Care Provider |
| <input type="checkbox"/> 10 Birthing Center | <input type="checkbox"/> 24 Hospice House |
| <input type="checkbox"/> 11 End Stage Renal Disease Dialysis | <input type="checkbox"/> 26 Substance Use Disorder Res Treatment Facility |
| <input type="checkbox"/> 12 Ambulatory Surgical Center | <input type="checkbox"/> 27 Freestanding Megavoltage Radiation Therapy |
| | <input type="checkbox"/> 30 Psychiatric Residential Treatment |

REVIEWED BY: _____
 (NAME & TITLE) (DATE)

ISSUE ANNUAL LICENSE: YES _____ NO _____

LICENSE CERTIFICATE DATES: FROM _____ TO _____

NUMBER OF PATIENTS/STATIONS/BEDS: _____

NOTES:

COMMENTS ON CERTIFICATE:

Curran, Marilee

From: Curran, Marilee
Sent: Thursday, November 30, 2023 3:23 PM
To: prisca langa
Cc: Beyer, Paulette
Subject: RE: Here is the copy. Please acknowledge receipt. Thank you.

Hi Prisca:

In accordance with RSA 151-A:14, the Office of Legal and Regulatory Services hereby acknowledges receipt of your application and fees in the amount of \$ 25.00 for a Home Care Service Provider.

Review of your application indicates that it has been completed in accordance with RSA 151:4, and He-P 822, the rules of the Office of Legal and Regulatory Services for a Home Care Service Provider.

Staff from this office are available for consultation visits to assist you in achieving compliance. In order to receive a license you must be in full compliance with all applicable laws and rules at the time of your inspection.

Accordingly, an inspection of your facility/agency will occur within the next 60 days to determine compliance with RSA 151, and He-P 822. After the inspection is complete, you will be notified as to the Office of Legal and Regulatory Services decision to approve or deny your application for licensure as a Home Care Service Provider under RSA 151.

If you have any questions regarding your application the application process or the provisions of RSA 151 and the rules of the Office of Legal and Regulatory Services which apply to your licensure request, Please do not hesitate to contact me.

Marilee D. Curran, MS
Licensing Database Administrator
DHHS
Health Facilities Administration-Licensing
129 Pleasant St.
Concord, NH 03301
Phone (603) 271-9041
Fax (603) 271-4968

STATEMENT OF CONFIDENTIALITY: This message may contain information that is privileged and confidential and is intended for the exclusive use of the individual(s) to whom it is addressed. If you received this message in error, please contact the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation.

From: prisca langa <priscalanga@gmail.com>
Sent: Wednesday, November 29, 2023 5:06 PM
To: Curran, Marilee <Marilee.D.Curran@dhhs.nh.gov>
Subject: Here is the copy. Please acknowledge receipt. Thank you.

EXTERNAL: Do not open attachments or click on links unless you recognize and trust the sender.

Curran, Marilee

From: Curran, Marilee
Sent: Wednesday, November 29, 2023 1:40 PM
To: Prisca Langa
Subject: RE: Licensing Application

Hi Prisca,

I am following up on this email. Did you get approved by the Secretary of State? If so, can you send me a copy of the approval so we can move forward with your licensing application.

Thanks!

Marilee D. Curran, MS
Licensing Database Administrator
DHHS
Health Facilities Administration-Licensing
129 Pleasant St.
Concord, NH 03301
Phone (603) 271-9041
Fax (603) 271-4968

STATEMENT OF CONFIDENTIALITY: This message may contain information that is privileged and confidential and is intended for the exclusive use of the individual(s) to whom it is addressed. If you received this message in error, please contact the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation.

From: Prisca Langa <prisca@langastaffing.com>
Sent: Monday, October 16, 2023 10:54 PM
To: Curran, Marilee <Marilee.D.Curran@dhhs.nh.gov>
Subject: Re: Licensing Application

EXTERNAL: Do not open attachments or click on links unless you recognize and trust the sender.

Thank you so much!

On Mon, Oct 16, 2023, 14:54 Curran, Marilee <Marilee.D.Curran@dhhs.nh.gov> wrote:

Hi Prisca.

I am forwarding you the letter I sent in August. You can submit this letter to them.

Take Care

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that LANGA HOME HEALTH CARE SERVICES LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on October 17, 2023. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 944773

Certificate Number : 0006334857



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 17th day of October A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State

Marilee D. Curran, MS
Licensing Database Administrator
DHHS
Health Facilities Administration-Licensing
129 Pleasant St.
Concord, NH 03301
Phone (603) 271-9041
Fax (603) 271-4968

STATEMENT OF CONFIDENTIALITY: This message may contain information that is privileged and confidential and is intended for the exclusive use of the individual(s) to whom it is addressed. If you received this message in error, please contact the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation.

From: Prisca Langa <prisca@langastaffing.com>
Sent: Monday, October 16, 2023 11:36 AM
To: Curran, Marilee <Marilee.D.Curran@dhhs.nh.gov>
Subject: Re: Licensing Application

EXTERNAL: Do not open attachments or click on links unless you recognize and trust the sender.

Good morning,

Yes i got a rejection letter. Can i fax it to you?

Thank you for your time.

Prisca

On Mon, Oct 16, 2023, 09:37 Curran, Marilee <Marilee.D.Curran@dhhs.nh.gov> wrote:

Good morning Prisca.

I will send a letter to them confirming you have applied. Did you get a rejection notice from them? If so, could you forward a copy to me to submit with the letter. It helps make the process quicker.

Thanks

Marilee D. Curran, MS
Licensing Database Administrator
DHHS
Health Facilities Administration-Licensing
129 Pleasant St.
Concord, NH 03301
Phone (603) 271-9041
Fax (603) 271-4968

STATEMENT OF CONFIDENTIALITY: This message may contain information that is privileged and confidential and is intended for the exclusive use of the individual(s) to whom it is addressed. If you received this message in error, please contact the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation.

From: Prisca Langa <prisca@langastaffing.com>
Sent: Monday, October 16, 2023 9:22 AM
To: Curran, Marilee <Marilee.D.Curran@dhhs.nh.gov>
Subject: Re: Licensing Application

EXTERNAL: Do not open attachments or click on links unless you recognize and trust the sender.

Good morning,

I just dropped off some paperwork to your office to go with my Langa H.H. application. We are still waiting for Vincent's BEAS document, which they tell us should be ready by the end of the week.

Please acknowledge receipt.

The N.H. secretary of state is asking that I provide some proof that I have applied with your office, that way they can move forward with completing the application with their office.

Should I expect a receipt of sorts from you to give to them??

Please advise, thank you so much for your time.

Prisca Langa (Ouellette)

603 759 4559

priscalanga

On Mon, Aug 14, 2023, 12:31 Curran, Marilee <Marilee.D.Curran@dhhs.nh.gov> wrote:

Good Afternoon:

In accordance with RSA 541-A:29, the Office of Legal and Regulatory Services hereby acknowledges receipt of your application for licensure as a Home Care Service Provider.

Review of your application indicates that the following material has been omitted or is in error pursuant to RSA 151:4, and He-P 822, the rules of the Office of Legal and Regulatory Services for a Home Care Service Provider.

You did not submit the following:

Approval of local health officer

Approval of local building officer

Approval of local zoning officer

Approval of local fire officer

Suggested Form attached

Qualifications, including education, experience and copies of applicable licenses for Administrator

Copy of your authority to do business in NH from the Secretary of State

Results of a Bureau of Elderly and Adult Registry Check for the Administrator Elderly & Adult Services State Registry | New Hampshire Department of Health and Human Services (nh.gov)

Description of Services

The results of a criminal records check for the administrator – results must include the State of NH.

A written non-conviction statement from the administrator per He-P 822.17(t)(1)-(3) he-p822.pdf (nh.gov)

The above referenced information must be received within 30 days of the date of this letter. If the material is not received by that date the office will close your file.

If you have any questions regarding your application, the application process or the provisions of RSA 151 and the rules of the Office of Legal and Regulatory Services which apply to your licensure request, please do not hesitate to contact me.

Marilee D. Curran, MS
Licensing Database Administrator
DHHS
Health Facilities Administration-Licensing
129 Pleasant St.
Concord, NH 03301
Phone (603) 271-9041
Fax (603) 271-4968

STATEMENT OF CONFIDENTIALITY: This message may contain information that is privileged and confidential and is intended for the exclusive use of the individual(s) to whom it is addressed. If you received this message in error, please contact the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation.



Lori A. Weaver
Commissioner

Melissa A. St. Cyr, Esq.
Chief Legal Officer

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES LICENSING AND CERTIFICATION

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9499 1-800-852-3345 Ext. 9499
Fax: 603-271-4968 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

August 17, 2023

Mr. David M. Scanlan
Secretary of State
State House, Room 204
Concord, New Hampshire 03301

Dear Secretary Gardner:

This is to certify that Langa Home Care Services located at 56 Marie Ave, Nashua, NH 03063, has submitted an application for licensure as a Home Health Care Provider under RSA 151. This certification is sent to you in conformance with RSA 151:2-C, I. Your early attention to this matter shall be greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa St. Cyr".

Melissa St. Cyr – Chief Legal Officer
Office of Licensing & Regulation Svcs.

10/16/23

ATTN

Marilee

Curran

Please acknowledge

receipt

☺



State of New Hampshire
Department of State



LANGA HOME HEALTH CARE SERVICES LLC
Prisca Langa
56 Marie Ave
Nashua, NH 03063



State of New Hampshire Department of State



Rejection Date: 09/28/2023

Business Name : LANGA HOME HEALTH CARE SERVICES LLC

ID#: 937575	Available Rejection Funds: \$105.00
Payer ID: 427635	Payment Transaction #: 20239980803274001
Payer Name: Prisca Langa	Work Order #: 20239980803274

RE: Rejection of Business Formation - Domestic Limited Liability Company Application

Received Date: 09/15/2023 09:22:00 PM

We regret to inform you that we are not able to process your application due to the following reason(s):

1. OTHER /

A) Any filing suggesting home health care in either the name or purposes requires a letter from: The State of New Hampshire Bureau of Health Facilities 129 Pleasant Street, Concord NH 03301 (603) 271-4592. This letter must state that license has been applied for. If a certificate cannot be obtained the words "Home Health Care" must be removed and can be replaced with "Non Medical Health Care."

B) Article Third: The LLC cannot be listed as its own registered agent. You can list an individual with a New Hampshire physical street address or you can search for and select a different registered business to serve as your registered agent.

C) Your filing fee has been placed on hand in Rejection Funds and can be reapplied when you re-file online by using the Rejection Funds payment option. Upon refileing any application please be sure to NOT upload this rejection notice, previous filing, invoice or coversheet as these will become part of your new filing image and our office will be forced to reject your application.

Once you have addressed the item(s) listed above, please resubmit your business filing with this letter if you are resubmitting by mail. If you are resubmitting online please do not upload this letter or your previous application (please note: when using the rejection fund payment option online your cart total must be equal to the Available Rejection Funds amount).



State of New Hampshire

Department of State



Please visit our websites <http://www.sos.nh.gov/> or <https://quickstart.sos.nh.gov/Online> for helpful information regarding all of your business needs. If you require assistance or should you have any questions, you may contact the Corporation Division using the information provided below.

10/16/23

ATTN

Marilee

Curran

Please acknowledge
receipt





Langa home health

Written Attestation

This form shall be reviewed and signed upon hire and annually thereafter during employment with Langa Home Health Services.

By signing this form, you agree that all of the following are true:

1. I do not have a felony conviction in this or any other state.
2. I have not been convicted of a sexual assault, other violent crime, assault, fraud, theft, abuse, neglect, or exploitation or pose a threat to the health, safety, or well-being of a patient.
3. I have not had a finding by the department of any administrative agency in this or any other state for assault, fraud, theft, abuse, neglect, or exploitation of any person.

Vincent Wayne Ouellette

Full Name

Vincent Ouellette

Signature

Administrator

Position

10/9/23

Date

Description of Langa Home Health Services

Langa Home Health will offer skilled nursing, home health aides and personal care-homemaker services to clients and their family on a part-time or full-time bases.

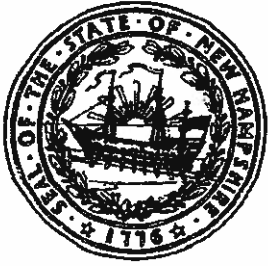
We will employ Registered Nurses, Licensed Practical Nurses, Licensed Nursing Assistants, Personal care assistants and companion care.

We will strive to provide nursing care to clients unable to safely leave their place of residence, especially clients who have been recently discharged from skilled nursing facilities, hospitals, or long-term care facilities.

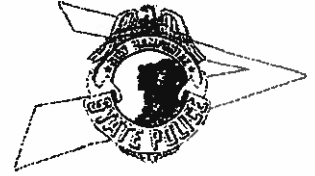
Such assistance includes, assisting with basic activities of daily living (**ADL'S**) such as personal care, catheter care, toileting, nutrition, client safety, mobility and ambulation if applicable, infection control/prevention, and vital signs.

Our skilled nursing will also provide wound care, medication administration and management via G.Tubes, by mouth, injections and other routes as prescribed by the physician.

We will also follow the orders of the Doctors and carry out the goals stated in their cure plan, as applicable to the client's clinical needs. This will include patient education, and operating medical equipment.



THE STATE OF NEW HAMPSHIRE
 DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE
 33 Hazen Dr, Concord NH 03305 (603) 223-3867



Name: OUELLETTE, VINCENT

DOB: 08/26/1964

**** NO CRIMINAL CONVICTION RECORD FOUND ****

THE STATE OF NEW HAMPSHIRE
 DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE

I certify this record being disseminated to:

OUELLETTE, VINCENT-OUELLETTE, VINCENT

Is a true and accurate copy of the record as it appears in our files.

By: NH State Police Criminal Records Unit *Nathan A. Noyes*

Date: October 10, 2023

Director

*** END OF CRIMINAL RECORD ***

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal Record of the named individual.

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH & HUMAN SERVICES
Bureau of Licensing and Certification
HEALTH FACILITIES ADMINISTRATION
 129 Pleasant Street, Concord, New Hampshire 03301-3857
 TDD Access: Relay NH 1-800-735-2964
 Agency Phone Number: 603-271-9039

- Initial Licensing – This includes a change in ownership or address other than a 911 change
- A change in current licensing category
- New Construction and/or Renovation of Existing Building
- An increase in occupancy (ie: Beds, ESRD Stations or Clients)

Please note: All applicants must have each final inspection signed by local officials, even if they do not see clients at their place of business. This is to confirm that the local authorities are aware that a business is operating at the identified location and that the business complies with all local ordinances pursuant to RSA 151:4,III(3).

Please note: Applicants that are planning new construction, modifying/renovating or requesting a bed increase that involves modifications to the building must have both the plan review sections as well as the final inspection sections of the form completed and signed by building and fire officials.

FACILITY NAME: Langa Home Health Care Services LLC
 STREET ADDRESS: 56 MARIE AVE, NASHUA, NH 03063
 OWNERS'S NAME: Phoca Langa Ouellette
 ADMINISTRATOR NAME: Phoca Langa Ouellette
 TELEPHONE NUMBER: 603 759 4559
 PROPOSED TYPE OF FACILITY: Home Health Care

Local authorities please complete and sign each section:

HEALTH OFFICER

I HEREBY CERTIFY THAT THE ENTITY _____ COMPLIES WITH ALL APPLICABLE HEALTH, SEWAGE AND WATER REGULATIONS FOR THE CITY/TOWN OF _____.

I HEREBY CERTIFY THAT THE CITY/TOWN OF NASHUA NH DOES NOT REQUIRE HEALTH, SEWAGE AND WATER APPROVAL OF THIS FACILITY/ESTABLISHMENT.

NUMBER OF BEDS/CLIENTS: 0

FINAL INSPECTION: DATE: 0 SIGNATURE: [Signature]
 (NAME AND TITLE OF HEALTH OFFICIAL)

BUILDING REGULATIONS

I HEREBY CERTIFY THAT THE CITY/TOWN OF NASHUA BUILDING DEPARTMENT HAS REVIEWED THE PLANS FOR LANGA HOME HEALTH CARE SVS APPROVED DENIED

PLAN REVIEW: DATE: 8/22/13 SIGNATURE: [Signature]
 (NAME AND TITLE OF BUILDING OFFICIAL)

I HEREBY CERTIFY THAT THE CITY/TOWN OF _____ BUILDING DEPARTMENT HAS INSPECTED _____ ON _____ AND OBSERVED THE FOLLOWING VIOLATIONS:

I HEREBY CERTIFY THAT THE CITY/TOWN OF _____ BUILDING DEPARTMENT HAS INSPECTED _____ ON _____ AND ALL PREVIOUS VIOLATIONS HAVE BEEN CORRECTED.



MINOR HOME OCCUPATION APPLICATION

FOR CERTIFICATION OF USE AND OCCUPANCY

This application must be completed and submitted to the Planning Department. ~ PLEASE PRINT OR TYPE ~

ADDRESS 56 Marie Avenue
 Sheet 138 Lot 371 Zone R9 Property Account # 2218

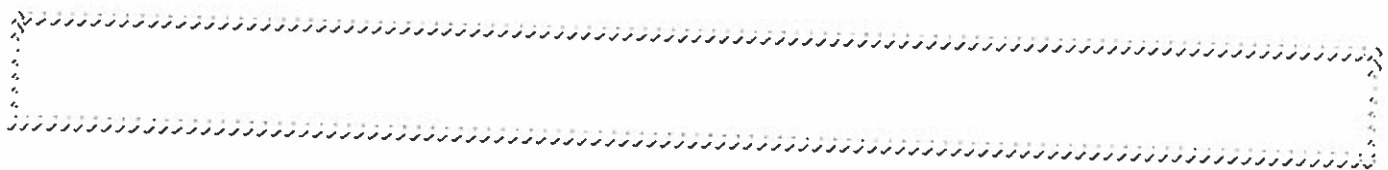
a. APPLICANT / TENANT _____
 Applicant's signature _____ Date _____
 Applicant's address _____
 Telephone (h) _____ (w) _____ Email _____

b. PROPERTY OWNER Prisca (St Vincent) Ouellette
 Owner's signature [Signature] Date 8/21/23
 Owner's address 56 MARIE Avenue, NASHUA, NH 03063
 Telephone (h) 603 718 8347 (w) _____ Email PriscaLanga@gmail.com

Briefly describe proposed business Home Health Care Agency
No activities for Home Health care at this
Address, All care is at for patients homes

I hereby acknowledge that if I (owner and applicant) individually, in partnership, or as a member of any other business entity of which I am an officer or hold 50% or more of the beneficial interests, not in violation of any City of Nashua Ordinances.

I also hereby authorize the Nashua Zoning Board of Adjustment, the Nashua City Planning Department and/or agents to enter on and inspect the property proposed for action by this applicant.



REQUIREMENTS FOR A MINOR HOME OCCUPATION

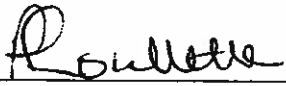
Per Nashua Revised Ordinances (NRO) Division 5 - Occupations Supplemental Use Regulations:

Section 190-47 – Home Occupations

The purpose of this section is to permit the accessory use of a residence for business purposes which are clearly incidental to the principal residential use, provided the use does not change the residential character or function of the property to the extent that the property would be distinguishable from other residential properties.

- (1) No nonresidents shall be employed on the premises.
- (2) No more than twenty (20) percent of the existing gross floor area of the dwelling, or two hundred (200) square feet, whichever is less, shall be devoted to such use.
- (3) The use shall be carried on entirely within the principal building.
- (4) The use will not change the internal or external residential character of the dwelling or require internal or external alterations to the structure.
- (5) There shall be no exterior storage or display of any kind which is related to the home occupation.
- (6) Visitation to the premises in conjunction with the home occupation by customers, vendors, solicitors or commercial deliveries shall be unusual and may only be on an infrequent basis, i.e., no more than three (3) such visits per week on the average.
- (7) The use shall be conducted in such a manner that the premises is otherwise indistinguishable from other residences in the neighborhood and shall not create any noise, dust, vibration, odor, smoke, glare, electrical interference, fire hazard or nuisance to any greater or more frequent extent than that usually experienced in a residential dwelling.
- (8) There shall be no advertising on the premises other than a single non-illuminated sign which shall not exceed two (2) square feet in area and which may only identify the occupant's name and address. The street address of the premises shall be prominently displayed by use of numerals no smaller than three (3) inches in height and no larger than six (6) inches in height.
- (9) Not more than one (1) commercial vehicle shall be stored, parked or otherwise situated on the premises. Such vehicle shall not exceed 25 feet in length.

I hereby acknowledge that I have read the information presented on this sheet and fully understand its meaning and agree to comply with all of the conditions listed herein.



APPLICANT'S SIGNATURE

8/21/23

DATE

This certifies that the proposed use of the premises for a minor home occupation as described above is in conformance with NRO Section 190-47, as amended.


Administrative Official

8/21/2023
Date



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE
33 Hazen Dr, Concord NH 03305 (603) 223-3867



Name: OUELLETTE, PRISCA

DOB: 01/01/1965

**** NO CRIMINAL CONVICTION RECORD FOUND ****

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE

I certify this record being disseminated to:

OUELLETTE, PRISCA-OUELLETTE, PRISCA

Is a true and accurate copy of the record as it appears in our files.

By: NH State Police Criminal Records Unit *Nathan A. Noyes*

Date: August 25, 2023 Director

*** END OF CRIMINAL RECORD ***

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal Record of the named individual.

State of New Hampshire
Department of Health and Human Services
Bureau of Elderly and Adult Services (BEAS)

3655
10/22

BEAS STATE REGISTRY CONSENT FORM
(RSA 161-F:49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to:

Employer/Agency: langa home health services llc

Employer Contact: Prisca Langa Ouellette

Mailing Address: 56 Marie Ave

City/State/Zip: Nashua NH 03063

Telephone: 603-930-0137

Email: priscalanga@gmail.com

Employee Information

Last name: Langa Ouellette First name: Prisca Middle Initial:

Mailing address: 56 Marie Ave City/State/Zip: Nashua NH 03063

Telephone: 603-930-0137 Gender: Female Male

Email: priscalanga@gmail.com

Also known by the following names (Maiden Name, etc.):

Last Name: Langa Ouellette First Name: Prisca Middle Initial:

Last Name: langa First Name: Prisca Middle Initial: Z

Date of Birth: Month 01 Day 01 Year 1965 Last 4 Digits of Social Security #: 9069

Position: owner Select one: Applying Current Position
 Employee Consultant Volunteer Vendor Other owner

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee or Legal Representative Signature: Prisca Langa Ouellette Date: 9/13/2023
DocuSigned by: Prisca Langa Ouellette B497AETEA131485

Relationship to Employee: self Email: priscalanga@gmail.com

For more information,

Visit: <https://www.dhhs.nh.gov/programs-services/adult-aging-care/elderly-adult-services-state-registry>,

Call: (603) 271-8154 or Email: BEASStateRegistry@dhhs.nh.gov

FOR OFFICIAL USE ONLY - NH DHHS BEAS STATE REGISTRY NAME CHECK - CONFIDENTIAL

No Finding Positive Finding Unable to Process

Name: SHELLY HANEMAN Date: 9/13/2023

prisca@langastaffing.com / priscalanga@gmail.com

OBJECTIVES

Position as Administrator for Home Health Agency

WORK EXPERIENCE

Langa LLC owner

P.O. BOX 107, Nashua N.H. 03061

Owner of nursing staffing agency; manages, marketing and sales, also delegates Registered Nurses, Licensed Practical Nurses, Licensed Nursing Assistants, as well as work in the field as a Registered Nurse; administering medications, completing patient assessments, wound care, G-Tube feeding, intravenous medication administration, injectable medications, other parenteral and rectal medication administration per doctor's orders. Documentation, and following doctor's orders, as well as advocating for the patients that I care for while following Medicare/Medicaid compliance policies.

MOST RECENT/ CURRENT ASSIGNMENTS

Courville Nashua

22 Hunt Street, Nashua, N.H.

Northeast Rehabilitation Hospital Network`

With facilities;

70 Butler Street, Salem, N.H. 03079

Northeast Rehabilitation Hospital

29 Northwest Blvd,

Nashua, N.H. 03063

**Northeast Rehab Hospital
105 Corporate Dr, Portsmouth, N.H.03801**

**Aynsley place Assisted Living
80 Lake Street, Nashua N.H.**

Work Experience (Before Agency ownership)

**Adult / Gerontology Nurse Practitioner
Elliot Hospital 2019 to Current**

**Adult / Gerontology Nurse Practitioner
NECM, N. Andover, Mass.
April 2017- April 2019**

**Registered Nurse/ Weekend Supervisor
Northeast Rehab Hospital
Dec 2014- Jan 2017**

**Registered Nurse Kindred Healthcare
Feb 2004-Nov 2014**

**Registered Nurse Circle Home Care
Oct 2016-Jan 2017**

EDUCATION

Associate of Science, Nursing 1997

Rivier College-Nashua N.H.

Bachelor of Science, Nursing 2011

Chamberlain College of Nursing-Addison, Illinois.

Master of Science, Nursing 2016

Walden University -Minneapolis, Minnesota

LICENSES

Adult- Gerontology Nurse Practitioner in the State of N.H

LIC. # 051510-23

AANP LIC. # AGPCNP 0716040

NPI # 1598217564

Registered Nurse State of N.H. LIC. # 051510-21

DEA LIC. # MC4114106

Basic Life Support Lic. Since 2003

SKILLS

Patient-centered care

Health and Wellness Expert

Acute / Subacute rehabilitation Care

Culturally Sensitive Provider

Preventative Care Specialist

Proficient in various EMAR computerized systems

Great organizational skills

PRISCA LANGA AGNP-PC

56 Marie Ave, Nashua, NH 03063 | C: (603) 930 0137 | priscalanga@gmail.com

Adult Nurse Practitioner focused on providing quality care and maintaining direct lines of communication with patients and the entire health-care team.
Superb interpersonal and leadership skills. More than 20 years in nursing and healthcare. Seeking position in a facility that diagnoses and manages both common and chronic medical conditions in patients 13 and older including geriatrics.

Adult / Gerontology Nurse Practitioner

Elliot Hospital Senior Health April 2019 to present

Delivery of care to adults and seniors in the Primary care setting including In Long Term Care Manchester / Bedford NH areas

- Management of acute and chronic illnesses
- evaluate, diagnose, treat and referrals
- education for disease prevention and advanced care planning

Adult / Gerontology Nurse Practitioner

New England Community Medical Specialists April 2017 to April 2019

Care delivery in the Long Term Care and Skilled Nursing Facility setting in Massachusetts
Provide primary care to seniors in the Long Term Care setting.

- Physical exams and assessments
- order and interpret labs
- prescribe and follow up with multiple diagnosis
- manage chronic and acute diseases

Adult Nurse Practitioner

Lifeline Community Health Care January 2017- April 2017

Community health and disease-prevention in adults in various communities in NH and Massachusetts

Registered Nurse Home Care per visit Oct. 2016 to Jan. 2017

Circle Home Health/ Hospice Care

Home health visits with the elderly living in their homes, ensuring safety, med compliance, teaching, wound care and health evaluations.

Registered Nurse/Supervisor Dec. 2014 to Jan. 2017

Northeast Rehabilitation Hospital

Ensures compliance of Evidence-Based Care by staff with strong experience in management of professional and paraprofessional staff.

Registered Nurse Feb 2004 to Nov 2014

Kindred Healthcare — Nashua, NH

Delivered high-quality and compassionate treatment to adults and the elderly patients in the long term care community setting.

Simultaneously served as lead Registered Nurse Manager on 2 floors with a total of 100 patients. Supervised at least 22 other registered nurses and employees, helped with hiring, managed employee

review process and ensured compliance with state and federal regulations.
Actively participated in unit-based Quality Assurance Program.
Provided palliative and Hospice care in the in-patient settings ranging from assessment to development and implementation of care plans.

Education

Master of Science, Nursing 2016

Walden University — Minneapolis, Minnesota, US

3.63 GPA

National Honor Society of Nursing Academic Achievement Award

Graduated Cum Laude

Coursework in Women's Health

Coursework in Adult and Health

Coursework in Diabetes Management

Bachelor of Science, Nursing 2011

Chamberlain College of Nursing — Addison, Illinois, US

Associate of Science, Nursing 1997

Rivier College — Nashua, NH, US

Licenses

Adult-Gerontology Nurse Practitioner in the State of New Hampshire, License number 051510-23

American Academy of Nurse Practitioner B.C. AGPCNP 0716040

NPI # 1598217564

DEA License # MC4114106

MCSR # 1083574N

State of Mass. Medicare ID # S400355881

State of N.H. Medicare ID # T400359279

Registered Nurse in the State of New Hampshire, License number 051510-21

Registered Nurse in the State of Massachusetts, License number 255550

Advanced Cardiac Life Support License since 2014

Basic Life Support License since 2003

Skills

GeeseMed, Cerner, MEDITECH, PCC, Centricity, and EPIC computerized charting.

Great bedside manner, enthusiastic people person, advanced problem-solving, great organizational skills.

Intravenous therapy, negative-pressure wound knowledge.

Disciplined, energetic employee who quickly establishes rapport with patients and colleagues.

Patient-centered care

Sound judgment

Health and wellness expert

Preventative care specialist

Acute, Subacute and rehabilitative care

Geriatric and SNF experience

Skilled Care management

Skilled in conducting physical examinations

Committed to compliance reporting

Culturally sensitive



PRISCA LANGA AGNP-PC

56 Marie Ave, Nashua, NH 03063 | C: (603) 930 0137 | prisicalanga@gmail.com

Adult Nurse Practitioner focused on providing quality care and maintaining direct lines of communication with patients and the entire health-care team.
Superb interpersonal and leadership skills. More than 20 years in nursing and healthcare. Seeking position in a facility that diagnoses and manages both common and chronic medical conditions in patients 13 and older including geriatrics.

Adult / Gerontology Nurse Practitioner

Elliot Hospital Senior Health April 2019 to present

Delivery of care to adults and seniors in the Primary care setting including In Long Term Care Manchester / Bedford NH areas

- Management of acute and chronic illnesses
- evaluate, diagnose, treat and referrals
- education for disease prevention and advanced care planning

Adult / Gerontology Nurse Practitioner

New England Community Medical Specialists April 2017 to April 2019

Care delivery in the Long Term Care and Skilled Nursing Facility setting in Massachusetts
Provide primary care to seniors in the Long Term Care setting.

- Physical exams and assessments
- order and interpret labs
- prescribe and follow up with multiple diagnosis
- manage chronic and acute diseases

Adult Nurse Practitioner

Lifeline Community Health Care January 2017- April 2017

Community health and disease-prevention in adults in various communities in NH and Massachusetts

Registered Nurse Home Care per visit Oct. 2016 to Jan. 2017

Circle Home Health/ Hospice Care

Home health visits with the elderly living in their homes, ensuring safety, med compliance, teaching, wound care and health evaluations.

Registered Nurse/Supervisor Dec. 2014 to Jan. 2017

Northeast Rehabilitation Hospital

Ensures compliance of Evidence-Based Care by staff with strong experience in management of professional and paraprofessional staff.

Registered Nurse Feb 2004 to Nov 2014

Kindred Healthcare — Nashua, NH

Delivered high-quality and compassionate treatment to adults and the elderly patients in the long term care community setting.

Simultaneously served as lead Registered Nurse Manager on 2 floors with a total of 100 patients. Supervised at least 22 other registered nurses and employees, helped with hiring, managed employee

review process and ensured compliance with state and federal regulations.
Actively participated in unit-based Quality Assurance Program.
Provided palliative and Hospice care in the in-patient settings ranging from assessment to development and implementation of care plans.

Education

Master of Science, Nursing 2016

Walden University — Minneapolis, Minnesota, US

3.63 GPA

National Honor Society of Nursing Academic Achievement Award

Graduated Cum Laude

Coursework in Women's Health

Coursework in Adult and Health

Coursework in Diabetes Management

Bachelor of Science, Nursing 2011

Chamberlain College of Nursing — Addison, Illinois, US

Associate of Science, Nursing 1997

Rivier College — Nashua, NH, US

Licenses

Adult-Gerontology Nurse Practitioner in the State of New Hampshire, License number 051510-23

American Academy of Nurse Practitioner B.C. AGPCNP 0716040

NPI # 1598217564

DEA License # MC4114106

MCSR # 1083574N

State of Mass. Medicare ID # S400355881

State of N.H. Medicare ID # T400359279

Registered Nurse in the State of New Hampshire, License number 051510-21

Registered Nurse in the State of Massachusetts, License number 255550

Advanced Cardiac Life Support License since 2014

Basic Life Support License since 2003

Skills

GeeseMed, Cerner, MEDITECH, PCC, Centricity, and EPIC computerized charting.

Great bedside manner, enthusiastic people person, advanced problem-solving, great organizational skills.

Intravenous therapy, negative-pressure wound knowledge.

Disciplined, energetic employee who quickly establishes rapport with patients and colleagues.

Patient-centered care

Sound judgment

Health and wellness expert

Preventative care specialist

Acute, Subacute and rehabilitative care

Geriatric and SNF experience

Skilled Care management

Skilled in conducting physical examinations

Committed to compliance reporting

Culturally sensitive



Curran, Marilee

From: Curran, Marilee
Sent: Monday, August 14, 2023 12:32 PM
To: prisca@langastaffing.com
Subject: Licensing Application
Attachments: Local Approval Form.pdf

Good Afternoon:

In accordance with RSA 541-A:29, the Office of Legal and Regulatory Services hereby acknowledges receipt of your application for licensure as a Home Care Service Provider.

Review of your application indicates that the following material has been omitted or is in error pursuant to RSA 151:4, and He-P 822, the rules of the Office of Legal and Regulatory Services for a Home Care Service Provider.

You did not submit the following:

Approval of local health officer

Approval of local building officer

Approval of local zoning officer

Approval of local fire officer

Suggested Form attached

Qualifications, including education, experience and copies of applicable licenses for Administrator

Copy of your authority to do business in NH from the Secretary of State

Results of a Bureau of Elderly and Adult Registry Check for the Administrator [Elderly & Adult Services State Registry](#)

[New Hampshire Department of Health and Human Services \(nh.gov\)](#)

Description of Services

The results of a criminal records check for the administrator – results must include the State of NH.

A written non-conviction statement from the administrator per He-P 822.17(t)(1)-(3) [he-p822.pdf \(nh.gov\)](#)

The above referenced information must be received within 30 days of the date of this letter. If the material is not received by that date the office will close your file.

If you have any questions regarding your application, the application process or the provisions of RSA 151 and the rules of the Office of Legal and Regulatory Services which apply to your licensure request, please do not hesitate to contact me.

Marilee D. Curran, MS
Licensing Database Administrator
DHHS
Health Facilities Administration-Licensing
129 Pleasant St.
Concord, NH 03301
Phone (603) 271-9041
Fax (603) 271-4968

STATEMENT OF CONFIDENTIALITY: This message may contain information that is privileged and confidential and is intended for the exclusive use of the individual(s) to whom it is addressed. If you received this message in error, please contact the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation.