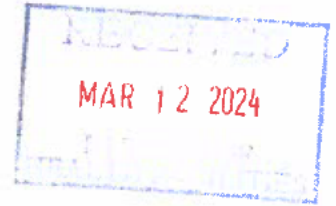


STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 Pleasant Street, Concord, NH 03301
TDD Access: Relay NH 1-800-735-2964
Agency Phone: 603-271-9039



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

EXISTING FACILITY LICENSE #: 02285
CURRENT FACILITY LICENSE EXPIRATION DATE, IF APPLICABLE: 07/31/2024

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 type="checkbox"/> Other (please explain): |
| <input checked="" type="checkbox"/> *New owner: | <input type="checkbox"/> **Change in # of beds: | <input type="checkbox"/> ***Change in classification: |
| <input type="checkbox"/> **Change in address: | | |

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

LICENSEE (Legal Owner of Facility): Bedford Hills SNF Opco LLC TELEPHONE #: (603) 625-6462

NAME OF FACILITY (DBA): Bedford Hills TELEPHONE #: (603) 625-6462
FAX #: ()

STREET ADDRESS: 30 Colby Court CITY: Bedford STATE: NH ZIP: 03110

MAILING ADDRESS: 2420 Knapp Street CITY: Brooklyn STATE: NY ZIP: 11235

ADMINISTRATOR: Heidi Forrence

MEDICAL DIRECTOR (IF APPLICABLE): Dr. Samuel Goldman

FACILITY E-MAIL ADDRESS (REQUIRED): sstevenson@righthalthr.com

IF APPLICABLE:

NUMBER OF BEDS: PRESENTLY LICENSED: 147 TOTAL # TO BE LICENSED: 147

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

NUMBER OF ESRD STATIONS (Completed for He-P 811 licensees only): N/A

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

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. **See attached.**
- 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.
- 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

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
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.

- 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: 3/12/24 SIGNED: [Signature] Ownership Representative
(NAME AND TITLE)

DATE: 3/12/24 SIGNED: [Signature] Principal
(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: 12536
APPLICATION COMPLETE: _____

AMOUNT: 3,675.⁶⁰
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)

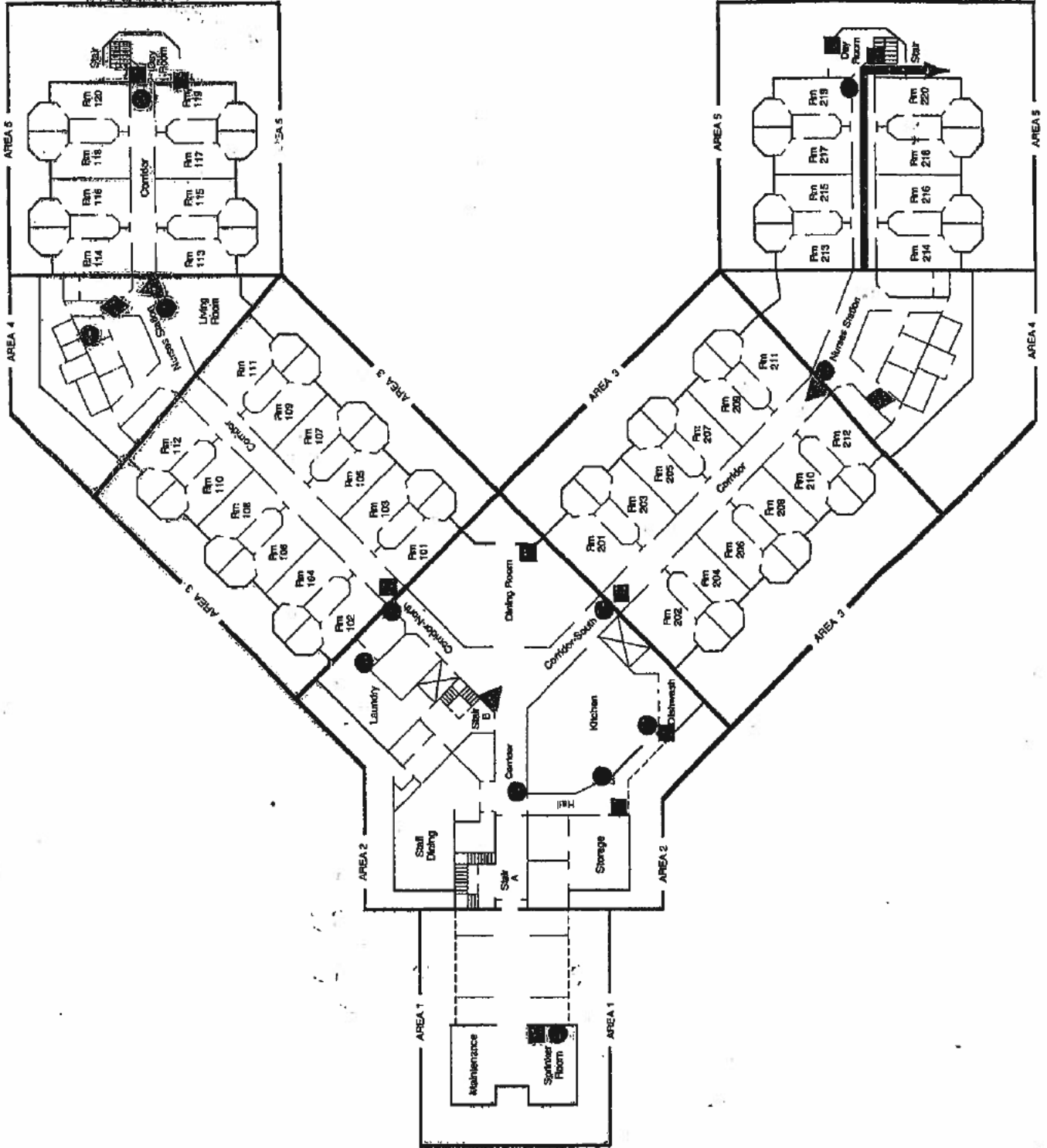
ISSUE ANNUAL LICENSE: YES _____ NO _____

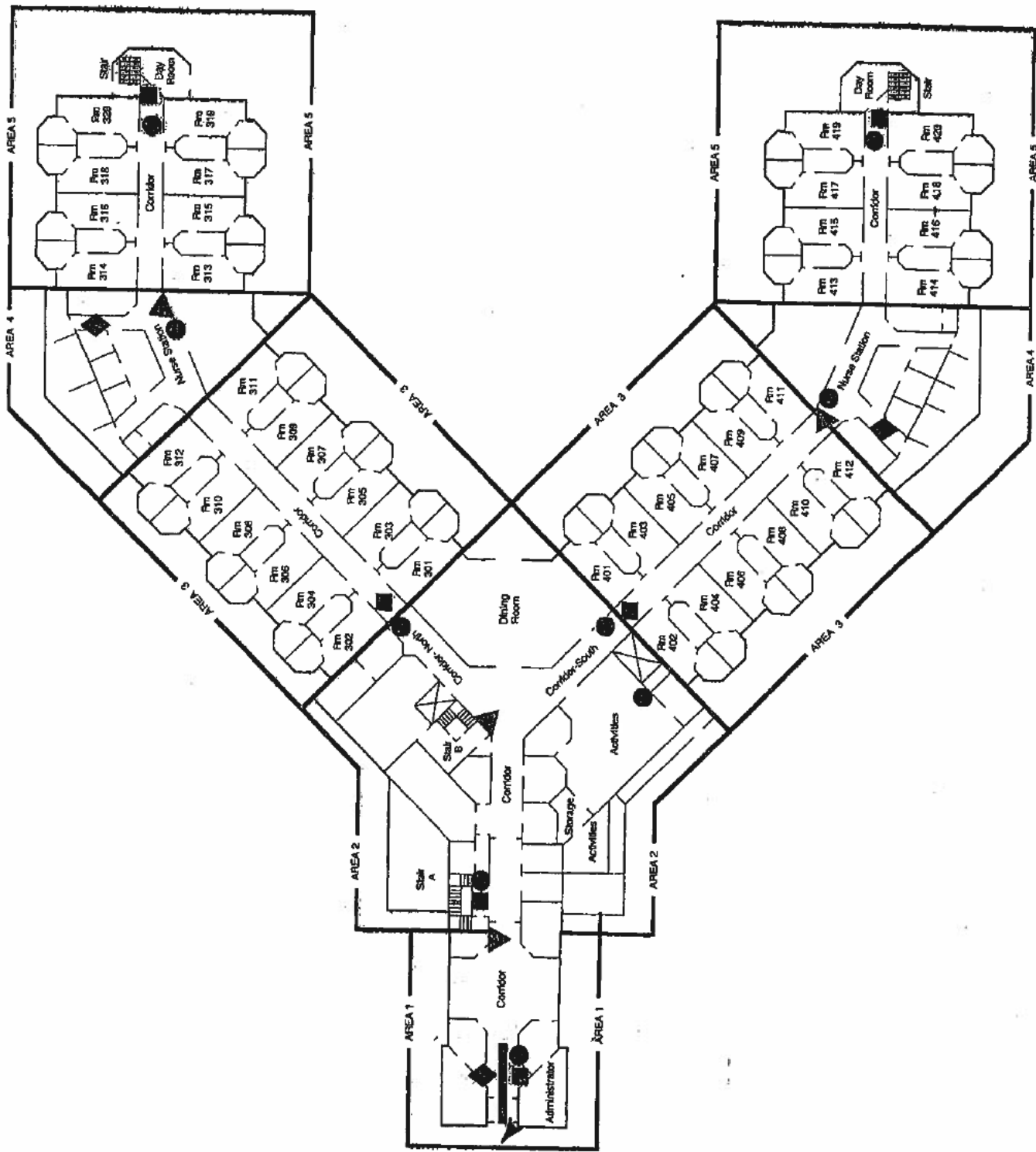
LICENSE CERTIFICATE DATES: FROM _____ TO _____

NUMBER OF PATIENTS/STATIONS/BEDS: _____

NOTES:

COMMENTS ON CERTIFICATE:





Description of Services

The applicant intends to continue offering the same 24/7 healthcare and quality of life services. This includes:

- ShortStay care
- LongTerm care
- Memory Support
- Respite care
- Palliative care
- Rehabilitation therapy
- Physical therapy
- Occupational therapy
- Speech therapy
- Orthopedic Rehabilitation - including joint replacement, injuries and amputation
- Outpatient Rehabilitation Services
- Attending Physicians
- Registered Nurses
- IV Therapy
- Total Parenteral Nutrition (TPN)
- Audiology care
- Bariatric specialties
- Colostomy care
- Dementia care
- Dental care
- Personal care
- Podiatry care
- Psychiatric services
- Vision care
- Wound care
- X-ray
- Hospice care
- Pain management
- Case management
- Dietary and nutrition needs management
- Discharge planning
- Individual treatment plans
- Medication management
- 24-hour emergency alert and response system
- Coordinated transportation
- Cultural, educational, religious and social activities
- Recreation activities
- Interpreter services
- Powerback Rehabilitation to You



State of New Hampshire

Department of State



Accepted Date: **01/25/2024**
Business Name: **BEDFORD HILLS SNF OPCO LLC**
Principal Office Address: **2420 Knapp Street, Brooklyn, NY, 11235, USA**

RE: Acceptance of Business Formation

This letter is to confirm the acceptance of the following business formation:

Business ID: **952079**
Filing #: **6547040**
Expiration Date: **Not Stated**
Effective Date: **01/19/2024**
Payment Transaction #: **20249980842514001**

To maintain your business registration in good standing, you must maintain a Registered Agent at all times. You must also file an annual report no later than April 1st of each year. To file your annual report please go to <https://quickstart.sos.nh.gov/online/Account>.

It is incumbent upon you to keep this office informed of address or email changes to ensure that all communications from our office reaches you. There is no charge for address changes.

Please visit our website for helpful information regarding all your business needs. If you require assistance or should you have any questions, you may contact the Corporation Division using the information provided below.

Please reference your Business ID in your communication.

Thank you,

New Hampshire Department of State
Corporation Division



State of New Hampshire Department of State

Filed
Date Filed : 01/19/2024 01:58:00 PM
Effective Date : 01/19/2024 01:58:00 PM
Filing # : 6547040 Pages : 2
Business ID : 952079
David M. Scanlan
Secretary of State
State of New Hampshire

Form LLC-1
RSA 304-C:31

CERTIFICATE OF FORMATION NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, under the New Hampshire Limited Liability Company Laws submits the following certificate of formation:

FIRST: The name of the limited liability company is:

BEDFORD HILLS SNF OPCO LLC

Principal Business Information:

Principal Office Address:

2420 Knapp Street Brooklyn NY 11235
(no. & street) (city/town) (state) (zip code)

Principal Mailing Address (if different):

2420 Knapp Street Brooklyn NY 11235
(no. & street) (city/town) (state) (zip code)

Business Phone: NONE

Business Email: agent@platinumfilings.com

Notification Email: agent@platinumfilings.com

Please check if you would prefer to receive the Annual Report Reminder Notice by email.

SECOND: Describe the nature of the primary business or purposes (and if known, list the NAICS Code and Sub Code):

62-Health Care and Social Assistance - 110-Nursing Care Facilities (Skilled Nursing Facilities)

THIRD: The name of the limited liability company's initial registered agent is:

PLATINUM REGISTERED AGENTS INC. (819912)

The complete address of its registered office (agent's business address) is:

10 Ferry Street, Suite 313 Concord NH 03301
(no. & street) (city/town) (state) (zip code)

FOURTH: The management of the limited liability company is vested in a manager or managers.

The period of its duration is: Not Stated

Manager/Member Information:

Name	Title	Address
Zisha Margulies	Manager	2420 Knapp Street, Brooklyn, NY, 11235, USA

Raphael Treitel	Manager	2420 Knapp Street, Brooklyn, NY, 11235, USA
Nathan Treitel	Manager	2420 Knapp Steet, Brooklyn, NY, 11235, USA

Title: Authorized Signer
Signature: Zisha Margulies
Name of Signer: Zisha Margulies
Date signed: 01/19/2024
Effective Date: 01/19/2024 01:58:00 PM

Note: The sale or offer for sale of membership interests of the limited liability company will comply with the requirements of the New Hampshire Uniform Securities Act (RSA 421-B). The membership interests of the limited liability company: 1) have been registered or when offered will be registered under RSA 421-B; 2) are exempted or when offered will be exempted under RSA 421-B; 3) are or will be offered in a transaction exempted from registration under RSA 421-B; 4) are not securities under RSA 421-B; OR 5) are federal covered securities under RSA 421-B. The statement above shall not by itself constitute a registration or a notice of exemption from registration of securities within the meaning of sections 448 and 461(i)(3) of the United States Internal Revenue Code and the regulation promulgated thereunder.

* Must be signed by a manager; if no manager, must be signed by a member.

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

State of New Hampshire

Department of State

CERTIFICATE OF EXISTENCE
OF
BEDFORD HILLS SNF OPCO LLC

This is to certify that **BEDFORD HILLS SNF OPCO LLC** is registered in this office as a **New Hampshire Limited Liability Company** to transact business in New Hampshire on 1/19/2024 1:58:00 PM.

Business ID: 952079



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 19th day of January A.D. 2024

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

David M. Scanlan
Secretary of State



State of New Hampshire

Department of State



Accepted Date: **03/05/2024**
Business Name: **BEDFORD HILLS SNF OPCO LLC**
Principal Office Address: **2420 Knapp Street, Brooklyn, NY, 11235, USA**

RE: Acceptance of Registered Agent Change

This letter is to confirm the acceptance of the following Registered Agent Change:

Business ID: **952079**
Filing #: **6596973**
Expiration Date: **Not Stated**
Effective Date: **03/01/2024**
Payment Transaction #: **20249980869349001**

To maintain your business registration in good standing, you must maintain a Registered Agent at all times. You must also file an annual report no later than April 1st of each year.

To file your annual report please go to <https://quickstart.sos.nh.gov/online/Account>.

It is incumbent upon you to keep this office informed of address or email changes to ensure that all communications from our office reaches you.

Please visit our website for helpful information regarding all your business needs. If you require assistance or should you have any questions, you may contact the Corporation Division using the information provided below.

Please reference your Business ID in your communication.

Thank you,

New Hampshire Department of State
Corporation Division



State of New Hampshire Department of State

Filed
Date Filed : 03/01/2024 10:48:00 AM
Effective Date : 03/01/2024 10:48:00 AM
Filing # : 6596973 Pages : 1
Business ID : 952079
David M. Scanlan
Secretary of State
State of New Hampshire

Registered Agent Change

PURSUANT TO THE PROVISIONS of the New Hampshire Revised Statutes Annotated, the undersigned business, organized under the laws of New Hampshire submits the following statement for the purpose of changing the registered office or the registered agent, or both, in the state of New Hampshire. If submitted by the Registered Agent, the listed business has been notified in writing of the change in registered office.

BUSINESS NAME: **BEDFORD HILLS SNF OPCO LLC**
BUSINESS TYPE: **Domestic Limited Liability Company**

BUSINESS ID: **952079**
STATE OF FORMATION: **New Hampshire**

PREVIOUS REGISTERED AGENT:
PLATINUM REGISTERED AGENTS INC. (819912)

PREVIOUS REGISTERED AGENT OFFICE:
PRINCIPAL OFFICE ADDRESS: **10 Ferry Street, Suite 313, Concord, NH, 03301, USA**
MAILING ADDRESS: **10 Ferry Street, Suite 313, Concord, NH, 03301, USA**

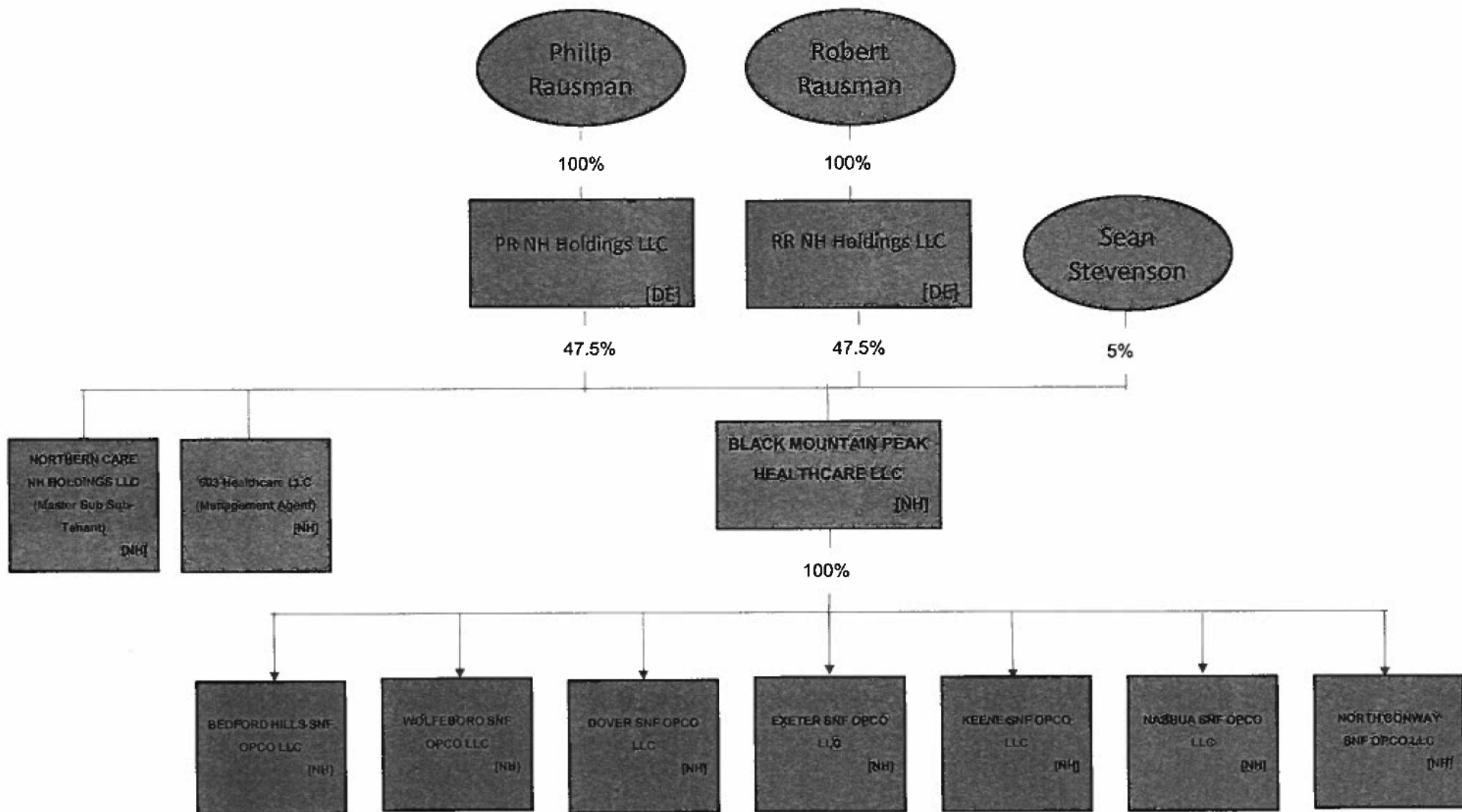
NEW REGISTERED AGENT:
REGISTERED AGENTS INC (658418)

NEW REGISTERED AGENT OFFICE:
PRINCIPAL OFFICE ADDRESS: **84 W BROADWAY, STE 200, Derry, NH, 03038, USA**
MAILING ADDRESS: **84 W BROADWAY, STE 200, Derry, NH, 03038, USA**

- The street address, town/city of its registered office and the address of the business office of its registered agent, as changed, will be identical.
- Pursuant to the provisions of RSA 293-A:5.02(a), RSA 293-A:15.08(a), RSA 304-C:36 II, RSA 304-C:177 V, RSA 304-A:49 II, RSA 564-F:5-501 or RSA 564-F:5-2107, this document must be executed by an officer or director, a manager or member, a partner or agent.

I, the undersigned, do hereby certify that the above information is true to the best of my knowledge and belief.

Title: Manager
Signature: Robert Rausman
Name of Signer: Robert Rausman
Date signed: 03/01/2024



HEIDI M. FORRENCE

OBJECTIVE

To utilize my skills and knowledge as an Administrator.

EDUCATION: University of New Hampshire, Durham, NH

- B.A., Psychology, 5/2008
- Minor: Social Work
- Licensed Nursing Home Administrator 3/20/2015

RELATED EXPERIENCE

Licensed Nursing Home Administrator: 3/2015 - Present

Genesis Healthcare: Saugus Center, Hackett Hill Center, Bedford Hills Center 8/2015 – Present

- Responsible for day to day operation and oversight in accordance with federal, state and local regulations of Short Term and Long Term Care Nursing facilities.
- Assuring highest quality care is provided to patients and residents at all times.
- Analyzing revenue and expenses and making adjustments when revenue fluctuates.
- Assisting in labor management, hiring and orientation process.
- Recently promoted to Market Senior Administrator

Administrator in Training: 6/23/2014 – 3/2015

Genesis Healthcare: Prescott House, North Andover, NH

- Completed a total of 1040 hour requirement for Administrator in Training Internship.

Social Service Director: 7/2010 – 6/23/2014

Genesis Healthcare: The Elms Center, Milford, NH

- Completed admission, quarterly and annual assessments and perform discharge planning: identify discharge potential/status throughout residents' stay, make referrals for appropriate services.
- Participated in management meetings and decision making.
- Accountable for grievances/concerns, customer service and education of Residents rights and abuse.
- Provided emotional support to residents and families.

Administrator in Training: 6/2012 – 2/2013

SunBridge HealthCare: The Elms Center, Milford, NH

- Offered AIT position and participated in program June 2012 to February 2013, until which time position was eliminated from facility due to merger of company.

Social Services and Admissions Assistant: 1/2009 – 7/2010

SunBridge Healthcare: Colonial Hill, Rochester, NH and Clipper Harbor, Portsmouth, NH

- Assisted with discharge planning and Care plan meetings.
- Assisted residents and families with transition and adjustment to placement and/or illnesses.
- Performed assessment of residents upon admission and throughout stay; completed assigned sections of MDS, as well as Social Service Assessments.
- Interim Social Service Director.
- Assisted with admissions process including taking inquiry calls from hospitals, families, and receiving referrals from nurse liaisons.
- Provided social services needs to Solana unit and Alzheimer residents.



State of New Hampshire
Board of Examiners of Nursing
Home Administrators

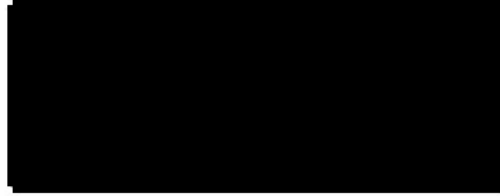
Authorized as
Nursing Home Administrator

Issued to: HEIDI M FORRENCE, NHA

Active

License #: 3801
Issue Date: 09/01/2016
Expiration Date: 12/31/2024

Curriculum Vitae
Samuel J. Goldman, D.O., CMD



Professional Work Experience

- | | |
|--|--|
| July 2012- present | Catholic Medical Center Medical Staff |
| July 2002- present | Elliot Hospital Medical Staff |
| July 2002- present | Geriatrician and Senior Physician, Senior Health Primary Care. Elliot Hospital, Manchester, New Hampshire |
| October 2006- present | Medical Director, Genesis Health Care Bedford, New Hampshire |
| January 2007- 2022
November 2023- present | Medical Director, Courville Communities Manchester, New Hampshire |
| July 2002- present | Rounding Geriatrician at Villa-crest, Mt. Carmel Hanover Hill, Maple Leaf, Bel Air Bedford Nursing and rehab, Courville and Bedford Hills Nursing Homes' |
| January 2007- 2022
November 2023-present | Medical director, Carlyle Place Assisted Living Bedford, New Hampshire |
| July 2003- present | Clinical Instructor of Geriatrics for Dartmouth School of Medicine |
| July 2002- present | Geriatrician/Hospitalist/ Geriatric consultant for Geriatric Psychiatric And Behavioral Inpatient Unit, Elliot Hospital Manchester, New Hampshire |

- July 2002- present Lecturer on varied topics in Internal
Medicine and Geriatrics in Southern
New Hampshire
- June 2000- June 2002 Clinical Instructor of Internal Medicine for
SUNY Downstate medical students, Staten
Island University Hospital North, Staten
Island, New York
- June 2000- June 2002 House Physician, Doctors Hospital, Staten
Island, New York
- June 1999- June 2002 House Physician, Staten Island University South,
Staten Island, New York

Education

- June 2001- June 2002 Geriatric Medicine Fellowship, Staten Island
University Hospital, Staten Island, New York
- June 1998- June 2001 Internal Medicine Residency, Staten Island
University Hospital, Staten Island, New York
- July 1997-June 1998 Rotating Internship, Brookdale Hospital and
Medical Center, Brooklyn, New York
- September 1993- May 1997 Doctor Of Osteopathic Medicine (D.O.),
Nova Southeaster University, Ft. Lauderdale
Florida
- September 1989- May 1993 Bachelor of Arts, Psychology
Emory University, Atlanta, Georgia

Licensure and Certifications

2002-present	State of New Hampshire Medicine and Surgery
2001- present	Certified, American Board of Internal Medicine
2001- present	Certified, with added qualifications in Geriatric Medicine
2004- present	Certified Medical Director (CMD), American Medical Directors Association (AMDA)
1998	National Board of Osteopathic Medical Examiners

Presentations

Goldman, S, Malach, B and Ahern, K. (June 2001). Health Care Behaviors Among a Group of Elderly Russian Immigrants. Poster presented at the American College of Physicians, New York, N.Y.

Research

Goldman, S, Deshmukh, S, Malach, B, Bouassaf, E. (September, 2001). Clinical Outcomes of Nursing Home Residents with Dementia Receiving Percutaneous Endoscopic Gastrostomy. Staten Island University Hospital, Staten Island, New York.

Goldman, S, Malach, B, and Ahern, K. (June 2001). Health Care Behaviors Among a Group of Elderly Russian Immigrants. Staten Island University Hospital, Staten Island, New York.

1992-1993 Research Assistant, "Fetal Stress and Neonatal Cortisol Levels", Emory University, Atlanta, Georgia

Awards

- 2009-2022 New Hampshire Magazine: Named Best Geriatrician
- 2001 Staten Island University Humanistic Award in
 Ambulatory Medicine
- 2001 SUNY Downstate ACP Research Finalist
- 2001 Academy of Medicine of Richmond County
 Honorable Mention Award for Research
- 2001 Certificate of Participation and Achievement in
 Medical Research and Scholarly Research

Professional Affiliations

American Medical Association
American Osteopathic Association
American College of Physicians
American Medical Directors Association
American Geriatric Society
American Board of Internal Medicine
American Medical Director Association

References

Furnished Upon Request



NEW HAMPSHIRE Online Licensing

nh.gov
Licensing
Home

Person Information

Name: SAMUEL J GOLDMAN, DO

License Information

License No: 11562 Profession: Medicine License Type: Physician
License Status: Active Issue Date: 4/3/2002 Expiration Date: 6/30/2024

Additional Information

Specialty: Internal Medicine

Board Certification Information

Board Certified	Certification	Expiration	ABMS Board Specialties
Yes	Imed		Geriatrics

Medical Education Information

Type	Facility Name	Country	Year
Medical School	NOVA SO EASTERN UNIV - FT LAUDERDALE, FL	USA	1997
Internship	BROOKDALE UNIV HOSP - BROOKLYN, NY		1998
Residency	STATEN ISLAND UNIV HOSPITAL - STATEN ISLAND, NY		1999

Remarks

No Related Documents

Disclaimer: The JCAHO and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.





**WATER AND SEWER BILL
CITY OF MANCHESTER, NH
MANCHESTER WATER WORKS**

Return this portion with your payment

WRITE
10027775302 0128

AMOUNT PAID

Make checks payable to:

MANCHESTER WATER WORKS

Payment Mailing Address

P.O. BOX 9677
MANCHESTER, NH 03108-9677

ACCOUNT NUMBER:

Service Address: 30 COLBY CT,
BEDFORD NH

Bill Date: 1/18/2024

Cycle-Route: 99-09

*After 2/16/2024, the amount due is

GENESIS MS #8
RIDGEWOOD CENTER - NH 55066
PO BOX 182943
COLUMBUS OH 43218-2943

000099333000073404000001513228



**WATER AND SEWER BILL
CITY OF MANCHESTER, NH
MANCHESTER WATER WORKS**

Please keep this portion for your records

Billed to: GENESIS MS #8
RIDGEWOOD CENTER - NH 55066
PO BOX 182943
COLUMBUS OH 43218-2943

INFORMATION FOR CUSTOMERS

Business Office Location:
MANCHESTER WATER WORKS
281 LINCOLN STREET
MANCHESTER, NH 03103

- Phone (603) 624-6494
- Office hours 8:00am-4:30pm, Mon-Fri
- Email WaterBilling@ManchesterNH.Gov

RATE INCREASE – Effective October 1, 2023 a rate increase of 9% will take effect for all water consumed and applicable water service and fire service charges incurred after September 30, 2023.

To access your billing account and make payments online, please visit our web site at www.ManchesterNH.Gov/Water. We also offer pay-by- phone, call 603-624-6494 and choose option #2.

Save time and money with our easy, secure, and free Direct Payment service! Contact us today to sign up! Please see the back of this page for additional important billing information.

BILL SUMMARY

Account Number: [REDACTED] Billing Date: 1/18/2024
For Service At: 30 COLBY CT, BEDFORD NH
Previous Balance: [REDACTED]
Payments: [REDACTED] received on 1/15/2024
Adjustments: [REDACTED]
Subtotal: [REDACTED]
Current Charges: [REDACTED]
TOTAL DUE*: [REDACTED] *Please pay by 2/16/2024 to avoid a 5% late fee of \$75.66.

SERVICE DETAIL

Rate Class: COMMERCIAL		Cycle-Route: 99-09				
Service Period	Days	Meter Number	Multi Units	Current	Previous	Usage
WA 11/29/23	12/29/23	30 6058982DW	10.00 CCF	1331	1308	230
WA 11/29/23	12/29/23	30 5672381W	10.00 CCF	4131	4102	290
WD 11/29/23	12/29/23	30 IRR799040W	1.000 CCF	6118	6118	0
Service	Consumption		Charge	Total		
FI FIRE SERVICE 4.0"	11/29/23	12/29/23	24.46	[REDACTED]		
FI FIRE SERVICE HYDRANT	11/29/23	12/29/23	213.60			
TOTAL FIRE SERVICE						
WM WATER SERVICE 2"	11/29/23	12/29/23	103.08			
WA WATER USAGE		520.00	1,172.08			
Total Current Charges						
Balance Forward						
Total Amount Due						
Pay [REDACTED]				After 2/16/24		

RECENT CONSUMPTION

DEC 2023	[REDACTED]	520
NOV 2023	[REDACTED]	560
OCT 2023	[REDACTED]	570
SEP 2023	[REDACTED]	610
AUG 2023	[REDACTED]	710
JUL 2023	[REDACTED]	640
JUN 2023	[REDACTED]	650
MAY 2023	[REDACTED]	670

Consumption in CCF (hundred cubic feet)

REGULATORY COMPLIANCE INFORMATION

Black Mountain Peak Healthcare LLC is an LLC established as the owner of the operating companies that will operate the facilities. Although this is a new entity, the LLC is 95% owned by Philip and Robert Rausman, Principles and managers of Northern Group LLC and the remaining 5% of the entity is owned by Sean Stevenson. As detailed below, Sean Stevenson has a lengthy background managing long term care operations in New Hampshire, and the Rausmans have significant experience managing healthcare facilities in New York.

Members:

Sean Stevenson is a 25+ year highly skilled and passionate operations executive that meets and exceeds business performance targets including consistent growth and improvement. Consistently recognized for superior performance, reliability, and work ethic resulting in promotions focused on business excellence improvement. An energetic leader and skilled communicator responsible for directing and assuring operations and specialty leadership teams run the healthcare centers to maximum efficiency and highest quality. Adept at instilling alignment between departments towards common goals to ensure financial and clinical outcome success of each center through margin optimization and census/revenue control, labor management, clinical and service quality, cash collection and compassionate customer experience.

Sean served Genesis Healthcare 10 years as Regional Vice President of Operations (4 years) and then promoted to Senior Vice President of Operations (6 years). The Senior VP role had responsibility for half of the whole Genesis portfolio, 9 states and 140+ centers. Sean also served Sunbridge Healthcare and Harborside Healthcare in Regional Vice President of Operations role for 10 years and was a Nursing Home Administrator for Integrated Health Services (IHS) for 5 years. Sean graduated from the University of New Hampshire with a degree in Health Management and Policy and also earned a master's degree in Business Education from Southern New Hampshire University.

Sean has a history of managing operations in New Hampshire and ensuring that his facilities comply with their regulatory obligations and any deficiencies are immediately addressed and corrected.

Philip Rausman, has played a pivotal role in the day-to-day operations of the family business running the facilities described below. As CEO, he is deeply involved in various aspects, including clinical reimbursement, staffing, and compliance. Philip's hands-on approach and leadership have been vital in fostering a cohesive team environment and maintaining the quality of care across the facilities.

Robert Rausman, the newest addition to the family business in 2020, has quickly made his mark as CFO strategizing and leading the growth initiative. With a focus on financial management and fiscal well-being, Robert oversees the financial aspects of the company, ensuring efficiency and sustainability. His strategic insights and dedication contribute significantly to the continued success and growth of the business.

Northern Group facilities:

1. Northern Manhattan Nursing and Rehabilitation center.
 - 320 bed Skilled Nursing facility in New York, NY, 10035
 - Facility was built and licensed by Phillip and Robert's father in 1996
 - 5 Star quality measures
2. Medford MultiCare Center for Living
 - 320 Bed skilled nursing facility at 3115 Horseblock Rd., Medford, NY, 11763
 - 40 Vent beds
 - Facility was licensed and built by Phillip and Robert's father in 2000
 - 5 Star quality measures
3. Manhattanville Health Care center
 - 200 Bed skilled nursing facility at 311 West 231st St., Bronx, NY.
 - 5-star Quality measures
 - Owned and operated since 2002
4. Waterview Nursing center for rehabilitation
 - 200 bed skilled nursing facility at 119-15 27th St., Flushing, NY.
 - 5-star facility
 - Leased to purchase back in 2023
5. Park Avenue Dialysis Center
 - 24 Station Dialysis center at 116 East 124th St., New York, NY 10035

The facilities referenced above have substantially complied with regulatory requirements in New York throughout the past five years and any complaints or notices of deficiency have been addressed.

BEDFORD HILLS SNF OPCO LLC APPLICATION

Bedford Hills SNF Opco LLC is not aware of any waivers that have been provided for the facility by the New Hampshire Department of Health & Human Services or the State Fire Marshal.

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
 129 Pleasant Street, Concord, New Hampshire 03301-3857
 TDD Access: Relay NH 1-800-735-2964
 Agency Phone Number: 800-852-3345, Extension 9039 or 603-271-9039

The facility listed below is requesting through the Department of Health and Human Services the following action:

- Initial Licensing
- A change in current licensing category
- Renovation of Existing Building
- New Construction and/or Addition to Existing Building
- An increase in current licensed beds / ESRD stations/ or Adult Day Clients

Please note: All applicants must have this form filled out by the 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.

Local authorities please complete and sign each section.

FACILITY/ESTABLISHMENT NAME: Bedford Hills
 STREET ADDRESS: 30 Colby Court Bedford, NH 03110
 OWNER'S NAME: Bedford Hills SNF Opco LLC
 ADMINISTRATORS NAME: Heidi Faldner
 TELEPHONE NUMBER: 603-625-6462
 PROPOSED TYPE OF FACILITY: Nursing Home

I HEREBY CERTIFY THAT Bedford Hills SNF Opco LLC **HEALTH OFFICER**
 COMPLIES WITH ALL APPLICABLE HEALTH, SEWAGE AND WATER REGULATIONS FOR THE CITY/TOWN OF Bedford NH

I HEREBY CERTIFY THAT _____ DOES NOT REQUIRE HEALTH, SEWAGE AND WATER APPROVAL OF THIS FACILITY/ESTABLISHMENT.

NUMBER OF BEDS/CLIENTS: 147 NUMBER OF ESRD* STATIONS: _____ N/A:

DATE: 3/4/24 SIGNATURE: [Signature]
 (NAME AND TITLE OF HEALTH OFFICIAL)

I HEREBY CERTIFY THAT Bedford Hills SNF Opco LLC **BUILDING REGULATIONS**
 COMPLIES WITH ALL APPLICABLE BUILDING REGULATIONS FOR THE CITY/TOWN OF Bedford NH

I HEREBY CERTIFY THAT _____ DOES NOT HAVE LOCAL BUILDING CODES OR REGULATIONS.

NUMBER OF BEDS/CLIENTS: 147 NUMBER OF ESRD* STATIONS: _____ N/A:

DATE: 3/4/24 SIGNATURE: [Signature]
 (NAME AND TITLE OF BUILDING OFFICIAL)

ZONING REGULATIONS

I HEREBY CERTIFY THAT Bedford Hills
COMPLIES WITH ALL APPLICABLE ZONING REGULATIONS FOR THE CITY/TOWN OF
Bedford

I HEREBY CERTIFY THAT _____ DOES
NOT HAVE LOCAL ZONING REGULATIONS.

NUMBER OF BEDS/CLIENTS: 147 NUMBER OF ESRD* STATIONS: _____ N/A: _____

DATE: 3/15/24 SIGNATURE: Rebecca Helgeson
(NAME AND TITLE OF ZONING OFFICIAL)

FIRE REGULATIONS

THIS CITY/TOWN USES THE FOLLOWING FIRE CODES: (EXAMPLE NFPA 101 (2003 EDITION)
CHAPTER ____.)

I HEREBY CERTIFY THAT _____ FD HAS INSPECTED _____
ON _____ AND OBSERVED THE FOLLOWING VIOLATIONS:

I HEREBY CERTIFY THAT _____ FD HAS INSPECTED _____
ON _____ AND FIND THAT ON THE DATE OF INSPECTION NO VIOLATIONS OF THE FIRE
CODE ADOPTED BY THE STATE FIRE MARSHAL AND/OR LOCAL MUNICIPAL CODES WERE OBSERVED.

I HEREBY CERTIFY THAT _____ FD HAS INSPECTED _____
ON _____ AND ALL PREVIOUSLY VIOLATIONS NOTED HAVE BEEN CORRECTED.

NUMBER OF BEDS/CLIENTS: _____ NUMBER OF ESRD* STATIONS: _____ N/A: _____

DATE: _____ SIGNATURE: _____
(FIRE CHIEF OR DESIGNEE)

* ESRD = End Stage Renal Dialysis

COMMENTS:

2/20/2020

ZONING REGULATIONS

I HEREBY CERTIFY THAT _____
COMPLIES WITH ALL APPLICABLE ZONING REGULATIONS FOR THE CITY/TOWN OF _____

I HEREBY CERTIFY THAT _____ DOES
NOT HAVE LOCAL ZONING REGULATIONS.

NUMBER OF BEDS/CLIENTS: _____ NUMBER OF ESRD* STATIONS: _____ N/A: _____

DATE: _____ SIGNATURE: _____
(NAME AND TITLE OF ZONING OFFICIAL)

FIRE REGULATIONS

THIS CITY/TOWN USES THE FOLLOWING FIRE CODES: (EXAMPLE NFPA 101 (2003 EDITION)
CHAPTER _____)

NFPA 1 (2018)
NFPA 101 (2018)

I HEREBY CERTIFY THAT _____ FD HAS INSPECTED _____
ON _____ AND OBSERVED THE FOLLOWING VIOLATIONS:

I HEREBY CERTIFY THAT Bedford FD HAS INSPECTED BEDFORD HILLS
ON 1/4/24 AND FIND THAT ON THE DATE OF INSPECTION NO VIOLATIONS OF THE FIRE
CODE ADOPTED BY THE STATE FIRE MARSHAL AND/OR LOCAL MUNICIPAL CODES WERE OBSERVED.

I HEREBY CERTIFY THAT _____ FD HAS INSPECTED _____
ON _____ AND ALL PREVIOUSLY VIOLATIONS NOTED HAVE BEEN CORRECTED.

NUMBER OF BEDS/CLIENTS: _____ NUMBER OF ESRD* STATIONS: _____ N/A: _____

DATE: 3/5/24 SIGNATURE: _____
(FIRE CHIEF OR DESIGNEE)

* ESRD = End Stage Renal Dialysis

COMMENTS:



VIA EMAIL: Marilee.Curran@dhhs.NH.gov

March 13, 2024

Marilee D Curran
 DHHS
 Health Facilities Administration – Licensing
 129 Pleasant St.
 Concord, NH 03301

Re: Change of Ownership – Skilled Nursing Facilities

Ms. Curran:

Please accept this letter on behalf of the centers listed and detailed below (“Centers”) pursuant to He-P 803.08(a)(1),:

Facility Name	Address	Current Operator	New Operator Legal Entity	License number
The Elms	71 Elm St Milford NH 03055	Harborside New Hampshire Limited Partnership	Milford SNF Opco LLC	02284
Bedford Hills Center	30 Colby Court Bedford NH 03110	Harborside New Hampshire Limited Partnership	Bedford Hills SNF OpCo LLC	02285
Wolfeboro Bay	39 Clipper Dr Wolfeboro NH 03894	SunBridge Clipper Home of Wolfeboro, LLC	Wolfeboro SNF Opco LLC	02451
Langdon Place of Dover	60 Middle Rd Dover, NH 03820	SunBridge Healthcare LLC	Dover SNF Opco LLC	02695 03906 (ALF)
Langdon Place of Nashua	319 E Dunstable Rd Nashua NH 03062	319 East Dunstable Road Operations, LLC	Nashua SNF Opco LLC	02692
Langdon Place of Exeter	17 Hampton Rd Exeter NH 03833	SunBridge Healthcare LLC	Exeter SNF Opco LLC	02694
Langdon Place of Keene	136A Arch St Keene NH 03431	SunBridge Healthcare LLC	Keene SNF Opco LLC	02693 03431 (ALF)
Mineral Springs	1251 White Mountain Highway. PO Box 3417 North Conway NH 03860	SunBridge Clipper Home of North Conway, LLC	North Conway SNF Opco LLC	02454

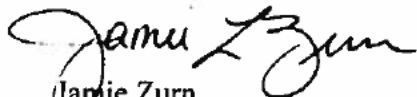
Details of the Transaction.

The centers will transfer ownership to the proposed new operators listed above pending regulatory approval. In addition to the transfer of the operations, there will be a purchase and sale of the improved real property of the centers along with a change in lease/subleases. The anticipated date for this change in ownership (CHOW) is on or around May 1, 2024, pending HUD approval.

The Centers will provide a written notice to each resident and/or family representative to inform them of the CHOW and will update them as the transition moves forward. Additionally, the Centers will provide a written notice to employees and staff regarding the details of the CHOW. The Centers anticipate that the proposed new operator will meet with the employees and staff regarding the transition and submit an application to DHHS with all required documents.

We thank you for your review and consideration of this transaction. Please contact me if you need anything further to effectuate this change. Jamie.zurn@genesishcc.com

Sincerely,


Jamie Zurn

4/10/24

I, Heidi Forrence, hereby attest that I do not have a felony conviction in this or any other state.

I have not been convicted of a sexual assault other violent crime, assault, fraud, abuse, neglect or exploitation or pose a threat to the health, safety or well-being of a patient in this or any other state; and

I have not had a finding by the department or any administrative agency in this or any other state for assault, fraud, abuse, neglect, or exploitation of any person in this or any other state.

Heidi Forrence

Administrator

A handwritten signature in black ink, appearing to read "Heidi Forrence". The signature is written in a cursive style with a large, prominent loop at the end.

4/10/24

I, Samuel Goldman, hereby attest that I do not have a felony conviction in this or any other state.

I have not been convicted of a sexual assault other violent crime, assault, fraud, abuse, neglect or exploitation or pose a threat to the health, safety or well-being of a patient in this or any other state; and

I have not had a finding by the department or any administrative agency in this or any other state for assault, fraud, abuse, neglect, or exploitation of any person in this or any other state.

Samuel Goldman

A handwritten signature in black ink, appearing to read 'S. Goldman', written over the printed name 'Samuel Goldman'.

Medical Director



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

April 16, 2024

Nathan Fennessy
PretiFlaherty
57 North Main St
Concord NH 03301

Re: Bedford Hills

Dear Attorney Fennessy:

In accordance with RSA 151-A:14, the Office of Legal and Regulatory Services hereby acknowledges receipt of the application and fees in the amount of \$3675.00 for a Nursing Home. This application has been submitted in anticipation of a future purchase.

Review of your application indicates that it has been completed in accordance with RSA 151:4, and He-P 803, the rules of the Office of Legal and Regulatory Services for a Nursing Home.

Once the sale has been concluded you must submit the appropriate documentation. At that time the Office of Legal and Regulatory Services will issue a new license.

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 this bureau at (603) 271-9041.

Sincerely,

A handwritten signature in black ink, appearing to read "Marilee D. Curran".

Marilee D. Curran, MS
Licensing Database Administrator
Health Facilities Administration