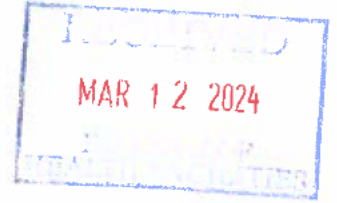


STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 Pleasant Street, Concord, NH 03301
TDD Access: Relay NH 1-800-735-2964
Agency Phone: 603-271-9039



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

EXISTING FACILITY LICENSE #: 02694
CURRENT FACILITY LICENSE EXPIRATION DATE, IF APPLICABLE: 10/31/2024

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): Exeter SNF OPCO LLC TELEPHONE #: (603) 772-5251

NAME OF FACILITY (DBA): Langdon Place of Exeter TELEPHONE #: (603) 772-5251
FAX #: ()

STREET ADDRESS: 17 Hampton Road CITY: Exeter STATE: NH ZIP: 03833

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

ADMINISTRATOR: Denise Petty

MEDICAL DIRECTOR (IF APPLICABLE): _____

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

IF APPLICABLE:

NUMBER OF BEDS: PRESENTLY LICENSED: 114 TOTAL # TO BE LICENSED: 114

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: 12540
APPLICATION COMPLETE: _____

AMOUNT: 1,710.00
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 _____

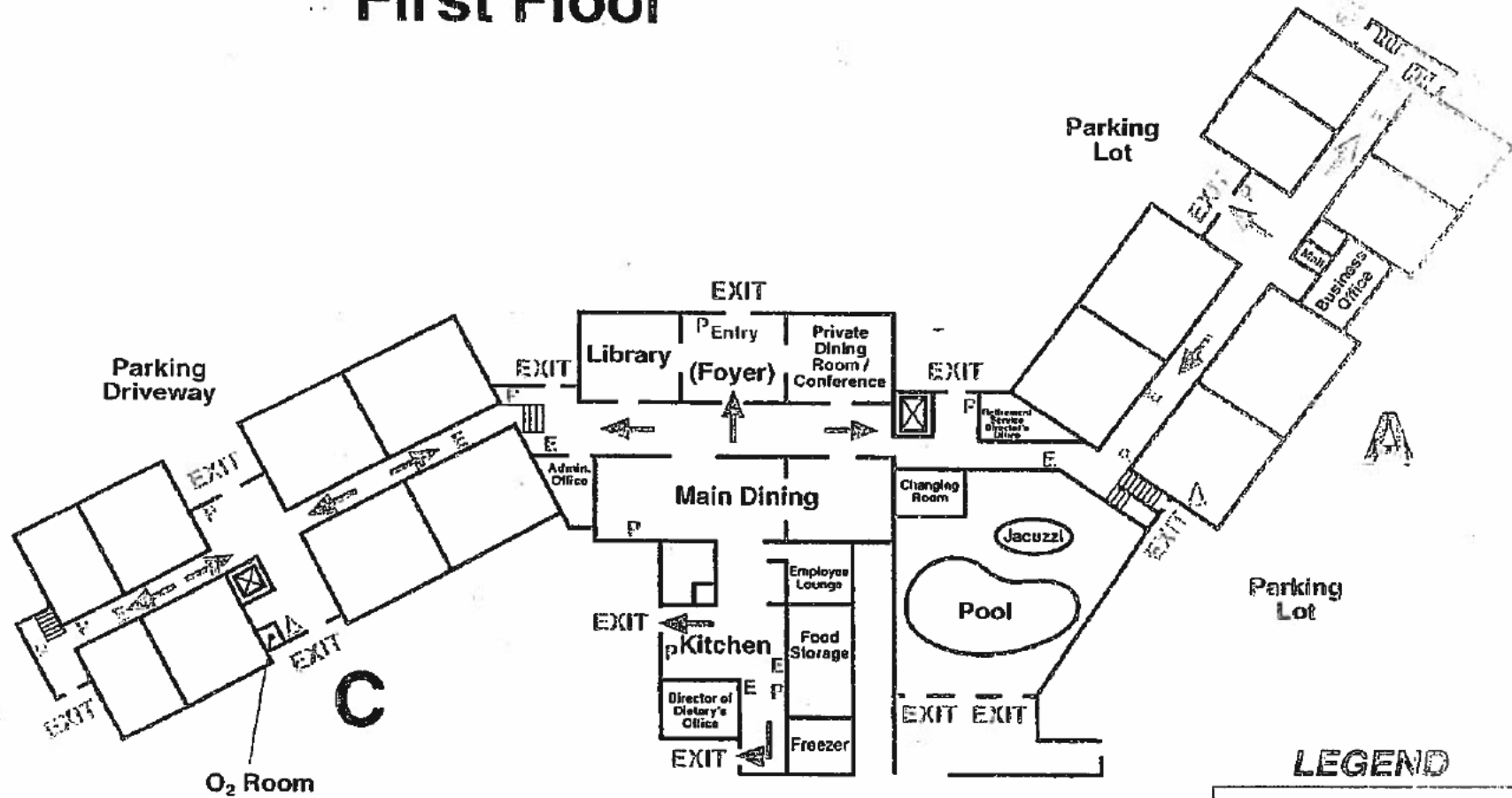
LICENSE CERTIFICATE DATES: FROM _____ TO _____

NUMBER OF PATIENTS/STATIONS/BEDS: _____

NOTES:

COMMENTS ON CERTIFICATE:

Langdon Place of Exeter First Floor



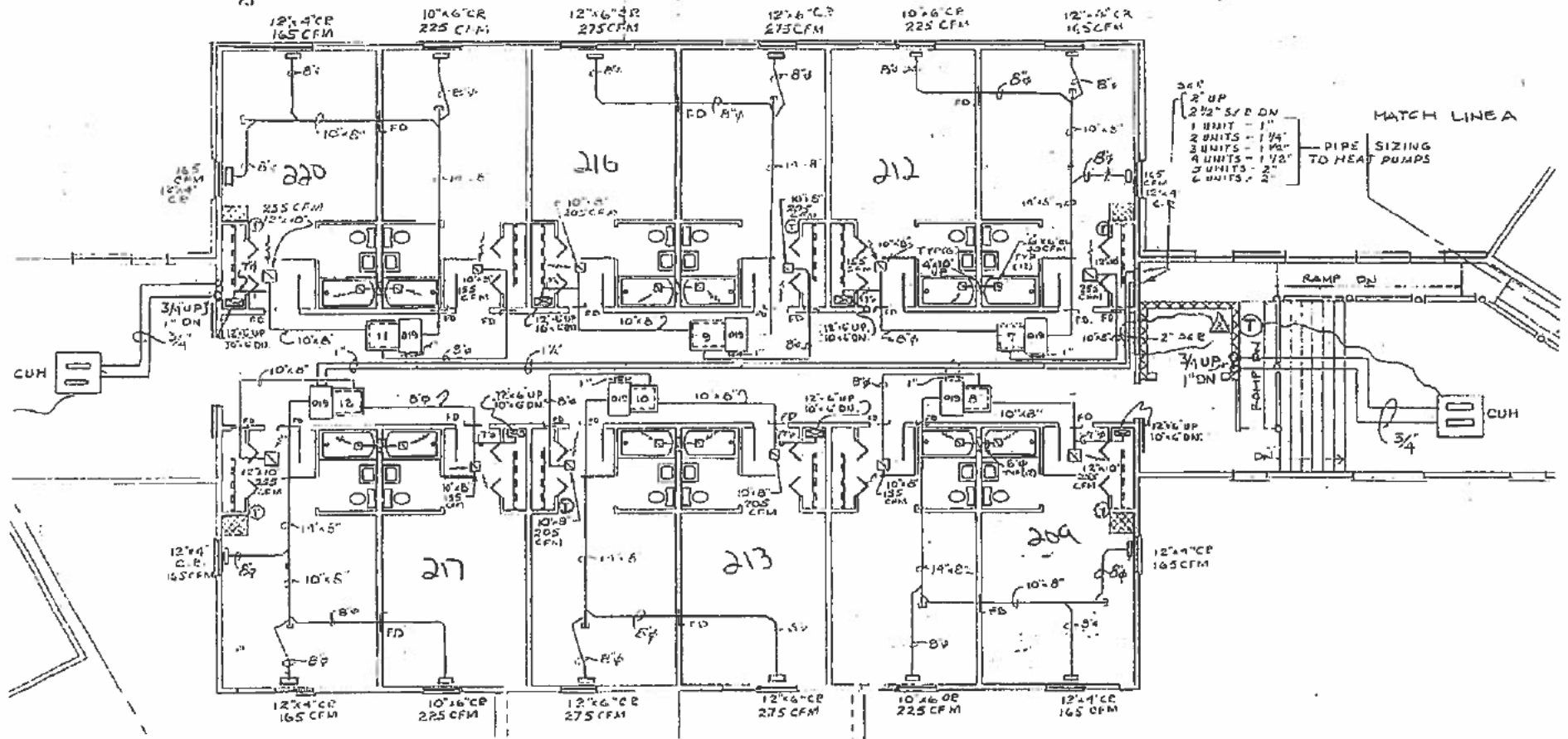
LEGEND

	Evacuation Route
	Fire Extinguisher
	Pull Alarm
	Fire Panel
	Elevator

Building B 2nd Floor

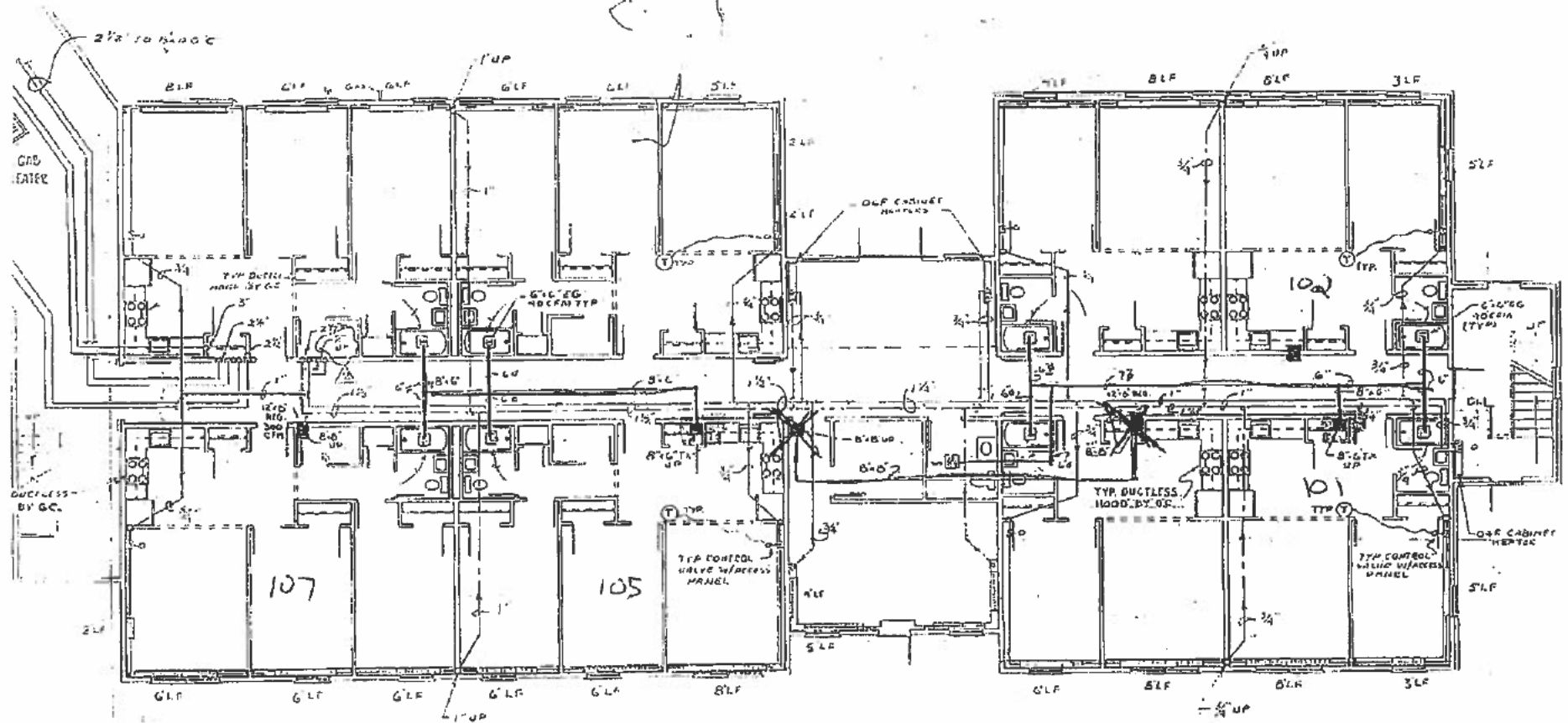
* 1st to 2nd Floor MAY FD in wall behind sheetrock on 2nd Floor

* no exhaust to 1st Floor



- | | |
|----------------|----------------|
| 220 no access | 213 has access |
| 217 has access | 212 has access |
| 216 has access | 209 no access |

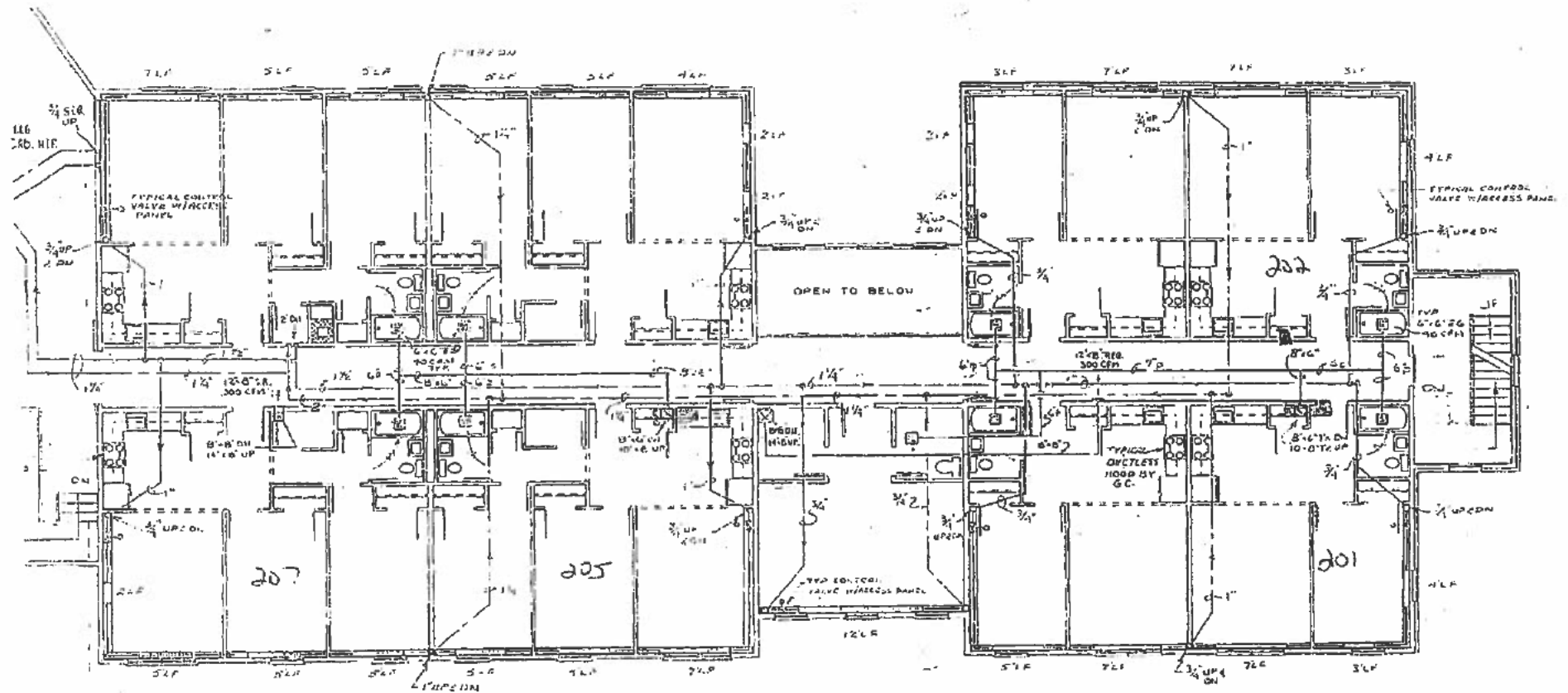
Building A 1st Floor



All motorized

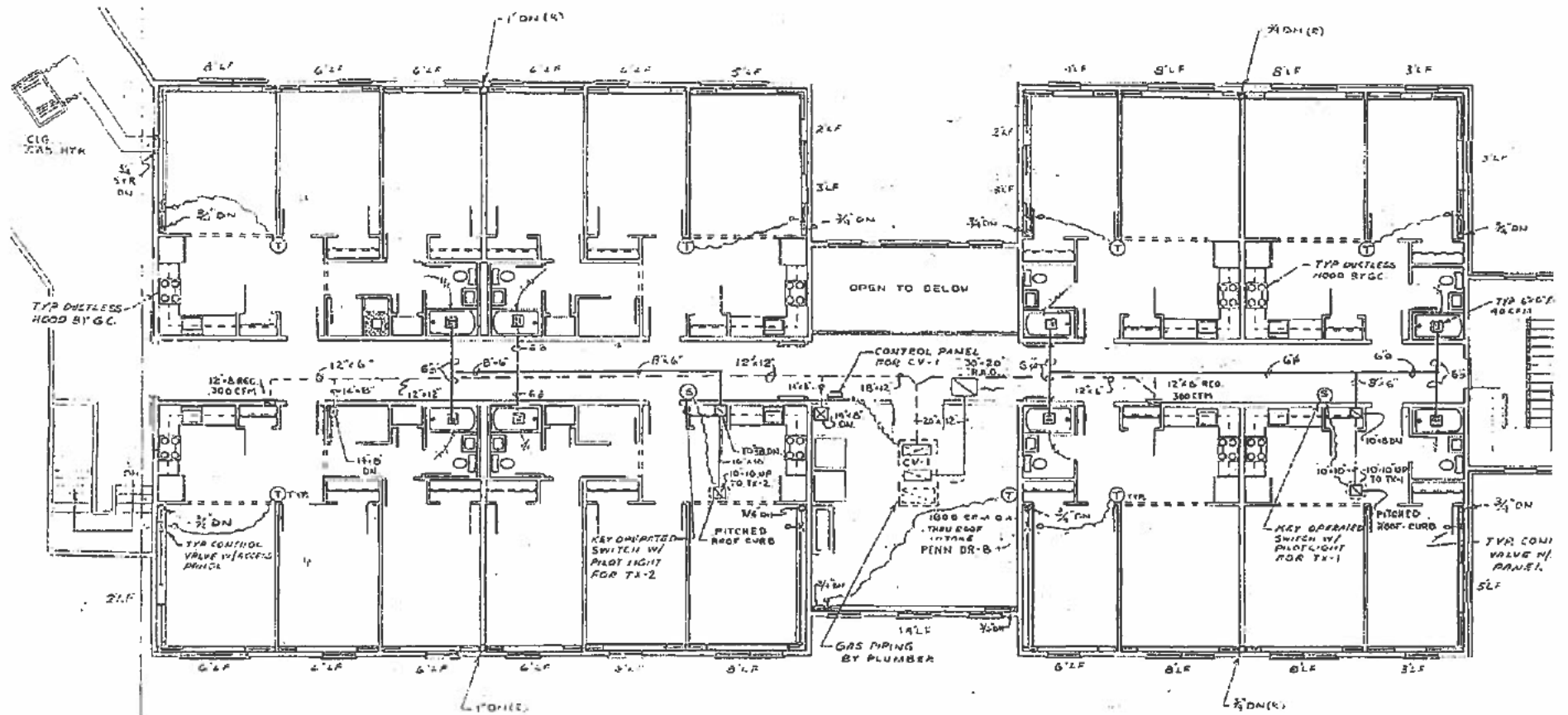
- 101 Exhaust FD above ceiling
- 105 Exhaust FD above ceiling
- 102 MAU FD above ceiling (print shows outside room 103)
- 107 MAU FD above ceiling

Building A 2nd Floor

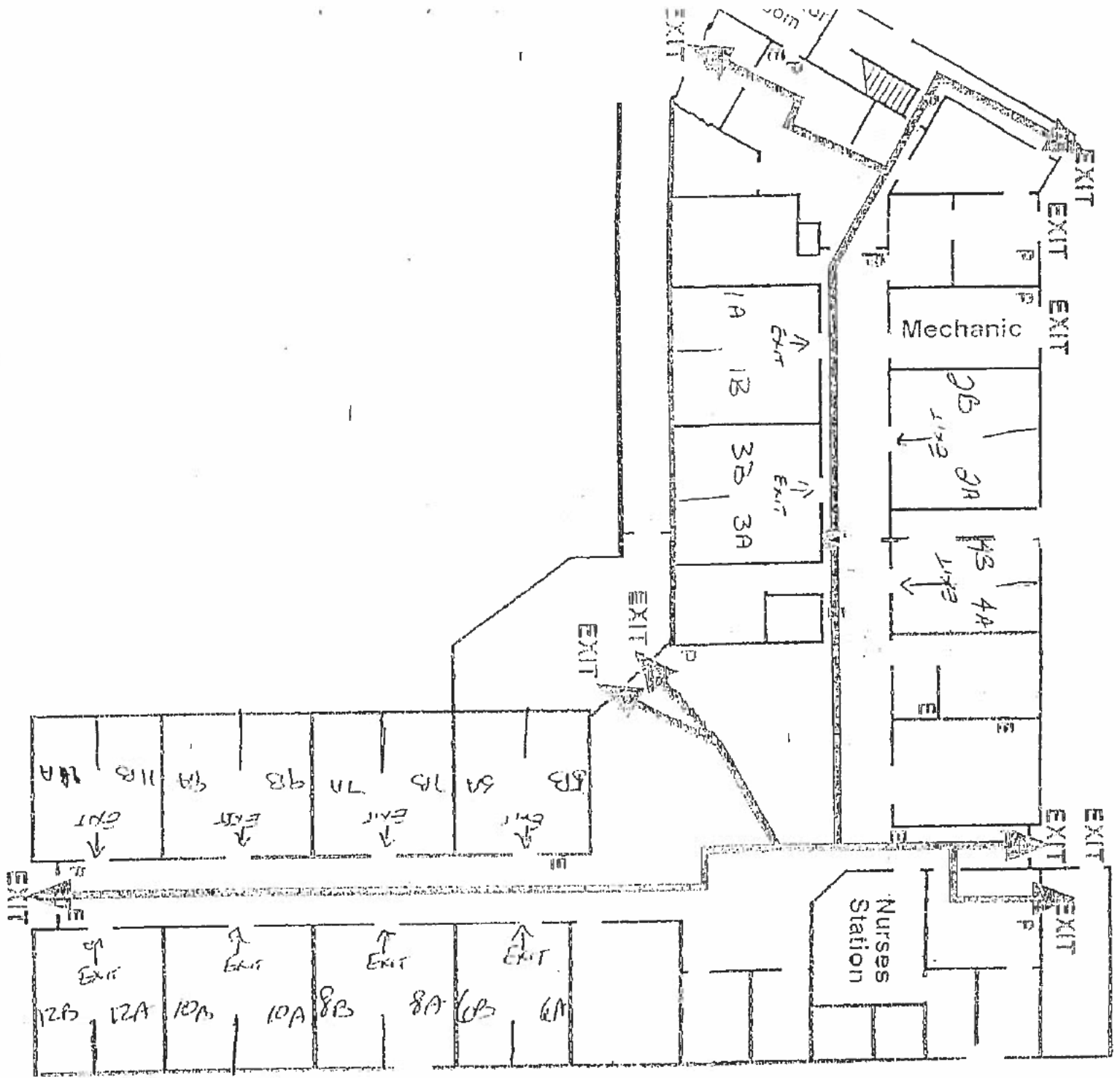


- All Motorized
- 201 Exhaust FD above ceiling (FD on horizontal duct)
 - 205 Exhaust FD above ceiling (FD on horizontal duct)
 - 202 MAU FD above ceiling
 - 207 MAU FD above ceiling

Building A 3rd Floor



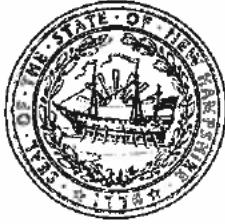
No FD between 3rd Floor & Attic



Description of Services

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

- Senior Living
- Memory Support
- Respite Care
- Assistance of Daily Living
- SafelyYou's AI Video Technology



State of New Hampshire

Department of State



Accepted Date: 01/25/2024
Business Name: EXETER 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: 952080
Filing #: 6547041
Expiration Date: Not Stated
Effective Date: 01/19/2024
Payment Transaction #: 20249980842514002

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 # : 6547041 Pages : 2
 Business ID : 952080
 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:

EXETER SNF OPCO LLC

Principal Business Information:

Principal Office Address:

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

Principal Mailing Address (if different):

<u>2420 Knapp Street</u>	<u>Brooklyn</u>	<u>NY</u>	<u>11235</u>
(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:

<u>10 Ferry Street, Suite 313</u>	<u>Concord</u>	<u>NH</u>	<u>03301</u>
(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
<u>Zisha Margulies</u>	<u>Manager</u>	<u>2420 Knapp Street, Brooklyn, NY, 11235, USA</u>

Mailing Address - Corporation Division, NH Department of State, 107 North Main Street, Room 204, Concord, NH 03301-4989
 Physical Location - State House Annex, 3rd Floor, Room 317, 25 Capitol Street, Concord, NH
 Phone: (603)271-3246 | Fax: (603)271-3247 | Email: corporate@sos.nh.gov | Website: sos.nh.gov

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

EXETER SNF OPCO LLC

This is to certify that **EXETER 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: 952080



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: EXETER 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: 952080
Filing #: 6596978
Expiration Date: Not Stated
Effective Date: 03/01/2024
Payment Transaction #: 20249980869363001

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 10:57:00 AM
Effective Date : 03/01/2024 10:57:37 AM
Filing # : 6596978 Pages : 1
Business ID : 952080
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: **EXETER SNF OPCO LLC**
BUSINESS TYPE: **Domestic Limited Liability Company**

BUSINESS ID: **952080**
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**

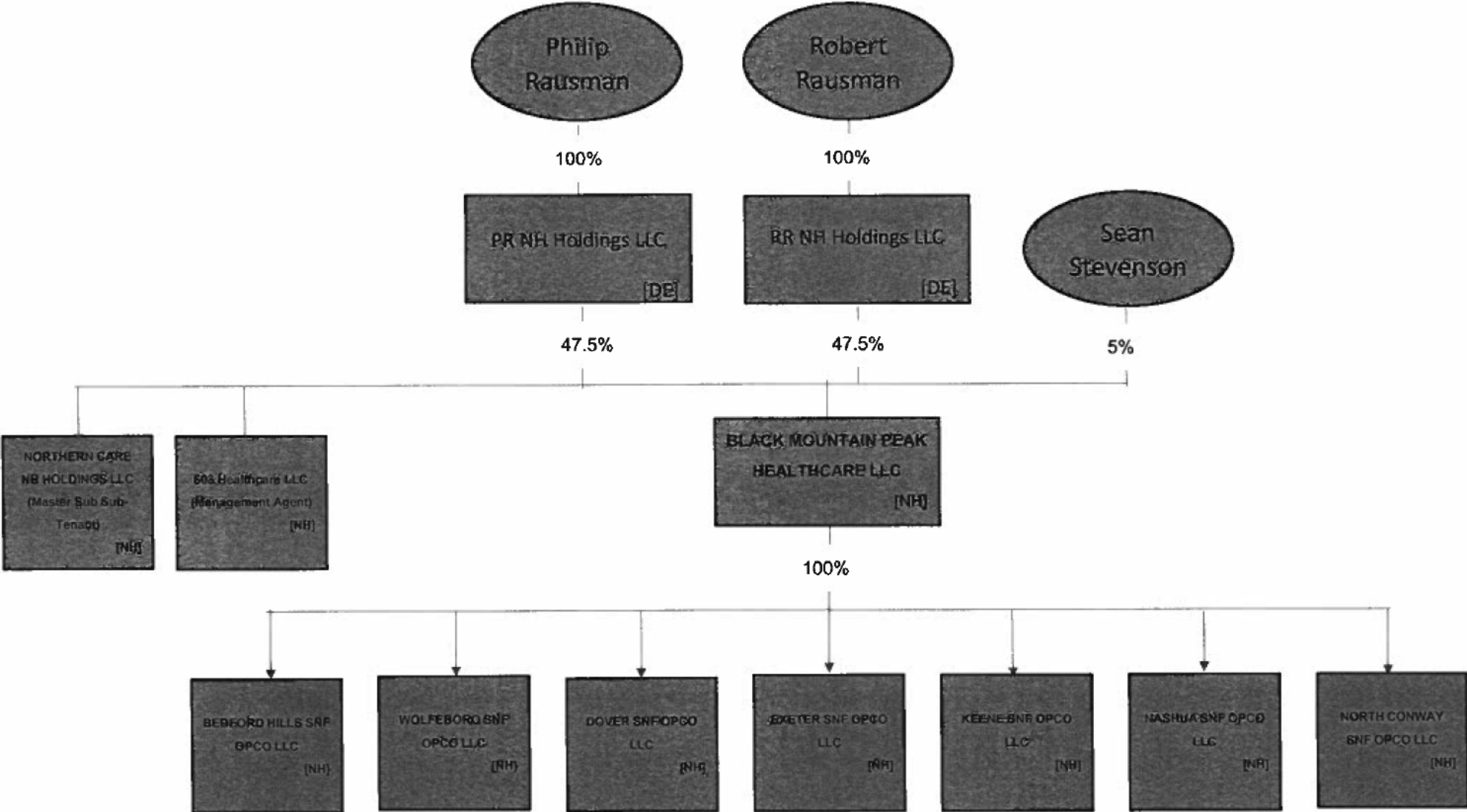
NEW REGISTERED AGENT:
REGISTERED AGENTS INC (658418)

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



Denise Petty (Ellsmore)

Professional Summary

Dedicated and responsible sales and marketing leader with over 15 years of experience in the senior living industry. Tireless advocate for the development and implementation of innovative ways to improve the quality of patient care. Proven relationship building ability both externally with referral partners and internally with residents and families. Highly successful at putting people at ease and allowing them to communicate their feelings and concerns. Flexible and able to think outside the box for ways to improve each individual's quality of life in any way possible. Infectious positive energy and enthusiasm.

Work Experience

Langdon Place of Exeter

May 2018-Present

Executive Director (October 2023- Present)

Director of Sales and Marketing(May 2018 to October 2023)

- Establish and maintain strong relationships with families, residents and community partners
- Design and implement marketing plan for business development
- Serve as Communications Officer for residents, families and healthcare partners
- Submit all postings for corporate social media site
- Responsible for and successful at maintaining high rate of occupancy

Spring Village at Essex -Contracted

March 2017- March 2018

Acting Director of Community Relations

- Contracted by management company to assist with turn-around of memory care property
- Developed new policies and procedures based on VT state regulations
- Created and implemented an organized admissions process

Benchmark Senior Living – Greystone Farm at Salem

Aug 2015- Dec 2016

Director of Community Relations

- Winner of Benchmark 2015 Light of the Sales Leader award for occupancy of 100%
- Designed and implemented quarterly marketing plans for business development
- Established and maintained strong relationships with families, residents and industry professionals

Sanctuary Care at Rye

Nov 2012-May 2015

Executive Director

Jan 2015-May 2015

- Exceeded monthly budgeted revenue of \$380,000 consistently
- Built and maintained strong positive relationships with residents and their families

- Assured facility compliance with NH Assisted Living and Life Safety Regulations
- Met and consistently exceeded monthly budgeted Net Operating Income
- Actively participated in designing care plans to improve the quality of life for each individual resident
- Assisted each Department Head in overseeing their individual department expense budgets

Director of Community Relations

Nov 2012 - Jan 2015

- Brought new 56 bed community to 100% occupancy in 8 months
- Maintained occupancy at consistent 100%
- Developed and implemented marketing plan and budget

Bellamy and Watson Fields Assisted Living

Oct 2008- Aug 2012

Administrator

Aug 2010-Aug 2012

- Oversaw the daily operations of a 52 bed assisted living community
- Assured compliance with Life safety and NH State Assisted Living Regulations to remain at deficiency free status
- Recruited, screened and hired all new employees

Admissions Director

Oct 2008- Aug 2010

- Acted as guide and resource to families in need of placement for family members
- Conducted all facility tours and closed sales consistently
- Designed and utilized marketing and advertising tools
- Assisted Administrator in many aspects of facility operations including acting Administrator

Orthopedic Foot and Ankle Center

Dec 2005-Oct 2008

Medical Assistant/ Cast Technician/ Patient Check Out

- Checked in new and existing patients and recorded medical history for six physician practice
- Scheduled patients for follow-up testing and return visits
- Removed dressings, sutures and staples from post-operative surgical patients

Gastroenterology Professional Associates

Sept 1999-Oct 2005

Hospital Liaison/Office Manager/Patient Check-out

- Served as primary contact for coordination between physicians and hospitals
- Maintained clear communication with endoscopy units at four area hospitals
- Scheduled testing and procedures for patients of seven physicians
- Explained preparation instructions and procedures to patients in reassuring manner
- Created system to track patients requiring follow up testing to ensure compliance

Other Relevant Work Experience

- Continental Airlines- Flight Attendant

- Fleet Travel Agency- Travel Agent
- Applebee's International-Customer Service Representative

Education

University Of Maine

Fort Kent & Presque Isle campus

- Majored in Behavioral Sciences




**TOWN OF EXETER
WATER AND SEWER COLLECTION**

10 FRONT STREET
EXETER, NH 03833-2792
For Billing Questions: (603)773-6157 7:00am - 3:00 pm
EMAIL: watersewerbilling@exeternh.gov

09968805839 12073 0425

ACCOUNT NUMBER	[REDACTED]
CID	1814
BILL #:	502686
BILLING DATE	11/29/2023
SERVICE ADDRESS	17 HAMPTON ROAD 17-ADD
DUE DATE	12/29/2023
LATE FEES OF 1% PER MONTH CHARGED AFTER DUE DATE (12% ANNUAL).	

1278 2 MB 0.558 P:1278 / T:6 / S:

 GENESIS MS #8
 EXETER CENTER A SENIOR LIVING 57035
 PO BOX 182943
 COLUMBUS OH 43218-2943

FOR PAYMENT QUESTIONS: (603) 773-6108 8:15 AM - 4:00 PM
 EMAIL: collections@exeternh.gov
 Customer Portal: <https://exeternh.authoritypay.com>

Not Responsible for Mail Delivery

BILLING CYCLE	BILLING PERIOD		METER READINGS		USAGE	# DAYS	DAILY AVERAGE GALLONS
	FROM	TO	PREVIOUS	PRESENT			
QUARTERLY	08/14/2023	11/13/2023	620200	794900	174700	91	1919.78

All Water passing through meter will be charged, whether used or lost by leakage. FAILURE to make payment may result in disconnection of service.


WATER & SEWER RATES AS OF JULY 30, 2021

Water
 Service Fee: \$43.00 per quarter
 Tier 1: \$9.32 per 1,000 gallons of use up to 21,000 gallons
 Tier 2: \$11.66 per 1,000 gallons of use 21,001 to 105,000 gallons
 Tier 3: \$13.98 per 1,000 gallons of use 105,001 gallons and above

Sewer
 Service Fee: \$41.00 per quarter
 Tier 1: \$16.34 per 1,000 gallons of use up to 21000 gallons
 Tier 2: \$20.42 per 1,000 gallons of use 21001 to 105,000 gallons
 Tier 3: \$24.51 per 1,000 gallons of use 105,001 gallons and above

Previous Balance Payments	[REDACTED]
Water Tier 1	[REDACTED]
Water Tier 2	[REDACTED]
Water Tier 3	[REDACTED]
Water Meter Fee	[REDACTED]
Sewer Tier 1	[REDACTED]
Sewer Tier 2	[REDACTED]
Sewer Tier 3	[REDACTED]
Sewer Service Fee	[REDACTED]
Water Backflow Test	[REDACTED]
Current Charges	[REDACTED]
Pay This Amount	\$ [REDACTED]

PLEASE SEPARATE REMITTANCE STUB AT THIS PERFORATION AND RETURN WITH PAYMENT


ACCOUNT NUMBER	[REDACTED]
SERVICE ADDRESS	17 HAMPTON ROAD 17-ADD
BILL #:	502686
BILLING DATE	11/29/2023
	

AMOUNT NOW DUE	\$ [REDACTED]
DUE DATE	12/29/2023

Please make checks payable to: **Town of Exeter**
 Cash Check Money Order

AMOUNT PAID \$ [REDACTED]

GENESIS MS #8
 EXETER CENTER A SENIOR LIVING 57035
 PO BOX 182943
 COLUMBUS OH 43218-2943


TOWN OF EXETER
 WATER AND SEWER COLLECTION
 10 FRONT ST
 EXETER NH 03833-2792

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.

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: Langdon Place of Exeter
STREET ADDRESS: 17 Hampton Road
OWNER'S NAME: Exeter SNF Opco LLC
ADMINISTRATORS NAME: Denise Petty
TELEPHONE NUMBER: 603-772-5251
PROPOSED TYPE OF FACILITY: Assisted Living Facility

HEALTH OFFICER

I HEREBY CERTIFY THAT Langdon Place of Exeter
COMPLIES WITH ALL APPLICABLE HEALTH, SEWAGE AND WATER REGULATIONS FOR THE CITY/TOWN OF Exeter New Hampshire.

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

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

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

BUILDING REGULATIONS

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

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

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

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

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
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STREET ADDRESS: 17 Hampton Road
OWNER'S NAME: Exeter NH DPIO LLC
ADMINISTRATORS NAME: Denise Petty
TELEPHONE NUMBER: 603-772-5251
PROPOSED TYPE OF FACILITY: Assisted Living Facility

HEALTH OFFICER

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

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

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

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

BUILDING REGULATIONS

I HEREBY CERTIFY THAT LANSDON PLACE AT EXETER
COMPLIES WITH ALL APPLICABLE BUILDING REGULATIONS FOR THE CITY/TOWN OF
EXETER NH.

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

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

DATE: 3/4/2024 SIGNATURE: [Signature] CEO
(NAME AND TITLE OF BUILDING OFFICIAL)

ZONING REGULATIONS

I HEREBY CERTIFY THAT LANGDON PLACE AT EXETER
COMPLIES WITH ALL APPLICABLE ZONING REGULATIONS FOR THE CITY/TOWN OF
EXETER, N.H.

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

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

DATE: 3/4/2024 SIGNATURE: [Signature] C.E.D.
(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 Edition
NFPA 101 2018 Edition

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 Excerpt FD HAS INSPECTED 17 Hampton Rd
ON 5/4/23 AND ALL PREVIOUSLY VIOLATIONS NOTED HAVE BEEN CORRECTED.

NUMBER OF BEDS/CLIENTS: 92 NUMBER OF ESRD* STATIONS: _____ N/A: X

DATE: 3/4/24 SIGNATURE: _____
(FIRE CHIEF OR DESIGNEE)

* ESRD = End Stage Renal Dialysis

COMMENTS:

4/10/24

I, Denise Petty, 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**.

Denise Petty

Executive Director

Langdon Place of Exeter



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 Eims	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

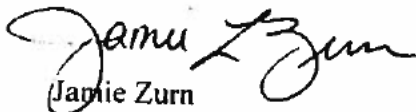
Details of the Transaction.

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



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: Langdon Place of Exeter

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 \$1710.00 for a Supported Residential Care Facility. 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 805, the rules of the Office of Legal and Regulatory Services for a Supported Residential Care Facility.

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