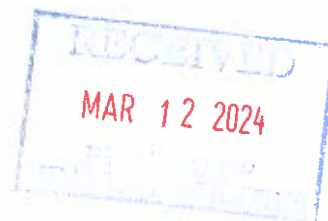


STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 OFFICE OF LEGAL AND REGULATORY SERVICES
 HEALTH FACILITIES ADMINISTRATION
 129 Pleasant Street, Concord, NH 03301
 TDD Access: Relay NH 1-800-735-2964
 Agency Phone: 603-271-9039



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

EXISTING FACILITY LICENSE #: 03921
 CURRENT FACILITY LICENSE EXPIRATION DATE, IF APPLICABLE: 03/31/2024

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): Keene SNF OPCO LLC TELEPHONE #: (603) 357-3902
 NAME OF FACILITY (DBA): _____ TELEPHONE #: (603) 357-3102
 FAX #: ()

STREET ADDRESS: 136A Arch Street CITY: Keene STATE: NH ZIP: 03431

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

ADMINISTRATOR: Jennifer Rousseau per email 4/8/2024

MEDICAL DIRECTOR (IF APPLICABLE): _____

FACILITY E-MAIL ADDRESS (REQUIRED): _____

IF APPLICABLE:

NUMBER OF BEDS: PRESENTLY LICENSED: 156 TOTAL # TO BE LICENSED: 156

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: 12541
APPLICATION COMPLETE: _____

AMOUNT: 2,340.00
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: _____

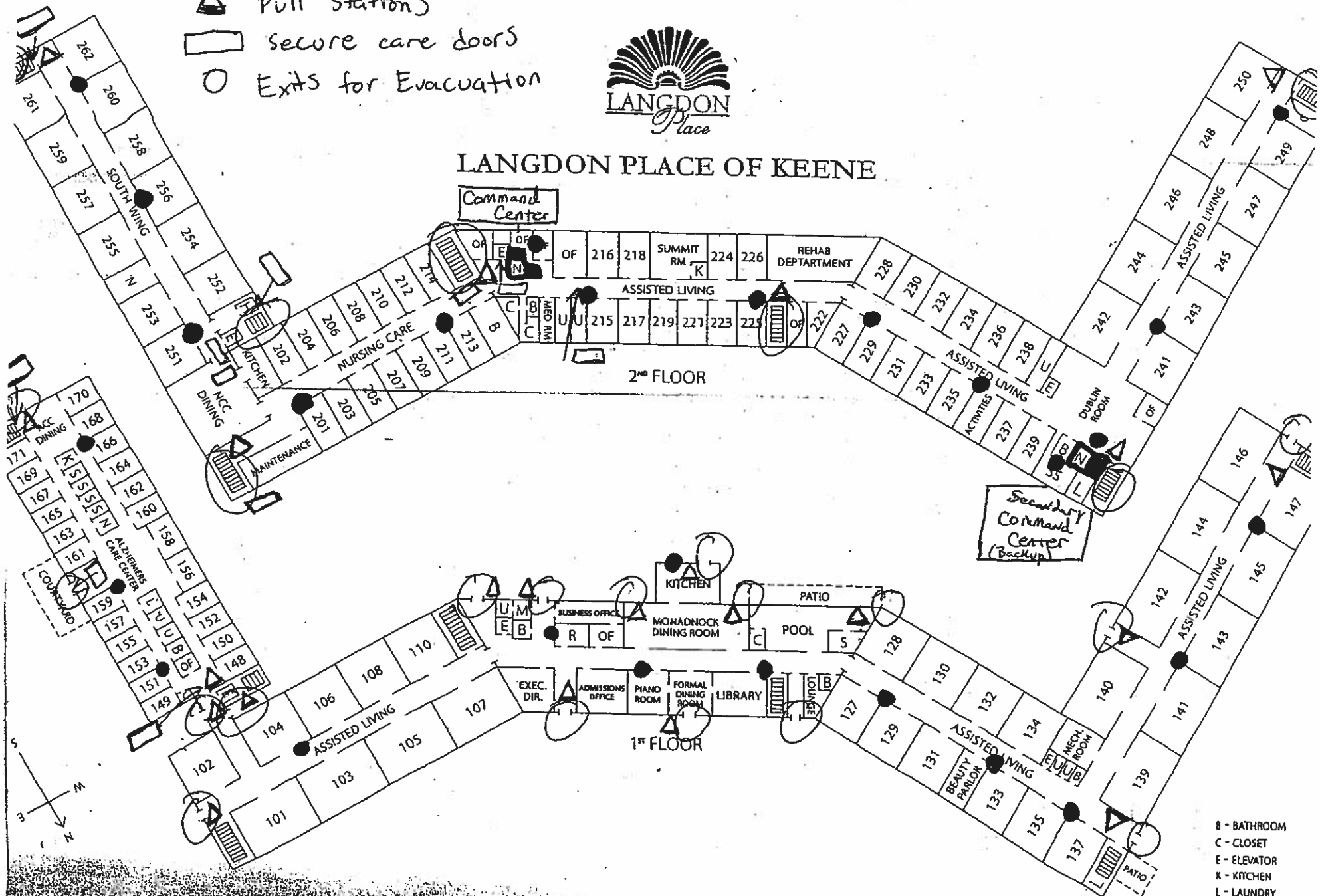
NOTES:

COMMENTS ON CERTIFICATE:

- Fire Extinguishers
- ▲ Pull Stations
- ▭ Secure care doors
- Exits for Evacuation



LANGDON PLACE OF KEENE



- B - BATHROOM
- C - CLOSET
- E - ELEVATOR
- K - KITCHEN
- L - LAUNDRY
- M - MAIL ROOM

Description of Services

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

- Memory Support
- Assisted / Senior Living
- Independent living
- Respite care
- Rehabilitation therapy
- Physical therapy
- Occupational therapy
- Speech therapy
- Rehabilitation Services 7 days per week, 7AM-7PM
- Outpatient Rehabilitation Services
- Respiratory Therapy
- On-site Nurse Practitioner
- Attending Physicians
- Registered Nurses
- Colostomy care
- Personal care
- Pet therapy
- Podiatry care
- Psychiatric services
- 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
- 24 Hour Caregiving Staff
- Memory Support Activity Program
- Powerback Rehabilitation to You



State of New Hampshire

Department of State



Accepted Date: **01/25/2024**
Business Name: **KEENE 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: **952076**
Filing #: **6547017**
Expiration Date: **Perpetual**
Effective Date: **01/19/2024**
Payment Transaction #: **20249980842497001**

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>.

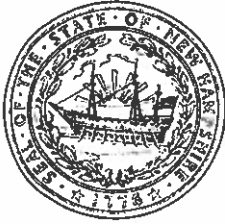
It is incumbent upon you to keep this office informed of address or email changes to ensure that all communications from our office reaches you. There is no charge for address changes.

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 01:47:00 PM
Effective Date : 01/19/2024 01:47:00 PM
Filing # : 6547017 Pages : 2
Business ID : 952076
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:

KEENE 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: Perpetual

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 01:47:00 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.

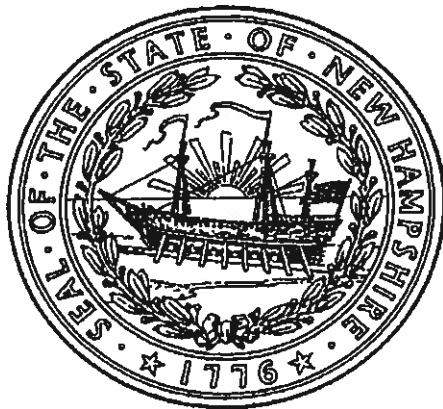
State of New Hampshire

Department of State

CERTIFICATE OF EXISTENCE
OF
KEENE SNF OPCO LLC

This is to certify that **KEENE 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 1:47:00 PM.

Business ID: 952076



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: **KEENE 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: **952076**
Filing #: **6596975**
Expiration Date: **Perpetual**
Effective Date: **03/01/2024**
Payment Transaction #: **20249980869355001**

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>.

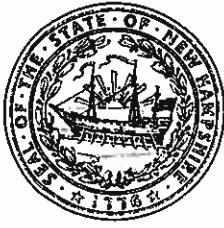
It is incumbent upon you to keep this office informed of address or email changes to ensure that all communications from our office reaches you.

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 10:53:00 AM
Effective Date : 03/01/2024 10:53:40 AM
Filing # : 6596975 Pages : 1
Business ID : 952076
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: **KEENE SNF OPCO LLC**
BUSINESS TYPE: **Domestic Limited Liability Company**

BUSINESS ID: **952076**
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**

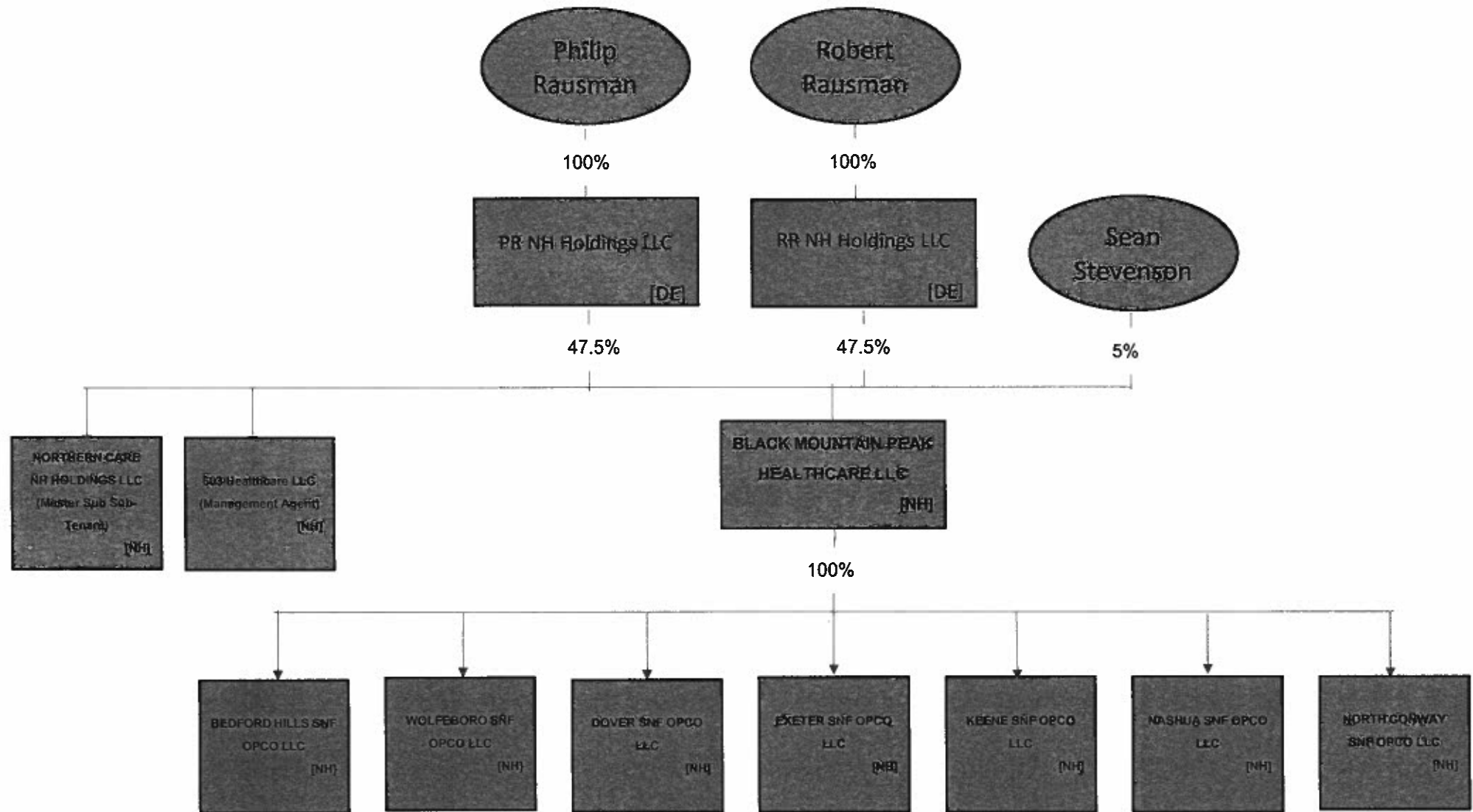
NEW REGISTERED AGENT:
REGISTERED AGENTS INC (658418)

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





City of Keene
 PO Box 544
 Keene, NH 03431

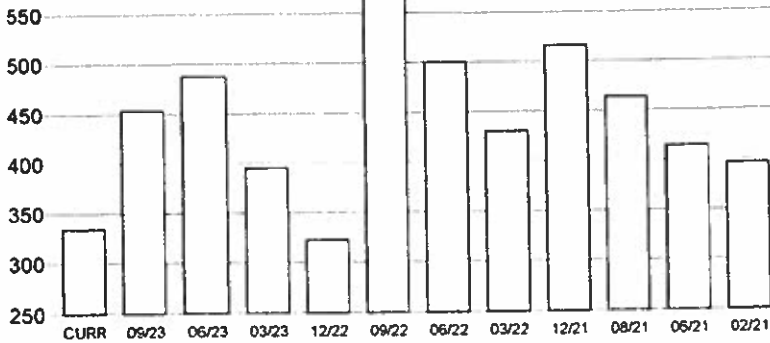
09994257716 12283 0296

Utility Bill
 CUSTOMER COPY

CUSTOMER NAME	CUSTOMER NO.	PARCEL ID	SERVICE LOCATION						
LANGDON PLACE OF KEENE LTD PTNRSH	[REDACTED]		136 ARCH ST						
BILL NUMBER	BILL DATE	ACCOUNT #	ACCOUNT TYPE				DUE DATE		
10455	11/30/2023	[REDACTED]	RESIDENTIAL				01/22/2024		
DESCRIPTION	METER NUMBER	READ CODE	PREVIOUS READ DATE	CURRENT READ DATE	PREVIOUS READING	CURRENT READING	USAGE	RATE	CHARGE AMOUNT
WATER	70326845	A	09/08/2023	11/13/2023	7516	7850	334	3" WATER	[REDACTED]
FIRELINE			09/08/2023	11/13/2023					[REDACTED]
SEWER			09/06/2023	11/13/2023					[REDACTED]

Billing - 603-352-3239 Mon-Fri 8:00am-4:00pm Service- 603-352-6550 Mon-Fri 7:30am-3:00pm Off hours - Police Dept 603-357-9813

CONSUMPTION HISTORY



Previous Balance	[REDACTED]
Total Current Billing	[REDACTED]
Adjustments	[REDACTED]
Interest	[REDACTED]
Less Payments Received	[REDACTED]
Penalties	[REDACTED]
Total Amount Due	[REDACTED]

✂ DETACH AND RETURN THE PORTION BELOW WITH YOUR PAYMENT ✂



City of Keene
 PO Box 544
 Keene, NH 03431

Utility Bill
 REMIT PORTION

SERVICE LOCATION	BILL NUMBER	CUSTOMER #	ACCOUNT #	DUE DATE	TOTAL DUE
136 ARCH ST	10455	[REDACTED]	[REDACTED]	01/22/2024	[REDACTED]

LANGDON PLACE OF KEENE LTD PTNRSH
 GENESIS MS #8/KEENE CTR 57036
 PO BOX 182943
 COLUMBUS, OH 43218-2943

6000006042024800010455400005617287

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
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: Langdon Place of Keene
STREET ADDRESS: 136A Arch Street, Keene, NH 03431
OWNERS'S NAME: Keene SNF OPCO LLC
ADMINISTRATOR NAME: Michael Johnson
TELEPHONE NUMBER: 603-357-3902
PROPOSED TYPE OF FACILITY: Nursing Home and Assisted Living Facility
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 _____ DOES NOT REQUIRE HEALTH, SEWAGE AND WATER APPROVAL OF THIS FACILITY/ESTABLISHMENT.

NUMBER OF BEDS/CLIENTS: _____

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

BUILDING REGULATIONS

I HEREBY CERTIFY THAT THE CITY/TOWN OF _____ BUILDING DEPARTMENT HAS REVIEWED THE PLANS FOR _____ ON _____ APPROVED _____ DENIED _____

PLAN REVIEW: DATE: _____ 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.

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 Lt Meghan Marke FD HAS INSPECTED 136 Arch St
ON 1/18/2024 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: 3/4/2024 SIGNATURE: [Signature]
(FIRE CHIEF OR DESIGNEE)

* ESRD = End Stage Renal Dialysis

COMMENTS:

2/20/2020



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
Wolfeforo Bay	39 Clipper Dr Wolfeforo NH 03894	SunBridge Clipper Home of Wolfeforo, LLC	Wolfeforo 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

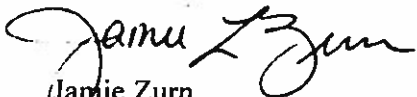
Details of the Transaction.

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

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 Keene
STREET ADDRESS: 136A Arch Street Keene, NH 03431
OWNER'S NAME: Keene SNF OpCo LLC
ADMINISTRATORS NAME: Michael Johnson
TELEPHONE NUMBER: 603-357-3902
PROPOSED TYPE OF FACILITY: Nursing Home and Assisted Living Facility

I HEREBY ^{confirm} CERTIFY THAT Langdon Place of Keene HEALTH OFFICER
COMPLIES WITH ALL APPLICABLE HEALTH, SEWAGE AND WATER REGULATIONS FOR THE CITY/TOWN
OF Keene.

I HEREBY ^{confirm} 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: 3/5/24 SIGNATURE: _____
(NAME AND TITLE OF HEALTH OFFICIAL)

I HEREBY ^{confirm} CERTIFY THAT LANGDON PLACE OF KEENE BUILDING REGULATIONS
COMPLIES WITH ALL APPLICABLE BUILDING REGULATIONS FOR THE CITY/TOWN OF
KEENE.

I HEREBY ^{confirm} CERTIFY THAT _____ DOES
NOT HAVE LOCAL BUILDING CODES OR REGULATIONS.

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

DATE: 3/6/24 SIGNATURE: _____
(NAME AND TITLE OF BUILDING OFFICIAL)

ZONING REGULATIONS

I HEREBY ^{Confirm} CERTIFY THAT Langdon Place of Keene
COMPLIES WITH ALL APPLICABLE ZONING REGULATIONS FOR THE (CITY) TOWN OF
Keene

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

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

DATE: 3-6-2024 SIGNATURE: [Signature]
(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

Email: jennifer.rousseau@genesishcc.com

DOB: [REDACTED]

Jennifer (McQuillan) Rousseau

Education Stonehill College – North Easton, MA Graduated cum laude 1995
BA Major – Health Care Administration, Minor – Psychology
University of Wollongong – Wollongong, NSW Australia
Study Abroad Program 1993

Work experience 8/12 – Present Assisted Living Administrator Genesis – Langdon Place of Keene
10/10 – 1/11 and 9/11 – 12/11 Sun Healthcare: Langdon Place of Keene- Interim Administrator
9/09 -6/10 Sun Healthcare; Westwood – Interim Administrator
1/08 – 6 /08 Sun Healthcare; Westwood - Interim Administrator
1/06 – 5/06 Harborside Healthcare; Westwood - Interim Administrator
3/05 – 5 /05 Harborside Healthcare; Pheasantwood - Interim Administrator
12/04 – 1/05 Harborside Healthcare; Northwood - Interim Administrator
8/02 – 8/04 Harborside Healthcare; Westwood - Nursing Home Keene, NH Nursing Home Administrator

- responsible for the overall operation of 79 bed skilled facility with approximately 90 employees
- addressing and solving problems of staff, residents and families
- hiring, firing, and disciplining
- assisting in the budget process
- maintaining company policies and procedures
- other duties as necessary

9/95 – 5/02 Cummings Health Care; Bedford Village Nursing Home New Bedford, MA

- Responsible for the overall operation of a 73 bed skilled nursing facility with approximately 80 employees
- Same duties listed above without the financial budget responsibilities
- Scheduling for all nurses and nurses aides

License New Hampshire Nursing Home Administrator #3667 (expired)

Accomplishments Five deficiency-free surveys for the Massachusetts Department of Public Health
One clinical deficiency-free survey for the New Hampshire Department of Public Health
Completed the Alzheimer's Friendly Training Course
Alzheimer's Walk Committee Member
Healthy Monadnock Champion Advisory Committee Member



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 Keene 805

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 \$2340.00 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,

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