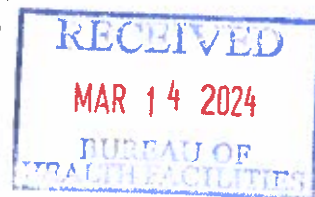


STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 Pleasant Street, Concord, NH 03301
TDD Access: Relay NH 1-800-735-2964
Agency Phone: 603-271-9039

IB



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

EXISTING FACILITY LICENSE #: 02451
CURRENT FACILITY LICENSE EXPIRATION DATE, IF APPLICABLE: _____

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

Check all applicable items:

- | | | |
|---|---|---|
| <input type="checkbox"/> License renewal: | <input type="checkbox"/> *New facility: | <input 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): Wolfeboro SNF OPCO LLC TELEPHONE #: (603) 569-3950

NAME OF FACILITY (DBA): Wolfeboro Bay Center TELEPHONE #: (603) 569-3950
FAX #: ()

STREET ADDRESS: 39 Clipper Drive CITY: Wolfeboro STATE: NH ZIP: 03894

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

ADMINISTRATOR: Katrina Dahlgren

MEDICAL DIRECTOR (IF APPLICABLE): Dr. Nelson Aweh

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

IF APPLICABLE:

NUMBER OF BEDS: PRESENTLY LICENSED: 104 TOTAL # TO BE LICENSED: 104

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: 12545
APPLICATION COMPLETE: _____

AMOUNT: 2,600.00
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)

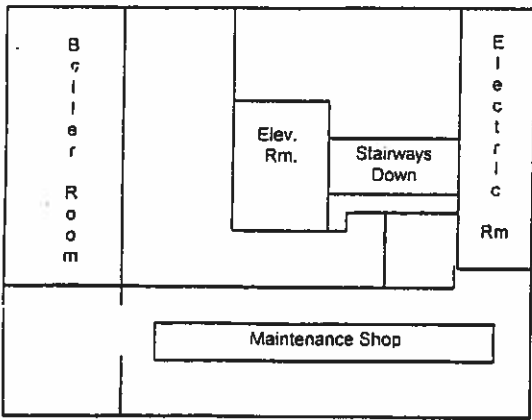
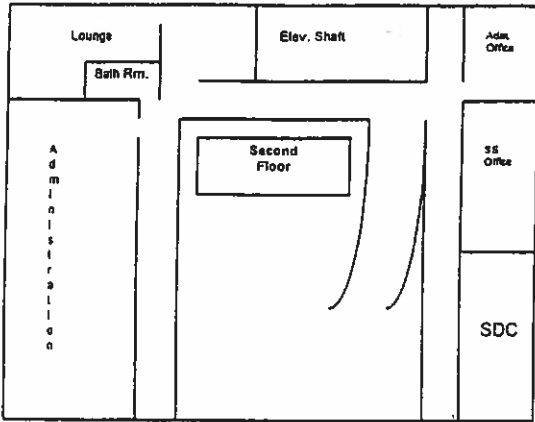
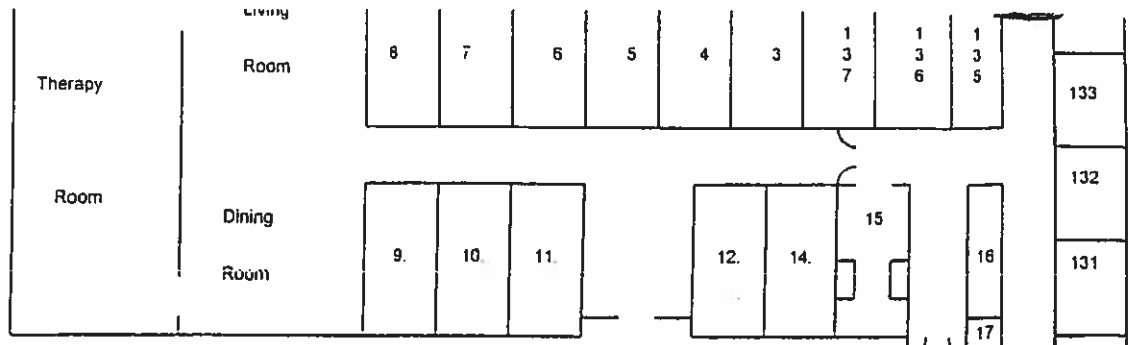
ISSUE ANNUAL LICENSE: YES _____ NO _____

LICENSE CERTIFICATE DATES: FROM _____ TO _____

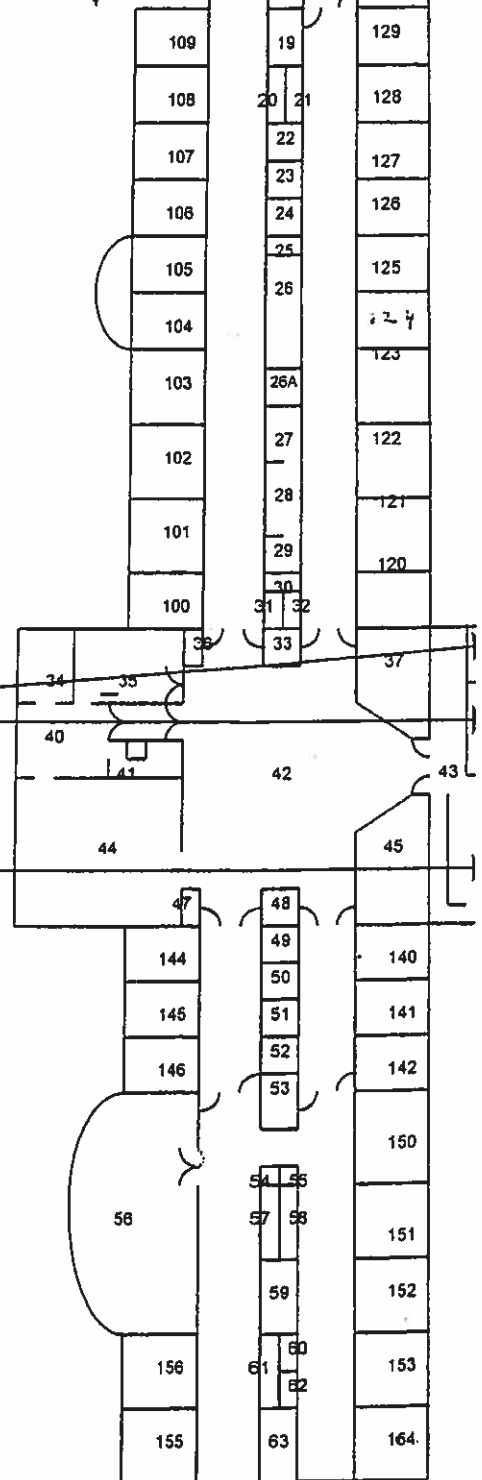
NUMBER OF PATIENTS/STATIONS/BEDS: _____

NOTES:

COMMENTS ON CERTIFICATE:



15. Helen Smart Dining Area
16. Helen Smart Nurses Station
17. Helen Smart Med. Room
18. Storage / Supplies
19. MBS Office
20. Shower Room
21. O/2 storage
22. Tub Room
23. Clean Utility Room.
24. Soiled Utility Room
25. Granite Med Room
26. Granite Nurses Station
- 26A. Folding Room
27. Dryer Room
28. Washing Room
29. Soiled Linen Room
30. Electric Room
31. Ladies Room
32. Mens Room
33. Medical Records Office
34. Library
35. Living Room
36. Storage
37. Beauty Shop
38. Dietary Office
39. Dietary Storage
40. Main Lobby
41. Receptionists Office
42. Village Green Area
43. Kitchen Area
44. Main Dining Room
45. Activity Office
46. Generator Room
47. Time Clock Office
48. Pay Roll Office
49. Electric Room/Activities Stores
50. Soiled Utility Room
51. Clean Utility Room
52. Wentworth Med Room
53. Wentworth Nurses Station
54. Activity Stores
55. Bathroom
56. Abenaki Day Room
57. Medical Storage
58. Medical Storage
59. Tub Room
60. Hskpg Closet
61. Shower Room
62. Nurses Store Room
63. DNS Office



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
- On-site Medical Director
- Attending Physicians
- Registered Nurses
- IV Therapy
- Audiology care
- 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
- Recreation activities
- Interpreter services



State of New Hampshire

Department of State



Accepted Date: 01/25/2024
Business Name: WOLFEBORO 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: 952088
Filing #: 6547095
Expiration Date: Not Stated
Effective Date: 01/19/2024
Payment Transaction #: 20249980842544001

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>.

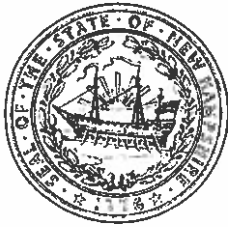
It is incumbent upon you to keep this office informed of address or email changes to ensure that all communications from our office reaches you. There is no charge for address changes.

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 02:10:00 PM
 Effective Date : 01/19/2024 02:10:00 PM
 Filing # : 6547095 Pages : 2
 Business ID : 952088
 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:

WOLFEBORO 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 |

| | | |
|------------------------|----------------|--|
| <u>Raphael Treitel</u> | <u>Manager</u> | <u>2420 Knapp Street, Brooklyn, NY, 11235, USA</u> |
| <u>Nathan Treitel</u> | <u>Manager</u> | <u>2420 Knapp Street, Brooklyn, NY, 11235, USA</u> |

Title: Authorized Signer

Signature: Zisha Margulies

Name of Signer: Zisha Margulies

Date signed: 01/19/2024

Effective Date: 01/19/2024 02:10:00 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.

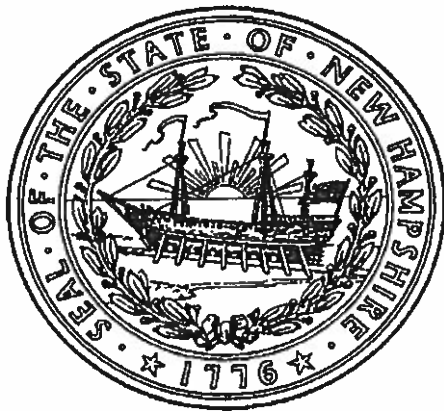
DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

State of New Hampshire
Department of State

CERTIFICATE OF EXISTENCE
OF
WOLFEBORO SNF OPCO LLC

This is to certify that **WOLFEBORO 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 2:10:00 PM.

Business ID: 952088



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: WOLFEBORO 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: 952088
Filing #: 6596986
Expiration Date: Not Stated
Effective Date: 03/01/2024
Payment Transaction #: 20249980869376001

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>.

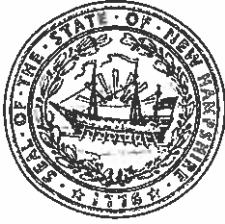
It is incumbent upon you to keep this office informed of address or email changes to ensure that all communications from our office reaches you.

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 11:04:00 AM
Effective Date : 03/01/2024 11:04:49 AM
Filing # : 6596986 Pages : 1
Business ID : 952088
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: **WOLFEBORO SNF OPCO LLC**
BUSINESS TYPE: **Domestic Limited Liability Company**

BUSINESS ID: **952088**
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**

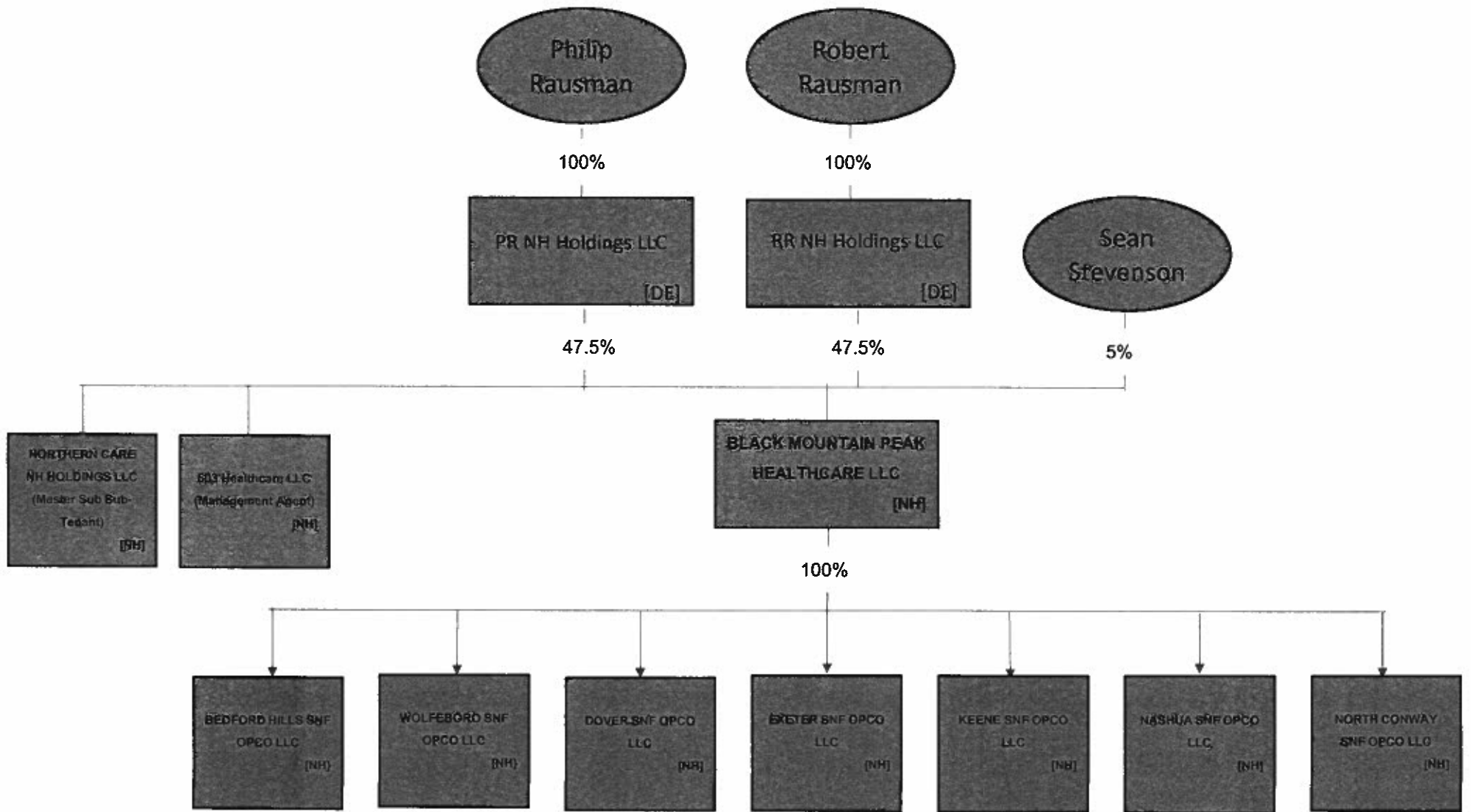
NEW REGISTERED AGENT:
REGISTERED AGENTS INC (658418)

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**



Katrina Dahlgren, LNHA



LNHA

Licensed in CT, MA and NH

Work Experience

Interim Administrator

CareerStaff Unlimited - Wolfeboro, NH

September 2023 to Present

Administrator

RegalCare at Worcester - Worcester, MA

September 2022 to September 2023

Administrator

Complete Care @Harrington Court - Colchester, CT

December 2021 to September 2022

Center Executive Director

Apple Valley Center, Genesis Healthcare - Ayer, MA

August 2021 to December 2021

Administrator

Highview of Northampton - Leeds, MA

December 2020 to July 2021

- Administered facility's programs and activities. • Increased census from 70% to 95% capacity
- Implemented and monitored department budgets • Aided department heads in use of departmental policies. • Responded to and implemented plan of correction. • Knowledge of medicare and performance management • Working knowledge of federal and state regulations • Familiarity with reimbursement regulations
- Amazing ability to deal tactfully with personnel • Experienced with substance use and behavioral populations • Increased overall star rating in 6 months

Recreation Assistant

Sheriden Woods Health Care Center - Bristol, CT

October 2020 to December 2020

- Assists with the planning and implementation of activities for nursing home residents by developing themed events to entertain and keep residents engaged with one another.
- Helps design programs to encourage socialization, provide entertainment, relaxation and fulfillment, to improve daily living skill.
- Conduct interviews with residents and their families to determine interests, level of participation and life history.

- Assist in managing day to day operations setting up and conducting family visits ensuring compliance with all applicable laws and regulations.
- Conduct one-to-one visits providing hand massage, music, poetry reading, storytelling and photo albums ensuring comfort and companionship.
- Encourage and transport residents to activities to provide socialization.
- Document patient care and participate in care conferences to address comprehensive patient care and ensure excellent clinical outcomes.

Education

Certificate in Long Term Care in Nursing Home Administration UCONN

School of Business

September 2013 to December 2014

Master of Healthcare Administration

WALDEN UNIVERSITY, SCHOOL OF HEALTH SCIENCES - Minneapolis, MN

March 2012

Bachelor of Science in Biology

CHARTER OAK STATE COLLEGE - New Britain, CT

2009



NEW HAMPSHIRE Online Licensing

nh.gov
Licensing
Home

Person Information

Name: Katrina Dahlgren

Address Information

State: CT

License Information

| | | |
|--------------------------------|--|---|
| License No: | Profession: Nursing Home Administrators | License Type: Nursing Home Administrator |
| License Status: Pending | | Expiration Date: |

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.



[NH.Gov](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Contact Us Form](#)



New HAMPSHIRE Online Licensing

nh.gov
Licensing Home

Person Information

Name: Katrina Dahlgren

License Information

License No: EL13222
Profession: OPLC 3/20/2024
License Type: Temporary License
License Status: Active
Issue Date: 11/21/2023

Emergency License Verification

| Active License or Certification | State | Comments | Discipline Action |
|---------------------------------|-------|----------|-------------------|
| Nursing Home Administrator | MA | | No |
| Nursing Home Administrator | CT | | No |



[NH.Gov](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Contact Us Form](#)

NELSON K. AWEH



EDUCATION:

University of Dublin, Trinity College Dublin, Ireland
(M.B.B.S). (Dec. 2004)

Harvard University, Cambridge, MA
Master's degree in Science Education (Ed.M) (June 1998)

University of Massachusetts, Boston, MA
Bachelor of Science (B.S. Hon) in Biochemistry (June 1996)

United States Air Force

School of Aerospace Medicine (Flight Surgeon) April 2015

EXPERIENCES:

May 2023 till present

Wolfboro Bay Nursing Home
Medical director

Jan 2020 to Present

Edgewood Center, Portsmouth, NH
Medical Director

June 2020 to Present

Medford Rehabilitation Center, Medford MA
Medical Director

September 2020 to Present

Everett Rehabilitation Center, Everett MA
Medical Director

June 2019 to Present

Royal Wayland Nursing Home, Wayland MA
Medical director

Feb 2017 to Present

VA Bedford, MA
Medical officer on Duty (MOD)
Specialty: Internal medicine
Supervisor: Kamal, Patel, MD

July 2013 to Present

Winchester Hospital, Winchester, MA

- Position: Hospitalist
- Specialty: Internal Medicine
- Supervised by Dr. Bismarck Cadet

March 2011 to Present

United States Air Force Reserves, Westover AFB, Chicopee, MA

- Position: Lt Col, Medical Corp
- Specialty: Senior Flight Surgeon
- Supervised by Col. Brewer, USAFR, MC Commanding

June 2010 to June 30, 2013

MetroWest Medical Center, Framingham, MA 01701

- Position : Resident (PGY 3)
- Specialty : Internal Medicine
- Supervised by Dr. Thomas Treadwell (Program Director)

June 2009 to June 2010

MetroWest Medical Center, Framingham, MA 01701

- Position: Intern Transitional Year
- Specialty: Internal Medicine and Pediatrics
- Supervised by Dr. Nurumberger and Dr. Wortzman

January 2008 to May 2009

St. Vincent's Hospital Dublin Ireland

- Position: **Clinical Research Senior House officer**
- Specialty: **Cardiology Research**
- Supervised by: **Dr. David Keane, M.D., PhD.**

July 2006 to December 2007

St. James's Hospital Dublin, Ireland (University Teaching Hospital)

- Position: **Senior House Officer (SHO)**
- Specialty: **Emergency Medicine/ General Internal Medicine/ Acute Medicine**
- Supervised by: **Dr. Kate McGarry, Consultant Physician**

April 2006 to June 2006

St. James's Hospital Dublin, Ireland (University Teaching Hospital)

- Position: **Senior House Officer**
- Specialty: **Cardiology/Research**
- Supervised by: **Dr. David Keane, Consultant Cardiologist & Cardio-electrophysiology**

January 2006 to March 2006

St. James's Hospital Dublin, Ireland (University Teaching Hospital)

- Position: **Senior House Officer**
- Specialty: **Gastroenterology**
- Supervised by: **Dr. Madmud, Consultant Gastroenterologist**

July 2005 to December 2005

St. James's Hospital Dublin, Ireland (University Teaching Hospital)

- Position: **Intern in Medicine**
- Specialty: **Geriatrics and Cardiology**
- Supervised by: **Dr. C. Cunningham, Consultant Geriatrician**
Dr. D. Keane, Consultant Cardiologist and Cardio-electrophysiology

January 2005 to June 2005

St. James's Hospital Dublin, Ireland (University Teaching Hospital)

- Position: **Intern in Surgery**
- Specialty: **General/Breast Surgery/ Maxillo-facial Surgery**
- Supervised by: **Mr. E. Tadros, Consultant General and Breast Surgery**
Mr. F. Brady, Consultant Maxillo-facial Surgery

TEACHING EXPERIENCES

Boston Public Schools (J.E. Burke High School) Dorchester, MA

Science Teacher (Sept 96 - June 98)

- Teach full-time chemistry & Physics to 11 & 12 grade students

- Curriculum development project in Chemistry

University of Massachusetts, Boston, MA

Science Tutor (Sept 95 to May 96)

Research Assistant (June 95 to June 96)

RESEARCH:

- Achieving Sufficient Safety Margin with Fixed Duration Waveforms and the Use of Multiple Time Constant.
- Identification by 3 Tesla MRI of the Pulmonary Vein Musculature contraction in sinus rhythm in patients with paroxysmal atrial fibrillation pre and post pulmonary vein Isolation.

PUBLICATION:

- David Keane, N. AWEH, B. Hynes. Achieving Sufficient Safety Margin with Fixed Duration Waveforms and the Use of Multiple Time Constant. Published in Pacing and Clinical Electrophysiology (PACE) 2007, May 30(7): 597-602

PRESENTATIONS:

- St. James's Surgical Ground Round
- Topic :- Diverticular Disease
- St. James's Maxillofacial Surgical Teaching
- Topic:- Oral Cancer (pre-surgical work up and management)
- Cardiovascular Risk Factors Stratification

COURSE:

- ACLS & BLS (June 2025) and ATLS (2026)

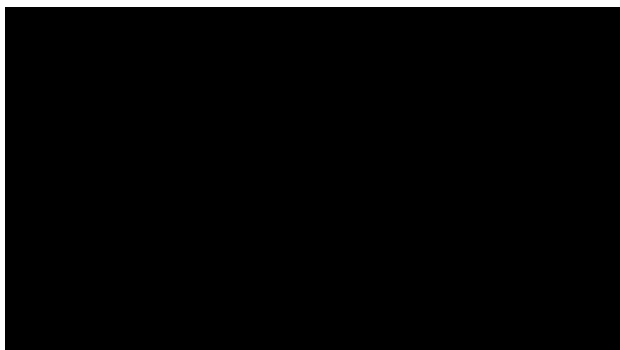
HONORS & ACCOMPLISHMENT:

- Medical School, 2nd Class honors in Pathology & Biochemistry
- Dean's List all Semester (Magna Cum Laude)
- Honors degree in Biochemistry
- Award recipient & member of the Golden Key National Honors Society
- National Science Foundation Teaching Scholar
- National Defence Medal

EXTRACURRICULAR ACTIVITIES:

- Hobbies include teaching, sports (Soccer, Lawn tennis & Swimming)
- Multicultural activities.

References:





NEW HAMPSHIRE Online Licensing

nh.gov
Licensing
Home

| Person Information | | | |
|--|--|------------|------------------------|
| Name: NELSON KISOB AWEH, MD | | | |
| License Information | | | |
| License No: 19629 Profession: Medicine License Type: Physician | | | |
| License Status: Active Issue Date: 5/1/2019 Expiration Date: 6/30/2025 | | | |
| Additional Information | | | |
| Specialty: Internal Medicine | | | |
| Board Certification Information | | | |
| Board Certified | Certification | Expiration | ABMS Board Specialties |
| Yes | AMERICAN BOARD OF INTERNAL MEDICINE | | INTERNAL MEDICINE |
| Medical Education Information | | | |
| Type | Facility Name | Country | Year |
| Medical School | TRINITY COLLEGE, UNIVERSITY OF DUBLIN, IRELAND | IRELAND | 2004 |
| Residency | METROWEST MEDICAL CENTER PROGRAM, MA | USA | 2010-2013 |
| 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. | | | |





Town of
Wolfeboro

WATER & SEWER DEPARTMENT
84 SOUTH MAIN STREET
P.O. BOX 772
WOLFEBORO, NH 03894-0772
603-569-8158
603-569-8183

10017599027 01164 0464

| | |
|-------------------------|----------|
| BILLING DATE | 01/11/24 |
| DUE DATE | 02/08/24 |
| TOTAL AMOUNT DUE | |

AMOUNT REMITTED \$ _____
Service Address: 39 CLIPPER DR

IF YOU HAVE AN ADDRESS CHANGE PLEASE FILL OUT REVERSE SIDE AND CHECK BOX HERE
Please return this portion with your payment and make checks payable to:

ED167X I0336 D12310883116 S2 P10089718 0001.0002



C H W LTD LIABILITY CO
GENESIS MS #8
WOLFEBORO BAY CENTER 57043
PO BOX 182943
COLUMBUS OH 43218-2943

Town of Wolfeboro
P.O. Box 772
Wolfeboro, NH 03894-0772

| | | | | |
|--|--------------|------------|------------------|------------------------|
| WATER & SEWER DEPARTMENT 84 SOUTH MAIN STREET P.O. BOX 772 WOLFEBORO, NH 03894-0772 603-569-8158 603-569-8183 | ACCT NO. | [REDACTED] | PROPERTY OWNER | C H W LTD LIABILITY CO |
| | NEXT READ | 02/01/24 | SERVICE LOCATION | 39 CLIPPER DR |
| | BILLING DATE | 01/11/24 | COMMERCIAL WATER | |

| METER NUMBER(S) | DATE | PREVIOUS | | DATE | PRESENT | | TOTAL GALLONS CONSUMED | TYPE |
|-----------------|----------|----------|-----------|----------|---------|-----------|------------------------|------|
| | | READING | READ CODE | | READING | READ CODE | | |
| 60506999 | 12/01/23 | 599940 | ACT | 01/02/24 | 603370 | ACT | 343000 | gal |
| 91054506 | 12/01/23 | 197120 | ACT | 01/02/24 | 197120 | ACT | | gal |

WATER SEWER TOTAL

PREVIOUS ACTIVITY

Previous Billing
Paid Thru 1/02/24-THANK YOU

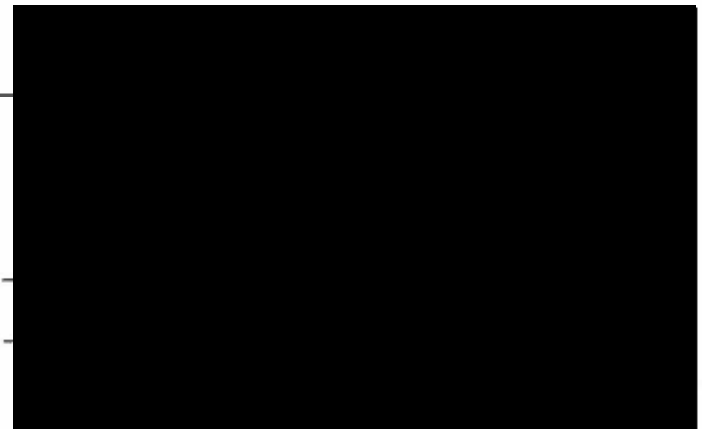
Balance Forward

CURRENT ACTIVITY

Monthly Unit Charge
Consumption Charge
Deduct Meter Charge

Total Current Charges

Total Amount Due



TOTAL WATER/SEWER CHARGES DUE BY 02/08/24

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

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.



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: Wolfboro Bay Center

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 \$2600.00 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

4/15/2024

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

I have not been convicted of 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



Nelson Aweh, M.D.
Medical Director
Wolfeboro Bay Center, Wolfeboro, NH

4/12/2024

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

I have not been convicted of 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

A handwritten signature in black ink that reads "Katrina Dahlgren". The signature is written in a cursive, flowing style.

Katrina Dahlgren

Administrator

Wolfeboro Bay Center, Wolfeboro, NH



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