

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 #: XXXXXXXXXX  
CURRENT FACILITY LICENSE EXPIRATION DATE, IF APPLICABLE: XXXXXXXXXX

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:

- License renewal:
- \*New owner:
- \*\*Change in address:
- \*New facility:
- \*\*Change in # of beds:
- Other (please explain):
- \*\*\*Change in classification:

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

LICENSEE (Legal Owner of Facility): Guardian Home Care of NH LLC TELEPHONE #: (917) 6906854  
 NAME OF FACILITY (DBA): Guardian Home Care of NH LLC TELEPHONE #: (917) 6906854  
 STREET ADDRESS: 77 Northeastern BLVD 2nd floor CITY: Nashua FAX #: ( )  
 MAILING ADDRESS: 77 Northeastern BLVD 2nd floor STATE: NH ZIP: 03062  
 ADMINISTRATOR: Desiree Daigle CITY: Nashua STATE: NH ZIP: 03062  
 MEDICAL DIRECTOR (IF APPLICABLE): \_\_\_\_\_  
 FACILITY E-MAIL ADDRESS (REQUIRED): ndonner@guardianhomecareusa.com

IF APPLICABLE:  
NUMBER OF BEDS: PRESENTLY LICENSED: \_\_\_\_\_ TOTAL # TO BE LICENSED: \_\_\_\_\_

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

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

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

**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. Bracha B. Radzinski [REDACTED] Nosson Donner, [REDACTED]  
 [REDACTED] (20%)
- 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.  
 Members listed in (b) above; Manager: Cheskel Spitzer [REDACTED]
- 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.  
See attached description
- \*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: 03/12/2024 SIGNED: Nosson Donner, Member *Nosson Donner*  
(NAME AND TITLE)  
DATE: 03/12/2024 SIGNED: Cheskel Spitzer, Manager *Cheskel Spitzer*  
(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: \_\_\_\_\_  
 APPLICATION COMPLETE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_  
 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:

**ATTACHMENT TO  
APPLICATION FOR SPECIAL HEALTH CARE SERVICES LICENSE**

**Guardian Home Care of NH LLC**

*I. Provide a detailed description of the services and programs you wish to provide.*

Guardian Home Care of NH LLC (“Guardian”) has signed an agreement to purchase certain of the assets of Healthy at Home, a home health care agency licensed under He-P 809. Guardian intends to offer most of the same services currently offered by Healthy at Home, except for those services which are reimbursable by Medicare. Guardian intends to enroll as a Medicaid participant, but not as a Medicare participant – at least not presently – and it also will contract with commercial and other non-Medicare payers. Therefore, the services will include an array of medical/health and personal services conducted in patients’ homes and typical of a home health agency licensed under He-P 809.

## **Curran, Marilee**

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**From:** Curran, Marilee  
**Sent:** Wednesday, April 3, 2024 1:01 PM  
**To:** Desiree Daigle; Nate Donner  
**Cc:** Beyer, Paulette  
**Subject:** Application - Guardian Home Care of NH LLC

Good Afternoon:

In accordance with RSA 151-A:14, the Office of Legal and Regulatory Services hereby acknowledges receipt of your application and fees in the amount of \$ 250.00 for a Home Health Care Provider. This application has been submitted in anticipation of your future purchase.

Review of your application indicates that it has been completed in accordance with RSA 151:4, and He-P 809, the rules of the Office of Legal and Regulatory Services for a Home Health Care Provider.

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. Paulette will be reaching out to you for a consultation prior to purchase.

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

Take Care

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

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



**Harbor Homes   Healthy at Home   Keystone Hall   HIV/AIDS Test Force   Harbor Care Health & Wellness Center**

Henry Och  
President and CEO  
Healthy at Home, Inc d/b/a Harbor Care

March 28, 2024

NH Department of Health and Human Services  
Health Facilities Administration-Licensing

Re: Submission of Application from Guardian Home Care of NH

Healthy at Home, Inc holds a current license certificate to operate as a Home Health Care Provider located at 77 Northeastern Blvd. in Nashua, NH. This letter acknowledges the submission of the application from Guardian Home Care of NH to operate as a Home Health Care Provider at this location, as part of the pending sale of Healthy at Home, Inc. to Guardian Home Health Care of NH.

Thank you.

DocuSigned by:

81C04268093687

Henry Och  
President and CEO  
Healthy at Home, Inc. d/b/a Harbor Care

P: (603) 882-3616  
F: (603) 595-7414  
Headquarters:  
77 Northeastern Blvd

hope@harborcarenh.org  
www.harborcarenh.org



# State of New Hampshire

Filing fee: \$100.00  
Use black print or type.

Filed  
Date Filed: 03/21/2024 12:45:00 PM  
Effective Date: 03/21/2024 12:45:00 PM  
Filing #: 6627811 Pages: 3  
Business ID: 957747  
David M. Scanlan  
Secretary of State  
State of New Hampshire

## 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: Guardian Home Care of NH LLC

### Principal Business Information:

Principal Office Address: 77 Northeastern Boulevard Nashua NH 03062  
(no. & street) (city/town) (state) (zip code)

Principal Mailing Address (if different): \_\_\_\_\_  
(no. & street) (city/town) (state) (zip code)

Business Phone: (917) 890-8854

Business Email: ndonner@eminencehhcma.com

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

SECOND: Describe the nature of the primary business or purposes (and if known, list the NAICS Code and Sub Code): To own and operate a home health care agency and to provide home care services - -

NAICS Codes: 6216 (main) / 621610 (sub)

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

HASLAW, Inc.

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

c/o Hinckley Allen, 650 Elm Street, Suite 500 Manchester NH 03101  
(no. & street) (city/town) (state) (zip code)

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

CERTIFICATE OF FORMATION OF A  
NEW HAMPSHIRE LIMITED LIABILITY COMPANY

Form LLC-1  
(Cont.)

MANAGER / MEMBER INFORMATION (List all Managers and/or Members you wish to be placed on record)		
NAME	BUSINESS ADDRESS	TITLE
Cheskel Spitzer	77 Northeastern Blvd, Nashua NH 03062	Manager

\*Signature: 

Print or type name: Cheskel Spitzer

Title: Manager   
(Enter "manager" or "member")

Date signed: March 21, 2024

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.

\* The document shall be signed by a "manager" and if there is no manager, by a "member" or see RSA 304-C:28 V for alternative signatures.

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

Mailing Address - Corporation Division, NH Dept. of State, 107 N. Main St, Rm 204, Concord, NH 03301-4989  
Physical Location - State House Annex, 3rd Floor, Rm 317, 25 Capitol St, Concord, NH



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

March 20, 2024

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

Dear Secretary Scanlan:

This is to certify that Guardian Home Care of NH LLC located at 77 Northeastern Blvd, 2<sup>nd</sup> Fl, Nashua, NH 03062, has submitted an application for licensure as a Home Health Care Provider under RSA 151. This certification is sent to you in conformance with RSA 151:2-C, I. Your early attention to this matter shall be greatly appreciated.

Sincerely,

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

**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  
603-271-9039**

Dear Local Authority,

In accordance with RSA 151:4,III(3) the entity/individual listed below requires certification that the operation of a home health/case management agency at the address below conforms with applicable local rules, regulations and ordinances having to do with health and safety. Please sign the approval acknowledgment to confirm you are aware that a business is operating at the identified location and that the business complies with all local ordinances. For questions or comments please contact [hfa-licensing@dhhs.nh.gov](mailto:hfa-licensing@dhhs.nh.gov). Thank you.

AGENCY NAME: Guardian Home Care of NH, LLC  
STREET ADDRESS: 77 Northeastern Blvd, Floor Two Nashua, NH 03062  
OWNERS'S NAME: Guardian Home Care of NH, LLC  
ADMINISTRATOR NAME: Desiree Daigle  
PROPOSED TYPE OF AGENCY: Home Health Care Agency

**HEALTH OFFICER**

I HEREBY CERTIFY THAT THE AGENCY GUARDIAN HOME CARE OF NH LLC COMPLIES WITH ALL APPLICABLE HEALTH, SEWAGE AND WATER REGULATIONS FOR THE CITY/TOWN OF NASHUA.

OR

I HEREBY CERTIFY THAT THE CITY/TOWN OF N/A DOES NOT REQUIRE HEALTH, SEWAGE AND WATER APPROVAL OF THIS AGENCY.

DATE: 4/1/24

SIGNATURE: [Signature]  
(NAME AND TITLE OF HEALTH OFFICIAL) HEAD, PSEU-KUWUKA HEALTH OFFICER

**BUILDING REGULATIONS**

I HEREBY CERTIFY THAT THE AGENCY GUARDIAN HOME CARE OF NH LLC COMPLIES WITH ALL APPLICABLE BUILDING CODES FOR THE CITY/TOWN OF NASHUA.

OR

I HEREBY CERTIFY THAT THE CITY/TOWN OF \_\_\_\_\_ DOES NOT HAVE LOCAL BUILDING CODES OR REGULATIONS.

DATE: 4/1/2024

SIGNATURE: [Signature]  
(NAME AND TITLE OF BUILDING OFFICIAL) MICHAEL PLASKI EXAMINER

**ZONING REGULATIONS**

I HEREBY CERTIFY THAT THE AGENCY Source and Home Care of NH, LLC COMPLIES WITH ALL APPLICABLE ZONING REGULATIONS FOR THE CITY/TOWN OF NASHUA, NH.

OR

I HEREBY CERTIFY THAT THE CITY/TOWN OF \_\_\_\_\_ DOES NOT HAVE LOCAL ZONING REGULATIONS.

DATE: 4/1/24

SIGNATURE: [Signature] Zoning coordinator  
(NAME AND TITLE OF ZONING OFFICIAL)

**FIRE REGULATIONS**

I HEREBY CERTIFY THAT THE AGENCY Healthy at Home COMPLIES WITH ALL APPLICABLE FIRE CODES FOR THE CITY/TOWN OF NASHUA, NH.

DATE: 4/1/2024

SIGNATURE: [Signature] Jeff Labadie  
(FIRE CHIEF OR DESIGNEE) U.S. Fire FMO

Guardian Home Care of NH LLC  
77 Northeastern Blvd Floor Two  
Nashua, NH 03062

**Non-conviction Statement**

I, Desiree Daigle, agree that I have not been found guilty of the follow upon offering of employment by Guardian Home Care of NH LLC:

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

Employee Name (Print): Desiree Daigle

Employee Name (Signature): *Desiree Daigle* Date:  
03/28/2024

Employer Name (Print): Employer *Nate Dunlap*

Name (Signature): Date:

*Nate Dunlap* 03.29.2024

## Desiree Daigle



**Summary:** Current Regional Intake Supervisor with a fast-paced home healthcare agency, overseeing intake and on-call departments. Completing Masters in Business Administration with a concentration in healthcare management to further professional growth. Experienced working with PCA's, hiring and knowledgeable about CFI Waivers.

### Work Experience:

#### **Regional Intake and On-Call Supervisor** Interim HealthCare - Manchester, NH March 2021 to Present

- Develop, evaluate, and supervise a team of qualified intake and on-call staff, coordinating training to achieve goals.
- Ensure compliance with applicable laws, regulations, and company policies.
- Act as a liaison with referral sources, outside agencies, and healthcare professionals.
- Implement training and pilot programs to support new business initiatives.
- Receive and coordinate incoming calls, provide information to patients/clients and referral sources.
- Analyze information for preliminary admission decisions and receive verbal orders from physicians.
- Order supplies for new employees and oversee office organizers.

#### **LPN Intake Coordinator** Interim HealthCare - Manchester, NH June 2017 to March 2021

- Acted as a liaison with referral sources, outside agencies, and healthcare professionals.
- Received and coordinated incoming calls, completed intake screening, and entered customer information.
- Worked with clinical staff to adhere to standards of practice and regulations.
- Participated in high-performance work teams to deliver exceptional patient/client service.
- Oversee patient intake process and scheduling.

#### **Health Information Coordinator** Pleasant Valley Nursing Center - Derry, NH July 2013 to October 2016

- Prepared charts for new admissions, conducted audits of medical records, and maintained records.
- Monitored physician visit schedules and ensured confidentiality of patient information.
- Completed forms and documents in accordance with company policy and regulations.
- Oversee quality improvement and ensure healthcare regulations are met.



LNA Pleasant Valley Nursing Center - Derry, NH July 2012 to October 2016

- Provided personal care and services to residents, monitored vital signs, and reported changes of condition.
- Followed safety rules and procedures, contributing to a team environment.

Education:

MBA in Business Administration/Healthcare Management Southern New Hampshire University - Manchester, NH October 2021 to February 2024

Bachelor's in Healthcare Administration Southern New Hampshire University - Manchester, NH August 2018 to October 2020

LPN Certificate in LPN Salter School of Nursing and Allied Health - Manchester, NH November 2015 to November 2016

Skills:

- Microsoft Office
- Intake Experience
- Dietary Aide Experience
- EMR Systems
- Medical Records
- Fundraising
- Nursing
- Microsoft Excel
- Allscripts
- Home Health
- Microsoft Word
- Healthcare Management
- Communication Skills
- Leadership
- Mentoring
- Organizational Skills
- Supervising Experience
- Continuous Improvement

Awards and Honors: Graduated high school with honors - June 2012

Certifications and Licenses:

- LPN (March 2017 to January 2023)