

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 #: _____
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 checked="" type="checkbox"/> | *New facility: | <input type="checkbox"/> | Other (please explain): |
| <input 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): NFI North, Inc TELEPHONE #: (603)746-7550

NAME OF FACILITY (DBA): NFI North Pathways Program TELEPHONE #: (603) 715-8095

FAX #: (603) _____
STREET ADDRESS: 121 South Fruit Street CITY: Concord STATE: NH ZIP: 03301

MAILING ADDRESS: 40 Park Lane CITY: Contoocook STATE: NH ZIP: 03229

ADMINISTRATOR: Lucas Reynard

MEDICAL DIRECTOR (IF APPLICABLE): Dr. Elizabeth Meadow, MD

FACILITY E-MAIL ADDRESS (REQUIRED): LukeReynard@nafi.com

IF APPLICABLE:

NUMBER OF BEDS: PRESENTLY LICENSED: _____ TOTAL # TO BE LICENSED: 16

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):

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. N/A
- 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.

**NFI NORTH, INC.
OFFICERS**

Title	Name	Address
President	Suanne Nader Educator	27 Sherwood Road Londonderry, NH 03053 603-432-8724
Treasurer	Bruce Farenwald CFO Duncraft Inc	204 Farrington Corner Rd. Hopkinton, NH 03229 603-224-3487
Clerk/Secretary	Dellie Champagne Events Coordinator/Teacher/Consumer Representative	169 Portsmouth St #177 Concord, NH 03301 (cell) 603-496-8660

BOARD OF DIRECTORS

Name	Occupation	Address
Suanne Nader	Educator	27 Sherwood Road Londonderry, NH 03053 603-432-8724
Dellie Champagne	Events Coordinator/Teacher/Consumer Representative	169 Portsmouth St. #177 Concord, NH 03301 (cell) 603-496-8660
Bruce Farenwald	CFO Duncraft Inc.	204 Farrington Corner Rd. Hopkinton, NH 03229 603-224-3487
Ashley Wainwright	Marketing Professional Banking Industry	240 Oak St Lewiston, ME 04240 207-650-8227
Terry Lochhead	Retired Communications Consultant	147 Main St Brownfield, ME 04010 603-545-9989
Patricia Fillio	Licensed Clinical Mental Health Counselor	1 Quaker St. Newton, NH 03858 603-819-6913
Don Nason	Attorney	117 Brockway Rd Hopkinton, NH 03229 (603) 724-0520

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

YES

f. Are you planning on being a certified facility? If YES, please call 1-800-852-3345 ext. 9049

YES

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) Included**
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. **(N/A)**
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) Included**
5. Include NH Secretary of State Authority to do business in the State of NH and/or tradename registration **(Initial Application Only) Included**
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) Included**
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) N/A**
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) N/A**
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) N/A**
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) Included**

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.

NFI North has developed a comprehensive approach to effectively deliver essential transitional housing services for adults with severe and persistent mental illness. Our Normative Community Approach includes the use of evidence-based practices within a context that recognizes and values the contributions of individual community members. Our program participants become stakeholders in a community that helps them to realize their goals, build resiliency, develop strategies to enhance recovery and overcome the challenges that confront them so that they can experience life in the community in a way that is positive and fulfilling.

NFI's approach to service delivery is steeped within the Normative Community Approach's core values. First, we believe that individuals possess inherent qualities that serve to support them as they move toward reaching their individual goals. People have the inherent ability to change and grow and each individual brings particular skills and talents to bear. We also believe that each person possesses worth and should be treated with dignity. We combine this understanding about individual strengths with the belief that the community has the ability to advance the individual, helping them to realize their full potential. Through membership in a positive and supportive community the individual is able to thrive and grow. Belonging to a positive community means that everyone has the opportunity to become an active participant, share their own beliefs and become involved in an environment of respect and responsibility. The community recognizes the uniqueness of each individual and values the journey that helps to build resiliency and movement toward recovery.

We know through our work that rehabilitation and recovery occur in the context of systems in which people live. Success with individuals rests on our ability to positively interact with and impact these systems, including families and the community at large. We reach out to families immediately, as appropriate, and continue to include them in services, daily life and celebrations, and in ongoing evaluation of our effectiveness. We approach families with an awareness that their histories neither begin nor will end with us. We seek first to understand what their experiences with their family member illness have means to them and how the mental health system has impacted this experience. Family members are engaged as resources for information and as providers of support for the individual. In turn, we provide families and other team members with emotional and practical support and education about services, programs, illness, medication and recovery.

As an organization we emphasize the importance of working with consumers in a manner that recognizes as well as honors the cultural lens that the individual and their family bring to the helping relationship. Our awareness in this area helps to ensure that we make appropriate adaptations to the treatment strategies we employ. Issues of class and race, for example, have been noted to be a barrier to treatment interventions that have been designed to address the needs of middle to upper class majority white population (Griner & Smith, 2006). In our work we take care to understand the world view brought by our consumers, how, for example is family defined by our consumers, is the focus centered on the individual or is it based on the whole? And through this should the approach toward recovery address independence or interdependence? Understanding the cultural lens of the participant makes it possible to effectively answer as well as respond to questions of this nature. As a matter of course all NFI employees receive cultural diversity training which serves to help our staff make appropriate adaptations. We also work in an ongoing way to adapt our organization's practices and policies as we strive to respond to changing demographics here in New England and to be evermore culturally competent in the delivery of mental health services.

NFI's Transitional Housing Program works to meet each participant's individual needs through the use of dynamic service delivery that uses multiple approaches to reach and engage the consumers we serve. Done well our approach insures that there is no "wrong door"; that all doors lead to the successful delivery of core services that help the individual overcome challenges and realize a process of continually building upon success. We recognize the importance of person centeredness, where collaboration and partnership versus staff and program control become the driving force in our work with program participants. We know that people need multiple pathways to recovery and so our services are delivered in a nonlinear manner; enabling the service plans and their implementation to be done in support of the unique needs of the individual versus arbitrary programmatic requirements.

The services that comprise NFI's Transitional Housing Program exist together as a true force in the lives of those who participate within the program. Each component part builds upon and interacts with the other to help create a seamless system of service delivery; a system of service delivery that helps our participants become successful members of the larger community.

Evidence-Based (EBP) and best practices inform our service delivery. In particular, we follow the framework of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Illness Management and Recovery (IMR) (SAMHSA &, 2009). We work diligently to engage people in relapse prevention planning as a tool to support recovery. We use Motivational Interviewing (MI) and an understanding of the Stages of Change as a means for assessing readiness and creating intervention strategies that meet people where they are at (Miller & Rollnick, 2002). We will employ an integrated dual diagnosis approach to work with those with co-occurring mental illness and substance abuse problems. Our employment services will maintain fidelity to the Individualized Placement and Support (IPS)/Supported Employment model with an eye toward full integration of rehabilitation, clinical services and employment (Bond et al.,

Recovery services must ultimately demonstrate their effectiveness with meaningful outcomes that have impact for the people using them. Our quality management system will provide timely feedback to inform training, program development, and service delivery with input from people using services and interested others. To support this we use survey tools that are administered periodically to solicit feedback directly from participants as a part of our continuous quality improvement practices. In addition, clinical staff will be trained in the use of the Adult Needs and Strengths Assessment (ANSA) which will be completed for program participants every 6 months with the results being entered into the State's data collection system and used as a tool to inform the refinement of service delivery.

NFI's approach to service delivery works to engage the individual as a whole person. We recognize the importance that this view plays in ensuring that our efforts to support recovery and resilience are successful and our approach to service delivery is reflective of this view. The program components described in the sections below represent an integrated approach to the delivery of essential transitional housing services. Each component is fully integrated within the context of a service that meets the unique needs of the individual.

The program will be organized into three interconnected and interdependent departments; Medical and Clinical Services, Residential Life Space, and Day Programming and Vocational Services. The service is designed in the first instance to provide programming for 16 individuals with serious mental illness and help transition participants into a community-based living arrangement within the area that they identify as home.

*II. Describe the facility's health care you wish to provide to residents.

The role of the clinical and medical services department is to ensure that each resident's emotional and physical needs are effectively met. Each resident's clinical team; comprised of the program's psychiatrist, clinical coordinator, clinician, nurse, clinical case manager, peer support specialist, family support specialist and residential advocate work in partnership with each participant and their guardian in the creation and implementation of their individualized individual service plan. Family members, community professionals, the courts and other involved stakeholders also play a significant role in the development of the individual service plan.

The individual service plan developed in accordance with He-M401.12 and He-M408.08 delineates the goals and objectives identified by the consumer as important to their well-being and ongoing recovery. In recognition the need to provide services to the whole person the individual service plan includes goals and objectives related to behavior, emotional and psychological well-being, medical and dental needs, work and living as well as social and recreational needs. In addition to the goals and objectives each individual service plan clearly identifies a corresponding action plan and the individuals responsible for ensuring that the particular goal is reached.

The individual service plan also carefully addresses the action steps to support the successful transition of the resident to the identified community. NFI recognizes the importance of planning carefully for transition and so we have developed this service in a manner that optimizes the allocation of resources to support transition at the onset of the contract. For the individual participant this translates into support from the clinical coordinator, day program coordinator, clinical case manager, rehabilitation specialist, clinician, peer and family support specialists, advocate and other stakeholders in the delivery of transitional services.

Individual service plans are reviewed every ninety days and case plan reviews are conducted monthly. The case plan review, facilitated by the resident's clinician is a meeting between the individual's involved in providing services, the guardian, family members and other involved individuals designed to review progress toward identified goals. Care is taken during this time to address barriers and adjust as appropriate to strategies used to achieve desired outcomes.

Once the individual is assessed the identified supports necessary for successful transition will be integrated into the individual service planning process in the form of a transition plan. The program's clinical case manager, under the supervision of the clinical coordinator and with the support of the individual's clinician will work to implement the transition plan. The peer support specialist as well as the family support specialist also provides support in implementing the transition plan. Activities related to the transition plan are many and varied and include items such as supported employment, identification of housing, integration with community supports, and identification of support systems both within the formal service delivery system as well as through informal support systems.

Services provided through the Clinical and Medical Services piece of the program include medication management, individual, group and family counseling, medical care through on site nursing staff as well as care coordination with the program's community partners. Medical services are coordinated through the nurse and overseen by the Primary Care Physician, who is also available to see participants as required by their medical needs.

NFI is working closely with Concord's Hospital's Family Health Center to develop an agreement centered on a coordinated system of primary care for the individuals within the transitional housing program. Included in this agreement for primary care is the identification of a PCP for each consumer, coordination of medical care for all program participants, sharing of pertinent information and case consultation related to client health issues and working together as a part of a multidisciplinary team to support client recovery and resiliency.

In addition, nursing staff within the program provide medical services to program participants and oversee the dispensing of medication. Staff is also trained to monitor residents in their self-administration of meds in accordance with licensing regulations.

NFI is currently working with Dr. Elizabeth Meadow for psychiatric coverage, Coverage will insure the provision of medication monitoring, psychiatric consultation and support for the treatment team, psychiatric support to NFI's on call team and coordination of psychiatric services as a part of a multidisciplinary team.

As mentioned above the program utilizes the EBP of Illness Management and Recovery (IMR) where the program participant, their family and the program staff work closely together in order to achieve the desired outcome. Some of the individuals within the program have sex offender profiles and require specialized treatment to address their needs. We plan for specialized treatment and assessments as clinically indicated. Each team member supports the five key elements of IMR based on their role and relationship with the program participant. Groups, for example help in the psycho- education process, in the implementation of social skill training and coping skills. Individual sessions provide a venue for expanding upon these EBP's as well as exploration of ways that the individual might effectively tailor their behavior and explore ways to identify and address trigger situations.

Individuals with co-occurring disorders are provided treatment in a manner that integrates their mental health needs with the challenges associated substance abuse. As noted our clinical staff integrates MI insuring that treatment interventions are appropriate to the corresponding change level. Program clinicians utilize cognitive behavioral therapy and our nurses understand the need to integrate the use of medication with psychosocial treatment strategies. In addition, the program recognizes the importance of using multiple strategies to engage the individual in treatment. For example, we typically encourage our participants to become active participants in self-help groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) and we also open our program sites to AA and NA for weekly meetings.

All of the clinical work is geared toward supporting the individual in their recovery and in the development of resiliency; making it possible for the individual to live successfully within the community of their choice.

*III. Identify who will provide the health care listed in II.


- Concord Hospital
- Concord Family Health Center
- Alcoholics Anonymous
- Narcotics Anonymous
- Dr. Stacey Charron
- Dr. Erinn Fellner
- Dr. Madhavi Kamireddi
- Saving People's Smiles
- NAMI-NH Peer Support

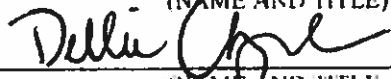
*To be completed if applying for beds

*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: 2/23/2024 SIGNED:  TREASURER
(NAME AND TITLE)

DATE: 2/23/2024 SIGNED:  Secretary
(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: N/A
(NAME AND TITLE)

DATE: _____ SIGNED: _____
(NAME AND TITLE)

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that NFI NORTH, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on July 06, 1992. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 175745

Certificate Number: 0006552561



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 24th day of January A.D. 2024.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular stamp.

David M. Scanlan
Secretary of State



THE STATE OF NEW HAMPSHIRE
 DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE
 33 Hazen Dr, Concord NH 03305 (603) 223-3867



Name: NFI NORTH INC.

DOB:

**** NO CRIMINAL CONVICTION RECORD FOUND ****

THE STATE OF NEW HAMPSHIRE
 DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE

I certify this record being disseminated to:

NFI NORTH, INC.-NFI NORTH, INC.

Is a true and accurate copy of the record as it appears in our files.

By: NH State Police Criminal Records Unit

Date: January 30, 2024

Director

*** END OF CRIMINAL RECORD ***

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal Record of the named individual.

Elizabeth Meadow, M.D., Ph.D.
603-520-5277
elizabethameadow@gmail.com

PROFESSIONAL EXPERIENCE

- 2023 -** **Monadnock Family Services, Keene, New Hampshire**
Psychiatrist
- 2012 - 2022 -** **NFI North/Transitional Housing, Concord, New Hampshire**
Medical Director
- 1989 - 2012 -** **Dartmouth Medical School, Hanover, New Hampshire**
Assistant Professor of Clinical Psychiatry
- 1987 - 2012 -** **New Hampshire Hospital, Concord, New Hampshire**
Senior Psychiatrist
- 1998 - 2002 -** **Secure Psychiatric Unit, Department of Corrections, Concord, New Hampshire**
Psychiatric Consultant
- 1989 - 1996 -** **Concord Hospital, Concord, New Hampshire**
Psychiatric Consultant
- 1986 - 1987 -** **Lake Shore Hospital, Manchester, New Hampshire**
Staff Psychiatrist
- 1986 -** **Greater Manchester Mental Health Center, Manchester, New Hampshire**
Staff Psychiatrist
- 1983 - 1986 -** **Park Nicollet Medical Center, Minneapolis, Minnesota**
Staff Psychiatrist
- 1982 - 1983 -** **Veterans Administration Medical Center, Minneapolis, Minnesota**
Staff Psychiatrist
- 1982- 1986 -** **University of Minnesota Medical School, Minneapolis, Minnesota**
Clinical Instructor, Department of Psychiatry (1983-1986)
Assistant Professor, Department of Psychiatry (1982- 1983)
- 1980 - 1981 -** **New Hampshire Hospital, Concord, New Hampshire**
Consultant in Psychiatry
- 1972 -1974 -** **Montefiore Medical Center, New York, New York**
Assistant Attending Psychologist
- 1969 - 1970 -** **Veterans Administration Hospital, New York, New York**
Research Assistant

Elizabeth Meadow, M.D., Ph.D. - page two

EDUCATION

**1980 - 1982 - Institute of Living, Hartford, Connecticut
Resident in Psychiatry**

**1978 - 1980 - Dartmouth-Hitchcock Medical Center, Hanover, New Hampshire
Resident in Psychiatry**

**1978 - Dartmouth Medical School, Hanover, New Hampshire
M.D. with honors**

**1977 - New York University, New York, New York
Ph.D. in Clinical Psychology**

**1973 - New York University, New York, New York
M.A. in Clinical Psychology**

**1967 - Radcliffe College (Harvard University), Cambridge, Massachusetts
B.A. with honors**

AWARDS AND HONORS

2017 NAMI New Hampshire - Mental Health Professional of the Year

1978 - American Medical Women's Association Award for Academic Excellence

1968-1971 - National Institute of Mental Health Fellow

BOARD CERTIFICATION

1985 - American Board of Psychiatry and Neurology

LICENSES

New Hampshire - Number 6299

Minnesota - Number 027293 5 - expired

Connecticut - Number 22534 - expired

State of New Hampshire



Board of Medicine

Authorized as
Physician

Issued To

ELIZABETH A MEADOW, MD

License Number: 6299
Current
Psychiatry

Issue Date: 10/02/1980

Expiration Date: 06/30/2024



State of New Hampshire
Board of Medicine

Authorized as
Physician

Issued to: ELIZABETH A MEADOW, MD

Current

License #: 6299
Issue Date: 10/02/1980
Expiration Date: 06/30/2024
Psychiatry

OPLC Pocket Card; Cut on dotted lines

NFI NORTH
40 Park Lane
Contoocook, New Hampshire 03229



Statement of Assurance

NAME Meadow Blum, Berger Elizabeth A
(LAST) (MAIDEN/ALIAS) (FIRST) (MI)

ADDRESS 20 Cedar Lane Bow NH 03304
(STREET) (CITY) (STATE) (ZIP CODE)

DATE OF BIRTH 11/12/1944 STATE NY

PROGRAM NAME NFI Pathways
(no abbreviations)

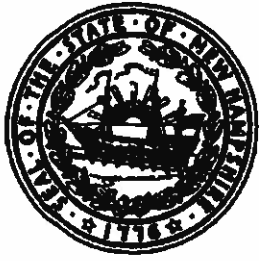
I hereby swear that:

- a) I do not have any felony convictions in this or any other state.
- b) I have not been convicted of a sexual assault, any other violent crime, abuse, neglect, or any other crime that shows that I may pose a threat to the well-being of children nor adults, such as a violent crime or a sexually-related crime against a child or an adult.
- c) I have not had a finding by the Department or any administrative agency in this or any other state for abuse, neglect, or exploitation of children/or adults
- d) I have never been investigated or accused of sexual assault or sexual harassment.

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE Elyah Meadow DATE January 17 2024

WITNESS SIGNATURE John Wick DATE January 17, 2024



THE STATE OF NEW HAMPSHIRE
 DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE
 33 Hazen Dr, Concord NH 03305 (603) 223-3867



Name: MEADOW, ELIZABETH

DOB: 11/12/1944

**** NO CRIMINAL CONVICTION RECORD FOUND ****

THE STATE OF NEW HAMPSHIRE
 DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE

I certify this record being disseminated to:
 NFI NORTH, INC.-NFI NORTH, INC.

Is a true and accurate copy of the record as it appears in our files.

By: NH State Police Criminal Records Unit 

Date: January 30, 2024 Director

*** END OF CRIMINAL RECORD ***

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal Record of the named individual.

State of New Hampshire
Department of Health and Human Services
Bureau of Elderly and Adult Services (BEAS)

3655
10/22

BEAS STATE REGISTRY CONSENT FORM
(RSA 161-F:49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to:

Employer/Agency: NFI North Inc

Employer Contact: Joanne Daufen

Mailing Address: PO Box 417

City/State/Zip: Contoocook NH 03229

Telephone: 603-746-7550

Email: Lynelleboisvert@nafi.com

Employee Information

Last name: Meadow First name: Elizabeth Middle Initial: _____

Mailing address: 20 cedar lane City/State/Zip: Bow NH 03304

Telephone: 603-225-7093 Gender: Female Male

Email: eammd@aol.com

Also known by the following names (Maiden Name, etc.):


Last Name: Blum First Name: _____ Middle Initial: _____

Last Name: Berger First Name: _____ Middle Initial: _____

Date of Birth: Month 11 Day 12 Year 1944 Last 4 Digits of Social Security #: 7593

Position: Psychiatrist Select one: Applying Current Position
 Employee Consultant Volunteer Vendor Other _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee or Legal Representative Signature:  Date: 2/5/2024

Relationship to Employee: _____ Email: _____

For more information,

Visit: <https://www.dhhs.nh.gov/programs-services/adult-aging-care/elderly-adult-services-state-registry>.

Call: (603) 271-8154 or Email: BEASStateRegistry@dhhs.nh.gov

FOR OFFICIAL USE ONLY - NH DHHS BEAS STATE REGISTRY NAME CHECK - CONFIDENTIAL

No Finding Positive Finding Unable to Process

Name: SHELLY HANEMAN Date: 2/5/2024

LUKE REYNARD

ABOUT ME Experienced nonprofit leader in behavioral health and disability service systems and program operations. Currently serving as the Executive Director of NFI North overseeing the administration of agency operations, programs, strategic planning, and ensuring the organization adheres to the agency mission and vision while meeting financial objectives. Adept at fostering relationships with key stakeholders, including board members, state partners, team members, and participants. Well-rounded professional with experience in both operational, administrative and financial operations, and driven by a focus on mission and values. An effective communicator with the ability to translate complex organizational goals into actionable plans, I am proud to bring visionary leadership, operational excellence, and strategic insights to the NFI North Executive Director position.

SKILLS & ABILITIES

- Leadership & Organizational Development
- Financial Acumen
- Analytical Problem Solver

PROFESSIONAL EXPERIENCE

NFI NORTH

EXECUTIVE DIRECTOR January 1, 2024 - Present

Provide leadership and overall management for agency administration including operations, finance, and strategic planning, working closely with the Board of Directors. Responsible for ensuring the successful operation of agency programs serving individuals through the life continuum. Collaborate with the Board of Directors, agency management, business office operations, and key stakeholders to achieve and maintain fiscal and programmatic excellence.

CHIEF OPERATING OFFICER: April 2021 - December 2023

Oversee the program operations of Maine and New Hampshire services, as well as IT and health record operations. Ensure agency compliance with Joint Commission accreditation and standards, as well as state contractual requirements. Support agency strategic plan goals and execution. Represent NFI North with numerous stakeholders and state agencies, cultivating positive relationships. Supervise program expansion and development opportunities.

UNIVERSITY OF NEW HAMPSHIRE

SENIOR BUSINESS AND OPERATIONS MANAGER (ADJUNCT)

April 2021- Present

Provide contractual and budgetary leadership to the START program, the National Research Consortium on MH/IDD, and serve as the grand manager for a federally funded \$5 million grant project on telehealth services for people with disabilities.

DIRECTOR OF OPERATIONS, UNH INSTITUTE ON DISABILITY, START PROGRAM

July 2019 - April 2021

Provided operational and financial leadership for national START MH/IDD program consultation, research, and program development.

MHMR TARRANT TX

CHIEF OPERATING OFFICER, DISABILITY SERVICES

November 2005 - June 2019

Beginning as a case manager, progressively assumed leadership roles culminating in a Chief Operations role for Disability Services for Texas' second-largest community mental health center (CMHC), serving over 4000 people monthly in residential and community-based programs.

EDUCATION ANDERSON UNIVERSITY – PH.D CANDIDATE IN LEADERSHIP AND ORGANIZATIONAL DEVELOPMENT

Doctoral student in the Center for Leadership and Organizations with research interests in organizational commitment and antecedent factors, leadership empathy, mindfulness, and emotional intelligence factors.

Expected graduation: May 2025

UNIVERSITY OF TEXAS SYSTEM – MASTER OF BUSINESS ADMINISTRATION

Graduate business program with a focus on economics and analytics

TEXAS STATE UNIVERSITY – BACHELORS DEGREE IN PSYCHOLOGY

Major in psychology; minor in criminal justice

**VOLUNTEER &
COMMUNITY
ACTIVITIES**

TOWN OF HENNIKER, NH – BUDGET ADVISORY COMMITTEE

Member of the Budget Advisory Committee reporting to the Board of Selectpersons. The role includes financial analysis and recommendations to the Board regarding the annual town budget prior to the town vote.

HENNIKER YOUTH ATHLETICS – COACH

Volunteer coach for youth baseball and basketball.

State of New Hampshire
Department of Health and Human Services
Bureau of Elderly and Adult Services (BEAS)

3655
10/22

**BEAS STATE REGISTRY CONSENT FORM
(RSA 161-F:49*)**

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to:

Employer/Agency: NFI North

Employer Contact: JOANNE DAUFEN

Mailing Address: PO BOX 417

City/State/Zip: CONTOOCOOK NH 03229

Telephone: 603-746-7550

Email: JOANNEDAUFEN@NAFI.COM

Employee Information

Last name: Reynard First name: Lucas Middle Initial: L

Mailing address: 173 French Pond Rd City/State/Zip: Henniker NH 03242

Telephone: 603-568-7000 Gender: Female Male

Email: lukereynard@nafi.com

Also known by the following names (Maiden Name, etc.):

Last Name: _____ First Name: _____ Middle Initial: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: Month 9 Day 15 Year 1976 Last 4 Digits of Social Security #: 5517

Position: Executive Director Select one: Applying Current Position
 Employee Consultant Volunteer Vendor Other _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee or Legal Representative Signature: Lucas Reynard Date: 1/25/2024

Relationship to Employee: _____ Email: _____

For more information,

Visit: <https://www.dhhs.nh.gov/programs-services/adult-aging-care/elderly-adult-services-state-registry>

Call: (603) 271-8154 or Email: BEASStateRegistry@dhhs.nh.gov

FOR OFFICIAL USE ONLY - NH DHHS BEAS STATE REGISTRY NAME CHECK - CONFIDENTIAL

No Finding Positive Finding Unable to Process

Name: DANIELLE ARNOLD Date: 1/25/2024



THE STATE OF NEW HAMPSHIRE
 DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE
 33 Hazen Dr, Concord NH 03305 (603) 223-3867



Name: REYNARD, LUCAS

DOB: 09/15/1976

**** NO CRIMINAL CONVICTION RECORD FOUND ****

THE STATE OF NEW HAMPSHIRE
 DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE

I certify this record being disseminated to:

NFI NORTH, INC.-NFI NORTH, INC.

Is a true and accurate copy of the record as it appears in our files.

By: NH State Police Criminal Records Unit

Date: January 22, 2024

Director

*** END OF CRIMINAL RECORD ***

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal Record of the named individual.



NFI | North
Empowering Individuals & Families to Succeed

40 Park Lane
P.O Box 417
Contoocook, NH 03229

(603) 746-7550 ☎
(603) 746-7544 ☎
www.nfinorth.com ☎

Statement of Assurance

NAME REYNARD LUCAS I.
(LAST) (MAIDEN/ALIAS) (FIRST) (MI)
 ADDRESS 173 French Pond Rd. HENNIKER NH 03242
(STREET) (CITY) (STATE) (ZIP CODE)
 DATE OF BIRTH 9-15-76 STATE KS
 PROGRAM NAME Corp 200 Contoocook office
(no abbreviations)

I hereby swear that:

- a) I do not have any felony convictions in this or any other state.
- b) I have not been convicted of a sexual assault, any other violent crime, abuse, neglect, or any other crime that shows that I may pose a threat to the well-being of children nor adults, such as a violent crime or a sexually-related crime against a child or an adult.
- c) I have not had a finding by the Department or any administrative agency in this or any other state for abuse, neglect, or exploitation of children/or adults
- d) I have never been investigated or accused of sexual assault or sexual harassment.

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE  DATE 1/4/24

WITNESS SIGNATURE Jane Dwyer DATE 1-4-24

Michele Canning, LCMHC (NH)
1302 Goffstown
Manchester NH 03102
603-568-1374
michele.canning@gmail.com

Professional Profile

A highly skilled, compassionate, solution focused clinician. Dedicated to providing exceptional care and treatment planning for children, adolescence, adults and families. Team oriented, recognized for my ability to establish and maintain relationships with co-workers, administration and local and state agencies.

Skilled in therapeutic modalities to include IMR, Motivational Interviewing, DBT, CBT, ACT, Schema-focused.

Employment:

All Seasons Counseling, LLC

2020-present

Private Practice (LCMHC)

- Provide weekly supervision for licensure of LCMHC.
- Telehealth therapy for Children, Adults, Families

NFI North

2011-present

Licensed Clinical Mental Health Counselor

- Team leader of a caseload of clients on a Conditional Discharge or Superior Court order to THS.
- Liaison for the Department of Corrections, Catchment area Mental health agencies and Guardians/family members
- Provide clinical information, case presentation and support to the Direct Care Staff in both program and residential
- Develop/Implement and review treatment plans addressing psychiatric, behavioral, independent living, vocational, education, legal and substance abuse issues. Approve initial and quarterly reviews of treatment plans to insure objectives/methods are being met by all parties involved.
- Insure all treatment plans are done within the required time to stay compliant with state regulations.
- Prepare/present daily clinical narratives and reports.
- Case management supervision weekly
- Facilitate sex offender groups, Relapse Prevention groups, art therapy, IMR, CBT and DBT Strategize a plan for community integration to include clients who have committed sexual offences and severely violent crimes

Merrimack River Medical Service

Social Worker-supervisor

2009-2011

- Provide weekly case management supervision
- Assess and treat patients struggling with opiate dependence and a mental health illness
- Provide substance abuse treatment, Detoxification, Methadone Maintenance, Methadone Detoxification
- Provide group counseling addressing relapse prevention, depression, anxiety and parenting issues
- Provide a liaison for other services provided to the individual to include mental health, legal and medical
- Provide a diagnostic impression on case histories and clinical assessment to other health care/clinical staff
- Designed individual treatment plans to support patients success in treatment
- Developed Aftercare Plans to encourage a patients self-efficacy
- Provide intake services and assessments

Farnum Center

Co-occurring Counselor

2008 -2010

- Provide 1:1 and group counseling to individuals diagnosed with a co-occurring disorder in a residential (30 day) substance abuse program
- Assessment and treatment plan development
- Developed Aftercare while working closely with outside agencies
- Family Counseling and education
- Worked closely with Probation/Parole

NH State Prison for Woman

Social Worker

2002-2004

- Provide assessment, diagnosis and treatment for mental health symptoms to include individual and group counseling
- Attend, present and complete necessary documentation for case management meetings
- Establish, develop and present client-driven support groups
- Facilitated drug and alcohol groups
- Designed and implemented co-dependency groups, parenting groups, art therapy and meditation
- Worked as a liaison with outside agencies

Youth Development Center

Youth Counselor

1996-2002

- Worked as an effective member of a multi-disciplinary team to include other agencies in a wraparound approach towards treatment
- Provided case management to high risk teens in a maximum security unit
- Facilitated 1:1 counseling and groups surrounding: drug and alcohol dependence, trauma recovery, dependent living, anger management and crisis intervention
- Weekly family counseling to assist in underlying issues within the family dynamics

Education:

Southern NH University

MS CLINICAL MENTAL HEALTH COUNSELING

Springfield College

BS Human Service

State of New Hampshire



Board of Mental Health Practice

Authorized as
Clinical Mental Health Counselor

Issued To
MICHELE R CANNING, MS

License Number: 1063
Active

Issue Date: 07/24/2014
Expiration Date: 07/24/2024

State of New Hampshire
Department of Health and Human Services
Bureau of Elderly and Adult Services (BEAS)

3655
10/22

BEAS STATE REGISTRY CONSENT FORM
(RSA 161-F:49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to:

Employer/Agency: NFI North Inc

Employer Contact: JoAnne Daufen

Mailing Address: PO Box 417

City/State/Zip: Contoocook NH 03229

Telephone: 603-746-7550

Email: joannedaufen@nafli.com

Employee Information

Last name: Canning First name: Michele Middle Initial: R

Mailing address: 1302 Goffstown Rd City/State/Zip: Manchester NH 03102

Telephone: 603-568-1374 Gender: Female Male

Email: michele.canning@gmail.com

Also known by the following names (Maiden Name, etc.):

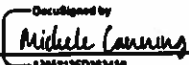
Last Name: _____ First Name: _____ Middle Initial: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: Month 05 Day 10 Year 1969 Last 4 Digits of Social Security #: 1254

Position: Program Director Select one: Applying Current Position
 Employee Consultant Volunteer Vendor Other _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee or Legal Representative Signature:  Date: 2/2/2024

Relationship to Employee: _____ Email: _____

For more information,

Visit: <https://www.dhhs.nh.gov/programs-services/adult-aging-care/elderly-adult-services-state-registry>,

Call: (603) 271-8154 or Email: BEASStateRegistry@dhhs.nh.gov

FOR OFFICIAL USE ONLY - NH DHHS BEAS STATE REGISTRY NAME CHECK - CONFIDENTIAL

No Finding Positive Finding Unable to Process

Name: KAREN CONLON Date: 2/2/2024

NFI NORTH
40 Park Lane
Contoocook, New Hampshire 03229



Statement of Assurance

NAME Canning Michelle R
(LAST) (MAIDEN/ALIAS) (FIRST) (MI)
ADDRESS 1302 Goffstown Rd Manchester NH 03102
(STREET) (CITY) (STATE) (ZIP CODE)
DATE OF BIRTH 5-10-69 STATE NH
PROGRAM NAME Transitional Housing Services/Concord
(no abbreviations)

I hereby swear that:

- a) I do not have any felony convictions in this or any other state.
- b) I have not been convicted of a sexual assault, any other violent crime, abuse, neglect, or any other crime that shows that I may pose a threat to the well-being of children nor adults, such as a violent crime or a sexually-related crime against a child or an adult.
- c) I have not had a finding by the Department or any administrative agency in this or any other state for abuse, neglect, or exploitation of children/or adults
- d) I have never been investigated or accused of sexual assault or sexual harassment.

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE Michelle Canning DATE 1/3/24

WITNESS SIGNATURE [Signature] DATE 1/3/24



THE STATE OF NEW HAMPSHIRE
 DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE
 33 Hazen Dr, Concord NH 03305 (603) 223-3867



Name: CANNING, MICHELE

DOB: 05/10/1969

**** NO CRIMINAL CONVICTION RECORD FOUND ****

THE STATE OF NEW HAMPSHIRE
 DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE

I certify this record being disseminated to:

NFI NORTH, INC.-NFI NORTH, INC.

Is a true and accurate copy of the record as it appears in our files.

By: NH State Police Criminal Records Unit

Date: February 06, 2024

Director

*** END OF CRIMINAL RECORD ***

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal Record of the named individual.

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: NFI North Inc./Pathways
STREET ADDRESS: 121 South Fruit St.
OWNERS'S NAME: NFI North Inc.
ADMINISTRATOR NAME: Luke Reynard
TELEPHONE NUMBER: 603-746-7550
PROPOSED TYPE OF FACILITY: Community Residence

Local authorities please complete and sign each section:

HEALTH OFFICER

I HEREBY CERTIFY THAT THE ENTITY NFI North Inc./Pathways COMPLIES WITH ALL APPLICABLE HEALTH, SEWAGE AND WATER REGULATIONS FOR THE CITY/TOWN OF Concord.

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

NUMBER OF BEDS/CLIENTS: N/A

FINAL INSPECTION: DATE: _____ SIGNATURE: [Signature] Health Licensing officer
(NAME AND TITLE OF HEALTH OFFICIAL)

BUILDING REGULATIONS

I HEREBY CERTIFY THAT THE CITY/TOWN OF Concord BUILDING DEPARTMENT HAS REVIEWED THE PLANS FOR NFI North Inc ON 2/12/2024. APPROVED DENIED

PLAN REVIEW: DATE: _____ SIGNATURE: [Signature] Chief Bld Insp.
(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.

I HEREBY CERTIFY THAT THE CITY/TOWN OF _____ BUILDING DEPARTMENT HAS INSPECTED _____ ON _____ AND FOUND NO VIOLATIONS OF THE BUILDING CODE.

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

NUMBER OF BEDS/CLIENTS: _____

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

ZONING REGULATIONS

I HEREBY CERTIFY THAT THE ENTITY NPI North COMPLIES WITH ALL APPLICABLE ZONING REGULATIONS FOR THE CITY/TOWN OF Concord

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

NUMBER OF BEDS/CLIENTS: _____

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

FIRE REGULATIONS

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

2018 Edition of NFPA 101 (A)

I HEREBY CERTIFY THAT THE CITY/TOWN OF New Hampshire FNO FD HAS REVIEWED THE PLANS FOR ON 2/20/24 APPROVED DENIED

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

I HEREBY CERTIFY THAT THE CITY/TOWN OF _____ FD HAS INSPECTED _____ ON _____ AND OBSERVED THE FOLLOWING VIOLATIONS:

I HEREBY CERTIFY THAT THE CITY/TOWN OF _____ FD HAS INSPECTED _____ ON _____ AND ALL PREVIOUS VIOLATIONS HAVE BEEN CORRECTED.

I HEREBY CERTIFY THAT THE CITY/TOWN OF WHEMO FD HAS INSPECTED PA Fire Dept ON 2/20/24 AND FOUND NO VIOLATIONS OF THE STATE AND/OR LOCAL MUNICIPAL FIRE CODE.

NUMBER OF BEDS/CLIENTS: 316 (A)

FINAL INSPECTION: DATE: 2/20/24 SIGNATURE: _____
(FIRE CHIEF OR DESIGNEE)
Austin Wakefield
New Hampshire State Fire Marshal's

PHILBROOK BUILDING

L1 EVACUATION LAYOUT

WING C NORTH



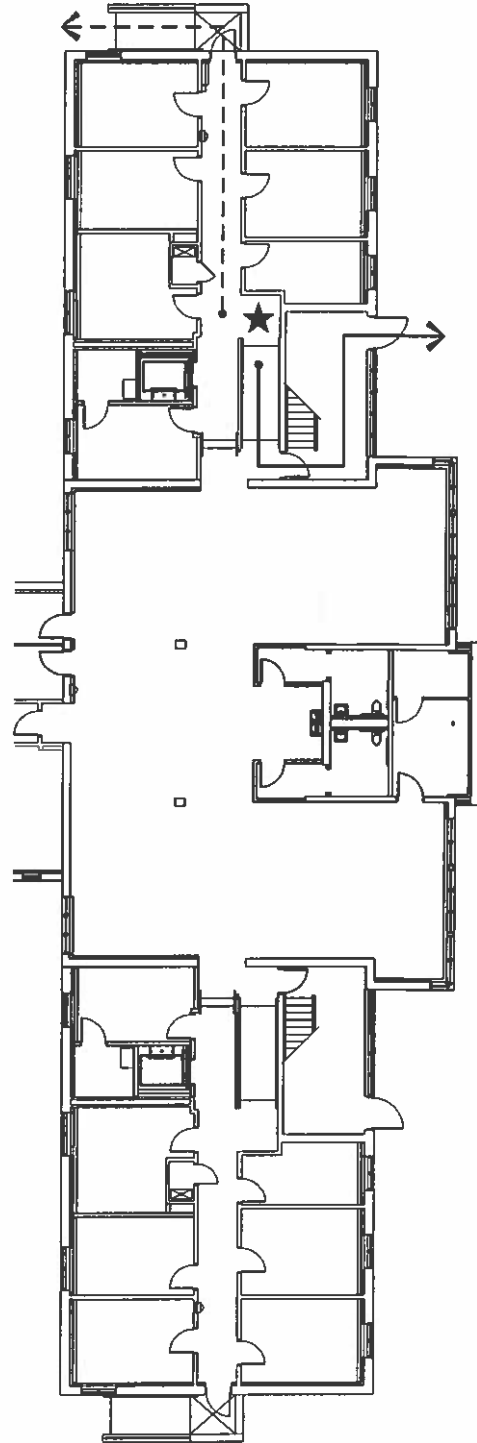
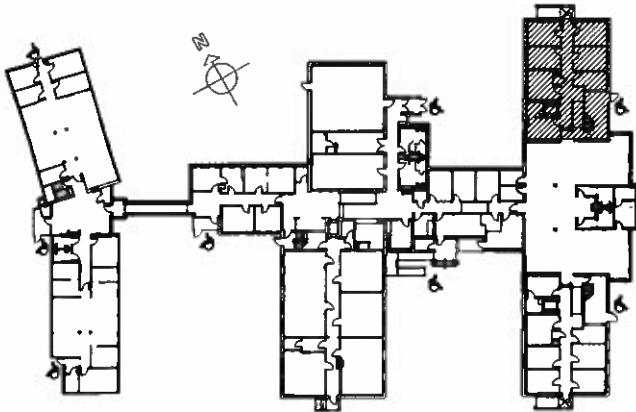
LEGEND

- | | |
|---|---------------------|
| — EVACUATION ROUTE | ☒ FIRE PULL STATION |
| - - - SECONDARY ROUTE | 🔥 FIRE EXTINGUISHER |
| ★ CURRENT LOCATION | ♿ FIRE RESCUE AREA |
| 👤 AED- AUTOMATED EXTERNAL DEFIBRILLATOR | |

WHEN FIRE ALARM SOUNDS

ALWAYS respond as if it were a real fire. Proceed quickly to the designated exits for your area. Do NOT return for personal items. Do NOT run. If your primary exit is unusable, use secondary route.

PHILBROOK LOCUS



PHILBROOK BUILDING

L2 EVACUATION LAYOUT

WING C SOUTH



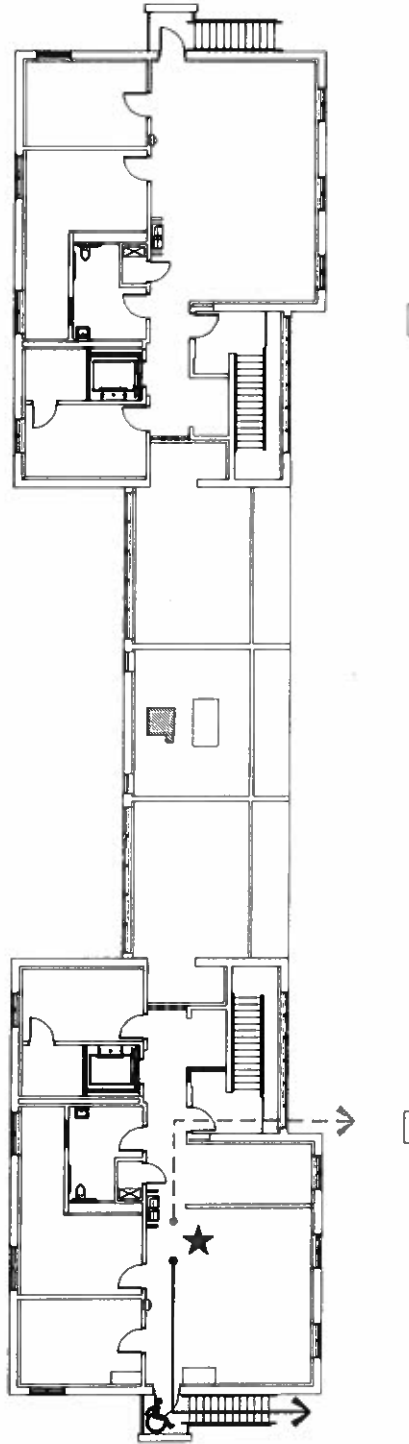
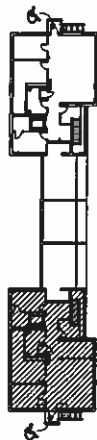
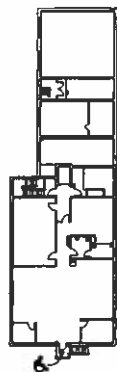
LEGEND

- | | |
|---|---------------------|
| — EVACUATION ROUTE | ☒ FIRE PULL STATION |
| - - - SECONDARY ROUTE | 🔧 FIRE EXTINGUISHER |
| ★ CURRENT LOCATION | ♿ FIRE RESCUE AREA |
| 👤 AED- AUTOMATED EXTERNAL DEFIBRILLATOR | |

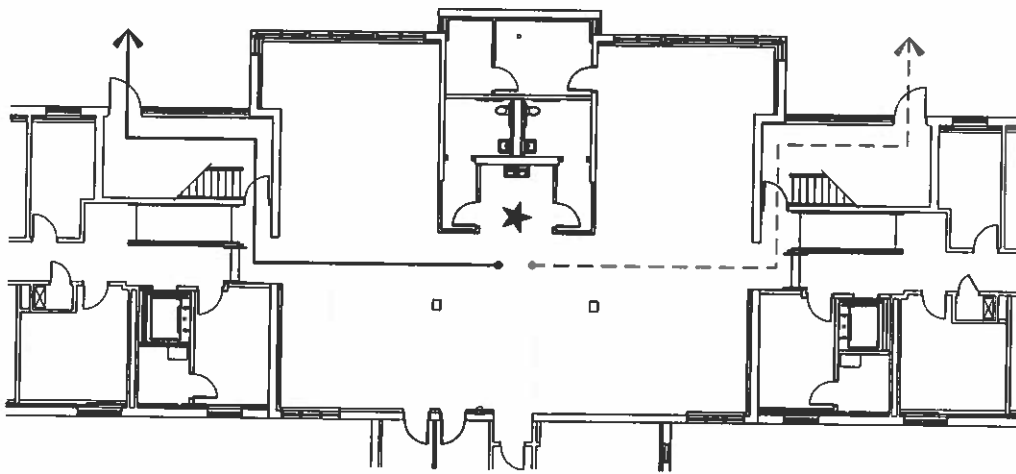
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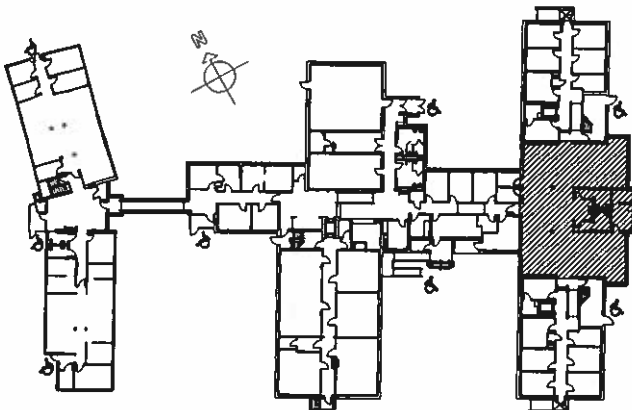
PHILBROOK LOCUS



PHILBROOK BUILDING L1 EVACUATION LAYOUT WING C CENTRAL



PHILBROOK LOCUS



LEGEND

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|---|---------------------|
| — EVACUATION ROUTE | ☒ FIRE PULL STATION |
| - - - SECONDARY ROUTE | 🔥 FIRE EXTINGUISHER |
| ★ CURRENT LOCATION | ♿ FIRE RESCUE AREA |
| 👤 AED- AUTOMATED EXTERNAL DEFIBRILLATOR | |

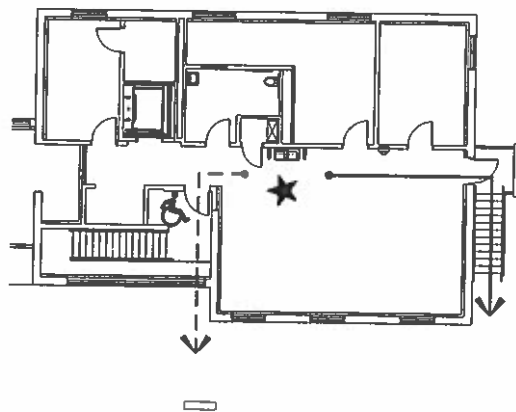
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PHILBROOK BUILDING

L2 EVACUATION LAYOUT

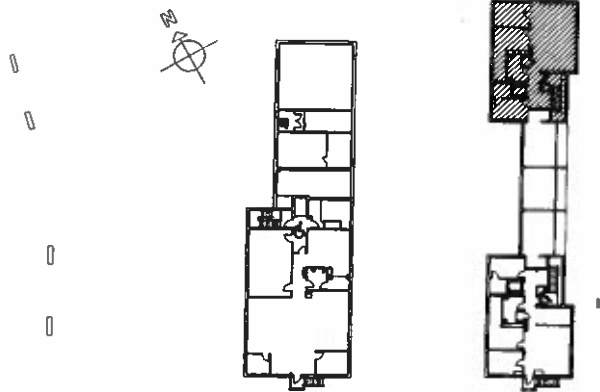
WING C NORTH



LEGEND

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|---|---------------------|
| — EVACUATION ROUTE | ☒ FIRE PULL STATION |
| - - - SECONDARY ROUTE | ⊞ FIRE EXTINGUISHER |
| ★ CURRENT LOCATION | ♿ FIRE RESCUE AREA |
| ⚡ AED- AUTOMATED EXTERNAL DEFIBRILLATOR | |

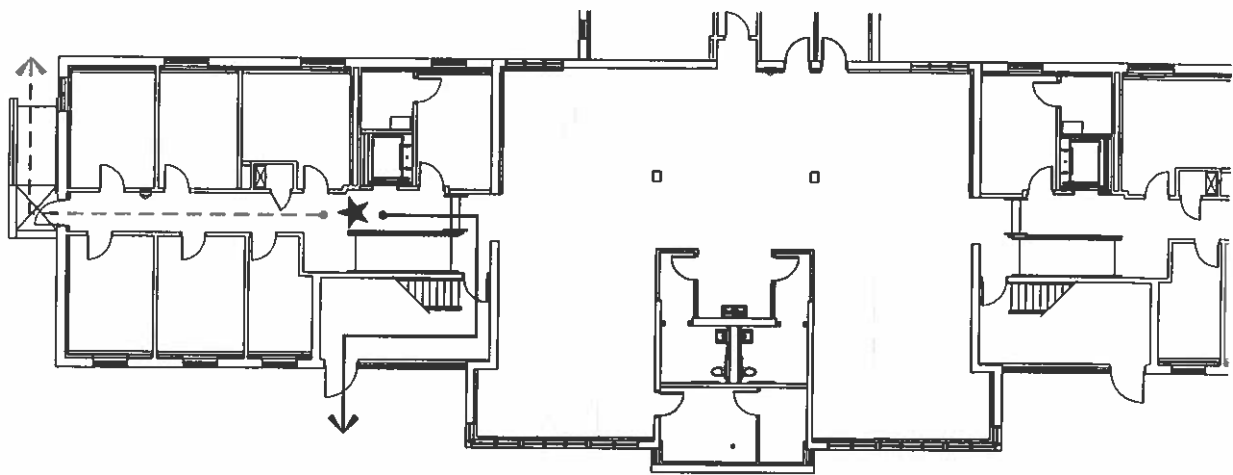
PHILBROOK LOCUS



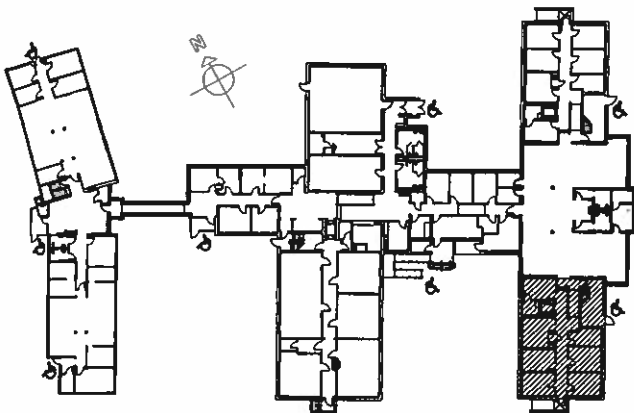
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PHILBROOK BUILDING L1 EVACUATION LAYOUT WING C SOUTH



PHILBROOK LOCUS



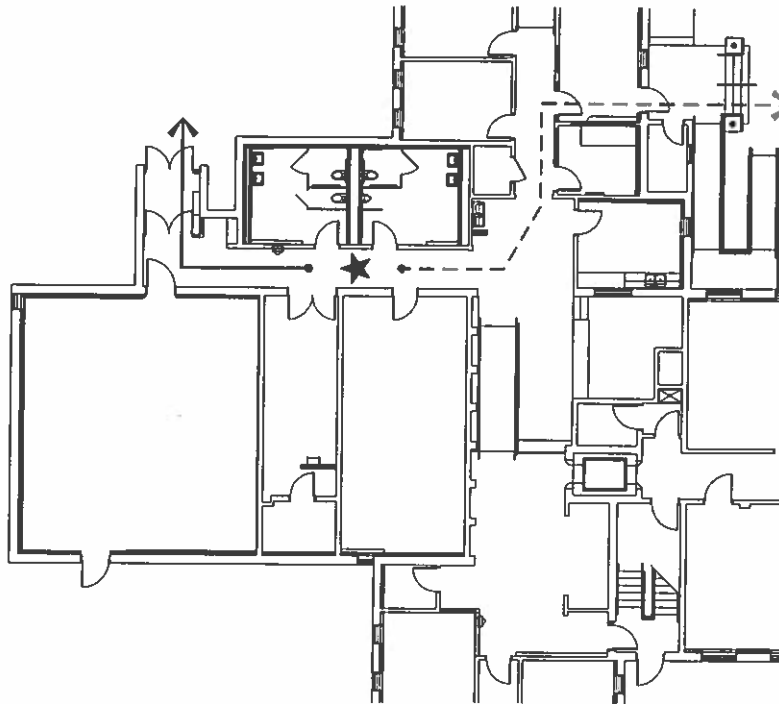
LEGEND

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| — EVACUATION ROUTE | ☒ FIRE PULL STATION |
| - - - SECONDARY ROUTE | 🔥 FIRE EXTINGUISHER |
| ★ CURRENT LOCATION | ♿ FIRE RESCUE AREA |
| 👤 AED- AUTOMATED EXTERNAL DEFIBRILLATOR | |

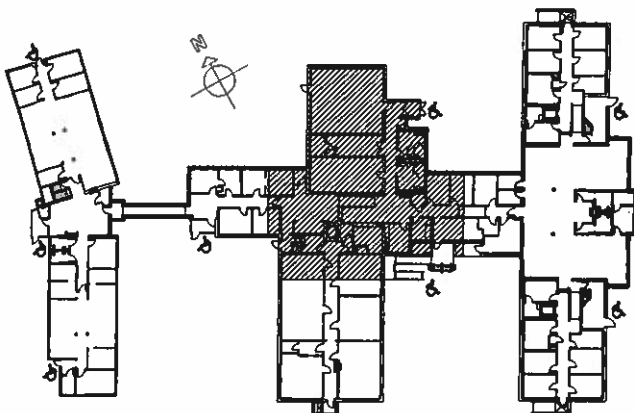
WHEN FIRE ALARM SOUNDS

ALWAYS respond as if it were a real fire. Proceed quickly to the designated exits for your area. Do NOT return for personal items. Do NOT run. If your primary exit is unusable, use secondary route.

PHILBROOK BUILDING L1 EVACUATION LAYOUT WING B NORTH



PHILBROOK LOCUS



LEGEND

- | | |
|---|---------------------|
| — EVACUATION ROUTE | ☒ FIRE PULL STATION |
| - - - SECONDARY ROUTE | 🔥 FIRE EXTINGUISHER |
| ★ CURRENT LOCATION | ♿ FIRE RESCUE AREA |
| 📍 AED- AUTOMATED EXTERNAL DEFIBRILLATOR | |

WHEN FIRE ALARM SOUNDS

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PHILBROOK BUILDING

L1 EVACUATION LAYOUT

WING A SOUTH



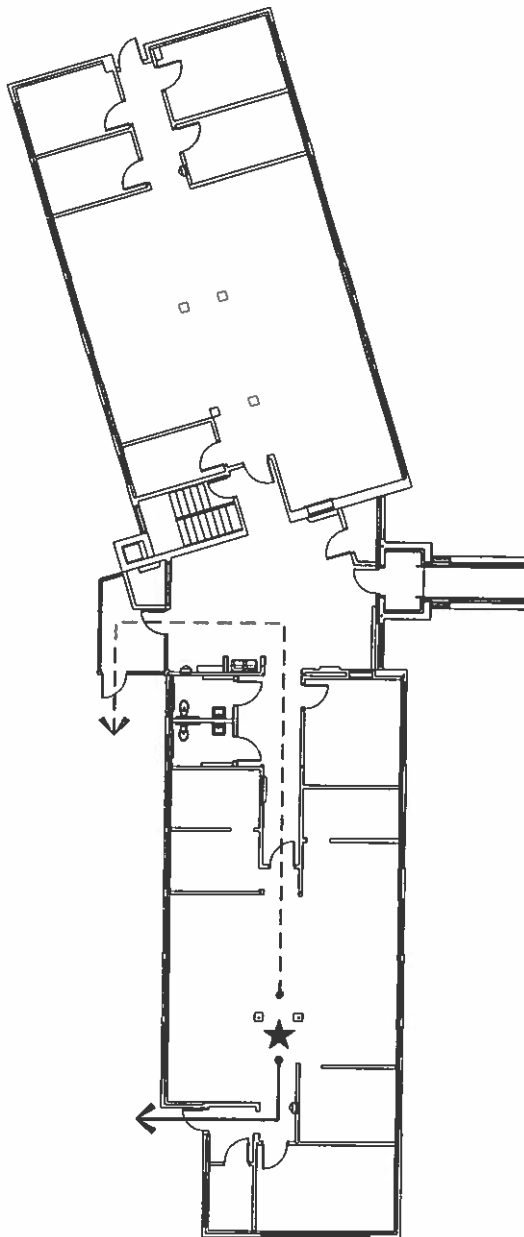
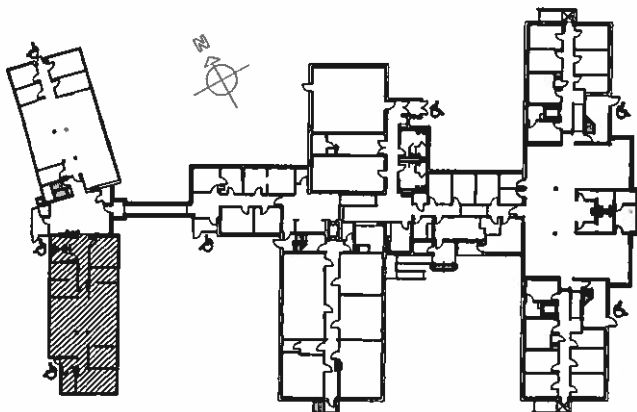
LEGEND

- | | |
|---|---------------------|
| — EVACUATION ROUTE | ☒ FIRE PULL STATION |
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| 📍 AED- AUTOMATED EXTERNAL DEFIBRILLATOR | |

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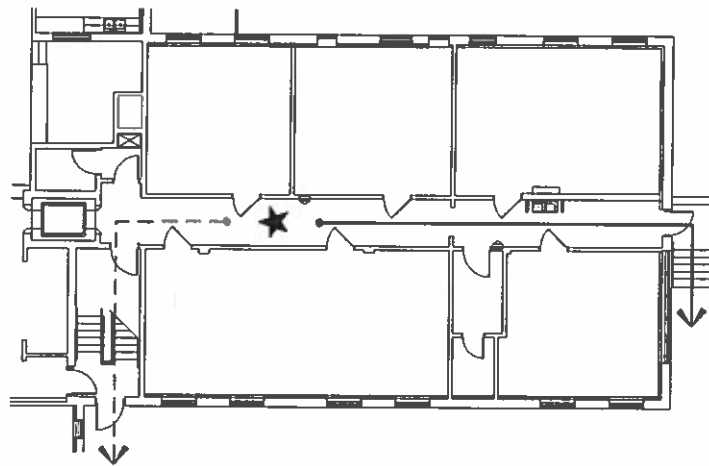
PHILBROOK LOCUS



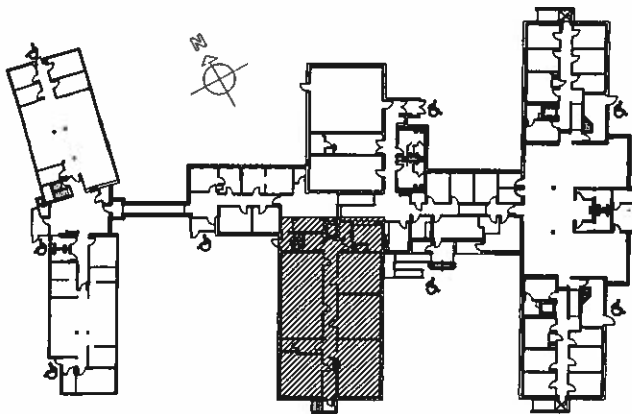
PHILBROOK BUILDING

L1 EVACUATION LAYOUT

WING B SOUTH



PHILBROOK LOCUS



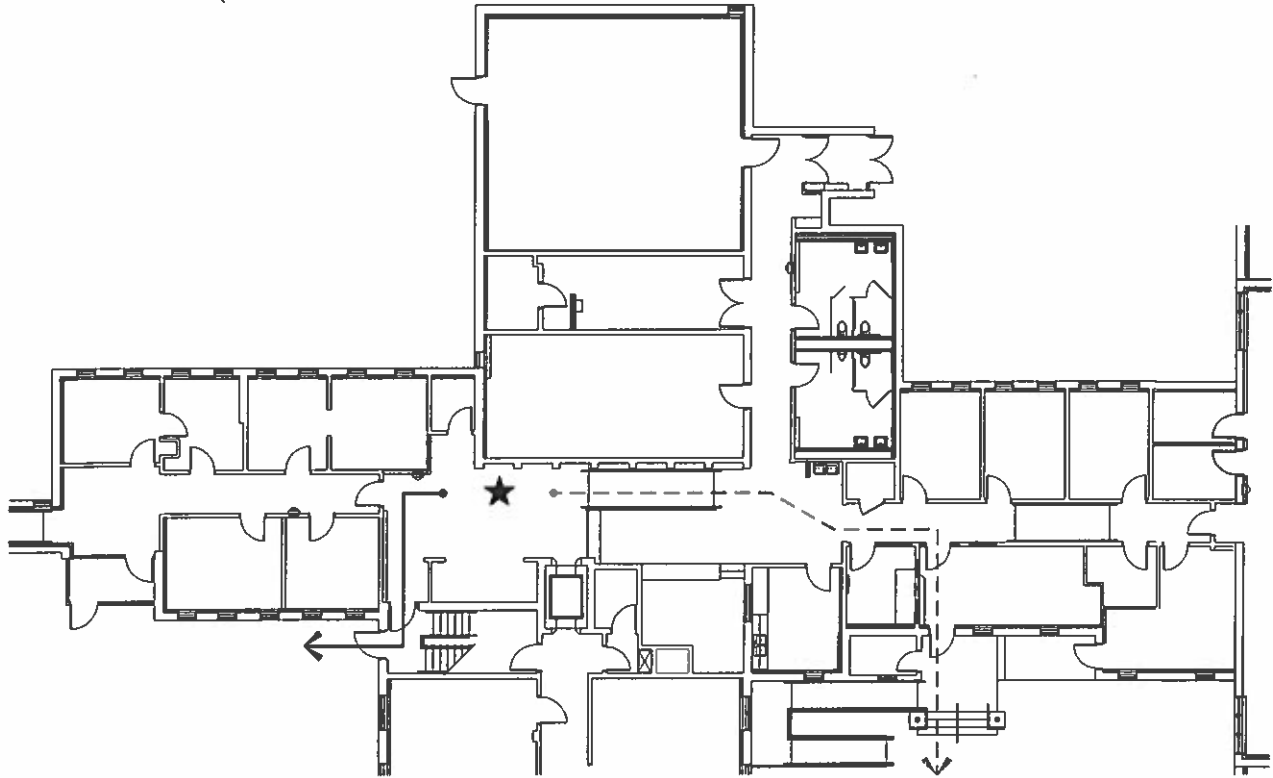
LEGEND

- | | |
|---|---------------------|
| — EVACUATION ROUTE | ☒ FIRE PULL STATION |
| - - - SECONDARY ROUTE | 🔥 FIRE EXTINGUISHER |
| ★ CURRENT LOCATION | ♿ FIRE RESCUE AREA |
| 👤 AED- AUTOMATED EXTERNAL DEFIBRILLATOR | |

WHEN FIRE ALARM SOUNDS

ALWAYS respond as if it were a real fire. Proceed quickly to the designated exits for your area. Do NOT return for personal items. Do NOT run. If your primary exit is unusable, use secondary route.

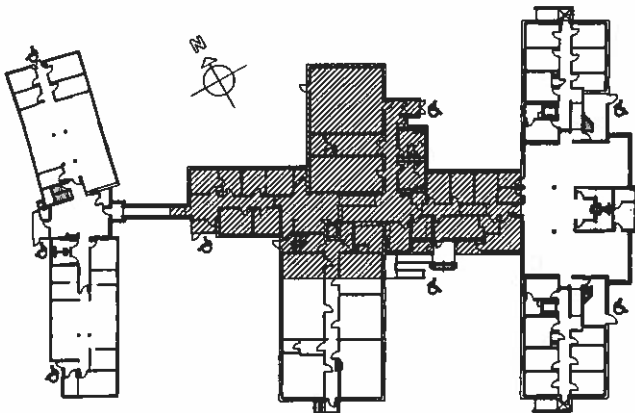
PHILBROOK BUILDING L1 EVACUATION LAYOUT WING B NORTH



LEGEND

- | | |
|---|---------------------|
| — EVACUATION ROUTE | ☒ FIRE PULL STATION |
| - - - SECONDARY ROUTE | 🔥 FIRE EXTINGUISHER |
| ★ CURRENT LOCATION | ♿ FIRE RESCUE AREA |
| 👤 AED- AUTOMATED EXTERNAL DEFIBRILLATOR | |

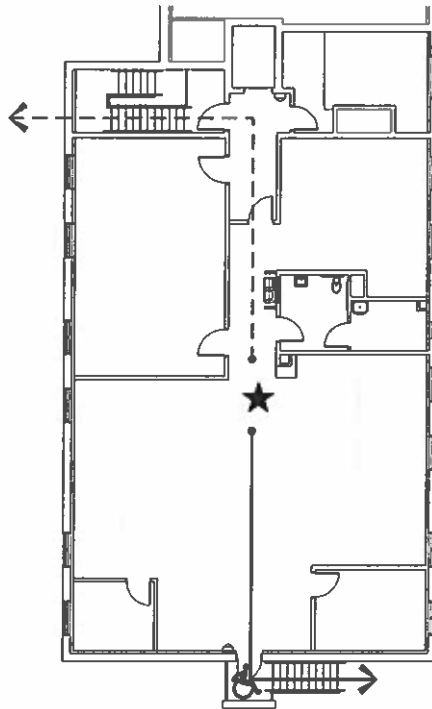
PHILBROOK LOCUS



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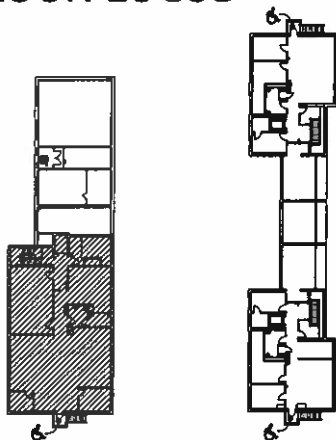
PHILBROOK BUILDING L2 EVACUATION LAYOUT WING B SOUTH



LEGEND

- | | |
|---|---------------------|
| — EVACUATION ROUTE | ☒ FIRE PULL STATION |
| - - - SECONDARY ROUTE | 🔥 FIRE EXTINGUISHER |
| ★ CURRENT LOCATION | ♿ FIRE RESCUE AREA |
| 👤 AED- AUTOMATED EXTERNAL DEFIBRILLATOR | |

PHILBROOK LOCUS



WHEN FIRE ALARM SOUNDS

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Curran, Marilee

From: Curran, Marilee
Sent: Monday, February 26, 2024 3:29 PM
To: Sharon Bilodeau (NFI NORTH)
Subject: Application for Pathways

Hi Sharon:

In accordance with RSA 151-A:14, the Office of Legal and Regulatory Services hereby acknowledges receipt of your application for a Community Residence.

Review of your application indicates that it has been completed in accordance with RSA 151:4, and He-P 814, the rules of the Office of Legal and Regulatory Services for a Community Residence.

Staff from this office are available for consultation visits to assist you in achieving compliance. In order to receive a license you must be in full compliance with all applicable laws and rules at the time of your inspection.

Accordingly, an inspection of your facility/agency will occur within the next 60 days to determine compliance with RSA 151, and He-P 814. After the inspection is complete, you will be notified as to the Office of Legal and Regulatory Services decision to approve or deny your application for licensure as a Community Residence under RSA 151.

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

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