

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

JAN 24 2024

19

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

EXISTING FACILITY LICENSE #: 03045

CURRENT FACILITY LICENSE EXPIRATION DATE, IF APPLICABLE: 1/31/2025

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 facility:  Other (please explain): Home Health Licens  
 \*New owner:  \*\*Change in # of beds:  \*\*\*Change in classification:  
 \*\*Change in address:

\* Requires processing as a new application.

\*\* Requires Local Approval Forms

\*\*\*Requires both

LICENSEE (Legal Owner of Facility): The Huntington at Nashua TELEPHONE #: (603) 598 1440

NAME OF FACILITY (DBA): The Huntington at Nashua TELEPHONE #: (603) 598 1440

FAX #: (603) 598 1442

STREET ADDRESS: 55 Kent Lane CITY: Nashua STATE: NH ZIP: 03062

MAILING ADDRESS: 55 Kent Lane CITY: Nashua STATE: NH ZIP: 03062

ADMINISTRATOR: Alyse Lemone

MEDICAL DIRECTOR (IF APPLICABLE): Dr. Leslie Dionne, MD

FACILITY E-MAIL ADDRESS (REQUIRED): alemoine@thehuntingtonatnashua.org

**IF APPLICABLE:**

NUMBER OF BEDS: PRESENTLY LICENSED: N/A TOTAL # TO BE LICENSED: N/A

NUMBER OF HCBC CFI OR STATE PLACED INDIVIDUALS IN HOME (Complete for He-P 804, He-P 805 and He-P 814): 0

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



**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.

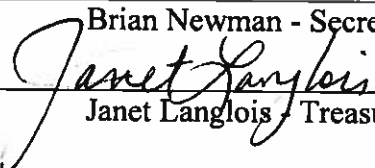
- I. Provide a detailed description of the services and programs you wish to provide.  
A Home Health License is to provide limited services to Independent Living unit residents on an as needed basis, prescribed by their respected physician. Such services with ADLs/Medications and treatments.
- \*II. Describe the facility's health care you wish to provide to residents. N/A
- \*III. Identify who will provide the health care listed in II. N/A

\*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: 01/03/2024 SIGNED:   
Brian Newman - Secretary

DATE: 01/03/2024 SIGNED:   
Janet Langlois - Treasurer

**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: 0000644824  
APPLICATION COMPLETE: \_\_\_\_\_

AMOUNT: 250.00  
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:



# NEW HAMPSHIRE Online Licensing

nh.gov  
Licensing  
Home

## Person Information

**Name:** ALYSSA M LEMOINE  
NH Multi-state license

## License Information

**License No:** 016354-22  
**Profession:** Nursing  
**License Type:** Licensed Practical Nurse  
**License Status:** Active  
**Issue Date:** 8/19/2013  
**Expiration Date:** 11/27/2024

## Discipline Information

No Discipline Information

## Remarks

## Board Action

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.



## **OBJECTIVE / SUMMARY**

Licensed and dedicated nurse with over 10 years of experience working in the nursing field.

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## **WORK EXPERIENCE**

**The Huntington at Nashua:** Nashua, NH

### **Licensed Practical Nurse / Director of Wellness / Director of Residents Services**

- Responsible for completing the medical approval assessment for Independent Living waitlist candidates
- Assists residents and families with setting up strategies for maintaining independence
- Establishes strong relationships with residents and advocates for services with medical needs
- Provides wellness educational forums
- Follows up on resident's progress and communicates issues to families and appropriate management teams
- Assists residents during temporary and permanent transitions from one level of care to another
- Assists with Independent Living apartment emergency calls as well as assist with sending residents out to hospital if needed
- Organizes resident foot clinic, blood pressure clinic, Podiatrist, Dermatologist, in-house primary care physician appointments, weekly lab services, and vaccination clinics
- Works collaboratively with the Director of Nursing when transitioning from Independent Living to Healthcare

**Dartmouth Hitchcock:** Nashua, NH

### **Licensed Practical Nurse – Internal Medicine**

- Worked for MD rooming patients, taking vital signs, reconciling medications
- Performed EKG's, CLIA certified tests (urinalysis, pregnancy, blood glucose,)
- Administered immunizations and injections
- Updated medical records and uploaded new charts into electronic medical record
- Communicated with insurance companies for prior authorizations, labs, specialists, patients and families
- Managed medication refill and referral requests
- Ensuring all procedures in the office are carried out in compliance with state and federal policies
- Assisted with setting up and completing meetings with patients and families for Advanced Care Planning

**The Huntington at Nashua:** Nashua, NH

### **Licensed Practical Nurse / Charge Nurse**

- Proficient in making the right clinical judgement and supervising nursing staff to take measures to prevent the spread of infections and viruses
- Ability to coordinate with medical practioners, nursing professionals and administration staff to ensure the proper care and treatment for residents
- Expertise in conducting assessments and developing care plans, giving resident centered care, medication administration, wound care and bedside nursing
- Provide good leadership, maintain confidentiality, good multi-tasking skills, time management abilities, flexibility with schedule, works well under pressure
- Address issues with staff and develop a plan to prevent reoccurrence; utilizing verbal and written warnings when needed
- Ability to act as professional role model and resource person providing guidance to co-workers
- Coordinate and manage care plan meetings with families and interdisciplinary teams quarterly, annually and as needed
- Manage daily meetings with staff for updates on changes to the residents and unit
- Coordinate and complete patient admissions, discharges and transfers in/out of hospitals
- Complete quarterly and annual performance reviews and meet with staff to review
- Precept new nurses on the policies and procedures of the unit
- Assists with coordinating staffing schedules to ensure appropriate staff coverage for all shifts
- Meets quarterly with other members of management teams to ensure quality assurance and safety measures are being met according to compliance guidelines
- Strong decision-making skills and ability to provide effective guidance to staff
- Ability to delegate tasks as appropriate to staff to ensure safety and well-being of residents

## **EDUCATION / LICENSING**

- |   |                |
|---|----------------|
| • NH Nursing License - Licensed Practical Nurse           | 016354-22      |
| • The Salter School of Nursing - Licensed Practical Nurse | July 2013      |
| • Resident Assessment Tool (RAT) certified                | July 2018      |
| • First Aid/Healthcare Provider CPR - American Red Cross  | 2006 – Present |
| • MoCA Certified  | June 2023      |
-

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: The Huntington at Nashua

Employer Contact: Rachel Dimartino

Mailing Address: 10 Allds St

City/State/Zip: Nashua NH 03060

Telephone: 603-821-1220

Email: rdimartino@silverstoneliving.org

**Employee Information**

Last name: Lemoine First name: Alyssa Middle Initial:

Mailing address: 6 Kanata Dr City/State/Zip: Nashua NH 03063

Telephone: 603-943-1693 Gender:  Female  Male

Email: alyssa\_lemoine@yahoo.com

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

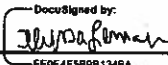
Last Name: MacFawn First Name:  Middle Initial:

Last Name:  First Name:  Middle Initial:

Date of Birth: Month 11 Day 27 Year 1987 Last 4 Digits of Social Security #: 0295

Position: Director of Wellness 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: 10/13/2023

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: 10/16/2023





# NEW HAMPSHIRE Online Licensing

nh.gov  
Licensing  
Home

### Person Information

Name: LESLIE M DIONNE, MD

### Address Information

Address: 26 BEACHHEAD RD City: NOTTINGHAM Zip: 03290 State: NH  
Phone:

### License Information

License No: 9413 Profession: Medicine License Type: Physician  
License Status: Current Issue Date: 5/3/1995 Expiration Date: 6/30/2021

### Additional Information

Specialty: Internal  
Medicine

### Board Certification Information

Board Certified	Certification	Expiration	ABMS Board Specialties
Yes	IM		
Yes	ABIM	Sep 24 2024 12:00AM	Internal Medicine

### Medical Education Information

Type	Facility Name	Country	Year
Medical School	GEORGE WASHINGTON UNIVERSITY	USA	1990
Internship	PROVIDENCE MEDICAL CENTER, RI		1993
Residency	PROVIDENCE MEDICAL CENTER, RI		1993

### 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.**



## Curriculum Vitae

Leslie M. Dionne, M.D.  
20 Ponemah Road  
Amherst, New Hampshire, 03031  
Home phone: (603) 672-3954  
Work phone: (603) 577-4200

## Personal

Date of birth: 11-26-59  
SS#: 011-54-0144

## Experience

July 93 - July 95 Full-time General Internist at Gateway Medical Group in Portland, OR.

Feb 94 - July 95 General Internist at Portland State University. Part-time.

August 95 - present General Internist at Dartmouth Hitchcock, Department of Internal Medicine.

April 98 - 2001- Assistant Chair, Dept Internal Medicine

2001 - present - Chair, Dept Internal Medicine

Jan 99 - present - Board of Governors, member - Nashua Division, Dartmouth Hitchcock Clinic, Nashua NH

June 99 - April 2002- Utilization Management Committee, member, Dartmouth Hitchcock Clinic

Nurse Clinic, director - Jan 99 - present.

Medical Director for Hunt Community, an Intermediate Care Facility and Senior Residence, April 2000 to present

Breast Care Advisory Board Member at SNHMC 2001 - 2003

Medical Care Council - January, 2003 to January, 2004

Co-chair Medical Care Council January, 2004 - December, 2004

## Education



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF LEGAL AND REGULATORY SERVICES

*HEALTH FACILITIES LICENSING & CERTIFICATION*

Lori Weaver  
Commissioner

Melissa A. St. Cyr, Esq.  
Chief Legal Officer

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](http://www.dhhs.nh.gov)

November 30, 2023

Lisa Valcourt  
The Huntington at Nashua  
55 Kent Lane  
Nashua, NH 03062

License #03045

Dear Ms. Valcourt:

I am responding to your request dated September 25, 2023 relative to receiving a waiver renewal to He-P 803.17(b) for The Huntington at Nashua, at Nashua, NH.

In accordance with RSA 151:9 Rules and He-P 803.10, a waiver to He-P 803.17(b) is hereby granted for the period:

**February 1, 2024 through January 31, 2025**

**This waiver only pertains to  
Lisa Valcourt**

In accordance with He-P 803.10 a waiver may not exceed 12 months. Should you wish to extend this waiver you must apply, in writing, at least 60 days prior to the expiration of the current waiver.

If you have any questions, please do not hesitate to contact Health Facilities Administration at 1-800-852-3345, extension 9607.

Sincerely,

Kelly Keefe, RN  
Licensing Unit Chief  
Health Facilities Administration

KK/bam

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: The Huntington at Nashua  
STREET ADDRESS: 55 Kent Lane  
OWNERS'S NAME: Non Profit  
ADMINISTRATOR NAME: Alyssa Lemoine  
PROPOSED TYPE OF AGENCY: Home Health (809)

HEALTH OFFICER

I HEREBY CERTIFY THAT THE AGENCY THE HUNTINGTON AT NASHUA COMPLIES WITH ALL APPLICABLE HEALTH, SEWAGE AND WATER REGULATIONS FOR THE CITY/TOWN OF NASHUA.

or

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

DATE: 2/1/2024

SIGNATURE: [Signature] HEIDI PEER-KUWLYA, HEALTH OFFICER  
(NAME AND TITLE OF HEALTH OFFICIAL)

BUILDING REGULATIONS

I HEREBY CERTIFY THAT THE AGENCY THE HUNTINGTON AT NASHUA 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: 2.1.2024

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

**ZONING REGULATIONS**

I HEREBY CERTIFY THAT THE AGENCY The Huntington of Nashua 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: 2/1/24

SIGNATURE: Paul Lavin, Dept. Coordinator  
(NAME AND TITLE OF ZONING OFFICIAL)

**FIRE REGULATIONS**

I HEREBY CERTIFY THAT THE AGENCY The Huntington of Nashua COMPLIES WITH ALL APPLICABLE FIRE CODES FOR THE CITY/TOWN OF Nashua, NH.

DATE: 2/1/24

SIGNATURE: [Signature]  
(FIRE CHIEF OR DESIGNEE)



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



Name: THE HUNTINGTON AT NASHUA

DOB: 11/02/2004

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

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

I certify this record being disseminated to:  
 THE HUNTINGTON AT NASHUA

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

By: NH State Police Criminal Records 

Date February 16, 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: The Huntington

Employer Contact: Jennifer Cardinal

Mailing Address: 55 Kent Street

City/State/Zip: Nashua NH 03060

Telephone: 603-589-1036

Email: JCardinal@silverstoneliving.org

**Employee Information**

Last name: Lemoine First name: Alyssa Middle Initial: \_\_\_\_\_

Mailing address: 25 Harvard Street City/State/Zip: Nashua NH 03060

Telephone: 603-821-1234 Gender:  Female  Male

Email: alemoine@thehuntingtonatnashua.org

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

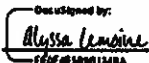
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: Month 11 Day 27 Year 1987 Last 4 Digits of Social Security #: 0295

Position: Wellness 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: 2/1/2024

Relationship to Employee: \_\_\_\_\_ Email: \_\_\_\_\_

For more information,

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

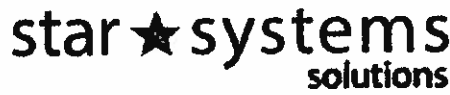
Call: (603) 271-8154 or Email: BEASStateRegistry@dhhs.nh.gov

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

No Finding  Positive Finding  Unable to Process

Name: KAREN CONLON Date: 2/1/2024

Star Systems Solutions, Inc.  
 1075 Peachtree St. NE, Suite 6 #570021  
 Atlanta, GA 30357  
 Phone: 248.669.4000  
 StarSystemsSolutions.clearstar.net



Requested by:  
 Silverstone Living 54542The Huntington  
 at Nashua  
 55 Kent Lane  
 Nashua, NH 03062

Applicant Information	
Name: <b>Alyssa Marie Lemoine</b>	Address: <b>25 Harvard Street Nashua, NH 03060</b>
SSN: <b>***-**-0295</b>	
DOB: <b>11/27/****</b>	
Position:	
Acct.Code:	
Status: <b>COMPLETED</b>	

Page Number	Status Detail	Flagged / Discrepancy
	4 of 4 Orders Completed 100%	Service Alert
		Completed
	Orders Placed	OrderID
2	Statewide - New Hampshire (DOS)	123517385
	Pkg: StarCheck Package	123517382
2	Social Security Number Trace	123517384
2	National Criminal Database (NCD) Check-1N	123517383

The report does not guarantee the accuracy or truthfulness of the information as to the subject of the inquiry or investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

For California Residents, please contact our office to receive your rights (available in English and Spanish) regarding this report as well as your right to receive a copy of this report.

Privileged/Confidential Information is contained in this report. If you are not the addressee indicated in this message you may not copy or deliver this message to anyone. In such case, you should destroy this report, and notify us immediately by phone at 248.669.4000 or by mail at Star Systems Solutions, Inc., 1075 Peachtree St. NE, Suite 6 #570021, Atlanta, GA, 30357

Received: 02/01/2024  
 Completed: 02/09/2024



Requested From: Star Systems Solutions, Inc.  
Request by: Silverstone Living 54542 The Huntington at Nashua

Applicant Name: Lemoine, Alyssa Marie  
Applicant SSN: \*\*\*-\*\*-0295  
Profile No: 2024013160937657

Starbucks - New Hampshire (SDS)	123517385	<input checked="" type="checkbox"/>
Source: The State of NH - Dept of Safety - Div of State Police Search by: Name & Date of Birth  No Reportable Criminal Conviction Record Found		
Social Security Number Trace	123517384	<input checked="" type="checkbox"/>
Search Parameters SSN: ***-**-0295 Person Name: Lemoine, Alyssa DOB: 11/27/XXXX		
SSN Validation and Death Master Index Search Check for ***-**-0295		
Is SSN Valid? SSN IS VALID. ISSUED IN New Hampshire Is associated individual of SSN deceased? No Issued: IN THE YEAR 1987		
National Criminal Database (NCD) Check (N)	123517383	<input checked="" type="checkbox"/>
Search Parameters SSN: ***-**-0295 Person Name: Lemoine, Alyssa DOB: 11/27/XXXX		
No offenses found.		

End Of Report

Privileged/Confidential Information is contained in this report. If you are not the addressee indicated in this message you may not copy or deliver this message to anyone. In such case, you should destroy this report, and notify us immediately by phone at 248.669.4000 or by mail at Star Systems Solutions, Inc., 1075 Peachtree St. NE, Suite 6 #570021, Atlanta, GA, 30357

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*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must

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investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify

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the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

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TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue, S.E.</p>

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	Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue N.W. Washington, DC 20580 (877) 382-4357

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **Un resumen de sus derechos en virtud de la Ley de Informe Justo de Crédito**

La Ley de Informe Justo de Crédito (Fair Credit Reporting Act, FCRA, por sus siglas en inglés), una ley federal, fomenta la exactitud, imparcialidad y privacidad de la información en los archivos de las agencias de informes del consumidor. Existen muchos tipos de agencias de informes del consumidor, incluidas las agencias de crédito (credit bureaus) y las agencias especializadas (como las agencias que

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venden información sobre el historial de extensión de cheques, registros médicos y registros de historial de alquiler). A continuación, se presenta un resumen de sus principales derechos en virtud de la FCRA. **Para obtener más información, incluyendo información sobre derechos adicionales, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba a: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **Deben notificarle si la información contenida en su archivo se ha utilizado en su contra.** Todo aquel que utilice un informe de crédito u otro tipo de informe de consumidor para denegar su solicitud de crédito, seguro o empleo, o para emprender otra acción adversa en su contra, debe informarle y debe darle el nombre, la dirección y el número de teléfono de la agencia que proporcionó esa información.
- **Usted tiene derecho a saber lo que contiene su archivo.** Usted puede solicitar y obtener toda la información registrada bajo su nombre en los archivos de una agencia de informe del consumidor (divulgación de su información). Usted deberá proporcionar una prueba de su identidad, que puede incluir su número de Seguro Social. En muchos casos, la divulgación de la información de su archivo será gratuita. Usted tiene derecho a recibir una copia gratuita de su archivo si:
  - Una persona ha emprendido una acción adversa en su contra debido a la información contenida en su informe de crédito.
  - Usted es víctima de un robo de identidad y coloca una alerta de fraude en su archivo.
  - Su archivo contiene información inexacta como resultado de fraude.
  - Usted recibe asistencia pública.
  - Usted está desempleado pero prevé solicitar empleo en un plazo de 60 días.

Asimismo, todos los consumidores tendrán derecho a recibir una copia gratuita de la información registrada en su archivo cada 12 meses si así se lo solicitan a cada agencia de crédito a nivel nacional y a las agencias especializadas de informe del consumidor a nivel nacional. Para obtener más información, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore)

- **Usted tiene derecho a pedir su puntuación de crédito.** Las puntuaciones de crédito son resúmenes numéricos de su solvencia crediticia basados en la información de las agencias de crédito. Usted puede solicitar su puntuación de crédito a las agencias de informes del consumidor que generan o distribuyen los puntajes utilizados en préstamos de bienes raíces residenciales, pero tendrá que pagar un cargo. En algunas transacciones hipotecarias, el prestamista le dará información sobre su puntuación de crédito gratuitamente.
  - **Usted tiene derecho a impugnar la información incompleta o inexacta.** Si usted identifica información en su archivo que es incompleta o inexacta, y la reporta a la agencia de informes del consumidor, la agencia debe investigar, a menos que su impugnación sea frívola. Para consultar una explicación sobre los procedimientos de impugnación, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore)
  - **Las agencias de informes del consumidor deben corregir o eliminar la información inexacta, incompleta o no verificable.** La información inexacta, incompleta o no verificable debe ser eliminada
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ocorregida, por lo general en un plazo de 30 días. No obstante, si una agencia de informe del consumidor verifica la exactitud de la información, puede seguir reportándola.

- **Las agencias de informes del consumidor no pueden reportar información negativa desactualizada.** En la mayoría de los casos, una agencia de informe del consumidor no puede reportar información negativa ocurrida hace más de siete años, ni quiebras ocurridas hace más de 10 años.

- **El acceso a su archivo es limitado.** El acceso a su archivo es limitado. Una agencia de informe del consumidor puede proporcionar información sobre usted solamente a aquellas personas que realmente la necesiten - generalmente para considerar una solicitud presentada por usted ante un acreedor, asegurador, empleador, propietario de una vivienda en alquiler u otro negocio. La FCRA especifica quiénes son las personas que tienen una necesidad válida de acceso.

- **Usted debe otorgar su consentimiento para que se envíen sus informes a los empleadores.** Una agencia de informe del consumidor no puede darle información sobre usted a su empleador, ni a un posible empleador si usted no da su consentimiento por escrito al empleador. Por lo general, el consentimiento escrito no es requerido en la industria del transporte de carga por camión. Para obtener más información, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- **Usted puede limitar las ofertas “preseleccionadas” de crédito y seguro que recibe y que están basadas en la información de su informe de crédito.** Las ofertas “preseleccionadas” de crédito y seguro no solicitadas deben incluir un número de teléfono gratuito al que usted puede llamar si desea eliminar su nombre y dirección de las listas en las que se basan estas ofertas. Puede solicitar su exclusión voluntaria de estas listas llamando a las agencias de crédito a nivel nacional al 1-888-5-OPTOUT (1-888-567-8688).

- El siguiente derecho, en virtud de la FCRA, se aplica a las agencias de informe del consumidor a nivel nacional:

### **LOS CONSUMIDORES TIENEN EL DERECHO A OBTENER UN CONGELAMIENTO DE SEGURIDAD**

**Usted tiene derecho a colocar un “congelamiento de seguridad” on your en su informe de crédito, lo que prohibirá que una agencia de informes del consumidor entregue información sobre su informe de crédito sin su autorización expresa.**

El congelamiento de seguridad está diseñado para evitar que créditos, préstamos y servicios se aprueben en su nombre sin su consentimiento. Sin embargo, usted debe saber que colocar un congelamiento de seguridad para controlar el acceso a la información personal y financiera en su informe de crédito podría retrasar, interferir o bloquear la aprobación a tiempo de peticiones o solicitudes posteriores que usted haga con respecto a un nuevo préstamo, crédito, hipoteca o cualquier otra transacción para obtener un crédito.

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Como alternativa a un congelamiento de seguridad, usted tiene derecho a colocar una alerta de fraude inicial o extendida en su archivo de crédito sin costo alguno. Una alerta de fraude inicial es un aviso que se coloca en el archivo de crédito del consumidor por un (1) año. Cuando hay una alerta de fraude en el archivo de crédito del consumidor, la empresa está obligada a tomar medidas para verificar la identidad de dicho consumidor, antes de concederle un crédito. Si usted es una víctima del robo de identidad, usted tiene derecho a colocar una alerta de fraude extendida, que es un aviso de fraude que dura 7 años.

El congelamiento de seguridad no es aplicable a personas o entidades, ni a las subsidiarias o agencias de cobranza que actúen en nombre de dichas personas o entidades, con las cuales usted ya tiene una cuenta y que solicitan información sobre su informe de crédito con el fin de cobrarle o revisar su cuenta. Revisar una cuenta significa realizar ciertas actividades como el mantenimiento, vigilancia, actualizaciones, mejoras y aumentos a la línea de crédito de dicha cuenta.

- **Usted puede obtener compensación de los infractores.** Si una agencia de informes del consumidor o, en algunos casos, un usuario de informes del consumidor, o un proveedor de información a una agencia de informes del consumidor infringe la FCRA, es posible que usted pueda presentar una demanda ante una corte estatal o federal.

- **Las víctimas del robo de identidad y el personal militar en servicio activo tienen derechos adicionales.** Para obtener más información, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**Los estados tienen autoridad para hacer cumplir la FCRA, y muchos estados tienen su propia legislación sobre los informes de los consumidores. En algunos casos, usted puede tener más derechos en virtud de la ley estatal. Para obtener más información, comuníquese con su agencia estatal o local de protección del consumidor o con el Fiscal General estatal. Para obtener información sobre sus derechos federales, comuníquese con:**

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<b>TIPO DE NEGOCIO:</b>	<b>COMUNÍQUESE CON:</b>
<p>1.a. Bancos, asociaciones de ahorro y cooperativas de crédito con activos totales de más de \$10 mil millones de dólares y sus filiales</p> <p>b. Dichas filiales que no sean bancos, asociaciones de ahorro o cooperativas de crédito también deben listar, además del CFPB:.</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. En la medida en que no estén incluidos en el punto 1 anterior:</p> <p>a. Bancos nacionales, asociaciones de ahorro federales y sucursales federales y agencias federales de bancos extranjeros</p> <p>b. Bancos miembros del estado, sucursales y agencias de bancos extranjeros (que no sean sucursales federales, agencias federales, o Sucursales Estatales Aseguradas de Bancos Extranjeros), compañías de préstamos comerciales de propiedad o controladas por bancos extranjeros y las organizaciones que operan bajo la sección 25 o 25A de la Ley de la Reserva Federal (Federal Reserve Act)</p> <p>c. Bancos Asegurados No Miembros, Sucursales Estatales Aseguradas de Bancos Extranjeros y asociaciones de ahorros estatales aseguradas</p> <p>d. Cooperativas Federales de Crédito</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Compañías aéreas</p>	<p>Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>

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4. Acreedores sujetos a la Junta de Transporte Terrestre (Surface Transportation Board)	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street, S.W. Washington, DC 20423
5. Acreedores sujetos a la Ley de Empacadores y Corrales Ganaderos de 1921 (Packers and Stockyards Act, 1921)	Oficina Regional de la División de Empacadores y Corrales Ganaderos más cercana
6. Compañías de Inversión en Pequeños Negocios	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Floor Washington, DC 20416
7. Agentes y Distribuidores	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Instituciones que son miembros del Sistema de Crédito Agrícola	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Minoristas, Compañías Financieras y todos los demás acreedores no indicados anteriormente	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue N.W. Washington, DC 20580 (877) 382-4357

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## **New Hampshire Consumers Have the Right to a Security Freeze**

You have a right to place a “security freeze” on your credit report pursuant to RSA 359-B:24. Under New Hampshire law, what is commonly known as a credit report is referred to as a “consumer report.” A security freeze will prohibit a consumer reporting agency from releasing any information in your consumer report without your express authorization. The security freeze must be requested in writing, by certified mail.

You may obtain a security freeze on your consumer report at no charge if you are a victim of identity theft and you submit a copy of the police report, investigative report, or complaint that you filed with a law enforcement agency about unlawful use of your personal information by another person.

The consumer reporting agency may charge you a fee for the security freeze if you are not a victim of identity theft.

The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gains access to the personal and financial information in your consumer report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, insurance, government services or payments, rental housing, employment, investment, license, cellular phone, utilities, digital signature, Internet credit card transaction, or other services, including an extension of credit at point of sale.

When you place a security freeze on your consumer report, within 10 business days you will be provided a personal identification number or password to use if you choose to remove the freeze on your consumer report or authorize the release of your consumer report for a specific party or period of time after the freeze is in place. To provide that authorization you must contact the consumer reporting agency and provide all of the following:

1. The unique personal identification number or password provided by the consumer reporting agency;
2. Proper identification to verify your identity;
3. The proper information regarding the third party who receive the credit report or the period of time for which the report shall be available to users of the credit report; and
4. Payment of the applicable fee, if any.

A consumer reporting agency that receives a request from a consumer to lift temporarily a freeze on a consumer report must comply with the request no later than 3 business days after receiving the request. A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your consumer report for the purposes of reviewing or collecting the accounts, provided the use of your credit report is for a permissible purpose as provided by the federal Fair Credit Reporting Act. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades

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**Requested From:**  
**Request by:**

Star Systems Solutions, Inc.  
Silverstone Living 54542 The Huntington at Nashua

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and enhancements. You have a right to bring civil action against anyone who violates your rights under the credit reporting laws.

**If you wish to contact Star Systems Solutions, Inc., you can contact Star Systems Solutions, Inc. by phone at 248.669.4000 or by mail at 1075 Peachtree St. NE, Suite 6 #570021,,Atlanta,GA 30357.**

**If you wish to obtain a security freeze on your credit file with the credit bureaus, you should contact the credit bureaus at:**

Experian  
www.experian.com  
(888) 397-3742  
P.O. Box 2350  
Chatsworth, CA 91313

TransUnion – Consumer Relations  
www.transunion.com/direct  
(800) 888-4213  
2 Baldwin Place  
P.O. Box 1000  
Chester, PA 19022

Equifax  
www.equifax.com  
(800) 685-1111  
P.O. Box 740241  
Atlanta, GA  
30374-0241

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**Profile No:**

**Lemoine, Alyssa Marie**  
**\*\*\*-\*\*-0295**  
**2024013160937657**

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**New York State Correction Law  
Article 23-A, Section 753  
Licensure and Employment of Persons  
Previously Convicted of One or More Criminal Offenses**

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

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**Received:** 02/01/2024  
**Completed:** 02/09/2024

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: The Huntington

Employer Contact: Jennifer Cardinal

Mailing Address: 55 Kent Street

City/State/Zip: Nashua NH 03060

Telephone: 603-589-1036

Email: JCardinal@silverstoneliving.org

**Employee Information**

Last name: Dionne First name: Leslie Middle Initial: M

Mailing address: 26 BEACH HEAD ROAD City/State/Zip: Nottingham NH 03290

Telephone: 603-321-2520 Gender:  Female  Male

Email: ldionne345@gmail.com

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

Last Name: Moore First Name: Leslie Middle Initial: F

Last Name: Cook First Name: Leslie Middle Initial: M

Date of Birth: Month 11 Day 26 Year 1959 Last 4 Digits of Social Security #: 0144

Position: Medical 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: Leslie Dionne Date: 2/5/2024  
DocuSigned by:  
F1006B161D0400

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: 2/6/2024

Applicant Information	
Name:	Leslie Moore Dionne
SSN:	***-**-0144
DOB:	11/26/****
Position:	
Acct.Code:	
Status:	COMPLETED

Address: 26 BEACH HEAD ROAD  
 26 Beach Head Road  
 Nottingham, NH 03290

Page Number	Status Detail	4 of 4 Orders Completed 100%	Flagged / Discrepancy
			Service Alert
			Completed
	Orders Placed		OrderID
2	Statewide - New Hampshire (DOS)		123516692 <input checked="" type="checkbox"/>
	Pkg: StarCheck Package		123516689 <input checked="" type="checkbox"/>
2	Social Security Number Trace		123516691 <input checked="" type="checkbox"/>
2	National Criminal Database (NCD) Check-1N		123516690 <input checked="" type="checkbox"/>

The report does not guarantee the accuracy or truthfulness of the information as to the subject of the inquiry or investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

For California Residents, please contact our office to receive your rights (available in English and Spanish) regarding this report as well as your right to receive a copy of this report.

Privileged/Confidential Information is contained in this report. If you are not the addressee indicated in this message you may not copy or deliver this message to anyone. In such case, you should destroy this report, and notify us immediately by phone at 248.669.4000 or by mail at Star Systems Solutions, Inc., 1075 Peachtree St. NE, Suite 6 #570021, Atlanta, GA, 30357



Requested From: Star Systems Solutions, Inc.  
Request by: Silverstone Living 54542 The Huntington at Nashua

Applicant Name:  
Applicant SSN:  
Profile No:

Dionne, Leslie Moore  
\*\*\*-\*\*-0144  
2024013160349280

Blissville - New Hampshire (DOS)	123516692	<input checked="" type="checkbox"/>
Source: The State of NH - Dept of Safety - Div of State Police Search by: Name & Date of Birth  No Reportable Criminal Conviction Record Found		
SSA Security Number Trace	123516691	<input checked="" type="checkbox"/>
Search Parameters		
SSN: ***-**-0144 Person Name: Dionne, Leslie DOB: 11/26/XXXX		
SSN Validation and Death Master Index Search Check for ***-**-0144		
Is SSN Valid? <b>SSN IS VALID. ISSUED IN Massachusetts</b> Is associated individual of SSN deceased? No Issued: <b>IN THE YEAR 1975-1976</b>		
National Criminal Database (NCD) Check (N)	123516690	<input checked="" type="checkbox"/>
Search Parameters		
SSN: ***-**-0144 Person Name: Dionne, Leslie DOB: 11/26/XXXX		
No offenses found.		

End Of Report

Privileged/Confidential Information is contained in this report. If you are not the addressee indicated in this message you may not copy or deliver this message to anyone. In such case, you should destroy this report, and notify us immediately by phone at 248.669.4000 or by mail at Star Systems Solutions, Inc., 1075 Peachtree St. NE, Suite 6 #570021, Atlanta, GA, 30357

Received: 02/02/2024  
Completed: 02/09/2024

2 of 2

02/14/24  
2024013160349280

Requested From: Star Systems Solutions, Inc.  
Request by: Silverstone Living 54542 The Huntington at Nashua

Applicant Name:  
Applicant SSN:  
Profile No:

Dionne, Leslie Moore  
\*\*\*-\*\*-0144  
2024013160349280

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*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must

<b>Requested From:</b>	Star Systems Solutions, Inc.	<b>Applicant Name:</b>	Dionne, Leslie Moore
<b>Request by:</b>	Silverstone Living 54542 The Huntington at Nashua	<b>Applicant SSN:</b>	***-**-0144
		<b>Profile No:</b>	2024013160349280

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investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify

**Requested From:** Star Systems Solutions, Inc.  
**Request by:** Silverstone Living 54542 The Huntington at Nashua

**Applicant Name:**  
**Applicant SSN:**  
**Profile No:**

**Dionne, Leslie Moore**  
**\*\*\*-\*\*-0144**  
**2024013160349280**

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the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

Requested From: Star Systems Solutions, Inc.  
Request by: Silverstone Living 64542 The Huntington at Nashua

Applicant Name:  
Applicant SSN:  
Profile No:

Dionne, Leslie Moore  
\*\*\*-\*\*-0144  
2024013160349280

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:.</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue, S.E.</p>

Requested From: Star Systems Solutions, Inc.  
Request by: Silverstone Living 54542 The Huntington at Nashua

Applicant Name: Dionne, Leslie Moore  
Applicant SSN: \*\*\*-\*\*-0144  
Profile No: 2024013160349280

	Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue N.W. Washington, DC 20580 (877) 382-4357

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **Un resumen de sus derechos en virtud de la Ley de Informe Justo de Crédito**

La Ley de Informe Justo de Crédito (Fair Credit Reporting Act, FCRA, por sus siglas en inglés), una ley federal, fomenta la exactitud, imparcialidad y privacidad de la información en los archivos de las agencias de informes del consumidor. Existen muchos tipos de agencias de informes del consumidor, incluidas las agencias de crédito (credit bureaus) y las agencias especializadas (como las agencias que

Requested From: Star Systems Solutions, Inc.  
Request by: Silverstone Living 54542 The Huntington at Nashua

Applicant Name: Dionne, Leslie Moore  
Applicant SSN: \*\*\*-\*\*-0144  
Profile No: 2024013160349280

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venden información sobre el historial de extensión de cheques, registros médicos y registros de historial de alquiler). A continuación, se presenta un resumen de sus principales derechos en virtud de la FCRA. **Para obtener más información, incluyendo información sobre derechos adicionales, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba a: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **Deben notificarle si la información contenida en su archivo se ha utilizado en su contra.** Todo aquel que utilice un informe de crédito u otro tipo de informe de consumidor para denegar su solicitud de crédito, seguro o empleo, o para emprender otra acción adversa en su contra, debe informarle y debe darle el nombre, la dirección y el número de teléfono de la agencia que proporcionó esa información.
- **Usted tiene derecho a saber lo que contiene su archivo.** Usted puede solicitar y obtener toda la información registrada bajo su nombre en los archivos de una agencia de informe del consumidor (divulgación de su información). Usted deberá proporcionar una prueba de su identidad, que puede incluir su número de Seguro Social. En muchos casos, la divulgación de la información de su archivo será gratuita. Usted tiene derecho a recibir una copia gratuita de su archivo si:
  - Una persona ha emprendido una acción adversa en su contra debido a la información contenida en su informe de crédito.
  - Usted es víctima de un robo de identidad y coloca una alerta de fraude en su archivo.
  - Su archivo contiene información inexacta como resultado de fraude.
  - Usted recibe asistencia pública.
  - Usted está desempleado pero prevé solicitar empleo en un plazo de 60 días.

Asimismo, todos los consumidores tendrán derecho a recibir una copia gratuita de la información registrada en su archivo cada 12 meses si así se lo solicitan a cada agencia de crédito a nivel nacional y a las agencias especializadas de informe del consumidor a nivel nacional. Para obtener más información, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore)

- **Usted tiene derecho a pedir su puntuación de crédito.** Las puntuaciones de crédito son resúmenes numéricos de su solvencia crediticia basados en la información de las agencias de crédito. Usted puede solicitar su puntuación de crédito a las agencias de informes del consumidor que generan o distribuyen los puntajes utilizados en préstamos de bienes raíces residenciales, pero tendrá que pagar un cargo. En algunas transacciones hipotecarias, el prestamista le dará información sobre su puntuación de crédito gratuitamente.
  - **Usted tiene derecho a impugnar la información incompleta o inexacta.** Si usted identifica información en su archivo que es incompleta o inexacta, y la reporta a la agencia de informes del consumidor, la agencia debe investigar, a menos que su impugnación sea frívola. Para consultar una explicación sobre los procedimientos de impugnación, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore)
  - **Las agencias de informes del consumidor deben corregir o eliminar la información inexacta, incompleta o no verificable.** La información inexacta, incompleta o no verificable debe ser eliminada
-

# 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 THE HUNTINGTON AT NASHUA is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 08, 2000. 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: 349629

Certificate Number: 0006582532



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 22nd day of February 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



RECEIPT OF BILL OF RIGHTS

Patients' BILL OF RIGHTS

Source. 1981, 453:1. 1989, 43:1. 1990, 18:1-6; 140:2, XI. 1991, 365:10. 1992, 78:1. 1997, 108.6; 331:3-8. 1998, 199:2; 388:5, 6. 2001, 85:1, eff. Aug. 18, 2001. 2009, 252:1, eff. Sept. 14, 2009. 2013, 265:3, eff. Jan. 1, 2014. 2019, 332:6, eff. Oct. 15, 2019. 2020, 39:61, 62, eff. Jan. 1, 2021. 2022, 52:1, eff. May 20, 2022. 2022, 304:2, eff. July 1, 2022.

Please check appropriate lines, sign, and return

- I have received a copy of the Patients' Bill of Rights.
- I have read and understand the Patients' Bill of Rights.
- The Patients' Bill of Rights has been read and explained to me.

Leslie M. Donne 2/22/24  
Employee's Signature Date

ABUSE STATEMENT

1. Have you ever been convicted of a felony in this or any other state?  
Yes \_\_\_\_\_ No
2. Have you ever 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 resident?  
Yes \_\_\_\_\_ No
3. Have you ever had a finding by the Department of Health and Human Services department or any administrative agency in this or any other state for assault, fraud, abuse, neglect, or exploitation of any person?  
Yes \_\_\_\_\_ No

Leslie M. Donne 2/22/24 Leslie M. Donne MD  
Employee's Signature Date Print Name





You did not submit the following:

1. Approval of local health officer ✓
2. Approval of local building officer ✓
3. Approval of local zoning officer ✓
4. Approval of local fire office ✓
5. Bureau of Elderly and Adult Registry Check for the Medical Director ✓
6. Non-Conviction Statement for the Administrator and the Medical Director ✓
7. Copy of your authority to do business in NH from the Secretary of State ✓
8. The results of a criminal records check for the licensee THE HUNTINGTON AT NASHUA (the entity), Administrator and Medical Director ✓

Background Checks, BEAS and Conviction Statements can be less than a year old.

The above referenced information must be received within 30 days of the date of this letter. If the material is not received by that date the office will close your file.

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.

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This email has been scanned for spam and viruses by Proofpoint Essentials. Click [here](#) to report this email as spam.

## Curran, Marilee

---

**From:** Curran, Marilee  
**Sent:** Wednesday, January 31, 2024 6:32 PM  
**To:** Lisa Valcourt  
**Subject:** RE: Application for Home Health

Hi Lisa.

You can email it to 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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**From:** Lisa Valcourt <lvalcourt@silverstoneliving.org>  
**Sent:** Wednesday, January 31, 2024 3:40 PM  
**To:** Alyssa Lemoine <alemoine@thehuntingtonatnashua.org>; Curran, Marilee <Marilee.D.Curran@dhhs.nh.gov>  
**Subject:** RE: Application for Home Health

**EXTERNAL:** Do not open attachments or click on links unless you recognize and trust the sender.

---

Good afternoon Marilee

We are in the process of gathering the information that was inadvertently left out of our application for the Home Health License. Once we receive all information should we send directly to you?

Lisa Valcourt, NHA  
Executive Director  
The Huntington at Nashua  
603-821-1296  
[lvalcourt@silverstoneliving.org](mailto:lvalcourt@silverstoneliving.org)  
55 Kent Lane, Nashua, NH 03062



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**From:** Alyssa Lemoine <[alemoine@thehuntingtonatnashua.org](mailto:alemoine@thehuntingtonatnashua.org)>  
**Sent:** Tuesday, January 30, 2024 11:43 AM  
**To:** Lisa Valcourt <[lvalcourt@silverstoneliving.org](mailto:lvalcourt@silverstoneliving.org)>  
**Subject:** Fw: Application for Home Health

Alyssa Lemoine, LPN  
Director of Wellness  
603-821-1234  
[alemoine@thehuntingtonatnashua.org](mailto:alemoine@thehuntingtonatnashua.org)  
55 Kent Lane, Nashua, NH 03062



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**From:** Curran, Marilee <[Marilee.D.Curran@dhhs.nh.gov](mailto:Marilee.D.Curran@dhhs.nh.gov)>  
**Sent:** Tuesday, January 30, 2024 11:35 AM  
**To:** Alyssa Lemoine <[alemoine@thehuntingtonatnashua.org](mailto:alemoine@thehuntingtonatnashua.org)>  
**Subject:** Application for Home Health

Good Morning:

In accordance with RSA 541-A:29, the Office of Legal and Regulatory Services hereby acknowledges receipt of your application for licensure as a Home Health Care Provider.

Review of your application indicates that the following material has been omitted or is in error pursuant to RSA 151:4, and He-P 809, the rules of the Office of Legal and Regulatory Services for a Home Health Care Provider.



Requested From:  
Request by:

Star Systems Solutions, Inc.  
Silverstone Living 54542 The Huntington at Nashua

Applicant Name:  
Applicant SSN:  
Profile No:

Dionne, Leslie Moore  
\*\*\*-\*\*-0144  
2024013160349280

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ocorregida, por lo general en un plazo de 30 días. No obstante, si una agencia de informe del consumidor verifica la exactitud de la información, puede seguir reportándola.

- **Las agencias de informes del consumidor no pueden reportar información negativa desactualizada.** En la mayoría de los casos, una agencia de informe del consumidor no puede reportar información negativa ocurrida hace más de siete años, ni quiebras ocurridas hace más de 10 años.
- **El acceso a su archivo es limitado.** El acceso a su archivo es limitado. Una agencia de informe del consumidor puede proporcionar información sobre usted solamente a aquellas personas que realmente la necesiten - generalmente para considerar una solicitud presentada por usted ante un acreedor, asegurador, empleador, propietario de una vivienda en alquiler u otro negocio. La FCRA especifica quiénes son las personas que tienen una necesidad válida de acceso.
- **Usted debe otorgar su consentimiento para que se envíen sus informes a los empleadores.** Una agencia de informe del consumidor no puede darle información sobre usted a su empleador, ni a un posible empleador si usted no da su consentimiento por escrito al empleador. Por lo general, el consentimiento escrito no es requerido en la industria del transporte de carga por camión. Para obtener más información, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **Usted puede limitar las ofertas “preseleccionadas” de crédito y seguro que recibe y que están basadas en la información de su informe de crédito.** Las ofertas “preseleccionadas” de crédito y seguro no solicitadas deben incluir un número de teléfono gratuito al que usted puede llamar si desea eliminar su nombre y dirección de las listas en las que se basan estas ofertas. Puede solicitar su exclusión voluntaria de estas listas llamando a las agencias de crédito a nivel nacional al 1-888-5-OPTOUT (1-888-567-8688).
- El siguiente derecho, en virtud de la FCRA, se aplica a las agencias de informe del consumidor a nivel nacional:

### **LOS CONSUMIDORES TIENEN EL DERECHO A OBTENER UN CONGELAMIENTO DE SEGURIDAD**

**Usted tiene derecho a colocar un “congelamiento de seguridad” on your en su informe de crédito, lo que prohibirá que una agencia de informes del consumidor entregue información sobre su informe de crédito sin su autorización expresa.**

El congelamiento de seguridad está diseñado para evitar que créditos, préstamos y servicios se aprueben en su nombre sin su consentimiento. Sin embargo, usted debe saber que colocar un congelamiento de seguridad para controlar el acceso a la información personal y financiera en su informe de crédito podría retrasar, interferir o bloquear la aprobación a tiempo de peticiones o solicitudes posteriores que usted haga con respecto a un nuevo préstamo, crédito, hipoteca o cualquier otra transacción para obtener un crédito.



Requested From:  
Request by:

Star Systems Solutions, Inc.  
Silverstone Living 54542 The Huntington at Nashua

Applicant Name:  
Applicant SSN:  
Profile No:

Dionne, Leslie Moore  
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2024013160349280

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Como alternativa a un congelamiento de seguridad, usted tiene derecho a colocar una alerta de fraude inicial o extendida en su archivo de crédito sin costo alguno. Una alerta de fraude inicial es un aviso que se coloca en el archivo de crédito del consumidor por un (1) año. Cuando hay una alerta de fraude en el archivo de crédito del consumidor, la empresa está obligada a tomar medidas para verificar la identidad de dicho consumidor, antes de concederle un crédito. Si usted es una víctima del robo de identidad, usted tiene derecho a colocar una alerta de fraude extendida, que es un aviso de fraude que dura 7 años.

El congelamiento de seguridad no es aplicable a personas o entidades, ni a las subsidiarias o agencias de cobranza que actúen en nombre de dichas personas o entidades, con las cuales usted ya tiene una cuenta y que solicitan información sobre su informe de crédito con el fin de cobrarle o revisar su cuenta. Revisar una cuenta significa realizar ciertas actividades como el mantenimiento, vigilancia, actualizaciones, mejoras y aumentos a la línea de crédito de dicha cuenta.

- **Usted puede obtener compensación de los infractores.** Si una agencia de informes del consumidor o, en algunos casos, un usuario de informes del consumidor, o un proveedor de información a una agencia de informes del consumidor infringe la FCRA, es posible que usted pueda presentar una demanda ante una corte estatal o federal.
- **Las víctimas del robo de identidad y el personal militar en servicio activo tienen derechos adicionales.** Para obtener más información, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**Los estados tienen autoridad para hacer cumplir la FCRA, y muchos estados tienen su propia legislación sobre los informes de los consumidores. En algunos casos, usted puede tener más derechos en virtud de la ley estatal. Para obtener más información, comuníquese con su agencia estatal o local de protección del consumidor o con el Fiscal General estatal. Para obtener información sobre sus derechos federales, comuníquese con:**

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TIPO DE NEGOCIO:	COMUNÍQUESE CON:
<p>1.a. Bancos, asociaciones de ahorro y cooperativas de crédito con activos totales de más de \$10 mil millones de dólares y sus filiales</p> <p>b. Dichas filiales que no sean bancos, asociaciones de ahorro o cooperativas de crédito también deben listar, además del CFPB:.</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. En la medida en que no estén incluidos en el punto 1 anterior:</p> <p>a. Bancos nacionales, asociaciones de ahorro federales y sucursales federales y agencias federales de bancos extranjeros</p> <p>b. Bancos miembros del estado, sucursales y agencias de bancos extranjeros (que no sean sucursales federales, agencias federales, o Sucursales Estatales Aseguradas de Bancos Extranjeros), compañías de préstamos comerciales de propiedad o controladas por bancos extranjeros y las organizaciones que operan bajo la sección 25 o 25A de la Ley de la Reserva Federal (Federal Reserve Act)</p> <p>c. Bancos Asegurados No Miembros, Sucursales Estatales Aseguradas de Bancos Extranjeros y asociaciones de ahorros estatales aseguradas</p> <p>d. Cooperativas Federales de Crédito</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Compañías aéreas</p>	<p>Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>

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4. Acreedores sujetos a la Junta de Transporte Terrestre (Surface Transportation Board)	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street, S.W. Washington, DC 20423
5. Acreedores sujetos a la Ley de Empacadores y Corrales Ganaderos de 1921 (Packers and Stockyards Act, 1921)	Oficina Regional de la División de Empacadores y Corrales Ganaderos más cercana
6. Compañías de Inversión en Pequeños Negocios	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Floor Washington, DC 20416
7. Agentes y Distribuidores	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Instituciones que son miembros del Sistema de Crédito Agrícola	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Minoristas, Compañías Financieras y todos los demás acreedores no indicados anteriormente	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue N.W. Washington, DC 20580 (877) 382-4357

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## **New Hampshire Consumers Have the Right to a Security Freeze**

You have a right to place a “security freeze” on your credit report pursuant to RSA 359-B:24. Under New Hampshire law, what is commonly known as a credit report is referred to as a “consumer report.” A security freeze will prohibit a consumer reporting agency from releasing any information in your consumer report without your express authorization. The security freeze must be requested in writing, by certified mail.

You may obtain a security freeze on your consumer report at no charge if you are a victim of identity theft and you submit a copy of the police report, investigative report, or complaint that you filed with a law enforcement agency about unlawful use of your personal information by another person.

The consumer reporting agency may charge you a fee for the security freeze if you are not a victim of identity theft.

The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gains access to the personal and financial information in your consumer report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, insurance, government services or payments, rental housing, employment, investment, license, cellular phone, utilities, digital signature, Internet credit card transaction, or other services, including an extension of credit at point of sale.

When you place a security freeze on your consumer report, within 10 business days you will be provided a personal identification number or password to use if you choose to remove the freeze on your consumer report or authorize the release of your consumer report for a specific party or period of time after the freeze is in place. To provide that authorization you must contact the consumer reporting agency and provide all of the following:

1. The unique personal identification number or password provided by the consumer reporting agency;
2. Proper identification to verify your identity;
3. The proper information regarding the third party who receive the credit report or the period of time for which the report shall be available to users of the credit report; and
4. Payment of the applicable fee, if any.

A consumer reporting agency that receives a request from a consumer to lift temporarily a freeze on a consumer report must comply with the request no later than 3 business days after receiving the request. A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your consumer report for the purposes of reviewing or collecting the accounts, provided the use of your credit report is for a permissible purpose as provided by the federal Fair Credit Reporting Act. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades

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Received: 02/02/2024  
Completed: 02/09/2024

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and enhancements. You have a right to bring civil action against anyone who violates your rights under the credit reporting laws.

**If you wish to contact Star Systems Solutions, Inc., you can contact Star Systems Solutions, Inc. by phone at 248.669.4000 or by mail at 1075 Peachtree St. NE, Suite 6 #570021,,Atlanta,GA 30357.**

**If you wish to obtain a security freeze on your credit file with the credit bureaus, you should contact the credit bureaus at:**

Experian  
www.experian.com  
(888) 397-3742  
P.O. Box 2350  
Chatsworth, CA 91313

TransUnion – Consumer Relations  
www.transunion.com/direct  
(800) 888-4213  
2 Baldwin Place  
P.O. Box 1000  
Chester, PA 19022

Equifax  
www.equifax.com  
(800) 685-1111  
P.O. Box 740241  
Atlanta, GA  
30374-0241

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**New York State Correction Law  
Article 23-A, Section 753  
Licensure and Employment of Persons  
Previously Convicted of One or More Criminal Offenses**

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.