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

r09

JAN 22 2024

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

EXISTING FACILITY LICENSE #: N/A
CURRENT FACILITY LICENSE EXPIRATION DATE, IF APPLICABLE: N/A

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

Check all applicable items:

- ☐ License renewal:
- ☐ *New owner:
- ☐ **Change in address:
- ☐ *New facility:
- ☐ **Change in # of beds:
- ☒ Other (please explain): 809
- ☐ ***Change in classification:

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

LICENSEE (Legal Owner of Facility): Claremont Housing Authority TELEPHONE #: 603-542-6411
NAME OF FACILITY (DBA): Claremont Housing Authority TELEPHONE #: (603) 542-6411
FAX #: ( )

STREET ADDRESS: 243 Broad St. CITY: Claremont STATE: NH ZIP: 03743
MAILING ADDRESS: 243 Broad St. CITY: Claremont STATE: NH ZIP: 03743
ADMINISTRATOR: Beth Magliano
MEDICAL DIRECTOR (IF APPLICABLE):
FACILITY E-MAIL ADDRESS (REQUIRED): residentservices@claremontha.org

IF APPLICABLE:
NUMBER OF BEDS: PRESENTLY LICENSED:____ 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): N/A

NUMBER OF ESRD STATIONS (Completed for He-P 811 licensees only): N/A

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

OWNERSHIP

a. Type of ownership: ☐ Association ☐ Partnership ☐ Corporation ☐ LLC ☐ Individual ☒ Other (explain 809

b. List name and address of each person having an ownership interest (directly or indirectly) of greater than 5% in the facility.

c. If the licensee is organized as an association or corporation, list the name of the association or corporation and the name, address, and title of each officer.

d. If the licensee is a partnership, list the name and address of each partner.

e. Is this a certified facility? **(Facilities with deem status under RSA 151)** ☒ YES ☐ NO
Only applies to He-P 802, 803, (809) 811, 812, 815, & 823

If you are already a certified facility, is this an increase in services? If YES, please call 1-800-852-3345 ext. 9049

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

FEES:

Hospitals (General, CAH, Psychiatric, Rehabilitation) (802)	$25 per licensed bed
Free Standing Emergency Rooms (802)	$500
Nursing Homes (803)	$25 per licensed bed
Residential and Supported Residential Care Homes (804 & 805)	$15 per licensed bed (NO CHARGE FOR HCBC OR NH STATE PLACED RESIDENTS)
Non-Emergency Walk-In Care Centers (806)	$500
Residential Treatment and Rehabilitation Facilities (807)	$25 per licensed bed
Home Health Care Providers (809) X	$250
Birthing Centers (810)	$150
End Stage Renal Disease Dialysis Centers (811)	$500
Ambulatory Surgical Centers (812)	$500
Intermediate Care Facilities for Individuals with Intellectual Disabilities(ICF/IID)(815)	$25 per licensed bed
Educational Health Centers (816)	$500
Adult Day Care Centers (818)	$200
Case Management Agencies (819)	$150
Home Care Service Provider Agencies (822)	Less than ten clients $25; Ten or more clients $250
Home Hospice Care Providers (823)	$250
Hospice Houses (824)	$25 per licensed bed
Substance Use Disorder Residential Treatment Facilities (826)	$25 per licensed bed
Freestanding Megavoltage Radiation Therapy Facility (827)	$500
Psychiatric Residential Treatment Programs (830)	$25 per licensed bed

A check or money order (payable to: TREASURER, **STATE OF NEW HAMPSHIRE)** must be attached to this application.

Applications submitted by those facilities exempt under RSA 151:4 I (a), (b) & (c) are not required to pay the license fee.

ADDITIONAL APPLICATION REQUIREMENTS: NOTE THAT NOT ALL APPLICATION REQUIREMENTS ARE LISTED HERE PLEASE REFER TO THE APPROPRIATE RULE TO DETERMINE OTHER ITEMS THAT NEED TO BE SUBMITTED.

1. Renewal applications must be submitted at least 120 days prior to expiration of the current license. **(Yearly)**

2. Include qualifications, including a resume with education and experience, and copies of all applicable licenses and certifications, for the administrator and medical director **(if applicable). (Initial Application Only, unless changing Administrator or Medical Director)**

3. Include information relative to whether the facility has been granted any waivers, exemptions, or variances to the rules by the Department of Health and Human Services and/or the State Fire Marshal. **(Yearly)**

4. Include a floor plan indicating the location of all rooms, # of beds in each bedroom, and fire exits. **(Initial Application Only – NOT FOR He-P 809, 819, 820 & 823)** N/A

5. Include NH Secretary of State Authority to do business in the State of NH and/or tradename registration **(Initial Application Only)** TAX ID - 02-0274751

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)** N/A

8. Include documentation that **every 3 years** the water supply has been tested for bacteria and nitrates and determined to be at acceptable levels, in accordance with Env-Dw 702.02 (formerly Env-Ws 313.01) for bacteria and Env-Dw 704.02 (formerly Env-Ws 314.01) for nitrates. **(NOT FOR He-P809. 819, 820 & 823)** N/A

9. Include a list of all employees who have previously been granted waivers for criminal background check results from the Department of Health and Human Services. **(Yearly and on initial application if change of ownership or category)**

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. N/A

*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: 1/17/24 SIGNED: Michelle Aiken Executive Director
(NAME AND TITLE)

DATE: 1/17/24 SIGNED: Beth A Magliano Resident Care Coordinator
(NAME AND TITLE)

For all facilities to be newly licensed as an ambulatory surgical center (He-P 812), hospital (He-P 802), birthing center (He-P 810), walk in care center (He-P 806), dialysis center (He-P 811), or special health care service (He-P 802 and He-P 827) located within a 15 mile radius of a hospital certified as a critical access hospital, pursuant to 42 C.F.R. section 485.610 (b) and (c):

I affirm that I have complied with 151:4-a and a determination is on file with the department that finds the proposed health care facility shall be allowed to apply for licensure.

DATE: ______________ SIGNED: ________________________________
(NAME AND TITLE)

DATE: ______________ SIGNED: ________________________________
(NAME AND TITLE)

HFA OFFICE USE ONLY

CHECK NUMBER: 1066 AMOUNT: $150.00

APPLICATION COMPLETE: ______ NOT COMPLETE: ______________ (Describe in comments)

NEW ☐ RENEWAL ☐ CHANGE ☐

QUALIFICATIONS OF ADMINISTRATOR	Required ☐	Not Required ☐	Received ☐
COPY OF ADMINISTRATOR LICENSE	Required ☐	Not Required ☐	Received ☐
LIST OF EMPLOYEES WITH WAIVERS	Required ☐	Not Required ☐	Received ☐
WATER TEST (INITIAL OR 3YR)	Required ☐	Not Required ☐	Received ☐
FLOOR PLAN*	Required ☐	Not Required ☐	Received ☐
SECRETARY OF STATE INFORMATION	Required ☐	Not Required ☐	Received ☐
LOCAL APPROVAL	Required ☐	Not Required ☐	Received ☐
LSC INSPECTION	Required ☐	Not Required ☐	Received ☐
LSC PLAN OF CORRECTION	Required ☐	Not Required ☐	Received ☐
LICENSURE INSPECTION	Required ☐	Not Required ☐	Received ☐
PLAN OF CORRECTION	Required ☐	Not Required ☐	Received ☐
COMPLIED WITH RSA 151:4-a	Required ☐	Not Required ☐	Received ☐

FEDERAL FACILITY (EXEMPT FROM INSPECTION) YES ☐ NO ☐

LICENSURE CATEGORY:

- ☐ 02 Hospitals (General, CAH, Psychiatric, Rehabilitation)
- ☐ 03 Nursing Homes
- ☐ 04 Residential Care Home Facility
- ☐ 05 Supported Residential Health Care Facility
- ☐ 06 Non-Emergency Walk-in Care
- ☐ 07 Residential Treatment & Rehabilitation Facility
- ☐ 09 Home Health Care Provider
- ☐ 10 Birthing Center
- ☐ 11 End Stage Renal Disease Dialysis
- ☐ 12 Ambulatory Surgical Center
- ☐ 14 Community Residence
- ☐ 15 ICF/IID
- ☐ 16 Educational Health Services
- ☐ 18 Adult Day Care
- ☐ 19 Case Management
- ☐ 22 Home Care Service Provider
- ☐ 23 Home Hospice Care Provider
- ☐ 24 Hospice House
- ☐ 26 Substance Use Disorder Res Treatment Facility
- ☐ 27 Freestanding Megavoltage Radiation Therapy
- ☐ 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:

Beth Magliano
91 Eastshore Rd.
Newport NH, 03773
Cell : 978 807-8896
maglianojim@yahoo.com

PROFESSIONAL EXPERIENCE

Claremont Housing Authority-December 2023-Present
Resident Service Coodinator

Senior Solutions-August 2022-December 2023 Windsor, VT
Case*manager*
Works in collaboration with other community partners to create a person-centered plan of care that will enhance the independence of an older Vermonter of adults with disabilities and assists them in making choices related to their needs and wants.
Monitors and reassesses program service plans as required.
Has working knowledge of services and programs available to older Vermonters and people with disabilities.
Assists when necessary to gain access to existing services such as public benefits, housing ,legal services, etc.
Ensures that all provided services do not exceed budgeted amounts and are consistent with DAIL guidelines.

Minuteman Senior Services-March 2018-December 2021 Bedford, MA
GSSC Case Manager
Work as a team with Tufts RN to coordinate services to meet the best level of care for members that were found Medicaid eligible.
Conduct 3-6 month home visits as directed by CaseTrakker
Document all activities in SAMS system as well as CaseTrakker.

1991-Dec. 2017 Intercity Home Care Malden, MA

Intake Coordinator 2006-2017
Designed creative service plans to enable elders to remain independently at home
Collaborate with State Home Cares to identify elders at risk
Support and assist families in providing the right choices for their individual needs
Identify needs and income of clients in order to direct them to the appropriate plan of action
Establish stable relationships with community services to speed up the process of providing assistance in a timely manner
Human Resource Assistant 1999-2006
Interviewed and hired over 200 employees ensuring compliance with state laws
Collaborate with Department of Employment and Training to train and assist with job placement
Verify and maintain proper documentation of all paperwork for personnel and medical files

Beth Magliano
91 Eastshore Rd.
Newport NH, 03773
Cell : 978 807-8896
maglianojim@yahoo.com

- Recruited potential employee through job fairs, interview sessions and open houses

Field Supervisor 1991-1999
Maintain quarterly supervisory visits for home care aides in order to ensure quality services are being provided
Review policy and procedures with employees and clients
Ensure accuracy of client information i.e. family contacts, health status, medication review, update appropriate information and report findings to home cares
Establish trusting relationships with clients and families
Coordinated schedules for client services

1991-2002 Private Home Care Wilmington, MA
Cultivated healthy relationship with disabled young adult with RETS Syndrome providing personal care, companionship and support for family members

EDUCATION-1991
Salem State College-Bachelors of Social work

Screenshot_20231227_125027_Samsung...

Beas

BM

12:50 4G 71%

Review and sign docum...
https://na3.docusign.net/Signin

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This document is now complete. CLOSE

DocuSign Envelope ID: 9B2F0580-4676-4B66-8A35-278AD721B667

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: Pathways of the River Valley
Employer Contact: [illegible]
Mailing Address: 654 Main St
City/State/Zip: Claremont NH 03743
Telephone: 603-504-1536
Email: [illegible]@pathwaysnh.org

Employee Information

Last name: Magliano First name: Beth Middle Initial: ___
Mailing address: 91 Eastshore Drive City/State/Zip: Newport NH 03773
Telephone: [illegible] Gender: ☒ Female ☐ Male
Email: bmagliano4154@gmail.com

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

Last Name: Law First Name: ___ Middle Initial: ___
Last Name: ___ First Name: ___ Middle Initial: ___

Date of Birth: Month 07 Day 10 Year 1968 Last 4 Digits of Social Security #: 0497

Position: Casemanager Select one: ☒ Applying ☐ Current Position
X 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: 11/10/2023

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

X No Finding ☐ Positive Finding ☐ Unable to Process

Name: SHELLY HANEMAN Date: 11/13/2023

BEAS 3655 State Registry Consent Form 1.31.23.docx 1 of 1

CLOSE

THE STATE OF NEW HAMPSHIRE

DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE

33 Hazen Dr,Concord NH 03305 (603) 223-3867

<u> PUBLIC/CONVICTION ONLY CRIMINAL RECORD **</u>**

SID# NH928870 Name MAGLIANO, BETH DOB 07/10/1968

POB	MA	Hair	Red Or Auburn	Weight	125
Sex	F	Eye	Brown	Height	62
ADDR	240 JAKCSON STREET APT. #629 LOWELL MA 01852	Race	White	Prints	Y
				Photo Available	Y
OLN		FPC		Palm Available	Y

Cycle 001

Complaint As Accepted For Filing

Offense	265-A:2,I(a), DUI - impairment	Docket #	438-2022-CR-00006
Degree	MISDEMEANOR B	Charge ID	1937619C
Court	GOFFSTOWN-D	Violation Date	12/21/2021
Inchoate		Violation End Date	12/21/2021

Court Disposition

Offense	265-A:2,I(A), DUI - IMPAIRMENT	Docket #	438-2022-CR-00006
Degree	MISDEMEANOR B	Charge ID	1937619C
Court	GOFFSTOWN-D	Violation Date	12/21/2021
Court Date	02/03/2022	Violation End Date	12/21/2021
		Indicted	
		Appeal	

<u>Findings</u>

Plea Date	02/03/2022	Plea	GUILTY
Finding Date	02/03/2022	Finding	GUILTY
Judge	GORMAN, SUZANNE M		

<u>Amended Reason</u>

<u>Sentence</u>

Date 04/27/2022 Type SENTENCED

Judge GORMAN, SUZANNE M

<u>Amended Reason</u>

Description	Comments
REDUCED	

CLAREMONT HOUSING AUTHORITY

Choices For Independence

The Choices for Independence Program is a Medicaid-funded program that provides a wide range of services that enable eligible adults to remain living independently in their own homes and communities. Individuals participating in the CFI Program at Claremont Housing Authority must meet certain age, financial and clinical eligibility requirements.

Program Highlights Include:

-Subsidized Rent
-Personal Care provided by Licensed Nursing Assistants
-Nursing Services
-Medication Management
-Emergency Lifeline Services
-Medical Transportation Coordination
-Housekeeping and Laundry Services
-Recreational Activities
- Resident Service Coordination

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. Thank you.

AGENCY NAME: Claremont Housing Authority

STREET ADDRESS: 243 Broad St Claremont, NH 03743

OWNERS'S NAME: Clamont Housing Authority

ADMINISTRATOR NAME: Beth Magliano

PROPOSED TYPE OF AGENCY: Homehealth aide Agency

HEALTH OFFICER

I HEREBY CERTIFY THAT THE AGENCY Claremont Housing Authority COMPLIES WITH ALL APPLICABLE HEALTH, SEWAGE AND WATER REGULATIONS FOR THE CITY/TOWN OF Claremont.

or

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

DATE: 2/20/24

SIGNATURE: [signature] Leigh Hays Chief Building Official
(NAME AND TITLE OF HEALTH OFFICIAL) & Health Officer

BUILDING REGULATIONS

I HEREBY CERTIFY THAT THE AGENCY Claremont Housing Authority COMPLIES WITH ALL APPLICABLE BUILDING CODES FOR THE CITY/TOWN OF Claremont.

or

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

DATE: 2/20/24

SIGNATURE: [signature] Leigh Hays Chief Building Official +
(NAME AND TITLE OF BUILDING OFFICIAL) Health Officer

ZONING REGULATIONS

I HEREBY CERTIFY THAT THE AGENCY CLAREMONT HOUSING AUTHORITY COMPLIES WITH ALL APPLICABLE ZONING REGULATIONS FOR THE CITY/TOWN OF CLAREMONT.

or

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

DATE: 2-20-24

SIGNATURE: Christina B Warner

(NAME AND TITLE OF ZONING OFFICIAL)
CITY PLANNER

FIRE REGULATIONS

I HEREBY CERTIFY THAT THE AGENCY Claremont Housing Authority COMPLIES WITH ALL APPLICABLE FIRE CODES FOR THE CITY/TOWN OF Claremont.

DATE: 2/20/24

SIGNATURE: [signature]

(FIRE CHIEF OR DESIGNEE)

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Commissioners
Claremont Housing Authority
Claremont, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited the Claremont Housing Authority's compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Claremont Housing Authority's major federal programs for the year ended September 30, 2022. The Claremont Housing Authority's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Claremont Housing Authority's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Claremont Housing Authority's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

3 Old Orchard Road, Buxton, Maine 04093
Tel: (800) 300-7708 (207) 929-4606 Fax: (207) 929-4609
www.rhrsmith.com

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Claremont Housing Authority's compliance.

<u>Opinion on Each Major Federal Program</u>

In our opinion, Claremont Housing Authority complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2022.

<u>Report on Internal Control Over Compliance</u>

Management of the Claremont Housing Authority is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Claremont Housing Authority's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Claremont Housing Authority's internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Claremont Housing Authority's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

RHR Smith & Company

Buxton, Maine
June 26, 2023

CLAREMONT HOUSING AUTHORITY

SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED SEPTEMBER 30, 2022

Section I - Summary of Auditor's Results

- *Financial Statements*

Type of auditor's report issued : Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? ____yes __X__no
- Significant deficiency(ies) identified? ____yes __X__no
- Noncompliance material to financial statements noted? ____yes __X__no

- *Federal Awards*

Internal control over major programs:

- Material weakness(es) identified? ____yes __X__no
- Significant deficiency(ies) identified? ____yes __X__no

Type of auditor's report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported
In accordance with 2 CFR section 200.516(a)? ____yes __X__no

Identification of major programs:

AL Numbers	Name of Federal Program or Cluster
14.871	Housing Voucher Cluster

Dollar threshold used to distinguish between type A and B: $750,000

Auditee qualified as low-risk auditee? __X_yes ____no

Section II - Financial Statement Findings

None

Section III - Findings and Questioned Costs for Federal Awards

None

Curran, Marilee

From: Curran, Marilee
Sent: Monday, February 26, 2024 2:49 PM
To: Resident Services
Cc: Beyer, Paulette
Subject: Claremont Housing Authority

Good afternoon Beth:

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

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

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

Accordingly, an inspection of your facility/agency will occur within the next 60 days to determine compliance with RSA 151, and He-P 809. After the inspection is complete, you will be notified as to the Office of Legal and Regulatory Services decision to approve or deny your application for licensure as a Home Health Care Provider under RSA 151.

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

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.

OFFICE OF LEGAL AND REGULATORY SERVICES
BUREAU OF LICENSING AND CERTIFICATION
HEALTH FACILITIES ADMINISTRATION-LICENSING

Submit completed requests via mail, encrypted email or fax to: 129 Pleasant Street Concord, NH 03301 HFA-Licensing@dhhs.nh.gov Fax: 603-271-4968	Unless otherwise specified, waivers must be renewed annually with the license renewal. Criminal conviction waivers are in effect for the duration of the individual's employment. A listing of employees with waivers should be submitted with annual license renewal. Please submit one request per form.

Date Requested: 1/23/24	Indicate: Initial ☒ Renewal ☐	Facility Name: Claremont Housing Authority Address: 243 Broad St. Claremont, NH 03743 Phone #: 603 542-6411 Email: residentservices@claremontha.org License #: Expiration Date:

He-P
The specific reference to the rule requested to be waived:

Waiver for the Administrator for criminal background

Provide a full explanation of why a waiver to this standard is sought:

Results of Administrator CORI

Describe proposed alternative to satisfy the intent of the rule:

Waiver

If this waiver is the result of a criminal background check, please attach a letter from the applicant explaining the conviction(s) and the complete criminal history report.

Administrator Signature [signature] Date 1/24/24

Recommendation of Licensing Unit Chief: Approved Y N

Licensing Unit Chief Signature Date

Request Submitted by: [signature]	Phone: 603542-6411 ex 3104 Email Address: residentservices@claremontha.org

1/24/24

To whom it may concern,

Attached are the results of a cori background check completed on myself. I have no other criminal history results in any other state. I do not pose a threat to the health, safety or well being of the tenants in this building. I have been a social worker for over 30 years and unfortunately this was a mistake that I have grown from and become a better person because of it.

Thank you,

Beth Magliano

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

**** PUBLIC/CONVICTION ONLY CRIMINAL RECORD ****

SID# NH928870 Name MAGLIANO, BETH DOB 07/10/1968

POB	MA	Hair	Red Or Auburn	Weight	125
Sex	F	Eye	Brown	Height	62
ADDR	240 JAKCSON STREET APT. #629 LOWELL MA 01852	Race	White	Prints	Y
				Photo Available	Y
OLN		FPC		Palm Available	Y

Alias

Name	DOB
LAW, BETH A	07/10/1968

Cycle 001

Complaint As Accepted For Filing

Offense 265-A:2,I(a), DUI - impairment
Degree MISDEMEANOR B
Court GOFFSTOWN-D
Inchoate

Docket # 438-2022-CR-00006
Charge ID 1937619C
Violation Date 12/21/2021
Violation End Date 12/21/2021

Court Disposition

Offense 265-A:2,I(A), DUI - IMPAIRMENT
Degree MISDEMEANOR B
Court GOFFSTOWN-D
Court Date 02/03/2022

Docket # 438-2022-CR-00006
Charge ID 1937619C
Violation Date 12/21/2021
Violation End Date 12/21/2021
Indicted
Appeal

Findings

Plea Date 02/03/2022 Plea GUILTY
Finding Date 02/03/2022 Finding GUILTY
Judge GORMAN, SUZANNE M

Amended Reason

Sentence

Date 04/27/2022 Type SENTENCED
Judge GORMAN, SUZANNE M
Amended Reason

Amended Reason

Description Comments

REDUCED

Sentence Condition

Description	Amount	Comments
MPAIRED DRIVER CARE MANAGEMENT ᴾROGRAM		
)WI FIRST		

Confinement

Effective Credit Term Served Agency

Mandatory Max Mandatory Min

Serve Consecutive Days

Suspended Max Term Suspended Min Term

All Suspended Suspended For

Deferred Max Term Deferred Min Term

All Deferred Deferred For

Comments

Fees

Fines $620.00 Suspended Fine $0.00 Deferred $0.00 Fine Due Date

Probation

Term

Probation Type

Comments LICENSE REVOKED FOR 90DAY(S);EFFECTIVE 04/27/2022;LICENSE TYPE: OPR;COMMENTS: REDUCED;

Community Services

Hours

Comments

THE STATE OF NEW HAMPSHIRE

DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE

I certify this record being disseminated to:

MAGLIANO, BETH-MAGLIANO, BETH

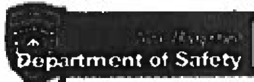
Is a true and accurate copy of the record as it appears in our files.

By: NH State Police Criminal Records Unit

Date: January 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.



Criminal Records Portal

An official New Hampshire government website

Dashboard

Confirmation #	N70466		
Request Date	02/25/2024 16:09:33 PM	**Request Status**	Complete
Dashboard Available From Date	02/25/2024	**Dashboard Available To Date**	03/26/2024
Dashboard Last Access Date			

Requestor Information

Below are your record(s). Click ℹ to view details of Individual(s) Being Searched. Click ⬇ to view your result(s).

Name	Date of Birth	Status	Report	Last Access On
AUTHORITY, CLAREMONT HOUSING	01/01/1970	No Conviction Record Found	ℹ | ⬇	

NH.gov | privacy policy | accessibility policy

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HEB809 2/23/24

To Claremont Housing Authority,

1. I do not have a felony conviction in this or any other state

2. I have not been convicted of sexual assault, other violent crimes, assault, fraud, theft, abuse, neglect or exploitation or pose a threat to the health, safety or well-being of a patient, and

3. Have not had a finding by the department or any administrative agency in this or any other state for assault, fraud, theft, abuse, neglect or exploitation of any person

2/23/24 [signature]

Claremont Housing:

1. I do not have a felony conviction in this or any other state.

2. I have not been convicted of sexual assault, other violent crimes, assault, fraud, theft, abuse, neglect or exploitation or pose a threat to the health, safety or well-being of a patient.

3. I have not had a finding by the department or any administrative agency in this or any other state for assault, fraud, theft, abuse, neglect or exploitation of any person.

Signed Beth Magliano

Date 2/26/24

Curran, Marilee

From: Curran, Marilee
Sent: Tuesday, January 23, 2024 3:56 PM
To: 'RESIDENTSERVICES@CLAREMONTHA.ORG'
Subject: Application for Home Health Care Provider
Attachments: Local Approval Form.pdf; waiver.pdf; He-P 809- Certified.pdf

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.

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 officer
   You can use form attached or they can provide their own sign-off
5. Non-Conviction statement for the administrator per He-P 809.17(r)(1)-(3) – Rules attached
6. Waiver for the Administrator for criminal background, form attached
7. The results of a criminal records check for the licensee (CLAREMONT HOUSING AUTHORITY) – Needs to be on the entity. You can run through the State Police with the same form used as an individual.

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

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