



**Congregate Living & Social Services Licensing Board**  
**Tuesday, March 25, 2025, 6:00 PM**  
**Council Chambers, 2<sup>nd</sup> fl of City Hall, 3 Washington St.**

**AGENDA**

I. **Call to Order:** Roll Call

II. **Minutes of Previous Meeting:** February 25, 2025

III. **Unfinished Business:**

IV. **Applications:**

**CLSS-2025-01:** Applicant, Melissa Castor, Executive Director for Alpine Healthcare, is requesting a renewal Congregate Living & Social Services License for a Residential Care Facility, located at 298 Main St., and is in the High Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**CLSS-2025-02:** Applicant, Patricia Forman, House Supervisor for Emerald House, is requesting a renewal Congregate Living & Social Services License for a Residential Care Facility, located 32 Emerald St., and is in the Downtown Growth District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**CLSS-2025-03:** Applicant, Jennifer Houston, Executive Director for Live Free Recovery, is requesting a renewal Congregate Living & Social Services License for a Residential Drug/Alcohol Treatment Facility, located at 881 Marlboro Rd., and is in the Rural District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**CLSS-2025-04:** Applicant, Jennifer Houston, Executive Director for Live Free Recovery, is requesting a renewal Congregate Living & Social Services License for a Residential Drug/Alcohol Treatment Facility, located at 106 Roxbury St., and is in the Downtown Edge District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**CLSS-2025-06:** Applicant, Jay Haston, Executive Director for Cedarcrest Center, is requesting a renewal Congregate Living & Social Services License for a Residential Care Facility, located at 91 Maple Ave., and is in the Low Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**Continued: CLSS-2025-05:** Applicant, Hilary Seifer, Executive Director for American House Keene, is requesting a renewal Congregate Living & Social Services License for a Residential Care Facility, located at 197 Water St., and is in the Business Growth & Reuse District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**Continued: CLSS-2025-07:** Applicant, Gregg Burdett, Executive Director for Covenant Living of Keene, is requesting a renewal Congregate Living & Social Services License for a Residential Care Facility, located 95 Wyman Rd., and is in the Rural District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**Continued: CLSS-2025-08:** Applicant, Amanda McSweeney, Executive Director for Keene Center Genesis Healthcare, is requesting a renewal Congregate Living & Social Services License for a Residential Care Facility, located at 677 Court St., and is in the High Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**Continued: CLSS-2025-09:** Applicant, Michael Johnson, Executive Director for Langdon Place of Keene, is requesting a renewal Congregate Living & Social Services License for a Residential Care Facility, located at 136 Arch St., and is in the Rural District and as defined in Chapter 46, Article X of the Keene City Ordinances.

I. **New Business:**

II. **Non-Public Session:** (if required)

III. **Adjournment:**

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City of Keene  
New Hampshire

**CONGREGATE LIVING AND SOCIAL SERVICES LICENSING BOARD**  
**MEETING MINUTES**

Tuesday, February 25, 2025

6:00 PM

Council Chambers,  
City Hall

**Members Present:**

Andrew Oram, Chair  
Medard Kopczynski, Vice Chair  
Alison Welsh  
Jennifer Seher  
Tom Savastano

**Staff Present:**

Rick Wood, Fire Marshal/Building Inspector

**Members Not Present:**

*All Present*

**I. Call to Order: Roll Call**

Chair Oram called the meeting to order at 6:10 PM.

**II. Voting for Chair & Vice Chair**

Chair Oram stated that the Committee held elections at their last meeting and therefore did not need to vote.

**III. Minutes of Previous Meeting: October 22, 2024**

A motion by Mr. Savastano to adopt the October 22, 2024, minutes was duly seconded by Vice Chair Kopczynski and the motion carried unanimously.

**IV. Unfinished Business:**

Although the official meeting time was 6:00 PM, the meeting was scheduled at 6:30 PM on the City meeting calendars, causing potential confusion for applicants. Thus, the Board agreed that it would hold the meeting until at least 6:30 PM in case any applicants arrived.

Discussion ensued following up on past questions from the Board as to whether an applicant must be in attendance for the Board to deliberate on an application. The Board's Staff Liaison, Rick Wood, Fire Marshal/Building Inspector, had not yet found that stipulation in the Land Development Code. He recalled that at a recent meeting, the Board required an applicant to have a representative present. None of the applicants were yet present for this evening's hearings. Unless advised differently by City staff, Chair Oram proposed considering and voting on each application, staying until 6:30 PM, and then if an applicant were to arrive, they would have an opportunity to add anything if wanted. He asked if the Board should wait until 6:30 PM instead. Ms. Welsh said that historically, the Board had not moved forward without an applicant present, though she was unsure if it was an explicit rule in the Code; Chair Oram said that was true. Mr. Wood said another concern would be that if

38 voting on the applications, it would presume a public hearing and with the meeting time discrepancy, Mr. Wood  
39 did not recommend having a public hearing without the public.

40  
41 Vice Chair Kopczynski agreed that the applicants should be present if they want to bring something to the  
42 Board's attention or in case the Board has questions, regardless of what is codified. Ms. Seher agreed, noting that  
43 since there had already been confusion with some applicants, it would be good to have them present to understand  
44 that there is a permitting process.

45  
46 Mr. Wood referred the Board to the Rules of Procedure, under Section III.D.d, Conduct of Public Hearings-  
47 Records, it says that *"If an applicant fails to appear to present an application to the Board at the noticed public*  
48 *hearing, the application may be dismissed with prejudice"*, absent unusual circumstances; if stating that it could  
49 be dismissed, that led Mr. Wood to believe that the applicant's presence is required. Vice Chair Kopczynski  
50 agreed.

51

52 **V. Applications:**

53 **A) CLSS-2025-05: Applicant, Hilary Seifer, Executive Director for American House Keene, is**  
54 **requesting a Congregate Living & Social Services License for a Residential Care Facility,**  
55 **located at 197 Water St., and is in the Business Growth & Reuse District and as defined in**  
56 **Chapter 46, Article X of the Keene City Ordinances.**

57

58 The applicant was not present.

59

60 **B) CLSS-2025-07: Applicant, Gregg Burdett, Executive Director for Covenant Living of Keene,**  
61 **is requesting a Congregate Living & Social Services License for a Residential Care Facility,**  
62 **located at 100 Wyman Rd., and is in the Rural District and as defined in Chapter 46, Article**  
63 **X of the Keene City Ordinances.**

64

65 The applicant was not present.

66

67 **C) CLSS-2025-08: Applicant, Amanda McSweeney, Executive Director for Keene Center**  
68 **Genesis Healthcare, is requesting a Congregate Living & Social Services License for a**  
69 **Residential Care Facility, located at 677 Court St., and is in the High Density District and as**  
70 **defined in Chapter 46, Article X of the Keene City Ordinances.**

71

72 The applicant was not present.

73

74 **D) CLSS-2025-09: Applicant, Michael Johnson, Executive Director for Langdon Place of Keene,**  
75 **is requesting a Congregate Living & Social Services License for a Residential Care Facility,**  
76 **located at 136 Arch St., and is in the Rural District and as defined in Chapter 46, Article X of**  
77 **the Keene City Ordinances.**

78

79 The applicant was not present.

80

81 **VI. New Business:**

82 **A) 2025 Meeting Calendar**

83

84 Mr. Wood confirmed that City staff would correct the meeting time on the City calendar so this conflict would not  
85 arise in the future.

86

87 A motion by Vice Chair Kopczynski to adopt the 2025 meeting calendar as presented was duly seconded by Ms.  
88 Welsh and the motion carried unanimously.

89

90 Mr. Savastano expressed concern about how this meeting occurred and that no applicants showed up. In looking  
91 at the calendar, he saw the inspection dates of January 14–16 and a deadline for this meeting of January 27 for  
92 renewals. He questioned how applicants did not realize this meeting was happening. Mr. Wood said it was a good  
93 question that he shared, and he would contact the applicants to determine the miscommunication. He would also  
94 review the existing process to ensure that no time would be wasted in the future. Discussion ensued on how  
95 meetings had been canceled for several months, during which time, Chair Oram agreed that it could be easy for  
96 the Board to lose a sense of purpose. Vice Chair Kopczynski suggested scheduling a meeting during those gaps  
97 for the Board to check-in, stimulate conversation about processes, or discuss Ordinance changes. Ms. Seher  
98 shared that an applicant during the past year said it was not clear that they needed to appear at their Board  
99 application hearing. Mr. Wood agreed that he would want to strive for efficiency in the future and to make  
100 everything clear for applicants. He asked the Board to confirm that they wanted him to schedule meetings during  
101 three-month gaps (including summer and winter), regardless of applications. (there was no reply)

102

103 Discussion ensued about the role of administrative staff. Chair Oram wanted to ensure the same level of focus and  
104 commitment as in the past; he stated that his comment was not critical, and he respected that there had been many  
105 staff transitions in the past year. For instance, he used to have separate meetings in advance to prepare for these  
106 meetings and those suddenly stopped without notice. It spoke to him about missing clarity overall. Discussion  
107 continued. Mr. Wood recalled that this was his second meeting as Staff Liaison and his intent was to look into this  
108 fully and report back to the Board, mapping out a process that the Board could agree to. He apologized for the  
109 misstep, and he looked forward to solving the challenge.

110

111 **VII. Non-Public Session: (if required)**

112 **VIII. Adjournment**

113

114 A motion by Ms. Welsh to adjourn the meeting was duly seconded by Vice Chair Kopczynski and the motion  
115 carried unanimously. There being no further business, Chair Oram adjourned the meeting at 6:42 PM.

116

117 Respectfully submitted by,  
118 Katryna Kibler, Minute Taker  
119 March 3, 2025

120

121 Reviewed and edited by,  
122 Corinne Marcou, Board Clerk

123

124

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## CLSS-2025-01 – Residential Care Facility – Alpine Healthcare

### **Request:**

Applicant Melissa Castor, Executive Director of + Alpine Healthcare, requests a license for a Residential Care Facility at the property located at 298 Main Street and is in the High-Density District.

### **Background:**

Alpine Healthcare operates this facility including 85 NH Licensed long term care beds along with business operations at this onsite facility

This is the second CLSS renewal sought by Alpine Healthcare for this facility.

### **Completeness:**

The property at 298 Main Street is seeking their second renewal. No changes have been made to their documentation. Staff find their application to be **incomplete as the fee has not been paid.**

### **Inspections:**

Community Development's inspection was completed on February 4, 2025

### **Departmental Comments:**

**Property & Housing:** No Comments

**Fire Department:** No Comments

**Police Department:** No Comments

### **Criteria Review:**

- 1) The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.
- 2) The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.
- 3) The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.

### **Recommended Motion:**

If the Board is inclined to approve this request, the following motion is recommended:

**Move to approve CLSS-2025-01 for Alpine Healthcare to operate a Residential Care Facility located at 298 Main Street.**





City of Keene, NH

# Congregate Living & Social Services License Application

**For Office Use Only:**  
 Case No. CLSS-2025-01  
 Date Filled 3/12/25  
 Rec'd By CJM  
 Page 1 of 4  
 Tax Map# 590-113-000  
 Zoning District: High Density

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keene.nh.gov

## SECTION 1: LICENSE TYPE

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Drug Treatment Center | <input type="checkbox"/> Group Home, Small                           | <input type="checkbox"/> Homeless Shelter                     |
| <input type="checkbox"/> Fraternity/Sorority   | <input type="checkbox"/> Group Resource Center                       | <input type="checkbox"/> Lodging House                        |
| <input type="checkbox"/> Group Home, Large     | <input type="checkbox"/> Residential Drug/Alcohol Treatment Facility | <input checked="" type="checkbox"/> Residential Care Facility |

## SECTION 2: PROPERTY LOCATION

ADDRESS: 298 Main Street, Keene NH 03431

## SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER		APPLICANT	
NAME/COMPANY: Peak Healthcare at Keene		NAME/COMPANY: Alpine Healthcare Center	
MAILING ADDRESS: 2420 Knapp Street, Brooklyn NY, 11235		MAILING ADDRESS: 298 Main Street, Keene, NH 03431	
PHONE: 6033527311		PHONE: 6033527311	
EMAIL: zmargulies@recover-care.com		EMAIL: mcastor@alpine-hc.com	
SIGNATURE: <i>Zisha M</i>	DATE: 2.17.25	SIGNATURE: <i>Zisha M</i>	DATE: 2.17.25
PRINTED NAME: Zisha Margulies	TITLE: CEO	PRINTED NAME: Zisha Margulies	TITLE: CEO
AUTHORIZED AGENT (if different than Owner/Applicant)		OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)	
NAME/COMPANY: N/A		<input type="checkbox"/> Same as owner NAME/COMPANY: PHC SNF Management LLC	
MAILING ADDRESS:		MAILING ADDRESS: 2420 Knapp Street, Brooklyn, NY 11235	
PHONE:		PHONE: 7189423483	
EMAIL:		EMAIL: mcastor@alpine-hc.com	
SIGNATURE:	DATE:	SIGNATURE: <i>Zisha M</i>	DATE: 2.17.25
PRINTED NAME:	TITLE:	PRINTED NAME: Zisha margulies	TITLE: CEO

## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.**

1. Alpine Healthcare is an 85 bed long term care and short term care healthcare facility at 298 Main Street, Keene, NH.

2. Alpine Healthcare provides healthcare services to a range of residents. Alpine Healthcare provides all aspects of daily living care needs to its residents, including but not limited to care from Licensed Nursing Assistants, Registered Nurses, Licensed Practical Nurses, Certified Medication Assistants, Social Work, Physical Therapy, Occupational Therapy and Speech Therapy as deemed necessary by the residents medical plan of care.

3. Alpine provides services to its residents 24 hours a day, 7 days a week. Alpine has capacity for 85 residents at one point in time with typical staff of 120 staff on varied shifts and in varied departments.

4. Alpine provides Long Term and Short Term Healthcare to its residents with varied lengths of stay.

5. Peak Healthcare at Keene, LLC. 298 Main Street, Keene, NH, 03431, 603-352-7311

6. Peak Healthcare at Keene, LLC. 298 Main Street, Keene, NH, 03431, 603-352-7311

7. Please see attached Licenses

8. Plans- Alpine Healthcare currently holds Life Safety, Facility Assessment, Staff Training, Clinical Policy and Procedure, Building Management System and Emergency Protection Plans to encompass Operations and Management Plans.

**2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.**

1. Alpine Healthcare is an 85 bed long term care and short term care healthcare facility at 298 Main Street, Keene, NH.

2. Alpine Healthcare provides healthcare services to a range of residents. Alpine Healthcare provides all aspects of daily living care needs to its residents, including but not limited to care from Licensed Nursing Assistants, Registered Nurses, Licensed Practical Nurses, Certified Medication Assistants, Social Work, Physical Therapy, Occupational Therapy and Speech Therapy as deemed necessary by the residents medical plan of care.

3. Alpine provides services to its residents 24 hours a day, 7 days a week. Alpine has capacity for 85 residents at one point in time with typical staff of 120 staff on varied shifts and in varied departments.

**SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED**

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.**

Alpine provides Long Term and Short Term Healthcare to its residents with varied lengths of stay.

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## **CLSS-2025-02 – Residential Care Facility – Emerald House, 32 Emerald Street**

### **Request:**

Applicant Patricia Forman, House Supervisor for Monadnock Family Services DBA Emerald House, requests a license for a Residential Care Facility at the property located at 32 Emerald Street and is in the Downtown Growth District.

### **Background:**

Emerald House operates this facility including 10 beds along with business operations at this onsite facility

This is the second CLSS renewal sought by Live Free Recovery Services for this facility.

### **Completeness:**

The property at 32 Emerald Street is seeking their second renewal. No changes have been made to their documentation. Staff find their application to be **incomplete as the fee has not been paid.**

### **Inspections:**

Community Development's inspection was completed on February 4, 2025

### **Departmental Comments:**

**Property & Housing:** No Comments

**Fire Department:** No Comments

**Police Department:** No Comments

### **Criteria Review:**

- 1) The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.
- 2) The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.
- 3) The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.

### **Recommended Motion:**

If the Board is inclined to approve this request, the following motion is recommended:

**Move to approve CLSS-2025-02 for Monadnock Family Services DBA Emerald House to operate a Residential Care Facility located at 32 Emerald Street.**



City of Keene, NH

# Congregate Living & Social Services License Application

**For Office Use Only:**  
 Case No. CLSS-225-02  
 Date Filled 11/25/24  
 Rec'd By CJM  
 Page 1 of 4  
 Tax Map# 584.0105-000  
 Zoning District: DT-9

If you have questions on how to complete this form, please call: (603) 352-5440 or email: [communitydevelopment@keenenh.gov](mailto:communitydevelopment@keenenh.gov)

## SECTION 1: LICENSE TYPE

- |   |   |  |
|---|---|--|
| <input type="radio"/> Drug Treatment Center | <input type="radio"/> Group Home, Small                           | <input type="radio"/> Homeless Shelter                     |
| <input type="radio"/> Fraternity/Sorority   | <input type="radio"/> Group Resource Center                       | <input type="radio"/> Lodging House                        |
| <input type="radio"/> Group Home, Large     | <input type="radio"/> Residential Drug/Alcohol Treatment Facility | <input checked="" type="radio"/> Residential Care Facility |

## SECTION 2: PROPERTY LOCATION

ADDRESS:

## SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER		APPLICANT	
NAME/COMPANY:	Monadnock Affordable Housing Corp	NAME/COMPANY:	Monadnock Family Services
MAILING ADDRESS:	831 Court St Keene, NH 03431	MAILING ADDRESS:	32 Emerald St Keene, NH 03431
PHONE:	(603) 352-6161	PHONE:	(603) 352-6649
EMAIL:	jmeehan@keenehousing.org	EMAIL:	pforman@mfs.org
SIGNATURE:		SIGNATURE:	Patricia Forman <small>Digitally signed by Patricia Forman Date: 2024.11.21 08:01:52 -05'00'</small>
DATE:	11/21/24	DATE:	11/21/24
PRINTED NAME:	Joshua Meehan	PRINTED NAME:	Patricia Forman
TITLE:	President	TITLE:	Residential Services

AUTHORIZED AGENT (if different than Owner/Applicant)		OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)	
		<input checked="" type="checkbox"/> Same as owner	
NAME/COMPANY:		NAME/COMPANY:	
MAILING ADDRESS:		MAILING ADDRESS:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	
SIGNATURE:	DATE:	SIGNATURE:	DATE:
PRINTED NAME:	TITLE:	PRINTED NAME:	TITLE:

## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.**

Residents of Emerald House are clients of Monadnock Family Services and qualify as adults with severe and persistent mental illness. Emerald House staff offers coaching and prompting of ADLs, as well as making/keeping appointments, providing transportation, 1:1 support in the community, ordering and administering medications, meal planning and preparation and crisis intervention.

**2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.**

Emerald House is a ten bed, 24-hour staffed facility. The ten beds are consistently filled. During the day, from 7 AM- 7 PM there may be 2-5 staff members on site and 1-2 other MFS or CFI personnel on the property working with clients. Residents may host up to 2 guests between the hours of 10 AM and 5 PM. The facility has 4,616 ft. of living space and sits alone on a .24 acre lot.

**SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED**

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.**

The average stay at Emerald House is three years.



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City of Keene, NH

# Congregate Living & Social Services License Application

**For Office Use Only:**  
 Case No. CLSS-2025-03  
 Date Filled 3-3-25  
 Rec'd By CM  
 Page 1 of 4  
 Tax Map# 240-033-000-001  
 Zoning District: RURAL

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

### SECTION 1: LICENSE TYPE

- |   |  |   |
|---|--|---|
| <input type="radio"/> Drug Treatment Center | <input type="radio"/> Group Home, Small                                      | <input type="radio"/> Homeless Shelter          |
| <input type="radio"/> Fraternity/Sorority   | <input type="radio"/> Group Resource Center                                  | <input type="radio"/> Lodging House             |
| <input type="radio"/> Group Home, Large     | <input checked="" type="radio"/> Residential Drug/Alcohol Treatment Facility | <input type="radio"/> Residential Care Facility |

### SECTION 2: PROPERTY LOCATION

ADDRESS: **881 Marlboro Rd Keene, NH 03431**

### SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER		APPLICANT	
NAME/COMPANY: <b>2nd Chance Solar, LLC</b>		NAME/COMPANY: <b>Live Free Recovery Services, LLC</b>	
MAILING ADDRESS: <b>21 Madbury Rd Durham, NH 03824</b>		MAILING ADDRESS: <b>70 Kelley St Manchester, NH 03102</b>	
PHONE:		PHONE: <b>(877) 932-6757</b>	
EMAIL:		EMAIL: <b>info@livefreerecoverynh.com</b>	
SIGNATURE:	DATE:	SIGNATURE: <i>Jennifer Houston</i>	DATE: <b>3/3/20</b>
PRINTED NAME:	TITLE:	PRINTED NAME: <b>Jennifer Houston</b>	TITLE: <b>COO</b>
AUTHORIZED AGENT (if different than Owner/Applicant)		OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)	
		<input type="checkbox"/> Same as owner	
NAME/COMPANY:		NAME/COMPANY: <b>Live Free Recovery Services, LLC</b>	
MAILING ADDRESS:		MAILING ADDRESS: <b>70 Kelley St Manchester, NH 03431</b>	
PHONE:		PHONE: <b>(877) 932-6757</b>	
EMAIL:		EMAIL: <b>jhouston@livefreerecoverynh.com</b>	
SIGNATURE:	DATE:	SIGNATURE: <i>Jennifer Houston</i>	DATE: <b>3/3/20</b>
PRINTED NAME:	TITLE:	PRINTED NAME: <b>Jennifer Houston</b>	TITLE: <b>COO</b>

## SUBMITTAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with “CLSS License Application” in the subject line

- **Mail / Hand Deliver:**

Community Development (4th Floor)  
Keene City Hall,  
3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the [City of Keene Code of Ordinances](#).

*Note: Additional information may be requested to complete the review of the application.*

<input type="radio"/> <b>PROPERTY OWNER:</b> <i>Name, phone number and address</i>	<input type="radio"/> <b>POINT OF 24 HOUR CONTACT:</b> <i>Name, phone number, and address of person acting as the operator, if not owner</i> <p style="text-align: right;"><b>Same as owner</b></p>
<input type="radio"/> <b>REQUIRED DOCUMENTATION:</b> <i>Provide all required state or federal licenses, permits and certifications</i>	<input type="radio"/> <b>WRITTEN NARRATIVE:</b> <i>Provide necessary information to the submittal requirements</i>
<input type="radio"/> <b>PROPERTY INFORMATION:</b> <i>Description of the property location including street address and tax map parcel number</i>	<input type="radio"/> <b>APPLICABLE FEES:</b> \$165.00 application <i>(checks made payable to City of Keene)</i>
<input type="radio"/> <b>COMPLETED INSPECTION:</b> <i>Inspection date: _____</i>	or <input type="radio"/> <b>SCHEDULED INSPECTION:</b> <i>Inspection date: _____</i>
<input type="radio"/> <b>OPERATIONS AND MANAGEMENT PLAN:</b> Plan based on the industry standard “Best Management Practices” to include:	<input type="radio"/> <b>LOCATION MAP:</b>

- ◇ Security Plan
- ◇ Life Safety Plan
- ◇ Staff Training and Procedures Plan
- ◇ Health and Safety Plan
- ◇ Emergency Response Plan
- ◇ Neighborhood Relations Plan
- ◇ Building and Site Maintenance Procedures

In addition, Homeless Shelters will provide:

- ◇ Rules of Conduct, Registration System and Screening Procedures
- ◇ Access Policies and Procedures

## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.**

Men and women 18 years of age and older. Low-intensity medically supervised detoxification services that do not require hospitalization. There are licensed nurses, clinical staff, and residential services staff. This facility is staffed with awake employees 24/7.

There are residential services that are also provided at this facility. This includes group therapy, case management, psychiatric services, and peer support.

**2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.**

The facility has 24 beds. There is a licensed nurse on site 24/7. There are clinical staff first and second shift. There is a peer support or licensed nurse assistant on all 3 shifts.

## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.**

For detoxification services, clients will be in treatment for 5 to 7 days. Residential treatment will be up to 30 days.

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**CLSS-2025-04 – Residential Drug/Alcohol Treatment Facility – Live Free Recovery, 106 Roxbury Street**

**Request:**

Applicant Jenifer Houston, COO of Live Free Recovery Services LLC, requests a license for a Residential Drug/Alcohol Treatment Facility at the property located at 106 Roxbury Street and is in the Downtown Edge District.

**Background:**

Live Free Recovery Services, operates this facility including 28 NH licensed Drug and Alcohol treatment beds along with business operations at this onsite facility

This is the second CLSS renewal sought by Live Free Recovery Services for this facility.

**Completeness:**

The property at 106 Roxbury Street is seeking their second renewal. No changes have been made to their documentation. Staff find their application to be **Complete**.

**Inspections:**

Community Development’s inspection was completed on February 4, 2025

**Departmental Comments:**

**Property & Housing:** No Comments

**Fire Department:** No Comments

**Police Department:** No Comments

**Criteria Review:**

- 1) The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.
- 2) The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.
- 3) The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.

**Recommended Motion:**

If the Board is inclined to approve this request, the following motion is recommended:

**Move to approve CLSS-2025-04 for Live Free Recovery Services LLC to operate a Residential Drug and Alcohol Treatment Facility located at 106 Roxbury Street.**



City of Keene, NH

# Congregate Living & Social Services License Application

**For Office Use Only:**  
 Case No. CLSS-2025-04  
 Date Filled 3/3/2025  
 Rec'd By CJM  
 Page 1 of 4  
 Tax Map# 569-006-000  
 Zoning District: DT-E

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keene-nh.gov

## SECTION 1: LICENSE TYPE

- |   |  |   |
|---|--|---|
| <input type="radio"/> Drug Treatment Center | <input type="radio"/> Group Home, Small                                      | <input type="radio"/> Homeless Shelter          |
| <input type="radio"/> Fraternity/Sorority   | <input type="radio"/> Group Resource Center                                  | <input type="radio"/> Lodging House             |
| <input type="radio"/> Group Home, Large     | <input checked="" type="radio"/> Residential Drug/Alcohol Treatment Facility | <input type="radio"/> Residential Care Facility |

## SECTION 2: PROPERTY LOCATION

ADDRESS: 106 Roxbury St Keene, NH 03431

## SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER		APPLICANT	
NAME/COMPANY:	106 Roxbury LLC	NAME/COMPANY:	Live Free Recovery Services, LLC
MAILING ADDRESS:	106 Roxbury St	MAILING ADDRESS:	70 Kelley st
PHONE:	(603) 438-3276	PHONE:	(877) 932-6757
EMAIL:	rgagne@livefreerecoverynh.com	EMAIL:	jhouston@livefreerecoverynh.com
SIGNATURE:	<i>Ryan Gagne</i>	DATE:	3/3/20
PRINTED NAME:	Ryan Gagne	TITLE:	Owner

AUTHORIZED AGENT (if different than Owner/Applicant)		OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)	
NAME/COMPANY:		NAME/COMPANY:	Live Free Recovery Services
MAILING ADDRESS:		MAILING ADDRESS:	106 Roxbury St Keene, NH
PHONE:		PHONE:	(877) 932-6757
EMAIL:		EMAIL:	info@livefreerecoverynh.com
SIGNATURE:		DATE:	3/3/20
PRINTED NAME:		TITLE:	COO



## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.**

Residential services will be provided to men above the age of 18. Peer recovery, case management, clinical services, and psychiatric services will be provided.

**2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.**

There will be 28 clients at a time. The building is staffed 24/7

## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.**

The average length of stay will be from 30 to 90 days.

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## **CLSS-2025-05 – Residential Care Facility – American House Keene, 197 Water Street**

### **Request:**

Applicant Hilary Seifer, Executive Director for American House Keene, requests a license for a Residential Care Facility at the property located at 197 Water Street and is in the Business Growth & Reuse District.

### **Background:**

American House Keene, operates this facility including 109 apartments with 144 NH licensed Assisted Living Residential Care beds along with business operations at this onsite facility

This is the second CLSS renewal sought by American House Keene for the 197 Water Street property.

### **Completeness:**

The property at 197 Water Street is seeking their second renewal. No changes have been made to their documentation except the neighborhood plan updated provided. Staff find their application to be **Incomplete as the Application Fee has not been received.**

### **Inspections:**

Community Development's inspection was completed on January 16, 2025

### **Departmental Comments:**

**Property & Housing:** No Comments

**Fire Department:** No Comments

**Police Department:** No Comments

### **Criteria Review:**

- 1) The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.
- 2) The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.
- 3) The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.

### **Recommended Motion:**

If the Board is inclined to approve this request, the following motion is recommended:

**Move to approve CLSS-2025-05 for the American House Keene to operate a Residential Care Facility located at 197 Water Street.**



City of Keene, NH

# Congregate Living & Social Services License Application

**For Office Use Only:**

Case No. CLSS-2025-05  
Date Filled \_\_\_\_\_  
Rec'd By CJM  
Page 1 of \_\_\_\_\_  
Tax Map# 586-049-000  
Zoning District: BGR

If you have questions on how to complete this form, please call: (603) 352-5440 or email: [communitydevelopment@keenenh.gov](mailto:communitydevelopment@keenenh.gov)

### SECTION 1: LICENSE TYPE

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Drug Treatment Center | <input type="checkbox"/> Group Home, Small                           | <input type="checkbox"/> Homeless Shelter                     |
| <input type="checkbox"/> Fraternity/Sorority   | <input type="checkbox"/> Group Resource Center                       | <input type="checkbox"/> Lodging House                        |
| <input type="checkbox"/> Group Home, Large     | <input type="checkbox"/> Residential Drug/Alcohol Treatment Facility | <input checked="" type="checkbox"/> Residential Care Facility |

### SECTION 2: PROPERTY LOCATION

ADDRESS: 197 water st Keene NH 03431

### SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER		APPLICANT	
NAME/COMPANY: <u>American House LLC</u>		NAME/COMPANY: <u>Hilary Seifer</u>	
MAILING ADDRESS: <u>1 Towne Sq Ste 1600 Springfield</u>		MAILING ADDRESS: <u>197 water st Keene NH</u>	
PHONE: <u>MT 48076 248 436 4663</u>		PHONE: <u>603 352 1282</u>	
EMAIL: <u>JFloyd@americanhouse.com</u>		EMAIL: <u>keene@americanhouse.com</u>	
SIGNATURE: <u>[Signature]</u>	DATE: <u>1/07/25</u>	SIGNATURE: <u>[Signature]</u>	DATE: <u>1/2/25</u>
PRINTED NAME: <u>JEFFREY M. FLOYD</u>	TITLE: <u>PRESIDENT</u>	PRINTED NAME: <u>Hilary Seifer</u>	TITLE:

AUTHORIZED AGENT (if different than Owner/Applicant)		OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)	
NAME/COMPANY:		NAME/COMPANY: <u>Hilary Seifer</u>	
MAILING ADDRESS:		MAILING ADDRESS: <u>197 water st Keene NH</u>	
PHONE:		PHONE: <u>603 352 1282</u>	
EMAIL:		EMAIL: <u>keene@americanhouse.com</u>	
SIGNATURE:	DATE:	SIGNATURE:	DATE:
PRINTED NAME:	TITLE:	PRINTED NAME:	TITLE:

## Description of Services

American House Keene is an assisted and independent living facility. Composed of 109 apartments and 144 licensed beds. American House is a licensed 804 facility by the State of New Hampshire. American House is staffed 24/7 by nurses and LNA's.

American House Keene provides many services and amenities, including transportation, 3 meals per day, life enrichment activities, housekeeping and laundry services to all of our residents.

Assisted living residents are overseen by our nursing department. Medication management, daily assistance with ADL'S, coordination of medical appointments and treatment, long term care policy assistance, and regular reviews of plan of care, are provided by our nursing staff.



American House Keene is a 110,000 square foot building, licensed through the State of New Hampshire under the 804 regulations. American House is licensed for 144 beds, with 109 apartments. Average census is between 85-88%, with average number of residents being 102. American House employees 82 employees, known of who reside at the property. American House operates 24/7 with a minimum of 2 staff on site.



## **American House Keene- Neighborhood Plan 2025**

American Houe Keene host several different groups in our community. We are happy to share our community spaces, we currently host the local BNI group, Branch River Theatre group, and The East Keene neighborhood group. This year we will begin collaborating with Monadnock Peer Support group to offer a grief group for seniors. We continue to work with Rise for Baby and family hosting an intergenerational play group. We have 2 current interns from MC2 charter school and hope to add a third.

Monadnock therapy dogs continue to visit to get their hours for certification. We host preshow rehearsal's for the Lions club as well as MOCO arts.

We sponsor the swamp bats each year, and host he welcome dinner for the players and their host families.



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## **CLSS-2025-06 – Residential Care Facility – Cedarcrest Center, 91 Maple St**

### **Request:**

Applicant Jesse “Jay” Hayston, President & CEO for Cedarcrest Inc, requests a license for a Residential Care Facility at the property located at 91 Maple Street and is in the Low-Density District.

### **Background:**

Cedarcrest Inc operates this facility including 28 NH licensed ICF/IID beds along with business operations at this onsite facility

This is the second CLSS renewal sought by Cedarcrest Inc for the 91 Maple Street property.

### **Completeness:**

The property at 91 Maple Street is seeking second renewal. The only significant change is the increase in capacity from 26-28 beds have been made to their documentation. Staff find their application to be **COMPLETE**.

### **Inspections:**

Community Development’s inspection was completed on November 12, 2024

### **Departmental Comments:**

**Property & Housing:** No Comments

**Fire Department:** No Comments

**Police Department:** No Comments

### **Criteria Review:**

- 1) The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.
- 2) The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.
- 3) The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.

### **Recommended Motion:**

If the Board is inclined to approve this request, the following motion is recommended:

**Move to approve CLSS-2025-06 for Cedarcrest Inc to operate a Residential Care Facility located at 91 Maple Street.**



City of Keene, NH

# Congregate Living & Social Services License Application

**For Office Use Only:**  
 Case No. CLSS-2025-06  
 Date Filled 2/24/25  
 Rec'd By Cam  
 Page 1 of 11  
 Tax Map# 227-018-000  
 Zoning District: LD

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keeneh.gov

## SECTION 1: LICENSE TYPE

- |   |   |  |
|---|---|--|
| <input type="radio"/> Drug Treatment Center | <input type="radio"/> Group Home, Small                           | <input type="radio"/> Homeless Shelter                     |
| <input type="radio"/> Fraternity/Sorority   | <input type="radio"/> Group Resource Center                       | <input type="radio"/> Lodging House                        |
| <input type="radio"/> Group Home, Large     | <input type="radio"/> Residential Drug/Alcohol Treatment Facility | <input checked="" type="radio"/> Residential Care Facility |

## SECTION 2: PROPERTY LOCATION

ADDRESS: **91 Maple Avenue, Keene NH 03431**

## SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER		APPLICANT	
NAME/COMPANY:	<b>Cedarcrest, Inc.</b>	NAME/COMPANY:	
MAILING ADDRESS:	<b>91 Maple Avenue</b>	MAILING ADDRESS:	
PHONE:	<b>(603) 358-3384</b>	PHONE:	<b>_</b>
EMAIL:	<b>jhayston@cedarcrestcenter.org</b>	EMAIL:	
SIGNATURE:		SIGNATURE:	
DATE:	<b>2/18/25</b>	DATE:	
PRINTED NAME:	<b>Jesse "Jay" Hayston</b>	PRINTED NAME:	
TITLE:	<b>President &amp; CEO</b>	TITLE:	

AUTHORIZED AGENT (if different than Owner/Applicant)		OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)	
		<input checked="" type="checkbox"/> Same as owner	
NAME/COMPANY:		NAME/COMPANY:	
MAILING ADDRESS:		MAILING ADDRESS:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	
SIGNATURE:		SIGNATURE:	
DATE:		DATE:	
PRINTED NAME:		PRINTED NAME:	
TITLE:		TITLE:	

## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

*Using additional sheets if needed, briefly describe your responses to each criteria:*

### **1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.**

Cedarcrest serves children who are medically and developmentally complex in a 24/7 home setting as well as in a co-located private special education school. Cedarcrest is a resource and support for families and a safety net when families are not able to continue to provide care. The organization is licensed by the State of New Hampshire as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The residential capacity is twenty-eight children, ranging in age from birth to twenty-two years old. For the period of July 1, 2024, through July 1, 2025, the State of New Hampshire granted Cedarcrest two additional beds (from 26 to 28) to accommodate additional individuals at times when demand exceeds the bed limit. The addition of beds did not require any construction or alterations to our building.

Children come from communities throughout the state of New Hampshire and from neighboring Vermont and Maine. The organization provides both intermediate and skilled nursing care. An increasing proportion of children served have more complex medical needs, many requiring high-tech respiratory support including ventilators. Cedarcrest served more than forty children and families over the course of the past year, many for short-term stays. Cedarcrest's short stay program provides support to families at times when community services may not be available or there is a family need or emergency. Short stays support a family's goal of keeping their children home in the long term by providing caregiver respite. Children staying for short stays are integrated in activities, participating with their peers in a range of recreation and leisure opportunities indoors and outside on well-maintained and inclusive grounds. Cedarcrest also provided care for a number of children transitioning from the hospital to home. These stays are typically longer than a short stay but are transitioned home as soon as they are medically able to, the families are trained, and community support services are in place.

Cedarcrest's team includes nurses, therapists, special educators, nursing assistants, and childcare assistants, all specially trained to care for children with complex medical and developmental needs. They are supported by administrative and support team members. Cedarcrest staff can expedite admissions when an emergency arises for a family, for DCYF, or for other community care teams. While children requiring extended stays make up a majority of the census, children in need of comprehensive evaluations, post-op care, or medical stabilization are also regularly served. As these services are not readily available to this population elsewhere in northern New England, they represent a critical continuum of care option for those with complex medical and developmental needs. Cedarcrest staff provide medical and therapeutic services appropriate to a child's needs, as well as training for families and foster families in preparation for a return to the community. Cedarcrest also coordinates available support services upon transition to the community to allow for continuity of care to best meet the child's needs.

Cedarcrest's school is approved by the State of New Hampshire as a private school provider of special education for children from ages two through twenty-two. The current enrollment limit for the school is twenty-three students. Most students in the Cedarcrest School are also served by the residential program, though day education services are also available and are regularly provided to multiple members of the local community. The IEP team for each child determines where best that child should be educated. Our average school census for 2023-2024 was twenty students. Cedarcrest School currently has two students who reside in the community with family and attend the school as day students. Additionally, two residents of Cedarcrest go out to school each day in area public schools. An infant-toddler program is offered to the youngest residents, focused on socialization, functional skill acquisition, and preparation for more structured learning environments. Therapy services include physical therapy, occupational therapy, and speech therapy, are offered to both residents and school students based on the child's IEP and/or medical orders. Cedarcrest strives to provide exceptional care in all our program areas which are designed to meet children's individualized needs.

### **2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.**

Cedarcrest Center currently has a 28-bed maximum (a two-bed, one-year extension granted by state of NH July 1, 2024, through July 1, 2025). The census as of today's date is 25. We are a 24 hour residential facility and have a private day school program that operates 8:30 am to 2:30 pm. Cedarcrest employs more than 140 caring staff (including per-diems) who provide round-the-clock care to the children, 365 days a year, and meet their educational needs during a 240 day school year (year-round with multiple week long breaks). The residential and school services are both housed in the main building. The other structures on site include two garages and a car port. See site map for buildings. We have a parking area as well as green space, and a fully accessible playground that is open to the public and part of the "Let's Play Together" playful city playground map for Keene.

## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED

*Using additional sheets if needed, briefly describe your responses to each criteria:*

### **3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.**

Residents who come to Cedarcrest Center have a length of stay that is dependent on their needs. Our long-term residents can be here for a minimum of thirty days until they potentially age out, which may be years. The average length of stay for all residents over the past ten years is approximately 2.8 years; this includes short-term stays of less than 30 days, as well as long-term stays for individuals who lack family involvement or viable foster placement. The length of the stay is determined by their functioning level and medical need as well as where and how they might reside in the community. We also offer respite care. These individuals would stay from two to twenty-nine days. Cedarcrest Center encourages community-based care, but we understand that from time to time a family may need to have a child cared for outside of their home. Whether for post-operative rehabilitation, during interruptions in community-based services, or in response to a specific family need, we can provide short-term care.

**City of Keene Congregate Living & Social Services License Application**  
**Neighborhood Relations Plan**  
**February 18<sup>th</sup>, 2025**

Cedarcrest is proud to be an active and engaged member of the Keene community and beyond. We believe that strong partnerships and collaborations enhance our ability to provide exceptional care and education to our children and young adults.

We enjoy friendly relationships with our neighbors, who are often seen participating in our community events, such as our annual Walk and Roll, summer activities, and the holiday tree lighting. We also maintain a great relationship with the First Baptist Church next door and are grateful for the many volunteers who contribute their time and talents to Cedarcrest.

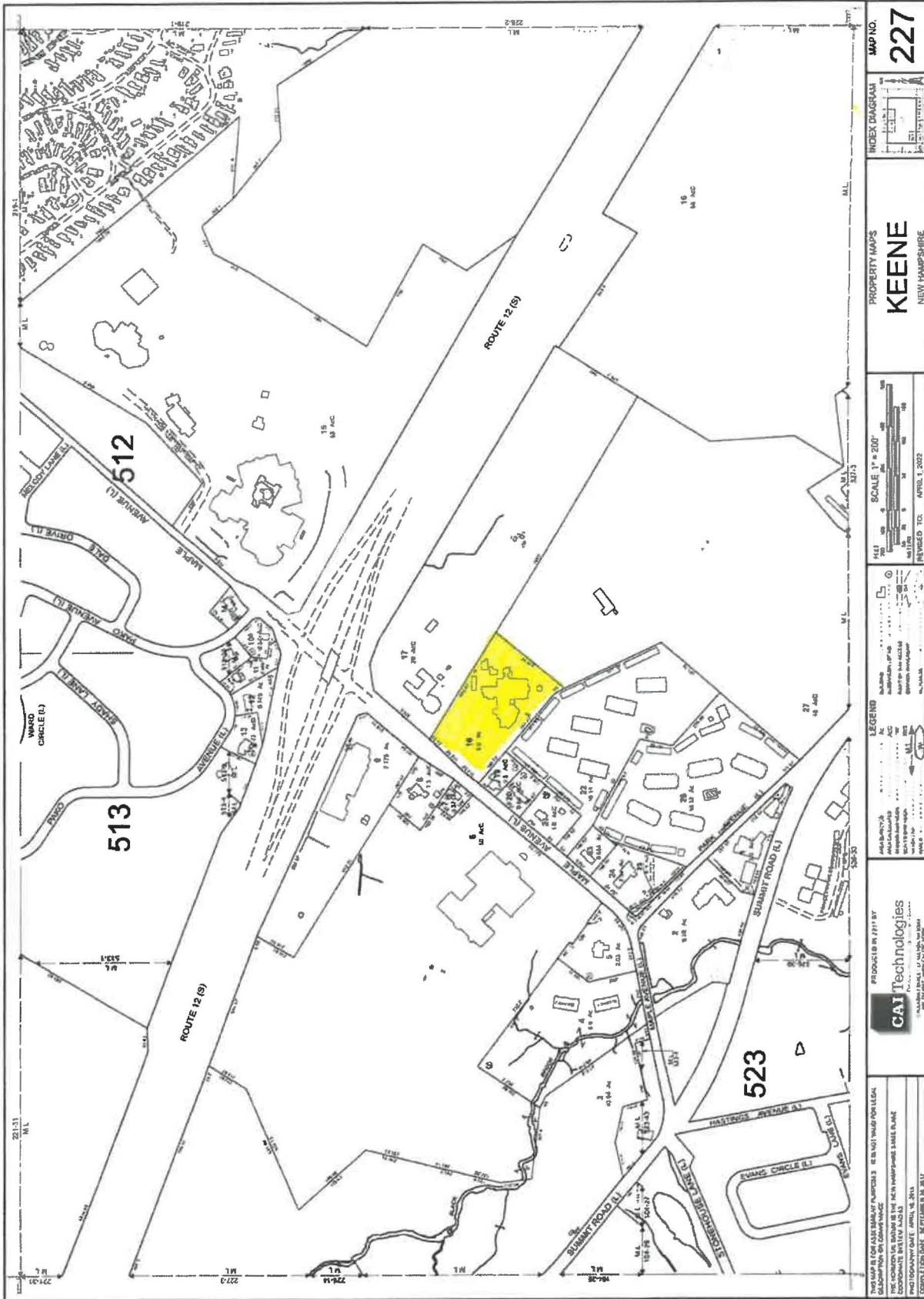
Cedarcrest collaborates with several educational institutions, including River Valley Community College, Keene State College, and Vermont Tech, to provide internship opportunities for students pursuing careers in healthcare and education. Our staff also share their expertise through guest lectures and presentations at area high schools and universities. We are actively involved in supporting the next generation of healthcare professionals through our participation in the advisory board of the Keene High School LNA program.

We maintain strong connections with area schools, including Trinity, Jonathan Daniels Preschool, St. Joseph's School, Our Lady of Mercy, and Keene High School. These collaborations allow us to foster peer relationships, participate in shared activities like Trunk or Treat and Unified Sports, and share resources and best practices. Our dance program, in partnership with the New Hampshire Dance Institute, brings together students from Cedarcrest and area schools for education and performances.

Cedarcrest residents and students actively participate in community initiatives, such as collecting donations for the Community Kitchen and participating in the City's Green Up week. We also host a neighborhood Halloween Parade and Trunk-or-Treat event, inviting community members to join in the fun. Our therapy team provides support to other community providers by sharing their expertise and equipment. Our fully accessible playground is open to all members of the community, providing a safe and inclusive space for children of all abilities to play and explore.

Cedarcrest is committed to being a good neighbor and community partner. While we provide 24/7 complex care and education, we strive to minimize any disruptions to our neighbors. We have a strong track record of positive relationships and open communication with our community.

To learn more about the organizations we collaborate with and the ways we connect with our community, please visit the "Connections" page on our website.





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  
**ANNUAL LICENSE CERTIFICATE**

Under provisions of New Hampshire Revised Statutes Annotated Chapter RSA 151, this annual license certificate is issued to:

Name: CEDARCREST INC  
Located at: 91 MAPLE AVENUE  
KEENE NH 03431

To Operate: ICF/IID

This annual license certificate is effective under the conditions and for the period stated below:

License#: 01709  
Effective Date: 08/01/2024

Expiration Date: 07/31/2025

Administrator: JESSE J HAYSTON  
Medical Director: KATHLEEN COLLINS, MD

Number of Beds: 28

A handwritten signature in black ink, appearing to read "Michael S. Kelly".

EFFECTIVE 7/30/2024 INCREASE IN BEDS

Chief Legal Officer





Lori A. Weaver  
Interim Commissioner

Katja S. Fox  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION FOR BEHAVIORAL HEALTH*  
*BUREAU FOR CHILDREN'S BEHAVIORAL HEALTH*

105 PLEASANT STREET, CONCORD, NH 03301  
603-271-5000 1-800-852-3345 Ext. 5000  
Fax: 603-271-5058 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

1-24-2025

Jay Hayston, CEO  
Cedarcrest  
91 Maple Avenue  
Keene NH 03431

RE: Technical Assistance Visit (TAV)

Dear Provider,

Per He-C 6350 and He-C 6420 the Bureau for Children's Behavioral Health conducted a Technical Assistance Visit (TAV) to your program.

A TAV was conducted at Cedarcrest on January 15, 2025. The TAV consisted of:

- Discussion regarding current programming, changes and improvements in programming
- Tour of the residence and the school
- Brief visual observations of the youth while they were in their classrooms
- Review of one treatment file as well as one discharge summary. Additional direct feedback at the time of the Technical Assistance Visit was provided.

It was a pleasure to visit the program. Please contact us if you have any questions/concerns. Thank you for your hospitality during the TAV.

Sincerely,

Amy Lambert  
Program Specialist  
Bureau for Children's Behavioral Health (BCBH)

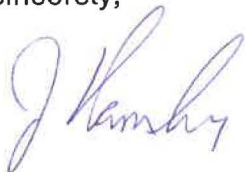
## Memorandum

To: City of Keene, NH  
From: John Hamler, Facilities Manager, Cedarcrest  
Date: February 21<sup>st</sup>, 2025  
Re: Operations and Management Plan

With regards to Cedarcrest's 2025 Congregate Living & Social Services License Application, in lieu of submitting our entire Operations and Management Plan, as we did last year, please accept this memo affirming that no substantive changes have been made to the following items since last year's successful application:

- Security Plan
- Life Safety Plan
- Emergency Response Plan
- Building and Site Maintenance Procedures

Sincerely,



John Hamler  
Facilities Manager  
Cedarcrest

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/11/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30G001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/04/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CEDARCREST INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>91 MAPLE AVENUE KEENE, NH 03431</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments  The facility was surveyed on 02/04/25 pursuant to the Emergency Preparedness requirements as referenced in 42 CFR 483.475 - (ICF/IID) Emergency Preparedness with no deficiencies cited.	E 000		
K 000	INITIAL COMMENTS  The facility was surveyed on 02/04/25 pursuant to the National Fire Protection Association (NFPA) 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.475 Physical Environment with no deficiencies cited.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

## City of Keene Congregate Care Licensing Application

February 18<sup>th</sup>, 2025

### **1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.**

Cedarcrest serves children who are medically and developmentally complex in a 24/7 home setting as well as in a co-located private special education school. Cedarcrest is a resource and support for families and a safety net when families are not able to continue to provide care. The organization is licensed by the State of New Hampshire as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The residential capacity is twenty-eight children, ranging in age from birth to twenty-two years old. For the period of July 1, 2024, through July 1, 2025, the State of New Hampshire granted Cedarcrest two additional beds (from 26 to 28) to accommodate additional individuals at times when demand exceeds the bed limit. The addition of beds did not require any construction or alterations to our building.

Children come from communities throughout the state of New Hampshire and from neighboring Vermont and Maine. The organization provides both intermediate and skilled nursing care. An increasing proportion of children served have more complex medical needs, many requiring high-tech respiratory support including ventilators. Cedarcrest served more than forty children and families over the course of the past year, many for short-term stays. Cedarcrest's short stay program provides support to families at times when community services may not be available or there is a family need or emergency. Short stays support a family's goal of keeping their children home in the long term by providing caregiver respite. Children staying for short stays are integrated in activities, participating with their peers in a range of recreation and leisure opportunities indoors and outside on well-maintained and inclusive grounds. Cedarcrest also provided care for a number of children transitioning from the hospital to home. These stays are typically longer than a short stay but are transitioned home as soon as they are medically able to, the families are trained, and community support services are in place.

Cedarcrest's team includes nurses, therapists, special educators, nursing assistants, and childcare assistants, all specially trained to care for children with complex medical and developmental needs. They are supported by administrative and support team members. Cedarcrest staff can expedite admissions when an emergency arises for a family, for DCYF, or for other community care teams. While children requiring extended stays make up a majority of the census, children in need of comprehensive evaluations, post-op care, or medical stabilization are also regularly served. As these services are not readily available to this population

elsewhere in northern New England, they represent a critical continuum of care option for those with complex medical and developmental needs. Cedarcrest staff provide medical and therapeutic services appropriate to a child's needs, as well as training for families and foster families in preparation for a return to the community. Cedarcrest also coordinates available support services upon transition to the community to allow for continuity of care to best meet the child's needs.

Cedarcrest's school is approved by the State of New Hampshire as a private school provider of special education for children from ages two through twenty-two. The current enrollment limit for the school is twenty-three students. Most students in the Cedarcrest School are also served by the residential program, though day education services are also available and are regularly provided to multiple members of the local community. The IEP team for each child determines where best that child should be educated. Our average school census for 2023-2024 was twenty students. Cedarcrest School currently has two students who reside in the community with family and attend the school as day students. Additionally, two residents of Cedarcrest go out to school each day in area public schools. An infant-toddler program is offered to the youngest residents, focused on socialization, functional skill acquisition, and preparation for more structured learning environments. Therapy services include physical therapy, occupational therapy, and speech therapy, are offered to both residents and school students based on the child's IEP and/or medical orders. Cedarcrest strives to provide exceptional care in all our program areas which are designed to meet children's individualized needs.

**2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.**

Cedarcrest Center currently has a 28-bed maximum (a two-bed, one-year extension granted by state of NH July 1, 2024, through July 1, 2025). The census as of today's date is 25. We are a 24 hour residential facility and have a private day school program that operates 8:30 am to 2:30 pm. Cedarcrest employs more than 140 caring staff (including per-diems) who provide round-the-clock care to the children, 365 days a year, and meet their educational needs during a 240 day school year (year-round with multiple week long breaks). The residential and school services are both housed in the main building. The other structures on site include two garages and a car port. See site map for buildings. We have a parking area as well as green space, and a fully accessible playground that is open to the public and part of the "Let's Play Together" playful city playground map for Keene.

**3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.**

Residents who come to Cedarcrest Center have a length of stay that is dependent on their needs. Our long-term residents can be here for a minimum of thirty days until they potentially age out, which may be years. The average length of stay for all residents over the past ten years is approximately 2.8 years; this includes short-term stays of less than 30 days, as well as long-term stays for individuals who lack family involvement or viable foster placement. The length of the stay is determined by their functioning level and medical need as well as where and how they might reside in the community. We also offer respite care. These individuals would stay from two to twenty-nine days. Cedarcrest Center encourages community-based care, but we understand that from time to time a family may need to have a child cared for outside of their home. Whether for post-operative rehabilitation, during interruptions in community-based services, or in response to a specific family need, we can provide short-term care.

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**CLSS-2025-07 – Residential Care Facility – Covenant Living of Keene, 100 Wyman Road**

**Request:**

Applicant Gregg Burdett, Executive Director for Covenant Living of Keene, requests a license for a Residential Care Facility at the property located at 100 Wyman Road and is in the Rural District.

**Background:**

Covenant Living of Keene, operates this facility including Covenant Living of Keene consists of 140 units of independent living, 43 units of assisted living, 18 memory support units and 20 skilled nursing beds along with business operations at this onsite facility

This is the second CLSS renewal sought by Covenant Living of Keene for the 100 Wyman Road property.

**Completeness:**

The property at 100 Wyman Road is seeking their second renewal. No changes have been made to their documentation. Staff find their application to be **Complete**.

**Inspections:**

Community Development’s inspection was completed on January 16, 2025

**Departmental Comments:**

**Property & Housing:** No Comments

**Fire Department:** No Comments

**Police Department:** No Comments

**Criteria Review:**

- 1) The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.
- 2) The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.
- 3) The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.

**Recommended Motion:**

If the Board is inclined to approve this request, the following motion is recommended:

**Move to approve CLSS-2025-07 for the Covenant Living of Keene to operate a Residential Care Facility located at 100 Wyman Road.**





City of Keene, NH

# Congregate Living & Social Services License Application

**For Office Use Only:**

Case No. CLSS-2025-07

Date Filled 3/3/2025

Rec'd By CJM

Page 1 of 3

Tax Map# 221-018-000

Zoning District: RURAL

If you have questions on how to complete this form, please call: (603) 352-5440 or email: [communitydevelopment@keenenh.gov](mailto:communitydevelopment@keenenh.gov)

## SECTION 1: LICENSE TYPE

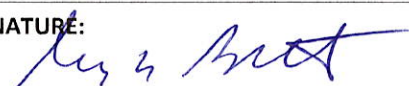
- |   |   |  |
|---|---|--|
| <input type="radio"/> Drug Treatment Center | <input type="radio"/> Group Home, Small                           | <input type="radio"/> Homeless Shelter                     |
| <input type="radio"/> Fraternity/Sorority   | <input type="radio"/> Group Resource Center                       | <input type="radio"/> Lodging House                        |
| <input type="radio"/> Group Home, Large     | <input type="radio"/> Residential Drug/Alcohol Treatment Facility | <input checked="" type="radio"/> Residential Care Facility |

## SECTION 2: PROPERTY LOCATION

ADDRESS: **100 Wyman Rd. Keene, NH 03431**

## SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER		APPLICANT	
NAME/COMPANY: <b>Covenant Living of Keene</b>		NAME/COMPANY: <b>same as above</b>	
MAILING ADDRESS: <b>100 Wyman Rd. Keene, NH</b>		MAILING ADDRESS:	
PHONE: <b>(603) 283-5150</b>		PHONE:	
EMAIL: <b>gburdett@covliving.org</b>		EMAIL:	
SIGNATURE: 	DATE: <b>1/29/2025</b>	SIGNATURE:	DATE:
PRINTED NAME: <b>Gregg Burdett</b>	TITLE: <b>Exec Dir</b>	PRINTED NAME:	TITLE:

AUTHORIZED AGENT (if different than Owner/Applicant)		OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)	
NAME/COMPANY: <b>n/a</b>		NAME/COMPANY: <b>s/a</b>	
MAILING ADDRESS:		MAILING ADDRESS:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	
SIGNATURE:	DATE:	SIGNATURE:	DATE:
PRINTED NAME:	TITLE:	PRINTED NAME:	TITLE:

## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.**

No changes

**2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.**

No changes

**SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED**

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.**

No Changes

Page intentionally left blank

**CLSS-2025-08 – Residential Care Facility –Keene Center Genesis Healthcare, 677 Court St**

**Request:**

Applicant Amanda McSweeney, Executive Director for Keene Center Genesis Healthcare, requests a license for a Residential Care Facility at the property located at 677 Court Street and is in the High-Density District.

**Background:**

Keene Center Genesis Health Care operates this facility including 106 NH licensed Nursing Home beds along with business operations at this onsite facility

This is the second CLSS renewal sought by Keene Center Genesis Health Care for the 677 Court Street property.

**Completeness:**

The property at 677 Court Street is seeking second renewal. No changes have been made to their documentation. Staff find their application to be **Fee has not been received.**

**Inspections:**

Community Development's inspection was completed on January 16, 2025

**Departmental Comments:**

**Property & Housing:** No Comments

**Fire Department:** No Comments

**Police Department:** No Comments

**Criteria Review:**

- 1) The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.
- 2) The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.
- 3) The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.

**Recommended Motion:**

If the Board is inclined to approve this request, the following motion is recommended:

**Move to approve CLSS-2025-08 for the Keene Center Genesis Health Care to operate a Residential Care Facility located at 677 Court Street.**



City of Keene, NH

# Congregate Living & Social Services License Application

**For Office Use Only:**  
 Case No. CLSS-2025-08  
 Date Filled 3/19/2025  
 Rec'd By CJM  
 Page 1 of 3  
 Tax Map# 228-015-000  
 Zoning District: HD

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

## SECTION 1: LICENSE TYPE

- |   |   |  |
|---|---|--|
| <input type="radio"/> Drug Treatment Center | <input type="radio"/> Group Home, Small                           | <input type="radio"/> Homeless Shelter                     |
| <input type="radio"/> Fraternity/Sorority   | <input type="radio"/> Group Resource Center                       | <input type="radio"/> Lodging House                        |
| <input type="radio"/> Group Home, Large     | <input type="radio"/> Residential Drug/Alcohol Treatment Facility | <input checked="" type="radio"/> Residential Care Facility |

## SECTION 2: PROPERTY LOCATION

ADDRESS: 677 Court Street Keene, NH 03431

## SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER		APPLICANT	
NAME/COMPANY: Genesis Healthcare		NAME/COMPANY: Keene Center	
MAILING ADDRESS: 19348 101 E. State St. Kennett Sq. PA		MAILING ADDRESS: 677 Court St Keene, NH 03431	
PHONE: 505-468-4572		PHONE: 603-357-3800	
EMAIL: lawdepartment@genesishcc.com		EMAIL: amanda.pickering@genesishcc.com	
SIGNATURE:	DATE:	SIGNATURE: <i>Amanda McSweeney</i>	DATE: 3/19/25
PRINTED NAME:	TITLE:	PRINTED NAME: Amanda McSweeney	TITLE: CEO

AUTHORIZED AGENT (if different than Owner/Applicant)		OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)	
NAME/COMPANY:		NAME/COMPANY:	
MAILING ADDRESS:		MAILING ADDRESS:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	
SIGNATURE:	DATE:	SIGNATURE:	DATE:
PRINTED NAME:	TITLE:	PRINTED NAME:	TITLE:

## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

**1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.**

Please review Facility assessment that includes this information

**2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.**

Please review Facility Assessment.



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF OPERATIONS SUPPORT  
HEALTH FACILITIES ADMINISTRATION  
129 PLEASANT STREET, CONCORD, NH 03301

## LICENSE

Under provisions of New Hampshire Revised Statutes Annotated Chapter RSA 151, a license is issued to:

Licensee: 677 COURT STREET OPERATIONS LLC

Name: KEENE CENTER GENESIS HEALTHCARE

Located at: 677 COURT STREET  
KEENE NH 03431

To Operate: Nursing Home

Subtype:

This license is effective under the conditions and for the period stated below:

License#: 03706

Effective Date: : 06/01/2024

Expiration Date: 05/31/2025

Administrator: AMANDA MCSWEENEY

Total Number of Beds: 106

Medical Director: LESLIE PITTS,MD

Waivers:

1. He-P 803.18(d)(1)

### COMMENTS:

REVISED CERTIFICATE

EFFECTIVE 7/1/2024 AMANDA MCSWEENEY IS THE NEW  
ADMINISTRATOR

A handwritten signature in black ink, appearing to read "Michael J. Kelly".

Chief Legal Officer



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## **CLSS-2025-09 – Residential Care Facility – Langdon Place, 136 Arch Street**

### **Request:**

Applicant Michael Johnson, Administrator for Langdon Place of Keene, requests a license for a Residential Care Facility at the property located at 136 Arch Street and is in the Rural District.

### **Background:**

Langdon Place of Keene operates this facility including 156 NH licensed beds in the Supported Residential Care section and 24 NH licensed beds in the Nursing Home section along with business operations at this onsite facility

This is the second CLSS renewal sought by Langdon Place of Keene for the 136 Arch Street property.

### **Completeness:**

The property at 136 Arch Street is seeking their second renewal. No changes have been made to their documentation. Staff find their application to be complete.

### **Inspections:**

Community Development's inspection was completed on January 16, 2025

### **Departmental Comments:**

**Property & Housing:** No Comments

**Fire Department:** No Comments

**Police Department:** No Comments

### **Criteria Review:**

- 1) The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.
- 2) The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.
- 3) The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.

### **Recommended Motion:**

If the Board is inclined to approve this request, the following motion is recommended:

**Move to approve CLSS-2025-09 for the Langdon Place of Keene to operate a Residential Care Facility located at 136 Arch Street.**



City of Keene, NH

# Congregate Living & Social Services License Application

<b>For Office Use Only:</b>	
Case No.	CLSS-2025-09
Date Filled	1/27/2025
Rec'd By	CSM
Page	1 of 0
Tax Map#	
Zoning District:	

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

## SECTION 1: LICENSE TYPE

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Drug Treatment Center | <input type="checkbox"/> Group Home, Small                           | <input type="checkbox"/> Homeless Shelter                     |
| <input type="checkbox"/> Fraternity/Sorority   | <input type="checkbox"/> Group Resource Center                       | <input type="checkbox"/> Lodging House                        |
| <input type="checkbox"/> Group Home, Large     | <input type="checkbox"/> Residential Drug/Alcohol Treatment Facility | <input checked="" type="checkbox"/> Residential Care Facility |

## SECTION 2: PROPERTY LOCATION

ADDRESS: 136 Arch Street, Keene, NH 03431

## SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER		APPLICANT	
NAME/COMPANY: Keene SNF Opco LLC		NAME/COMPANY: Langdon Place of Keene	
MAILING ADDRESS: 2420 Knapp Street, 2nd floor Brooklyn, NY		MAILING ADDRESS: 136 Arch Street, Keene, NH 03431	
PHONE: 603-714-4935		PHONE: 603-357-3902	
EMAIL: sstevenson@righthealthnc.com		EMAIL: mjohnson@langdonkeene.com	
SIGNATURE:	DATE:	SIGNATURE: 	DATE:
PRINTED NAME: Sean Stevenson	TITLE: Owner	PRINTED NAME: Michael Johnson	TITLE: Administrator
AUTHORIZED AGENT (if different than Owner/Applicant)		OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) <input checked="" type="checkbox"/> Same as owner	
NAME/COMPANY:		NAME/COMPANY:	
MAILING ADDRESS:		MAILING ADDRESS:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	
SIGNATURE:	DATE:	SIGNATURE:	DATE:
PRINTED NAME:	TITLE:	PRINTED NAME:	TITLE:

## SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

Previously provided

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

104661 gross area  
99531 finished living area  
14.82 acres

**SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS—CONTINUED**

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.**



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF OPERATIONS SUPPORT  
HEALTH FACILITIES ADMINISTRATION  
129 PLEASANT STREET, CONCORD, NH 03301

## LICENSE

Under provisions of New Hampshire Revised Statutes Annotated Chapter RSA 151, a license is issued to:

Licensee: KEENE SNF OPCO LLC

Name: LANGDON PLACE OF KEENE

Located at: 136A ARCH ST

Keene NH 03431

To Operate: Nursing Home

Subtype:

This license is effective under the conditions and for the period stated below:

License#: 04773

Effective Date: : 09/01/2024

Expiration Date: 08/31/2025

Administrator: MICHAEL JOHNSON

Medical Director: MICHAEL KASSCHAU, MD

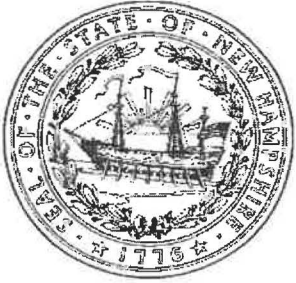
Laboratory Director:

Total Number of Beds: 25

COMMENTS:

A handwritten signature in black ink, appearing to read "Michael O'Leary".

Chief Legal Officer



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF OPERATIONS SUPPORT  
HEALTH FACILITIES ADMINISTRATION  
129 PLEASANT STREET, CONCORD, NH 03301

## LICENSE

Under provisions of New Hampshire Revised Statutes Annotated Chapter RSA 151, a license is issued to:

Licensee: KEENE SNF OPCO LLC

Name: LANGDON PLACE OF KEENE

Located at: 136A ARCH ST

Keene NH 03431

To Operate: Supported Residential Care Facility      Subtype:

This license is effective under the conditions and for the period stated below:

License#: 04774

Effective Date: 09/01/2024

Expiration Date: 08/31/2025

Administrator: JENNIFER ROUSSEAU

Total Number of Beds: 156

Waivers:

1. He-P 805.17(ad)(1-4)

Comments:

1. PERM WAIVER TO 805.18(b)(1)

COMMENTS:

REVISED CERTIFICATE

A handwritten signature in black ink, appearing to read "Michael J. Kelly".

Chief Legal Officer



# NEW HAMPSHIRE Online Licensing

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Licensing  
Home

### Person Information

**Name:** MICHAEL F KASSCHAU

### License Information

**License No:** 13287 **Profession:** Medicine **License Type:** Physician  
**License Status:** Active **Issue Date:** 10/4/2006 **Expiration Date:** 6/30/2026

### Additional Information

**Specialty:** Family Practice/Family  
Medicine

### Board Certification Information

Board Certified	Certification	Expiration	ABMS Board Specialties
Yes	Family Medicine	Jan 1 2029 12:00AM	family medicine

### Medical Education Information

Type	Facility Name	Country	Year
Medical School	UNIVERSITY OF TEXAS, DALLAS TX	US	1999
Internship	JOHN PETER SMITH HOSP, FORT WORTH TX		2000
Residency	JOHN PETER SMITH HOSP, FORT WORTH TX		2002

### Remarks

No Related Documents

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# NEW HAMPSHIRE Online Licensing

nh.gov  
Licensing  
Home

### Person Information

Name: MICHAEL JOHNSON

### Address Information

State: NH

### License Information

<b>License No:</b> 3736	<b>Profession:</b> Nursing Home Administrators	<b>License Type:</b> Nursing Home Administrator
<b>License Status:</b> Active		<b>Expiration Date:</b> 12/31/2025

### Remarks

No Related Documents

**Disclaimer:** The New Hampshire Office of Professional Licensure and Certification considers the information contained in this website to constitute primary source verification. The information viewed here is reflective of current records in our licensing database.



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