



**Congregate Living & Social Services Licensing Board**  
**Tuesday, March 24, 2026, 6:00 PM**  
**Council Chambers, 2<sup>nd</sup> fl of City Hall, 3 Washington St.**

**AGENDA**

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

II. **Election:** Voting - new Chair & Vice Chair

III. **Minutes of Previous Meeting:** February 24, 2026

IV. **Unfinished Business:**

V. **Applications:**

**Continued CLSS-2026-07:** Applicant, Gregg Burdett, Executive Director for Covenant Living of Keene, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located at 100 Wyman Rd., and is in the Rural District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**Continued CLSS-2026-08:** Applicant, Amanda McSweeney, Executive Director for Keene Center Genesis Healthcare, is requesting a 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.

**CLSS-2026-01:** Applicant, Melissa Castor, Executive Director for Alpine Healthcare Center, is requesting a renewal Congregate Living & Social Services License for a Residential Care Facility, located at 298 Main St., that is in the High Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**CLSS-2026-04:** Applicant, Jennifer Houston, Executive Director for Live Free Recovery Services, a Residential Drug/Alcohol Treatment Facility, located at 106 Roxbury St., that is in the Downtown Edge District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**CLSS-2026-09:** 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., that is in the Rural District and as defined in Chapter 46, Article X of the Keene City Ordinances.

VI. **New Business:**

Presentation from City Attorney

VII. **Adjournment:**



City of Keene  
New Hampshire

CONGREGATE LIVING AND SOCIAL SERVICES LICENSING BOARD  
MEETING MINUTES

Tuesday, February 24, 2026

6:00 PM

Council Chambers,  
City Hall

**Members Present:**

Jennifer Seher, Chair  
Tom Savastano, Vice Chair  
Robert Hamm  
Ian Matheson

**Staff Present:**

Mike Hagan, Building Division Manager  
Corinne Marcou, Board Clerk

**Members Not Present:**

Alison Welsh

**1) Call to Order: Roll Call**

Vice Chair Savastano called the meeting to order at 6:00 PM.

**2) Election: Voting Chair & Vice Chair**

Mr. Savastano was willing to continue serving as Vice Chair but did not think he should serve as Chair because his term would be ending on December 31, 2026. Corrine Marcou, Board Clerk, noted that the Board could postpone voting until all members were present. Discussion ensued. Members agreed that Ms. Welsh, who was absent, stated distinctly multiple times that she was unwilling to be elected. Mr. Haam felt that someone with Ms. Seher’s history would serve well as Chair. Ms. Seher thought she would do well in that role helping to keep the process of meetings. She confirmed with City staff that the commitment would be for the full 2026 calendar year. The Board agreed that this would be a good year to have a Chair with an understanding of its history.

A motion by Mr. Savastano to elect Ms. Seher as the 2026 Board Chair was duly seconded by Mr. Hamm and the motion carried unanimously.

A motion by Chair Seher to nominate Mr. Savastano as the 2026 Board Vice Chair was duly seconded by Mr. Matheson and the motion carried unanimously.

**3) Minutes of Previous Meeting: November 18, 2025**

A motion by Mr. Hamm to adopt the November 18, 2025 meeting minutes was duly seconded by Vice Chair Savastano and the motion carried unanimously.

37       **4) Unfinished Business:**  
38

39 Staff Liaison Mike Hagan, Building Division Manager , reported no unfinished business. Mr.  
40 Hamm asked if the agenda would list any unfinished business if there were. Mr. Hagan said yes.  
41

42       **5) Applications:**

43           **A) CLSS-2026-02: Applicant, Jewel Wilson, House Supervisor for Emerald**  
44           **House, is requesting a renewal Congregate Living & Social Services License**  
45           **for a Residential Care Facility, located 32 Emerald St., that is in the**  
46           **Downtown Growth District and as defined in Chapter 46, Article X of the**  
47           **Keene City Ordinances.**  
48

49 Chair Seher opened the Public Hearing and requested staff comments. Staff Liaison Mike Hagan  
50 referred to page 20 in the [Board's February 24, 2026 Agenda packet](#) for comments on the  
51 applicant's inspections, which were completed by City staff on January 12, 2026. There were no  
52 comments from the Police and Fire Departments. There was one comment from the Property and  
53 Housing Inspection about a window in the attic with a section of frame deteriorating. Mr. Hagan  
54 said City staff were working with the applicant to address it.  
55

56 Chair Seher welcomed Jewel Wilson, the new House Supervisor for Emerald House, who was  
57 requesting renewal. She noted that the City asked Emerald House to work on its Neighborhood  
58 Relations Plan. She recently took over this responsibility from Patricia Forman. Ms. Wilson had  
59 since sent letters to all of the neighboring businesses, explaining who Emerald House is and a  
60 general idea of what they do, with her contact information and the staff line. Chair Seher  
61 appreciated that Ms. Wilson had already answered the two questions she had about the  
62 application. Ms. Wilson had nothing else to share about the application.  
63

64 Mr. Matheson asked what kind of care Emerald House provides for the residents and at what  
65 point the facility would need assistance from City services is there skilled nursing on staff? Ms.  
66 Wilson said there is not a nurse on staff at all times. Emerald House is connected to Monadnock  
67 Family Services (MFS), so there is access to all the nursing and clinical staff there. Ms. Wilson  
68 continued that each resident has their own team of support outside of Emerald House who can  
69 come to help. Ms. Wilson explained that Emerald House assists adults experiencing mental  
70 illness with learning daily living skills and keeping connected with their services. The whole  
71 goal of the program is to transition into independent living. So, she said hopefully Emerald  
72 House is able to help them with their targeted needs while in residence to make for successful  
73 transitions. Ms. Wilson said Emerald House does not use City services very often because they  
74 have built-in crisis support through MFS, but Emerald House does have a panic button and a  
75 City Fire Box. However, she said they very rarely have call because of the ability to normally  
76 intervene before it gets to that point. Mr. Matheson asked whether the Emerald House nurse is on  
77 call. Ms. Wilson said the nurse is on site at Emerald House one day per week, and at MFS the  
78 other four days. Typically, Ms. Wilson is on call, but Emerald House does have access to the  
79 MFS nurse if needed, which she said is more often for clinical psychiatric needs than medical  
80 needs.  
81

82 Mr. Hamm asked if there is staff on site 24/7. Ms. Wilson said yes, there is a team and she is able  
83 to get away sometimes. Typically, there are at least two or three staff overnight. On weekends,  
84 there is one longer-term team member on call because there is typically not a significant need,  
85 but there is always availability to pull more people in if needed.

86  
87 Chair Seher asked if MFS could be called 24/7 for mental health crisis support. Ms. Wilson said  
88 yes, Emerald House is connected with New Hampshire Rapid Response Access Point, and she  
89 noted that MFS also does a few programs with their acute care services team, which Emerald  
90 House can access during business hours.

91  
92 Chair Seher stated for the record that what Ms. Wilson explained was more robust than the  
93 Neighborhood Relations Plan documented in the packet, and Chair Seher really appreciated that.  
94 She thought the fact that Ms. Wilson was letting the businesses know they could contact her with  
95 any concerns was really helpful and important. Mr. Hamm suggested at least an annually  
96 offering an update to the abutting neighbors, in case they lose the information, and so they  
97 maintain a sense of who to call. He said that kind of outreach can be really helpful.

98  
99 There being no public comments, Chair Seher closed the Public Hearing.

100  
101 The Licensing Board reviewed the three Criteria it is required to consider when evaluating  
102 whether to approve, renew, or deny a Congregate Living and Social Services License  
103 Application:

104  
105 Criteria 1: *The use is found to be in compliance with the submitted operations and management*  
106 *plan, including but not limited to compliance with all applicable building, fire, and life safety*  
107 *codes.*

108 Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration*  
109 *that adversely affects the surrounding area.*

110 Criteria 3: *The use does not produce public safety or health concerns in connection with traffic,*  
111 *pedestrians, public infrastructure, and police or fire department actions.*

112  
113 The following motion by Vice Chair Savastano was duly seconded by Mr. Hamm. On a vote of  
114 4-0, the Congregate Living & Social Services Licensing Board accepted Application  
115 CLSS-2025-02 on all three criteria.

116  
117 Discussion ensued about the Board's process. Mr. Hamm noticed the recommended motion in  
118 the Board's Agenda packet, which was different than the motion Vice Chair Savastano just made  
119 for CLSS-2025-02. Chair Seher noticed a change from the Board's prior process because they  
120 did not vote to approve each required Criterion individually. Mr. Hamm noted that the process  
121 seemed redundant to him and suggested the Board should move a recommended motion, have a  
122 conversation about it, and then vote. Chair Seher saw his point. Mr. Hamm asked City staff  
123 whether that would be the appropriate process. Mr. Hagan said that would be appropriate and it  
124 is correct that the Board can make the motion however it wants to, both methods are fine: (1)  
125 motion on the application, read/discuss the three criteria, and then vote; or (2) read/discuss the  
126 three criteria, motion on the application, and then vote. Mr. Hamm felt that the first option would  
127 be most efficient and aligned with his experience of Robert's Rules of Order. Chair Seher

128 appreciated getting into a pattern of process, having lost the experience of former Chair, Med  
129 Kopczynski.

130

131 **B) CLSS-2026-05: Applicant, Hilary Seifer, Executive Director for American**  
132 **House Keene, is requesting a Congregate Living & Social Services License**  
133 **for a Residential Care Facility, located at 197 Water St., and is in the**  
134 **Business Growth & Reuse District and as defined in Chapter 46, Article X of**  
135 **the Keene City Ordinances.**

136

137 Chair Seher opened the Public Hearing and requested staff comments. Staff Liaison Mike Hagan  
138 recommended accepting this application for annual renewal as complete. City staff completed  
139 inspections on January 15, 2026. There were no comments from the Police and Fire Department  
140 Inspections. The Property and Housing Inspection noted several ceiling duct registers needed to  
141 be cleaned and checked. Mr. Hagan said City staff were working with the applicant at this time  
142 to ensure that it would be completed.

143

144 Chair Seher welcomed Executive Director for American House Keene, Hilary Seifer. Ms. Seifer  
145 said the Neighborhood Relations Plan was updated in the Application this year but everything  
146 else was the same.

147

148 Mr. Savastano asked about the current state of ownership at American House, noting that it had  
149 been uncertain. Ms. Seifer replied that essentially, American House was purchased at the end of  
150 2018 from Kaplan Development (which was Bentley Commons) and they invested with a group  
151 called Black Salmon; that investor was their first senior living property. Then, she said Covid hit,  
152 and American House was not really a money maker, and they realized they did not really want to  
153 be in senior living. So, she said American House sought a new investor and unfortunately, the  
154 previous investor was very difficult to work with and close with, so it took some time. American  
155 House went into receivership, which Ms. Seifer said was actually a huge favor because the old  
156 investor stopped communicating, so that remediation that the receivership provided was  
157 “fabulous.” Ms. Seifer said American House went with a new investor, JDI, who has five other  
158 senior living communities. She noted that they are “always sort of behind the shadows, but at  
159 least they are experienced.” American House closed with JDI on November 17, 2025 Ms. Seifer  
160 said nothing about American house ever changed, only who was financing the loan. She called it  
161 a good experience but a long one, and the new investor would be making some nice upgrades to  
162 the building that had been on hold.

163

164 Mr. Matheson noted that he really likes the applicant’s Neighborhood Relations Plan, which  
165 talks a lot about how much American House Keene is involved in the community. Mr. Matheson  
166 said he thinks that is really important to highlight. He was curious whether the organization  
167 sends any type of like communication to its abutters or has a form they can submit with  
168 grievances or recommendations; is there an open line of communication between American  
169 House and anybody nearby who could potentially be affected? Ms. Seifer said the organization  
170 had not sent out formal written communications. Coming up on nine years with American  
171 House, she said most people knew her there by now. She said they do communicate updates  
172 directly to their American House family members via email. American House also hosts the East

173 Keene Neighborhood Group, so they are familiar with the building, and it allows them to know  
174 who to contact if needed.

175  
176 Mr. Matheson asked American House's threshold for providing City services like EMS, Fire, or  
177 Police; what services can be rendered in-house without the need for those services? For example,  
178 non-urgent transportation, like lab appointments. Ms. Seifer said it was a great question, calling  
179 it a community-wide issue. She explained that American House provides transportation to all  
180 local medical appointments, Monday through Thursday, 9:00 AM to 5:00 PM, and can usually  
181 make an exception. If it is an emergency, they call 911, which Ms. Seifer noted is the American  
182 House preference for two reasons. First, housing assisted and independent residents. American  
183 House does not have medical charts for independent residents because they are not under a  
184 doctor's order, so there is no way to document refusal of care. Therefore, they choose to call 911  
185 and have a licensed paramedic to document refusal of care. Ms. Seifer had conversations with  
186 new entities in the area that could provide transportation but said so far in her relationship with  
187 the Keene Fire Department (FD), their preference had been for American House to continue  
188 calling them. She also cited another obvious reason as potential injury from a fall. She explained  
189 that American House would call Keene Police if there were difficulty in the neighborhood. Ms.  
190 Seifer said the Police had been wonderful, but that need had been minimal as of late.

191  
192 As a nearby neighbor, Mr. Hamm observed that American House had been very open to things,  
193 and he knew Ms. Seifer was at the heart of that openness. For example, creating meeting and  
194 gathering places that were very important to the neighborhood. Ms. Seifer said thank you.

195  
196 Chair Seher asked whether American House had connected with the City of Keene about  
197 partnering on management of the rail trail. Chair Seher knows it is not American House's  
198 responsibility but thought that it could be an interesting partnership. Ms. Seifer said not  
199 necessarily partnering, but American House does communicate with the City. She said City staff  
200 had kept trimming the long shrubbery to the benefit of all in the neighborhood for sight lines  
201 after problems a few years prior; those issues had settled down quite a bit. Ms. Seifer reported  
202 American House as having a very friendly relationship with the City of Keene (e.g., the Public  
203 Works Department uses the facility as a water testing site). Chair Seher asked whether Ms. Seifer  
204 would be open to a more collaborative partnership with community members regarding the rail  
205 trail. Ms. Seifer said absolutely, the American House residents use the trail frequently.

206  
207 Mr. Hamm asked about the overnight staff. Ms. Seifer reported three onsite overnight: one either  
208 medical tech or nurse, and two licensed aides. Ms. Seifer is on call and lives two streets away.

209  
210 Chair Seher disclosed that she knows Ms. Seifer.

211  
212 There being no public comments, Chair Seher closed the Public Hearing.

213  
214 The Licensing Board reviewed the three Criteria it is required to consider when evaluating  
215 whether to approve, renew, or deny a Congregate Living and Social Services License  
216 Application:

217

218 Criteria 1: *The use is found to be in compliance with the submitted operations and management*  
219 *plan, including but not limited to compliance with all applicable building, fire, and life safety*  
220 *codes.*

221 Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration*  
222 *that adversely affects the surrounding area.*

223 Criteria 3: *The use does not produce public safety or health concerns in connection with traffic,*  
224 *pedestrians, public infrastructure, and police or fire department actions.*

225

226 A motion by Mr. Hamm to approve CLSS-2026-05 for American House Keene to operate a  
227 Residential Care Facility located at 197 Water Street was duly seconded by Vice Chair  
228 Savastano.

229

230 Chair Seher stated that she so appreciates American House as a part of the Keene community.  
231 Mr. Hamm agreed that they are good citizens and neighbors.

232

233 On a vote of 4–0, the Congregate Living & Social Services Licensing Board approved  
234 application CLSS-2026-02 for American House Keene to operate a Residential Care Facility  
235 located at 197 Water Street.

236

237 C) **CLSS-2026-07: Applicant, Gregg Burdett, Executive Director for Covenant**  
238 **Living of Keene, is requesting a Congregate Living & Social Services License**  
239 **for a Residential Care Facility, located at 100 Wyman Rd., and is in the**  
240 **Rural District and as defined in Chapter 46, Article X of the Keene City**  
241 **Ordinances.**

242 D) **CLSS-2026-08: Applicant, Amanda McSweeney, Executive Director for**  
243 **Keene Center Genesis Healthcare, is requesting a Congregate Living &**  
244 **Social Services License for a Residential Care Facility, located at 677 Court**  
245 **St., and is in the High Density District and as defined in Chapter 46, Article**  
246 **X of the Keene City Ordinances.**

247

248 Staff Liaison Mike Hagan noted that the applicant was not present for CLSS-2026-07. The Board  
249 could act on the application as presented; an applicant does not have to be present for that action,  
250 although he said it is nice to have the discussion. If the Board felt that it could make a  
251 determination on the license based upon the information that was provided on the completed  
252 application, it would be its purview to act now or request that they come the next month.  
253 Additionally, Mr. Hagan also noted that application CLSS-2026-08 was incomplete, so the  
254 Board also had the option to continue it until the next month's meeting. He explained the process  
255 for motioning to continue applications until the next month's meeting, when they would appear  
256 as "Unfinished Business" Agenda items. Mr. Hagan noted that the Board could speak freely  
257 because it had not opened either Public Hearing.

258

259 Discussion ensued about whether the Board wanted to continue the applications. Mr. Matheson  
260 said he had questions to ask the applicant for CLSS-2026-07, which was one reason he was in  
261 favor of continuing. He added that he would not feel comfortable taking any type of action on the  
262 application if there was nobody present to speak about it, even if they are not required to be.

263

264 The following motion by Vice Chair Savastano was duly seconded by Mr. Hamm. On a vote of  
265 4-0, the Congregate Living & Social Services Licensing Board continued applications CLSS-  
266 2026-07 and CLSS-2026-08 until the March 24, 2026 regular Board meeting at 6:00 PM in the  
267 City Hall Council Chambers.

268

269 **6) New Business:**

270

271 Mr. Hagan, Staff Liaison, recalled that this portion of the agenda is an opportunity for Board  
272 Members to request any additional information they may need from City Staff or other new  
273 business may want to see brought before the Board.

274

275 Mr. Hamm reflected on this being his second Board meeting. During the first, it seemed the  
276 Board took convoluted steps to approve each of the three required Criteria, which did not seem  
277 necessary to him. He thought that if Board receives a City staff report in the agenda packet that  
278 concluded with the "Criteria Review," that there are no reasons for the Board not to accept what  
279 the staff say there about the Criteria. So, then the Board should move on to approving based on  
280 what it has heard from staff and the applicant.

281

282 Mr. Hagan said this was a great time to talk about process and how the Board operates under  
283 City Code of Ordinances Sec. 46-565. - Licensing Board Review Procedures. He explained the  
284 benefit of being able to vote to deny Criteria individually is that the applicant would know what  
285 section they do not comply with. In consideration of approving the Criteria as a group, Mr.  
286 Hagan said that section of Ordinance goes on to talk about how the Board approves, denies, or  
287 continues applications. It includes associated procedures for the applicant. The Board had  
288 followed different processes in the past, such as voting on the Criteria individually. Mr. Hagan  
289 said it might allow the applicant an opportunity to know where they fall short when the  
290 application, or part, is denied.

291

292 Mr. Hamm explained his concern that the Board would not have standing to deny. Mr. Hagan  
293 thought that during this meeting, the Board reviewed the applications based on the Criteria that it  
294 has authority to review and then made a motion to either approve or deny each application. In  
295 these instances, the motions were to approve. Chair Seher thought the Board was currently  
296 following the procedure that is needed to move the motions forward and approve them, and if at  
297 some point the Board wants to amend its process or vote on subsections, it could move to that.  
298 Mr. Hamm said that if the Board is going to approve each of the three Criteria, then the Chair  
299 should be given appropriate language to direct the Board to provide a motion for each particular  
300 Criterion. Mr. Hagan said staff could help with that. Chair Seher and Vice Chair Savastano  
301 agreed that the Board used to have some kind of language/process for voting on the three Criteria  
302 individually.

303

304 Vice Chair Savastano agreed with Mr. Hamm's point about voting on all three Criteria at the  
305 same time. Vice Chair Savastano thought that anyone listening to the deliberations would know  
306 why they failed a particular element, so it would be pretty clear. Voting on all three together  
307 seemed reasonable to him.

308

309 Mr. Hamm said if the first Criterion read, “The use is *not* found to be in compliance with the  
310 submitted operations and management...” then the Board would have something to say. Mr.  
311 Hagan explained that if the Board were to either suspend or deny the license, they would want to  
312 identify based on which of those three Criteria, and that is why the Chair reads them before the  
313 motion. He said the motion on the application is based on the three Criteria and could include a  
314 provision for denying one or more of these three Criteria, and then the Board could vote on them  
315 individually with the recommended motion. Mr. Hagan said the Board and Chair can discuss  
316 process once it has a motion before it.

317  
318 Procedurally, Mr. Hagan said the Congregate Living & Social Services Licensing Board’s job is  
319 to approve, suspend, or deny CLSS Licenses. Mr. Hamm said that this was telling him that  
320 during Criteria review, everything is in compliance. Mr. Hagan said yes. So, Mr. Hamm asked  
321 why there would be a need to provide a motion for every Criterion that City staff already found  
322 to be in compliance. Mr. Hagan and Mr. Hamm agreed that they were discussing the Board’s  
323 former process of voting on each Criterion individually. Chair Seher agreed and noted that if she  
324 ever feels it is necessary to vote on an individual Criterion (e.g., things come up outside the staff  
325 report), that it would be possible.

326  
327 Chair Seher asked how many applications the Board expected to see at the March 2026 meeting.  
328 Board Clerk Corinne Marcou reported six applications, including the two continued under  
329 Unfinished Business, which will be first on the agenda. Chair Seher asked how applicants  
330 continued to the March meeting would be notified. Mr. Hagan explained that Ms. Marcou would  
331 provide a Notice of Decision by the Board on the applicant’s current license and contact them  
332 with information about the next meeting. Chair Seher asked about the incomplete CLSS-2026-  
333 08. Mr. Hagan said there had been some transition at Keene Center Genesis Healthcare and their  
334 Executive Director was out. City staff were doing their best to connect with someone who might  
335 be able to produce the necessary paperwork in their stead.

336  
337 Mr. Matheson confirmed that this was the first CLSS Board meeting of 2026. However, he noted  
338 the License numbers on the agenda were CLSS-2026-02, CLSS-2026-05, CLSS-2026-07. He  
339 asked if the others were in progress and waiting to be submitted. Ms. Marcou explained that to  
340 keep items organized using a spreadsheet, each agency has a license number. Every project is  
341 categorized by the Board acronym (CLSS) and the year. Typically for the Planning Board or  
342 other license boards, applications would be numerical from the beginning of the year. Since this  
343 Board is a different configuration, each agency has its own License number, so the Board may  
344 not see them in numerical order. So, Mr. Matheson said with the first application the agency  
345 submits, it is assigned a License number, which they keep permanently. Ms. Marcou agreed. [  
346

347 Mr. Matheson asked when the Covenant Living of Keene license would expire and if tonight’s  
348 action would delay anything. Ms. Marcou said no, there are specific license deadlines during the  
349 course of each year. The first is in April for residential care facilities. Because there are many in  
350 the City and in order not to do all of them in one night, the applications are dispersed throughout  
351 February, March, and April. She said Covenant Living would still have time in March. Ms.  
352 Marcou added that in a situation like Genesis Healthcare, when someone might be on medical  
353 leave or have extenuating circumstances, the Board could choose to extend their license, and  
354 City staff work with applicants and agencies.

355

356 Chair Seher thanked Mr. Matheson and Mr. Hamm for joining the Board and being a part of the  
357 process, and Vice Chair Savastano for continuing. Chair Seher also thanked City staff.

358

359 7) **Adjournment**

360

361 A motion by Mr. Hamm to adjourn the meeting was duly seconded by Mr. Matheson and carried  
362 unanimously.

363

364 There being no further business, Chair Seher adjourned the meeting at 7:01 PM.

365

366 Respectfully submitted by,  
367 Katryna Kibler, Minute Taker

368

369 Reviewed and edited by,  
370 Corinne Marcou, Board Clerk



## CLSS STAFF REPORT

### **CLSS-2026-07 – Residential Care Facility – Covenant Living of Keene, 100 Wyman Rd.**

#### **Request:**

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

#### **Background:**

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

#### **Completeness:**

The property at 100 Wyman Rd. is seeking annual renewal, with no changes having been made to their documentation, except the included updated Neighborhood Relations Plan. Staff find their application complete and fee has been paid.

#### **Inspections:**

City Staff inspection was completed on January 15, 2026

#### **Departmental Comments:**

**Property & Housing:** Kitchen range hood was red tagged at prior inspection & not corrected.

**Fire Department:** No comment

**Police Department:** No comment

There have been no phone calls/complaints filed for this property.

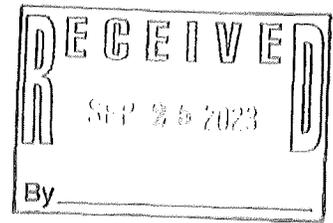
#### **Criteria Review:**

- 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 Covenant Living of Keene to operate a Residential Care Facility located at 100 Wyman Rd.**



## Covenant Living of Keene

### Neighborhood Relations Plan

Covenant Living of Keene residents and employees have a responsibility as members of the Keene community, and our immediate Wyman Road area, to demonstrate respect and concern for their neighbors. Covenant Living of Keene further imposes this obligation upon all residents and employees to demonstrate responsible citizenship in their local neighborhood.

Neighbors are to be communicated with on a regular basis as to the happenings at our community. This communication can take the form of invitations to events and public forums taking place on our campus, general written notices of pending construction projects, large scale events, emergency situations, etc. In addition to direct neighbors, Covenant Living of Keene pledges to maintain open lines of communication with the City of Keene, the Keene Police Department, and the Keene Fire Department.

As a good corporate citizen, Covenant Living of Keene plays a major role in the community with regards to philanthropic and volunteer activities. Examples include, but are not limited to:

- Donating excess food to community food bank, shelters, and hunger relief programs
- Supporting local literacy programs by providing space for volunteer activities
- Extensive recycling programs including office paper, newspapers, aluminum, plastic
- Donating used good goods such as furniture and linens to local organizations
- Sponsoring numerous non-profit charity events throughout the region
- Encouraging volunteer activities for all employees.

Covenant Living of Keene pledges to continue its policy and practice of good corporate citizenship and positive local neighborhood relations.

Adopted September 2023



City of Keene, NH

# Congregate Living & Social Services License Application

**For Office Use Only:**  
 Case No. CLSS-2026-07  
 Date Filled 2/2/2026  
 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

## 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:	Covenant Living of Keene	NAME/COMPANY:	Covenant Living of Keene
MAILING ADDRESS:	100 Wyman Rd Keene, NH 03431	MAILING ADDRESS:	100 Wyman Rd Keene, NH 03431
PHONE:	(603) 283-5150	PHONE:	(603) 283-5150
EMAIL:	[REDACTED]	EMAIL:	[REDACTED]
SIGNATURE:	<i>[Signature]</i> DATE: 2/2/26	SIGNATURE:	<i>[Signature]</i> DATE: 2/2/26
PRINTED NAME:	BRADBURY BURDITT EXECUTIVE DIRECTOR	PRINTED NAME:	BRADBURY BURDITT EXECUTIVE DIRECTOR

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.**

No change from previous

**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 change from previous

**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 Change from previous

## CLSS STAFF REPORT

### CLSS-2026-08 – Residential Care Facility – Keene Genesis Center, 677 Court St.

#### **Request:**

Applicant Amanda McSweeney, Executive Director, requests a license for a Residential Care Facility for property located at 677 Court St. and is in the High Density District.

#### **Background:**

Keene Genesis Center operates this facility, consisting of 106 NH licensed Nursing Home beds along with business operations at this onsite facility

#### **Completeness:**

The property at 677 Court St. is seeking annual renewal, with no changes having been made to their documentation. Staff find their application complete and fee has been paid.

#### **Inspections:**

City Staff inspection was completed on January 13, 2026

#### **Departmental Comments:**

**Property & Housing:** No comment

**Fire Department:** No comment

**Police Department:** No comment

There have been no phone calls/complaints filed for this property.

#### **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 Keene Genesis Center to operate a Residential Care Facility located at 677 Court St.**

## **Keene Center Neighborhood Relations Plan**

Keene Center maintains active and friendly relationships with our neighbors and customers both abutting the property and in the community. Keene Center is an active participant with One Hundred Nights Shelter through volunteering and donations. Keene Center provides a school for Licensed Nurse Assistants to earn their certificates through training on site. Keene Center does require emergency medical vehicles to conduct business on the property, and no sirens and or disruptions have been reported from neighbors.



City of Keene, NH

# Congregate Living & Social Services License Application

**For Office Use Only:**  
 Case No. CLSS-2026-08  
 Date Filled 3/13/2026  
 Rec'd By CJC  
 Page 1 of 37  
 Tax Map# 228-015-000-000  
 Zoning District: High Density

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 St. Keene NH 03455

## 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 Cetner	
MAILING ADDRESS: 101 E. State St. Kennett Sq. PA 19348		MAILING ADDRESS: 677 Court St. Keene NH 03455	
PHONE: (603) 357-3800		PHONE: (603) 357-3800	
EMAIL: Insert text here		EMAIL: Amanda.Pickering@genesishcc.com	
SIGNATURE:	DATE:	SIGNATURE:	DATE: 3/12/26
PRINTED NAME:	TITLE:	PRINTED NAME: Amanda McSweeney	TITLE: LNHA
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 see attached.

**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 see attached.

**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.**

Please see attached.

# **Facility Assessment**

## **Keene Center Facility Assessment 2026**

**305051: Keene Center - 55070, Keene, NH**

## I. Resident Population Profile - Mar 14, 2025 - Mar 13, 2026

### Admissions/Stays Summary

	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
Number of Admissions/Stays in Past Year	311	100	N/A
Number of Admissions/Stays ending in Community Discharge	91	29.3	Low
Number of Admissions/Stays ending in Death	28	9	Very High
Number of Admissions/Stays ending in Hospitalization	89	28.6	High
Number of Admissions/Stays ending in Other Discharge	19	6.1	High
Number of Ongoing Stays	84	27	N/A
Number of Short Stays (Less than 100 days)	174	55.9	Low
Number of Short Stays 1-14 Days	58	33.3	N/A

Number of Short Stays 1-30 Days	118	67.8	N/A
Number of Short Stays 1-60 Days	155	89.1	N/A
Number of Short Stays 1-90 Days	169	97.1	N/A
Number of Long Stays (100 days or more)	110	35.4	High
Number of Post-acute Admissions/Stays	285	91.6	High

A. Function, Mobility, & Physical Disabilities

MDS Resident Profile	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
<b>Global Function (Barthel) Index</b>			
ADL Function Low	22	7.1	Very Low
ADL Function Moderate	24	7.7	Very Low
ADL Function High	99	31.8	High
<b>Activities of Daily Living (ADL) - Assistance Required: 1 Person</b>			
Daily Care (excluding Bathing)	273	87.8	Very High

Bed Mobility	113	36.3	Low
Transfer	166	53.4	Very High
Walk in Room	91	29.3	Low
Toilet Use	119	38.3	Low
Eating	200	64.3	Very High
Bathing	219	70.4	Low
Dressing	132	42.4	Low
Hygiene/Grooming	157	50.5	Low
<b>Activities of Daily Living (ADL) - Assistance Required: Maximal Assistance or 2+ Persons</b>			
Daily Care (excluding Bathing)	126	40.5	Low
Bed Mobility	42	13.5	Very Low
Transfer	66	21.2	Very Low
Walk in Room	1	0.3	Low

Toilet Use	99	31.8	High
Eating	6	1.9	Very High
Bathing	54	17.4	Low
Dressing	100	32.2	High
Hygiene/Grooming	57	18.3	High
<b>Mobility</b>			
Independently Ambulatory (No Assistive Device)	19	6.1	N/A
Independently Ambulatory (With Assistive Device)	31	10	N/A
Ambulation with Assistance (No Assistive Device)	48	15.4	N/A
Ambulation with Assistance (With Assistive Device)	50	16.1	N/A
With Contractures	87	28	Low
Physically Restrained	0	0	None

Rehabilitative Services (for those receiving therapy)

Avg. Number of Days

Admissions/Stays

% of Admissions/Stays

Frequency Relative to Benchmark

Speech-Language Pathology and Audiology Services	1.2	65	20.9	Low
Occupational Therapy	1.4	194	62.4	Very Low
Physical Therapy	1.4	179	57.6	Very Low
Respiratory Therapy	1.2	15	4.8	High
Psychological Therapy	1	5	1.6	N/A
Recreational Therapy	0	0	0	None

### A.1. Function - Care Requirements

1. Types of care required- Admissions team (including IDT and hospital screener review potential admissions and the services/equipment/staffing required to care for the resident. Center has a high population of residents that require ADL assistance. This includes bathing, dressing, grooming and toileting. High incidence of mobility assistance with device and mechanical lift. Types of care provided but not limited to - Skilled nursing care, long term care, advanced care planning, palliative care and veteran care. Supporting residents, families and caregivers throughout the continuum of their time with Keene Center. The Center creates an atmosphere similar to home building relationships for residents, family members and staff. Community partnering has been modified since the presence of COVID 19 and the need to modify the types of ways our center collaborates and connects with the community. Strive to deliver care that is culturally religiously and ethnically competent/sensitive. Embrace/welcome all who enter.

2. Services required- Center collaborates with rehabilitative services located on site - PT/OT/ST (via tele visit and proctor). Through collaboration residents are evaluated for developing plans for the resident to restore function and or maintain highest level of self performance. Health drive provides dental, podiatry ophthalmology and audiology services. Residents have the option of community based services as well. US Labs/Trident provide the lab services, x-ray and EKG services. Medi Telecare provides the mental health services. PharMerica provides the services pertaining to pharmacy and therapeutic oversight of medication regimens. Lincare is the provider for oxygen needs and respiratory therapy. HCS Inc. of Keene is the primary provider of Hospice service in the Center, however Compassus and Bayada are available options for residents as well. The Center provides infusion therapy around the clock with supplies from PharMerica. Wound care / pressure relieving / reducing Joerns. G-tube nutritional services - consultation with dietician / PCP. Partnership with the VA for veterans. Due to the ongoing requirements surround Covid 19 and the changing guidance surrounding testing, vaccines and isolation the senior leadership respond to the arising needs and adapt the training/ education.

3. Staff/Personal required- Center employs a full senior leadership team overseeing each department. Nurses, LNA, medical records, Director of nurses, NPE, ICP, Unit Managers, CRC, Skin Lead make up the clinical team. SSD director, and Admissions director back each other up in their respected areas. Recreation department- Full time activity director, two full time assistants and a bus driver for the center 1-2 days a week. Dietary and Housekeeping services are contracted with Health Care Service Group. Dietary-FSS, Dietician ( 8 hours weekly), cooks, and diet aides. Housekeeping and Laundry- Director, laundress, and housekeepers. Maintenance Department- Full time director and full time assistant. Rehabilitation team is contracted through- Genesis Rehabilitation group. PT/OT/ST. Genesis Physician Service- Medical director and a full time NP.

4. Staff Competency- New clinical staff complete competencies on hire, and annually. When a new treatment modality is introduced training is provided. Gaps in performance are identified and further education is provided to elevate performance.

5. Physical plant environment required- Center has 53 resident rooms (semi private) with beds. Rooms are dual certified to accommodate for placement of SNF customers throughout the center. Full kitchen, Main dining room and a family room on each resident floor that serves as a dining room/recreation location for residents that require physical assistance/supervision when dining. Center has a vented, and approved oxygen storage room. External generator that runs dedicated outlets (identified with red face plates) Laundry room is equipped with three washers, and three gas dryers. Therapy room is equipped with various pieces of equipment for treatment modalities. Center has

one storage pod for equipment storage. Extra rehab equipment- wheelchairs, walkers, splints, wedges, ect. are stored in the rehab room closet.. A small shed is located behind the building with excess rehab equipment, wheel chairs and supplies.

6. Medical and non-medical Center has a shared bus. The bus is shared with other buildings. The town of Keene ambulances services, Adventure limousine and Smart Ride provide transportation to residents. Current transportation needs in the state of NH is in a state wide spread shortage. This has impacted the ability to

schedule appointments, and the lack of follow through with transportation showing up as well as delayed transports from hospital to center. VA has a bus and they assist with scheduling appointments and booking transportation.

7. Health information technology resources required- Center uses PCC for the EMR. PCC is also the technology used for MAR/TAR. Sister centers also use PCC which would support center professionals wish access to view the EMR remotely. Nursing using E-Mar for medication administration and has a back up system for when the computer system is offline. POC is LNA documentation, SWIFT skin documentation, and Rehab optima for rehab documentation.

8. Policies and procedures required in the provision of care to meet current professional standards of practice.

Genesis has Policies based on federal and state regulations. They are reviewed by the Genesis Regulatory Team and updated throughout the year if standards change.

When there is a change, they are reviewed with center leadership, staff are re-educated and they are reviewed in QAPI.

## B. Acuity-Diseases, Conditions, & Treatments

MDS Resident Profile	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
<b>Acuity Index</b>			
Acuity Index Low	128	41.2	Low
Acuity Index Moderate	138	44.4	High
Acuity Index High	45	14.5	High
<b>Cancer</b>			
Cancer	27	8.7	High
<b>Heart/Circulation</b>			
Heart Failure (CHF)	91	29.3	Very High
Peripheral Vascular Disease (PVD)	63	20.3	Very High

**Gastrointestinal**

Cirrhosis	9	2.9	Very High
Gastroesophageal Reflux Disease (GERD) or Ulcer	116	37.3	Very High
Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease	2	0.6	High

**Genitourinary**

Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)	75	24.1	Very High
Neurogenic Bladder	26	8.4	Very High
Obstructive Uropathy	30	9.6	Very High

**Infections**

Multidrug-resistant Organism	8	2.6	Very High
Pneumonia	26	8.4	High
Septicemia	1	0.3	Low
Tuberculosis	0	0	None

Urinary Tract Infection (UTI)	7	2.3	Very Low
Viral Hepatitis	2	0.6	High
Wound Infection	17	5.5	Very High
<b>Metabolic</b>			
Diabetes	99	31.8	Low
<b>Musculoskeletal</b>			
Arthritis	104	33.4	Very High
Osteoporosis	37	11.9	Very High
Hip Fracture	15	4.8	High
Other Fracture	26	8.4	High
<b>Neurological</b>			
Alzheimer's	14	4.5	Low
Aphasia	16	5.1	High
Cerebral Palsy	7	2.3	Very High

Cerebrovascular Accident (CVA, TIA) Stroke	38	12.2	High
Non-Alzheimer's Dementia	86	27.7	High
Hemiplegia or Hemiparesis	24	7.7	High
Paraplegia	3	1	High
Quadraplegia	2	0.6	High
Multiple Sclerosis	10	3.2	Very High
Huntington's Disease	0	0	None
Parkinson's	5	1.6	Very Low
Tourette's	0	0	None
Seizure Disorder or Epilepsy	38	12.2	High
Traumatic Brain Injury	5	1.6	Very High
<b>Nutritional</b>			
Malnutrition	170	54.7	Very High
<b>Psychiatric/Mood</b>			

Anxiety Disorder	97	31.2	High
Depression	167	53.7	Very High
Manic Depression	14	4.5	High
Psychotic Disorder	2	0.6	Low
Schizophrenia	8	2.6	High
Post Traumatic Stress Disorder (PTSD)	8	2.6	Very High
<b>Pulmonary</b>			
Asthma, COPD, or Chronic Lung Disease	135	43.4	Very High
Respiratory Failure	43	13.8	Very High
<b>Vision</b>			
Cataracts, Glaucoma, or Macular Degeneration	49	15.8	Very High
<b>Conditions</b>			
Dehydrated	1	0.3	High
Swallowing Difficulty	22	7.1	High

Pain Frequency (Frequent or Almost Constant)	57	18.3	High
Fever	11	3.5	High
Vomiting	7	2.3	High
Internal Bleeding	10	3.2	Very High
Falls with Injuries	31	10	High
Falls Since Admission or Prior Assessment	58	18.6	High
One or More Unhealed Pressure Ulcers/Injuries	28	9	Low
Shortness of Breath When Sitting	14	4.5	Low
Unplanned Significant Weight Loss	24	7.7	High
Unplanned Significant Weight Gain	15	4.8	High
Current Tobacco Use	3	1	Low
<b>Treatments</b>			
Chemotherapy	0	0	None

Radiation	0	0	None
Oxygen	55	17.7	High
Suctioning	0	0	None
Tracheostomy	0	0	None
Invasive Mechanical Ventilator (ventilator or respirator)	0	0	None
Non-Invasive Mechanical Ventilator (CPAP/BiPAP)	13	4.2	Very High
IV Medications	4	1.3	Low
Transfusions	1	0.3	High
Dialysis	6	1.9	Low
Isolation	3	1	High
Parenteral/IV Feeding	8	2.6	Very High
Feeding Tube	0	0	None
Mechanically Altered Diet	37	11.9	Very Low

Indwelling Catheter	47	15.1	Very High
External Catheter	0	0	None
Ostomy (urostomy, ileostomy, colostomy)	10	3.2	High
Intermittent Catheterization	1	0.3	Low
Urinary Toileting Program	0	0	None
Bowel Toileting Program	0	0	None
Injections	57	18.3	Very Low
Influenza Immunization Not Received	73	23.5	Low
Pneumococcal Immunization Not Received	57	18.3	Very Low
<b>Medications</b>			
Insulin	46	14.8	N/A
Psychoactive Medications	195	62.7	N/A
Antipsychotic Medications	35	11.3	N/A

Antianxiety Medications (anxiolytics)	40	12.9	N/A
Antidepressant Medications	175	56.3	N/A
Hypnotic Medications	1	0.3	N/A
Anticoagulant	104	33.4	N/A
Antibiotics	62	19.9	N/A
Diuretic	134	43.1	N/A

**B.1. Acuity - Frequency of Potentially High-Risk Treatments**

IV antibiotics	More than 6
IV fluids	More than 6
IV other medications	1-5
PICC line	1-5
Surgical drains	More than 6
Anticoagulation - INR monitoring	More than 6
Nebulizer Treatments	More than 6
Implanted Devices (pacemakers, insulin pumps, pain pumps, etc.)	More than 6
Bariatrics	More than 6

## B.2. Acuity - Care Requirements

- Types of care required (including trauma and substance use disorders as applicable) Center provides a vast variety of care with higher prevalence of the following: Renal diseases, GI conditions, cardiac/ circulatory conditions including vascular, musculoskeletal- arthritis, and metabolic prevalence-diabetes. Neurological conditions include-TIA, CVA, and non Alzheimer's dementia, Huntington's disease and Parkinson's disease. Nutritional conditions- malnutrition, Psychosocial conditions- center has a high prevalence of depression, and anxiety. Pulmonary conditions with high prevalence include Asthma, COPD, and chronic lung disease. Sensory conditions including visual ailments have a high prevalence at the center. Other conditions with a high incidence include pain frequency, falls preadmission/post admission. Treatments- oxygen therapy, CPAP/BiPAP, IV Medications, mechanically altered diet, indwelling catheter, ostomy, injections- including insulin and immunizations. High prevalence of Psychoactive medication- predominantly antidepressants. Anticoagulant.
- Services require (including behavioral health services as applicable) in house PCP/NP for treatment of acute/chronic conditions. Other services outlined in the center functions- rehab, ancillary services, hospice, vision, dental, podiatry, mental health services, lab services, O2 etc. The center utilizes Lumina for after hours/on call physicians. As well as with new equipment and PRN education.
- Staff/Personal required- center has agreements/partnership with supporting services. PharMerica, Lincare, GRS/powerback, GPS-Medical director/NP services. Staffing is linked to occupancy. Acuity is factored into overall staffing patterns, and modified as census goes up or down.
- Staff Competencies required- competencies are conducted on hire, and annually to ensure ongoing proficiency with services required and provided.
- Physical plant environment required - external generator runs the entire building. Central air conditioning units cool all common areas, and individual units are placed in the resident rooms, offices and common areas in Spring and removed in the Fall (unless residents request otherwise).
- Medical and non-medical equipment required- Each unit is equipped with mechanical lifts and variety of sized slings. The shower rooms on each floor are equipped with a shower and whirlpool tub. Bladder scanner for use on both floors. The center has partnerships with various vendors that provide equipment for the care of residents- PharMerica IV pumps, enteral feeding pumps. Lincare CPAP/BiPAP, medication carts that are serviced by PharMerica the PharMerica RX Now in the medication room for emergency/back up medications, nebulizer machines/O2 concentrators. DSSI wound vacs and specialty sleeping surfaces. The kitchen uses a Robo coupe machine to prepare mechanically altered textures. Keene Center has a facility bus for outings that is shared with three other homes.
- Health information technology resources required- such as systems for electronically managing patient records and electronically sharing information with other organizations- PCC in the EMR for center. Additional supporting technology such as programs like SWIFT for wound care and PharMerica for pharmacy, POC and Rehab Optima.
- Policies and procedures required in the provision of care to meet current professional standards of practice. Policies and procedures required in the provision of care to meet current professional standards of practice. Genesis has Policies based on federal and state regulations. They are reviewed by the Genesis Regulatory Team and updated throughout the year if standards change. When there is a change, they are reviewed with center leadership, staff are re-educated and they are reviewed in QAPI.

## C. Cognitive, Mental, & Behavioral Status

MDS Resident Profile	Admissions/Stays	% of Admissions/Stays	Frequency Relative to Benchmark
Interviewable	244	78.5	Very Low
Memory Impaired on BIMS	54	17.4	Low
Orientation Impaired on BIMS	110	35.4	High

Recall Impaired on BIMS	105	33.8	High
Understanding Impaired	5	1.6	Low
Decision Making Impaired	62	19.9	High
With Intellectual Disability or Developmental Disability	8	2.6	Very High
Dementia: Non-Alzheimer's or Alzheimer's Disease	87	28	High
Wandering	10	3.2	Very High
Psychotic Symptoms	10	3.2	High
With Behavioral Health Care Needs	35	11.3	High
Resident Behavior Impacted Resident Care	5	1.6	High
Resident Behavior Impacted Others	2	0.6	Low
Potential For Self Harm	0	0	None
Hearing Impaired	11	3.5	Low
Speech Impaired	10	3.2	Low

Vision Impaired	7	2.3	Low
Comatose	0	0	None

**C.1. Cognitive - Care Requirements**

- Types of care required (including trauma and substance use disorders as applicable). Center provides a vast variety of care with higher prevalence of following: Cognitive diagnosis/conditions impacting cognition include - TIA, CVA and non Alzheimer's dementia, Huntington's disease and Parkinson's disease. Psychosocial conditions- Center has a high prevalence of residents with With Behavioral Health Care Needs & Wandering . Other conditions with a high incidence include falls pre-admission/post admission.
- Services required (including behavioral health services as applicable) in house PCP/NP for treatment of acute/chronic conditions. Other service as outlined in center functions- rehab, ancillary services, hospices, vision, dental, podiatry, mental health services, lab services, O2 etc. Center utilizes Lumina for after hours/on call physicians. Person centered care drives individual care planning, what matters to the resident supports the cognitive and mental health needs of the resident. The recreation team develop programs in collaboration with the residents and their diverse needs.
- Linecare, GRS/powerback, GPS- Medical director/NP services. Meditelicare provides specialized mental health services, including medication reviews, talk therapy, in-service education on special topics.
- Staff Competencies required- competencies are conducted on hire, and annually to ensure ongoing with services proficiency with services required and provided. Special ongoing training includes specialized dementia training, trauma informed care and topics that target techniques to care for those with cognitive/mental behavior health conditions.
- Physical plant environment required- Secure care system at main entry, emergency doors and elevators. Center does not use bed/chair alarms. Center does have removable stop signs used for various rooms including resident rooms as a deterrent for wandering residents entering another persons room.
- Medical and non-medical equipment required- Center has devices for music, animatronic pets and weighted babies available that provide comfort for various levels of
- Policies and procedures required in the provision of care to meet current professional standards of practice. Genesis has Policies based on federal and state regulations. They are reviewed by the Genesis Regulatory Team and updated throughout the year if standards change. When there is a change, they are reviewed with center leadership, staff are re-educated and they are reviewed in QAPI.

**D. Cultural, Ethnic, & Religious Factors**

MDS Resident Profile		% of Admissions/Stays	Frequency Relative to Benchmark
<b>Age</b>			
Age less than 65	59	19	High
Age 65 to 94	242	77.8	Low

Age 95 or greater	10	3.2	Low
<b>Race/Ethnicity</b>			
American Indian or Alaska Native	0	0	None
Asian	1	0.3	High
Black or African American	0	0	None
Hispanic or Latino	1	0.3	Low
Native Hawaiian or Other Pacific Islander	0	0	None
White	292	93.9	High
<b>PASRR</b>			
PASRR level II indicates serious mental illness and/or intellectual disability or related condition	8	2.6	High
<b>Other</b>			
Male	143	46	High
Married	67	21.5	Low
Need/Want Interpreter	4	1.3	High

Life Expectancy less than 6 Months	20	6.4	High
Receiving Hospice Care	21	6.8	High

**D.1. Cultural - Activities, Services, & Places**

**Spiritual/Religious Services**

- Catholic
- Evangelical Protestant
- Other Christian

**Holiday Services**

- Christian holidays

**Accommodations for Worship**

- Time of day (e.g. sunrise, early AM, late afternoon, evening)
- Noise (e.g. silence, quiet room)
- Media (e.g. books, videos, music)
- Equipment (e.g. TV, CD player, etc.)

**Places of Worship**

- None

**Spiritual Counseling**

- Non-denominational
- Priest
- Minister
- End of life counseling/visitation

**Spiritual Reading/Study**

- Old Testament
- New Testament

**D.2. Cultural - Food & Nutrition**

**Diet**

- Vegetarian
- Vegan
- Sugar-free
- Dairy
- Dairy substitutes (e.g. soy)
- Gluten-free
- Protein preferences (e.g. beef, pork, fowl, fish, vegetarian)

**Meal Time**

- Early (e.g. breakfast, coffee)
- Brunch

Mid-afternoon  
Late afternoon  
Evening  
Night

**Religious/Holiday Meals**

Eucharist/Communion  
Easter  
Passover Seder

**D.3. Cultural - Daily Routine**

**Daily Routine Accommodations**

Gender preferences (e.g. same gender personal care providers)  
Outside visitors (family, friends, partners, significant relations)  
Place and times for privacy  
Access to outdoors  
Waking time  
Bed time

**D.4. Cultural - Care Requirements**

1. Types of care required (including trauma and substance use disorders as applicable): Center serves individuals from a vast group of religious affiliations. Center provides a vast variety of care with higher prevalence in the age groups 18 to 94. The Center does have customers in the younger and older age group as well. Our Center community is predominantly white, but have provided service to a diverse population. This includes the individual preferences of the resident- rise and bed time, when and what to eat, what to wear, how to spend their time, how they want to be addressed as well as other personal preferences. Our culinary team and recreation team collaborate to provide enriching experiences including multi-denominational services and activities. The dietitian supports the team regarding religious and cultural needs being met through nutritional services.

II. Staffing, Training, Services & Personnel  
2. Services required- through assessment process, Center is able to determine specific services required by those in our care. Spiritual services include Catholic, Christian and nondenominational. The Center works with the resident/customer to ascertain the spiritual connection they require and seek partnership with community partners. Resident Council helps drive the nature of service desired.

3. Staff/Personnel required- The recreation, dietary and social service team collaborate with the residents to identify what matters to them, the frequency and types of spiritual/religious services, food and cultural preferences. Local clergy and religious leaders, volunteers and community groups.

4. Staff Competencies required- competencies are conducted on hire, and annually to ensure ongoing proficiency with services required and provided, including the importance of what matters to the resident.

5. Physical plant environment required - Space for worship, and spiritual services to accommodate large and small groups.

6. Medical and non-medical equipment required- center has a shared bus. PA system is available for use to project sound quality for all listeners. A podium is also available for those presenting.

7. Health information technology resources required- such as systems for electronically managing patient records and electronically sharing information with other organizations- PCC is the EMR for the Center where care teams complete assessments and collect information specific to the resident and their spiritual/religious and cultural needs.

**Supporting Documents**

No records were found

## II. Staffing, Training, Services & Personnel

### A. Function, Mobility, & Physical Disabilities

Sufficiency Analysis Categories	Overall Staffing	Staff Training/Competencies/Skill Sets	Services
<b>Activities of Daily Living (ADL)</b>			
Daily Care (excluding Bathing)	Evaluated	Evaluated	Evaluated
Bed Mobility	Evaluated	Evaluated	Evaluated
Transfer	Evaluated	Evaluated	Evaluated
Walk in Room	Evaluated	Evaluated	Evaluated
Toilet Use	Evaluated	Evaluated	Evaluated
Eating	Evaluated	Evaluated	Evaluated
Bathing	Evaluated	Evaluated	Evaluated
Dressing	Evaluated	Evaluated	Evaluated
Hygiene/Grooming	Evaluated	Evaluated	Evaluated

**Mobility**

Ambulation	Evaluated	Evaluated	Evaluated
------------	-----------	-----------	-----------

With Contractures	Evaluated	Evaluated	Evaluated
-------------------	-----------	-----------	-----------

Physically Restrained	Evaluated	Evaluated	Evaluated
-----------------------	-----------	-----------	-----------

**Rehabilitative Services (for those receiving therapy)**

Speech-Language Pathology and Audiology Services	Evaluated	Evaluated	Evaluated
--	-----------	-----------	-----------

Occupational Therapy	Evaluated	Evaluated	Evaluated
----------------------	-----------	-----------	-----------

Physical Therapy	Evaluated	Evaluated	Evaluated
------------------	-----------	-----------	-----------

Respiratory Therapy	Evaluated	Evaluated	Evaluated
---------------------	-----------	-----------	-----------

Psychological Therapy	Evaluated	Evaluated	Evaluated
-----------------------	-----------	-----------	-----------

Recreational Therapy	Evaluated	Evaluated	Evaluated
----------------------	-----------	-----------	-----------

**A.1. Function - Sufficiency Analysis Summary**

Staffing and scheduling systems- Daily discussions regarding staffing on each of the floors/units. The unit managers provide updates on resident needs. The scheduler will make staffing adjustments based on census and acuity. Scheduler and clinical team meet daily/weekly for labor meetings to evaluate staffing needs, hires, terminations and all activities/reports that link directly to the adequate staffing in the center. Additional service gaps with contracted services are also evaluated by the IDT to develop plans to ensure services are provided during the identified gaps. During outbreak status and closing congregate activities/meals staffing is evaluated to determine adjustments that are required. Center has primary assignments with floaters that cover primary days off. In the event we have an outbreak of COVID 19 center will consult regional support team to

develop staffing plan based on current guidance for staff to return to work. Caregivers collaborate via hey team leader, huddles, staff meetings and 1:1 to determine changes to work loads and assignments. All senior leaders with licenses support direct care staff and partner to ensure adequate numbers for safety and quality.

2. Staff training and competency program- NPE spear heads the staff training and competence program. This includes upon hire, annually, and with identified gaps in performance. Gaps identified through performance appraisals is included in individual development plan for staff. Training is conducted through a variety of modalities. These include vital learn programs through online programming, education boards, and live education. Nursing competencies are conducted on hire and annually.

3. A review of individual staff assignments and systems for coordination and continuity of care for residents within and across staff assignments- Clinical team collaborate with direct care staff to evaluate assignments and needed adjustments. Staff utilize center Hey Team Leader program to communicate needs, suggestions for process changes, or process creation to impact overall quality of care and efficiency of process.

## A.2. Function - QAPI Action/Plan Summary

1. Facility QAPI Plan- Center has a QAPI plan. The plan is reviewed annually and amended as needed when changes occur. Keene Center QAPI team meets monthly, with adhoc meetings throughout the month as needed. Our Hey Team Leader program is a process that links and engages all staff and stakeholders to our QAPI program.

2. Performance Improvement Projects (PIP)- Through the IDT collaboration and monthly excellence meetings- Clinical, Customer, People, Business and Safety Excellence Improvement activities and PIPs are identified. The excellence teams complete analysis of data. Data sources include but are not limited to- satisfaction surveys, MDS, QM, turnover/retention reports, audits, monthly performance scorecards, etc. evaluate improvement and development of PIPs/IA.

3. Corrective actions-QAPI team members present minutes from excellence meetings and projects being worked on. The team provides feedback and any additional suggested corrective actions required to meet the gaps in performance.

## B. Acuity-Diseases, Conditions, & Treatments

Sufficiency Analysis Categories	Overall Staffing	Staff Training/Competencies/Skill Sets	Services
Cancer	Evaluated	Evaluated	Evaluated
Heart/Circulation	Evaluated	Evaluated	Evaluated
Gastrointestinal	Evaluated	Evaluated	Evaluated
Genitourinary	Evaluated	Evaluated	Evaluated
Infections	Evaluated	Evaluated	Evaluated

Metabolic	Evaluated	Evaluated	Evaluated
Musculoskeletal	Evaluated	Evaluated	Evaluated
Neurological	Evaluated	Evaluated	Evaluated
Nutritional	Evaluated	Evaluated	Evaluated
Psychiatric/Mood/Behavioral Health (including Trauma/SUD as applicable)	Evaluated	Evaluated	Evaluated
Pulmonary	Evaluated	Evaluated	Evaluated
Cataracts, Glaucoma, or Macular Degeneration	Evaluated	Evaluated	Evaluated
Conditions	Evaluated	Evaluated	Evaluated
<b>Treatments</b>			
Chemotherapy	Evaluated	Evaluated	Evaluated
Radiation	Evaluated	Evaluated	Evaluated
Oxygen	Evaluated	Evaluated	Evaluated

Suctioning	Evaluated	Evaluated	Evaluated
Tracheostomy	Evaluated	Evaluated	Evaluated
Invasive Mechanical Ventilator (ventilator or respirator)	Evaluated	Evaluated	Evaluated
Non-Invasive Mechanical Ventilator (CPAP/BiPAP)	Evaluated	Evaluated	Evaluated
IV Medications	Evaluated	Evaluated	Evaluated
Transfusions	Evaluated	Evaluated	Evaluated
Dialysis	Evaluated	Evaluated	Evaluated
Isolation	Evaluated	Evaluated	Evaluated
Parenteral/IV Feeding	Evaluated	Evaluated	Evaluated
Feeding Tube	Evaluated	Evaluated	Evaluated
Mechanically Altered Diet	Evaluated	Evaluated	Evaluated

Catheterization	Evaluated	Evaluated	Evaluated
Ostomy (urostomy, ileostomy, colostomy)	Evaluated	Evaluated	Evaluated
Toileting Program	Evaluated	Evaluated	Evaluated
Injections	Evaluated	Evaluated	Evaluated
Immunizations	Evaluated	Evaluated	Evaluated
Implanted Devices (pacemakers, insulin pumps, pain pumps, etc.)	Evaluated	Evaluated	Evaluated
Bariatrics	Evaluated	Evaluated	Evaluated
<b>Medications</b>			
Insulin	Evaluated	Evaluated	Evaluated
Psychoactive Medications	Evaluated	Evaluated	Evaluated
Anticoagulant	Evaluated	Evaluated	Evaluated
Antibiotics	Evaluated	Evaluated	Evaluated

Diuretic

Evaluated

Evaluated

Evaluated

### B.1. Acuity - Sufficiency Analysis Summary

1. Staffing and scheduling systems- Our strategic business plan includes current clinical capabilities as well as identified opportunities in the market. The labor team evaluate capacity and competence of staff and needed training/competencies needed to provide the service. Scheduler and clinical team meet for labor meeting to evaluate staffing needs, hires, terminations and all activities/reports that link directly to the adequate staffing and the acuity in the center.
2. Staff training and competency program- NPE spear heads the staff training and competence program. Through collaboration with IDT program is modified to meet the current needs/acuity. This includes upon hire, annual and with any identified gaps in performance. Gaps identified through performance appraisals is included in individual development plan for staff.
3. A review of individual staff assignments and systems for coordination and continuity of care for residents within and across staff assignments- Clinical team collaborates with direct care staff to evaluate assignments and needed adjustments. Staff utilize the Hey Team Leader program to communicate needs, suggestions for process changes or creation to impact overall quality of care and efficiency of process. When new service opportunities present through market analysis with community partners staffing patterns/sufficiency is evaluated from the perspective of the proposed new service.

### B.2. Acuity - QAPI Action/Plan Summary

1. Facility QAPI Plan- center has a QAPI plan. The plan is reviewed annually and amended as needed when changes occur. Keene Center QAPI team meets monthly with adhoc meetings throughout the month as needed. As part of the SBP and the QAPI service gaps are identified and PIP/IA are developed.
2. Business- SBP/market analysis and Safety Excellence Improvement activities and PIPs are identified.
3. Corrective actions- QAPI team members present minutes and projects being worked on. The team provides feedback and any additional suggested corrective actions required to meet gaps in performance.

## C. Cognitive, Mental, & Behavioral Status

Sufficiency Analysis Categories	Overall Staffing	Staff Training/Competencies/Skill Sets	Services
Cognitive Impairment (Memory, Understanding, etc.)	Evaluated	Evaluated	Evaluated
Intellectual and/or Developmental Disabilities	Evaluated	Evaluated	Evaluated
Signs & Symptoms of Depression	Evaluated	Evaluated	Evaluated
Dementia: Non-Alzheimer's or Alzheimer's Disease	Evaluated	Evaluated	Evaluated

Wandering & Elopement	Evaluated	Evaluated	Evaluated
Psychotic Symptoms	Evaluated	Evaluated	Evaluated
With Behavioral Health Care Needs	Evaluated	Evaluated	Evaluated
Resident Behavior Impacting Care and/or Others	Evaluated	Evaluated	Evaluated
Potential For Self Harm	Evaluated	Evaluated	Evaluated
Hearing, Speech, Vision Impairment	Evaluated	Evaluated	Evaluated
Comatose	Evaluated	Evaluated	Evaluated

### C.1. Cognitive - Sufficiency Analysis Summary

1. Staffing and scheduling systems- Scheduler and clinical team meet for labor meeting to evaluate staffing needs, hires, terminations and all activities/reports that link directly to the adequate staffing in the center. Additional service gaps with contracted service are also evaluated by the IDT to develop plan to ensure services are provided during identified gaps.
2. Staff training and competency program- NPE spear heads the staff training and competence program. This includes upon hire, annual and with any identified gaps in performance. Gaps identified through performance appraisals are included in individual development plan for staff.
3. A review of individual staff assignments and systems for coordination and continuity of care for residents within and across staff assignments to communicate needs, suggestions for process changes or process creation to impact overall quality of care and efficiency of process. Direct staff assignments are never left "vacant" Keene Center fills all direct care assignments if uncovered by a primary or alternate with clinical leadership or licensed individual.

### C.2. Cognitive - QAPI Action/Plan Summary

1. Facility QAPI Plan- Center has a QAPI plan. The plan is reviewed annually and amended as needed when changes occur. Keene Center QAPI team meets monthly, with adhoc meetings throughout the month as needed. Our Hey Team Leader program is a process that links and engages all staff and stakeholders to our QAPI program.
2. Performance Improvement Projects (PIP)- Through the IDT collaboration and monthly excellence meetings- Clinical, Customer, People, Business and Safety Excellence Improvement activities and PIPs are identified. The excellence teams complete analysis of data ( data sources include but are not limited to- satisfaction surveys, MDS, QM, turnover/retention reports, audits, monthly performance scorecards etc., evaluate critical element pathways which provide a consistent review of system and process guiding the team identification of Opportunities for Improvement.
3. Corrective actions- QAPI team members present minutes from excellence meetings and projects being worked on. The team provides feedback and any additional suggested corrective actions required to meet gaps in performance. The Hey Team Leader program provides a vehicle of feedback and efficient process to implement corrective action. Competency of staff while "in progress" a dedicated action plan may or may not be developed. Keene Center provided leaders with the option of completing the LNA program to increase the " all hands on deck" approach.

## D. Cultural, Ethnic, & Religious Factors

Sufficiency Analysis Categories	Overall Staffing	Staff Training/Competencies/Skill Sets	Services
Age	Evaluated	Evaluated	Evaluated
Race/Ethnicity	Evaluated	Evaluated	Evaluated
Serious mental illness and/or intellectual disability or related condition	Evaluated	Evaluated	Evaluated
Gender	Evaluated	Evaluated	Evaluated
Marital Status	Evaluated	Evaluated	Evaluated
Need for interpreter(s)	Evaluated	Evaluated	Evaluated
Life Expectancy less than 6 Months	Evaluated	Evaluated	Evaluated
Receiving Hospice Care	Evaluated	Evaluated	Evaluated
<b>D. Cultural, Ethnic, &amp; Religious Factors</b>			
Activities	Evaluated	Evaluated	Evaluated

Food & Nutrition	Evaluated	Evaluated	Evaluated
------------------	-----------	-----------	-----------

Other	Evaluated	Evaluated	Evaluated
-------	-----------	-----------	-----------

**D.1. Cultural - Sufficiency Analysis Summary**

- 1. Equipment and Supply inventory- In partnership with our parent company product evaluation is conducted, based on the center needs and customers being served drives the type/quantity of equipment and supply. Our Center Supply coordinates with IDT to ensure that the required supplies are procured and inventory is ample to meet the day to day care requirements. Meditelicare, telehealth visits, third eye all utilize the computer and internet to connect the provider with the residents. The access to internet, and the ability to facetime, zoom meetings etc. has supported the residents in staying connected, and for the cognitive folks to be able to "see" their loved ones, and seeing their provider on the screen provides a stronger experience.
- 2. Maintenance and activity logs- Maintenance collaborates with the vendors providing the service to our center. This includes installation and ongoing upkeep.

**D.2. Cultural - QAPI Action/Plan Summary**

- 1. Facility QAPI plan- QAPI team meets monthly. Changes and upgrades to center physical environment, technology and equipment may be presented at the applicable excellence meeting and routed to the monthly meeting as appropriate.
- 2. Performance Improvement projects- Center has Customer Excellence, Safety Excellence, Clinical Excellence, People Excellence and Business Excellence. These areas of excellence review Key Performing areas including 5 star data. OFI are brought to the QAPI committee for review. For Example Accessing specialty services such as meditelicare for mental health partnering and Third Eye after hours coverage by physician were created as a result of gaps in services. These gaps were identified and a plan developed to remedy the gap.
- 3. Corrective actions- The maintenance department utilizes the TELS system to keep all weekly, monthly, quarterly and annual tasks on point and alert is sent for date compliance. Additional tasks for maintenance are also entered into the system for completion/tracking. Once and OPI has been identified corrective action can be developed including identifying resources needed to replace/upgrade the system. This could be though center budget or capital request. Upgrade of our internet router was completed in 2022 as a result of outdated technology being identified.

Supporting Documents

Name	Date Uploaded
<a href="#">Core Staffing &amp; Personnel Audit - Sheet1.pdf</a>	Mar 13, 2026

III. Physical Environment, Technology, & Equipment

A. Function, Mobility, & Physical Disabilities

**Activities of Daily Living (ADL)**

Daily Care (excluding Bathing)

Evaluated

Evaluated

Evaluated

Bed Mobility

Evaluated

Evaluated

Evaluated

Transfer

Evaluated

Evaluated

Evaluated

Walk in Room

Evaluated

Evaluated

Evaluated

Toilet Use

Evaluated

Evaluated

Evaluated

Eating

Evaluated

Evaluated

Evaluated

Bathing

Evaluated

Evaluated

Evaluated

Dressing

Evaluated

Evaluated

Evaluated

Hygiene/Grooming

Evaluated

Evaluated

Evaluated

**Mobility**

Ambulation

Evaluated

Evaluated

Evaluated

With Contractures	Evaluated	Evaluated	Evaluated
Physically Restrained	Evaluated	Evaluated	Evaluated
<b>Rehabilitative Services (for those receiving therapy)</b>			
Speech-Language Pathology and Audiology Services	Evaluated	Evaluated	Evaluated
Occupational Therapy	Evaluated	Evaluated	Evaluated
Physical Therapy	Evaluated	Evaluated	Evaluated
Respiratory Therapy	Evaluated	Evaluated	Evaluated
Psychological Therapy	Evaluated	Evaluated	Evaluated
Recreational Therapy	Evaluated	Evaluated	Evaluated

**A.1. Function - Sufficiency Analysis Summary**

1. Equipment and Supply inventory- In partnership with our parent company product evaluation is conducted, based in the center needs and customers being served drives the type/quantity of equipment and supply. Our Central Supply coordinator collaborates with IDT to ensure that the required supplies are procured and inventory is ample to meet the day to day care requirements. Point of care charting for direct care, PCC for EMR. This also includes migration of supporting electronic systems that include but not limited to risk management, PIP process through Insight, Abaqis for the Center Facility Assessment. The electronic screening process at the front door provides format for the requirement of our Infection Control program.

2. Maintenance and activity logs- Maintenance utilizes TELS system for logging center upkeep, repairs, and routine maintenance. Safety committee collaborates for center opportunities. Specific assessments/evaluation like the Legionella water plan and NFP risk assessment are completed annually. Report is generated monthly to reflect completed and outstanding activities.

**A.2. Function - QAPI Action/Plan Summary**

1. Facility QAPI Plan- QAPI team meets monthly. Changes and upgrades to center physical environment, technology and equipment may be presented at the applicable excellence meeting and routed to the monthly meeting as appropriated.
2. Performance Improvement projects- Center has Customer Excellence, Safety Excellence, Clinical Excellence, People Excellence and Business Excellence. These area of excellence review Key performing areas including 5 star data. Additionally, our Hey Team Leader program is designed so that 100% of all staff across shifts and departments are able to communicate Opportunities for Improvement. OFI are brought to the QAPI committee for review. For example phone system functionality or the aging, whirlpool tubs, and aging in room heating units.
3. Corrective actions- The maintenance department utilizes the TELS system to keep all weekly, monthly, quarterly and annual tasks on point and alert is sent for date compliance. Additional tasks for maintenance are also entered into the system for completion/tracking. Once an OPI has been identified, corrective action can be developed including identifying resources needed to replace/upgrade the system. This could be through center budget or capital request.

## B. Acuity-Diseases, Conditions, & Treatments

Sufficiency Analysis Categories	Physical Environment	Technology	Equipment
Cancer	Evaluated	Evaluated	Evaluated
Heart/Circulation	Evaluated	Evaluated	Evaluated
Gastrointestinal	Evaluated	Evaluated	Evaluated
Genitourinary	Evaluated	Evaluated	Evaluated
Infections	Evaluated	Evaluated	Evaluated
Metabolic	Evaluated	Evaluated	Evaluated
Musculoskeletal	Evaluated	Evaluated	Evaluated

Neurological	Evaluated	Evaluated	Evaluated
Nutritional	Evaluated	Evaluated	Evaluated
Psychiatric/Mood/Behavioral Health (including Trauma/SUD as applicable)	Evaluated	Evaluated	Evaluated
Pulmonary	Evaluated	Evaluated	Evaluated
Vision	Evaluated	Evaluated	Evaluated
Conditions	Evaluated	Evaluated	Evaluated
<b>Treatments</b>			
Chemotherapy	Evaluated	Evaluated	Evaluated
Radiation	Evaluated	Evaluated	Evaluated
Oxygen	Evaluated	Evaluated	Evaluated
Suctioning	Evaluated	Evaluated	Evaluated

Tracheostomy	Evaluated	Evaluated	Evaluated
Invasive Mechanical Ventilator (ventilator or respirator)	Evaluated	Evaluated	Evaluated
Non-Invasive Mechanical Ventilator (CPAP/BiPAP)	Evaluated	Evaluated	Evaluated
IV Medications	Evaluated	Evaluated	Evaluated
Transfusions	Evaluated	Evaluated	Evaluated
Dialysis	Evaluated	Evaluated	Evaluated
Isolation	Evaluated	Evaluated	Evaluated
Parenteral/IV Feeding	--	--	--
Feeding Tube	Evaluated	Evaluated	Evaluated
Mechanically Altered Diet	Evaluated	Evaluated	Evaluated
Catheterization	Evaluated	Evaluated	Evaluated

Ostomy (urostomy, ileostomy, colostomy)	Evaluated	Evaluated	Evaluated
Toileting Program	Evaluated	Evaluated	Evaluated
Injections	Evaluated	Evaluated	Evaluated
Immunizations	Evaluated	Evaluated	Evaluated
Implanted Devices (pacemakers, insulin pumps, pain pumps, etc.)	Evaluated	Evaluated	Evaluated
Bariatrics	Evaluated	Evaluated	Evaluated
<b>Medications</b>			
Insulin	Evaluated	Evaluated	Evaluated
Psychoactive Medications	Evaluated	Evaluated	Evaluated
Anticoagulant	Evaluated	Evaluated	Evaluated
Antibiotics	Evaluated	Evaluated	Evaluated
Diuretic	Evaluated	Evaluated	Evaluated

## B.1. Acuity - Sufficiency Analysis Summary

1. Equipment and Supply Inventory- In partnership with our parent company product evaluation is conducted, based on the center needs and costumers being served drives the type/quantity of equipment and supply. Medical director/NP/PCP collaborate with the IDT to determine it.
2. Maintenance and activity logs- in addition to the TELS system for logging center upkeep, repairs, and routine compliance, the center utilizes a weekend manager program to ensure specific tasks are validated daily- like door checks for locking to ensure resident and staff safety. This supports the acuity of wandering and cognitively impaired folks.

## B.2. Acuity - QAPI Action/Plan Summary

1. Facility QAPI Plan- QAPI team meets monthly, changes and upgrades to center physical environment, technology and equipment may be presented at the applicable excellence meeting and routed to the monthly meeting as appropriated.
2. Performance Improvement projects- Center has Customer Excellence, Safety Excellence, Clinical Excellence, People Excellence and Business Excellence areas of focus. These are key performing areas including 5 star data. Once an OFI is identified and is brought to the QAPI committee for review. For example the training of a staff member to train CPR to keep to staff to ensure ongoing competence.
3. Corrective actions- Once and OFI has been identified corrective action can be developed including identifying resources needed to replace/upgrade the system. This could be through budget or capital request. The procurement of a bladder scanner has been identified as a need for capital requisition along with resident room heat registers.

## C. Cognitive, Mental, & Behavioral Status

Sufficiency Analysis Categories	Physical Environment	Technology	Equipment
Cognitive Impairment (Memory, Understanding, etc.)	Evaluated	Evaluated	Evaluated
Intellectual and/or Developmental Disabilities	Evaluated	Evaluated	Evaluated
Signs & Symptoms of Depression	Evaluated	Evaluated	Evaluated
Dementia: Non-Alzheimer's or Alzheimer's Disease	Evaluated	Evaluated	Evaluated
Wandering & Elopement	Evaluated	Evaluated	Evaluated

Psychotic Symptoms	Evaluated	Evaluated	Evaluated
With Behavioral Health Care Needs	Evaluated	Evaluated	Evaluated
Resident Behavior Impacting Care and/or Others	Evaluated	Evaluated	Evaluated
Potential For Self Harm	Evaluated	Evaluated	Evaluated
Hearing, Speech, Vision Impairment	Evaluated	Evaluated	Evaluated
Comatose	Evaluated	Evaluated	Evaluated

**C.1. Cognitive - Sufficiency Analysis Summary**

1. Equipment and Supply inventory- In partnership with our parent company product evaluation is conducted, based on the center needs and customers being served drives the type/quantity of equipment and supply. Our Center Supply coordinates with IDT to ensure that the required supplies are procured and inventory is ample to meet the day to day care requirements. Meditelicare, telehealth visits, third eye all utilize the computer and internet to connect the provider with the residents. The access to internet, and the ability to facetime, zoom meetings etc. has supported the residents in staying connected, and for the cognitive folks to be able to "see" their loved ones, and seeing their provider on the screen provides a stronger experience.
2. Maintenance and activity logs- Maintenance collaborates with the vendors providing the service to our center. This includes installation and ongoing upkeep.

**C.2. Cognitive - QAPI Action/Plan Summary**

1. Facility QAPI plan- QAPI team meets monthly. Changes and upgrades to center physical environment, technology and equipment may be presented at the applicable excellence meeting and routed to the monthly meeting as appropriate.
2. Performance Improvement projects- Center has Customer Excellence, Safety Excellence, Clinical Excellence, People Excellence and Business Excellence. These areas of excellence review Key Performing areas including 5 star data. OFI are brought to the QAPI committee for review. For Example Accessing specialty services such as meditelicare for mental health partnering and Third Eye after hours coverage by physician were created as a result of gaps in services. These gaps were identified and a plan developed to remedy the gap.
3. Corrective actions- The maintenance department utilizes the TELS system to keep all weekly, monthly, quarterly and annual tasks on point and alert is sent for date compliance. Additional tasks for maintenance are also entered into the system for completion/tracking. Once and OPI has been identified corrective action can be developed including identifying resources needed to replace/upgrade the system. This could be though center budget or capital request. Upgrade of our internet router was completed in 2022 as a result of outdated technology being identified.

## D. Cultural, Ethnic, & Religious Factors

### Sufficiency Analysis Categories

### Physical Environment

### Technology

### Equipment

Age

Evaluated

Evaluated

Evaluated

Race/Ethnicity

Evaluated

Evaluated

Evaluated

Serious mental illness and/or intellectual disability or related condition

Evaluated

Evaluated

Evaluated

Gender

Evaluated

Evaluated

Evaluated

Marital Status

Evaluated

Evaluated

Evaluated

Need for interpreter(s)

Evaluated

Evaluated

Evaluated

Life Expectancy less than 6 Months

Evaluated

Evaluated

Evaluated

Receiving Hospice Care

Evaluated

Evaluated

Evaluated

### **D. Cultural, Ethnic, & Religious Factors**

Activities

Evaluated

Evaluated

Evaluated

Food & Nutrition	Evaluated	Evaluated	Evaluated
------------------	-----------	-----------	-----------

Other	Evaluated	Evaluated	Evaluated
-------	-----------	-----------	-----------

**D.1. Cultural - Sufficiency Analysis Summary**

1. Equipment and Supply inventory- having laptops and Wi-Fi internet available keeps residents connected with loves ones, religious groups and any other organization that has online connection. Center provides a guest internet connection for residents and guests to use while in the center. Center Provides local telephone services and the long term care residents provide their own phones. Center provides in room TV to use during their stay. Streaming movies and programs on smart tv is another option..
2. Maintenance and activity logs- Interruptions in service are addressed by the maintenance department for the coordination of restoring service. Excellence committees discuss ongoing issues that impact the quality of resident experience as it pertains to the environment, technology, and equipment.

**D.2. Cultural - QAPI Action/Plan Summary**

1. Facility QAPI Plan- QAPI plan meets monthly and ad hoc, changes and upgrades to center physical environment, technology and equipment may be presented at the applicable excellence meeting and routed to the monthly meeting as appropriated.
2. Performance Improvement projects- Center has Customer Excellence, Safety Excellence, Clinical Excellence, People Excellence and Business Excellence. These area of excellence review Key performing areas including 5 star data. Satisfaction surveys conducted annually provide additional feedback on the above cited areas. Additionally, resident council meeting, care plan meeting and 72 hour meetings provide a forum for feedback.
3. Corrective actions- PIP/IA that are identified through formal and informal means are addressed through QAPI process. For example- food and nutrition action plan to improve the quality. Specific interventions may include a new electronic meal ticket process, training, auditing tray accuracy and satisfaction validated through resident food council and 1:1 interviews.

Supporting Documents

No records were found

IV. All Hazards Risk Assessment

No records were found

Supporting Documents

No records were found

## V. Assessment Contributors

**Medical Director/Designee**

Michael Sorrenti, MD

**Director of Nursing Services**

Brandee Grimshaw, RN/DON

**Administrator/Executive Director**

Amanda McSweeney, LNHA

**Representative from the Governing Body**

--

Name	Title/Role
Julie Ayala	Culinary Director
Hannah Gangel	Housekeeping Director
Lisa Decatur	Dietitian
Amanda Kingsbury (amanda.stubbs@genesishcc.com)	Infection Preservationist
Melanie Lucius (melanie.lucius@genesishcc.com)	Unit Manager
Rhonda Gray (rhonda.gray3@genesishcc.com)	Nurse Practice Educator
Marilyn Longueil (marilyn.longueil@genesishcc.com)	MDS
Brenda Beeler (brenda.beeler@genesishcc.com)	MDS
Nicole Wilcox (nicole.wilcox@genesishcc.com)	Unit Manger

Supporting Documents

No records were found

## Additional Supporting Documents

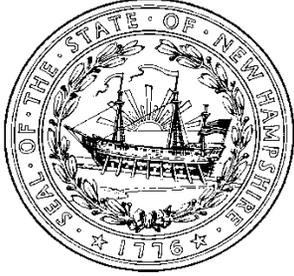
No records were found

---

**QUALITY ASSURANCE PRIVILEGE:**

By utilizing the HealthStream Quality Manager system and its reports and other documents and by agreeing to the terms and conditions of the End User License Agreement and the Business Associate Agreement, you hereby acknowledge that you are accessing and participating in quality assurance programs for and on behalf of the licensee of the system. All information, reports and other documents generated by the use of HealthStream Quality Manager fall within the quality assurance privilege of the licensee and are strictly confidential.

Printed Mar 13, 2026  
© HealthStream 2026



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: 06/01/2025

Expiration Date: 05/31/2026

Administrator: AMANDA MCSWEENEY

Medical Director: MICHAEL V SORRENTI, MD

Total Number of Beds: 106

### COMMENTS:

REVISED CERTIFICATE

### Comments:

1. PERM WAIVER TO He-P 803.18(d)(1)&(d)(2)

EFFECTIVE 2/9/2026 AMANDA MCSWEENEY IS  
THE NEW ADMINISTRATOR

A handwritten signature in black ink, appearing to read "Michael V Sorrenti".

Chief Legal Officer



## CLSS STAFF REPORT

### CLSS-2026-01 – Residential Care Facility –Alpine Healthcare Center, 298 Main St.

#### **Request:**

Applicant Melissa Castor, Executive Director, requests a license for a Residential Care Facility at the property located at 298 Main St. and is in the High Density District.

#### **Background:**

Alpine Healthcare operates this facility, which includes 85 NH Licensed long term care beds along with business operations at this onsite facility.

#### **Completeness:**

The property at 298 Main Street is seeking annual renewal, with no changes to their documentation. Staff find their application to be complete and have been paid.

#### **Inspections:**

Staff inspection was completed on February 4, 2026

#### **Departmental Comments:**

**Property & Housing:** Missing and damaged ceiling tiles.

**Fire Department:** No comment

**Police Department:** No comment

There have been no phone calls/complaints filed for this property.

#### **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-2026-01 for Alpine Healthcare Facility to operate a Residential Care Facility located at 298 Main St.**



**Neighborhood Relations:**

Alpine Healthcare endeavors to be an upstanding member of the Keene Community. We strive to create positive relationships with all of our community neighbors, partners and friends. We follow all federal, state and city regulations to provide the best care to our residents.

We understand that as our neighbors you may have questions or concerns that arise and welcome you to contact us at any time through email or phone at: [info@alpine-hc.com](mailto:info@alpine-hc.com) or 603-352-7311. We respond immediately to any concerns. We care about our neighbors and instruct our staff and residents to be respectful, mindful, and courteous at all times. We embrace the being a good neighbor and asset to the Monadnock region serving our senior community.

We welcome anyone to take a tour and see our facility and grounds. We provide contact information to the facility for day-to-day questions or concerns. We welcome your interest and are happy to address any questions you have.



City of Keene, NH

# Congregate Living & Social Services License Application

**For Office Use Only:**  
 Case No. CLSS-2026-01  
 Date Filled 2/3/2026  
 Rec'd By CJC  
 Page 1 of 3  
 Tax Map# 590-113-000-000  
 Zoning District: High Density

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="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: Keene SNF Realty LLC		NAME/COMPANY:	
MAILING ADDRESS: 2420 Knapp Street Brooklyn NY 11235		MAILING ADDRESS:	
PHONE: 718-942-3483		PHONE:	
EMAIL: legalnotices@recover-care.com		EMAIL:	
SIGNATURE: 	DATE:	SIGNATURE:	DATE:
PRINTED NAME:	TITLE:	PRINTED NAME:	TITLE:
AUTHORIZED AGENT (if different than Owner/Applicant)		OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)	
NAME/COMPANY:		NAME/COMPANY: Peak Healthcare at Keene LLC	
MAILING ADDRESS:		MAILING ADDRESS: 2420 Knapp Street Brooklyn NY 11235	
PHONE:		PHONE: 718-942-3483	
EMAIL:		EMAIL: legalnotices@recover-care.com	
SIGNATURE:	DATE:	SIGNATURE: 	DATE:
PRINTED NAME:	TITLE:	PRINTED NAME: Sean Stevenson	TITLE: CE

## 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, Certificated 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, Certificated 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.



## CLSS STAFF REPORT

### **CLSS-2026-03–Residential Drug/Alcohol Treatment Facility–Live Free Recovery Services, 106 Roxbury St.**

#### **Request:**

Applicant Jennifer Houston, Executive Director, requests a license for a Residential Drug/Alcohol Treatment Facility at the property located at 106 Roxbury St. and is in the Downtown Edge District.

#### **Background:**

Live Free Recovery Services operates this facility which includes 28 NH Licensed drug and alcohol treatment beds along with business operations at this onsite facility.

#### **Completeness:**

The property at 106 Roxbury St. has not submitted an application for their renewal license, nor have they paid the application fee.

#### **Inspections:**

Staff inspection was completed on February 5, 2026

#### **Departmental Comments:**

**Property & Housing:** 1. Railing to 2<sup>nd</sup> floor, in front of building not secured. 2. Hallway floors toward the kitchen are in disrepair. 3. Some door jams have chipping paint. 4. Building renovations are still occurring.

**Fire Department:** No comment

**Police Department:** No comment

There have been no phone calls/complaints filed for this property.

#### **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 continue CLSS-2026-04 for Live Free Recovery to operate a Residential Drug/Alcohol Facility located at 106 Roxbury St., to the next scheduled meeting.**



## CLSS STAFF REPORT

### **CLSS-2026-09–Residential Care Facility–Langdon Place of Keene, 136 Arch St.**

#### **Request:**

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

#### **Background:**

Langdon Place of Keene operates this facility which includes 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.

#### **Completeness:**

The property at 136 Arch St. is seeking their renewal license. No changes have been made to their documentation. Staff find their application to be complete and fees paid.

#### **Inspections:**

Staff inspection was completed on February 12, 2026

#### **Departmental Comments:**

**Property & Housing:** No comment

**Fire Department:** No comment

**Police Department:** No comment

There have been no phone calls/complaints filed for this property.

#### **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-2026-09 for Langdon Place of Keene to operate a Residential Care Facility located at 136 Arch St.**

## **Langdon Place of Keene Neighborhood Relations Plan**

Langdon Place of Keene maintains active and friendly relationships with our neighbors and customers both abutting the property and in the community. Langdon Place of Keene is an active participant with Monadnock Women's Crisis Center through volunteering and donations. Langdon Place of Keene provides a school for Licensed Nurse Assistants to earn their certificates through training at a sister center. Langdon Place of Keene does require emergency medical vehicles to conduct business on the property, and no sirens and or disruptions have been reported from neighbors.



City of Keene, NH

# Congregate Living & Social Services License Application

<b>For Office Use Only:</b>	
Case No.	CLSS-2026-09
Date Filled	1/13/2026
Rec'd By	CJM
Page	9 of 9
Tax Map#	237-037-000
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 type="radio"/> Residential Drug/Alcohol Treatment Facility | <input checked="" type="radio"/> Residential Care Facility |

## SECTION 2: PROPERTY LOCATION

ADDRESS: 136 Arch 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: Keene SNF OPCO LLC		NAME/COMPANY: Langdon Place of Keene	
MAILING ADDRESS: 2420 Knapp St, 2nd floor, Brooklyn, NY		MAILING ADDRESS: 136 Arch Street, Keene, NH 03431	
PHONE: 603-714-4935		PHONE: 603-357-3902	
EMAIL: ssstevenson@rightthealthc.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, <u>Applicant</u> )	
		<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.

104,661 gross area  
99,531 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: 09/01/2025

Expiration Date: 08/31/2026

Administrator: MICHAEL JOHNSON

Medical Director: MICHAEL KASSCHAU, MD

Total Number of Beds: 25

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

Chief Legal Officer



# 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> 12/31/2027

### 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.



[NH.Gov](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Contact Us Form](#)



# NEW HAMPSHIRE Online Licensing

nh.gov  
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 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

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

### 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.



[NH.Gov](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Contact Us Form](#)