



Congregate Living & Social Services Licensing Board
Tuesday, February 27, 2024, 6:00 PM
Council Chambers, 2nd fl of City Hall, 3 Washington St.

AGENDA

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

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

III. **Minutes of Previous Meeting:** November 28, 2023

IV. **Unfinished Business:**

Updates:

Southwestern Community Services
Keene Serenity Center
57 Winchester St.

V. **Applications:**

Continued LB 23-07: Applicant, Gregg Burdett, Executive Director for Covenant Living of Keene, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located 95 Wyman Rd., and is in the Rural District and as defined in Chapter 46, Article X of the Keene City Ordinances.

CLSS-2024-02: Applicant, Patricia Forman, House Supervisor for Emerald House, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located 32 Emerald St., and is in the Downtown Growth District and as defined in Chapter 46, Article X of the Keene City Ordinances.

CLSS-2024-03: Applicant, Ryan Gagne, Executive Director for Live Free Recovery, is requesting a Congregate Living & Social Services License for a Residential Drug/Alcohol Treatment Facility, located at 881 Marlboro Rd., and is in the Rural District and as defined in Chapter 46, Article X of the Keene City Ordinances.

CLSS-2024-04: Applicant, Ryan Gagne, Executive Director for Live Free Recovery, is requesting a Congregate Living & Social Services License for a Residential Drug/Alcohol Treatment Facility, located at 106 Roxbury St., and is in the Downtown Edge District and as defined in Chapter 46, Article X of the Keene City Ordinances.

I. **New Business:**

2024 Meeting Calendar

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

III. **Adjournment:**

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1 City of Keene
2 New Hampshire

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4
5 CONGREGATE LIVING AND SOCIAL SERVICES LICENSING BOARD
6 MEETING MINUTES
7

Tuesday, November 28, 2023

6:00 PM

Council Chamber,
City Hall

Members Present:

Andrew Oram, Chair
Medard Kopczynski, Vice Chair
Alison Welsh

Staff Present:

John Rogers, Building & Health
Official/Zoning Administrator
Corinne Marcou, Board Clerk

Members Not Present:

Thomas Savastano
Jennifer Seher

8
9 **I. Call to Order: Roll Call**

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

12
13 **II. Minutes of Previous Meeting: September 26, 2023**

14
15 A motion by Vice Chair Kopczynski to adopt the September 26, 2023 meeting minutes was duly
16 seconded by Ms. Welsh and the motion carried unanimously.

17
18 **III. Unfinished Business:**

19 **A) Covenant Living Services**

20
21 Mr. Rogers recalled that Covenant Living Services' application was continued at the June
22 meeting due to the Board asking for more information, with a deadline in August 2023. When
23 that deadline passed without the additional information submitted, City Staff sent a courtesy
24 letter to the applicant in September, and the applicant submitted some information. Staff met
25 with the applicant in October to review the application and provide guidance. The Executive
26 Director was then given a November 28 deadline and Staff had received none of that information
27 as of this date, despite reaching out to the applicant via email. Staff were reviewing the next
28 appropriate steps regarding enforcement. Covenant Living Services was still operating under
29 conditional license approval.

30
31 **B) Southwestern Community Services**
32

33 Mr. Rogers reported that the Board was awaiting an update from the Fire Chief, Don Farquhar,
34 who was not present at this meeting. Southwestern Community Services (SCS) was under review
35 by the Fire Chief due to their having 18 beds full, while only 16 beds are allowed per the Fire
36 Code. There was a process to get a variance from the NH Fire Marshall for the increased beds.
37 Mr. Rogers advised the Board to continue this application until the Fire Chief could address
38 them.

39
40 Vice Chair Kopczynski recalled recent community conversations on homelessness, and one issue
41 discussed was shelter overflow during cold weather. While SCS needed to give an update along
42 with the Fire Chief, the Vice Chair noted that the City Manager, Elizabeth Dragon, presented a
43 modification to the City Council, which gave the City Manager some authority in emergencies.
44 Vice Chair Kopczynski imagined that there would be a more complete report available at the
45 next meeting.

46
47 This application was approved as a conditional license, so Mr. Rogers said there was no need for
48 a motion to continue.

49
50 **IV. Applications:**

51
52 Ms. Welsh mentioned that she is the coordinator of the Cheshire County Drug Court. The Board
53 discussed whether this posed a conflict of interest. Vice Chair Kopczynski noted that for the City
54 of Keene, conflicts are usually about fiduciary implications. Ms. Welsh confirmed that she has
55 no pecuniary gain from this role, so the Board agreed there was no conflict.

56
57 **A) LB 23-19: Applicant, Sam Lake, Executive Director for The Serenity Center,**
58 **is requesting a Congregate Living & Social Services License for a Group**
59 **Resource Center, located at 24 Vernon St. and is in the Downtown-Limited**
60 **District and as defined in Chapter 46, Article X of the Keene City**
61 **Ordinances**

62
63 Chair Oram requested comments from City Staff. Mr. Rogers reported that both the housing and
64 fire inspections occurred a few days before this meeting, so the reports were not available yet.
65 Mr. Rogers knew there were no life/safety concerns. Thus, Mr. Rogers advised approving this
66 application conditional upon completion of anything required from the fire inspection; applicants
67 are usually provided with 30–45 days to make any needed changes.

68
69 Mr. Rogers further explained that there is also a new Police Department (PD) review. Board
70 members were provided with reports from the PD, as an example of what the PD could provide
71 to the Board for these locations. Ultimately, Mr. Rogers said this was a baseline report, to which
72 next year's data could be compared, in particular for the Serenity Center, which is at a different
73 location than it was last year. Some of these PD reports will include things that might not be
74 directly associated with the address, like activities in the right-of-way and not at the property,
75 because the PD reports will list the nearest address, like that of the Serenity Center. Some were

76 vehicular stops, and a high percentage were related to probation/parole; individuals on
77 probation/parole must check-in with the PD at curfew and so the PD stops there.
78
79 PD Lieutenant Matthew Bomberg was present to answer questions about these reports. Ms.
80 Welsh knew that this location on Vernon Street also houses Monadnock Peer Support (MPS),
81 and she asked if there was a way to differentiate the Serenity Center and MPS. Lt. Bomberg
82 replied that the report was only address-based, so there would be no way to determine which use
83 the citations were associated with. Mr. Rogers added that most listings on the reports were for
84 citations and not arrests.

85
86 Vice Chair Kopczynski said one of the weaknesses of these PD reports is that they are address-
87 based. The report could list incidents taking place in the street and not associated with the
88 Serenity Center. A challenge for the Board will be learning how to sift through these reports to
89 glean the most important and useful information. The Vice Chair recalled that Hundred Nights
90 recently hosted an open house and community meeting with its neighbors that he thought would
91 lead to positive actions. He said a critical point of their neighborhood relations plans is how to
92 connect with the Hundred Nights staff to deal with these issues. At the community meeting, it
93 was discussed that if the shelter makes someone leave for breaking policies, it then becomes a
94 problem for the neighborhood. The Vice Chair wondered if there was a way for the Board to
95 critique the details in the PD reports to glean the most important specifics, such as whether
96 activities are engendering excess Police/Fire calls that drain the Departments and tax base. Lt.
97 Bomberg said that personal knowledge is more telling, as things like vehicle stops might not be
98 related to the address listed; that is just how they are reported. He thought it was good to track
99 the 24-hour reports for 1 year, using this initial report as a baseline, as Mr. Rogers suggested. If
100 new reports in the future show problems compared to this baseline for a licensee, the Board
101 would have that evidence for a conversation with the licensee. Mr. Rogers encouraged the Board
102 to look at the different types of activities in this report to filter out unrelated activities in the
103 future.

104
105 Chair Oram said there was not an objective way to look at the baseline report and it should be
106 used in relative terms when the Board receives new reports next year. Mr. Rogers agreed. Chair
107 Oram asked if the PD works with these reports frequently. Lt. Bomberg said it depends on why
108 the PD runs the report; ultimately, it is just a call breakdown. Chair Oram asked if there was
109 anything in the reports that would be helpful for the Board to understand. Lt. Bomberg replied
110 that it is helpful to understand the types of calls reported and whether they are directly related to
111 the location listed.

112
113 Ms. Welsh asked if it was typical for a site to have three Involuntary Emergency Admissions
114 (IEAs) for a single site. Lt. Bomberg was unsure that was indicative of anything without
115 comparing the report to other locations. Ms. Welsh asked if the number of disturbances listed for
116 24 Vernon Street was high or normal, or comparable to a site like Hundred Nights. Lt. Bomberg
117 replied that he was unsure that it was vastly different than anything else, but he had no data to
118 compare to other locations.

119 Chair Oram continued with the application for the Serenity Center at 24 Vernon Street, and
120 welcomed the applicant, Sam Lake, Executive Director. Mr. Lake recalled going through this
121 process last year for the Center’s previous location, which was approved. Since moving
122 locations, Mr. Lake had to apply for a new Conditional Use Permit (CUP) from the Planning
123 Board; that CUP was approved by the Planning Board on November 27, conditional upon this
124 license being approved by this Board.

125
126 Mr. Lake continued, describing what the Serenity Center is and the services it provides. The
127 Serenity Cener is a recovery community organization in NH. Currently, there are 12
128 organizations—comprising 20 facilities—all with a similar focus on peer support for substance
129 use disorders. All the centers offer peer support, recovery coaching, and a variety of other
130 community support. The Serenity Center is required to support the local Doorway at Cheshire
131 Medical Center and does so actively. There are recovery coaches on site at the Serenity Center.
132 There is also a transportation program—Road to Recovery—that had amazing growth in 2023.
133 The Serenity Center does a lot of community outreach, including the harm reduction program,
134 parts of which are no longer in-house; one reason is that the new location is 600 feet from the
135 closest school, but the NH Harm Reduction Coalition requires 1,000 feet from schools before
136 offering certain harm reduction efforts in a facility. For example, the Serenity Center can no
137 longer offer syringes on-site, but only as outreach in the community instead. Mr. Lake liked the
138 idea of the PD reports, noted that the Serenity Center is involved with the East Keene Coalition,
139 and said the recent Hundred Nights community meeting included discussion about the increase
140 of 300 case calls in that area. He said that is not necessarily a bad thing. There could be an
141 increase in certain calls to the Serenity Center if, for example, the staff can convince someone
142 trying to hide from the PD to take responsibility and agree to meet with the PD at the Serenity
143 Center. He said this happens often. Mr. Lake added that this summer (2023), the Serenity Center
144 celebrated 10 years of offering services in Keene, and they are grateful to continue growing and
145 collaborating as much as possible. He welcomed questions.

146
147 Vice Chair Kopczynski asked how large the Serenity Center’s client population is normally. Mr.
148 Lake said the Center serves 25–30 people per day in-house. That question is harder to answer for
149 the transportation program, for which there could be 80 rides/week, but all those individuals
150 might not be seen in-house. There are also outreach and harm reduction programs in the
151 community. Chair Oram asked if program attendance is tracked. Mr. Lake said there are groups
152 that meet in the evenings and those individuals are not tracked as a part of the daily attendance at
153 the Center; facility spaces are rented for 1-hour for Alcoholics Anonymous and other meetings
154 that might draw an attendance of 35 participants.

155
156 Ms. Welsh noted that in her work, the biggest issues are housing, homelessness, and
157 transportation. She said that the Serenity Center’s transportation program had been very helpful
158 to the community, including rides to treatment. She thanked Mr. Lake for addressing this great
159 need. Mr. Lake said they are trying to increase that service, but the primary challenge is the
160 number of parking spaces available for more vehicles. He was hopeful that a good collaboration
161 with the City would help ease this challenge.

162 Vice Chair Kopczynski said that no clients sleep at the Serenity Center and Mr. Lake confirmed
163 that was accurate. The Vice Chair transitioned the conversation to the health and safety plan in
164 this application. He said there are no medication services and that most support is through clients
165 talking with staff, which Mr. Lake confirmed. In terms of medical support, Mr. Lake said that
166 Better Life Partners come to the Center to offer 4 hours of outreach with a clinician or provider;
167 this is clinical-type support, and no medications are offered. Vice Chair Kopczynski asked about
168 Serenity Center's staff training. Mr. Lake said that staff are certified through the State of NH. All
169 staff follow a HIPPA (Health Insurance Portability and Accountability Act) procedure plan,
170 which includes training. Recovery Coaches undergo a training series (45 hours of instruction) to
171 become Certified Recovery Support Workers (CRSW) by the NH State Licensing Board. Mr.
172 Lake agreed to provide copies of those certificates to Mr. Rogers/Ms. Marcou for the application
173 file.

174
175 Vice Chair Kopczynski referred to the neighborhood relations plan, noting that plans for other
176 applications had varied from superior to greatly lacking. He thought the Serenity Center's
177 submitted neighborhood relations plan was midway, lacking on actual physical outreach to
178 neighbors (i.e., reaching out directly to guide them on how to handle concerns). He referred to
179 Hundred Nights' plan, which was revised to be very easy for neighbors to work with. The Vice
180 Chair said that the Serenity Center's plan mentioned social media posts and meetings with peers,
181 but lacked on how the Center and its staff are reaching out to its direct neighbors so they know
182 what the Center does and how to channel problems that neighbors might have, which may or
183 may not be caused by the Center's clients in the neighborhood. Mr. Lake said he was very open
184 to revising the neighborhood relations plan. He recalled a recent instance of realizing he had
185 never personally met with two direct neighbors, which disappointed him. He liked the advice to
186 visit direct neighbors personally. The Vice Chair recalled the ideal situation, when neighbors of
187 recovery houses testify to their good work.

188
189 Ms. Welsh agreed that the neighborhood relations plan was a good start. She referred Mr. Lake
190 to Patrick Heneghan, of the Cheshire County Restorative Justice program, who could be a
191 resource while Mr. Lake is building the neighborhood relations plan and community trust.

192
193 Regarding the neighborhood relations plan, Chair Oram noted that there is an important aspect of
194 anonymity, which can make neighborhood relations plans difficult. In such cases, the outreach
195 would be from the staff only, which is distinctly different than other applications for locations
196 where clients sleep overnight, for example. He wondered if it would be helpful to distinguish
197 how neighborhood relations plans vary for different services. He also suggested a procedure
198 listed in the plan for how grievances are handled. Still, he thought the Serenity Center should
199 work with its clients on how to be good neighbors, versus waiting for complaints to arise. One
200 thing the Board had seen from other applicants was a document that listed the expectations of the
201 people at the facility relative to the neighbors (e.g., watching the noise on the way out of evening
202 meetings) — like a code of conduct. Such reminders could be posted in the building.

203

204 Mr. Lake explained that any concerns regarding PD/Fire/this Board are with people not directly
205 engaged with the Serenity Center, but those out in the neighborhood. He said there had been
206 complaints from the community about Center users. Still, he said that anytime there is a reason
207 for people to gather, it is difficult. He recalled a meeting at the Community Kitchen, at which he
208 noticed that individuals were already gathering on the front steps for dinner several hours in
209 advance; such instances can become a problem for the neighborhood and situations are similar
210 for things like the Drug Court. He recalled MPS trying to open an outdoor smoking area to
211 contain people, but it was quickly corrupted and had to be shut down. He said that complaints
212 from neighbors are rarely about someone in a Serenity Center program. Most Serenity Center
213 clients are trying to move forward in their lives, not to cause problems. There are also vests
214 available for volunteers to walk in the neighborhood cleaning up trash; he wants neighbors to see
215 that as an opportunity to engage.

216
217 Ms. Welsh referred to the CRSW positions and asked if Staff are required to obtain that
218 certification within a certain time period. Mr. Lake said that one staff member submitted their
219 application 10 months ago and it was still not completed. Ultimately, he said it is just a
220 certificate program that requires a lot of effort. This is not a clinical position; these staff
221 members would never hand out medication, for example. He referred to a letter from Christopher
222 Freeman—a neighbor—which mentioned that the Serenity Center is meant to provide substance
223 abuse counseling services, which is not accurate. Peer support services are not counseling
224 services, and staff are not trained clinicians.

225
226 Chair Oram opened the hearing to public comments. Hearing no comments from the audience,
227 Chair Oram read into the record a letter submitted from Christopher M. Freeman of Belltower
228 Property Management, located at 11 Vernon Street. The letter was addressed to the City's
229 Planning, Licenses, and Development Committee:

230
231 *Below, please find a copy of my prepared remarks regarding the above topic. I shared these*
232 *comments with the planning board during their hearing on Monday, November 27th, 2023. The*
233 *board advised that our concerns ought to be presented to the licensing committee. Unfortunately,*
234 *we did not receive abutters notice regarding the licensing committee meeting and are unable to*
235 *join in person.*

236
237 *Good evening, members of the planning board, fellow residents, and representatives of the*
238 *Serenity Center. My name is Chris Freeman. I am a resident of Keene and the owner of*
239 *Belltower Property Management, which specializes in furnished co-living rentals in Keene and*
240 *Lebanon, NH.*

241
242 *For those unfamiliar with the co-living model, think of it like student housing for non-students.*
243 *We take traditional apartments, outfit them in AirBnB fashion, and offer them by the room on a*
244 *long-term basis. Our market niche is about halfway between congregate living and conventional*
245 *rentals, and we view ourselves as providing a market-based affordable housing alternative for*
246 *those whose housing needs are compatible with the co-living format. In this regard, we feel that*

247 *our mission of empowering individuals within our community is of a kindred spirit to that of the*
248 *Serenity Center, even if our target demographic is slightly different.*

249
250 *In total, Belltower Property Management operates about 35 total rentable spaces across the 6*
251 *multi-unit properties that we own in the downtown Keene area. Notably, our portfolio includes*
252 *the small office building located across the street from the Serenity Center at 11 Vernon Street,*
253 *which we acquired in March of this year for investment purposes and to house our own offices. I*
254 *am here this evening to discuss some concerns we've been facing in relation to the Center's*
255 *operation, while also being mindful of the valuable services they provide to our community.*

256
257 *First, I want to express my appreciation for the work the Serenity Center does in offering mental*
258 *health and substance abuse counseling services. Their commitment reflects the broader*
259 *community spirit that first drew me to Keene and influenced my decision to build my business*
260 *here.*

261
262 *I also wanted to acknowledge that the center pre-dates my own ownership on Vernon Street, and*
263 *that unlike my neighbor Attorney Kinyon, who is also sharing his concerns this evening, I did*
264 *have the opportunity to consider many of the details of the location prior to making my decision*
265 *to purchase my building. Although I have chosen to speak with the opposition this evening, I*
266 *want to be clear that I am **not** asking for the revocation of the center's conditional use permit.*

267
268 *Nevertheless, I feel that I would be remiss if I did not provide an honest accounting of my*
269 *experience having the center as my neighbor. My hope is that my feedback will provide*
270 *actionable insight to the members of the center who are here in attendance tonight, and to the*
271 *City of Keene as it considers the conditions of renewal.*

272
273 *Since purchasing 11 Vernon Street in March, we have been continually subjected to trespassing,*
274 *drug dealing, theft, littering, loitering, and public urination, and defecation. We believe most of*
275 *these infractions have been caused by individuals traveling between service locations within the*
276 *neighborhood – including traffic between the Serenity Center and the Community Kitchen.*

277 *Unfortunately, the frequency of these events is extreme. In a single two-week period during July,*
278 *we documented more violations of our property rights than we have experienced at all other*
279 *properties combined over the preceding seven years. To give some specific examples:*

- 280 *▪ On July 10th, I nearly stepped in a large pile of feces, presumed to be human, while*
281 *passing through my alleyway to get to the building entrance from my car.*
- 282 *▪ A week later, on July 17th, we called in a complaint to the Keene Police Department to*
283 *report trespassing and active drug dealing on our premises. This was after the second or*
284 *third time that I had personally broken up a drug deal behind my building – which, by the*
285 *way, is far outside of my comfort zone as a private citizen.*
- 286 *▪ On the morning of July 24th, I walked to my office to do some work. Upon arriving, I*
287 *discovered that the emergency flood barriers that we kept stored by our entryway had*
288 *been strewn all over the street, and that the trunk they were stored had been stolen. We*
289 *reported this theft to the Keene Police Department.*

290 ▪ *On July 26th, a neighboring business brought to our attention an accumulation of trash*
291 *and furniture behind our building. This was the result of a homeless individual stealing*
292 *refuse from nearby dumpsters and hoarding it behind our building.*
293

294 *Although these examples are from July specifically, we feel that there has been no noticeable*
295 *improvement in the circumstances at our property since then. I have simply given up on keeping*
296 *detailed notes and have begun spending less time at my property. As recently as last week, I had*
297 *to do yet another trash cleanup to prepare for a property showing. During this, we found*
298 *uneaten food containers, articles of clothing, empty beer cans, wads of toilet paper, and other*
299 *objectionable debris.*
300

301 *These events have not only affected the physical state of our property but also our sense of*
302 *security. I often feel uneasy about staying late at my office, avoiding the alleyway out of concern*
303 *for unpredictable encounters, which have occurred frequently. My partner also feels unsafe and*
304 *is reluctant to even wait in the car if I need to quickly stop by the office. In response to this, I*
305 *have recently purchased security cameras, and it is my current intent to begin furnishing our*
306 *footage to KPD on a scheduled basis.*
307

308 *From a business standpoint, we believe these issues are affecting the marketability of our rental*
309 *space. This is creating a financial strain as I have remained the sole occupant of the building,*
310 *despite a desire to rent most of the space to other local business, and despite cutting our*
311 *advertised rates well below the professionally prepared guidance we obtained during our due*
312 *diligence period.*
313

314 *With all this said, there are two key sets of action that we believe are necessary to ensure that the*
315 *continued operation of the Serenity Center is done in a way that respects the needs of all*
316 *stakeholders.*
317

318 *The first is that we ask the staff of the center to emphasize to their patrons the criticality of being*
319 *a good neighbor, to create opportunities for them to demonstrate neighborliness, and to help*
320 *them understand that their access to these important services is ultimately subject to the types of*
321 *conversations we are having this evening. I know from my brief interactions with Kevin*
322 *McClean, a coordinator at the center, that these values are close to his heart – and we hope he*
323 *will find a way to impart that to the individuals he is working with. Perhaps some neighborhood*
324 *trash cleanup would be a constructive group activity.*
325

326 *And then secondly, we believe that better enforcement of and compliance with the conditions of*
327 *the Center's use permit, particularly the limitations on outdoor congregation, is essential. We*
328 *also believe that the fence that was built to create a visual buffer between the center and the*
329 *neighboring properties is entirely ineffectual. We ask the board to consider expanding their prior*
330 *fence requirement to require that the entire outdoor area be fully enclosed.*
331

332 *In conclusion, while we support the Serenity Center's mission and value their presence, it is*
333 *crucial for the well-being of our business and the neighborhood that certain standards are*
334 *upheld. We are committed to being part of a collaborative solution and hope that through*
335 *increased accountability and cooperation, we can maintain a safe and thriving community for*
336 *all. Thank you for your time, consideration, and attention to this matter.*

337
338 The Chair and Vice Chair agreed that it was unclear whether the letter was in support or
339 opposition to granting this license. They thought the letter was fair given what Mr. Freeman had
340 experienced, though some aspects of the letter were out of this Board's purview, which was hard
341 to distinguish. They also agreed that there is only so much the Serenity Center can control once
342 clients leave their facility. The Vice Chair thought this was an example of why this Board
343 emphasizes the neighborhood relations plans so much. Some of these instances might be
344 preventable. Still, there was agreement that the Board could not just say that "this is not our
345 problem." The Board deliberated how to handle this so that clients understand their role and
346 neighbors know what to do when problems arise. The Board agreed that everything listed in Mr.
347 Freeman's letter might not be attributable to the Serenity Center's clients. The Board agreed that
348 an improved neighborhood relations plan could help to resolve some of these issues. The Board
349 also agreed that Mr. Freeman's letter should not delay granting this license. The letter and PD
350 report provided no frame of reference to judge how much the Serenity Center should be held
351 accountable for people in the community who might not be coming and going from the Center.
352 The Board thought that their ability to help in this regard was limited to emphasizing an
353 improved neighborhood relations plan. The Board also clarified that while Mr. Freeman's letter
354 mentioned no notice as an abutter, there is no abutter notice required for this Board's hearings,
355 but there could have been notice issues for the Planning Board hearing on November 27. The
356 Serenity Center was before the Planning Board for a new CUP since changing locations. Mr.
357 Rogers added that this is unique because if this license was approved, there would be two
358 services licensed by this Board in the same building — the Serenity Center and MPS. The
359 Serenity Center will appear before this Board to renew their license in May 2024 and MPS in
360 June 2024. There could be an opportunity for this Board to help these applicants so that some of
361 the abutter concerns are addressed.

362
363 Chair Oram provided Mr. Lake with an opportunity to reply to the letter. First, Mr. Lake noted
364 that the Serenity Center does not lease outdoor space, so he did not think the Center's clients
365 would be those complained about in the letter. Second, he said there is no way to differentiate
366 between individuals using 24 Vernon Street/Serenity Center, the laundromat, MPS, and the low-
367 income housing that are all on the same block. Mr. Lake was not contesting the concerns raised
368 in Mr. Freeman's letter about homelessness.

369
370 Vice Chair Kopczynski said that this conversation was not a judgement of Mr. Lake or the
371 Serenity Center's important work. The Board had discussed how to create the best and most
372 useful neighborhood relations plans with all applicants because these are issues at many
373 locations. While some uses are in residential areas, this location is more commercial. He said it is

374 vitally important for these services and uses to have a common understanding of how to handle
375 these challenges.

376
377 Chair Oram said he appreciated Mr. Lake’s additional comments. He agreed that this was not an
378 attempt to place all these challenges on Mr. Lake, but an effort to create a stronger neighborhood
379 relations plan. The Board was not asking Mr. Lake to solve this problem for the whole
380 neighborhood. Mr. Lake noted that he left the Planning Board meeting with a lot of ideas, and
381 more arose while he walked home from that hearing with neighbors. He thought some simple
382 things, like signage, could help Serenity Center clients remember that they are responsible for
383 behaving well in the neighborhood.

384
385 Hearing no further comments, Chair Oram closed the public hearing. The Board reviewed the
386 criteria for granting the license.

387
388 *The licensing board shall consider the following criteria when evaluating whether to approve,
389 renew, or deny a congregate living and social services license application:*

390
391 Criteria 1: *The use is found to be in compliance with the submitted operations and management*
392 *plan, including but not limited to compliance with all applicable building, fire, and life safety*
393 *codes.*

394
395 Met with a vote of 3–0.

396
397 Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration*
398 *that adversely affects the surrounding area.*

399
400 Met with a vote of 3–0.

401
402 Criteria 3: *The use does not produce public safety or health concerns in connection with traffic,*
403 *pedestrians, public infrastructure, and police or fire department actions.*

404
405 Met with a vote of 3–0.

406
407 Vice Chair Kopczynski made the following motion, which was duly seconded by Ms. Welsh. On
408 a vote of 3–0, the Congregate Living and Social Services Licensing Board approved application
409 LB 23-19, conditional upon the following:

- 410 1. Completing requirements from the Fire Department inspection.
411 2. Revising the neighborhood relations plan.
412 3. Providing copies of certified recovery support worker’s certificates.

413
414 B) **LB 23-20: Applicant, Peggy Winchester, Property Manager for Finch**
415 **Capital, LLC, is requesting a Congregate Living & Social Services License**

**for a Lodging House, located at 57 Winchester St. and is in the High District
and as defined in Chapter 46, Article X of the Keene City Ordinances.**

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Chair Oram requested Staff comments. Mr. Rogers said that the inspections occurred recently. There were no issues of concern from the housing inspection, but this application should be approved conditional upon completing the Fire Department requirements. The Board also received a Police Department (PD) report on this location.

The Vice Chair recalled that this property went through the licensing procedure recently. Mr. Rogers agreed, noting that there is a new owner, resulting in a transfer of the property. The CLSS licenses are not transferable, so the new owners were applying for this license. Vice Chair Kopczynski recalled that the previous application was very thorough and complete. He asked if the PD had any issues since the new ownership. Mr. Rogers said that like the last application, the PD report would be a baseline to compare to in future years. Ms. Welsh questioned why there were so many vehicle stops associated with this address, and Lt. Bomberg said it was merely because the address is at an intersection.

Chair Oram welcomed comments from Peggy Winchester, the Property Manager. Ms. Winchester said the new owners are based in NY and she is responsible for the property day-to-day. The tenants are college students, who must sign a strict lease agreement; their parents must sign as well. She said the owners are particular about caring for their property and she had no doubt that the property would be well maintained. She said the owners would not hesitate to evict if a tenant violates the guidelines.

Vice Chair Kopczynski recalled the many iterations of this property, including when it was a fraternity house. He said its current condition was the best he had seen in 22 years. He did not agree with a perspective that “everyone is a college student, so why have an outreach plan?” He thought there needed to be a mechanism for outreach given that this is located next to Keene State College, where Antioch University New England is moving (could result in new clientele), in addition to many nearby lodging houses. While he did not think it should be a condition of approval, he did encourage improving the neighborhood relations plan.

Ms. Winchester explained that she planned to send a letter to neighbors introducing herself, letting them know of the new owners in NY, that she is responsible for the day-to-day, providing her phone and email, and mentioning the screening process for all tenants. The Vice Chair agreed that there are plenty of opportunities for outreach, including to The Pub and the nearby realty office. Ms. Welsh thought the letter Ms. Winchester described would help and agreed that the neighborhood relations plan could be more detailed. Ms. Winchester provided a copy of the letter to Mr. Rogers for the application file.

Chair Oram opened the floor to public comments. Hearing none in favor or opposition, he closed the public hearing and the Board deliberated.

459 Vice Chair Kopczynski thought that the previous plans for this property were thorough and
460 detailed, and he encouraged Ms. Winchester to review and use those if it makes sense. He said
461 this was a unique situation for the Board, with a change in ownership but no change in use, so
462 there was no need for a new Conditional Use Permit from the Planning Board. He thought the
463 Board should see what happens at this property in the next year.

464
465 Ms. Welsh moved to approve application LB 23-20, which Vice Chair Kopczynski seconded,
466 conditional upon:

- 467 1. Submission of the letter being sent to neighbors.
- 468 2. Completion of anything required from the Fire inspection.

469
470 The Board reviewed the criteria for approval.

471
472 *The licensing board shall consider the following criteria when evaluating whether to approve,*
473 *renew, or deny a congregate living and social services license application:*

474
475 Criteria 1: *The use is found to be in compliance with the submitted operations and management*
476 *plan, including but not limited to compliance with all applicable building, fire, and life safety*
477 *codes.*

478
479 Met with a vote of 3–0.

480
481 Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration*
482 *that adversely affects the surrounding area.*

483
484 Met with a vote of 3–0.

485
486 Criteria 3: *The use does not produce public safety or health concerns in connection with traffic,*
487 *pedestrians, public infrastructure, and police or fire department actions.*

488
489 Met with a vote of 3–0.

490
491 On a vote of 3–0, the Congregate Living and Social Services Licensing Board approved
492 application LB 23-20, conditional upon:

- 493 1. Submission of the letter being sent to neighbors.
- 494 2. Completion of anything required from the Fire inspection.

495
496 **II. New Business**

497
498 Mr. Rogers recalled that Hundred Nights held a neighborhood meeting with a good response. It
499 was informative and well attended. Mr. Rogers also explained that Unity House on Summer
500 Street — a small group home — needs a building permit for change of use, and the site remains
501 unoccupied until that permit is granted. This could be a reason for a December meeting. Board

502 members should let Ms. Marcou know of their availability for a meeting on December 26, if
503 needed.

504
505 Ms. Marcou reported on her efforts to have fewer conditional license approvals in 2024. She met
506 with the Fire Prevention Officer and the Housing Inspector to develop a schedule for the next
507 year so that agencies have inspections 45–50 days prior to their CLSS Board hearings. There will
508 be a calendar for the whole year so that agencies know their inspection and hearing dates far in
509 advance. The Board was appreciative of and commended Ms. Marcou for this proactive effort.

510
511 Ms. Welsh requested that if the Fire Chief cannot attend these hearings, another Fire Department
512 representative attends.

513
514 **III. Non-Public Session (if required)**

515 **IV. Adjournment**

516
517 There being no further business, Chair Oram adjourned the meeting at 7:42 PM.

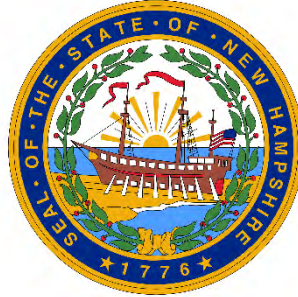
518
519 Respectfully submitted by,
520 Katryna Kibler, Minute Taker
521 December 5, 2023

522
523 Reviewed and edited by,
524 Corinne Marcou, Board Clerk

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Supplemental information submitted from Keene
Serenity Center for their conditional license.

State of New Hampshire



Board of Licensing for Alcohol and Other Drug Use Professionals

Authorized as
Certified Recovery Support Worker

Issued To
Todd A Schillinger

License Number: 0398
Active

Issue Date: 05/12/2022

Expiration Date: 06/30/2024



State of New Hampshire
Board of Licensing for Alcohol and
Other Drug Use Professionals

Authorized as

Certified Recovery Support Worker

Issued to: Todd A Schillinger

Active

License #: 0398
Issue Date: 05/12/2022
Expiration Date: 06/30/2024

OPLC Pocket Card; Cut on dotted lines

CRSW Training Series

February - March 2024

Feb 5-9: The Art of Science of Peer-Assisted Recovery (PAR)

Feb 15 & 16: Ethical Considerations in PAR

Feb 21: Suicide Prevention in PAR

Feb 22: HIV/AIDS/Hepatitis C in PAR

Feb 23: Co-Occurring Disorders in PAR

March 11, 12, 18 & 19: Motivational Interviewing: The Basics

**Join us for the 6-course series or
enroll in individual classes**

Want to make a difference and enter the field of recovery work? Thinking about some professional training for the New Year? We've got you covered!

SOS offers the CRSW Training Series four times a year - which includes all the educational requirements needed to receive a CRSW license in NH. Our training program also can offer other courses that we teach at area hospitals and in partnership with other agencies.

Many of the participants who enroll in our CRSW Training Series are eager to give back to the field where they met peers who provided them with compassion, support, and resources. After completing training, they have gone on to pursue careers in recovery centers, treatment facilities, the Department of Corrections, recovery housing, and many other areas.

Our next CRSW Series kicks off in February and thanks to the generosity of New Hampshire Healthy Families, we have scholarships available. To apply for a scholarship for the entire series, use the link in the CRSW series course description. You may also register for individual courses. Scholarships are only available for the full series.

The Peer-Assisted Recovery curriculum, which includes five mandatory courses plus Motivational Interviewing has been developed by us and other experts in the field and is delivered by our team of highly qualified professional trainers.

By offering our courses on Zoom, we reach a wide audience, and we are also available to come to your agency or organization to train in-person. Visit our [training website](#) for full details about all of our courses, and if you have questions or would like to book a training for your organization, contact our Training Coordinator Eileen Doyle at edoyle@sosrco.org.

We look forward to assisting with your training needs and launching many more careers in Peer-Assisted Recovery in 2024!

Neighborhood Relations Plan CLSS- Keene Serenity Center

Our mission Statement:

“To build a community that embraces all pathways to recovery through peer support and community engagement in a safe environment”.

Having strong, inclusive neighborhood partners is the key to our success- following the idea that “together we can accomplish that which I, alone, cannot.”

Some of the ways in which we support a Neighborhood Relations Plan is to:

- We are easy to get in touch with.
- Hold and post regular office hours. (M-F 9-5)
- Support a social media profile and manage links and comments for Facebook.
- Support an active website (www.kscrecovery.org with open email link - info@kscrecovery.org
- Phone service including available anytime access to the Director.
- We host outreach events all over the city.
- We offer harm reduction training to any organization or individual that asks.
- We accept used syringes for disposal and will go out and offer disposal services as an outreach.
- We have working partnership relations with most organizations in our neighborhood. Such as the Community Kitchen, Monadnock Peer Support, Parenting Resources, Probation, Drug Court and Planned Parenthood.
- We support a volunteer program and many of the volunteers come directly from this neighborhood.
- We hold monthly open social events in the evening called “Recovery Rocks”, that is open to anyone.
- We have Keene Serenity Center safety vests available, and we regularly go out into the local neighborhood and clean up the sidewalks around town. This happens as we have volunteers and usually on a weekly basis and has been a good chance to “show our face” in the neighborhood.

We have an internal ethics team that is available to handle concerns such as complaints. Any concern is investigated by our complete staff and together, we determine a course of action. We are also part of a larger Ethics committee that includes members from Harborcare and all 20 Recovery Community Organizations across the state.

Recovery Coaching and Peer support is about working towards building relations with others. We discuss how we represent ourselves in the community. Often, those coming out of active addiction and into Recovery have a lot to learn about how they fit in society, and we help come up with plans that include good neighbor relations. The best way to do this is by example. We are good neighbors.

We answer all public inquiries or complaints promptly and with an open mind.

We do not have any open cases or complaints.

02- 2024

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Supplemental information for 57 Winchester St.
lodging house conditional approval of providing
letter sent to neighbors per the Neighborhood
Relations Plan.

Current Residence in the area of 57 Winchester Street, Keene, NH

Good afternoon

I am writing to introduce myself to you and to let you know that 57 Winchester Street has changed hands, and the new owners are using the property in the same manner as the previous owners. The new owners are doing a thorough screening of all tenants and will maintain the building in conformity with the neighborhood.

The new owners are residents of New York and have asked me to oversee the day-to-day things with the property. We currently have a few rooms rented out and would encourage you to contact me with any questions or concerns you may have with regards to the building and any thing that happens there that is causing a disturbance in the neighborhood.

I can be reached at any time at 802-258-8500 or by email at winchesterstreet57@gmail.com.

Sincerely,

Peggy Winchester and Finch Capital LLC

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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:

Case No. _____
 Date Filled _____
 Rec'd By _____
 Page _____ of _____
 Tax Map# _____
 Zoning District: _____

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

SECTION 1: LICENSE TYPE

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

SECTION 2: PROPERTY LOCATION

ADDRESS: 95 Wyman Road, Keene, New Hampshire 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: 95 Wyman Rd., Keene, NH 03431 | MAILING ADDRESS: 95 Wyman Road, Keene, NH 03431 |
| PHONE: (603) 353-0608 | PHONE: (603) 353-0608 |
| EMAIL: GBurdett@CovLiving.org | EMAIL: GBurdett@CovLiving.org |
| SIGNATURE: _____ DATE: 1/15/24 | SIGNATURE: _____ DATE: 1/15/24 |
| PRINTED NAME: Gregg Burdett TITLE: Executive Director | PRINTED NAME: Gregg Burdett TITLE: Executive Director |

| 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: |

Same as owner

SUBMITTAL CHECKLIST

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

- **Email:** communitydevelopment@keeneh.gov, with "CLSS License Application" in the subject line
- **Mail / Hand Deliver:**
 Community Development (4th Floor)
 Keene City Hall,
 3 Washington St, Keene, NH 03431

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

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

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> PROPERTY OWNER: <i>Name, phone number and address</i> | <input checked="" type="checkbox"/> POINT OF 24 HOUR CONTACT: <i>Name, phone number, and address of person acting as the operator, if not owner</i> Same as owner |
| <input checked="" type="checkbox"/> REQUIRED DOCUMENTATION: <i>Provide all required state or federal licenses, permits and certifications</i> | <input checked="" type="checkbox"/> WRITTEN NARRATIVE: <i>Provide necessary information to the submittal requirements</i> |
| <input checked="" type="checkbox"/> PROPERTY INFORMATION: <i>Description of the property location including street address and tax map parcel number</i> | <input checked="" type="checkbox"/> APPLICABLE FEES: \$165.00 application <i>(checks made payable to City of Keene)</i> |
| <input type="checkbox"/> COMPLETED INSPECTION: <i>Inspection date: _____</i> | <input checked="" type="checkbox"/> SCHEDULED INSPECTION: <i>Inspection date: <u>1/10/24</u></i> |
| <input checked="" type="checkbox"/> OPERATIONS AND MANAGEMENT PLAN: Plan based on the industry standard "Best Management Practices" to include: <ul style="list-style-type: none"> ◇ Security Plan ◇ Life Safety Plan ◇ Staff Training and Procedures Plan ◇ Health and Safety Plan ◇ Emergency Response Plan ◇ Neighborhood Relations Plan ◇ Building and Site Maintenance Procedures | <input checked="" type="checkbox"/> LOCATION MAP: |
| In addition, Homeless Shelters will provide: <ul style="list-style-type: none"> ◇ Rules of Conduct, Registration System and Screening Procedures ◇ Access Policies and Procedures | |

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

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

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

Covenant Living of Keene is a senior living continuing care retirement community affiliated with Covenant Living Communities and Services, a multi-institutional continuing care system of retirement communities, assisted living facilities and/or skilled nursing facilities affiliated with The Evangelical Covenant Church.

Covenant Living of Keene consists of 140 units of independent living, 43 units of assisted living, 18 memory support units and 20 skilled nursing beds. There is no required minimum age, but in general, residents of the facility are age 62 and older.

Covenant Living of Keene offers a broad range of health care services to its residents, including assisted living services, care for the memory impaired, skilled nursing and respite care. Residents who require either assisted living services or memory support for dementia receive assistance with such routine activities of daily living as bathing, grooming, dressing, eating, ambulating, and taking medications. The skilled nursing facility is a 24-hour facility. Residents have access to services such as routine health screenings, nursing care, and specialized services such as speech, physical and occupational therapy. Resident are also able to stay in the skilled nursing center while recovering from a sort-term illness of injury.

Covenant Living of Keene also offers dining facilities and recreational activities such as art classes, exercise facilities, woodworking, and entertainment, cultural arts and educational opportunities.

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.

Covenant Living of Keene is approximately 350,000 square feet of of structures located on 66 acres of real estate, currently housing 180 independent living residents and 54 residents in its healthcare facilities. There are 131 employees, including security, offering 24 hours per day/7 days per week care to the residents, with approximately 50 visitors per day.

Housing is designed for seniors to meet their physical, psychological, recreational, social, and spiritual needs. All residential units contain special design features and an emergency call and voice communication system. In addition, each unit has sprinklers for fire protection and a smoke-detection system. Covenant Living of Keene is therefore able to admit non-ambulatory residents to the community and permit residents who are ambulatory at the time they enter the community to remain in their units and "age in place" if their circumstances change.

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED

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

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

The average length of stay for residents of the independent living units is nine years. The average length of stay for resident of the assisted living units is four years.

PROPERTY INFORMATION

COVENANT LIVING OF KEENE

95 Wyman Road
Keene, NH 03431

Tax Map Parcel:

210-010-000

221-019-000

221-018-000

Zoning District: Rural

95 WYMAN RD.

Location 95 WYMAN RD.

Map/Lot # 221 / 019/000 000/000

Acct# 221019000000000

Owner COVENANT LIVING OF KEENE

Building Name

Assessment \$36,225,690

Appraisal \$36,346,900

PID 7860

Building Count 2

Current Value

| Appraisal | | | |
|----------------|--------------|-----------|--------------|
| Valuation Year | Improvements | Land | Total |
| 2023 | \$35,374,400 | \$972,500 | \$36,346,900 |

| Assessment | | | |
|----------------|--------------|-----------|--------------|
| Valuation Year | Improvements | Land | Total |
| 2023 | \$35,374,400 | \$851,290 | \$36,225,690 |

Parcel Addresses

| Additional Addresses | | |
|----------------------|-----------------|-----------|
| Address | City, State Zip | Type |
| 81 WYMAN RD. | | Secondary |

Owner of Record

Owner COVENANT LIVING OF KEENE

Sale Price \$32,985,000

Co-Owner

Book & Page 3202/0044

Address 95 WYMAN RD
KEENE, NH 03431

Sale Date 02/10/2022

Ownership History

| Ownership History | | | |
|----------------------------|--------------|-------------|------------|
| Owner | Sale Price | Book & Page | Sale Date |
| COVENANT LIVING OF KEENE | \$32,985,000 | 3202/0044 | 02/10/2022 |
| THE PROSPECT-WOODWARD HOME | \$1,500,000 | 2989/0328 | 04/12/2017 |
| LANE KENDALL W | \$265,000 | 1613/0317 | 09/01/1997 |

Building Information

Building 1 : Section 1

Year Built: 2018
Living Area: 197,869
Replacement Cost: \$27,549,908
Building Percent Good: 100
Replacement Cost Less Depreciation: \$27,549,900

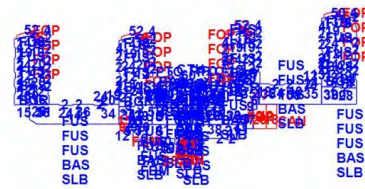
| Building Attributes | |
|---------------------|-------------------|
| Field | Description |
| Style: | Apartments |
| Model: | Commercial |
| Grade | A |
| Stories: | 4 |
| Occupancy | 116.00 |
| Exterior Wall 1 | Masonry & Frame |
| Exterior Wall 2 | Brick Veneer |
| Roof Structure | Gable |
| Roof Cover | Asphalt |
| Interior Wall 1 | Drywall/Sheetrock |
| Interior Wall 2 | |
| Interior Floor 1 | Carpet |
| Interior Floor 2 | Vinyl/Tile |
| Heating Fuel | Electric |
| Heating Type | Heat Pump |
| Air Conditioning | Central |
| Bldg Use | Charitable Bldg |
| Bedrooms | 180 |
| Full Baths | 216 |
| Half Baths | |
| Frame | Fire Resistant |
| Plumbing | Above Normal |
| Partitions | Above Normal |
| Wall Height | 10.00 |
| FBLA | |
| Condo Complex | |
| Cov Park Spaces | 90 |

Building Photo



(https://images.vgsi.com/photos2/KeeneNHPhotos/0016\IMG_0003_1634)

Building Layout



(ParcelSketch.aspx?pid=7860&bid=7860)

| Building Sub-Areas (sq ft) | | | Legend |
|----------------------------|--------------------|------------|-------------|
| Code | Description | Gross Area | Living Area |
| FUS | Framed Upper Story | 147,591 | 147,591 |
| BAS | First Floor | 50,278 | 50,278 |
| BGR | Basement Garage | 25,712 | 0 |
| CAN | Canopy | 1,554 | 0 |
| CTH | Cathedral | 8,380 | 0 |
| FBM | Finished Basement | 315 | 0 |
| FOP | Framed Open Porch | 11,676 | 0 |
| PTO | Patio | 1,534 | 0 |
| SLB | SLAB | 30,033 | 0 |
| | | 277,073 | 197,869 |

Building 2 : Section 1

Year Built: 2018
Living Area: 42,673

Replacement Cost: \$6,209,906

Building Percent Good: 100

Replacement Cost

Less Depreciation: \$6,209,900

Building Attributes : Bldg 2 of 2

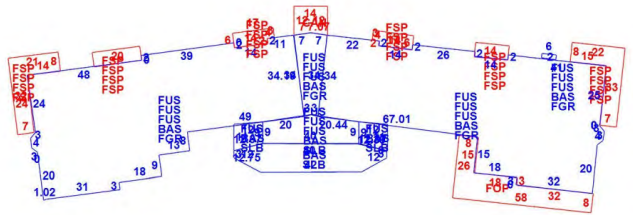
| Field | Description |
|------------------|-----------------------|
| Style: | Apartments |
| Model: | Commercial |
| Grade | A |
| Stories: | 4 |
| Occupancy | 24.00 |
| Exterior Wall 1 | Vinyl |
| Exterior Wall 2 | |
| Roof Structure | Gable |
| Roof Cover | Asphalt |
| Interior Wall 1 | Drywall/Sheetrock |
| Interior Wall 2 | |
| Interior Floor 1 | Carpet |
| Interior Floor 2 | Vinyl/Tile |
| Heating Fuel | Gas |
| Heating Type | Heat Pump |
| Air Conditioning | Central |
| Bldg Use | Charitable Bldg |
| Bedrooms | 48 |
| Full Baths | 48 |
| Half Baths | |
| Frame | Wood Frame/Joist/Beam |
| Plumbing | Above Normal |
| Partitions | Above Normal |
| Wall Height | 10.00 |
| FBLA | |
| Condo Complex | |
| Cov Park Spaces | |

Building Photo



(https://images.vgsi.com/photos2/KeeneNHPhotos/0016/IMG_0007_1634)

Building Layout



(ParcelSketch.aspx?pid=7860&bid=9081)

| Building Sub-Areas (sq ft) | | | Legend |
|----------------------------|--------------------|------------|-------------|
| Code | Description | Gross Area | Living Area |
| FUS | Framed Upper Story | 31,392 | 31,392 |
| BAS | First Floor | 11,281 | 11,281 |
| CAN | Canopy | 161 | 0 |
| FGR | Frame Garage | 9,965 | 0 |
| FOP | Framed Open Porch | 662 | 0 |
| FSP | Screened Porch | 4,332 | 0 |
| SLB | SLAB | 1,316 | 0 |
| | | 59,109 | 42,673 |

Extra Features

| Extra Features | | | | Legend |
|----------------|----------------|---------------|----------------|--------|
| Code | Description | Size | Assessed Value | Bldg # |
| SPR1 | SPRINKLERS-WET | 42700.00 SF | \$47,000 | 2 |
| SPR3 | SPRINKLERS DRY | 536.00 S.F. | \$0 | 2 |
| SPR1 | SPRINKLERS-WET | 197900.00 SF | \$217,700 | 1 |
| SPR3 | SPRINKLERS DRY | 25742.00 S.F. | \$51,400 | 1 |

| | | | | |
|------|--------------------|------------|-----------|---|
| PR6 | Porch, Screened | 60.00 S.F. | \$17,200 | 1 |
| PR6 | Porch, Screened | 95.00 S.F. | \$14,600 | 1 |
| PR6 | Porch, Screened | 70.00 S.F. | \$1,500 | 1 |
| ELV1 | ELEV PAS 2-3 STOPS | 1.00 UNITS | \$137,100 | 1 |
| ELV3 | ELEV PAS 4-7 STOPS | 1.00 UNITS | \$312,800 | 1 |
| ELV3 | ELEV PAS 4-7 STOPS | 1.00 UNITS | \$78,200 | 2 |

Land

Land Use

Use Code 977
Description Charitable Bldg
Zone R
Category

Land Line Valuation

Size (Acres) 36.26
Depth
Assessed Value \$851,290
Appraised Value \$972,500

| Special Land | | | |
|---------------|----------------------|-------|-----------|
| Land Use Code | Land Use Description | Units | Unit Type |
| 601 | Exempt Farm | 2 | AC |
| 742 | Exempt All Other | 20 | AC |

Outbuildings

| Outbuildings | | | | | | Legend |
|--------------|---------------------|----------|-----------------|---------------|----------------|--------|
| Code | Description | Sub Code | Sub Description | Size | Assessed Value | Bldg # |
| FGR2 | GARAGE- GOOD | | | 2574.00 S.F. | \$87,500 | 2 |
| FGR2 | GARAGE- GOOD | | | 5544.00 S.F. | \$188,500 | 2 |
| FOP | PORCH, DETACHED | | | 536.00 S.F. | \$0 | 2 |
| FCP | CARPORT | | | 1996.00 S.F. | \$39,500 | 1 |
| PAT2 | PATIO- GD | | | 762.00 S.F. | \$15,100 | 1 |
| SHD2 | SHED W/UTILITIES | | | 1670.00 S.F. | \$25,600 | 1 |
| FGR2 | GARAGE- GOOD | | | 2574.00 S.F. | \$78,800 | 1 |
| FGR2 | GARAGE- GOOD | | | 5544.00 S.F. | \$169,600 | 1 |
| FCP | CARPORT | | | 1600.00 S.F. | \$15,800 | 1 |
| FCP | CARPORT | | | 2000.00 S.F. | \$19,800 | 1 |
| PAV1 | PAVING- ASPHALT | | | 70000.00 S.F. | \$70,000 | 1 |
| PAV1 | PAVING- ASPHALT | | | 9540.00 S.F. | \$14,300 | 2 |
| LGT1 | POLE & SINGLE LIGHT | | | 28.00 UNITS | \$12,600 | 2 |

Valuation History

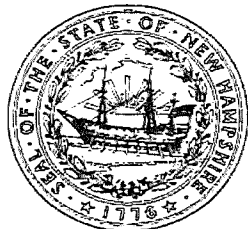
| Appraisal | | | |
|----------------|--------------|-----------|--------------|
| Valuation Year | Improvements | Land | Total |
| 2022 | \$35,374,400 | \$972,500 | \$36,346,900 |

| Valuation Year | Improvements | Land | Total |
|----------------|--------------|-----------|--------------|
| 2022 | \$35,374,400 | \$851,430 | \$36,225,830 |

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LICENSES, PERMITS AND CERTIFICATIONS

4878-0594-0122, v. 1



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 PLEASANT STREET, CONCORD, NH 03301
ANNUAL LICENSE CERTIFICATE

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

Name: COVENANT LIVING OF KEENE
Located at: 100 WYMAN ROAD
Keene NH 03431

To Operate: Nursing Home

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

License#: 04576
Effective Date: 02/01/2024
Administrator: KARYN J MINER
Medical Director: HARIS BILAL, MD

Expiration Date: 01/31/2025

Waivers:

1. He-P 803.18(d)(2)

Comments:

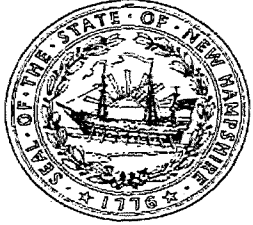
1. PERM WAIVER TO He-P 803.15(i)(1)-(3) AND (j)

Total Number of Beds: 20

REVISED CERTIFICATE

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

Chief Legal Officer



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 PLEASANT STREET, CONCORD, NH 03301
ANNUAL LICENSE CERTIFICATE

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

Name: COVENANT LIVING OF KEENE (ASSISTED LIVING AND
MEMORY CARE)
Located at: 100 WYMAN ROAD
Keene NH 03431

To Operate: Supported Residential Care Facility

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

License#: 04575

Effective Date: 02/01/2024

Expiration Date: 01/31/2025

Administrator: JASON M BLANCHETTE

Comments:

1. CRIM WAIVER 805.18(b)(2)

Total Number of Beds: 61

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

Chief Legal Officer

OPERATIONS AND MANAGEMENT PLAN

SECURITY PLAN

LIFE SAFETY PLAN

STAFF TRAINING AND PROCEDURES PLAN

HEALTH AND SAFETY PLAN

EMERGENCY RESPONSE PLAN

NEIGHBORHOOD RELATIONS PLAN

BUILDING AND SITE MAINTENANCE PROCEDURES

Covenant Living of Keene is subject to multiple statutory and regulatory oversight on the federal and state level based on the fact that it has three levels of living – residential living, assisted living, and skilled nursing care. As a result, Keene has many policies and procedures in place to comply with those requirements, but they do not fit neatly and exactly with the requested information from the City of Keene for the congregate living application.

We have tried to limit the documents in this submission as to give the reviewers sufficient information to know that Covenant Living of Keene has sufficient policies and procedures in place to comply with all the applicable state and federal requirements as well as best practices in the industry without overwhelming the senses of the reviewers.

For example, the Med Pass Table of Contents provided outlines the policies in place for our skilled nursing facility. This document identifies the policies contained in this manual, which is over 1,000 pages long. Additionally, we are subject to health as well as life safety surveys by both the state and federal regulators and have a multitude of distinct and overlapping policies to address those requirements. Moreover, the results of those surveys and inspection are available for public inspection and can be provided upon request to show our compliance with the relevant regulations.

We have included all of our current licenses and the \$164 fee has been paid previously.

As always, we are happy to provide any additional materials and look to continue our partnership with the City of Keene.

SECURITY AND LIFE SAFETY PLAN

Date of initial implement: 03.17.1984

Date of last revision 02.01.2014

SAFETY

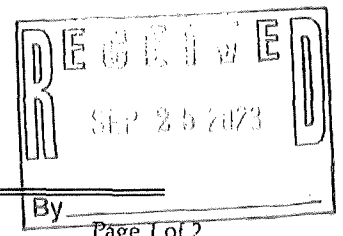
Covenant Retirement Communities (CRC) recognizes the importance of a safe and healthy environment for employees, residents and visitors. In order to provide such an environment, each CRC campus shall have a campus-wide safety procedure and safety committee consistent with all state and federal regulations to develop and oversee an ongoing, active safety program. Each campus will appoint a campus safety officer who will collaborate with the CRC national risk manager to assure that all safety regulations and expectations are met.

Each employee has a primary responsibility for the safety, health and well-being of all residents, visitors and co-workers. To meet this responsibility, employees shall work together to promote safe work practices, observe rules and regulations and maintain property and equipment in safe working condition. During both general and department-specific orientation, each new employee should be given basic instruction in safety practices and body mechanics, as appropriate.

Department managers are to enforce all rules and regulations and be alert for unsafe practices and conditions. They are to take appropriate action to correct any irregularities found. Department managers are to investigate incidents and accidents and thoroughly complete accident/incident report forms on all incidents and accidents in their areas of responsibility with the goal of eliminating or, at least, minimizing the potential for any such future incidents. Safety is an essential part of each manager's and supervisor's job.

The safety program of the campus is directed by the safety committee. The following activities are under the safety committee's direction:

- Review of accidents including the recommendation of corrective actions and procedure development.
- Review and act as necessary on near miss reports and safety suggestions.
- Coordinate an annual safety in-service training program for all employees and assist supervisors with ongoing safety training for all employees.
- As part of the fire safety program, conduct fire drills, fire protection training, and maintain records and critiques of all fires and fire prevention activities.
- Conduct disaster preparedness including at least an annual disaster drill with a critique of the drill.
- Appoint an injury review team (IRT) to review the accident/incident information with every involved employee and then review the IRT's report.
- Compile an annual evaluation of safety committee operations.



Date of initial implement: 03.17.1984

Date of last revision 02.01.2014

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- Ensure that a hazard communication program exists with employee training and a hazardous chemical inventory with required material safety data sheets (MSDS) on file and available for employee review and training
 - Require current departmental safety rules with employee training of the rules.
 - Ensure that quarterly departmental safety inspections are done, reported, and maintained.
 - Maintain all other aspects of the campus safety program.

The safety committee is to coordinate its activities and procedures and recommendations with the CRC national risk manager and possibly with the representative of the campus insurance broker or carrier. Besides consulting with the CRC national risk manager, experts from the insurance broker or company may be consulted for additional assistance in employee training as well as in the establishment and monitoring of an ongoing safety program.

The safety committee reports to the campus executive director and shall have representation from all areas of the campus. It is expected to meet monthly, but no less than ten times each year and to document its activities and recommendations. The CRC national risk manager will meet with each campus and safety committee at least one time every year.

Safety awareness and the safety culture are to be promoted at each Covenant retirement community.

Rick K. Fisk

Rick K. Fisk
President

Life Safety Code and Physical Plant Checklist

| | | |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Mechanical Rooms | 1. High/low ventilation and combustion ductwork | |
| | 2. All ceiling and wall penetration sealed with fire rated caulking | |
| | 3. Doors- self closing and latch automatically | |
| | 4. Not used for storage | |
| | 5. Ceiling installed completely | |
| | 6. Fire dampers installed at duct penetrations of walls | |
| | 7. No grills or vents in doors | |
| | 8. Separated with one hour fire rated construction to roof deck | |
| Kitchen | 1. Doors- Self closing and latch automatically | |
| | 2. Fusible links- on all doors held open | |
| | 3. Can exit walk-in refrigerators and freezers from inside (latch or ax) | |
| | 4. Check for air gap on sink drains | |
| | 5. Check temperature log of water in hand wash sinks (38 degrees C or 100 degrees F minimum) | |
| | 6. Check slipperiness of floors and use of floor mats | |
| Laundry | 1. Dryers enclosed | |
| | 2. High/low ventilation and combustion ductwork behind dryers | |
| | 3. Doors- Self closing and latch automatically | |
| Soiled linen rooms | 1. Doors- Self closing and latch automatically | |
| | 2. Soiled linen receptacle capacity greater than 32 gallons-room shall be separated by one hour fire rated construction, self closing automatically latching door and sprinklered | |
| Oxygen storage | 1. Vented to outside | |
| | 2. Storage greater than 3000 cu.ft.- room separated by one hour fire rated construction and self closing automatically latching door | |
| | 3. Check that oxygen tanks are properly supported in a stand or cart or properly chained | |
| | 4. Full and empty tanks are separated | |
| | 5. Door to corridor should be locked | |
| | 6. Check for sign on door: "Caution Oxidizing gases stored within No Smoking" which is readable from a distance of 5 feet | |
| | 7. No smoking signs shall be posted in areas where oxygen is being used. | |
| Storage rooms | 1. 50 to 100 sq.ft.- separated by one hour fire rated construction and self closing and automatically latching door | |
| | 2. Greater than 100 sq.ft.- separated by one hour fire rated construction, self closing and automatically latching door and sprinklered | |
| Patient rooms | 1. Window or outside door | |
| | 2. Window and cubicle curtains flame retardant | |
| | 3. No furnishings and decorations of highly flammable character | |
| | 4. Corridor door closes and latches without impediment, gaps and against jamb | |
| | 5. No portable space heaters | |

| | | |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | 6. Class A or B flame spread rating | |
| Corridors and Exit ways | <ol style="list-style-type: none"> 1. Class A or B rating- Walls and Ceiling 2. Continuously maintained free of all obstructions or impediments 3. Handrails secure and without damage 4. No items on wall extending out beyond the handrail below seven feet | |
| Stairways | <ol style="list-style-type: none"> 1. One hour fire rated construction- up to three stories Four stories or more- Two hour fire rated construction 2. All penetrations sealed 3. Self closing automatically latching doors 4. No storage | |
| Exit lights | <ol style="list-style-type: none"> 1. Illuminated 2. Signs located to show direction to exit from any point in a corridor- two directions 3. Illuminated by emergency power within ten seconds of loss normal power | |
| Alcohol based hand rub | <ol style="list-style-type: none"> 1. The corridor is at least six feet wide 2. The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) 3. The dispensers shall have a minimum spacing of four feet from each other 4. Not more than ten gallons are used in a single smoke 5. Dispensers are not installed over or adjacent to an ignition source 6. If the floor is carpeted, the building is fully sprinklered | |
| Smoking regulations | <ol style="list-style-type: none"> 1. Smoking shall be prohibited in any room, ward or compartment where flammable liquids, combustible gases or oxygen is used or stored in any other hazardous location and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking 2. Smoking by patients classified as not responsible shall be prohibited, except when under direct supervision 3. Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted 4. Metal containers with self-closing cover devices into which ashtrays can be emptied shall be available to all areas where smoking is permitted | |
| Electrical | <ol style="list-style-type: none"> 1. All switch and outlet covers installed. None damaged 2. Panels installed on all electrical equipment 3. Three foot clearance on all four sides of main electrical panels 4. Circuit breaker panels labeled 5. Ground Fault Circuit Interrupters installed in all outlets- within six feet of any sink, bathrooms, garages, electrical vehicle charging systems, elevators, wet areas (utility rooms-outlets serving counter tops, janitor closets, dish washing rooms) kitchen (outlets serving counter tops), roof tops, and outdoor outlets 6. Bulbs installed in all lighting fixtures 7. No daisy-chained power strips | |

| | | |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Kitchen Range Hood Fire Suppression System | <ol style="list-style-type: none"> 1. Inspected monthly- Grease buildup on nozzles and ductwork 2. Inspected annually- Licensed individual 3. Eight inch shield installed between fryer and stove-on tallest appliance- not required if fryer is sixteen inches from stove | |
| Fire Extinguishers | <ol style="list-style-type: none"> 1. Inspect monthly- proper location, not obstructed, operating instructions on nameplate facing outward, safety seal not broken, unit is full, obvious physical damage, pressure gauge in operable range, Document inspection 2. Annual inspection by licensed individual | |
| Fire Alarm System | <ol style="list-style-type: none"> 1. Annual inspection by licensed individual- report available 2. Semi-annually- visual inspection of fire alarm components | |

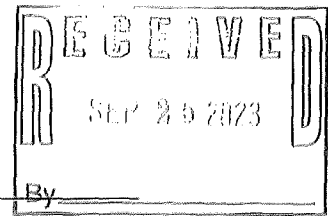
| | | |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Single Station Smoke Detectors | <ol style="list-style-type: none"> 1. Inspect and test according to manufacturer's instructions at least monthly 2. Replace batteries according to manufacturer's instructions 3. Document testing and maintenance | |
| Sprinkler system | <ol style="list-style-type: none"> 1. Annual inspection by licensed individual- report available 2. Test tamper and flow switches quarterly- document 3. Storage eighteen (18) inches below sprinkler head deflector 4. Sprinkler heads free of lint and corrosion, pipes not used for clothes hangers 5. Sprinkler head unobstructed/not painted 6. Check spare sprinkler head cabinet for 2 sprinkler head for each type of sprinkler used in the facility | |
| Emergency Generator | <ol style="list-style-type: none"> 1. Annual inspection by licensed individual- report available 2. Maintenance schedule per manufacturer's requirements- keep log 3. Monthly recordings of battery electrolyte specific gravity- lead acid batteries, all others- weekly recording of battery voltage 4. Monthly load test (30 %) for 30 minutes- record time and voltage 5. Switch to emergency power within 10 seconds 6. Outlets connected to emergency power identified by distinctive color unless total building on generator | |
| Fire Drills | <ol style="list-style-type: none"> 1. Fire drills conducted monthly 2. A drill for each shift during each quarter (*for facilities with 12 hour shifts, a monthly drill is conducted, but the shifts are rotated between the two) 3. At unannounced times, not during shift change, not all on same day, 90% attendance 4. Do not mix drills and in-services 5. Document each drill with time, date, shift, procedures used, reactions of staff and signatures of staff participating | |
| Corridor, Fire and Smoke Barrier walls | <ol style="list-style-type: none"> 1. All penetrations sealed with fire rated caulking or foam. Check behind service personnel. Maximum half inch gap around penetrations | |

| | | |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Exits | 1. Doors open without impediment. | |
| | 2. Discharge path smooth hard surface. Maximum half inch elevation between surfaces. If higher, 20:1 ramp. | |
| | 3. Dual bulb outside light fixture | |
| | 4. After snowfall or ice storm, check that egress doors have been shoveled out | |
| | 5. No miniblinds or curtains on exit doors | |
| | 6. Exit paths have street lighting (one foot candle at floor level minimum) | |
| Eyewash Stations | 1. Weekly check done on plumbed units and noted on checklist by each eyewash station. | |
| | 2. Eyewash station may not be behind a locked door. | |
| | 3. For self-contained eyewash units, do not continue to use after expiration date. | |
| Fire Pumps | 1. For diesel-engine driven units, weekly churn testing and inspection noted on checklist. | |
| | 2. For electric-motor driven, monthly testing churn testing and inspection noted on checklist. | |
| | 3. Annual full-flow testing and pressure performance done against the manufacturer's rating of the pump. | |
| In General | 1. Facility shall be maintained according to all applicable codes. Any renovations or alterations to the facility shall be submitted to OLTC for approval. | |
| | 2. All top heavy equipment or equipment that could fall on someone is anchored | |
| | 3. Appropriate PPE is available and shows signs of being used | |
| | 4. Check for door wedges | |
| | 5. Doors in SNF positively latch | |
| | 6. Loading docks have appropriate chain/gate across edge and edge is painted yellow | |
| | 7. Double fire doors in corridors –check they close and latch properly | |
| | 8. Check for vessel boiler certificates – annual issuances of state inspection | |
| | | |

Human Resources New Employee Onboarding Guide



DEPARTMENT: _____



NAME: _____

TITLE: _____

| Date | Human Resources Day 1 Items |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>Employee(s) Welcome:</p> <ul style="list-style-type: none"> • Ensure signage welcoming new employee to community has been set up (lobby, breakroom and other common areas) • Create temporary name badge (utilize an old badge and label maker) if badge has not arrived • Complete New Employee Welcome Letter • Ensure new employee "swag" is available for Module 1 • Confirm Lunch w/Leaders attendees for Module 3 • Complete new employee Cov Rewards card (20 points) for Module 4 • Enroll new employee in appropriate Relias department module listed on page 2 of this guide, <i>AND</i> LiftSafe training plans if applicable, <i>AND</i> any state specific new hire required training |
| | <p>Workday:</p> <ul style="list-style-type: none"> • Confirm new employee login credentials have been generated • Log into Workday in a "New employee Kiosk" Laptop • Select security questions and change password • Complete tasks in Inbox • Benefits: <ul style="list-style-type: none"> ○ FT – 30 day window to enroll in benefits review due date ○ PT – review medical reimbursement plan ○ Review steps to enroll in each plan • Enter Manual Punch <ul style="list-style-type: none"> ○ Show them how to clock in as Hours Worked, Orientation, and In-Service/Training • Provide overview of Apps in Workday dashboard <ul style="list-style-type: none"> ○ How to request time off and • Open Resources and Links and explain links • Log into the WiFi • Download Workday App |
| | <p>Quick Hires:</p> <ul style="list-style-type: none"> • Continue to check pending background status daily in HireRight • Review results and adjudicate once completed |
| | <p>Policy Review:</p> <ul style="list-style-type: none"> • Employee Handbook • Code of Conduct • Corporate Compliance • Attendance Policy • Staff Parking • Incident/Accident Reports • Process for reporting Resident grievances or complaints • Complete Security Awareness training |

Human Resources New Employee Onboarding Guide

| | |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Payroll Information: <ul style="list-style-type: none">• Payroll schedule• Timesheet submission review and Gold-Star status "pep-talk"• Breaks – clock in/out and Importance of accurate punches |
| | |
| | Lunch with New employee <ul style="list-style-type: none">• Invite manager or with other new employees starting same day (Administration pays for) |
| | Department Specific Onboarding and General Onboarding: <ul style="list-style-type: none">• What to expect over the next week• Review onboarding calendar and map out onboarding schedule• Coordinate Manager and/or "Buddy" meet and greet (Manager or "Buddy" will pick up new employee and bring to department to begin department onboarding process) |
| State Specific Training as indicated by State Regulations | |

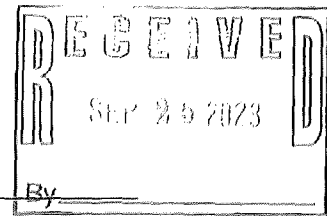
Relias Courses for New Employee Department Onboarding:

| | | | | |
|-------------------------------------------------------------------------------------------|----------|---|---|---|
| Module - CLM/CNA in-Department New Employee Onboarding CLM/CNA Onboarding | 1 Course | ✓ | 0 | 🔍 |
| Module - Dining In-Department New Employee Onboarding Dining In-Department | 1 Course | ✓ | 0 | 🔍 |
| Module - Housekeeping In-Department New Employee Onboarding Housekeeping In-Department | 1 Course | ✓ | 0 | 🔍 |

IMPORTANT FINAL STEP: HR – Once completed upload into employee file in Workday

STAFF TRAINING AND PROCEDURES PLAN

Human Resources New Employee Onboarding Guide



DEPARTMENT: _____ By _____

NAME: _____







TITLE: _____

| Date | Human Resources Day 1 Items |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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Human Resources New Employee Onboarding Guide

| | |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| | Lunch with New employee <ul style="list-style-type: none"> • Invite manager or with other new employees starting same day (Administration pays for) |
| | Department Specific Onboarding and General Onboarding: <ul style="list-style-type: none"> • What to expect over the next week • Review onboarding calendar and map out onboarding schedule • Coordinate Manager and/or “Buddy” meet and greet (Manager or “Buddy” will pick up new employee and bring to department to begin department onboarding process) |
| State Specific Training as indicated by State Regulations | |

Relias Courses for New Employee Department Onboarding:

| | | | | |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---|---|---------------------------------------------------------------------------------------|
| Module - CRM/CMA In-Department New Employee Onboarding <small>CR_2009_CMA_1119</small> |  Course | ✓ | 0 |  |
| Module - Giving In-Department New Employee Onboarding <small>CR_2009_Giving</small> |  Course | ✓ | 0 |  |
| Module - Housekeeping In-Department New Employee Onboarding <small>CR_2009_Housekeeping</small> |  Course | ✓ | 0 |  |

IMPORTANT FINAL STEP: HR – Once completed upload into employee file in Workday

equipment, supplies, vehicles and other resources may result in counseling and/or disciplinary action, up to and including termination of employment.

Employees who drive as part of their job responsibilities and/or who may occasionally use a community vehicle are required to operate the vehicle safely and in accordance with state law, including following speed limits, required seat belt use and are not to use a cell phone or send text messages while operating a vehicle on company business.

NAME BADGE

All employees are issued both a name badge and a door access card with their names and position, that must both always be worn while on community property. Name badges provide quick identification and are a courtesy to residents, resident family members, visitors and vendors. Keep your name badge and door access card secure. Immediately report loss of a name badge or door access card to your supervisor and arrange to have it replaced through the human resources office. Name badges and access cards are the property of the community and are to be returned to the Human Resources Director when employment terminates.

While on work time, employees may not wear or display any stickers, pins, buttons, badges, insignia, etc., that are not officially sponsored by Covenant Living.

ORIENTATION, TRAINING AND EMPLOYEE DEVELOPMENT

Training and development are an ongoing process in which all employees should regularly participate. Covenant Living strives to provide effective training and development opportunities for all employees.

New Employee Orientation: All new employees begin employment with orientation that provides an introduction to the community and its leadership, introduction to Covenant Living's mission, Common Purpose and Inspired to Serve, review the *Handbook* and other need-to-know information. The orientation will also include an orientation to the employee's department, review of the position description, job responsibilities, performance expectations, specific job training, and safety. The process varies depending on the job and length of time required to learn it.

Corporate Compliance: Corporate compliance policies and relevant procedures are explained in the Covenant Living Code of Conduct that is provided to and reviewed with every employee.

HIPAA: This orientation provides an overview and explanation of procedures related to confidentiality of protected health information of residents and co-workers. It further explains that access to such information is to be used under a "minimum necessary" basis. The employee's supervisor will explain any pertinent procedures that impact the employee's job.

In-service Education and Training: Periodically, there will be community and departmental in-service meetings on topics relating to program operations, topics required by regulations, and individual employee development and/or training. Departmental policies may require attendance at certain in-service education programs. Lack of participation in in-service education and training may impact an employee's qualifications for his/her job and continued employment.

Outside Seminar and Training Programs: Covenant Living encourages participation in programs that provide stimulation for career development and the enhancement of job skills. Certain training and development programs are considered mandatory. In such cases, the community will reimburse applicable expenses. Attendance at such programs will be paid as hours worked.

Education Programs: Employees are encouraged to pursue professional growth through education. Tuition reimbursement may be applicable.

Infection Control and Standard Precautions: All employees who are at-risk of exposure to blood, bodily fluids or other potentially infectious material as a part of their routine job duties must review the blood-borne pathogens policy and participate in a training program that includes standard precautions. Training is provided at no cost to the employee. At-risk employees will also be offered the Hepatitis B vaccine at no cost.

HEALTH AND SAFETY PLAN

Nursing Services Policy and Procedure Manual for Long-Term Care - Clinical Tiers

| Unit Title | Chapter | Clinical Tier |
|--------------------------------------------------------------------------|--------------------------------------|---------------|
| Alcoholic Beverages | Miscellaneous | |
| Answering the Call Light | Personal Care | |
| Assisting the Impaired Resident with In-Room Meals | Food Services | |
| Assisting the Resident with In-Room Meals | Food Services | |
| Bed Bugs, Preventing and Managing Infestations of | Managing Infections | |
| Cleaning Broken Glass When Contaminated With Blood or Body Fluid | Infection Control | |
| Cleaning Spills or Splashes of Blood or Body Fluids | Infection Control | |
| Departmental (Environmental Services) - Laundry and Linen | Infection Control | |
| Departmental (Occupational Therapy) - Prevention of Infection | Infection Control | |
| Departmental (Physical Therapy) - Prevention of Infection | Infection Control | |
| Departmental (Recreational Therapy) - Prevention of Infection | Infection Control | |
| Departmental (Respiratory Therapy) - Prevention of Infection | Infection Control | |
| Dietary/Food Handling | Food Services | |
| Making an Unoccupied Bed | Personal Care | |
| Medical Waste, Handling of | Infection Control | |
| Needle Handling and/or Disposal | Infection Control | |
| Personal Protective Equipment - Using Face Masks | Infection Control | |
| Personal Protective Equipment - Using Gloves | Infection Control | |
| Personal Protective Equipment - Using Gowns | Infection Control | |
| Personal Protective Equipment - Using Protective Eyewear | Infection Control | |
| PPE - Contingency and Crisis Use of Eye Protection (COVID-19 Outbreak) | Infection Control | |
| PPE - Contingency and Crisis Use of Facemasks (COVID-19 Outbreak) | Infection Control | |
| PPE - Contingency and Crisis Use of Gloves (COVID-19 Outbreak) | Infection Control | |
| PPE - Contingency and Crisis Use of Isolation Gowns (COVID-19 Outbreak) | Infection Control | |
| PPE - Contingency and Crisis Use of N-95 Respirators (COVID-19 Outbreak) | Infection Control | |
| Preparing the Resident for a Meal | Food Services | |
| Serving Drinking Water | Nutrition and Hydration | |
| Snacks (Between Meal and Bedtime), Serving | Food Services | |
| Transfer, Room to Room | Admissions, Transfers and Discharges | |
| 24-Hour Urine Specimen | Specimen Collection | II |
| Apical Pulse, Measuring | Assessments and Care Planning | II |
| Applying a Cold Compress or Soak | Personal Care | II |
| Applying a Warm Compress or Soak | Personal Care | II |
| Applying a Warm Water Bottle | Personal Care | II |
| Artificial Limb, Care of | Personal Care | II |
| Assisting a Resident to Walk to the Bathroom | Personal Care | II |
| Assisting the Nurse in Examining and Assessing the Resident | Assessments and Care Planning | II |
| Bedpan/Urinal, Offering/Removing | Personal Care | II |
| Bedside Commode, Offering/Removing | Personal Care | II |
| Blood Pressure, Measuring | Assessments and Care Planning | II |

Nursing Services Policy and Procedure Manual for Long-Term Care - Clinical Tiers

| Unit Title | Chapter | Clinical Tier |
|-------------------------------------------------------------------|-------------------------------------|---------------|
| Brushing and Combing Hair | Personal Care | II |
| Care of Artificial Eye | Personal Care | II |
| Care of Fingernails/Toenails | Personal Care | II |
| Care of Hearing Aid | Personal Care | II |
| Care of the Hearing Impaired Resident | Personal Care | II |
| Care of the Visually Impaired Resident | Personal Care | II |
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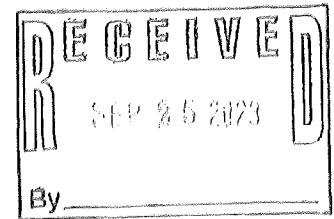
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EMERGENCY RESPONSE PLAN

**EMERGENCY COMMUNICATIONS PLAN
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RESIDENT / RESPONSIBLE PARTY GUIDE¹**



This guide briefly explains the Emergency Preparedness Program in place at Covenant Living of Keene.

The Emergency Preparedness Program, which includes an Emergency Operations Plan, is a comprehensive approach to meeting the health and safety needs of our resident population and provides our staff with guidance on how to respond to emergency situations that could impact the operation of the facility, such as natural or man-made disasters.

This guide details expectations of residents and their families during an emergency event at the facility or a community disaster.

The guide also provides families or responsible parties with alternate methods to contact the facility during a disaster when normal means of communications (telephones) may be inoperable.

Communications during a disaster or emergency event

Staff members will communicate in person with residents when there is an emergency or disaster.

Typically normal telephone communications will occur between the facility and resident family members or responsible parties when there is an emergency that impacts the operations of the facility.

In the event of a disaster or other event that causes the loss of normal telephone communications, the facility may make alternate arrangements to contact resident families or responsible parties through the use of cell phones or other means.

The facility may designate a specific phone number for pre-recorded messages to provide updated facility status information, specific instructions to staff who may not be able to call the facility, or provide information to resident family members.

If telephone communications (normal and cell) are inoperable the facility may share information relative to the status of the facility or disaster on its webpage at www.covlivingkeene.org

The facility may contact the news media (radio & TV) and issue a press release relative to the facility status or other relevant information.

¹ Develop messaging that can be shared with facility residents and resident responsible parties that provides some basic information around emergency preparedness. This provided information is a sample and should be reviewed and tailored accordingly before being finalized and disseminated

ABOUT OUR EMERGENCY OPERATIONS PLAN

- A detailed plan containing emergency procedures (reviewed and revised on an annual basis) that the staff follow for various emergencies.
- Staff are trained each year on the Emergency Operations Plan and on Fire Procedures.
- Fire Drills are conducted on a regular basis at varying times to ensure the fire alarm system is operational and to evaluate staff response upon alarm activation.
- Disaster Drills are conducted twice per year to evaluate staff knowledge, response and competence.

HOW WE ADDRESS DISASTERS

Establishing Incident Command

- The Leadership team will establish a Command Center for more serious incidents to provide guidance to staff and to communicate with emergency responders and agencies.
- Information and direction will be provided to residents and families as soon as possible – please be patient.
- The safety of the residents and staff will be a priority.

Sheltering in Place

- In many incidents it may be safer to shelter in place, remaining in the building following the direction of staff.
- The facility maintains emergency supplies consisting of food, water and other supplies in the building.
- When power is lost there is an emergency generator that will provide limited power to critical areas.

If Forced to Evacuate the Building

- Evacuation of a healthcare facility is rare however the facility is prepared to do so if necessary for the safety of the residents.
- The decision to evacuate all or part of the building comes from the Command Center depending on the disaster.
- Residents and families will be notified of the evacuation as soon as practical. Often times families may be able to take a resident home for a few days, or until the emergency is over.
- Staff are trained on how to evacuate residents using the elevators, or if necessary, just the stairwells.
- If the facility is forced to relocate or evacuate residents the release or sharing of resident information with other healthcare facilities and emergency agencies may be done as permitted by law.

How we will Evacuate

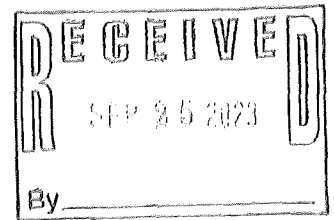
- Residents will be prepared for evacuation by assigned staff. This may include collection of certain personal belongings, medications and other articles deemed necessary by staff. Typically these items are placed in a labeled bag and accompany the resident to the evacuation destination.
- Residents will be moved in small groups to an internal staging area prior to be transported to other receiving facilities.
- It may be necessary to place a band containing certain personal information on the resident's wrist during an evacuation.
- A Resident Evacuation Form will be completed by staff and accompany the resident along with the Medical File/Chart.

OUR FIRE PROCEDURES

- Staff receive annual Fire Safety Training. This "hands on" training includes:
 - What to do if they discover a fire
 - How to rescue a individual from the fire room or area
 - How to use a fire extinguisher
 - Evacuation of the fire area
- The fire procedures are reviewed and revised on a regular basis.
- Fire drills are conducted on a regular basis.

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Covenant Living of Keene

EMERGENCY PREPAREDNESS PROGRAM

TO ACTIVATE THIS PLAN:

TURN DIRECTLY TO PAGE 10
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Revised: 09.08.22

Covenant Living of Keene

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¹ Delete procedure if no Carbon Monoxide alarms

² Delete reference to radiological if no nuclear facility or no major transportation route near facility

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³ Delete if not a risk for your region
⁴ Revise if propane versus natural gas
⁵ Delete if no piped med gases in facility
⁶ Delete if no steam service in facility
⁷ Revise if propane versus natural gas
⁸ Delete if not a risk for your region

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⁹ Delete if not a risk for your region

¹⁰ Delete if not a risk for your region

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¹¹ Customize Appendices and insert into plan

SECTION A:

POLICIES AND PLANNING

POLICIES AND PLANNING

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EMERGENCY MANAGEMENT PLAN

Policy and Organizational Statements

The Emergency Preparedness Program (EPP) was developed using an all-hazards approach to comply with all applicable federal, state and local emergency preparedness requirements.

The EPP was developed in collaboration with Keene Fire Department and EMS

This plan has been reviewed with Keene Fire Department to ensure an integrated response during a disaster or emergency situation impacting the facility.

The Emergency Operations Plan (EOP) and its components are the master operations documents for the campus in responding to all emergencies, and all catastrophic, major, and minor disasters. The plan defines the responsibilities of all levels of management that make up the facility Healthcare Incident Command Team.

This plan will be reviewed and updated on an annual basis, and the Director of Facilities Maintenance will be assigned this responsibility. Should there be significant revisions to the plan, all staff will be trained regarding the revisions. An "Annual Review and Analysis" document is found in Appendix J.

The EOP is compliant with the National Incident Management System (NIMS), and incorporates the principles set forth in the Incident Command System (ICS).

The plan describes the basic strategies, assumptions, operational objectives, and mechanisms through which the Incident Command Team will mobilize resources and conduct activities to guide and support campus, local and state emergency management efforts through preparedness, response, recovery, and mitigation.

The EOP is designed to be flexible, adaptable and scalable. The plan articulates the roles and responsibilities of the Incident Command Team in its response and coordination with local, state and federal emergency officials.

The EOP includes the following sections and appendices:

- Section A: Policies and Planning (this section)*
- Section B: Procedures Applicable to All Hazard Responses*
- Section C: Incident Command System*
- Section D: Full Building Evacuation Plan*
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Appendix J: Annual Analysis and Review

Appendix K: EPP Quick Reference Guide (11x17)

Appendix L: Food Service Reference Material

Appendix M: Electronic Records Access Policy

Appendix N: McKesson Emergency Preparedness

The EPP is always in effect. The plans and operational procedures within the EPP are executed on an as-needed basis as determined by the Executive Director² or highest ranking member of the leadership team onsite at the time of the event (Incident Commander).

The purpose of the EPP is to:

- Develop an all-hazards planning approach that will be used for all threats to, and/or emergencies or disasters that may impact the campus.
- Create the general framework of planning for preparedness, response, recovery and mitigation activities of the campus.
- Reduce the vulnerability of residents, staff and visitors and the community, including the loss of life or injury, or the damage and loss of property resulting from natural, technological, and man-made disasters, by developing effective preparedness, response, recovery and mitigation plans.

¹ Revise to match Table of Contents

² Insert correct position title

- Describe the facility's role in coordinating with and supporting local, state and federal governments during an emergency or disaster.
- Describe the types of disasters which are likely to impact the campus, from local emergencies to minor, major or catastrophic disasters.

The facility will engage local officials as part of its effort to develop an HVA through collaborative and cooperative planning efforts. Appendix A outlines the agencies or personnel the facility has engaged in the process.

Risk Assessment Process

The Emergency Preparedness Plan is based upon the Facility Specific and Community Hazard Vulnerability Assessments (HVA).

The HVA provides a systematic approach to recognizing hazards that may affect demand for nursing home or assisted living residences³ or its ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities. The HVA serves as a needs assessment for the Emergency Preparedness Program. This process involves facility staff representing the safety and/or emergency management committee and community partners (area emergency managers, fire and police departments and emergency management services).

The facility incorporates risks identified in the Community Hazard Vulnerability Assessment into its emergency planning process and procedure development, where applicable. The Facility HVA can be found in Appendix A.

The facility will utilize the output of the HVA, focusing on the top 5 to 10 relative risks, to develop a mitigation strategy as appropriate.

Communications⁴

The Communications Plan is developed to comply with local, state and federal law. Similar to the EPP, the Communications Plan will be reviewed and updated at least annually.

The Communications Plan provides names and contact information for staff, entities providing services under arrangement, residents' physicians, other healthcare facilities and volunteers. Additionally, local, regional and state emergency response and emergency management agencies and other sources of assistance are provided in this plan. These contact lists are located in Section F: Emergency Resources and Lists.

³ Revise to reflect proper care level

⁴ Revise content of this plan to best fit the facility needs

Primary and alternate means for communicating with facility staff and external partners including local, regional, and state emergency responders and emergency management agencies are listed in Section B: Procedures Applicable to All Hazard Responses.

The EPP addresses methods for sharing information and medical documentation for residents under the facility's care, as necessary, with other health care providers to maintain continuity of care during emergency or disaster events, including evacuation of the facility. These methods are outlined in the Emergency Operations Plan sections as follows:

- Section B: Procedures Applicable to All Hazard Responses
- Section C: Incident Command System
- Section D: Full Building Evacuation Plan
- Section E: Emergency Procedures for Specific Events

The facility maintains a daily list of residents, to include their condition and location. The census list will be updated routinely throughout the day, as necessary⁵. During emergency or disaster related events, resident information may be shared or released, as permitted under 45 CFR 164.510 (b) (1) (ii) and 164.510 (b) (4), through assigned roles and responsibilities in the facility Incident Command System.

If the facility is forced to relocate or evacuate residents, the release or sharing of resident information shall be coordinated through assigned roles and responsibilities in the facility Full Building Evacuation Plan.

The facility will communicate with local, regional and state emergency responders and emergency management agencies, local and state health departments, mutual aid plans / healthcare coalitions and/or other healthcare facilities, when applicable, the following information during an emergency or disaster:

- Its occupancy
- Any resource or asset needs
- Ability to provide assistance to other facilities

The Incident Command System assigns specific roles and responsibilities for the communication of this information. Additionally, reporting of this information is accomplished electronically through the use of <Covenant of Keene's Emergency Plan>.

Resident and Family Information

Upon admission, residents and their responsible parties will be provided with an Emergency Communications Plan Guide (See Appendix G).

⁵ Revise if different than stated

This guide details expectations of residents and their families during an emergency event at the facility, or during a community disaster. The plan provides families with alternate methods to contact the facility during a disaster when normal means of communications (telephones) may be inoperable.

Alternatively, the facility may share information relative to the status of the facility or disaster on its webpage at www.covlivingkeene.org

Continuity of Operations

The Emergency Preparedness Plan takes into consideration its resident population, including the types of services and levels of care the facility provides.

The facility is an Assisted Living Facility/Nursing Home/Skilled Nursing Home⁶ that provides the following levels of service⁷:

- Bariatric Care
- Dementia/Alzheimer's Care
- Ventilator Care
- IV/Tube Feedings
- Dialysis
- Therapy (Respiratory, Speech, OT/PT)
- Adult Day Care
- Respite Care
- Hospice Care
- Rehabilitation
- Home Care
- Behavioral Health

In addition to the inherent risks associated with residents requiring these various levels of care, the plan also incorporates risks related to culture, ethnicity and language.

In the event an emergency or disaster impacts any of the services provided by the facility to its residents, the facility has developed contingency plans to ensure continued services, to the extent possible. These plans include, but are not limited to, emergency procedures, vendor support, agreements with other healthcare facilities, mutual aid plan support⁸ and support from local/state emergency management.

⁶ Revise to reflect proper care level

⁷ Revise bulleted list to accurately reflect services provided by the facility

⁸ Remove the reference to mutual aid plan support if the facility is not part of a mutual aid plan

Where specific outpatient services⁹ can no longer be provided, the facility has made arrangements with other providers as follows:

- Therapy (Respiratory, Speech, OT/PT) residents will be directed to<Insert location¹⁰>
- Adult Day Care responsible parties will be notified that the Adult Day Care is closed and that alternative arrangements for long duration cessation of services have been made with<Insert location¹¹>.
- Home Care¹² client responsible parties will be notified that Home Care services cannot be provided and that alternative arrangements for long duration cessation of services have been made with<Insert service or location¹³>.

Where inpatient services can no longer be provided, it may be necessary to make alternate care arrangements or evacuate the residents to another healthcare facility (See Full Building Evacuation Plan).

The facility will maintain agreements with a temporary “stop-over” location and other healthcare facilities as receiving sites. Alternate care sites will be considered as identified by local Emergency Management officials. The facility will serve as an alternate care site if deemed necessary and as outlined in a Section 1135 waiver when issued.

In the event of a loss of other utility services, emergency procedures have been developed that include contingency planning. Emergency power and standby systems are maintained in compliance with NFPA 99 and NFPA 110. Plans are in place to maintain an on-site fuel source to keep systems operational unless evacuation is deemed necessary.

In the event the CEO, Executive Director or Assistant Executive Director¹⁴ are not available, the highest ranking person in the facility at the time of the event will assume the role of Incident Commander and have overall authority relative to the facility response to the event. The facility organizational chart and roster of staff with key disaster related roles is located in Appendix F.

Upon activation of the EOP an assessment will be conducted to determine the current workforce and the future needs of the facility in the aftermath of a disaster. This will be accomplished through the use of the Department Rapid Assessment Form and Incident Command Team action plan development.

⁹ Delete paragraph if none of these services are provided by the facility

¹⁰ Insert location where clients will be referred to

¹¹ Insert location where clients will be referred to

¹² Home Healthcare has separate unique emergency preparedness requirements. If you have a Home Healthcare component as part of your facility, be prepared to include them in your planning and exercises.

¹³ Insert service or location where clients will be referred to

¹⁴ Insert applicable position title(s)

The Incident Command Team will conduct a thorough analysis of the facility's current (or available) workforce to better understand what the future needs will be to recover from the disaster and ensure sufficient staffing.

This process helps identify workforce needs, but also key strategies, goals, processes, and behaviors needed to effectively recover from a disaster.

This facility has a system of medical documentation that preserves resident information, protects confidentiality of resident information, and secure and maintains the availability of records. This is accomplished by:

- *Insert information on system of medical documentation here¹⁵*
-

Training and Testing Program

The Training & Testing Program will be reviewed and updated at least annually¹⁶. The Director of Facilities Maintenance will be responsible for the review and updating of the Training & Testing Program.

Training

All staff, including individuals providing onsite services under arrangement and volunteers consistent with their expected roles, will be provided initial training in the Emergency Preparedness Program, specifically the Emergency Operations Plan.

The facility will test staff competence in their knowledge of the Emergency Preparedness Program through the use of a post training quiz¹⁷ and evaluations during drills and exercises.

¹⁵ Outline the facility medical records systems. Outline electronic health record (EHR) systems, hardcopy systems or a combination. Provide details on the system(s). For example, if you utilize EHR, list the name of the system, location, security and redundancy of servers and accessibility to records from other, or off-site locations. For hard copy paper records, identify where they are located and how they are secured and kept safe. Reference any facility Protected Health Record Policies and Procedures.

¹⁶ Some states require semi-annual review, revise as necessary

¹⁷ Revise as needed

Annual Testing

The facility will conduct annual testing of the Emergency Preparedness Program through exercising as follows:

- The facility will conduct two separate exercises on an annual basis. One of these exercises will be a community based full scale exercise (when available) and the second may be a tabletop of similar exercise.
- Each calendar year, the facility will participate in a community based full scale exercise.
 - The facility is a mutual aid plan¹⁸ member and participates in a mutual aid exercise involving other healthcare facilities and local/regional partners and emergency responders. This exercise serves as the required community based full scale exercise.
 - When a community based full scale exercise is not available, the facility will conduct an individual facility based disaster on an annual basis and document its actions and invitations towards having community partners and stakeholders involved.
 - If the facility experiences an actual natural or man-made emergency that requires the activation of the Emergency Preparedness Program, the facility may consider utilizing the actual event in lieu of conducting the community based full scale exercise. The event will be critiqued and an After-Action Report developed.
- The facility will conduct an internal functional exercise or a paper based tabletop exercise annually. Table top exercises will include a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge the emergency plan.

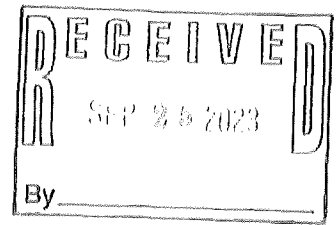
The facility response to each exercise will be documented to capture lessons learned, opportunities for plan and procedure improvements, and to evaluate staff knowledge and response.

The facility will document all drills, tabletops exercises and emergency events utilizing the After-Action Report (AAR)¹⁹. Any plan revisions needed as a result of a drill or exercise will be captured in the Improvement Plan of the AAR. The Director of Facilities Maintenance will be responsible for reviewing, tracking and assigning improvement tasks.

¹⁸ Delete bullet and reference to mutual aid if not part of a formal mutual aid plan

¹⁹ Revise if using a different documentation format

NEIGHBORHOOD RELATIONS PLAN



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

BUILDING AND MAINTENANCE PROCEDURES



RECEIVED
SEP 26 2023
By _____

A SPECIAL PROPOSAL TO:
COVENANT LIVING OF KEENE

FOR A

**SEMI-ANNUAL PREVENTIVE
MAINTENANCE PROGRAM**

January 26, 2023

By:
Ray Amirault
Service Sales Representative

EMCOR SERVICES NEW ENGLAND MECHANICAL
603-836-4595



649 East Industrial Park Dr Manchester NH, 03109
 Phone (603)836-4595 • Fax (866)435-9084

MAINTENANCE AGREEMENT FOR MECHANICAL SYSTEMS

Covenant Living of Keene
 95 Wyman Road
 Keene, NH 03431

Proposal Date: January 26, 2023
 Page: 1 of 6
 Agreement Number: _____

Hereinafter CUSTOMER

EMCOR Services New England Mechanical, hereinafter NEMSI, agrees to provide the services described in the maintenance program and services specified below, which are attached hereto and made part of this Agreement, in accordance with the terms and conditions set forth on the following pages.

Mechanical System Locations: 95 Wyman Road
Keene, NH 03431

NEMSI – Semi-Annual Preventive Maintenance Program

INCLUDED SERVICES:

HVAC Service

- HVAC Systems
- Computer Environmental Systems
- Refrigeration Systems

Air Filter Service

- Pleated (pre filters only)
- Dustlok
- Other
- Box Filters (Enter Frequency)
- Bag (Enter Frequency)
- HEPA (Enter Frequency)

Control/Automation Systems

- Stand-alone Thermostats
- Direct Digital Controls
- Pneumatic Controls

Other Services

- Annual Condenser Coil Cleaning
- Special Services/Provisions (See Below)

Special Services & Provisions

| |
|-----------------------------------------|
| Filters to be supplied by the customer. |
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INSPECTION AND PREVENTIVE MAINTENANCE PROGRAM

NEMSI Inspection and Preventive Maintenance Program is designed for our customers to best insure the proper and efficient operation of their heating, ventilating, and air conditioning systems. This comprehensive program is completely administered by NEMSI. The maintenance tasks and service activities are scheduled by our maintenance scheduling system and it is based upon our own expertise as a long term mechanical services contractor, the recommendations of equipment manufacturers, system design and application. Following each service call, a detailed service report is presented to our customer and their representative for review and approval.

INSPECTION and PREVENTIVE MAINTENANCE

Inspections of equipment and systems are pre-scheduled and will be performed regularly throughout the agreement period. Inspections include the testing of the system components to determine equipment status. Needed repairs of deficiencies that are uncovered during the course of inspections are noted and handled in accordance with prompt repair procedures.

Preventive Maintenance will be performed professionally and in a thorough manner. The preventive maintenance tasks are planned and scheduled by NEMSI's maintenance scheduling system. The intended result of NEMSI's preventive maintenance is to increase equipment reliability, life expectancies and operating efficiencies.

As applicable to the equipment and systems listed on the list of equipment page herein, listed below are typical preventive maintenance tasks.

- ↳ **CONTROL CALIBRATION and ADJUSTMENT** - of pneumatic temperature controls, refrigeration controls, pressure controls, operating controls and safety controls.
- ↳ **TESTING - CHECKING** - operating refrigerant pressures; voltages and amperages; belts and belt tension; drive couplings; proper control sequencing; electrical connections; rotation; contactors; and starters. Checks on the overall operating performance of heating & cooling systems.
- ↳ **CLEANING** - condenser coils, blower wheels; condensate pans, cooling tower basins; cooling tower nozzles and boiler combustion chambers.
- ↳ **LUBRICATION MAINTENANCE** - Greasing of motor and fan bearings, changing oil; renewing oil filters, oiling damper linkages and bearings.
- ↳ **ADJUSTING and FINE-TUNING** - of superheat settings; capacity control modules; belt tension; oil burners; gas burners; starter transfer timers, compressor cylinder unloaders; outside air dampers, and outdoor switch-over controls.

| |
|-----------------------------------------|
| Equipment to be inspected semi-annually |
| Filters to be replaced semi-annually |
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LIST OF EQUIPMENT

| QTY | SYSTEM COMPONENT(S) | MANUFACTURER | MODEL NUMBER | SERIAL NUMBER | LOCATION |
|-----|------------------------|------------------|----------------------|----------------|-------------------------------------|
| 1 | Packaged Unit | Johnson Controls | J06ZJS18P2A5BCA2A1 | N1D8689844 | Roof |
| 1 | Packaged Unit | Johnson Controls | J03ZJES11A2C5BCA2A1 | N1D8674291 | Roof |
| 1 | Packaged Unit | Johnson Controls | JS05ZES12D2C5BCA2B1 | N1D8674293 | Roof |
| 1 | Packaged Unit | Johnson Controls | J06ZJS18P2A5BCA2A1 | | Roof |
| 1 | Packaged Unit | Johnson Controls | J08JS18R2A5BCD2A1 | N1C8589609 | Roof |
| 1 | Packaged Unit | Johnson Controls | J081S18R2A5BCD2A1 | | Roof |
| 1 | Packaged Unit | Trane | THH240G3R0B0E0FC0A1A | 180410963D | Roof |
| 1 | Packaged Unit | Trane | THH240G3R0B0E0FC0A1A | 180410964D | Roof |
| 1 | Water Heater | HTP | PH199-119 | 082917E1043846 | MER |
| 1 | Water Heater | HTP | PH199-119 | 030518E1011642 | MER |
| 1 | Water Heater | HTP | PH199-119 | 110617E1057566 | MER |
| 1 | Water Heater | HTP | PH199-119 | 082917E1043959 | MER |
| 1 | Water Heater | HTP | PH199-119 | | MER |
| 1 | Water Heater | HTP | PH199-119 | 030518E1011647 | MER |
| 1 | Water Heater | HTP | PH199-119 | 110717E1057723 | MER |
| 1 | Water Heater | HTP | PH199-119 | 032218D1014605 | MER |
| 1 | Water Heater | HTP | PH199-119 | 110717E1057753 | MER |
| 1 | Water Heater | HTP | PH199-119 | 112117E1060707 | MER |
| 1 | Water Heater | HTP | PH199-119 | 11717E1057856 | MER |
| 1 | Water Heater | HTP | PH199-119 | 071917E1035980 | MER |
| 1 | Water Heater | HTP | PH199-119 | 071117E1034187 | MER |
| 1 | Water Heater | HTP | PH199-119 | 071117E1034185 | MER |
| 1 | Water Heater | HTP | PH199-119 | 071917E1035988 | MER |
| 1 | High Efficiency Boiler | MODCON | 1700LP | 10021881047803 | Maint Shop MER |
| 1 | High Efficiency Boiler | MODCON | 1700LP | 10021881047802 | Maint Shop MER |
| 1 | High Efficiency Boiler | MODCON | 700LP | 040218M1016103 | Health Ctr SR |
| 1 | High Efficiency Boiler | MODCON | 700LP | 040218M1016104 | Health Ctr SR |
| 1 | Make up air unit | CaptiveAire | A1-D250-15D | 2912379 | Floor 2 Hatch |
| 1 | Air Handler | York | XTI-045X075 | CEFMXT0256 | Comm Ctr MER |
| 1 | Air Handler | York | XTI-039X060 | CEFMXT0257 | Comm Ctr MER |
| 1 | Air Handler | York | XTI-033X036 | CEFMXT0258 | 2 nd Flr Pint Storage |

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| Covenant Living of Keene | | |

LIST OF EQUIPMENT

| QTY | SYSTEM COMPONENT(S) | MANUFACTURER | MODEL NUMBER | SERIAL NUMBER | LOCATION |
|-----|---------------------|------------------|----------------------------|---------------|------------------|
| 1 | Condenser Unit | SERESCO | NE10PVIG3NT1352W2 C3ANO | 18021844 | Pool MER |
| 1 | Condenser Unit | SERESCO | NE10PVIG3NT1352W2 C3ANO | 18021844A | Roof |
| 1 | Condenser Unit | York | YVAHP144B32S | J1D70238 | Roof |
| 1 | Condenser Unit | Mitsubishi | | | F2 Hall Window |
| 1 | Condenser Unit | Mitsubishi | | | F2 Kitchen |
| 1 | Condenser Unit | Mitsubishi | | | |
| 1 | Condenser Unit | Johnson Controls | DHP36CSB21S | | Outside |
| 1 | Condenser Unit | Johnson Controls | DHP36CSB21S | | Outside |
| 1 | Condenser Unit | Johnson Controls | DHR48CSB21S | | Outside |
| 1 | Ductless Split | Mitsubishi | PKA-A12HA7 | 86A09772C | Server Room |
| 1 | Ductless Split | Mitsubishi | PKA-A18HA7 | 8ZA12087A | Kitchen |
| 1 | Ductless Split | Mitsubishi | PKA-A18HA7 | 63A03914B | Kitchen |
| 1 | Ductless Split | Mitsubishi | PKA-A18HA7 | ZYA06921A | Kitchen |
| 1 | Ductless Split | Mitsubishi | PKA-A18HA7 | 63A03729B | Kitchen |
| 1 | Ductless Split | Johnson Controls | DHP36NWB21S | | Apt Corridor |
| 1 | Ductless Split | Johnson Controls | DHP36NWB21S | | Apt Corridor |
| 1 | Ductless Split | Johnson Controls | | | APT Corridor |
| 1 | VRF | Johnson Controls | TIWM015B21S | M1A50203 | F3 Hallway |
| 1 | VRF | Johnson Controls | TIWM015B21S | M1A50205 | F3 Hallway |
| 1 | VRF | Johnson Controls | TIWM018B21S | M1F50334 | F4 South Hall |
| 1 | VRF | Johnson Controls | TIWM018B21S | M1F50281 | F4 South Hall |
| 1 | VRF | Johnson Controls | TIWM018B21S | M1F50305 | F4 South Hall |
| 1 | VRF | Johnson Controls | TIWM024B21S | M1G70041 | F1 North Central |
| 1 | VRF | Johnson Controls | TIWM024B21S | M1G70028 | F1 North Central |
| 1 | VRF | Johnson Controls | TIWM015B21S | M1G70033 | F1 North Central |
| 1 | VRF | York | YVAHP096B32S | J1K70592 | Kitchen Roof |
| 1 | ERV | Renewaire | HE2XRT | E189208C | Roof |
| 1 | ERV | Renewaire | HE1XIN | 69615 | Hlth Ctr Svc Rm |
| 1 | ERV | Renewaire | EV300 | A183549R | F2 Ceiling Hatch |
| 1 | Pool Heater | STA RITE | 460763 | | Pool MER |

| | | |
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| Covenant Living of Keene | | |

Terms and Conditions
Service Contracts & Agreements

1. Planned and / or routine maintenance services and non-critical repairs provided under this agreement will be performed during normal working hours.
2. The guarantees and services provided under the scope of this agreement are conditioned upon customer properly operating and maintaining systems / equipment. Customer will do so according to industry accepted practices and in consideration of EMCOR Services New England Mechanical (NEMSI) recommendations.
3. Customer will provide and permit safe, reasonable means of access per local building codes to all covered equipment. NEMSI will be allowed to start and stop equipment as necessary to perform its services.
4. The quoted annual rate is based upon the system(s) listed to be in a maintainable condition. If repairs are found necessary after the initial inspection or initial seasonal startup inspection, a quotation will be submitted for approval. Should customer decline to authorize the repairs to be performed, NEMSI may eliminate those items from its scope of responsibility and adjust the agreement price accordingly.
5. The agreement shall be in effect from year to year unless either party gives written notice of its intent not to renew thirty (30) days prior to the agreement anniversary date.
6. The agreement price may be adjusted on each anniversary date. Adjustments will not occur without written notification.
7. Customer agrees to pay invoices within thirty (30) days of receipt. Any fees, payments, reimbursements or credits owing to either party pursuant to this Agreement not paid when due shall accrue simple interest at the rate of one and one-half percent (1-1/2%) per month, but in no event to exceed the highest lawful rate of interest, calculated from the date such amount was due until the date payment is received by the party to whom debts are owed. NEMSI reserves the right to terminate and/or suspend work under this agreement without prior notice should payment become more than ten (10) days past due.
8. It is agreed that the repair, replacement, and emergency service provisions apply only to the equipment and systems listed. Repair and replacement of non-maintainable portions, such as duct work, furnace heat exchangers, shell and tube heat exchangers, all diffusers, cabinetry, inter-connecting piping, main power service and electrical distribution system, automation workstations, variable frequency drives, valve bodies, coils, pipe insulation, glycol, storage tanks, piping systems, structural supports, etc. are excluded.
9. This Agreement applies to the functional components and parts of mechanical systems as typified in the scope of work of this Agreement.
10. At its prevailing rates or at negotiated lump sum prices, NEMSI will perform work not covered by this agreement. This shall include responding to abnormal conditions for systems and equipment not covered by this agreement, change in scope of work and/or undeclared or hidden conditions. Repairs or replacements necessitated by reason of customer negligence or misuse are excluded.
11. In the unlikely event of failure to perform its obligations, NEMSI's liability is limited to repair or replacement at its option and such shall be customer's sole remedy. Under no circumstances will NEMSI be responsible for loss of use, loss of profits, increased operating or maintenance expense, claims of customer's tenants or clients, or any special, indirect or consequential damages.
12. The Agreement excludes responsibility for system design deficiencies, such as, but not limited to, poor air distribution, water flow imbalances, etc. It does not include responsibility for system, equipment and component obsolescence, refrigerant obsolescence, electrical failures, unserviceable equipment, and operating the system(s). We do not assume responsibility for asbestos, lead, mold, acts of God, or other hazardous conditions.
13. NEMSI will not be liable for delays or failure to obligate due to fire, flood, strike, lockout, freezing, unavailability of material, riot, acts of God, or any cause beyond our reasonable control.
14. Work necessitated by present or future requirements of government or insurance laws and / or requests is not included.
15. Only NEMSI's personnel or agent are authorized to perform the work included in the scope of this Agreement. NEMSI may, at its option, cancel this Agreement should non-authorized individuals perform such work.
16. In the event either party must commence a legal action in order to enforce any rights under this contract, the successful party shall be entitled to reasonable collection fees or all court costs and reasonable attorney's fees as determined by the court for prosecuting and defending the claim, as the case may be.
17. In addition to the prices quoted, customer shall be responsible for all taxes applicable to the services and / or material provided hereunder.
18. The customer acknowledges that employees assigned by NEMSI to perform services pursuant to this Agreement represent a valuable asset to NEMSI. The customer agrees that during the term of this Agreement, or renewal thereof, it shall not offer to employ or accept for employment, any such employee of NEMSI without the prior written consent of NEMSI. In the event this Agreement is terminated by customer for any reason at any time, other than default, customer agrees that it shall not offer to employee or accept for employment, any such employee of NEMSI for a period of four (4) months following termination of this Agreement.

In the event customer hires any employee of NEMSI in contravention of the provisions of this paragraph, customer agrees to pay to NEMSI a sum equal to the salary paid by NEMSI to such employee during the four (4) months preceding the date of such hiring by customer.

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The Agreement price is \$ 23,254.00 per year payable \$ 11,627.00 per Semi - Annual in advance, excluding sales tax, beginning on the effective date of March 1, 2023

EMCOR Services New England Mechanical guarantees the price quoted in this Maintenance Agreement for thirty days from the proposal date. This proposal becomes binding after acceptance by Customer and approval by NEMSI. This proposal is the proprietary property of EMCOR Services New England Mechanical and is provided for customer's use only.

EMCOR SERVICES NEW ENGLAND MECHANICAL

By: Ray Amirault
 Ray Amirault
 Title Service Sales Representative

Approved by Officer or Group General Manager

By: Marc Colcombe
 Marc Colcombe
 Title Vice President / General Manager

COVENANT LIVING OF KEENE

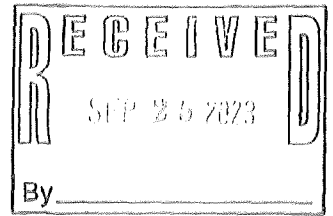
By: Greg A. Burdett
 Approval Signature

Greg A. Burdett
 Approval Printed

Title: Executive Director

Date: 1/26/23

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SECTION A: POLICIES AND PLANNING

EMERGENCY MANAGEMENT PLAN

Policy and Organizational Statements

The Emergency Preparedness Program (EPP) was developed using an all-hazards approach to comply with all applicable federal, state and local emergency preparedness requirements.

The EPP was developed in collaboration with Keene Fire Department and EMS

This plan has been reviewed with Keene Fire Department to ensure an integrated response during a disaster or emergency situation impacting the facility.

The Emergency Operations Plan (EOP) and its components are the master operations documents for the campus in responding to all emergencies, and all catastrophic, major, and minor disasters. The plan defines the responsibilities of all levels of management that make up the facility Healthcare Incident Command Team.

This plan will be reviewed and updated on an annual basis, and the Director of Facilities Maintenance will be assigned this responsibility. Should there be significant revisions to the plan, all staff will be trained regarding the revisions. An "Annual Review and Analysis" document is found in Appendix J.

The EOP is compliant with the National Incident Management System (NIMS), and incorporates the principles set forth in the Incident Command System (ICS).

The plan describes the basic strategies, assumptions, operational objectives, and mechanisms through which the Incident Command Team will mobilize resources and conduct activities to guide and support campus, local and state emergency management efforts through preparedness, response, recovery, and mitigation.

The EOP is designed to be flexible, adaptable and scalable. The plan articulates the roles and responsibilities of the Incident Command Team in its response and coordination with local, state and federal emergency officials.

The EOP includes the following sections and appendices:

- Section A: Policies and Planning (this section)*
- Section B: Procedures Applicable to All Hazard Responses*
- Section C: Incident Command System*
- Section D: Full Building Evacuation Plan*
- Section E: Emergency Procedures for Specific Events*
- Section F: Emergency Resources and Lists*

SECTION A: POLICIES AND PLANNING

Section G: Disaster Recovery Plan

Appendices:¹

Appendix A: Hazard Vulnerability Assessment (HVA)

Appendix B: Sample Mutual Aid Agreements / Memorandum(s) of Understanding

Appendix C: Compliance Schedule / Calendar

Appendix D: Sample Vendor Agreements

Appendix E: Evacuation Route Maps

Appendix F: Organizational Chart and Roster of Staff with Key Disaster Roles

*Appendix G: Resident and Responsible Party – Sample Emergency
Communications Plan*

Appendix H: Staff Competency Post Training Test

Appendix I: Collaborative and Cooperative Planning Efforts Documentation

Appendix J: Annual Analysis and Review

Appendix K: EPP Quick Reference Guide (11x17)

Appendix L: Food Service Reference Material

Appendix M: Electronic Records Access Policy

Appendix N: McKesson Emergency Preparedness

The EPP is always in effect. The plans and operational procedures within the EPP are executed on an as-needed basis as determined by the Executive Director² or highest ranking member of the leadership team onsite at the time of the event (Incident Commander).

The purpose of the EPP is to:

- Develop an all-hazards planning approach that will be used for all threats to, and/or emergencies or disasters that may impact the campus.
- Create the general framework of planning for preparedness, response, recovery and mitigation activities of the campus.
- Reduce the vulnerability of residents, staff and visitors and the community, including the loss of life or injury, or the damage and loss of property resulting from natural, technological, and man-made disasters, by developing effective preparedness, response, recovery and mitigation plans.

¹ Revise to match Table of Contents

² Insert correct position title

SECTION A: POLICIES AND PLANNING

- Describe the facility's role in coordinating with and supporting local, state and federal governments during an emergency or disaster.
- Describe the types of disasters which are likely to impact the campus, from local emergencies to minor, major or catastrophic disasters.

The facility will engage local officials as part of its effort to develop an HVA through collaborative and cooperative planning efforts. Appendix A outlines the agencies or personnel the facility has engaged in the process.

Risk Assessment Process

The Emergency Preparedness Plan is based upon the Facility Specific and Community Hazard Vulnerability Assessments (HVA).

The HVA provides a systematic approach to recognizing hazards that may affect demand for nursing home or assisted living residences³ or its ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities. The HVA serves as a needs assessment for the Emergency Preparedness Program. This process involves facility staff representing the safety and/or emergency management committee and community partners (area emergency managers, fire and police departments and emergency management services).

The facility incorporates risks identified in the Community Hazard Vulnerability Assessment into its emergency planning process and procedure development, where applicable. The Facility HVA can be found in Appendix A.

The facility will utilize the output of the HVA, focusing on the top 5 to 10 relative risks, to develop a mitigation strategy as appropriate.

Communications⁴

The Communications Plan is developed to comply with local, state and federal law. Similar to the EPP, the Communications Plan will be reviewed and updated at least annually.

The Communications Plan provides names and contact information for staff, entities providing services under arrangement, residents' physicians, other healthcare facilities and volunteers. Additionally, local, regional and state emergency response and emergency management agencies and other sources of assistance are provided in this plan. These contact lists are located in Section F: Emergency Resources and Lists.

³ Revise to reflect proper care level

⁴ Revise content of this plan to best fit the facility needs

SECTION A: POLICIES AND PLANNING

Primary and alternate means for communicating with facility staff and external partners including local, regional, and state emergency responders and emergency management agencies are listed in Section B: Procedures Applicable to All Hazard Responses.

The EPP addresses methods for sharing information and medical documentation for residents under the facility's care, as necessary, with other health care providers to maintain continuity of care during emergency or disaster events, including evacuation of the facility. These methods are outlined in the Emergency Operations Plan sections as follows:

- Section B: Procedures Applicable to All Hazard Responses
- Section C: Incident Command System
- Section D: Full Building Evacuation Plan
- Section E: Emergency Procedures for Specific Events

The facility maintains a daily list of residents, to include their condition and location. The census list will be updated routinely throughout the day, as necessary⁵. During emergency or disaster related events, resident information may be shared or released, as permitted under 45 CFR 164.510 (b) (1) (ii) and 164.510 (b) (4), through assigned roles and responsibilities in the facility Incident Command System.

If the facility is forced to relocate or evacuate residents, the release or sharing of resident information shall be coordinated through assigned roles and responsibilities in the facility Full Building Evacuation Plan.

The facility will communicate with local, regional and state emergency responders and emergency management agencies, local and state health departments, mutual aid plans / healthcare coalitions and/or other healthcare facilities, when applicable, the following information during an emergency or disaster:

- Its occupancy
- Any resource or asset needs
- Ability to provide assistance to other facilities

The Incident Command System assigns specific roles and responsibilities for the communication of this information. Additionally, reporting of this information is accomplished electronically through the use of <Covenant of Keene's Emergency Plan>.

Resident and Family Information

Upon admission, residents and their responsible parties will be provided with an Emergency Communications Plan Guide (See Appendix G).

⁵ Revise if different than stated

SECTION A: POLICIES AND PLANNING

This guide details expectations of residents and their families during an emergency event at the facility, or during a community disaster. The plan provides families with alternate methods to contact the facility during a disaster when normal means of communications (telephones) may be inoperable.

Alternatively, the facility may share information relative to the status of the facility or disaster on its webpage at www.covlivingkeene.org

Continuity of Operations

The Emergency Preparedness Plan takes into consideration its resident population, including the types of services and levels of care the facility provides.

The facility is an Assisted Living Facility/Nursing Home/Skilled Nursing Home⁶ that provides the following levels of service⁷:

- Bariatric Care
- Dementia/Alzheimer's Care
- Ventilator Care
- IV/Tube Feedings
- Dialysis
- Therapy (Respiratory, Speech, OT/PT)
- Adult Day Care
- Respite Care
- Hospice Care
- Rehabilitation
- Home Care
- Behavioral Health

In addition to the inherent risks associated with residents requiring these various levels of care, the plan also incorporates risks related to culture, ethnicity and language.

In the event an emergency or disaster impacts any of the services provided by the facility to its residents, the facility has developed contingency plans to ensure continued services, to the extent possible. These plans include, but are not limited to, emergency procedures, vendor support, agreements with other healthcare facilities, mutual aid plan support⁸ and support from local/state emergency management.

⁶ Revise to reflect proper care level

⁷ Revise bulleted list to accurately reflect services provided by the facility

⁸ Remove the reference to mutual aid plan support if the facility is not part of a mutual aid plan

SECTION A: POLICIES AND PLANNING

Where specific outpatient services⁹ can no longer be provided, the facility has made arrangements with other providers as follows:

- Therapy (Respiratory, Speech, OT/PT) residents will be directed to<Insert location¹⁰>
- Adult Day Care responsible parties will be notified that the Adult Day Care is closed and that alternative arrangements for long duration cessation of services have been made with<Insert location¹¹>.
- Home Care¹² client responsible parties will be notified that Home Care services cannot be provided and that alternative arrangements for long duration cessation of services have been made with<Insert service or location¹³>.

Where inpatient services can no longer be provided, it may be necessary to make alternate care arrangements or evacuate the residents to another healthcare facility (See Full Building Evacuation Plan).

The facility will maintain agreements with a temporary “stop-over” location and other healthcare facilities as receiving sites. Alternate care sites will be considered as identified by local Emergency Management officials. The facility will serve as an alternate care site if deemed necessary and as outlined in a Section 1135 waiver when issued.

In the event of a loss of other utility services, emergency procedures have been developed that include contingency planning. Emergency power and standby systems are maintained in compliance with NFPA 99 and NFPA 110. Plans are in place to maintain an on-site fuel source to keep systems operational unless evacuation is deemed necessary.

In the event the CEO, Executive Director or Assistant Executive Director¹⁴ are not available, the highest ranking person in the facility at the time of the event will assume the role of Incident Commander and have overall authority relative to the facility response to the event. The facility organizational chart and roster of staff with key disaster related roles is located in Appendix F.

Upon activation of the EOP an assessment will be conducted to determine the current workforce and the future needs of the facility in the aftermath of a disaster. This will be accomplished through the use of the Department Rapid Assessment Form and Incident Command Team action plan development.

⁹ Delete paragraph if none of these services are provided by the facility

¹⁰ Insert location where clients will be referred to

¹¹ Insert location where clients will be referred to

¹² Home Healthcare has separate unique emergency preparedness requirements. If you have a Home Healthcare component as part of your facility, be prepared to include them in your planning and exercises.

¹³ Insert service or location where clients will be referred to

¹⁴ Insert applicable position title(s)

SECTION A: POLICIES AND PLANNING

The Incident Command Team will conduct a thorough analysis of the facility's current (or available) workforce to better understand what the future needs will be to recover from the disaster and ensure sufficient staffing.

This process helps identify workforce needs, but also key strategies, goals, processes, and behaviors needed to effectively recover from a disaster.

This facility has a system of medical documentation that preserves resident information, protects confidentiality of resident information, and secure and maintains the availability of records. This is accomplished by:

- *Insert information on system of medical documentation here¹⁵*
-

Training and Testing Program

The Training & Testing Program will be reviewed and updated at least annually¹⁶. The Director of Facilities Maintenance will be responsible for the review and updating of the Training & Testing Program.

Training

All staff, including individuals providing onsite services under arrangement and volunteers consistent with their expected roles, will be provided initial training in the Emergency Preparedness Program, specifically the Emergency Operations Plan.

The facility will test staff competence in their knowledge of the Emergency Preparedness Program through the use of a post training quiz¹⁷ and evaluations during drills and exercises.

¹⁵ Outline the facility medical records systems. Outline electronic health record (EHR) systems, hardcopy systems or a combination. Provide details on the system(s). For example, if you utilize EHR, list the name of the system, location, security and redundancy of servers and accessibility to records from other, or off-site locations. For hard copy paper records, identify where they are located and how they are secured and kept safe. Reference any facility Protected Health Record Policies and Procedures.

¹⁶ Some states require semi-annual review, revise as necessary

¹⁷ Revise as needed

SECTION A: POLICIES AND PLANNING

Annual Testing

The facility will conduct annual testing of the Emergency Preparedness Program through exercising as follows:

- The facility will conduct two separate exercises on an annual basis. One of these exercises will be a community based full scale exercise (when available) and the second may be a tabletop of similar exercise.
- Each calendar year, the facility will participate in a community based full scale exercise.
 - The facility is a mutual aid plan¹⁸ member and participates in a mutual aid exercise involving other healthcare facilities and local/regional partners and emergency responders. This exercise serves as the required community based full scale exercise.
 - When a community based full scale exercise is not available, the facility will conduct an individual facility based disaster on an annual basis and document its actions and invitations towards having community partners and stakeholders involved.
 - If the facility experiences an actual natural or man-made emergency that requires the activation of the Emergency Preparedness Program, the facility may consider utilizing the actual event in lieu of conducting the community based full scale exercise. The event will be critiqued and an After-Action Report developed.
- The facility will conduct an internal functional exercise or a paper based tabletop exercise annually. Table top exercises will include a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge the emergency plan.

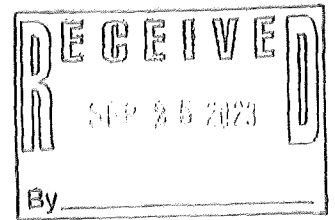
The facility response to each exercise will be documented to capture lessons learned, opportunities for plan and procedure improvements, and to evaluate staff knowledge and response.

The facility will document all drills, tabletops exercises and emergency events utilizing the After-Action Report (AAR)¹⁹. Any plan revisions needed as a result of a drill or exercise will be captured in the Improvement Plan of the AAR. The Director of Facilities Maintenance will be responsible for reviewing, tracking and assigning improvement tasks.

¹⁸ Delete bullet and reference to mutual aid if not part of a formal mutual aid plan

¹⁹ Revise if using a different documentation format

**EMERGENCY COMMUNICATIONS PLAN
APPENDIX G
RESIDENT / RESPONSIBLE PARTY GUIDE¹**



This guide briefly explains the Emergency Preparedness Program in place at Covenant Living of Keene.

The Emergency Preparedness Program, which includes an Emergency Operations Plan, is a comprehensive approach to meeting the health and safety needs of our resident population and provides our staff with guidance on how to respond to emergency situations that could impact the operation of the facility, such as natural or man-made disasters.

This guide details expectations of residents and their families during an emergency event at the facility or a community disaster.

The guide also provides families or responsible parties with alternate methods to contact the facility during a disaster when normal means of communications (telephones) may be inoperable.

Communications during a disaster or emergency event

Staff members will communicate in person with residents when there is an emergency or disaster.

Typically normal telephone communications will occur between the facility and resident family members or responsible parties when there is an emergency that impacts the operations of the facility.

In the event of a disaster or other event that causes the loss of normal telephone communications, the facility may make alternate arrangements to contact resident families or responsible parties through the use of cell phones or other means.

The facility may designate a specific phone number for pre-recorded messages to provide updated facility status information, specific instructions to staff who may not be able to call the facility, or provide information to resident family members.

If telephone communications (normal and cell) are inoperable the facility may share information relative to the status of the facility or disaster on its webpage at www.covlivingkeene.org

The facility may contact the news media (radio & TV) and issue a press release relative to the facility status or other relevant information.

¹ Develop messaging that can be shared with facility residents and resident responsible parties that provides some basic information around emergency preparedness. This provided information is a sample and should be reviewed and tailored accordingly before being finalized and disseminated

ABOUT OUR EMERGENCY OPERATIONS PLAN

- A detailed plan containing emergency procedures (reviewed and revised on an annual basis) that the staff follow for various emergencies.
- Staff are trained each year on the Emergency Operations Plan and on Fire Procedures.
- Fire Drills are conducted on a regular basis at varying times to ensure the fire alarm system is operational and to evaluate staff response upon alarm activation.
- Disaster Drills are conducted twice per year to evaluate staff knowledge, response and competence.

HOW WE ADDRESS DISASTERS

Establishing Incident Command

- The Leadership team will establish a Command Center for more serious incidents to provide guidance to staff and to communicate with emergency responders and agencies.
- Information and direction will be provided to residents and families as soon as possible – please be patient.
- The safety of the residents and staff will be a priority.

Sheltering in Place

- In many incidents it may be safer to shelter in place, remaining in the building following the direction of staff.
- The facility maintains emergency supplies consisting of food, water and other supplies in the building.
- When power is lost there is an emergency generator that will provide limited power to critical areas.

If Forced to Evacuate the Building

- Evacuation of a healthcare facility is rare however the facility is prepared to do so if necessary for the safety of the residents.
- The decision to evacuate all or part of the building comes from the Command Center depending on the disaster.
- Residents and families will be notified of the evacuation as soon as practical. Often times families may be able to take a resident home for a few days, or until the emergency is over.
- Staff are trained on how to evacuate residents using the elevators, or if necessary, just the stairwells.
- If the facility is forced to relocate or evacuate residents the release or sharing of resident information with other healthcare facilities and emergency agencies may be done as permitted by law.

How we will Evacuate

- Residents will be prepared for evacuation by assigned staff. This may include collection of certain personal belongings, medications and other articles deemed necessary by staff. Typically these items are placed in a labeled bag and accompany the resident to the evacuation destination.
- Residents will be moved in small groups to an internal staging area prior to be transported to other receiving facilities.
- It may be necessary to place a band containing certain personal information on the resident's wrist during an evacuation.
- A Resident Evacuation Form will be completed by staff and accompany the resident along with the Medical File/Chart.

OUR FIRE PROCEDURES

- Staff receive annual Fire Safety Training. This "hands on" training includes:
 - What to do if they discover a fire
 - How to rescue a individual from the fire room or area
 - How to use a fire extinguisher
 - Evacuation of the fire area
- The fire procedures are reviewed and revised on a regular basis.
- Fire drills are conducted on a regular basis.

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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:
 Case No. UB 24-01
 Date Filled 12/27/23
 Rec'd By JM
 Page 1 of 3
 Tax Map# 584-065-000
 Zoning District: DT-G

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

SECTION 1: LICENSE TYPE

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

SECTION 2: PROPERTY LOCATION

ADDRESS: **32 Emerald St**

SECTION 3: CONTACT INFORMATION

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

OWNER

APPLICANT

NAME/COMPANY: **Monadnock Affordable Housing Corp.**

NAME/COMPANY: **Monadnock Family Services**

MAILING ADDRESS: **831 Court St. Keene, NH 03431**

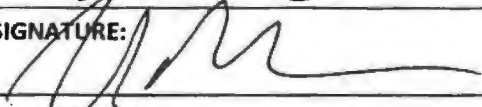
MAILING ADDRESS: **64 Main St Keene**

PHONE: **(603) 352-6161**

PHONE: **(603) 352-6649**

EMAIL: **jmeehan@keenehousing.org**

EMAIL: **pforman@mfs.org**

SIGNATURE:  DATE: **12/17/23**

SIGNATURE: *Patricia Forman* DATE: **12/27/23**

PRINTED NAME: **Joshua R. Meehan** TITLE: **Executive Director**

PRINTED NAME: **Patricia Forman** TITLE:

AUTHORIZED AGENT (if different than Owner/Applicant)

OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)

Same as owner

NAME/COMPANY:

NAME/COMPANY: **Monadnock Family Services**

MAILING ADDRESS:

MAILING ADDRESS: **64 Main St Keene**

PHONE:

PHONE: **(603) 352-6649**

EMAIL:

EMAIL: **pforman@mfs.org**

SIGNATURE: DATE:

SIGNATURE: DATE:

PRINTED NAME: TITLE:

PRINTED NAME: **Patricia Forman** TITLE:

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

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

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

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

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

Emerald House is a ten bed, 24 hour staffed facility. The ten beds are consistently filled. During the day, from the hours of 7 AM to 7 PM, there may be 2-5 staff members working, while 1-2 other MFS providers may be in the house or on the grounds working with clients. Residents may host two visitors during the hours of 10 AM to 5 PM. The facility has 4,616 sq. ft. of living space and sits alone on a 0.24 acre lot.

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED

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

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

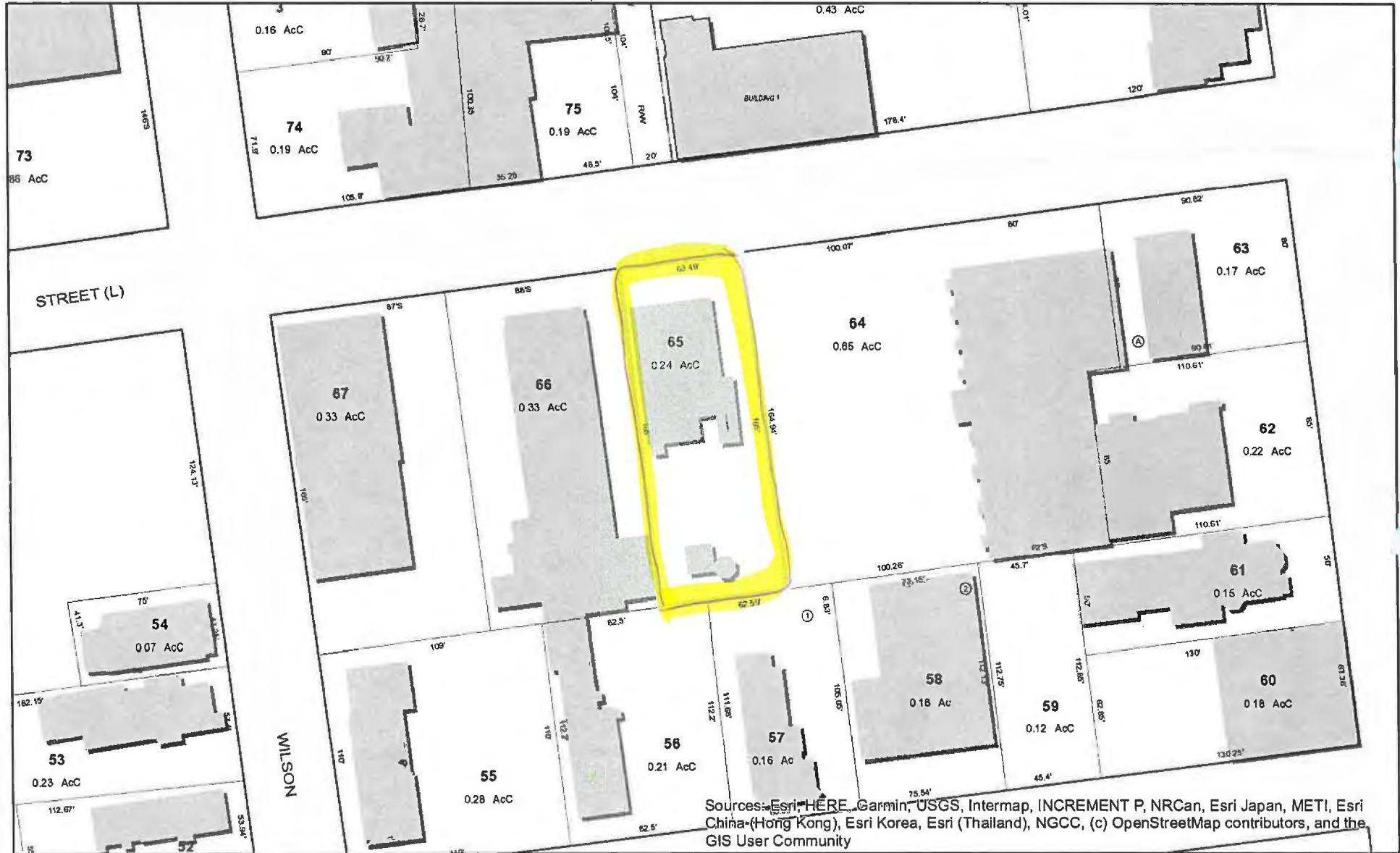
The average stay at Emerald House is 3 years.



May 9, 2023

1 inch = 68 Feet

www.cai-tech.com



Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, (c) OpenStreetMap contributors, and the GIS User Community

Data shown on this map is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this map.

Security Plan

Physical Security Plan

Lock all doors and windows: Windows are always locked unless obstructed by air conditioning units. All house doors are locked between the hours of 11:00 p.m. to 6:00a.m.

Identify Employees: All employees are assigned a badge upon hire that includes the staff members' name, photo, and associated department within the agency.

Secure important documents: All documents containing sensitive information are dually locked. This means that files are kept within a locked cabinet, and that cabinet resides in an office that is also secured unless actively being used by an approved staff member.

Secure all cash: Staff do not hold, administer, or otherwise handle cash on the premises.

Monitor Packages: All mail is delivered to a locked mailbox and only Emerald House employees have access to the key. Emerald House staff collects, sorts, and distributes all mail and packages to the residents.

Require Strong Passwords on Computer: All computers with sensitive information reside in an office that is always locked unless actively occupied by Emerald House staff. Computers are password protected and require connection to a security wall to access any sensitive information. This security wall also requires passwords. Furthermore, all healthcare related documents require another level of security to access by signing onto a guarded electronic medical records system.

Systems and Staff

Record All Visitors: Any non-resident or staff member of Emerald House must ring the doorbell and be allowed in by an employee. Each visitor records their name, time in/out, and the resident they are visiting. This allows staff to know who is on the premises at all times. Additionally, visitors are only allowed between the hours of 10:00 a.m. to 5:00 p.m.

Install Video surveillance: Due to HIPAA standards and expected privacy in a residential home, visitor surveillance would not be appropriate at this location.

Install Intrusion Detection Systems: All outdoor areas of the building are equipped with motion detection lighting.

Install Other Detection Systems (smoke, heat, and carbon monoxide detectors): The building is fully equipped with such systems as required by life safety licensing.

Secure Public Areas: The property is surrounded by fencing. Additionally, all outdoor areas are equipped with motion detecting light fixtures as well as two fixed lights that are on a timer.

Preparedness

Establish Security Guidelines: Several security guidelines already outlined above include extensive lighting, a privacy fence and a "panic button." Moreover, Emerald House employees

have 24/7 access to on-call management for additional support, as well as a quick reference binder where staff can locate protocols to be used in security breach situations.

Develop an Emergency Response Plan: Please see attached.

Stock Emergency Kits: Emergency kits can be found in the medication administration area of the employee office. The medical kits include but are not limited to bandages, gauze, antibacterial ointments, alcohol preparation pads, tweezers, athletic tape, rubber tourniquets, gloves, masks, and other personal protective equipment. Staff also stock supplies for use in the event of natural emergencies. These include but are not limited to laminated papers (for water resistance) of all area emergency numbers, flashlights, batteries, nonperishable foods, and water bottles.

Conduct Security Training: Monthly fire drills are performed at Emerald House to ensure all residents are aware of how to exit safely in an emergency. Monadnock Family Services (MFS) provides staff training in deescalating tactics to assist staff with handling situations that may arise. All new hires are trained in the use of the panic button and related safety procedures.

Manage Employee Turnover: This is mainly a human resources task. However, staff at Emerald House assist in this by keeping a healthy, friendly, and professional environment where staff have room to grow and learn.

Keep Systems Updated: All systems are maintained and updated according to requirements for licensing.

Other Considerations

Secure Areas in the Building: All rooms and offices in this facility are secured by locks. Staff has a master key that allows entry into any of these areas. This means that at any given moment, there is option of a secure place in an emergency or an event where one might need a safe place to isolate. All secure areas for documents and other items are listed above.

Firearms: Firearms are strictly prohibited on this property.

Issue employees photo identification cards and assign passes to visitors: As previously stated, all employees are issued identification badges upon hire. Visitors are required to sign in/out upon arrival/leaving.

Life Safety Plan

Emerald House is licensed and certified through DHHS (Dept. of Health and Human Services). There are emergency evacuation maps posted in every room. Fire extinguishers and an alarm system are inspected on a yearly basis. All staff are trained in emergency response. Please see attached documentation.

Staff Training and Procedures Plan

Upon accepting employment at Emerald House, staff are required to attend 14 hours of orientation and training, which include the following:

- Medication Administration
- EMR (Electronic Medical Records)
- CPR certification
- HIPAA
- Confidentiality
- Code of Ethics
- Client Rights
- General Fire and Safety Response

Staff also train 1:1 with experienced Emerald House staff for approximately 6 weeks.

Health and Safety Plan

All residents of Emerald House are clients of Monadnock Family Services. There is a referral process which includes screening potential residents for past sexual misconduct and/or violence of any kind, as well as current drug and alcohol use. Clients are not accepted into the program if they are currently using drugs or alcohol. Furthermore, we abide by all CDC guidelines and update our guidance as per the MFS medical director. In the event that a client or staff is sick, we inform our health reporting team and follow their guidance. Emerald House also has an RN on the premises Wednesdays and Thursdays. Staff label and date food. Refrigerator/freezer temps are recorded daily. Food is rotated and/or purged every 2-3 days. Please see attached documentation.

Emergency Response Plan

See attached documentation.

Neighborhood Relations Plan

We are surrounded by businesses, except at the back, which is college student housing. Due to their transient nature, we don't have a plan with them. 75% of the time residents are supported by staff in the community, which gives staff and clients an opportunity to create healthy neighborhood relationships. Our residents frequent the local establishments and have a good rapport. There is no history of or current complaints of any nature.

Building and Site Maintenance Plan

Emerald House is owned by Keene Housing. For any and all building repairs or emergencies, staff can contact our Keene Housing Maintenance Manager 24 hours a day, 7 days a week.



Emerald House Emergency Preparedness



MAY 3, 2023
EMERALD HOUSE
32 Emerald St. Keene NH, 03431

Facility name: Emerald House

License #: 0176

License type: Community Residence

Location: 32 Emerald St. Keene, NH 03431

Telephone #: 603-352-6649

Fax#: 603-355-5302

Authority Having Jurisdiction: Raymond Lagasse

Signature:

Date:

Administrator: Raymond Lagasse

House Supervisor: Patricia Forman

Mobile Phone#: [REDACTED]

Mobile Phone# [REDACTED]

E-mail: rlagasse@mfs.org

E-mail: pforman@mfs.org

Disaster Response Emerald House:

Emergencies generally fall into three categories. The categories indicate the severity of the disaster, offer guidance about the level of involvement that can be expected from NH DHHS BMHS and Emerald House, and provide information regarding the likelihood that Regional Disaster Behavioral Health Response Teams will be mobilized to address community needs.

A local disaster is any event, real or perceived, that threatens the well-being of citizens in one municipality. It is confined geographically to a small area and primarily has an impact only on persons living in that area. A local disaster is manageable by local officials without a need for outside resources. Local governments such as police, fire, health, and municipal officials handle the response. The decision to involve the Disaster Behavioral Health Response Team is made on a case-by-case basis in concert with local officials. There is no set time for response to a local disaster. Costs associated with responding to this type of disaster are not reimbursable by federally funded sources.

A state disaster is any event real and/or perceived, that threatens the wellbeing of citizens in multiple towns, cities, or regions or overwhelms a local jurisdiction's ability to respond or affects state-owned property or interests. The Governor or his/her designee can only declare a state emergency. Response and recovery are the responsibility of the Homeland Security and Emergency Management (HSEM). A response by the Regional Disaster Behavioral Health Response Team may be required depending on the magnitude, nature, and duration of the emergency. BBH may supplement local resources with state employees and/or call upon Disaster Behavioral Health Response Teams from the other regions to assist. The duration of response is generally limited to the duration of the event, or until it is determined by the Governor's Office and HSEM that a response is no longer necessary.

Procedures for Activating the Plan:

1. Disaster Notification – Emerald House may receive notification of an actual/potential disaster from a variety of sources, Bureau of Mental Health Services, HSEM, local public safety agencies, or federal agencies such as FEMA. The essential information to be obtained from the notification source includes the type and cause of the disaster incident, the approximate time and place the disaster occurred or is expected to occur, the number and condition of the person(s) involved, the current response plan (if any), the source for obtaining continued information and via telephone, the name/title of the caller and return phone number to verify information This information must be given immediately to the administrator or coordinator during business hours, overnight, weekends, and holidays.
2. Upon receipt of the initial information the administrator, in concert with the MFS incident command, will assess the situation and make a preliminary determination as to the nature and scope of the response. Depending on the scope, the administrator will contact other key personnel.
3. An Emergency Operations Center (EOC) will be established as needed and determined by the administrator. This Center will be the coordination area for disaster response activities. The location of this Center may be at any of the agency's sites, area of public safety facilities, or at an area hospital. The EOC will be staffed 24 hours a day for as long as necessary and serve as the

focal point of contact between state-level coordination and local needs, including gathering information about resource needs. The location of the Center will be communicated to BMHS, HSEM, the American Red Cross, and the local emergency management authority.

Employee Emergency Notification - In the event of a disaster, employees may need to be warned to stay away from an area/facility or to be called back into work to provide coverage for essential services or disaster response. The administrator will utilize the facility emergency notification call list to contact Emerald House staff at home. If telephone systems are not operational, cell phones will be utilized. If cellular towers are down, the Center will coordinate notification in person for those staff that needs to respond with the assistance of the local police departments. When notified, employees will be informed of the site to report to for orientation and deployment.

If employees are aware that a major disaster has occurred and telephones are not operational, they should consider not meeting at Emerald House. This should only be done if it can be determined that the Emerald House location is safe, and travel can occur without obstructing the activities of fire, police, or emergency medical personnel. On arrival, staff members will report to their respective supervisors to log in and be assigned to whatever tasks are required.

Media Communication

All communication with the media regarding any disaster situation must be coordinated through Monadnock Family Services EOC to ensure that information is given consistently and appropriately. Community Relations staff will establish a media center in conjunction with the Emergency Services Director at the Disaster Control Center. All media requests should be referred to the Emerald House administrator. The CEO or his/her designee is the only person authorized to make public statements to the media. When communicating to the public, it is important to keep three communication fundamentals in mind. First, develop a key message to ease public concern and give guidance on how to respond. Second stay on the message, being clear and repetitive to ensure that the message is heard. Third, deliver accurate and timely information.

Essential Functions of Staff:

Staff is required to prepare meals for clients, assist clients with chores, administer medications, provide fire drills, attend staff meetings, and other duties necessary for client care. A daily focus on ADL's falls under staff responsibilities. The staff is certified to administer medications, CPR certified, and issued a photo-id upon hire. Documentation is required in the EMR to report on client's behaviors, interventions, or anything related to client health. Vital records are stored at Emerald House and 93rd both on physical and cloud platforms.

Emergency notifications and response: All staff will be alerted via text message and phone. This will not be automated, but rather coordinated by the administrator. This includes keys, medications, cellphone, client-check lists, PPE, blood-pressure monitors, and glucose measuring devices.

Emergency food: Food and other provisions will be garrisoned in the Emerald House staff kitchen upon its utilization during an emergency. These items will be stored in the large wooden

cabinet in the Emerald House office. A monthly checklist will be added to ensure that food is being rotated and correctly documented.

Building Security: All working staff carry keys, panic buttons, and phones while monitoring the premises. Staff will alert the appropriate agency in case of the following:

- **Missing person:** notify police and guardian if applicable. To note, if a resident misses all medication windows; guardians, medical director, and police are notified.
- **First Aid:** First Aid will be administered upon a determination by the Emerald House nurse and staff. In case of emergency dial 9-11.

Our response to Covid-19: See attached.

Resident Emergency Profile: See attached.

Staff list: See attached.

Monadnock Family Services Chain of Command:

Monadnock Family Services Chief Executive Officer, Phil Wyzik, has overall authority for the Emerald House Response Plan and the agency Disaster Plan and will coordinate with various other key personnel to oversee implementation, maintenance, evaluation, and revisions of the plan.

Other key staff may include but are not limited to Gigi Pratt, Chief Financial Officer; Kevin Stevenson, Director of Emergency/Acute Care Services; Director of Community Support and Operations; and George Piers, .

Key Personnel to Oversee Disaster Plan: Director of Human Resources, Ana Gonzalez; Director of Payroll, Michelle Milton; Director of Safety Committee, Tony Malloy; Information and Technology Director, Kim Calkins; MFS's Acute Care Department is available 24 hours per day, seven days a week and 365 days a year. Requests for disaster behavioral health assistance will be directed to call (603) 357-4400 24 hours a day.

MFS Acute Care Staff will respond with available resources. Acute Care Staff will serve as the disaster reconnaissance for MFS Administration and will collect information as to the scope, general impact, special population impact, needs, and operational issues within the affected communities, other agencies, and outside resources, and within Monadnock Family Services departments.

If the Acute Care Staff response capacity is outstripped by demand, then the MFS Acute Care Staff will contact as needed the following:

- 1.) Director of Emergency/Acute Care Services, Kevin Stevenson, the Acute Care Director assumes responsibility to coordinate with other departments of MFS, coordinate and liaison with other agencies and muster primary response personnel and activate additional disaster resources such DBHRT or Granite State CISD, after consultation with the CEO and Chief Medical Officer. When warranted during a disaster, the Director of Acute Care Services will assume responsibility for activating these resources.
- 2.) Chief Executive Officer, Phil Wyzik, MA, or the Agency Administrator on call. The Chief Executive Officer/designee assumes overall responsibility for authorizing the

deployment of all agency resources. When warranted the CEO may activate mutual aid agreements allowing other CMHC's to provide and receive disaster assistance.

3) Chief Medical Officer, Marianne Marsh M.D., or the Agency Psychiatrist on call. The Chief Medical Officer/designee assumes overall responsibility for the inventory and mustering and deployment of medical staff resources.

Protocol for Emergencies:

Building Fire: If a building fire occurs, staff should follow evacuation procedures established for each site. Barring the return of entering Emerald House due to damage by the fire. The 93rd Street Building will become the Emergency Command Center, and all coordination of program activities will be based out of that site.

- Short term plan: Establish with the Fire Department if the building is to return to. If not, the 93rd protocol will be initiated. **Found under Protection/Mitigation Plan**

Bomb Threat: If a bomb threat is received by a staff member or client in the agency, the building should be evacuated, and the police notified.

- See attached. The protocol from the Department of Homeland Security. A checklist will be available from the Cybersecurity and Infrastructure Security Agency. Staff will be given a copy of each and an annual review will take place during a staff meeting.

Hostage Situation, Violent Client or Visitor: If a staff person is made aware of a hostage situation, notify the police and a supervisor in the building. Protocols for using panic alarms, Dr. Powers, should be followed. If a client or visitor becomes violent or aggressive, notify the police and clear all other clients and staff out of the area.

- The administrator will also follow the protocol laid out by the Emergency and Safety Alliance.
- The protocol will be reviewed annually during a staff meeting by the administrator.

Power Outage: If electrical power is lost at one of the buildings, staff should notify the Director of Payroll, Michelle Milton, who will contact the power company or electrician.

- Short/Long term plan: If determined that the power will not be restored within a reasonable time or if conditions indicate the need to relocate (hot and cold weather) the administrator will initiate the protocol to establish residential care at 93rd street. Following the protocol established under a building fire. **Found under Protection/Mitigation Plan**

Floods: In the event a flood of seriousness arises on the Emerald House property, the administrator Raymond Lagasse will notify the CEO and other key staff to move EH operations to 93rd St. Coordination with staff will be conducted by the administrator.

Building Systems and Equipment Failure: Contact the Director of Payroll, Michelle Milton, with information about the building system and/or equipment in question. If the failure poses a hazard to life or other building property or has the potential to cause bodily injury, the fire drill procedure in the Fire Plan shall be implemented. Building Inspection Department. Should water be contaminated, or outage occurs, notify administrator Raymond Lagasse to contact the Water Dept.

- Short term plan: If there is no risk to life, and daily business could be conducted. The administrator would work with Keene Housing Authority to determine a time frame to resolve the issue.

Found under Protection/Mitigation Plan

Gas Leak: The administrator will notify the gas supplier, Liberty Utilities. Emerald House staff will alert residents and exit the building in an orderly fashion. Upon determination with Liberty Utilities, the Fire Department will be called.

Short/Long term plan: If it is determined that Emerald House residents and staff will not be allowed entry for a specified number of days. The administrator will initiate the 93rd street protocol.

Loss of phone service: Should there be a loss of phone service the administrator Raymond Lagasse will contact the telephone service provider to ascertain how long the service will be disrupted.

Short/long term plan: Emerald House will run normally, but changes in communication from phone and e-mail may be possible.

Hazardous Spills: Activate external responders by calling 911 and then follow evacuation procedures established for each site.

Emergencies Involving Danger to Others: A staff member is to assess the situation. If it is discerned that assistance is needed to provide a visible show of strength and control, the staff will activate the "Dr. Powers protocol. Should it be determined that additional response is required the police will be contacted.

- Short term/long term: Residents and staff will relocate under the 93rd protocol. **Found under Protection/Mitigation Plan**

Medical Emergencies: 1. Call 911 and request an ambulance. 2. Request assistance from a physician or nurse in the facility. 3. Life support measures should be initiated when appropriate.

According to FEMA and the Community Development Department in the City of Keene, NH a flood is recognized as the most serious threat to Emerald House.

Prevention Plan: Understanding risks is pivotal to addressing the safety of our residents. Steps have been taking to address each hazard at Emerald House. Part of the protocol is: training for staff on emergencies listed in this document, review of the Emergency Preparedness protocol, follow procedures presented at staff meetings.

Protection Plan/Mitigation Plan: 93rd protocol: If the facility is deemed unsafe the administrator will contact the CEO and utilize 93rd as a location for residents to stay at. The

administrator will coordinate with the team on providing the essentials for a long term stay. They are but are not limited to medications, cots, personal hygiene products, food, and clothing. This will be assessed daily under the guidance of the administrator and coordinator.

If cots are needed, we will reach out to the Greater Monadnock Public Health Network, via Jane Parayil the GMPHN Emergency Preparedness Coordinator; #603-354-5454 ex.t 3034 email jparayil@cheshire-med.com All Emerald House residents receive their medications from Genoa Pharmacy located at the MFS 93rd Street location. We will work with Genoa Pharmacy for any additional medication needs beyond the medication box that will accompany the clients during an evacuation.

All Emerald House staff will receive an orientation of the Disaster Response Plan and will be re-oriented on an annual basis. All new hires will receive an in-depth orientation to the Disaster Response Plan and clarification of their role in the event of a disaster.

Annual Drills:

Emerald House led disaster response drills will be held at least once a year. The objective of these drills is to assess Emerald House's readiness to respond to a disaster and the opportunity to practice disaster-related skills by all available staff. Staff members will participate as necessary to fulfill the requirements for compliance. These drills may be coordinated with other community agencies.

After the drill, a written report will be drafted by a designated senior staff member, reviewed by the administrator Raymond Lagasse and presented to Emerald House staff to identify deficiencies and recommend opportunities for improvement based on lessons learned.

Coordination with other Community Mental Health Center Regions: In the development of this Disaster Plan Emerald House has entered into a Mutual Aid Agreement. This agreement states that in the event of a disaster that impacts the operational capabilities of any Community Mental Health Center or that the extent of the disaster is greater than the "home" CMHC resources to manage the event, the affected CMHC may request assistance from other CMHC. Such requests should be made through the Bureau of Mental Health Services. The Bureau of Mental Health Services will be responsible for identifying and deploying out of -region disaster response teams. Besides, a neighboring CMHC will be available for debriefings and one-on-one crisis evaluations for employees of the affected CMHC.

Additional Local, State, and Federal Emergency Resources & Phone Numbers:

Community Mental Health Centers: Region I-Northern N. H. Mental Health & Developmental Services-447-3347 Region II-West Central Behavioral Health Services-448-0126 Region III-Genesis Behavioral Health-524-1100 Region IV- Riverbend Community Mental Health, Inc.- 228-1551 Region V- Monadnock Family Services- 357-4400 Region VI- Community Council of Nashua- 889-6147 Region VII- The Mental Health Center of Greater Manchester- 668-4111 Region VIII- Seacoast Mental Health Center, Inc. -431-6703 Region IX- Behavioral Health & Developmental Services of Strafford County- 332-6635 Region X- CLM Behavioral Health Systems- 893-3548

American Red Cross Chapters: Concord Area Chapter, Concord, N.H. 603-225-6697

STATE RESOURCES: Division of Behavioral Health-271-5300 Employee Assistance Program- 271-4336 New Hampshire Disaster Behavioral Health Coordinator-271-2231 New Hampshire National Guard- 225-1200 New Hampshire Bureau of Emergency Management-1-800-852-3792 New Hampshire State Police-1-800-525-5555 New Hampshire Fish and Game- 271-3421 New Hampshire Poison Control Center-1-800-562-8236 New Hampshire Marine Patrol-293-2037 New Hampshire Port Authority-436-8500 New Hampshire Wing Civil Air Patrol- 271-3225 Office of Community and Public Health- 271-4501

Non-Emergency Contact Numbers:

Non-Emergency Police: 357-9815

Non-emergency fire: 357-9861

Poison Control: 800-222-1222

Hazardous Material/Spill-Clean-up: 800-424-8802

Public Health: 228-2983

NH Red Cross: 225-6697

Ever source: 662-7764

Liberty Utilities: 352-1230

Keene Water Dept.: 352-6550

Spectrum internet/cable: 866-874-2389

Wastewater Dept.: 357-9836

NH DHHS: 271-9700

Emerald House Incident Commander: Ray Lagasse

Alternate Incident Commander: Patricia Forman

Appendix A.
Staff List #'s:

All staff members will report changes of addresses and telephone numbers, as well as their Response time to the administrator Raymond Lagasse.

| | |
|------------------------------------------------|-------------------|
| Name: Ryan Gilbert | Phone# [REDACTED] |
| Name: Jewel Wilson | Phone# [REDACTED] |
| Name: Meg Brodhead | Phone# [REDACTED] |
| Name: Melanie Diehl | Phone# [REDACTED] |
| Name: Patricia Forman (Supervisor) | Phone# [REDACTED] |
| Name: Amanda Moore (Coordinator) | Phone# [REDACTED] |
| Name: Raymond Lagasse (Manager) | Phone# [REDACTED] |
| Name: Jennina Esposito | Phone# [REDACTED] |
| Name: Joey Santalucito | Phone# [REDACTED] |
| Name: Thomas Connelly (Emerald House QA Nurse) | Phone# [REDACTED] |

Appendix C.

Covid-19 Response Plan

Appendix D.

HVA assessment

**Chapter 4
Assessing Probability, Severity, and Risk**

The vulnerability and risk assessment provides information to enable the city to identify and prioritize appropriate mitigation actions to reduce losses from the identified natural hazards. For each hazard type shown in the table below, the committee assigned a value (1-5) to reflect the Human, Property and Business impact of each hazard to determine the vulnerability. Then, the committee assigned a probability value (1-5) reflecting the likelihood that this hazard will occur in the next 25 years. The severity and risk was calculated from the inputted values. The final column indicates the risk of each hazard, allowing the committee to see which hazards pose the greatest risk to the community. Very Low to Very High risk was assigned as shown below.

Human Impact, Property Impact, Business Impact and Probability rating scale:



| Potential Hazard | Human Impact | Property Impact | Business Impact | Probability | Severity | Risk | Risk Level |
|--------------------------|--------------------------------|-----------------------------|-------------------------|----------------------------------------|----------------------------------------------|------------------------|------------|
| | Probability of death or injury | Physical losses and damages | Interruption of service | Likelihood this will occur in 25 years | Average of human, property, business impacts | Severity x Probability | |
| Flooding | 4 | 5 | 5 | 5 | 4.7 | 24 | Very High |
| Drought | 2 | 3 | 3 | 5 | 2.7 | 14 | Medium |
| Extreme Heat | 4 | 2 | 4 | 5 | 3.3 | 17 | High |
| Wild Fire | 2 | 3 | 3 | 5 | 2.7 | 14 | Medium |
| Lightning Strikes | 3 | 4 | 3 | 5 | 3.3 | 17 | High |
| Tornado/downburst/wind | 4 | 4 | 4 | 5 | 4 | 20 | High |
| Hurricane/tropical storm | 4 | 5 | 4 | 5 | 4.3 | 22 | Very High |
| Earthquake | 4 | 4 | 4 | 2 | 4 | 8 | Low |
| Severe Winter Weather | 4 | 2 | 4 | 5 | 3.3 | 17 | High |
| Erosion/Landslide | 2 | 2 | 2 | 2 | 2 | 4 | Very Low |
| HazMat Spills | 3 | 3 | 4 | 5 | 3.3 | 17 | High |
| Dam Failure | 4 | 4 | 4 | 2 | 4 | 8 | Low |

Natural Hazard Risk Assessment Table

Risk Level: 1-5 Very Low 6-10 Low 11-15 Medium 16-20 High 21-25 Very High

**CHAPTER 5
POTENTIAL HAZARDS and VULNERABILITY ASSESSMENT**

Existing and future structures have the potential of being affected by some of the hazards identified in this plan. Some hazards identified in this plan are regional or citywide risks and, as such, all structures, infrastructure and critical facilities fall into the hazard area.

In order to determine estimated losses due to natural and man-made hazards in Keene, each hazard area was analyzed; results are shown below. Human losses were not calculated during this exercise, but could be expected to occur depending on the type and severity of the hazard. These figures exclude both the land value and contents of the structure. The value of all structures, including exempt structures such as schools and churches, is \$1,876,512,800, according to the City Assessing records as of March 8, 2018, and the median value of a home in Keene is \$183,300. The data below was calculated using FEMA's Understanding Your Risks: Identifying Hazards and Estimating Losses. Since hazard vulnerability assessment is dependent on a range of variables, such as the type, magnitude and precise location of a future hazard, these assessments are far from an exact science. Therefore, it is understood that the monetary values arrived at through these assessments represent gross estimates.

Flood - Very High Risk: There is great potential for annual flood incidents in Keene due to the community's topography and numerous watercourses and water bodies. The City of Keene is a very complex hydrologic system. The City's floodplain, due to its size and complexity, may be one of the most important in New England. The complexity arises from the fact that 12 steep rivers and streams from 6 major watersheds eventually drain into the City. The outlet of the Keene floodplain is a flat stretch of river, which does not gain any significant slope for about 25 miles at the Town of Winchester. The result of having large volumes of water flowing into a flat bowl is frequent flooding. During major region-wide rainstorms or during spring snowmelt there can be basin-wide flooding. Since only so much water can flow past Winchester and Hinsdale to the Connecticut River, the City has experienced backwater flooding, as water backs up from Winchester and Swanzey northward into the Keene basin. However, flooding can occur along any one of the rivers or brooks, and there may be significant flooding on the east side of Keene (due to a local rainstorm in the Beaver Brook watershed, for example), while there is no flooding on the west side of the City. That is why the Keene floodplain is so complex, in terms of forecasting and in terms of management. The area most susceptible to major flooding is that portion of the City which extends southward from the Colony dam just north of West Street (next to Starbucks Coffee) down into Swanzey, and in a swath along each of the rivers and streams. The general extent of the floodplain is shown on the Hazard Identification Map at the end of this plan. In total, the 100-year floodplain extends over 1,400 acres. The extent of damage caused by any flood depends on the depth and duration of flooding, the topography of the area flooded, velocity of flow, rate of rise, and the amount and form of development in the floodplain. Deep floodwater carrying floating debris would create hazardous conditions for people and vehicles attempting to cross flooded areas. In depths of greater than 3 feet or in areas where the flow attains faster velocity, an adult could be swept off balance creating the danger of injury or drowning. Damaged sewer lines or septic systems could pollute floodwaters, creating a health hazard or contaminating City well fields. Hazardous or toxic materials could be released, causing pollution or injury. The provision of emergency medical, fire or police assistance could be seriously restricted or delayed due to obstructed access routes. Death or injury could occur. There could be significant damage to buildings. Many utilities could be damaged, including gas, electric, drainage, telephone, sewer and water lines. A major electrical substation and local propane gas company on Emerald Street are located within the floodplain. Many people could be out of work as the result of damage to local businesses and industries. In general, a major flood could affect the whole city, either directly or indirectly. In 1989, the U.S. Army Corps of Engineers estimated that a 100-

around water and wetlands may be more susceptible to lightning strike incidents. Lightning could strike tall trees anywhere in Keene and could potentially start wildfires in periods of drought, or create telephone and power outages. Church steeples are also at risk.

- This could occur citywide;
- There is a potential for interruption of service, and damage to structures;
- There is a potential for injury or death.
- Areas of high fuel load are at higher risk;
- Antennas and towers are at higher risk; and
- Hikers, fishermen and boaters are at higher risk.

Tornado/Downburst/Severe Wind - High Risk: estimated cost - \$37,530,256. Severe wind events (downburst, tornadoes or high winds associated with thunderstorms) can occur anywhere in Keene. Generally the higher elevations, such as Beech Hill, are more susceptible as well as more vulnerable due to the fact that they are home to many communication towers, including emergency response/mutual aid towers. Due to the sporadic nature of Tornadoes, they could occur anywhere in the City of Keene. Such events can cause small blocks of downed timber. Downbursts are sometimes mistaken for tornadoes and can cause very similar damage.

Tornadoes rarely occur in this part of the country; therefore, assessing damage is difficult. The estimated damages to 10% of structures with 20% damage is approximately \$37,530,256. The estimated cost does not include building contents, land values or damages to utilities.

- The potential for damage to structures from severe wind, downbursts, and tornadoes is citywide;
- There is a potential for interruption of service and damage to utilities; and
- There is a potential for injury or death.

Hurricane/Tropical Storm - Very High Risk: estimated cost - \$46,912,820. Keene's location in southwestern New Hampshire reduces the risk of extremely high winds that are associated with hurricanes. Hurricanes can, and do create flooding. The estimated wind damage of 5% of the structures with 10% damage is approximately \$9,382,564. The estimated flood damage of 10% of the structures with 20% damage is approximately \$37,530,256. The cost of repairing or replacing the roads, bridges, utilities and contents of structures is not included.

- The potential for damage to structures is citywide;
- There is a potential for injury or death;
- Damaged power lines could disrupt services; and
- Flooding could wash out evacuation routes.

Earthquake - Low Risk: estimated cost - \$375,302,560. According to the NH State Hazard Mitigation Plan, New Hampshire is considered to lie in an area of "Moderate" seismic activity with respect to other areas of the United States and is bordered to the North and Southwest by areas of "Major" activity. There are no identified fault lines for the entire state, therefore, an earthquake could occur and/or affect any location in the City. Keene is located on a lake bed (Connecticut River valley) that has high liquefaction factor which increases the impact of an earthquake. It is assumed that all of the buildings in the City have not been designed to withstand seismic activity. More specifically, the older historic buildings that are constructed of non-reinforced masonry are especially vulnerable to any moderate sized earthquake. If a strong earthquake were to occur, there is the potential for an estimated loss of 20% of city assessed structural valuation which is approximately \$375,302,560. The costs for repairing or replacing roads, bridges, power lines, or the contents of the structures area not included.

- There is the potential for damage to structures from earthquakes;

EMERGENCY RESPONSE PROTOCOL

Hostage Situation

| Depending on Assistance Needed, Call: | |
|---------------------------------------|-----|
| Police, Fire, and EMS Emergency | 911 |
| Security | |
| EST Manager | |
| Other | |

Situation Description

Hostage situations are among the most serious and complex incidents which impact public school systems. Usually, hostage perpetrators are either mentally ill, political or religious extremists, or fleeing criminals seeking a hiding place. Typically, the hostage taker is agitated and unpredictable. Consequently, he/she should be considered extremely dangerous.

All school and office personnel must be prepared to carry out plans in the event of a hostage situation in the school or community. In the event of this incident occurring, the following actions should be taken to maintain the safety of all students and staff.

Procedures

Immediate response—

- Call 911.
- Contact security.
- Implement School Emergency Response Plan.
- Initiate Lockdown procedures.
- Call EST Manager.
- Follow police direction.
- Goal is to de-escalate situation.
- Try not to allow additional hostages to be taken.
- Compartmentalize (contain) situation to one area if possible; try not to allow situation to go mobile. Utilizing active listening skills is crucial to de-escalating hostage situations.

What to do—outside of the stage area—

- If a hostage situation develops, call MPD (911) and security. When talking with police, be sure that the dispatcher understands clearly that there is a hostage situation in progress that (if applicable) involves school children.
- Immediately cordon off the area where the hostage situation is located. Attempt to evacuate everyone (except the hostages) from the immediate area. Do not attempt to

evacuate everyone if it would create an even more dangerous situation or enhance the chance of injury. For example, if a hostage is being held in a classroom and the hostage taker threatens anyone who comes near him or her; do not attempt to evacuate other classrooms (if occupied) in the immediate vicinity of where the hostage situation is located. Classroom doors should be locked from the inside, and the occupants should remain there and be as quiet as possible.

- Make no attempt to establish contact with the hostage taker. If, however, he/she makes demands, listen carefully and do not attempt to solicit additional information. Advise the hostage taker that you will pass on the demands to the superintendent. This is a stall tactic: accordingly, you must be calm and convincing.
- Take no further action. Await the arrival of the police and their Hostage Negotiation Team. Upon arrival, the police will evaluate the situation and give further direction regarding any evacuation attempts. Be prepared to give the police officers as much information on the hostage situation as you can (i.e., description of hostage taker; whether he/she displayed a weapon and if so what type; demands made (if any); number of people being held hostage and their approximate age, etc). Also, provide a floor plan of the building when the police arrive. Usually, the Emergency Fire Evacuation Plan will suffice.
- After notifying the police, advise the Executive Support Team.

What to do—if you become a hostage—

- Above all else try to maintain your composure. The object is to survive; therefore, do exactly as you are told. If you become emotional, it may cause the hostage taker to become angry and even more irrational.
- Look for and mentally plan an escape route. No attempts should be made to escape, however, unless the situation seriously deteriorates or you receive such instructions from the police.
- If more than one adult is taken hostage, one person should try to serve as spokesperson for the group. Obviously, this can't be discussed among the hostages. The rule of thumb to follow is that the oldest person present or the person with the most composure should respond to questions from the hostage taker.
- If children are included as hostages, make every effort to keep them calm. Exercise firm authority.
- Take no further action. Wait to be rescued or released.

Followup response—

- Follow Metropolitan Police instructions.
- Notify the Crisis Team as needed.
- Complete the After Action Report on the Web-Based Application (DC Emergency and Safety Alliance Web site) and submit to the Interagency Team.

MFS COVID HEALTH REPORTING

January 23, 2023

Simplified process as COVID is here to stay.

No longer use Health Reporting – please consult with your supervisor.

DO NOT COME TO WORK SICK

If you have any cold/allergy, or flu symptoms, including fever or fatigue, DO NOT come to work.
Alert your supervisor.

Testing:

Home COVID antigen test, if positive you have COVID and no need for a PCR.
If home test negative, schedule PCR test.

If you have COVID:

Stay out of the building and do not see clients in person for 7 days.
Return after 7 days if you are improving and no fever.
When you return, wear an N95 mask for 10 days.

High risk exposure:

Someone in your household has COVID or
Extended period in enclosed space with someone who has COVID unmasked.
Quarantine until you have a negative PCR, then wear an N95 for 10 days.

Masks:

Mask with clients unless you are outside.
Mask in any area of the building (this may change depending on risk level in our community).

No longer any difference in protocols for vaccinated vs unvaccinated staff:

We will continue to require vaccination for staff or apply for an exemption.

Supervisors:

Tell people to stay home.
Follow the guidance above.
If you see someone at work with symptoms of any illness....tell them to go home!
Alert HR if a staff member has COVID with date of positive test.
Talk with HR if there are questions about time off and use of sick time.

Community Risk Level will be our primary guide to adjusting masking or other protocols.



Effective April 1, 2023
MASKS ARE OPTIONAL

MFS will no longer require clients, visitors or staff to wear masks while in our buildings. However, the use of surgical or N95 masks is still very prudent for anyone who has a health risk. Please feel free to wear a mask if you want to do so. If you want a mask and don't have one, we'll be happy to supply one. MFS staff will ask you about your preference for using masks. If you would like that the MFS staff member(s) working with you to wear a mask, please ask them to do so.

FIRE DRILL REPORTS

FACILITY: EMERALD HOUSE

YEAR: 2023

| | DATE | TIME | SHIFT | # STAFF | # RESIDENTS | EVACUATION TIME |
|-----|---------|---------|-----------------------|---------|-------------|-----------------|
| 1. | 1-14-23 | 9:05pm | 3 overnight | 3 | 9 | 1 min 18 secs |
| 2. | 2-7-23 | 12:52pm | 1 st shift | 3 | 7 | 1 min 20 secs |
| 3. | 3-29-23 | 7:02pm | 2 nd shift | 10 | 7 | 54 seconds |
| 4. | 4-21-23 | 3:51pm | 2 nd | 2 | 8 | 1 min 1 sec |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
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| 13. | | | | | | |
| 14. | | | | | | |
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| 16. | | | | | | |
| 17. | | | | | | |
| 18. | | | | | | |
| 19. | | | | | | |
| 20. | | | | | | |
| 21. | | | | | | |

1st Shift: 6:30 AM – 2:00 PM

2nd Shift: 2 PM – 9 PM

3rd Shift: 9 PM – 6:30 AM

FIRE DRILL REPORTS

FACILITY: EMERALD HOUSE

YEAR: 2022

| | DATE | TIME | SHIFT | # STAFF | # RESIDENTS | EVACUATION TIME |
|-----|----------|----------|-----------------|---------|-------------|---------------------|
| 1. | 1/7/22 | 7:16 pm | 2 nd | 3 | 9 | 60 seconds |
| 2. | 2/2/22 | 11:06 am | 1 st | 3 | 6 | 1 minute 30 seconds |
| 3. | 2/26/22 | 12:05 pm | 1 st | 4 | 10 | 1 minute 15 seconds |
| 4. | 3/12/22 | 6:50 pm | 2 nd | 4 | 10 | 1 minute 30 seconds |
| 5. | 4/23/22 | 7:05 pm | 2 nd | 5 | 8 | 1 minute 28 seconds |
| 6. | 5/26/22 | 7 pm | 2 nd | 6 | 8 | 1 minute 20 seconds |
| 7. | 6/21/22 | 4:23 pm | 2 nd | 2 | 9 | 1 minute 2 seconds |
| 8. | 7/26/22 | 4:05 pm | 2 nd | 7 | 8 | 57 seconds |
| 9. | 9/4/22 | 9:10 pm | 3 rd | 2 | 6 | 1 minute 7 seconds |
| 10. | 9/9/22 | 2:10 pm | 2 nd | 7 | 7 | 48 seconds |
| 11. | 9/30/22 | 3:40 pm | 2 nd | 3 | 8 | 1 minute 23 seconds |
| 12. | 10/24/22 | 9:10 pm | 3 rd | 2 | 9 | 2 minutes |
| 13. | 11/07/22 | 7:05 pm | 2 nd | 7 | 9 | 56 seconds |
| 14. | 11/28/22 | 10:30 am | 1 st | 4 | 9 | 1 minute 30 seconds |
| 15. | 12/07/22 | 7:05 pm | 2 nd | 6 | 9 | 1 minute 17 seconds |
| 16. | 12/27/22 | 9:10 pm | 3 rd | 1 | 9 | 1 minute 20 seconds |
| 17. | | | | | | |
| 18. | | | | | | |
| 19. | | | | | | |
| 20. | | | | | | |

1st Shift: 6:30 AM – 2:00 PM

2nd Shift: 2 PM – 9 PM

3rd Shift: 9 PM – 6:30 AM

BOMB THREAT PROCEDURES

This quick reference checklist is designed to help employees and decision makers of commercial facilities, schools, etc. respond to a bomb threat in an orderly and controlled manner with the first responders and other stakeholders.

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of call, DO NOT HANG UP, but from a different phone, contact authorities immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call _____
- Handle note as minimally as possible.

If a bomb threat is received by e-mail:

- Call _____
- Do not delete the message.

Signs of a suspicious package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unexpected delivery
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Foreign postage
- Restrictive notes

* Refer to your local bomb threat emergency response plan for evacuation criteria

DO NOT:

- Use two-way radios or cellular phone. Radio signals have the potential to detonate a bomb.
- Touch or move a suspicious package.

WHO TO CONTACT (Select One)

- 911
- Follow your local guidelines

For more information about this form contact the Office for Bombing Prevention at: OBP@cisa.dhs.gov



BOMB THREAT CHECKLIST

DATE:

TIME:

TIME CALLER HUNG UP:

PHONE NUMBER WHERE CALL RECEIVED:

Ask Caller:

- Where is the bomb located? (building, floor, room, etc.) _____
- When will it go off? _____
- What does it look like? _____
- What kind of bomb is it? _____
- What will make it explode? _____
- Did you place the bomb? Yes No _____
- Why? _____
- What is your name? _____

Exact Words of Threat:

Information About Caller:

- Where is the caller located? (background/level of noise) _____
- Estimated age: _____
- Is voice familiar? If so, who does it sound like? _____
- Other points: _____

| Caller's Voice | Background Sounds | Threat Language |
|------------------------------------------|--------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Animal noises | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Male | <input type="checkbox"/> House noises | <input type="checkbox"/> Message read |
| <input type="checkbox"/> Accent | <input type="checkbox"/> Kitchen noises | <input type="checkbox"/> Taped message |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Street noises | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Booth | <input type="checkbox"/> Profane |
| <input type="checkbox"/> Clearing throat | <input type="checkbox"/> PA system | <input type="checkbox"/> Well-spoken |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Conversation | |
| <input type="checkbox"/> Cracking Voice | <input type="checkbox"/> Music | |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Motor | |
| <input type="checkbox"/> Deep | <input type="checkbox"/> Clear | |
| <input type="checkbox"/> Deep breathing | <input type="checkbox"/> Static | |
| <input type="checkbox"/> Disguised | <input type="checkbox"/> Office machinery | |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Factory machinery | |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Local | |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Long distance | |
| <input type="checkbox"/> Lisp | | |
| <input type="checkbox"/> Loud | | |
| <input type="checkbox"/> Nasal | | |
| <input type="checkbox"/> Normal | | |
| <input type="checkbox"/> Ragged | | |
| <input type="checkbox"/> Rapid | | |
| <input type="checkbox"/> Raspy | | |
| <input type="checkbox"/> Slow | | |
| <input type="checkbox"/> Slurred | | |
| <input type="checkbox"/> Soft | | |
| <input type="checkbox"/> Stutter | | |

Other information: _____

5. STAFF RESPONSE

CONSIDERATIONS FOR SITE DECISION MAKER(S)

- Immediately contact local law enforcement if not done
- Limit access to building
- Review Bomb Threat Response Plan
- Conduct Threat Assessment
- Determine if search is warranted based on Threat Assessment

IF SEARCH IS INITIATED

- Enact Search Plan
- Communicate situation to staff/personnel and request that they make a quick and complete visual scan of their personal workspace for anything unusual
- Account for all personnel
- Assemble Search and Evacuation Team(s) and update about bomb threat condition

GENERAL SEARCH TEAM GUIDELINES

- Search Teams make a quick and complete visual scan of the search area
- Divide individual rooms/areas into search levels
- Take special note of any object(s) that seem out of place
- Check ledges, balconies, waste baskets, and false ceilings and floors
- Check for unusual odors and listen for any unusual background noises
- If anything unusual is noticed, move people away from the potential hazard and immediately report the location of the object(s) to the Site Decision Maker(s)

NOTE: Use of radio communications is NOT recommended unless the area has been searched and cleared.

For additional information and products on bomb threats and improvised explosive device (IED) search procedures, please visit the Office for Bombing Prevention website at: www.cisa.gov/what-to-do-bomb-threat

6. SUSPICIOUS ITEM

A suspicious item is anything (e.g., package, vehicle) that is reasonably believed to contain explosives, an IED, or other hazardous material that requires a bomb technician to further evaluate it. Potential indicators are threats, placement, and proximity of the item to people and valuable assets. Examples include unexplainable wires or electronics, other visible bomb-like components, unusual sounds, vapors, mists, or odors. Generally anything that is Hidden, Obviously suspicious, and not Typical (HOT) should be deemed suspicious.

IF SUSPICIOUS ITEM IS FOUND

- DO NOT touch, tamper with, or move the item
- Immediately report item to the Site Decision Maker(s) and local law enforcement/first responders
- Site Decision Maker(s) must:
 - Ensure area is secured & cleared of personnel
 - Notify Search Teams
 - Ensure emergency responders are briefed
 - Evacuation & Search Teams should remain available to assist and inform evacuees, media, staff, and others

CONSIDERATIONS FOR SITE DECISION MAKER(S)

- Not all items are suspicious
- An unattended item is anything (e.g., bag, package, vehicle) not in someone's possession and where there are no obvious signs of being suspicious (see above), especially if no threat was received

NOTE: The discovery of one device should not automatically mean the conclusion of a search; more devices may be present!

The Site Decision Maker(s) must take the discovery of multiple suspicious items into consideration during the planning and execution stages of the facility's Bomb Threat Response Plan.

7. LOCKDOWN / EVACUATION

CONSIDERATIONS FOR SITE DECISION MAKER(S)

- Repeat Threat Assessment:
 - Is the threat still credible?
 - Were any suspicious items located (if search was initiated)?
- Based on the Threat Assessment, search (if initiated), and the totality of circumstances, determine if additional measures are warranted:
 - Partial or full lockdown?
 - Partial or full evacuation?
 - No further action?

IF EVACUATION IS INITIATED

- Select evacuation routes and assembly areas that are not in the vicinity of the suspicious item; ensure these routes have been searched and cleared
- Notify police/fire/EMS of evacuation and request assistance
- Account for all personnel
- Evacuation Team confirms the building is empty
- Bring emergency kits and building trauma kits, if available
- Advise all evacuees to remove all personal items (e.g. purses, backpacks)

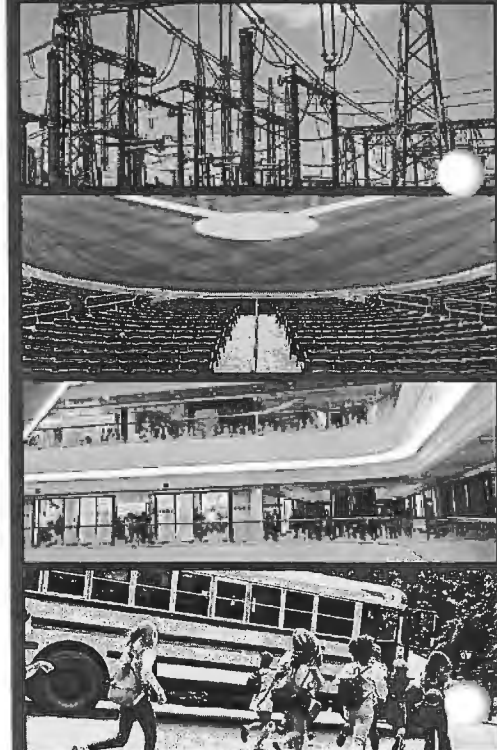
CONTINUING ACTIONS AFTER EVACUATION

- Debrief emergency services and assist in coordinating further actions
- Take accountability and report
- Open media, medical and family areas—brief regularly
- As appropriate, determine reoccupy or dismiss action
 - Reoccupy when cleared and deemed appropriate
 - Dismiss in consultation with site administration
 - Notify all personnel of decision and ensure accountability
- Site Decision Maker(s) should remain on-scene until the situation is resolved or until relieved by another administrator

A FINAL NOTE

Every bomb threat requires professional judgment and should be handled in accordance with the facility's needs. Site Decision Maker(s) and administrators should periodically review Federal guidance and work with local first responders to establish a Bomb Threat Response Plan that addresses each risk level appropriately and is optimal for their building(s) and personnel.

BOMB THREAT GUIDANCE



These guidelines help Site Decision Makers react to a bomb threat in an orderly and controlled manner.



For more information contact the Office for Bombing Prevention at: OBP@cisa.dhs.gov

PRIOR TO THREAT



- Plan and prepare
- Develop a Bomb Threat Response Plan
- Provide Bomb Threat Response Plan training to all personnel

IF THREAT IS RECEIVED



- Conduct threat assessment
- Execute appropriate actions outlined in Bomb Threat Response Plan

1. PLANNING & PREPARATION

PLANNING CONSIDERATIONS

- Coordinate with local law enforcement & first responders to ensure smooth handling of a bomb threat
- Develop clear-cut primary and alternate levels of authority (referred to in this document as "Site Decision Maker(s)")
- Select Evacuation Teams and Search Teams
- Develop training plan
- Determine search procedures
- Designate control center locations
- Plan for emergency assistance (police, fire, etc.)
- Establish primary and alternate evacuation routes and assembly areas
- Establish evacuation signal(s)
- Develop a communications plan
- Determine procedures for accessing/shutting off & reactivating utilities

PREPARATION CONSIDERATIONS

- Control building access
- Implement strict master key control
- Inspect incoming parcels
- Safeguard confidential material
- Keep exits unobstructed
- Ensure adequate internal/external emergency lighting
- Utilize electronic surveillance

2. EMERGENCY TOOLKIT

Items you may want to consider including in your Emergency Toolkit, which will be taken to the Incident Command Post.

BUILDING FACILITY

- Complete set of master keys: coded to rooms and corresponding with a printed key list
- Blueprints and floor plans or site map of building
- Video, photographs, or a CD depicting building interior and exterior

EMERGENCY RESPONSE PLANS

- Copies of the Site Crisis Response Plan, Bomb Threat Plan, and Crisis Management Plan
- A list of the following phone numbers:
 - Site Decision Maker(s)
 - Police/Fire/Emergency Medical Services (EMS)
 - Federal Bureau of Investigation (FBI)
 - Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF)
 - Postal Inspector
 - Nearest hospital
 - Facility emergency names and phone numbers

PERSONNEL INFORMATION

- Building Emergency Response Team member contact information and assignments
- List of personnel trained in CPR and/or first aid
- Updated list, with pictures if possible, of all staff/personnel
- Staff/visitors sign-in/out sheets that include names and dates; include provision for staff/visitors transported to medical facilities
- List of staff with special needs and description of need
- Contact information for neighboring/contiguous buildings

ADDITIONAL EMERGENCY ACTION RESOURCES

- Reflective vests for building emergency response team members with identifying marks
- Bullhorn with charged batteries
- AM/FM portable radio
- Flashlights and batteries
- Local street and zone maps
- Clipboard
- Writing materials (legal pads, pens, pencils, markers)
- Plastic red/yellow tape for cordoning off areas

3. RECEIVING A THREAT

PHONED THREAT

- Remain Calm & DO NOT HANG UP
- If possible, signal other staff members to listen & notify Site Decision Maker(s) and authorities
- If the phone has a display, copy the number and/or letters on the window display
- Write down the exact wording of the threat
- Keep the caller on the line for as long as possible and use the Bomb Threat Checklist to gather as much information as you can
- Record, if possible
- Fill out the Bomb Threat Checklist immediately
- Be available for interviews with the building's emergency response team and law enforcement

VERBAL THREAT

- If the perpetrator leaves, note which direction they went
- Notify the Site Decision Maker(s) and authorities
- Write down the threat exactly as it was communicated
- Note the description of the person who made the threat:

| | |
|-----------------------------|------------------------------------|
| • Name (if known) | • Race |
| • Gender | • Type/color of clothing |
| • Body size (height/weight) | • Hair & eye color |
| • Distinguishing features | • Voice (loud, deep, accent, etc.) |

WRITTEN THREAT

- Handle the document as little as possible
- Notify the Site Decision Maker(s) and authorities
- Rewrite the threat exactly as is on another sheet of paper and note the following:
 - Date/time/location document was found
 - Any situations or conditions surrounding the discovery/delivery
 - Full names of any personnel who saw the threat
 - Secure the original threat; DO NOT alter the item in any way
 - If small/removable, place in a bag or envelope
 - If large/stationary, secure the location

E-MAILED THREAT

- Leave the message open on the computer
- Notify the Site Decision Maker(s) and authorities
- Print, photograph, or copy the message and subject line, note the date and time

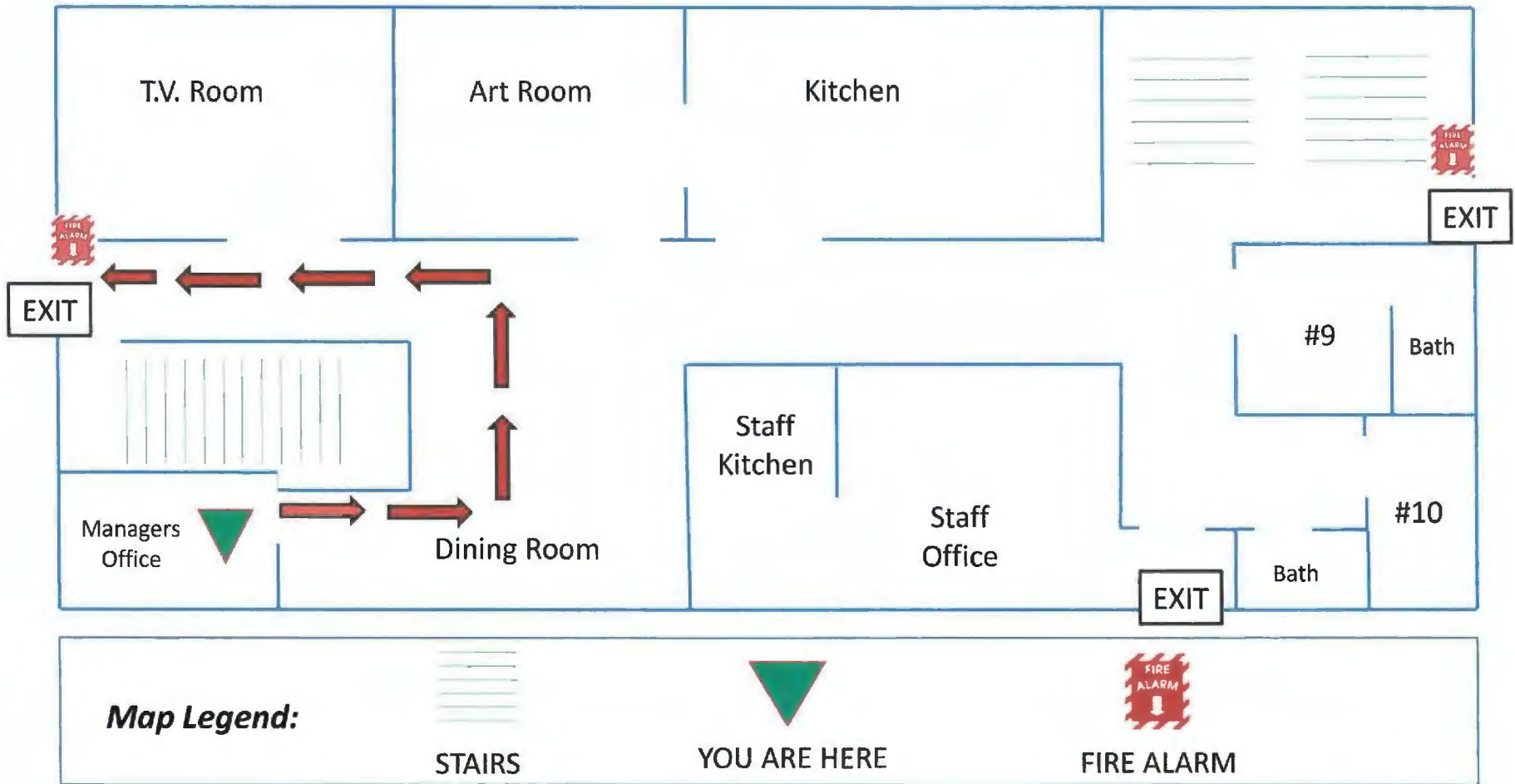
4. THREAT ASSESSMENT

All threats should be carefully evaluated. One must consider the facts and the context, and then conclude whether there is a possible threat.

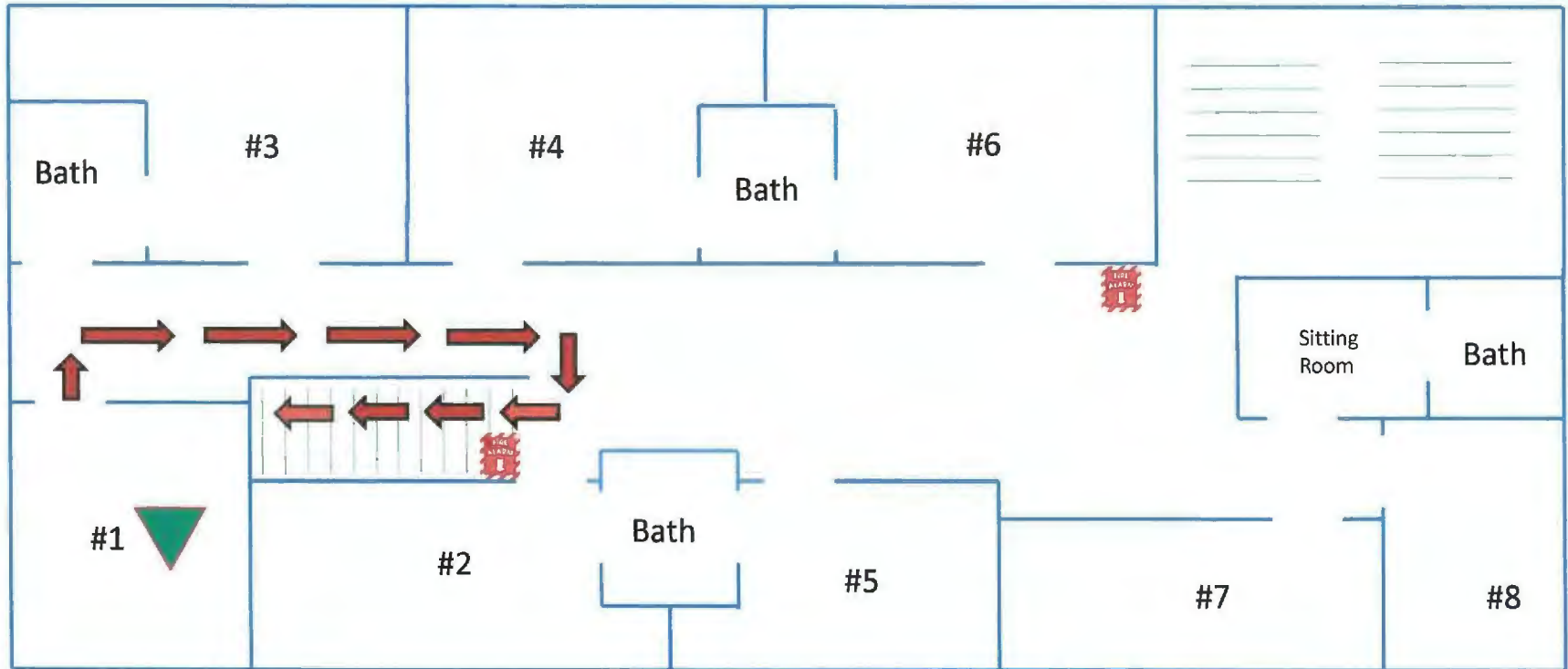
- Low Risk**
- Lacks Realism:** A threat that poses a minimum risk to the victim and public safety. Probable motive is to cause disruption.
- Threat is vague and indirect
 - Information contained within the threat is inconsistent, implausible, or lacks detail
 - Caller is definitely known and has called numerous times
 - The threat was discovered instead of delivered (e.g., a threat written on a wall)

- Medium Risk**
- Increased Level of Realism:** Threat that could be carried out, although it may not appear entirely realistic.
- Threat is direct and feasible
 - Wording in the threat suggest the perpetrator has given some thought on how the act will be carried out
 - May include indications of a possible place and time
 - No strong indication the perpetrator has taken preparatory steps, although there may be some indirect reference pointing to that possibility
 - Indication the perpetrator has details regarding the availability of components needed to construct a bomb
 - Increased specificity to the threat (e.g. "I'm serious!" or "I really mean this!")

- High Risk**
- Specific and Realistic:** Threat appears to pose an immediate and serious danger to the safety of others.
- Threat is direct, specific, and realistic; may include names of possible victims, specific time, and location of device
 - Perpetrator provides his/her identity
 - Threat suggests concrete steps have been taken toward carrying out the threat
 - Perpetrator indicates they have practiced with a weapon or have had the intended victim(s) under surveillance



FIRST FLOOR



SECOND FLOOR

Annual Water-Based Fire Protection Systems Inspection

Life Safety Fire Protection Inc NH

MA Lic#SC-006025
97 Lower Jaffrey Road, Dublin, NH, 03444
Phone (603) 563-7700
Fax (603) 563-7070
Website <http://www.lifesafetyfire.com>



Inspector: Tony Banish

Inspection date: 08/11/2022

Inspection Location

Emerald Street House

32 Emerald Street
Keene, NH 03431
Phone:

Customer

Keene Housing

831 Court Street
Keene, NH 03431
Phone:

*Inspection performed in accordance with
NFPA 25 Standard for the Inspection, Testing, and Maintenance
of Water-Based Fire Protection Systems, 2017 edition.*

| System Summary | | Number of Systems at Site |
|----------------|---------------|---------------------------|
| Items | Total Systems | |
| Dry System | 1 | |

Dry System

Dry System Inspection

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Sprinkler heads free of leakage, corrosion, external loading, damage or loss of fluid in glass bulb element, painted heads, and pointed in proper direction. (5.2.1.1.1; 5.2.1.1.2) | PAR |
| Escutcheons and coverplates in place, if applicable. (5.2.1.1.5) | Pass |
| Minimum clearance maintained below all sprinklers (5.2.1.2) | Pass |
| Correct # of replacement sprinkler heads in head box to include all types and ratings installed. (5.4.1.5 & 5.4.1.5.4) | Pass |
| Sprinkler head wrench for each type head provided in head box (5.4.1.5.5) | Pass |
| List of sprinklers installed on the property posted on head box. (5.4.1.5.6) | N/A |
| System piping free of mechanical damage, leaks, corrosion, or external loads resting on or hung from pipe. (5.2.2) | Pass |
| Pipe hangers, braces and supports are secure and undamaged. (5.2.3) | Pass |
| Sprinklers in the building in service for 50 years, have been replaced or sample tested. (5.3.1.1.1) | N/A |
| Sprinklers with fast-response elements in service for 20 years have been replaced or sample tested. (5.3.1.1.1.3) | N/A |
| Dry sprinklers in service for 10 years have been replaced or sample taken. (5.3.1.1.1.6) | Yes Dry Pendants Tested And Passed 2014, Need To Be Tested Again 2024 |

Dry Pipe Valve

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Air and water pressure gauges operating properly (13.2.7.1.1) | Pass |
| Exterior of valve free of physical damage, trim valves in normal position and intermediate chamber not leaking (13.4.5.1.3) | Pass |
| Valve free of leaks, properly secured, accessible. (13.3.2.2) | Pass |
| Hydraulic nameplate securely attached legible (5.2.5) | Fail |
| Information sign securely attached and legible. (5.2.7) | N/A |
| If system has auxiliary drains, is sign in place indicating number and location of each drain. (13.4.5.1.2) | Pass |
| Priming water level correct (13.4.5.2.1) | Pass |
| Size of main drain | 2" |
| Pressure (psi) shown on System side pressure gauge. | 43 PSI |
| Pressure (psi) shown on Supply Water pressure gauge. (13.2.5) | 95 PSI |
| Residual Pressure with valve open (13.2.5) | 90 PSI |
| Static Pressure after valve closed (13.2.5) | 95 PSI |
| Main Drain Test Pressure less than 10% reduction in flow from original acceptance test or previous test results (13.2.5.3) | Pass |
| Partial trip test of the dry pipe valve conducted with control valve partially opened. (13.4.5.2.2.3) | Pass |
| Air pressure (psi) at trip of dry valve. (A.13.4.5.2.2.3) | 12 PSI |
| Time (sec) between start of test and trip of valve. (13.4.5.2.5.2) | 32 Seconds |
| Internal inspection - components operate properly and move freely, valve cleaned and in good condition. (13.4.5.3.1) | Pass |
| Auxiliary drains and low-point drains opened, pipe drained or where weep holes provided, inspected to ensure they are clear and unobstructed (13.4.5.3.2) | Pass |
| Full flow trip test of dry valve conducted with control valve opened fully. (13.4.5.2.2.2) | N/A |
| System testing for gas leakage (13.4.5.2.9) | N/I |
| Time (sec) between start of test and water flow from inspectors test connection. (13.4.5.2.5.2) | N/A Partial Trip |
| Valve strainers, filters, and restriction orifices free from obstructions, operating properly, and in good condition (13.4.5.1.5) | N/I |
| Gauges on valve, when compared to calibrated gauge error less than 3% full scale or gauge has been recalibrated or replaced. (13.2.7.3) | N/I |
| Valve Status Test - Valves open when returned to service. (13.3.3.4) | Pass |

Air Compressor

| | |
|------------------------------------------------------------------------------------------------------------------------------------------|------|
| Compressor free of physical damage, wiring and piping intact and without damage. (13.10.2.1) | Pass |
| Compressors requiring oil, ensure correct amount is in oil reservoir. (13.10.2.1) | N/A |
| Anchoring of air compressor is secure, tight and without damage. (13.10.2.1) | Pass |
| Air compressor operates as intended, restores normal air pressure within required time, and does not overheat while running. (13.10.3.1) | Pass |

Control Valves

| Type | Area/Location | Model Size | Accessible | Condition | Secured | Exercised | Seal | Valve Test |
|-------------------------------|---------------|-------------|------------|-----------|---------|-----------|------|------------|
| Control Valve - locked/tamper | | OS and Y 4" | Pass | Pass | Pass | Pass | N/A | Pass |

Supervisory Devices

| Type | Area/Location | Visual Insp | Functional Test |
|------------------------------|---------------|-------------|-----------------|
| High/Low Air Pressure Switch | | Pass | Pass |

Alarm Devices

| Type | Area/Location | Visual Insp | Functional Test |
|-----------------------------|---------------|-------------|-----------------|
| Water Motor Alarm | | Pass | Pass |
| Waterflow - Pressure Switch | Main Flow | Pass | Pass |

Common Components

Fire Department Connection

| | |
|----------------------------------------------------------------------------------------------------------|------|
| FDC visible and accessible, and signs in place. (13.8.1) | Pass |
| Couplings and swivels free of damage and rotate smoothly. (13.8.1) | Pass |
| Caps, plugs and gaskets in place and free from damage. (13.8.1) | Pass |
| Check valve free from leaks, automatic drain valve and clapper in place and operating properly. (13.8.1) | Pass |
| Interior of the connection free of obstructions. (13.8.1) | Pass |
| Visible piping supplying FDC undamaged. (13.8.1) | Pass |
| Internal inspection of check valve - components operate properly, cleaned/repared as needed. (13.4.2.1) | N/I |
| Hydrostatic test results of piping from FDC to check valve acceptable. (13.8.5) | N/I |

Deficiencies

**PAR response indicated "Pass After Repair". Technician notes a deficiency of a device, and repairs the deficiency during inspection.*

Dry Pipe Valve

Ques: Hydraulic nameplate securely attached legible (5.2.5)

Technician Response: Missing

Dry System Inspection

Ques: Sprinkler heads free of leakage, corrosion, external loading, damage or loss of fluid in glass bulb element, painted heads, and pointed in proper direction. (5.2.1.1.1; 5.2.1.1.2)

Technician Response: PAR



Room 9 bat

Not Inspected

Fire Department Connection

Question: Internal inspection of check valve - components operate properly, cleaned/repared as needed. (13.4.2.1)

Technician Response: Internal Inspection Conduction 01/18/21

Question: Hydrostatic test results of piping from FDC to check valve acceptable. (13.8.5)

Technician Response: Hydrostatic Testing Conducted 01/18/21

Dry Pipe Valve

Question: System testing for gas leakage (13.4.5.2.9)

Technician Response: Gas Leakage Testing Conducted 01/18/21

Question: Valve strainers, filters, and restriction orifices free from obstructions, operating properly, and in good condition (13.4.5.1.5)

Technician Response: Internal Inspection Conducted 01/18/21

Question: Gauges on valve, when compared to calibrated gauge error less than 3% full scale or gauge has been recalibrated or replaced. (13.2.7.3)

Technician Response: (1) Air Gauge Replaced 2021 And (1) Water Gauge Replaced 2018.

Liability Release Statement:

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.



8/11/22

Customer: Sandy Clark

Tech: Tony Banish

Semi-Annual Exhaust Hood Fire Suppression System

Cintas Fire Protection

79 DOW RD

BOW, NH 03304

USA

03304



Inspector: Christopher Owen 00F9516

Inspection Date: 04/06/2023

Inspection conducted at location:

EMERALD HOUSE 00F9531792

32 EMERALD ST

KEENE, NH 034313601

Phone: 6033525459 Fax:

For Customer:

EMERALD HOUSE 00F9531792

32 EMERALD ST

KEENE, NH 034313601

Phone: 6033525459 Fax:

*Inspection performed in accordance with
NFPA 96. Standard for Ventilation control and Fire Protection of Commercial Cooking Operations
and NFPA 17A Standard for Wet Chemical Extinguishing Systems.*

System Overall Condition

Overall condition of the system at end of test.

Pass

Location:

System Mfr:

System Model:

Hood System

| | |
|------------------------------------------------------------|---------------|
| Seals intact with no signs of tampering? | Yes |
| Kitchen system is tied into the Fire Alarm system. | Yes |
| System size | 5# |
| Cylinder agent | Wet Chemical |
| Expellant gas type | Nitrogen |
| Hood size | 36" |
| Alarm monitoring company notified before system activated? | Not Monitored |
| Number of cylinders? | 1 |
| System connected to a fire alarm control unit? | Yes |
| Hazard appears unchanged since last visit? | Yes |
| Duct size | 6" |

Detection

| | |
|-------------------------------------------------------------------------------------|-------|
| Remote manual pull at proper height, in path of egress and unobstructed? | N/A |
| Replaced fusible links with proper temperature rating? | Yes |
| Heat detector other than fusible links, free of damage, clean & functions properly? | N/A |
| Mechanical detection link line tested and found to operate properly? | Yes |
| Remote manual pull tested and operated properly? | N/A |
| Fusible links clean and free of obstructions or damage? | Yes |
| Number of links replaced? (also indicate temperature ratings) | 4@280 |
| System operated/tested by manual activation? | Yes |
| Proper number and placement of detectors/links? | Yes |

Alarms

| | |
|----------------------------------------------------------|-----|
| Alarm monitoring entity receive alarm? | N/A |
| Audio/visual device(s) installed and operating properly? | Yes |

Nozzles

| | |
|-----------------------------------------------------------------------------------------------|-----|
| Agent distribution piping blown through with dry air or nitrogen with blow-off caps off? | Yes |
| Piping & conduit securely bracketed? | Yes |
| Correct type and # of nozzle(s) properly positioned over appliances and in ducts and plenums? | Yes |
| Nozzle caps or seals in place and replaced as required? | N/A |
| Nozzles inspected and found to be clear of visible obstructions? | Yes |

Fuel Shutoff

| | |
|----------------------------------------------------------------------------------------|-----|
| Return air fans shut down upon system activation? | N/A |
| Automatic shutoff working properly? | Yes |
| Automatic shutoff devices shut down sources of fuel/power to cooking equipment system? | Yes |
| Exhaust fans continue to run upon system activation? | N/A |
| All gas/electric appliances shut down upon system activation? | Yes |
| Gas shutoff valve works properly, if applicable? | N/A |
| Manual reset working properly? | Yes |

Portable Extinguisher

| | |
|-----------------------------------------------------------------|-----|
| Required service performed? | Yes |
| Portable extinguisher of proper type mounted with sign/placard? | Yes |

Hood

Proper clearance from cooking surface to filters? Yes
Hood condition? -
Observable hood and duct penetrations sealed with a weld or a UL listed device? Yes
Advised personnel on the importance of keeping hood, ducts, and filters clean? Yes
Proper separation between fryers & flame? N/A

Reactivation

Inspection tag affixed to system? Yes
Fuel sources and power restored? Yes
Test adapters/links, pins, etc removed from system? Yes
Filters and baffles in place? N/A
Alarm monitoring company notified of completion of inspection? N/A
Tandem system reset and operational? N/A
System operational and seals in place? Yes
Cartridges reinstalled? N/A
System meets UL300 standard? Yes
Microswitch/relays reset - electrical appliances on? Yes
Control head reset? Yes
Pilot lights supplied by gas valve reset? N/A
Detection link line has proper tensioning? Yes
Instructions for manual operation posted in the kitchen area? N/A

Cylinders

| Manufacturer | Model | Size | Inspected | Pressure Tested | Contents & Storage Use | Compliance with Code | Inspected by | Inspected on | Notes | Damage (underlined, in orange, correct) |
|--------------|-------|------|-----------|-----------------|------------------------|----------------------|--------------|--------------|-------|-----------------------------------------|
| | | | Yes | Yes | Yes | Yes | Yes | 4/8/2022 | | N/A |

Cooking Appliances

| Location | Appliance | Size | Power Type |
|----------|-----------|------|------------|
| | Range | 36 | Electric |

Liability Release Statement:

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.



4/6/23

Amanda Moore



4/6/23

Christopher Owen 00F9516

Site Survey Report

Location: CINTAS FIRE 636525
LOC: 00F95
Route: 16

Receipt No: 0F95537786
Receipt Date: 12/08/2022
Customer: EMERALD HOUSE
Customer No: 31792

| Seq | Description | Location | Mfg | Mfg Year | Next Exch |
|-----|------------------------|----------------------|----------|----------|-----------|
| 0 | KITCHEN SYSTM WET CHEM | RANGE | GUARDIAN | 1900 | 1900 |
| 10 | 10 LB ABC DRY CHEM | BSMT | BADGER | 2006 | 2025 |
| 30 | 2.5 LB ABC DRY CHEM | KITCHEN | AMEREX | 2000 | 2026 |
| 40 | 2.5 LB ABC DRY CHEM | OFFICE BY KITCHEN | AMEREX | 1999 | 2023 |
| 50 | 5 LB ABC DRY CHEM | FLOOR 1 HALL | AMEREX | 2007 | 2025 |
| 60 | 5 LB ABC DRY CHEM | FLOOR 2 HALL | AMEREX | 2007 | 2025 |
| 70 | 10 LB ABC DRY CHEM | BOILER ROOM BASEMENT | AMEREX | 2018 | 2024 |
| 80 | 5 LB ABC DRY CHEM | upstairs hallway | BADGER | 2022 | 2028 |

Date Completed: 12/08/2022

Maintain With Your Fire and Safety Records - Thank You for Your Business

Fire Protection Service Report

CINTAS FIRE 636525 BOW, NH 1742210004

Cintas is your single source for all your fire protection needs - www.cintas.com. Fire Extinguishers - Fire Alarms - Sprinkler Systems - Emergency & Exit Lighting - Kitchen Suppression Systems - Special Hazards Suppression Systems

CUSTOMER INFORMATION

| | | | | |
|------------------------------------|-------|--------------------------|---------------------------|--|
| EMERALD HOUSE | 31792 | SERVICE DATE: 12/08/2022 | | |
| 32 EMERALD ST | KEENE | NH | 7444353 | |
| FIRE TECHNICIAN: Owen, Christopher | | | | |
| SERVICED BY: Owen, Christopher | | | ACCEPTED BY: patty forman | |

PORTABLE EQUIPMENT - SERVICED: (1)

| EQUIPMENT-SERVICES | Monthly | Annual | Recharge | Internal | Hydro-Test | Other |
|--------------------|---------|--------|----------|----------|------------|-------|
| 5 LB ABC DRY CHEM | 0 | 1 | 0 | 0 | 0 | 0 |

PORTABLE EQUIPMENT INTERNAL MAINTENANCE/HYDROSTATIC TESTS COMING DUE: (1)

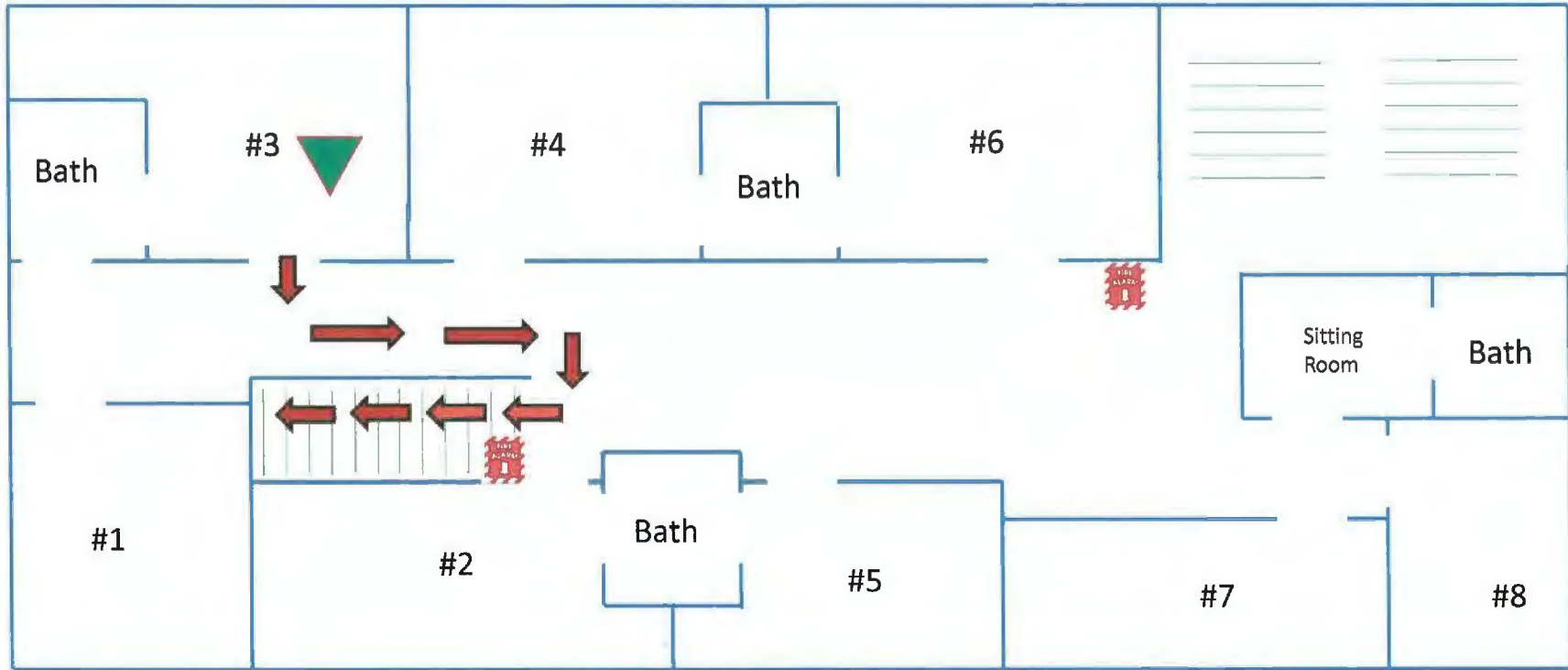
| Equipment | Year | Quantity |
|---------------------|------|----------|
| 2.5 LB ABC DRY CHEM | 2023 | 1 |

During our inspection of your fire safety equipment, our fire service technician noted the above deficiencies with the current condition of your fire safety equipment. These deficiencies result in your equipment not complying with current national fire codes (NFPA).

This condition poses or may pose an immediate risk to life safety. We recommend you take immediate action to upgrade, repair, or replace your equipment to assure adequate fire protection and life safety.

We urge you to contact our office to obtain a quotation for upgrading, repairing, or replacing your fire safety equipment to help assure it will function as needed in the event of a fire.

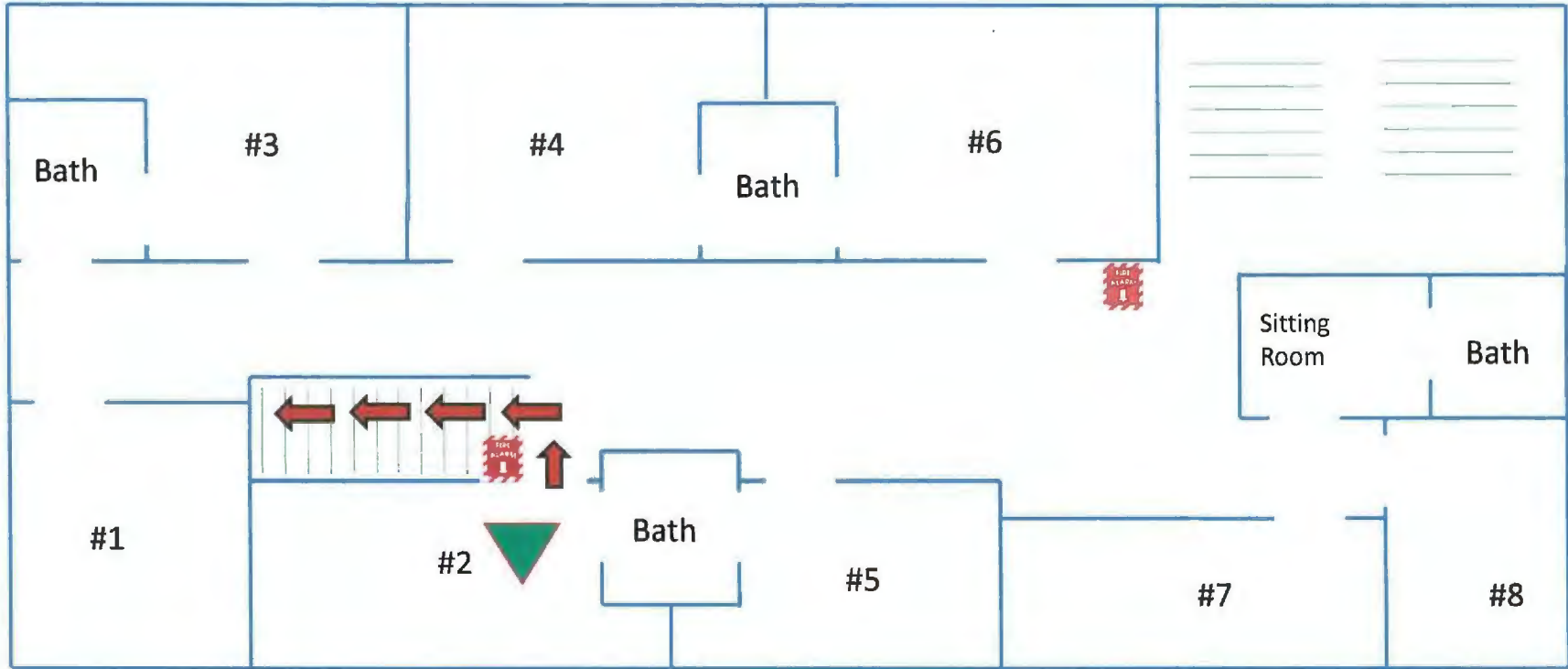
| |
|---------------------------|
| ACCEPTED BY: patty forman |
|---------------------------|



Map Legend:

| | | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
|  |  |  |
| STAIRS | YOU ARE HERE | FIRE ALARM |

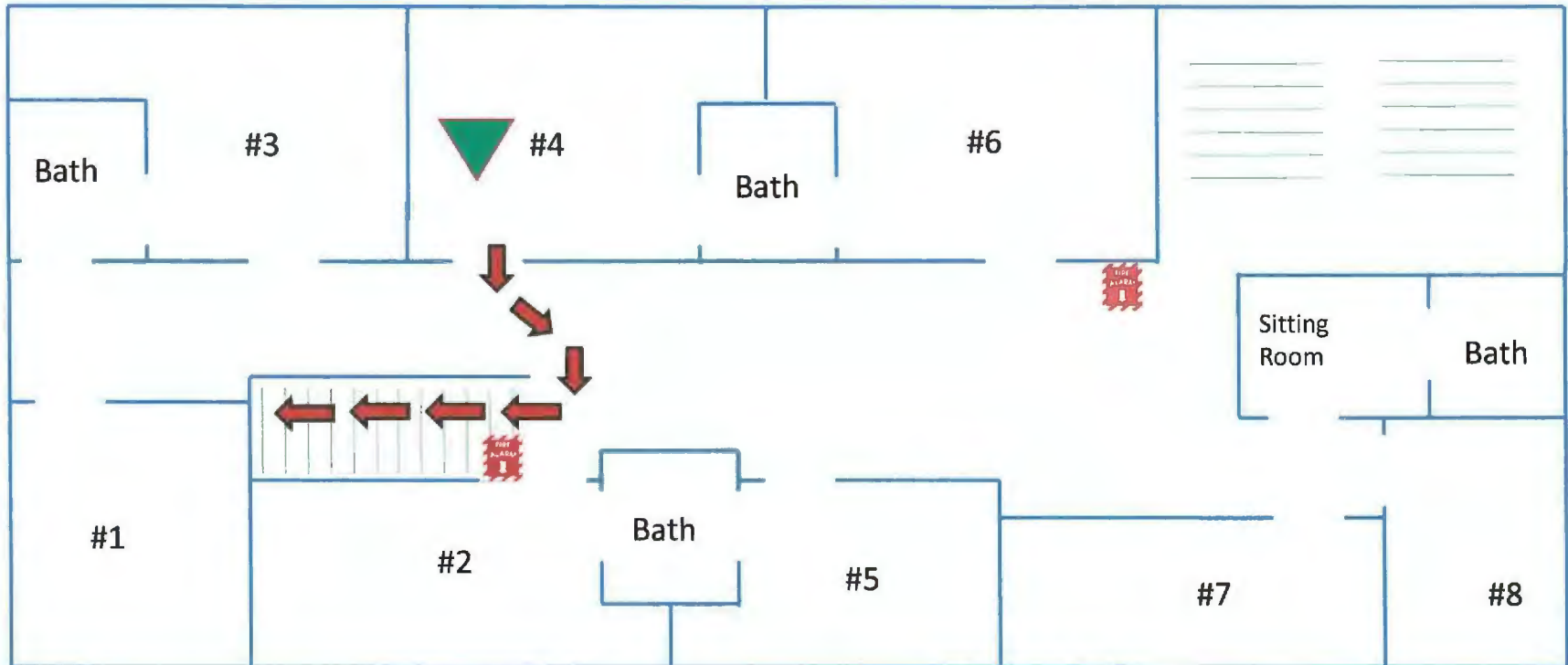
SECOND FLOOR



Map Legend:

| | | |
|--------|--------------|------------|
| | | |
| STAIRS | YOU ARE HERE | FIRE ALARM |

SECOND FLOOR



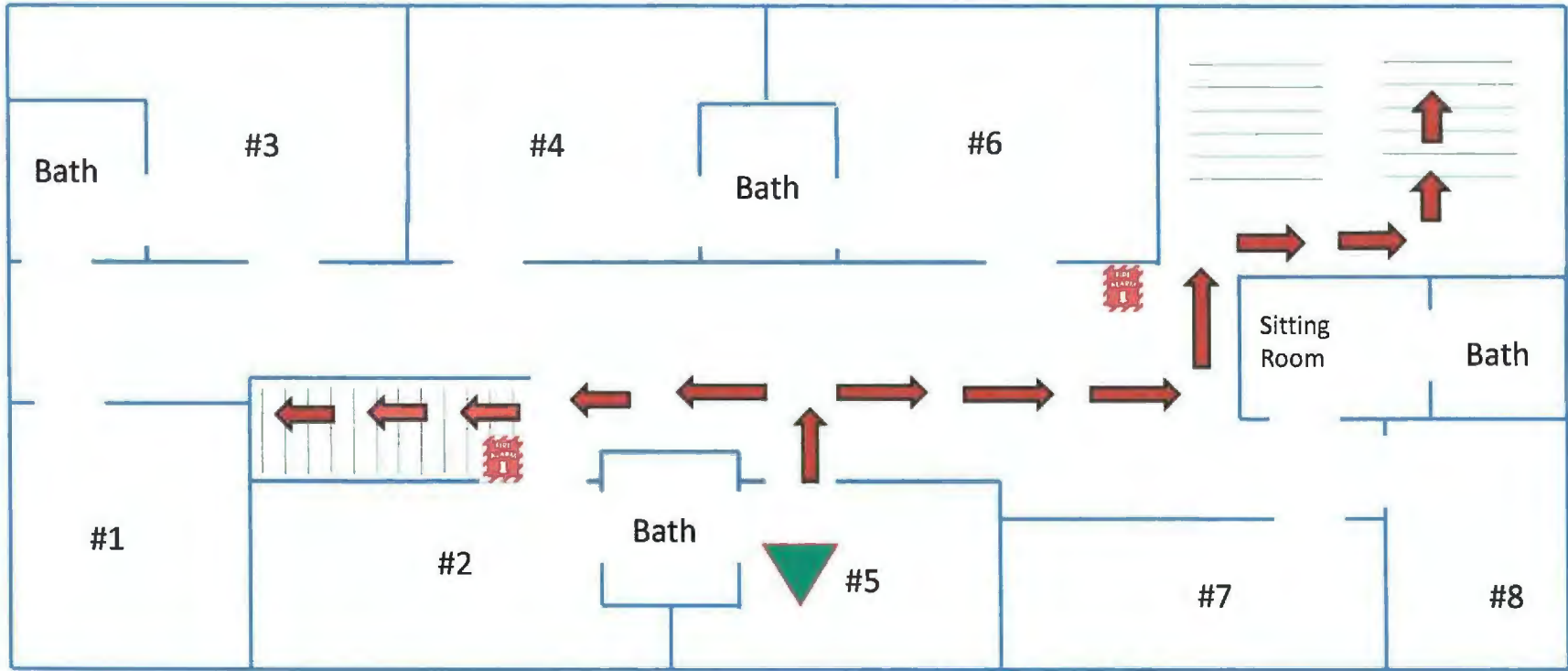
Map Legend:


STAIRS

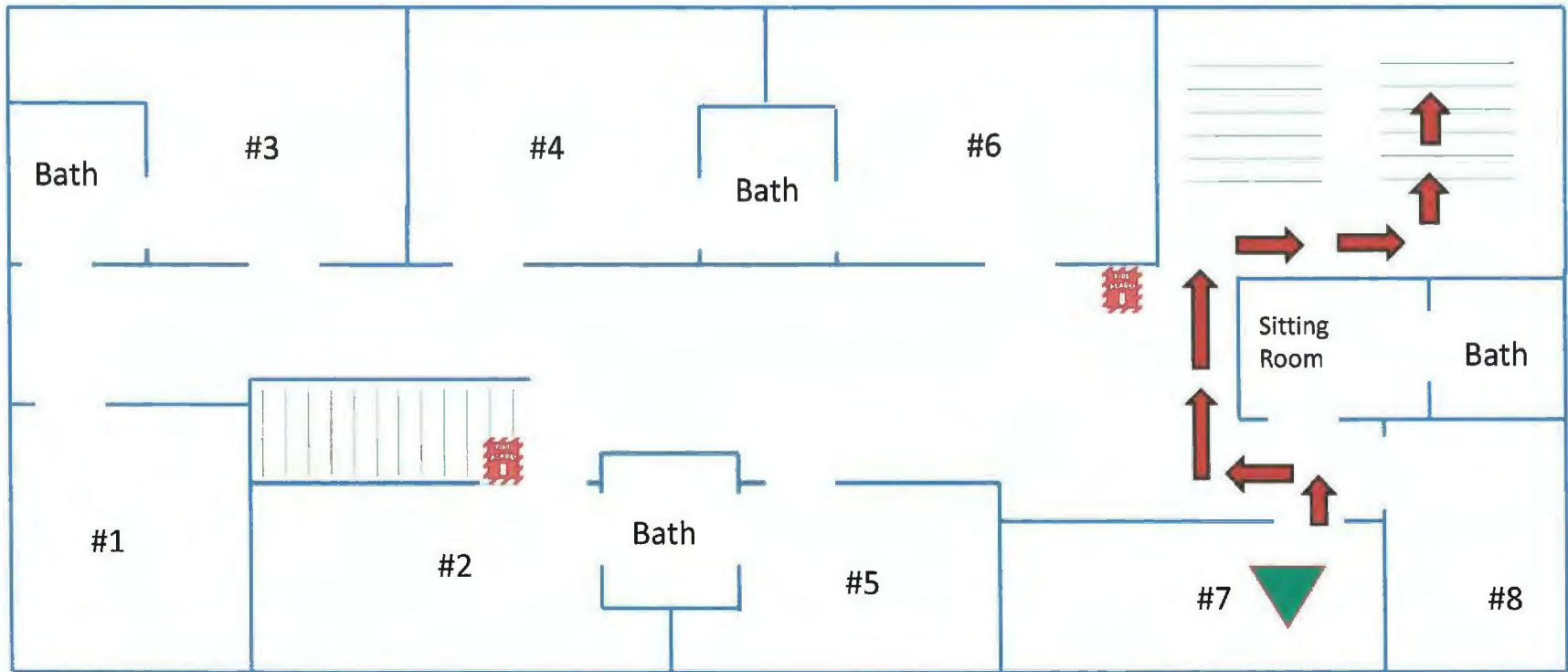

YOU ARE HERE


FIRE ALARM

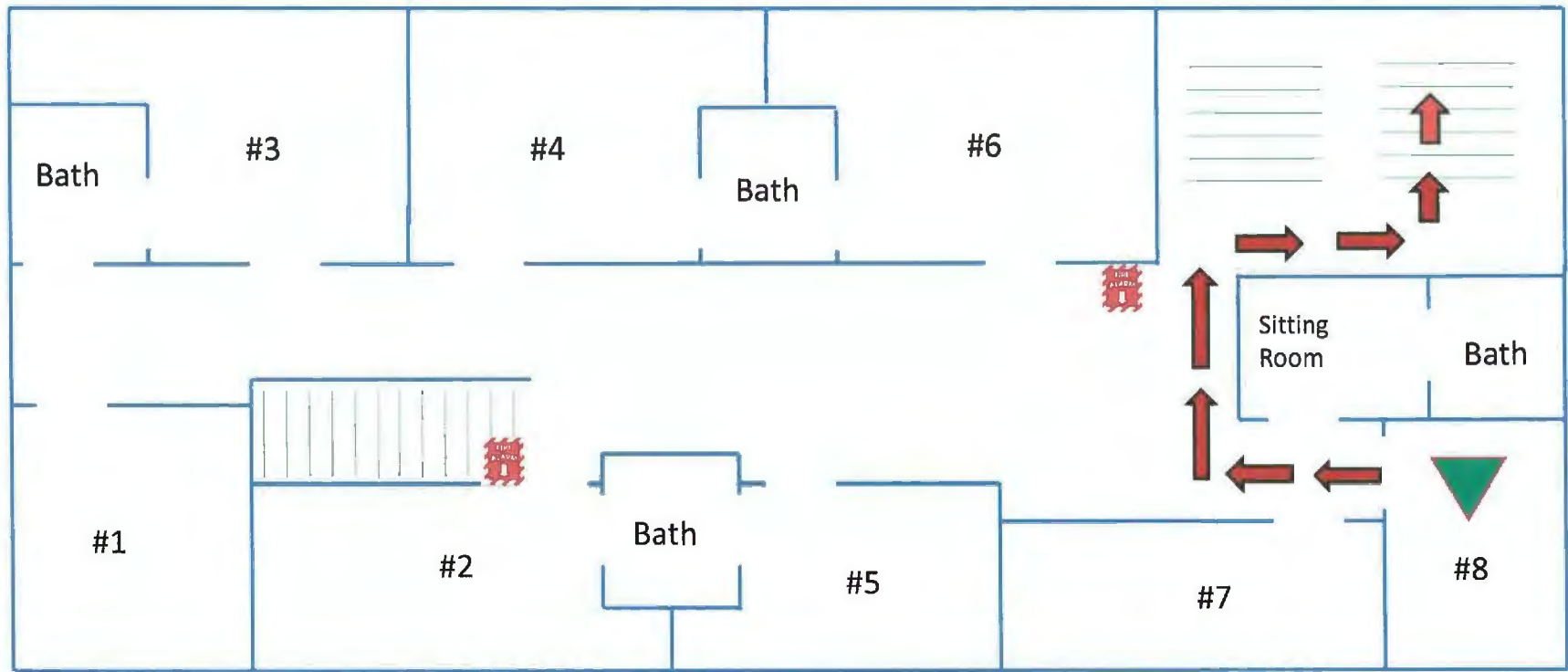
SECOND FLOOR



SECOND FLOOR



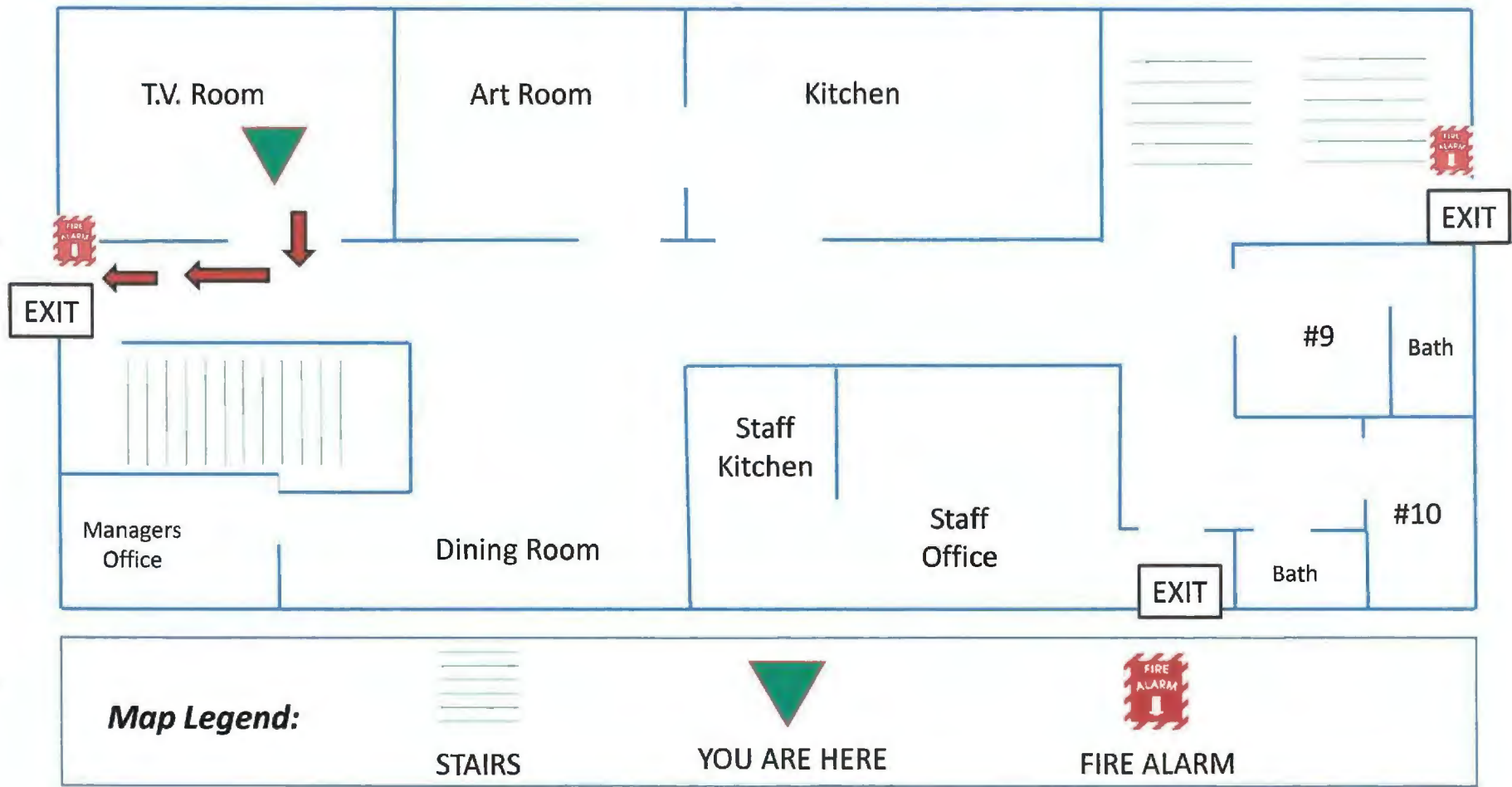
SECOND FLOOR



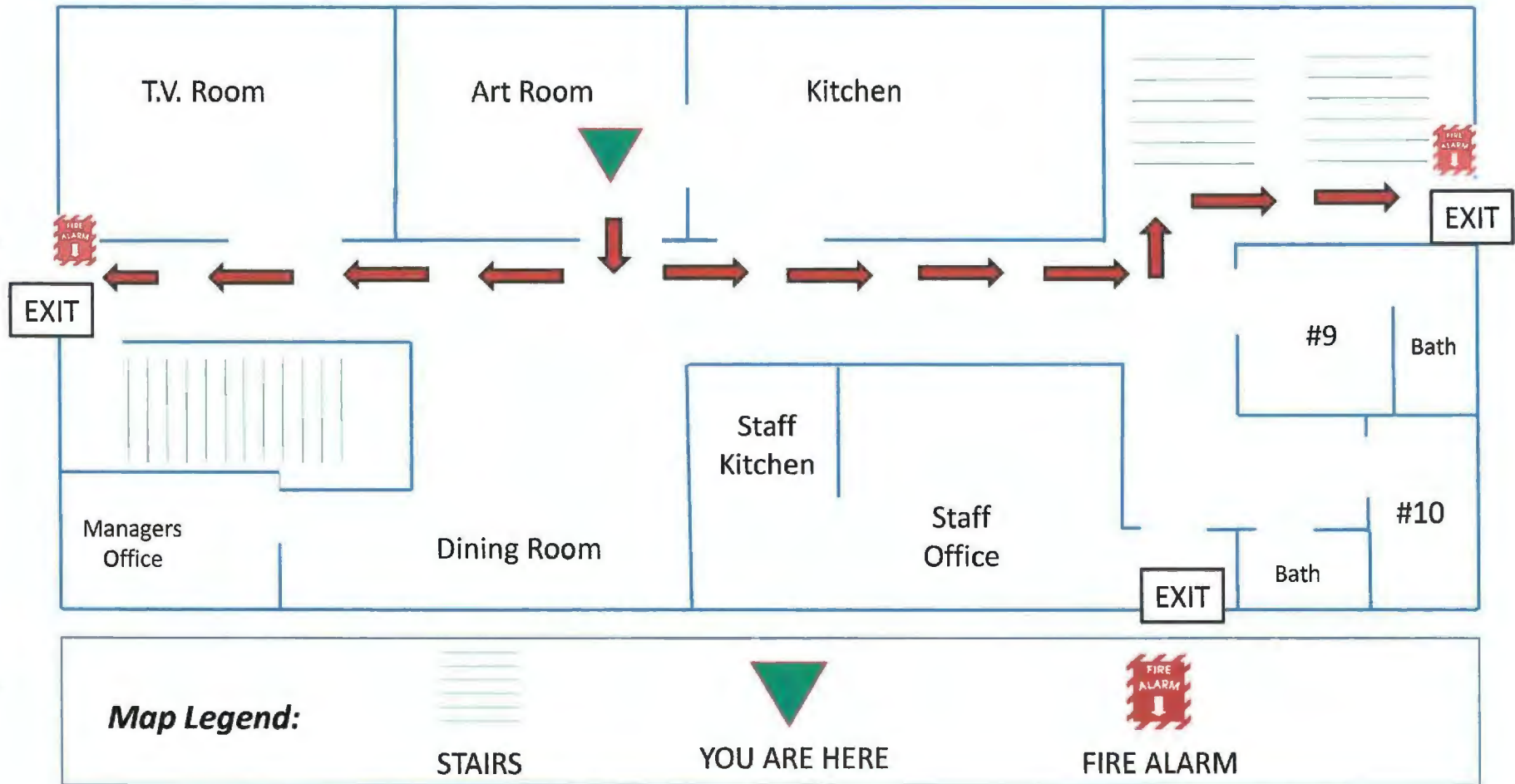
Map Legend:

| | | |
|--------|--------------|------------|
| | | |
| STAIRS | YOU ARE HERE | FIRE ALARM |

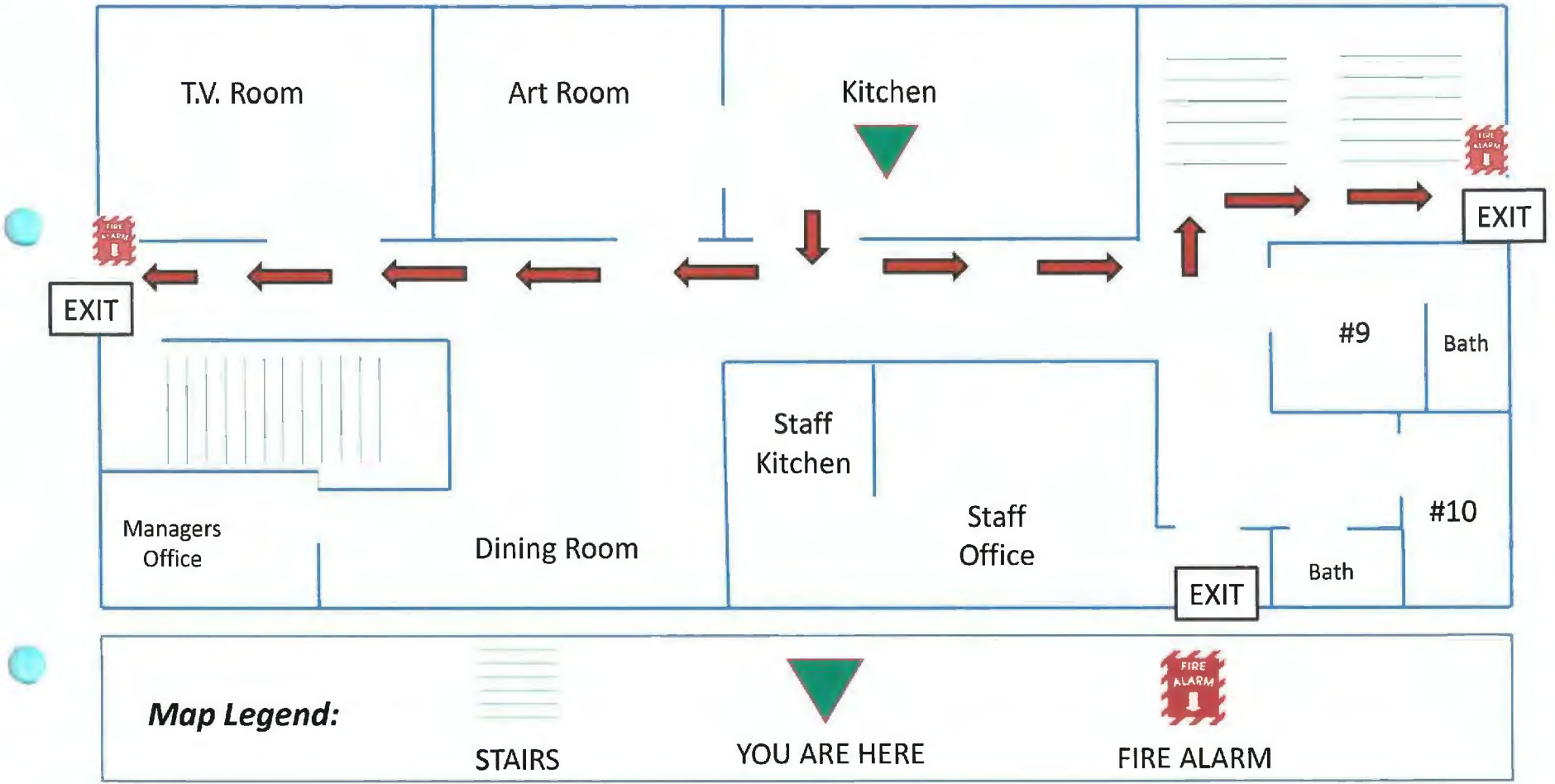
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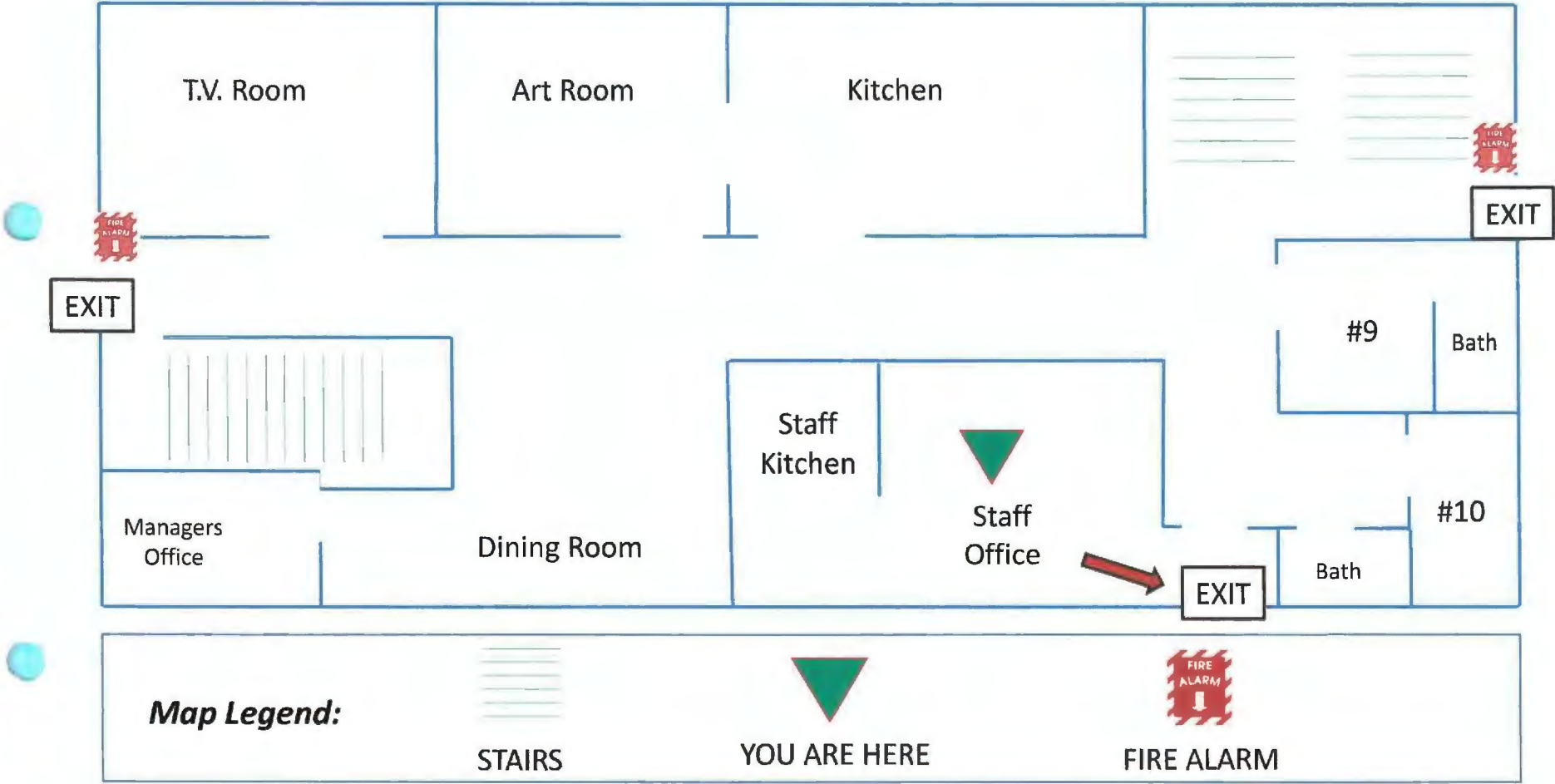
FIRST FLOOR



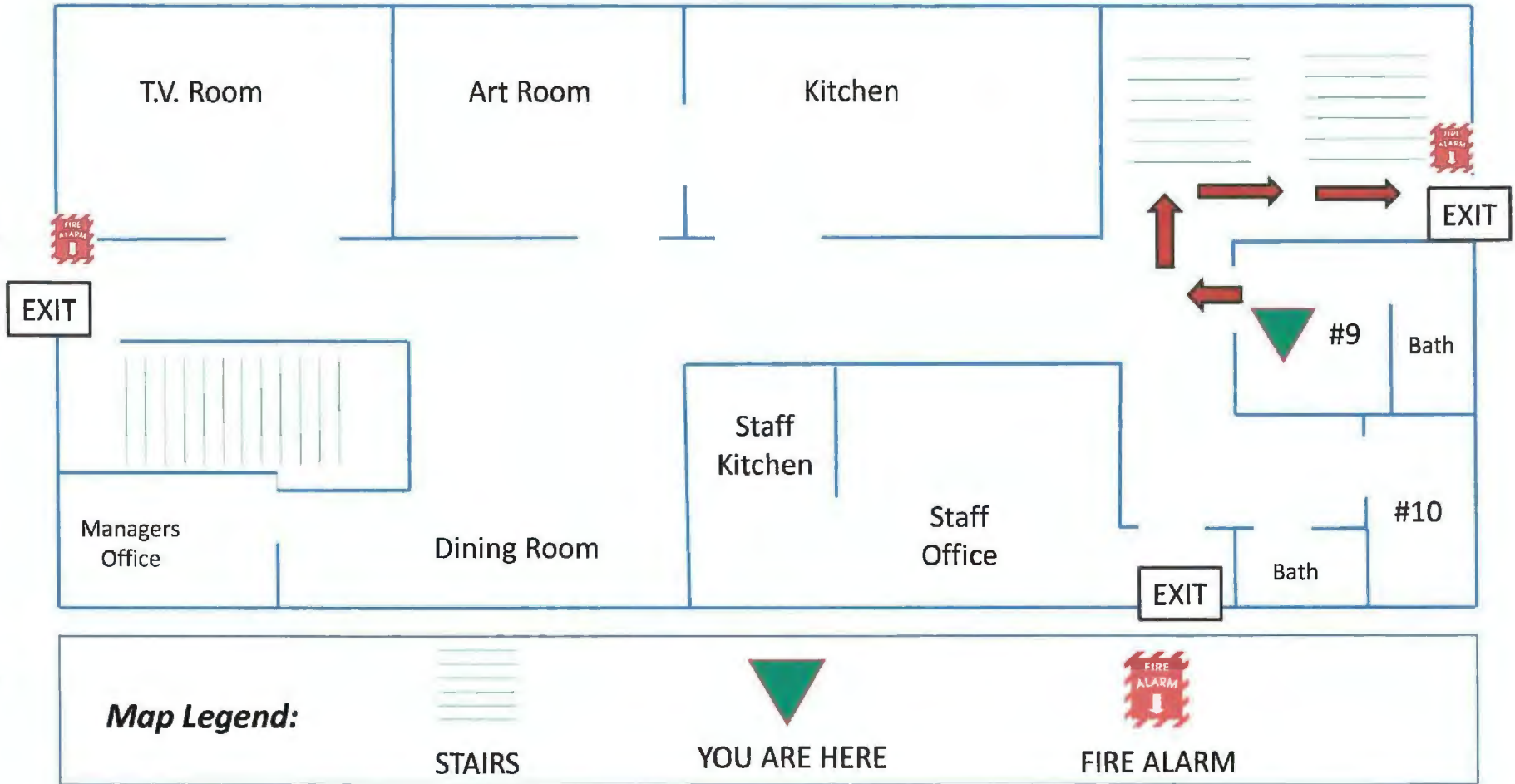
FIRST FLOOR



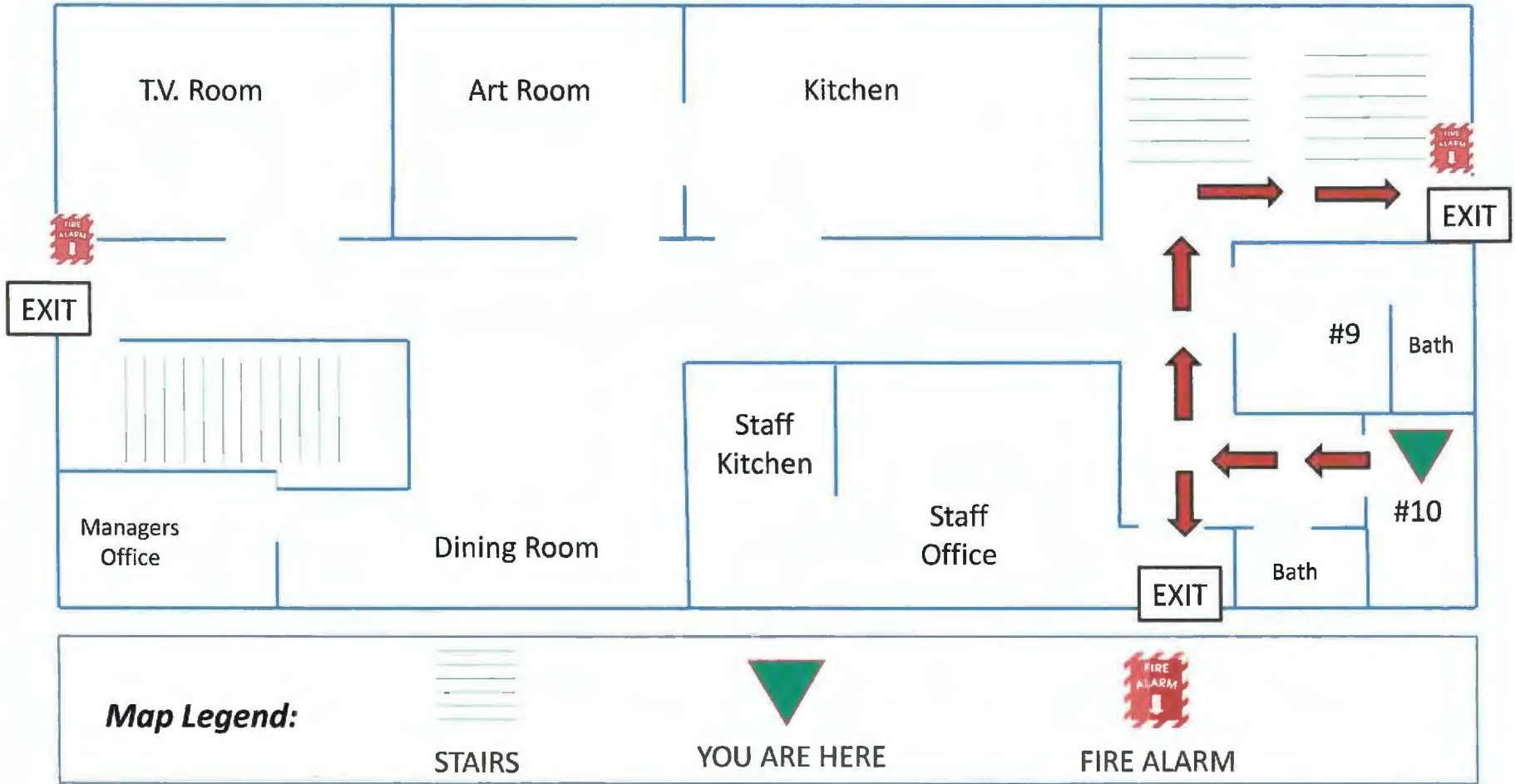
FIRST FLOOR



FIRST FLOOR



FIRST FLOOR



FIRST FLOOR

Corinne Marcou

From: Sandra Clark <sclark@keenehousing.org>
Sent: Wednesday, June 28, 2023 12:14 PM
To: Rhoda Jurkowski; Patricia Forman (pforman@mfs.org); rlagasse@mfs.org
Cc: Leslie Horne; Denise Pratt
Subject: EMERALD HOUSE CONGREGATE LIVING LICENCE INFO
Attachments: SKM_475223062808580.pdf

Good Morning,

Attached are the procedures used by Keene Housing for Building Maintenance and repairs.

Keene Housing performs annual inspections of every property, building, unit, common space, and sites as well as oversight from Federal, State and Local authorities like HUD (Housing and Urban Development), NHHFA (New Hampshire Housing Finance Authority) and the City Of Keene.

Keene Housing uses a calendar system with our contractors (see attached for Life Safety – Sprinklers, Travelers Insurance and the State Of New Hampshire Boiler Inspections, Fire Extinguishers and Kitchen Hood Fire Suppression – Cintas, Keene Housing Staff, Annual, Move In, Move Out, Quality Control after Turnover of Unit, Housekeeping Inspections, Keene Housing Yearly Building Checklist Inspections).

Keene Housing also conducts Physical Needs Assessments on all of its properties every 5 years (see attached PNA for Emerald House from 2019) to determine Site, Building Exterior, Building Systems, Common Areas and Unit Interior Physical and Capital Needs and budget accordingly.

Residents, Service Providers/Staff from Monadnock Family Services, the Property Manager and Keene Housing Maintenance Staff report work orders on a daily basis, for Fiscal Year 2022 there were 122 work orders completed by Keene Housing Maintenance.

Please let me know if you have any questions or need any clarification.

Thank you,

Sandy

Sandra L. Clark
Director of Facilities, Assets and Maintenance Keene Housing
831 Court St.
Keene, NH 03431
Phone & TTY 603-352-6161
Fax 603-352-6845

From: Scanner <Scanner@keenehousing.org>
Sent: Wednesday, June 28, 2023 9:00 AM

To: Sandra Clark <sclark@keenehousing.org>
Subject: Message from KM_4752

Inspection and Work Order Procedures



Adopted on October 29, 2020

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| CHAPTER 1. | INSPECTIONS | 1 |
| CHAPTER 2. | WORK ORDERS..... | 2 |

CHAPTER 1. INSPECTIONS

Annual Inspections, Housing Quality Standards (HQS), PHAS and Quality Control Inspections are conducted on all KH properties by KH personnel, New Hampshire Housing Finance Authority, HUD, Northern New England Housing Investment Fund and other entities. Uniform Physical Condition Standards (UPCS), HQS, PHAS criteria are used as the inspection guides.

KH uses a three-part Inspection Report form for all Move In, Move Out, Housekeeping, Annual and Quality Assurance Inspections. A Notice of Property Maintenance Issue three-part inspection form is completed and delivered to the resident for any identified concerns. After multiple notices or depending on the severity of a concern, a lease violation may be issued to the resident. All documents are scanned and added to the tenant file. Upon move out, residents are charged for any damage over and above normal wear and tear at Move Out/Turnover.

In addition, Property Managers conduct bi-weekly (or monthly depending on the size of the property) curb appeal reviews to identify any property concerns and Facilities and Asset staff conduct daily property visits. Finally, Facilities and Assets staff complete a General Building Checklist for the Annual Safety Inspections of each property.

CHAPTER 2. WORK ORDERS

Work orders/maintenance needs are called in or e- mailed to the Keene Housing Web Site by residents, care givers or Keene Housing Employees.

A work order is then processed in Boston Post and a paper copy put into the mailbox of the maintenance technician(s) assigned to the property.

The Maintenance Tech picks up work orders every weekday morning at 7:00 a.m. and completes the work order during the workday.

The Maintenance Tech gives the completed work order to the Facilities Director for approval.

The Facilities Director gives the approved work order to Reception and they complete it in Boston Post entering time and materials.

GENERAL BUILDING CHECKLIST

due
in
June

| GROUNDS: | | | |
|-------------------------------------------------------------------------|--|--|--|
| 1. Are storm drains clear? Remove debris, if needed. | | | |
| 2. Check exterior lighting/replace if needed. | | | |
| 3. Ensure roofs, flashing and gutters are intact. | | | |
| 4. Landscaping – check for erosion, sump holes and aesthetics | | | |
| 5. Check windows/screens | | | |
| 6. Dumpster area – make sure clear of debris and free of safety hazards | | | |

| ENTRANCES: | YES | NO | N/A |
|------------------------------------------------------------------------------------------------------------|-----|----|-----|
| 7. Is the entrance well lit? | | | |
| 8. Are floor mats provided on the inside of all entrances? | | | |
| 9. Are floor mats maintained in such a manner as to prevent tripping? | | | |
| 10. Are steps in good condition with no broken or loose steps? | | | |
| 11. Is a handrail installed and is it firmly attached? | | | |
| 12. Is there a sign directing all visitors to sign in at the office when entering the facility / building? | | | |

| HALLWAYS: | YES | NO | N/A |
|------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|
| 1. Are all hallways and entrances to rooms well lit? | | | |
| 2. Are all areas clean and free of loose materials and debris that could create a tripping hazard? | | | |
| 3. Are all areas free of tripping hazards (cords, boxes, furniture, etc.) that could create a tripping hazard? | | | |
| 4. Are the flooring materials in good condition? No loose or broken tiles / boards; torn, wrinkled or bunched up carpets. | | | |
| 5. Are lockers, cabinets, display cases, and other items securely mounted to the wall or floors? | | | |
| 6. Are heat registers and other devices properly maintained to prevent a tripping or catching of clothing? | | | |
| 7. Are fire doors not blocked open (if applicable to include classroom doors)? | | | |
| 8. Are fire extinguishers and fire alarm pull boxes, properly identified, accessible, and securely mounted? | | | |
| 9. Are floor areas barricaded when wet or when sweeping, mopping, stripping, and waxing floors to warn others of potential slip hazards? | | | |

GENERAL BUILDING CHECKLIST

| STAIRS AND STAIRWAYS: | YES | NO | N/A |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|
| 1. Are stairs and stairways well lit? | | | |
| 2. Are stairs free of clutter and trash and debris that could create a slip / trip / fall condition? | | | |
| 3. Are the stairs in good condition with no broken steps or damaged or excessively worn runners? | | | |
| 4. For exterior steps are they covered with a non-slip coating or tread to prevent slips during wet or inclement weather? | | | |
| 5. Are handrails installed securely and in good condition? | | | |
| 6. For stairs and landings greater than 4 feet in height - Is a guardrail system in place? A 42" tall guardrail consists of a top rail, mid-rail, and toe board to prevent falls from heights. | | | |

| EXITS: | YES | NO | N/A |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|
| 1. Are exits properly marked? | | | |
| 2. Do all exit doors open outwards with the path of egress? | | | |
| 3. Are exit doors chained or padlocked when employees and/or children located in the building? Chaining or padlocking an emergency exit door with employees or children in a facility or school is a fire code violation. | | | |
| 4. Do all exit doors open freely and provide an unobstructed path to an outside public area? | | | |
| 5. Are exit paths marked and maintained free of debris and other items that can block or partially block the exit? There must be a minimum width of 22 inches for all exit paths and doors. | | | |

| OFFICE AREAS: | YES | NO | N/A |
|----------------------------------------------------------------------------------------------------------|------------|-----------|------------|
| 1. Are desks and chairs appropriate for the type of work being performed? | | | |
| 2. Are electrical cords covered or secured to prevent a tripping hazard? | | | |
| 3. Are file cabinets and desk drawers kept shut when not in use? | | | |
| 4. Are file cabinets, shelves, partitions properly secured and free of loose items lying on top of them? | | | |

| COMMON AREA – (If applicable): | YES | NO | N/A |
|-------------------------------------------------------------------------------------------|------------|-----------|------------|
| 1. Are all exit doors unobstructed for quick and easy evacuation in emergency situations? | | | |
| 2. Do floors have cords, books, debris or other trip hazards? | | | |
| 3. Are chairs, seats, desks and lockers hazard free? | | | |
| 4. Are windows free of breaks and cracks? | | | |

GENERAL BUILDING CHECKLIST

| | | | |
|-------------------------------------------------------------------------------------------|--|--|--|
| 5. Are closets and storage rooms clean and orderly? | | | |
| 6. Are rooms neat and clean? (Trash removed, no evidence of structural rot / pests, etc.) | | | |

| RESTROOMS: | YES | NO | N/A |
|---------------------------------------------------------------|------------|-----------|------------|
| 1. Are floors clean and dry to prevent slips and falls? | | | |
| 2. Are toilets, urinals, & sinks, secured firmly as designed? | | | |
| 3. Is the restroom well lit? | | | |
| 4. Are the restrooms maintained clean and sanitary? | | | |

| SUPPLY / EQUIPMENT / STORAGE / CUSTODIAN / CLOSETS: | YES | NO | N/A |
|------------------------------------------------------------------------------------------------|------------|-----------|------------|
| 1. Are the doors shut and locked when not in use? | | | |
| 2. Are all chemical containers clearly labeled with the name of the chemical and any warnings? | | | |
| 3. Are items stored neat and orderly? | | | |
| 4. Are the floors free of standing water or liquids? | | | |
| 5. Are extension cords and power cords on equipment in good repair? | | | |

| BOILER / ELECTRICAL / MECHANICAL ROOMS: | YES | NO | N/A |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|
| 1. Are the doors shut and locked when not in use? | | | |
| 2. Are all chemical containers clearly labeled with the name of the chemical and any warnings? | | | |
| 3. Is the room clean and orderly and not used for storage of non-essential materials and items (Holiday decorations, spare or old books, etc.) | | | |
| 4. Are the floors free of standing water or liquids? | | | |
| 5. Are electrical panels and breaker boxes clear of obstructions? | | | |
| 6. Are electrical boxes, switches and receptacles covered? | | | |

ADDITIONAL INFORMATION OR COMMENTS? PLEASE WRITE BELOW:

• check defibrillators if applicable _____



GDS ASSOCIATES, INC.

engineers and consultants

**Physical Needs Assessment –
Ashbrook Apartments, Emerald
House & Fairweather Lodge**



Prepared For:



**Keene
Housing**

Prepared By:

GDS Associates, Inc.

1155 Elm Street, Suite 702
Manchester, New Hampshire
603.656.0336 | 866.611.3791 fax
www.gdsassociates.com

January 10, 2016

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ACKNOWLEDGEMENTS

This Physical Needs Assessment was prepared by GDS Associates, Inc. under contract with Keene Housing (KH) for its properties located at 191 Key Road (Ashbrook Apartments), 32 Emerald Street (Emerald House), and 94 Spring Street (Fairweather Lodge).

The authors thank Sandra Clark, Director of Facilities, Assets and Maintenance, who provided invaluable insight into the building's operations and management and dedicated her time to enable GDS to perform its detailed walk through with members of her facilities staff.

DISCLAIMER

Reference herein to any specific commercial product, process, or service by trade name, trademark, manufacturer, or otherwise does not necessarily constitute or imply its endorsement, recommendation, or favoring by GDS Associates, Inc. or KH. Specifics are included for reference only.

The Expected Useful Life, Remaining Useful Life, and associated cost included in this study have been estimated based on GDS experience and industry standards and norm. Every effort was made for accuracy in this process but as with all equipment compilations of this type, the actual quantities, names and locations may vary slightly.

EXECUTIVE SUMMARY

The Physical Needs Assessments (PNAs) were conducted by GDS Associates, Inc. (GDS) under contract to Keene Housing (KH) located at 831 Court Street in Keene, New Hampshire. The PNAs were completed for the properties located at 32 Emerald Street (Emerald House), 94 Spring Street (Fairweather Lodge) and the Ashbrook Apartments at 191 Key Road in Keene, NH. The PNAs are based on HUD requirements for a Physical Needs Assessment and the scope of work listed in the Request for Proposals. GDS has completed similar work for KH for the Emerald House and Ashbrook Apartments in 2014 and for other developments owned by Keene Housing in 2014, 2016 and 2018.

A site inspection was conducted on Friday, December 14, 2018 by Tim McDonald, and Alyssa Gianotti of GDS Associates, Inc. KH staff also attended the site visit and provided useful insight into the facilities maintenance history and areas of concern. The following physical needs assessments include a short summary of the developments, photos of the developments and associated deficiencies, a PNA category breakdown of total costs over a 10-year forecast, replacement reserve schedule for 0-1 years, 2-5 years, and 6-10 years, and an itemized list of physical needs and replacements. This information may be used by KH as the basis for prioritizing what projects to pursue in the next 10 years, including in-house improvements as well as contracted work.

The findings presented in this report are based on site inspections of Keene Housing developments. The findings and suggestions are the result of what was observed during our site inspections along with information provided by facility staff. A summary of the physical needs assessment results by year and development is provided in the tables below.

Physical Needs Assessment Annual Results

Table 1: Ashbrook Apartments PNA Costs by Year

| Year 0 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Total |
|----------|----------|----------|----------|----------|--------|----------|----------|--------|--------|----------|-----------|
| \$10,580 | \$82,490 | \$24,281 | \$56,771 | \$80,000 | \$0 | \$95,114 | \$53,320 | \$0 | \$0 | \$51,200 | \$453,755 |
| 2% | 18% | 5% | 13% | 18% | 0% | 21% | 12% | 0% | 0% | 11% | \$453,755 |

Table 2: Emerald House PNA Costs by Year

| Year 0 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Total |
|----------|----------|--------|---------|----------|---------|--------|--------|--------|--------|---------|----------|
| \$51,619 | \$12,556 | \$40 | \$2,199 | \$10,565 | \$4,660 | \$90 | \$0 | \$0 | \$0 | \$0 | \$81,729 |
| 63% | 15% | 0% | 3% | 13% | 6% | 0% | 0% | 0% | 0% | 0% | \$81,729 |

Table 3: Fairweather Lodge PNA Costs by Year

| Year 0 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Total |
|----------|----------|----------|---------|--------|---------|--------|----------|---------|--------|---------|----------|
| \$34,199 | \$14,137 | \$12,920 | \$6,550 | \$0 | \$2,725 | \$0 | \$12,240 | \$6,291 | \$805 | \$0 | \$89,868 |
| 38% | 16% | 14% | 7% | 0% | 3% | 0% | 14% | 7% | 1% | 0% | \$89,868 |

OVERVIEW OF ACTIVITIES AND FINDINGS

Detailed Site Inspection

A comprehensive inspection of the three properties was conducted to gather information on the existing conditions of the facilities. This included gathering physical information on the building, HVAC equipment nameplate data, lighting, appliance and plumbing fixture inventories. In addition, the site inspection allowed GDS to gain an understanding of how the facility is currently being operated and maintained. It was clear from the meeting with KH staff that they have an excellent knowledge of how the building systems operate and are aware of the importance of implementing energy savings opportunities and keeping up the physical conditions of the building and grounds.

Report Writing

This report was designed for ease of navigation to the important components for Keene Housing, keeping in mind that all required and proposed features of the Physical Need Assessment would be contained within this report.

| | |
|-------------------------------------------------------------|-----------------------------------|
| Ashbrook Apartments Conditions/Observations Overview | <u>P. 3</u> |
| Needs Summary by Category | <u>P. 4</u> |
| PNA Table | <u>Appendix A</u> |
| Physical Conditions Pictures | <u>Appendix B</u> |
| Emerald House Conditions/Observations Overview | <u>P. 5</u> |
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| PNA Table | <u>Appendix A</u> |
| Physical Conditions Pictures | <u>Appendix B</u> |

EMERALD HOUSE

PROPERTY CONDITIONS

This section of the report provides detailed information regarding the existing physical conditions of all the common areas and dwelling units including all energy related systems (building envelope, HVAC, lighting/appliances, and plumbing/water). A comprehensive inspection of the Emerald House was conducted encompassing the building exterior, basement, attic, common areas, and a few of the tenant rooms.

General Site Description

Emerald House located at 32 Emerald Street is a two-story traditional colonial home with 10 bedrooms, full unfinished basement, staff quarters, shared kitchen, baths and common rooms. The house was originally constructed in 1910 but has since undergone several renovations. As is typical of homes of this era, the foundation is constructed from stacked granite. The home is a wood framed structure with vinyl siding and asphalt shingle roofing.

The focus of our PNA was on critical and non-critical maintenance items with a remaining useful life of 10 years or less. These items were identified on site and discussed with KH staff.



Physical Needs Assessment Summary

The roof on the house was installed over 20 years ago and will need to be replaced very soon. Some water damage was noted on the ceiling in the foyer, kitchen and bathroom. When replacing these ceilings, the cause of the leaks or other issues should be addressed. Site improvements at the property to be completed in the next five years include connecting the drainage basin to the city system, addressing the rusted railing along the accessible ramp, removing tree stumps along the driveway, and repairing the wood fence. The windows and the window frames on the building should be replaced soon as well as the side entrance stairs. Other immediate needs include installing a bathroom fan in the second-floor bathroom to prevent moisture damage and replacing the attic drop down stairs. Some cosmetic fixes in the bathrooms and kitchen are also recommended, but not immediate.

A summary of identified physical needs improvements by category and reserve schedule is provided in the table below.

| Category | Location | Description | Condition, Maintenance Required | Units | Quantity | Expected Useful Life | Remaining Useful Life | Cost per Unit | Total Costs |
|-------------------|------------------|------------------------------|---------------------------------------|-------|----------|----------------------------|--------------------------|---------------------|----------------|
| Unit Interiors | Bathroom | Rear Apartment, Bath Tub | Re-seal around tub perimeter | LF | 10 | 10 | 0 | \$4 | \$40 |
| Unit Interiors | Kitchen, 1 BR | Cabinet Doors and Drawers | Replace | EA | 1 | 25 | 5 | \$2,440 | \$2,440 |

| Category | Location | Description | Condition, Maintenance Required | Units | Quantity | Expected Useful Life | Remaining Useful Life | Cost per Unit | Total Costs |
|------------------|------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------|----------|----------------------|-----------------------|---------------|-------------|
| Building Systems | Interior | Propane unit heaters in living space, potential for high levels of CO | Purchase CO test instrument. Establish periodic test schedule and Document | EA | 1 | 5 | 0 | \$400 | \$400 |
| Building Systems | Third floor | Evaluate effective insulation, air sealing (weatherization) | Establish thermal/pressure boundary integrity | SF | 10 | 40 | 9 | \$120 | \$1,200 |
| Building Systems | Third floor | Electrical safety/code compliance | Inspect electrical wiring throughout third floor/attic area | EA | 1 | 50 | 0 | \$600 | \$600 |
| Building Systems | Basement | Plumbing pipes at risk of freezing, install permanent heat source | Remove the risk of appliances and pipes freezing, install thermostatically controlled heater | EA | 1 | 30 | 0 | \$2,014 | \$2,014 |
| Building Systems | DHW | Domestic Water Heater | Replace | EA | 1 | 15 | 1 | \$2,800 | \$2,800 |
| Common Areas | Railings | Wood Railings - Front Porch | Replace | LF | 40 | 20 | 0 | \$27 | \$1,080 |
| Common Areas | Bathroom | Shower | Replace | EA | 1 | 30 | 3 | \$2,500 | \$2,500 |
| Common Areas | Bathroom | Floor | Replace | SF | 57 | 15 | 5 | \$5 | \$285 |
| Common Areas | Kitchen | Wood Cabinets | Replace | EA | 1 | 25 | 7 | \$2,440 | \$2,440 |
| Common Areas | Interior Stairs | Back side | Replace | Riser | 13 | 50 | 8 | \$134 | \$1,746 |
| Common Areas | Interior Stairs | Main House | Replace | Riser | 13 | 50 | 8 | \$134 | \$1,746 |
| Common Areas | Upstairs Hallway | Floor, vinyl patterned | Replace | SF | 120 | 15 | 9 | \$7 | \$805 |
| Unit Interiors | Local HVAC | Rear Apt Heater and Front Living Room Heater | Replace | EA | 2 | 25 | 0 | \$2,014 | \$4,028 |
| Unit Interiors | Bathroom | Rear Apartment, Bath Fan | Missing, Install | EA | 1 | 20 | 0 | \$185 | \$185 |

Emerald House Itemized PNA Table

| Category | Location | Description | Condition, maintenance required | Units | Quantity | Expected Useful Life | Remaining Useful Life | Cost per Unit | Total Costs |
|--------------------|-----------------------|------------------------------------------|----------------------------------------------------------------------------|-------|----------|----------------------|-----------------------|---------------|-------------|
| Site | Yard | Tree stumps | Grind/remove tree stumps along driveway | EA | 3 | 10 | 0 | \$500 | \$1,500 |
| Site | Rear entrance | Handicap ramp railings | Rusted, improperly repaired. Replace. | EA | 1 | 25 | 0 | \$10,000 | \$10,000 |
| Site | Parking lot | Catch basin | Connect basin to city system at street | EA | 1 | 50 | 1 | \$11,000 | \$11,000 |
| Site | Yard | Wood fence | Rotting wood, separated sections, listing. | LF | 100 | 20 | 3 | \$22 | \$2,185 |
| Building exterior | Roof | Asphalt roof | Beyond expected useful life. | SF | 3,458 | 20 | 0 | \$7 | \$24,206 |
| Building Exterior | Bldg. exterior | Exterior windows | Cracked, warped, worn frames. Compromised seals. | EA | 35 | 35 | 0 | \$318 | \$11,124 |
| Building Exterior | Bldg. exterior | Ext. window wood frames | Split, rotting wood. | EA | 35 | 35 | 0 | \$80 | \$2,800 |
| Building Exterior | Bldg. exterior | Exterior window screens | Bent frames | EA | 35 | 7 | 0 | \$9 | \$315 |
| Building Exteriors | Bldg. exterior | Exterior wood stairs, right side | Weathered, split, broken, unsecure | Riser | 10 | 15 | 1 | \$128 | \$1,276 |
| Building Systems | Attic access | Drop-down stairs | Stairs separating from framing, unsafe. Repair stairs, air seal, insulate. | EA | 1 | 20 | 0 | \$690 | \$690 |
| Building Systems | 2nd Fl. Ceiling Plane | Thermal boundary between 2nd/3rd floors. | Minimal insulation /weatherization between conditioned space and attic. | SF | 2,000 | 50 | 3 | \$2 | \$4,660 |
| Common Areas | Front foyer | White, drywall, ceiling | Water stained by past plumbing leak. | SF | 70 | 50 | 0 | \$2 | \$139 |
| Common Areas | 1st floor | Panel Wood Floor | Heaving, separating, splitting. | SF | 120 | 15 | 4 | \$8 | \$965 |
| Unit Interiors | 2nd Fl. Bathroom | Ventilation | No ventilation. Install bath fan. | EA | 1 | 20 | 0 | \$185 | \$185 |

| Category | Location | Description | Condition, Maintenance Required | Units | Quantity | Expected Useful Life | Remaining Useful Life | Cost per Unit | Total Costs |
|----------------|------------|-------------------|-------------------------------------------------------------------------|-------|----------|----------------------|-----------------------|---------------|-------------|
| Unit Interiors | Bathroom | Bathroom Tubs | Replace fiberglass tubs | EA | 22 | 50 | 3 | \$2,580 | \$56,771 |
| Unit Interiors | Local HVAC | Baseboard Heaters | Replace hydronic baseboards | EA | 720 | 30 | 1 | \$14 | \$10,008 |
| Unit Interiors | Local HVAC | Heating Control | Replace Hydronic Heat Control Valve and Install Programmable Thermostat | EA | 72 | 30 | 1 | \$369 | \$26,568 |

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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:
 Case No. CLSS-2021-03
 Date Filled 2/16/24
 Rec'd By AM
 Page 1 of 4
 Tax Map# 240-033-000-001
 Zoning District: Rural

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

SECTION 1: LICENSE TYPE

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

SECTION 2: PROPERTY LOCATION

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

SECTION 3: CONTACT INFORMATION

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

| OWNER | | APPLICANT | |
|------------------|---------------------------------------|-------------------|-----------------------------------------|
| NAME/COMPANY: | 2nd Chance Solar, LLC | NAME/COMPANY: | Live Free Recovery Services, LLC |
| MAILING ADDRESS: | 21 Madbury Rd Durham, NH 03824 | MAILING ADDRESS: | 106 Roxbury st. Keene, NH 03431 |
| PHONE: | - | PHONE: | (877) 932-6757 |
| EMAIL: | | EMAIL: | rgagne@livefreerecoverynh.com |
| SIGNATURE: | DATE: | SIGNATURE: | DATE: |
| | | <i>Ryan Gagne</i> | 2/16/24 |
| PRINTED NAME: | TITLE: | PRINTED NAME: | TITLE: |
| | | Ryan Gagne | Owner/CEO |

| AUTHORIZED AGENT (if different than Owner/Applicant) | | OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) | |
|---------------------------------------------------------|--------|-------------------------------------------------------------------------------------|-----------------------------------------|
| NAME/COMPANY: | | NAME/COMPANY: | Live Free Recovery Services, LLC |
| MAILING ADDRESS: | | MAILING ADDRESS: | 106 Roxbury ST Keene, NH 03431 |
| PHONE: | | PHONE: | (877) 932-6757 |
| EMAIL: | | EMAIL: | info@livefreerecoverynh.com |
| SIGNATURE: | DATE: | SIGNATURE: | DATE: |
| | | <i>Jennifer Houston, LICSW, MLADC</i> | 2/16/24 |
| PRINTED NAME: | TITLE: | PRINTED NAME: | TITLE: |
| | | Jennifer Houston | Clinical Director |

SUBMITTAL CHECKLIST

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

- **Email:** communitydevelopment@keeneh.gov, with “CLSS License Application” in the subject line
 - **Mail / Hand Deliver:**
 Community Development (4th Floor)
 Keene City Hall,
 3 Washington St, Keene, NH 03431

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

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

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> PROPERTY OWNER: <i>Name, phone number and address</i> | <input type="radio"/> POINT OF 24 HOUR CONTACT: <i>Name, phone number, and address of person acting as the operator, if not owner</i> <div style="text-align: right;">Same as owner</div> |
| <input type="radio"/> REQUIRED DOCUMENTATION: <i>Provide all required state or federal licenses, permits and certifications</i> | <input type="radio"/> WRITTEN NARRATIVE: <i>Provide necessary information to the submittal requirements</i> |
| <input type="radio"/> PROPERTY INFORMATION: <i>Description of the property location including street address and tax map parcel number</i> | <input type="radio"/> APPLICABLE FEES: \$165.00 application <i>(checks made payable to City of Keene)</i> |
| <input type="radio"/> COMPLETED INSPECTION: <i>Inspection date: _____</i> | <div style="text-align: center;">or</div> <input type="radio"/> SCHEDULED INSPECTION: <i>Inspection date: _____</i> |
| <input type="radio"/> OPERATIONS AND MANAGEMENT PLAN: Plan based on the industry standard “ <i>Best Management Practices</i> ” to include: <ul style="list-style-type: none"> ◇ Security Plan ◇ Life Safety Plan ◇ Staff Training and Procedures Plan ◇ Health and Safety Plan ◇ Emergency Response Plan ◇ Neighborhood Relations Plan ◇ Building and Site Maintenance Procedures | <input type="radio"/> LOCATION MAP: |
| In addition, Homeless Shelters will provide: <ul style="list-style-type: none"> ◇ Rules of Conduct, Registration System and Screening Procedures ◇ Access Policies and Procedures | |

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

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

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

Clinically appropriate withdrawal management services will be provided for men and women 18 years of age and older. There are licensed nurses and clinical staff, residential services staff, and support staff. This facility is staffed with awake staff members 24/7.

There will be residential services including group therapy, case management, psychiatric services, and peer support.

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

There will be maximum of 22 clients at the building. There will be staff at the building 24 hours a day. There is an outdoor smoking area that the clients use throughout the day.

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED

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

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

The average length of stay is between 4 to 7 days.



Scope of Services for 3.7 level of care

Definition of service:

Withdrawal management is the reduction of the physiological and psychological features of withdrawal through short-term medical and observation services on a 24-hour basis for the purpose of stabilizing intoxicated individuals, managing their withdrawal, and facilitating effective linkages to, and engagement in other appropriate inpatient and outpatient services. Medically Monitored Inpatient Withdrawal Management (Level 3.7-WM) is a non-hospital intervention delivered by medical, nursing, mental health and substance use professionals, which provide 24-hour medically monitored evaluation under physician-approved policies and procedures or clinical protocols. This level of care is appropriate for individuals with biomedical, emotional, behavioral and/or cognitive conditions that require highly structured services including direct evaluation, observation, and medically monitored addiction treatment. This service is suitable for individuals whose withdrawal signs and symptoms are sufficiently severe to require 24-hour care, but do not require the full resources of an acute care general hospital or a medically managed intensive inpatient program.

Scope of services:

- Physical assessment by a physician, physician assistant (PA), or advanced practice registered nurse (APRN) must be completed within 24 hours of admission (or earlier if medically necessary). A physical exam helps identify any withdrawal symptoms, and drug and alcohol screens may be administered to identify substances present in a person's system. Other medical conditions may also be investigated where relevant to care (ex. TB and other infectious diseases, major organ function). The physician, physician assistant or advanced practice registered nurse must be available to provide on-site care and further evaluation on a daily basis and be available 24 hours a day by telephone to provide access to the patient.
- Mental status examination, by a licensed medical professional (Physician, PA, APRN) and/or licensed therapist operating within their scope of practice, must be completed as part of the intake and assessment process.
- A substance use assessment, including the risk to self and/or others, and determination of appropriate level of care must be completed upon admission, by a licensed medical professional (Physician, PA, APRN) and/or licensed therapist operating within their scope of practice as described under staffing. The assessment must be used to develop the individual treatment



plan. In the event the licensed professional identifies a co-occurring mental health disorder and is unable to assess or treat the individual a referral should be made to a mental health practitioner permitted to assess and treat mental health conditions within the scope of their license.

- A registered nurse (RN) conducts an alcohol or other drug-focused nursing assessment upon admission, administers prescribed medications, and monitor's the individual's progress.
- Appropriately licensed and credentialed staff (described under staffing) should be available to administer medications in accordance with physician orders.
- A treatment plan must address the medically necessary services, to include therapy and withdrawal support services required by the individual. The treatment plan must include measurable goals and interventions to address the identified needs of the individual discharge and relapse prevention planning and referrals. The discharge plan should include care coordination strategies for formal/informal supports. The individual must be assessed daily for progress through withdrawal management and the plan of care.
- Individual, group and family counseling services conducted by a licensed professional, described under staffing, to address cognitive, behavioral, and mental health, and substance use treatment needs.
- The withdrawal management program must also provide random urine drug testing, health education and addiction education services and laboratory and toxicology tests, as ordered by the physician, physician assistant or advanced practice registered nurse. Providers are required to meet clinical best practices for medication utilization and toxicology screening.
- Ancillary service referral as needed: dental, optometry, ophthalmology, other mental health and/or social services including substance use disorder treatment, etc.



Scope of services

Residential (ASAM/DHCS Level 3.5) Clinically Managed High-Intensity:

Provides 24-hour care with trained and credentialed personnel providing clinical directed program activities and professionally directed treatments to stabilize and maintain SUD symptoms, develop, and apply recovery skills specific for individuals with co-occurring mental health disorders. A minimum of 5 hours per day of individual, group, and education sessions and/or structured therapeutic activities specific for individuals with cooccurring mental health disorders.

Residential treatment is a non-institutional, 24-hour, short-term residential program that provides rehabilitation services to clients with a substance use disorder diagnosis when determined by a Medical Director or Licensed Practitioner as medically necessary and in accordance with the individual treatment plan.

The components of Residential Treatment Services include:

- **Intake:** The process of determining that a client meets the medical necessity criteria and admitting the client into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- **Individual and Group Counseling:** Contacts between a client and a therapist or counselor. Services are provided in-person.
- **Client Education:** Provide evidence-based education on addiction, treatment, recovery, and associated health risks
- **Family Therapy:** The effects of addiction are far-reaching and client's family members and loved ones also are affected by the disorder. By including family members in the treatment process, education about factors that are important to the client's recovery, as well as their own recovery, can be conveyed. Family members can provide social support to the client, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.
- **Safeguarding Medications:** Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.



LIVE FREE RECOVERY SERVICES

- **Collateral Services:** Sessions with therapists or counselors and significant persons in the life of the client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the client.
- **Treatment Planning:** The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan will be completed within regulatory timeframes, reviewed every 30 days, or after 4 sessions have been completed with the client.
- **Discharge Services:** The process to prepare the client for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services.

The components of case management include:

- Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of case management;
 - Transition to a higher or lower level of SUD care;
 - Communication, coordination, referral, and related activities.
 - Monitoring service delivery to ensure client access to service and the service delivery system;
 - Monitoring the client's progress; and
 - Client advocacy, linkages to physical and mental health care, transportation, and retention in primary care services
- The components of Recovery Services are:
- **Support Groups:** Linkages to self-help and support, spiritual and faith-based support; and
 - **Ancillary Services:** Linkages to housing assistance, transportation, case management, individual services coordination.



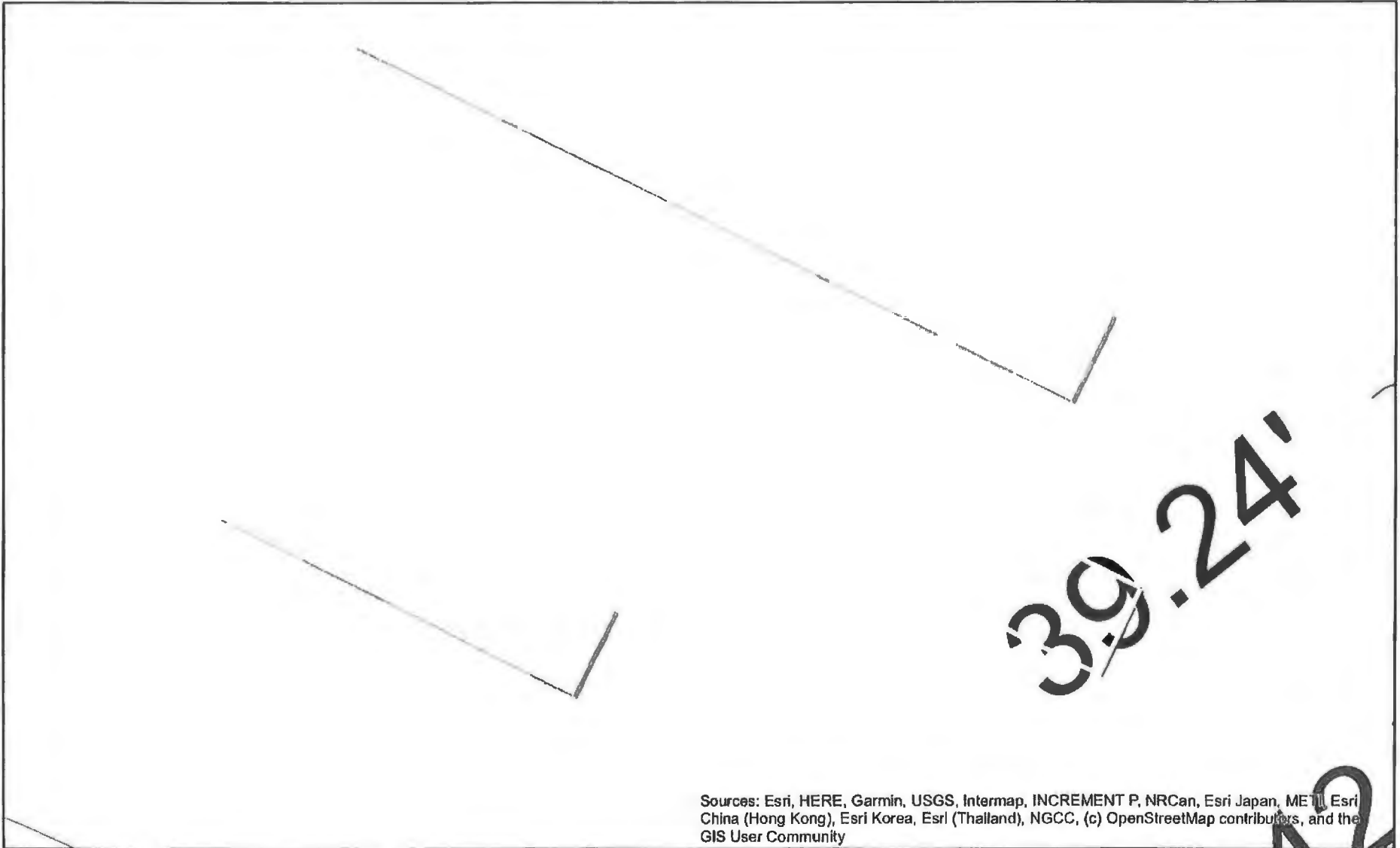
Keene, NH



May 1, 2023

1 inch = 17 Feet

www.cai-tech.com



Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, (c) OpenStreetMap contributors, and the GIS User Community

Data shown on this map is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this map.



Life Safety Plan

There are fire drill evacuation maps on each floor of the property in common areas.

Random fire drills are held monthly, staff fills out a report indicating number of residents, where everyone met, how long it took to get out of the building.

Monthly inspections are done to make sure that all hanging fire extinguishers are ready to be used in the event of an emergency.

Daily checks of smoke detectors are done to make sure that they are in the appropriate space, not removed, and are in working condition.

Inspections of the property by the local Fire Department and/or DHHS are scheduled and completed as needed on a yearly basis.



Security Plan

The property is equipped with a closed circuit surveillance system. Staff has the ability to rewind in the event any type of incident is reported.

The monitoring equipment is kept locked in the staff office.

All entrances and common areas are visible by the camera system.

There are lights outside all the entrances to keep it well lit

Lights are checked for safety to make sure that they are working and bulbs are working properly

All doors are locked at all times



Staff Training

All licensed staff are required to follow the NH Board of Licensed Professional guidelines for obtaining CEU's and maintaining their license.

Staff are required to bring in their updated license when renewal occurs.

2023 EMERGENCY ACTION PLAN

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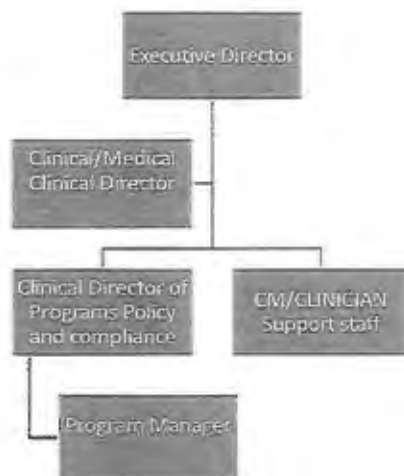
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EMERGENCY ACTION PLAN

General Preparedness

- ✓ Establish relationships with essential partners, such as law enforcement, first responders.
- ✓ Coordinate transportation to medical treatment, if required.
- ✓ Develop training programs and drills.
- ✓ Identify local radio and television stations to be source of broadcast communications.
- ✓ Have contact number for each client and employee.
- ✓ Know mass evacuation plan for community and identify what resources will be needed to transport clients quickly and safely.
- ✓ Establish Incident Commander (person responsible for front-line management of the incident).

COMMAND STRUCTURE



Facility/Program Chain of Command

Live Free Recovery Services Phone Numbers:

Admissions – (877) 932-6757

Crisis/Suicide Hotline – (603) 448-4400

1. Ryan Gagne – Executive Director
Cell Phone: 603-438-3276
Email: rgagne@Livefreessl.com
2. Jennifer Houston– Clinical Director
Phone: 603-247-8786
Email: jhouston@Livefreessl.com
3. Doug Hohenberger – Clinical Director of Program Policy & Compliance
Phone: (603) 903-5461
Email: dhohenberger@Livefreessl.com
4. Tony Basil – Program Manager
Phone: 952-855-2033
Email: tbasil@Livefreessl.com

EMERGENCY ACTION PLAN

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Live Free Recovery Services

| | |
|--------------------------------------------------|---------------------------------------------------------------------|
| Address | 881 Marlboro Road Keene, NH 03431 |
| Main Phone # | 877-932-6757 |
| Radio Source for Emergency Broadcasting | (i.e., Emergency Alert System, program closings): 97.7 WSNH |
| TV Source for Emergency Broadcasting | (i.e., Emergency Alert System, program closings): Chanel 9, WMUR |
| Facility/Program Crisis Management Plan Location | Front BHT office, Marlboro Road |
| Electronic File Location | In Microsoft Shared Folder ("Emergency Plan") |

Radio source for emergency broadcasting:

WSNH 97.7

TV source for emergency broadcasting (i.e., Emergency Alert System, program closings) Channel 9 or any of the New Hampshire's cable TV franchises.

Additional Numbers

| | |
|----------------------------------|---------------------------------------|
| Fire/Police/Medical - Emergency | 911 |
| Fire (non-emergency) | Keene Fire Dept. – 603-357-9861 |
| Police (non-emergency) | Keene Police Dept. - 603-357-9815 |
| Medical Hospital (non-emergency) | Cheshire Medical Center- 603-354-5400 |
| Center for Disease Control | 1-800-311-3435 |
| Poison Control | 1-800-222-1222 |
| Area Red Cross | (603) 225-6697 |

UTILITIES

Location of Utilities

| | |
|-----------------|--------------------------------------------------------------------------------------------------|
| Water Main | Located on the first floor inside the maintenance room |
| Gas Main | Located on the first floor inside the maintenance room |
| Electrical Main | Located on the first floor inside the maintenance room |
| Electric Panel | Located on the first floor inside the maintenance room |
| Fire Panel | On the electrical panel in maintenance room, communication box is located on top of the building |

How to Shut Off Utilities

| | |
|-----------------|-------------------------------------------------------------------------------------------------------------------------|
| Water Main | Close the shutoff valve in the basement. Contact Municipal Services to shut off the valve from the street. 603-352-0133 |
| Gas Main | Close the shutoff valve. Call Dead River-603-352-5240 |
| Electrical Main | Shut off the electrical main in the basement. Eversource – 866-554-6025 |

MEDICAL

Medical Emergencies

- Check breathing and pulse before administering first aid.
- Administer first aid, as needed.
- First aid supplies are located in the RSW Office.
- Blood spill supplies are located in the Med room.
- Personal Protective Equipment (i.e., disposable gloves) is located in the First Aid kits.
- An AED (Automatic External Defibrillator) is hanging on the wall in the Med room.
- Narcan Kits are located:
 - In the tech office
 - Each apartment has a kit
 - The community room has a kit
- Call **911** or, if time allows, contact your supervisor and/or Clinical Director immediately. They will make the appropriate calls to the local police or **911**.
- Routes to medical care/hospital
 - Cheshire Medical Center (15 minutes) – see below
 - Monadnock Hospital (31 minutes)

DRIVING DIRECTIONS TO Cheshire Medical Center

881 Marlboro St
Keene, NH 03431

Take County Jail Rd to NH-101 W/Marlboro St
25 s (466 ft)

Head southwest toward County Jail Rd
108 ft

Turn left onto County Jail Rd
358 ft

Follow NH-101 W, Main St, and Court St
10 min (4.9 mi)

Turn left onto NH-101 W/Marlboro St
Continue to follow NH-101 W
2.7 mi

Turn right onto Main St
0.5 mi

At the traffic circle, continue straight to stay on Main St
0.4 mi

Continue onto Central Square
75 ft

Slight left to stay on Central Square
223 ft

Keep right to continue on Court St
95 ft

Turn right to stay on Court St
1.2 mi

Drive to your destination
1 min (0.1 mi)

At the traffic circle, take the 3rd exit
394 ft

Turn left
30 ft

EMERGENCY ACTION PLAN

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Continue straight
95 ft

Turn right
Destination will be on the right
131 ft
Cheshire Medical Center
580 Court St, Keene, NH 03431

DRIVING DIRECTIONS TO MONADNOCK COMMUNITY HOSPITAL
881 Marlboro St
Keene, NH 03431

Take County Jail Rd to Marlboro St
25 s (466 ft)

Head southwest toward County Jail Rd
108 ft

Turn left onto County Jail Rd
358 ft

Take NH-101 E to Parmalee Dr in Peterborough
27 min (18.0 mi)

Turn right onto Marlboro St
0.3 mi

Continue onto NH-101 E/Main St
9.3 mi

At the traffic circle, continue straight onto NH-101 E
5.9 mi

At the traffic circle, continue straight onto Dublin Rd
0.6 mi

Continue onto Wilton Rd
0.2 mi

Turn left onto Granite St
0.5 mi

Continue onto Pine St
0.1 mi

EMERGENCY ACTION PLAN

pg. 9

Continue onto Concord St
1.1 mi

Continue on Parmalee Dr to your destination
3 min (0.7 mi)
Monadnock Community Hospital
452 Old Street Rd, Peterborough, NH 03458

FIRE

Reporting a Fire

- Activate the alarm system by pulling the lever on the nearest fire alarm box.
 - Fire Alarms are located throughout the building at each exit.
- Call 911

Alarm System

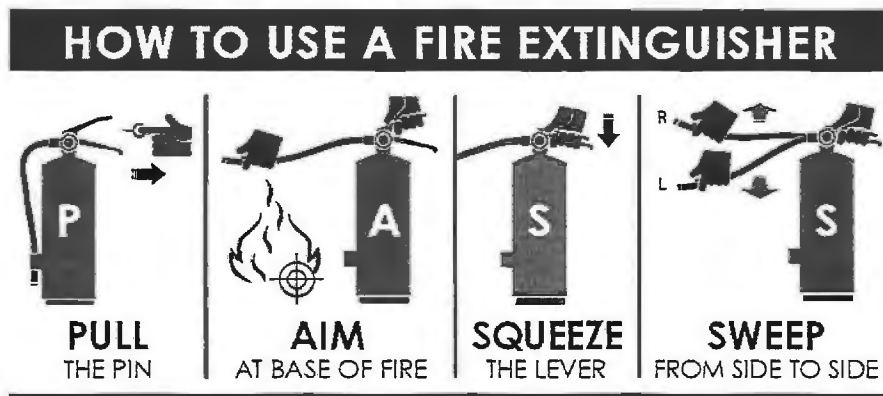
- What is the facility alarm system? The facility alarms are wall-mounted horns and sight alarms. (flashing light)
- Is the facility equipped with a fire alarm system that is directly connected to a local station? Yes
- If no, 911 needs to be called when there is an unscheduled fire alarm.
- How is the alarm system activated and turned off? The doors are alarmed and are turned off by a key.

Fire Exits

- Fire exits are located throughout the building. Each residential floor has two fire exits that are visibly marked as Fire Exit.

Fire Extinguisher

- Fire extinguishers are in major corridors of the facility.
- Fire extinguisher use:
 - P - Pull the extinguisher pin.
 - A - Aim extinguisher at base of fire.
 - S - Squeeze handle.
 - S - Sweep extinguisher back and forth.



Fire Drills

- Does your facility hold fire drills? Yes, quarterly will create logbook.
- Designated meeting place: All staff and residents will meet on the lawn to the right of the building when facing the main entrance
- Fire drill procedure: Staff and clients will exit via the nearest emergency exit (see floor plan). Floor staff/senior staff on each unit will carry census & sign-in sheet outside. Staff and clients will meet in the designated meeting places. Staff will take attendance and ensure everyone evacuated quickly & safely. Staff is to write their names on the sign in sheet, along with the total head count of clients per unit. All sign-in sheets are given to the Clinical Director or Senior Staff prior to reentering the building to ensure that all clients and staff have been accounted for. If someone is missing, do not re-enter the building. The EXECUTIVE DIRECTOR/Clinical Director/Manager will communicate to the fire department any information pertaining to missing people.
- Once the EXECUTIVE DIRECTOR/Clinical Director/Manager gives the okay, clients and staff will re-enter the building. Sign in sheets are given to the Clinical Director.
- The Program Clinical Director at the main entrance will collect the Emergency Contact Binder(s) for clients and staff and the Visitor Log. If there is no front desk staff, the senior staff member in the building should collect these.

Evacuation Procedure

Events that warrant evacuation from the facility include, but are not limited to fire, explosion, bomb threat, etc.

Evacuation of the building is the same as for a fire or fire drill. Residents are to exit the building promptly and quietly. All staff and residents will meet in the side yard to the right of the building when facing the main entrance.

Evacuation is to begin immediately after pulling the fire box and calling 911.

- Evacuate all persons using the closest emergency exit(s). (See floor plan)
- Procedure for getting people with special needs out when elevators cannot be used:
 - Mobility Impairment: If a person cannot exit the building, ask if assistance is needed. If needed, assist the person in calling 911. After you leave the building, immediately inform emergency personnel on site, or call 911. *Some individuals with mobility impairments who can walk independently may be able to negotiate stairs in an emergency with minor assistance.*
 - Blindness or Visual Impairment: A person assisting an individual who is visually impaired should:
 - Give verbal instructions about the safest route or direction using directional terms and estimated distances.

- Ask if assistance is needed. If so, offer your elbow and provide guidance through the evacuation route. This may be especially helpful when navigating debris or a crowd. (Never grasp the arm of a person you are assisting)
 - While escorting a person out of the building, explain along the way where you are going and what you are doing.
- o Deafness, Hearing Loss, Language Difficulty. If a person appears to be unaware of the need for immediate evacuation, use the following guidelines:
 - Get their attention by touch or eye contact. State the problem clearly and simply, including the need to evacuate. Gestures and pointing are helpful, but, be prepared to write a brief statement if the person does not seem to understand.
 - Offer visual instructions to designate the safest route or direction by pointing toward exits or evacuation maps.
 - Offer to escort them from the building.
- Posted evacuation maps are required throughout the facility.
 - o Evacuation maps must show two unobstructed evacuation routes for each area of the facility.
 - The senior staff member is responsible for either collecting, or delegating the collection of, the emergency contact information on each client.
 - Emergency Contact Information is In each client file.
 - o The senior staff member or (Program Clinical Director) is responsible for collecting program items such as keys, cell phone, and walkie talkies (as applicable).
 - Staff not evacuating people should:
 - o Close all windows and doors before leaving the building.
 - o Turn off electrical equipment.
 - The senior staff member or Program Coordinator will carefully sweep the center to ensure everyone has been evacuated.
 - The ASSEMBLY AREA IS LOCATED in the right-side lawn area when facing the main entrance of the building.
 - Begin taking a census once the facility has been evacuated. Census includes clients, visitors, vendors, and employees. Use the Sign-In Sheet, Visitor's Log, and schedules to account for staff and visitors.
 - o If someone is missing, do NOT re-enter the building. The Incident Commander will communicate to the fire department any information pertaining to missing people.
 - Only re-enter the building when the alarm is silenced, and employees are notified by a representative from the Fire Department, maintenance, or senior staff that it is safe to re-enter the building.
 - In the event the building cannot be occupied for safety reasons, the Clinical Director and/or highest-level administrator on duty will coordinate with the Executive Director to make all decisions.

In the event that the building needs to be evacuated during inclement weather, the following precautions need to be taken:

- Hat, gloves or mittens, and coats need to be taken during cold/snowy conditions.

Medication

- In the event of an evacuation, the Incident Commander or senior staff member is responsible for taking the clients' medications, located in the medicine closet.

SHELTER-IN-PLACE

Shelter-in-place means staying *inside the building*. Local authorities issue orders for shelter-in-place. No one may leave the building until there is official notification that the shelter-in-place has been lifted.

Conditions that warrant sheltering-in-place include but are not limited to extreme weather/cold, outside air quality concerns, community chemical spill, terrorist attack, nuclear disaster.

- If there are customers, or visitors in the building, provide for their safety by asking them to stay – not leave. Do not drive or walk outdoors.
- If time permits, employees, customers, clients, and visitors may call their emergency contact to let them know where they are and that they are safe.
- Turn on call-forwarding or alternative telephone answering systems or services. If the business has voice mail or an automated attendant, change the recording to indicate that the business is closed, and that staff and visitors are remaining in the building until authorities advise that the Shelter-in-Place is no longer in effect.
- Quickly lock exterior doors, close windows, and shut air vents as well as fireplace dampers. Have employees familiar with the building's mechanical systems turn off all fans, heating and air conditioning systems, and clothes dryers. Some systems automatically provide for the exchange of inside air with outside air. These systems need to be turned off, sealed, or disabled.
- There is an "Emergency" box located on shelving adjacent to the commercial laundry area. The box will contain directions for sealing windows and doors. The box also contains duct tape, scissors, and rolls of plastic. An emergency radio is in the emergency box. The Clinical Director will assign a staff member to secure all windows and doors. While this is being done, a staff member will be assigned to help the clients move to the dining area, or other designated area, depending on the situation.
- Gather essential disaster supplies, such as nonperishable food, bottled water, hygienic supplies, first aid and blood-spill supplies, communication devices (i.e., cell phone, walkie talkie), battery-powered radios, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- The staff and clients will gather in the dining room)
 - The selected interior room should be above the ground floor with the fewest windows or vents. The room should have adequate space for everyone to be able to sit. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, copy and conference rooms without exterior windows will work well. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outdoors.
- Take a census of all clients, visitors, and employees once everyone has gathered.
- If vapors begin to bother individuals, hold wet clothes over their nose and mouth.
- If you are told that there is danger of explosion, close the window shades, blinds, or curtains.

- For a higher degree of protection, go into the bathrooms, close the door, and turn on the shower in a strong spray to “wash” the air.
- Staff will be permitted to phone their families.
- It is ideal to have a hard-wired telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- The Incident Commander is responsible for notifying everyone when sheltering in place can end or when offsite sheltering is needed.

Note: In many instances it would be a serious risk for anyone to travel during a terrorist event. Staff would be putting themselves at risk and should have a plan to cover what they and their families would do in the event of an act of terrorism.

Communication

- The Clinical Director will contact the Executive Director and update him/her on the condition of the facility.
- The Clinical Director is responsible for listening to the radio and keeping the staff up to date on what is happening in the area.
- The Clinical Director/EXECUTIVE DIRECTORS/Executive Director/Assistant Director or Incident Commander are the only people authorized to release staff from duty.
- The Clinical Director will utilize the Emergency Call List if additional staff is needed at the facility.
 - If needed, the Executive Director will be contacted to assist in providing extra staffing support.
- The Clinical Director or Program Director will assign staff members to phone the families of the clients.
- The Clinical Director and Program Director need to be sure the portable phone is always charging.
- In the event that there is no portable phone service, individual cell phones may be used to communicate.

Programming

- Each facility must have plans in place for indoor activities for the clients.

OFF-SITE SHELTERING

In the event the building cannot be occupied for safety reasons, the Clinical Director and Incident Commander will finalize plans. As soon as practically possible, the Executive Director should notify DHHS that an evacuation is taking place.

- Offsite sheltering plan for clients (if sending them home is the plan, please indicate): Utilize facility vehicles to transport clients to the relocation site. Otherwise, clients are sent home or to a homeless shelter. Staff may use personal vehicles to help with transporting the clients, as needed for overflow.

- Offsite sheltering plan for employees (if sending them home is the plan, please indicate): Non-essential employees should return home. Essential employees will provide transportation to the relocation site.
 - Bring all clients to the location at Court Street. If additional space is needed, remaining clients can be brought to the location on Roxbury Street.
- Is there any special licensing agreement or documentation that goes along with the relocation site (such as if the relocation site licensed as a treatment center)? No
 - If yes, is the required documentation completed? N/A
- The Clinical Director or Incident Commander will be responsible for transporting the client's information from the facility to the alternate location.
 - Emergency information
 - Census sheet/attendance books
 - Staff sign-in log
- Procedure for notifying clients, visitors, employees, vendors, etc. that the site is closed:
 - Change the voicemail, put signs on the main entrances, and call any clients scheduled to come in.
 - Program Director will give designated staff the responsibility of calling each client's family/guardian (because clients are adults, they will have the option to call & notify their own family).
 - Emergency supplies and documentation to take to the offsite sheltering:
 - Medication
 - Client files
 - Census
 - Procedure for taking census of clients and employees:
 - Utilize current census sheet for residents.
 - Use Sign In log for visitors.
 - Use schedule for employees.
 - Staff will be transported via Live Free Recovery Services van(s) and/or Live Free Recovery Services Staff's vehicles from the facility to the relocation site.
 - Routes to offsite shelter with comments on travel restrictions (more than one route recommended):

DRIVING DIRECTIONS TO OFF-SITE SHELTER

881 Marlboro St
Keene, NH 03431

Take County Jail Rd to NH-101 W/Marlboro St
25 s (466 ft)

Head southwest toward County Jail Rd
108 ft

Turn left onto County Jail Rd
358 ft

Follow NH-101 W and Main St to Court St
9 min (4.4 mi)

Turn left onto NH-101 W/Marlboro St
Continue to follow NH-101 W
2.7 mi

Turn right onto Main St
0.5 mi

At the traffic circle, continue straight to stay on Main St
0.4 mi

Continue onto Central Square
75 ft

Slight left to stay on Central Square
223 ft

Keep right to continue on Court St
95 ft

Turn right to stay on Court St
Destination will be on the right
0.7 mi
361 Court St
Keene, NH 03431

- The Clinical Director will personally check the file of each client and refer to the contact referral form to ensure that the person picking up the client has the authority to do so. All ID's will need to be checked by the Clinical Director/Program Director before allowing a client to leave the facility.

CHEMICAL ACCIDENTS

- Refer to Material Safety Data Sheet (MSDS) for the proper clean up procedure. Data sheet binders are in Front Office in Binder Labeled MSDS and on the Google Docs Shared Folder called "MSDS".
- The poison control number is 1-800-222-1222.
- Refer to the Shelter in Place if a community-wide toxic material release occurs and you cannot leave the facility.

GAS LEAKS

If gas odors are strongly detected inside or outside of a building, and/or if the odors are accompanied by hissing sounds, then an immediate emergency exists.

Procedure

- If you detect strong natural gas odors in an outdoor location, immediately proceed to the nearest non-affected area, call 911, and contact Clinical Director. Alert any passers-by to stay clear of the affected area.
- If you detect strong natural gas odors inside a building and cannot determine the source, immediately vacate the room/space, close any doors behind you, and initiate a building evacuation by manually engaging the nearest fire alarm pull station.
- Proceed to your designated meeting place on the lawn to the right of the main entrance.
- Emergency shut off: is inside the cover of the tank.
- Staff will follow the Evacuation procedures outlined in the Emergency Action Plan.
- No one is permitted to re-enter an area suspected of a gas leak unless told to do so by local authorities and a senior staff member.

POWER FAILURE

- Procedure for power failure: Back up power from the county jail grid
 - Notify the electric company: EVERSOURCE 866-554-6025
 - Emergency lighting will come on automatically.
 - If the power outage seems widespread, listen to the radio for general instructions for the community.
 - If water needs to be conserved due to the outage, limit the use of faucet water and flush toilets sparingly.
 - If the power outage is temporary (a few hours) normal operations of the facility will be maintained as much as possible.
- Procedure for water use during power failure (as applicable):
 - Water use is not restricted. Hot water will be limited to that on hand at the time of the failure.
- Procedure for heat during power failure (i.e., prevent pipes from freezing):

- o Extended power outage and a temperature below 45 degrees will require evacuation. The Clinical Director will make arrangements with contractors will prevent damage by draining the plumbing or using a backup power system and heat tapes.
- Procedure for food in cold storage during a power failure:
 - o Refrigeration is maintained by the backup power system; however, it is still prudent to:
 - Restrict access to cold storage.
 - Monitor the temperature.
- Live Free Recovery Services staff and/or vendor to notify when there is an extended power failure:
 - o Executive Director, Clinical Director
 - o Power Service of New Hampshire: EVERSOURCE 866-554-6025
- Does the facility have the use of a backup power system for power failures? The facility is tied into the power grid for the County Jail.
- Who makes the decision if the facility needs to be evacuated due to power failure? Incident Commander in conjunction with the Clinical Director.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.
- In the case of an electrical storm, clients should be removed from window areas.
 - o Electrical appliances should be unplugged.

LOSS OF HEAT

- Procedure for loss of heat to the facility:
 - o Any staff noticing heat loss is responsible for notifying the appropriate maintenance staff or administrator/Clinical Director. That person is then responsible for contacting the heating vendor as needed.
- Live Free Recovery Services staff and/or vendor to notify when there is a loss of heat.
- Follow the evacuation procedure if the temperature falls below 45 degrees.
- Procedure for notifying employees, clients, visitors, etc. that there is loss/contamination of water. Program Clinical Director will announce:
- Who makes the decision if the facility needs to be evacuated due to loss of heat? Clinical Director or Incident Commander.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

LOSS/CONTAMINATION OF WATER

- Procedure for loss/contamination of water to the facility:
- Any staff noticing a loss of water or water contamination is responsible for notifying the appropriate staff or Clinical Director. The staff or Clinical Director is then responsible for attempting to locate the source of the problem and determining if it is confined to the facility or is neighborhood wide. If the problem is internal, then a plumber is to be notified. If the problem is external, Keene Water Department is to be contacted at 603-352-0133. If water pressure is lost for more than four hours, the Fire Department must be notified, and a fire watch instituted for the duration of the event.
- In the event of water contamination, the senior staff member, or designated person will:

- Contact the local Health Department. (603) 357-3510. If the Health Department cannot be reached, listen to the local TV or radio for details on the procedure to follow.
- Advise staff to closely supervise individuals and ensure that no one drinks the water.
- Determine the expected duration of the contamination and the procedure for making the water safe for use. Advise the program managers of the anticipated duration of water loss or contamination.
- Assess the water supply for the facility and needs to ration available water.
- Determine the ability to maintain individuals at the location.
- If deemed necessary, instruct staff to purchase bottled water or obtain water as advised by the Health Department for drinking, washing and brushing teeth.
- Prevent usage and access to tap locations. Utilize only factory-sealed water or water stored specifically for emergencies.
- Live Free Recovery Services staff and/or vendor to notify when there is loss/contamination of water (i.e., water authority): Clinical Director.
- Who makes the decision if the facility needs to be evacuated due to loss/contamination of water? Clinical Director in conjunction with the EXECUTIVE DIRECTOR
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

OPERATIONAL DISTURBANCE

An operational disturbance is when an emergency causes normal operations to shut down.

- Who makes the decision to close the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying clients, visitors, employees, and vendors of the facility closing:
 - Change the answering machine message.
 - Utilize the phone tree to notify employees.
 - Post a notice at the building's entrances.
- Procedure for accounting for the building's occupants when it is closed:
 - Utilize the census for residents.
 - Utilize the Sign-In sheet for visitors.
 - Utilize the schedule for employees.
- Procedure for dealing with an operational disturbance:
 - Check for any structural damage (once the building has been cleared to enter).
 - Take photos of any damage.
 - Report any damage to the insurance company.
 - Document damage in an incident report.
 - Check for downed or damaged utilities and report any to the proper authorities.
 - The Executive Director will make the decision on when operations can be moved back into the facility.
 - Facility shut-offs (water, gas, electricity, other): Who is responsible for shut-offs?
Program Clinical Director
- Key operations that need to continue for the facility/program to regain normal operations:
- Procedure for assessing and reporting utility issues:
 - Keene Water Department 603-352-6550

- Contact Eversource (866) 554-6025
- Who makes the decision to reopen the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying employees and clients of the facility's reopening?
 - Phone tree to notify staff.
 - Change voicemail message.
 - Remove signs from doors.
 - Call clients

LOCKDOWN

Conditions that warrant lockdown include, but are not limited to violent intruder, hostage, civil disturbance.

- Procedure for full lockdown (i.e., 911 notification): Clinical Director, Incident Commander, Senior staff, or designee
- Procedure for partial lockdown (those not in lockdown area evacuate):
- Evacuate as for a fire. Staff outside of the lockdown area may be instructed to go home, clients outside of the lockdown area will be managed per Executive Director or designee.
- What doors get locked during a lockdown?
 - All exterior doors
- Procedure for accounting for building occupants when it is in lockdown (i.e., census):
 - Reconcile Census, Sign-In/Out sheets, employee schedules, Visitors' Log.
- Who makes the decision to discontinue the lockdown? Executive Director, Clinical Director, or other senior staff in conjunction with the authorities

PANDEMIC

Level 1 Plan – Standard Influenzas

- Maintain strict infection control practices, including good hand washing, disinfecting, disposing of waste materials, collecting, and laundering items.
- Encourage flu vaccination for both employees and children where appropriate.
- Maintain disaster supplies.

Level 2 Plan – Influenza Pandemic Confirmed

- Continue activities initiated in previous phase.
- Isolate and/or group clients with influenza.
- All clients and staff to immediately begin to wear masks in all common areas
- Refer to the most current Center for Disease Control (CDC) or Dept. of Health and Human Services (DHHS) guidelines at <http://www.cdc.gov/flu> and <http://www.dhhs.nh.gov>.
- Arrange coverage for staff shortages.

Isolation & Quarantine

Isolation and quarantine are optimally performed on a voluntary basis. Different levels of government have the legal authority to mandate isolation and quarantine to protect the public's health. At the State of NH level, the Commissioner of DHHS has the authority to mandate involuntary quarantine and isolation.

A variety of quarantine strategies that may affect employees and their ability to work are:

- Restrictions on mass transit
- Restrictions on access routes
- Use of monitoring checkpoints, curfews, travel permits, health certificates to minimize movement into or out of quarantined areas.
- Consideration should be given to quarantine of contacts with high-risk exposures, even in the absence of symptoms.

Isolation of Individuals with Influenza

Minimizing the transmission of influenza requires limiting interactions between influenza cases and others. Individuals with influenza should be placed in a room with others who have suspected or confirmed influenza. When a private room is not available, or grouping is not possible, spatial separation of at least 6 feet should be maintained between the infected person and others. Doors may remain open, as appropriate.

Minimize the number of staff who have contact with infected residents by assigning all influenza residents to a small group of staff who have been vaccinated and/or are taking antiviral medications for prophylaxis (if medications are available and appropriate).

Interactions between clients with influenza and other residents should be minimized. Persons at risk of serious influenza complications (those with underlying medical conditions) should not interact with the infected person.

- Who makes the decision if the facility needs to be closed due to pandemic? Clinical Director in conjunction with the EXECUTIVE DIRECTOR

HURRICANE/TORNADO/SEVERE WEATHER

If the National Weather Service issues a hurricane, tornado, or severe weather warning, contact your supervisor/Clinical Director/Incident Commander for instructions.

- Monitor the radio or TV for updates/conditions.
- Gather your emergency supplies.
- Stay indoors until the National Weather Service declares the storm is over.
- Stay away from all windows and exterior doors – seek shelter in the basement or bathroom.
 - Go to the innermost part of the building on the lowest possible floor.
- Do not use elevators.
- Protect your head with your arms and crouch down on the floor.

If programs close (and there is time to prepare):

- Notify clients that the program is closing and make arrangements for the pick-up or drop off of the client.
- Take clients home with you or take them to the local shelter.

If you are ordered to evacuate:

- Follow the designated evacuation routes for your area. Floor Plan/Exits

If you are on the road during a tornado:

- Get out of your car.
- Avoid areas with a lot of trees.
- Lie down flat in a gully, ditch, or low spot on the ground.
- Protect your head with an object or with your arms.

EMERGENCY SUPPLIES

Water Supplies

In an emergency, having a supply of clean drinking water is a top priority.

- Store at least a three-day supply of water for each person.
- One gallon (16 cups, 128 ounces) per person for consumption and 3 gallons (48 cups, 384 ounces) per person for hygiene.
- How many people in the facility does the water supply need to support? 26
- Store in a cool, dark place.
- An emergency water supply is located on shelving adjacent to the commercial laundry area.
- Store in original, factory-sealed containers. Alternately, food-grade quality containers made for storing water may be used. These must be thoroughly washed, sanitized, and rinsed. If the water is from a tap, it may need to be treated before being stored.
- Change stored water every 6 months.
- Who is responsible for keeping the water supply updated? Program Clinical Director
- If a disaster happens without a stored supply of clean water and if any of the following are safe, use water in:
 - Hot water tank
 - Pipes and faucets
 - Ice cubes
 - Rainwater

DO NOT drink:

- Flood water
- Water with floating material, an odor, or dark color

Food Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

- The Kitchen Supervisor/Chef is responsible for food distribution.
- Live Free Recovery Services' kitchen and pantry have a regularly replenished, one-week stock of both perishables and canned/sealed foods such as cereal, vegetables, snacks, dried fruits, grains etc.

The food supply needs to be kept updated.

- Who is responsible for keeping the food supply updated? Chef (food supply at Live Free Recovery Services is regularly replenished stock)
- How many people in the facility does the food supply need to support? 26; Enough to ensure a 3-day supply of food for all staff and clients at any given time.

A suggested food supply may contain the following items (there will be special dietary needs sheet with the supplies):

- sealed jars of protein such as peanut butter- 2 jars, 2 cases of individual sized servings
- sealed jars of jelly- 2 jars, 2 cases of individual sized servings
- cases of prepared foods (Spaghetti O's, beef stew, tuna)- 10 cases
- cases of canned fruit and/or vegetables- 3 cases
- cases of dry cereal- 10 cases
- cases of canned juice (juice boxes)- powdered mix with water- 2 cases
- cases of snack items (granola bars, raisins)- 5 cases
- cases crackers/chips- 4 cases

General Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

The following areas will contain a supply of general supplies consisting of the following items:

Kitchen

- Can opener
- Paper goods (plastic utensils, napkins, paper plates)
- Toilet paper and other hygienic supplies
- Garbage bags
- Cleaning supplies

Office

- Medical: Client medications, first aid supplies, blood spill supplies, personal protective equipment (i.e., disposable gloves), "Go Kit" with proper documentation (as applicable)
- Safety: flashlights, batteries, duct tape, plastic sheeting, extra blankets, etc.
- Communication: cell phone, walkie talkie, portable/chargeable radio with cell phone charger
- Documentation: Client records (DOB, contact information, allergies, etc.), insurance company information

- Keys

General emergency supplies need to be kept updated (i.e., batteries).

- Who is responsible for keeping the general emergency supplies updated? Program Manager
- How many people in the facility do the general emergency supplies need to support? 26

CASUALTIES

Casualties

In the event that there are any casualties, emergency services will be called immediately, staff will isolate area and move rest of clients to a safe location.

COMMUNITY EMERGENCIES

What resources could your facility/program provide if there is an emergency in the community and your location is fully operational (shelter, supplies, power, etc.)?

- Live Free Recovery Services would be able to provide immediate, short-term shelter for twenty (16) people. This sheltering would only provide protection from the elements, restrooms, and the most basic of foodstuffs. Live Free Recovery Services does not have additional availability for overnight sheltering.



The following are the Good Neighbor policy for clients entering our program and also a Good Neighbor policy to share with the immediate neighbors and community



Live Free Recovery Services endeavors to be a good neighbor and an upstanding member of each community we serve. We apply our decades of experience to develop intentional policies that ensure we meet these goals and create positive relationships with all our community friends and partners. We understand you, as our neighbors and members of the community, may have concerns about our presence. We're more than happy to answer any questions you may have about our treatment homes, the clients we serve, and the role we play in helping clients and their families. We follow all state and city regulations, planning, and zoning laws. This also allows us to be the best neighbors possible, which means – unless you need us – that we strive to be *invisible neighbors*.

Professional Staff

The safety of our clients and our neighbors is paramount. Clients receiving treatment at Live Free Recovery Services are supervised 24/7/365 by our team of highly qualified professionals. We utilize strict line-of-sight policies, state-of-the-art monitoring technology, and maintain a high staff-to-client ratio. By keeping our clients safe, we keep our neighbors safe.

Who We Treat

We help adults over the age of 18, diagnosed with substance use and mental health disorders. Our admissions team, completes a thorough review of their history, including all hospital, and psychiatric records and relevant documentation. This review allows us to verify that each resident is appropriate for an unlocked environment and do not present a danger to other clients, staff, or the community. Our clients choose Live Free Recovery Services because of our treatment record, our dedication to safety we prioritize in everything we do. *We do not accept clients with a history of violent behavior.*

Our skills-based programming focuses on mindfulness, effective communication, and distress tolerance. We teach our clients practical ways to manage stress and regulate their emotions.

Noise, Activity, and the Condition of Our Homes

Our staff is committed to maintaining a safe and tranquil environment that helps people heal, reconnect with their true selves, rediscover their passions, and develop practical skills that promote long-term recovery.

We enforce a strict no weapons, no alcohol, and no drugs policy.

You won't hear loud music and we don't host late-night parties. Our program schedules provide daily structure, consisting of therapeutic groups such as yoga, mindful cooking, and art therapy. We include education and fitness-related activities as well. Our clients do not have excess free time. The recreation time they do have is supervised and typically involves playing cards, board games, journaling, exercising, or doing arts and crafts. We

meet and exceed all safety standards required for a typical residential treatment home. We maintain our property to the standards set by each community. **Surveillance cameras monitor our properties 24 hours a day, seven days a week, for the security of our clients and neighbors.** We respond immediately to any concerns. We care about our neighbors and instruct our staff to be respectful, mindful, and courteous at all times. We embrace the adage *a good neighbor is an invisible neighbor.*

Parking and Traffic

Our homes have ample parking for daily staff. Our core professional staff is on-site 24/7 on a standard three-shift schedule. This means our staff commuting times do not overlap with typical commuting hours.

We do meaningful, important work with our clients and their families. By being good neighbors in safe and quiet neighborhoods, we make it possible for clients to get the help they need in a comfortable home environment conducive to growth and recovery.

We welcome any questions, comments, or concerns you have. We are completely transparent about who we are and what we do. If you want to know more, please email us at info@livefreerecoverynh.com. The Live Free Recovery Services Executive Leadership Team reads and responds to every email we receive.

We invite neighbors and community members to meet our local leadership team. We welcome anyone to take a tour and see our homes 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. We look forward to participating in local homeowners associations, security patrols, and other good neighbor activities specific to each location.

Please feel free to email at info@livefreerecoverynh.com

Or call our 877-932-6757 admissions line which is answered 24/7



Good neighbor policy!

ADDRESSING NEIGHBOR CONCERNS POLICY

It is crucial to the long-term success of any person in recovering to adopt new skills when dealing with difficult people, especially those who may not understand recovery. One of the most important parts of being in our recovery homes, is adopting certain pro-neighbor attitudes and behaviors – along the lines of, “love thy neighbor as thyself.” even if those same behaviors and attitudes are not returned. Live Free Recovery Services takes our Good Neighbor Policy profoundly serious in part to combat NIMBY (not in my back yard). We can show our neighbors that we are assets to the community. We are not “drug houses” or “trap houses”, but rather look at us as good neighbors, and contributing members to society.

Below, lists the code of conduct you agree to BEFORE moving forward in our program. If this is not something you’re comfortable with, please let us know.

1. You represent yourself in such a manner of excellence and humility. Be proud where you are, but humble in your attitude toward others. Not everyone appreciates the steps you’ve taken or obstacles you’ve overcome to get here.
2. You represent the Live Free Family. Even though you will successfully transition on, we plan to be here to continue our mission, for generations. Think and act beyond yourself.
3. You represent people in recovery everywhere. The stigma of addiction remains, despite decades of public education. Although community members support your recovery, people still struggle with a sober living facility being in their neighborhood.
4. Demonstrate the strength and character it takes to change for the better. Our goal is to show, through our actions, we are good people with a bad illness, and that we deserve a chance, not judgement.
5. Do not travel in groups larger than 3-4 people while walking locally.
6. Be aware of the space you take up, give up space to others on the sidewalk, hallways, etc. Volunteer to be of help in any way you can. Look for ways to chip in, whether at home or out in public.
7. Keep your voices lowered and be aware of subject matter. This is just as important on the deck and smoking area, which should NOT be in the front of the home.
8. At meetings –silence phones, pay attention, learn from the people who have long-term sobriety.
9. Use “Please” and “Thank you”. Listen.
10. If a neighbor confronts you, please do not engage or give them a reason to call the police.

By signing below, you are agreeing to the above code of conduct while living in our recovery home

PROGRAM PARTICIPANT SIGNATURE: *(Required)* _____



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 PLEASANT STREET, CONCORD, NH 03301
ANNUAL LICENSE CERTIFICATE

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

Name: LIVE FREE RECOVERY SERVICES LLC
Located at: 881 MARLBORO RD
Keene NH 03431

To Operate: Substance Use Disorder Res Treatment

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

License#: 04524

Effective Date: 07/01/2022

Expiration Date: 06/30/2023

Administrator: JENNIFER HOUSTON

Comments:

1. PERM WAIVER TO He-P 826.20(a)

TOTAL BEDS 24

EFFECTIVE 2/13/2023 CHANGE IN TIERS

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

Chief Legal Officer



Staff Training

All licensed staff are required to follow the NH Board of Licensed Professional guidelines for obtaining CEU's and maintaining their license.

Staff are required to bring in their updated license when renewal occurs.



LIVE FREE
RECOVERY SERVICES

The following property checklist is used every other week to walk through the property and identify any areas of concern

Items are replaced as needed

Property maintenance is scheduled as needed

PHP HOUSE PROPERTY INSPECTION CHECKLIST

RATINGS:

S - Satisfactory; **NC** - Needs Cleaning; **NSC** - Needs Spot Cleaning; **NP** - Needs Painting; **NSP** - Needs Spot Painting; **SC** - Scratched; **NR** - Needs Repair; **RP** - Needs Replacing; **NA** - Not Applicable

| General | | Condition Rating | Remarks |
|--------------------------|---------------------------|------------------|---------|
| <input type="checkbox"/> | Doors | | |
| <input type="checkbox"/> | Windows | | |
| <input type="checkbox"/> | Screens | | |
| <input type="checkbox"/> | Blinds or shades | | |
| <input type="checkbox"/> | Locks | | |
| <input type="checkbox"/> | Walls | | |
| <input type="checkbox"/> | Ceilings | | |
| <input type="checkbox"/> | Baseboards | | |
| <input type="checkbox"/> | Hallways | | |
| <input type="checkbox"/> | Stairs | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| Bedroom 1 | | Condition Rating | Remarks |
| <input type="checkbox"/> | Dressers (Drawers Slide?) | | |
| <input type="checkbox"/> | Beds | | |
| <input type="checkbox"/> | Blinds | | |
| <input type="checkbox"/> | Floors | | |
| <input type="checkbox"/> | Lamps | | |
| Bedroom 2 | | Condition Rating | Remarks |
| <input type="checkbox"/> | Dressers (Drawers Slide?) | | |
| <input type="checkbox"/> | Beds | | |
| <input type="checkbox"/> | Blinds | | |
| <input type="checkbox"/> | Floors | | |
| <input type="checkbox"/> | Lamps | | |
| Bedroom 3 | | Condition Rating | Remarks |
| <input type="checkbox"/> | Dressers (Drawers Slide?) | | |

| | | | |
|-----------------------------|---------------------------|----------------|--|
| | Beds | | |
| | Blinds | | |
| | Floors | | |
| | Lamps | | |
| Bedroom 4 | Condition Rating | Remarks | |
| | Dressers (Drawers Slide?) | | |
| | Beds | | |
| | Blinds | | |
| | Floors | | |
| | Lamps | | |
| Bedroom 5 | Condition Rating | Remarks | |
| | Dressers (Drawers Slide?) | | |
| | Beds | | |
| | Blinds | | |
| | Floors | | |
| | Lamps | | |
| Bedroom 6 | Condition Rating | Remarks | |
| | Dressers (Drawers Slide?) | | |
| | Beds | | |
| | Blinds | | |
| | Floors | | |
| | Lamps | | |
| Bedroom 7 | Condition Rating | Remarks | |
| | Dressers (Drawers Slide?) | | |
| | Beds | | |
| | Blinds | | |
| | Floors | | |
| | Lamps | | |
| Utilities and Safety | Condition Rating | Remarks | |
| | Electric outlets | | |
| | Lights | | |
| | Switches | | |

| | | |
|----------------------------|--|--|
| Smoke detectors | | |
| Fire extinguishers | | |
| Security systems or alarms | | |

| Bathroom 1 | Condition Rating | Remarks |
|-------------------|-------------------------|----------------|
| Toilets | | |
| Showers | | |
| Bathrubs | | |
| Sinks | | |
| Cabinets | | |
| Mirrors | | |
| Bathroom 2 | Condition Rating | Remarks |
| Toilets | | |
| Showers | | |
| Bathrubs | | |
| Sinks | | |
| Cabinets | | |
| Mirrors | | |
| Bathroom 3 | Condition Rating | Remarks |
| Toilets | | |
| Showers | | |
| Bathrubs | | |
| Sinks | | |
| Cabinets | | |
| Mirrors | | |
| Bathroom 4 | Condition Rating | Remarks |
| Toilets | | |
| Showers | | |
| Bathrubs | | |
| Sinks | | |
| Cabinets | | |
| Mirrors | | |
| Bathroom 5 | Condition Rating | Remarks |

| | | |
|----------|--|--|
| Toilets | | |
| Showers | | |
| Bathrubs | | |
| Sinks | | |
| Cabinets | | |
| Mirrors | | |

| Kitchen | Condition Rating | Remarks |
|----------------------|------------------|---------|
| Refrigerator | | |
| Dishwasher | | |
| Oven | | |
| Stove | | |
| Sinks | | |
| Garbage disposal | | |
| Cabinets and drawers | | |

EXTERIOR INSPECTION CHECKLIST

RATINGS:

S - Satisfactory; NC - Needs Cleaning; NSC - Needs Spot Cleaning; NP - Needs Painting; NSP - Needs Spot Painting; SC - Scratched; NR - Needs Repair; RP - Needs Replacing; NA - Not Applicable

| General | Condition Rating | Remarks |
|----------------|------------------|---------|
| Outdoor Lights | | |
| Doors | | |
| Windows | | |
| Roof | | |
| Siding | | |
| Smoking Area | | |
| Lawn | | |
| Parking Lot | | |
| Shed | | |

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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:
 Case No. CLSS-2021-021
 Date Filled 2/16/24
 Rec'd By CM
 Page 1 of 4
 Tax Map# 5199-006-000
 Zoning District: DT-E

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

SECTION 1: LICENSE TYPE

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

SECTION 2: PROPERTY LOCATION

ADDRESS: 106 Roxbury St Keene, NH 03431

SECTION 3: CONTACT INFORMATION

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

| OWNER | | APPLICANT | |
|---------------------------------------------------------|------------------|-------------------------------------------------------------------------------------|--------------------------|
| NAME/COMPANY: 106 Roxbury, LLC | | NAME/COMPANY: Live Free Recovery Services, LLC | |
| MAILING ADDRESS: 106 Roxbury St Keene, NH 03431 | | MAILING ADDRESS: 106 Roxbury st. Keene, NH 03431 | |
| PHONE: (603) 438-3276 | | PHONE: (877) 932-6757 | |
| EMAIL: rgagne@livefreerecoverynh.com | | EMAIL: rgagne@livefreerecoverynh.com | |
| SIGNATURE: <i>Ryan Gagne</i> | DATE: 2/16/24 | SIGNATURE: <i>Ryan Gagne</i> | DATE: 2/16/24 |
| PRINTED NAME: Ryan Gagne | TITLE: Owner/CEO | PRINTED NAME: Ryan Gagne | TITLE: Owner/CEO |
| AUTHORIZED AGENT (if different than Owner/Applicant) | | OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) | |
| NAME/COMPANY: | | NAME/COMPANY: Live Free Recovery Services, LLC | |
| MAILING ADDRESS: | | MAILING ADDRESS: 106 Roxbury ST Keene, NH 03431 | |
| PHONE: | | PHONE: (877) 932-6757 | |
| EMAIL: | | EMAIL: info@livefreerecoverynh.com | |
| SIGNATURE: | DATE: | SIGNATURE: <i>Jennifer Houston, LICSW, MLADC</i> | DATE: 2/16/24 |
| PRINTED NAME: | TITLE: | PRINTED NAME: Jennifer Houston | TITLE: Clinical Director |

SUBMITTAL CHECKLIST

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

- **Email:** communitydevelopment@keeneh.gov, with "CLSS License Application" in the subject line
- **Mail / Hand Deliver:**
 Community Development (4th Floor)
 Keene City Hall,
 3 Washington St, Keene, NH 03431

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

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

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

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

In addition, Homeless Shelters will provide:

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

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

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

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

Residential services will be provided for men and women above the age of 18 who are struggling with substance use disorders. Peer recovery services, case management services, clinical services, and psychiatric services will be provided.

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

There will be maximum of 28 clients at the building. There will be staff at the building 24 hours a day. There is an outdoor smoking area that the clients use throughout the day.

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED

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

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

The average length of stay is between 18 to 30 days.



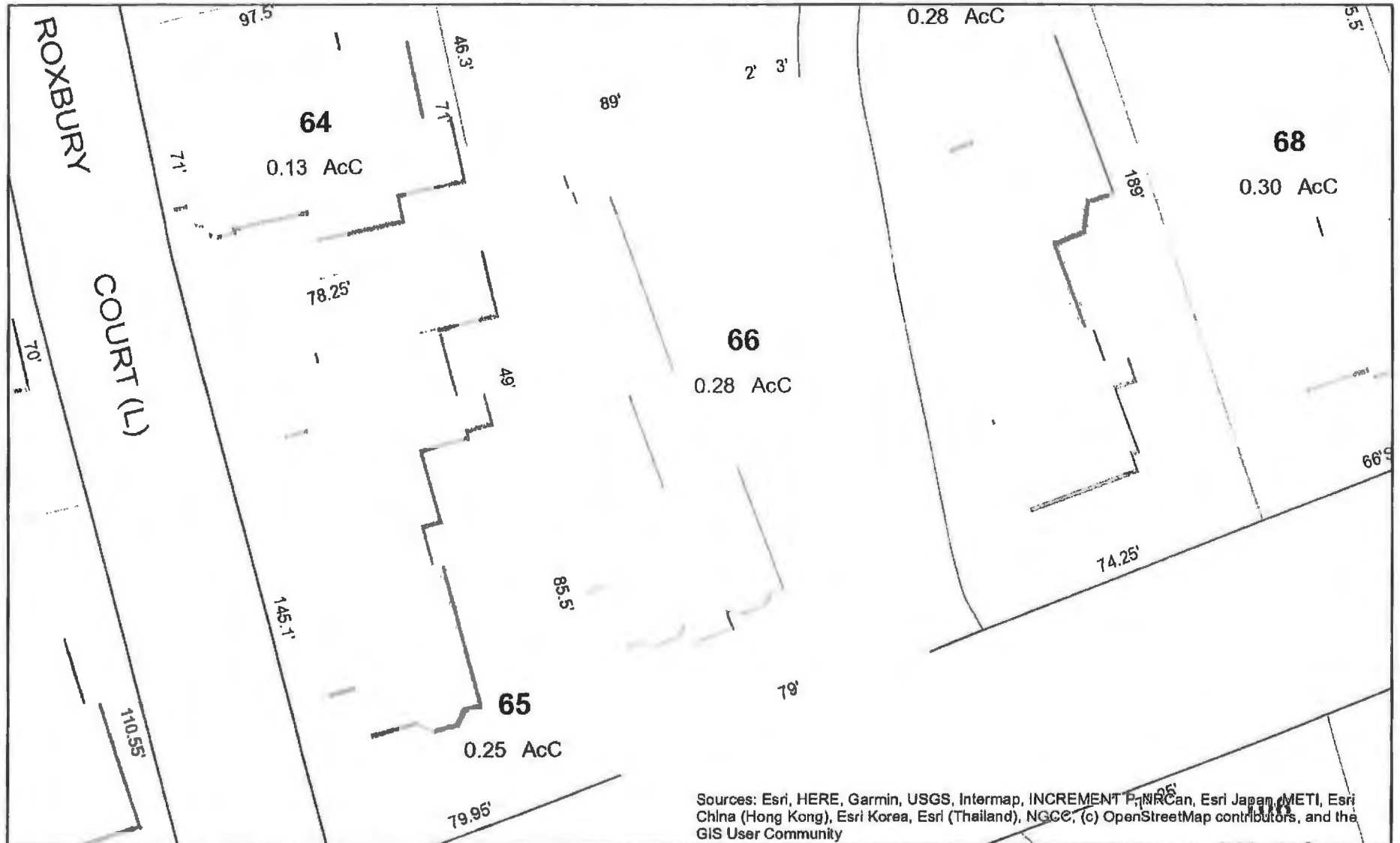
Keene, NH



May 1, 2023

1 inch = 34 Feet

www.cai-tech.com



Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, (c) OpenStreetMap contributors, and the GIS User Community

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Scope of services

Residential (ASAM/DHCS Level 3.5) Clinically Managed High-Intensity:

Provides 24-hour care with trained and credentialed personnel providing clinical directed program activities and professionally directed treatments to stabilize and maintain SUD symptoms, develop, and apply recovery skills specific for individuals with co-occurring mental health disorders. A minimum of 5 hours per day of individual, group, and education sessions and/or structured therapeutic activities specific for individuals with cooccurring mental health disorders.

Residential treatment is a non-institutional, 24-hour, short-term residential program that provides rehabilitation services to clients with a substance use disorder diagnosis when determined by a Medical Director or Licensed Practitioner as medically necessary and in accordance with the individual treatment plan.

The components of Residential Treatment Services include:

- **Intake:** The process of determining that a client meets the medical necessity criteria and admitting the client into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- **Individual and Group Counseling:** Contacts between a client and a therapist or counselor. Services are provided in-person.
- **Client Education:** Provide evidence-based education on addiction, treatment, recovery, and associated health risks
- **Family Therapy:** The effects of addiction are far-reaching and client's family members and loved ones also are affected by the disorder. By including family members in the treatment process, education about factors that are important to the client's recovery, as well as their own recovery, can be conveyed. Family members can provide social support to the client, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.
- **Safeguarding Medications:** Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.



- **Collateral Services:** Sessions with therapists or counselors and significant persons in the life of the client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the client.
- **Treatment Planning:** The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan will be completed within regulatory timeframes, reviewed every 30 days, or after 4 sessions have been completed with the client.
- **Discharge Services:** The process to prepare the client for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services.

The components of case management include:

- Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of case management;
 - Transition to a higher or lower level of SUD care;
 - Communication, coordination, referral, and related activities.
 - Monitoring service delivery to ensure client access to service and the service delivery system;
 - Monitoring the client's progress; and
 - Client advocacy, linkages to physical and mental health care, transportation, and retention in primary care services
- The components of Recovery Services are:
- **Support Groups:** Linkages to self-help and support, spiritual and faith-based support; and
 - **Ancillary Services:** Linkages to housing assistance, transportation, case management, individual services coordination.



Security Plan

The property is equipped with a closed circuit surveillance system. Staff has the ability to rewind in the event any type of incident is reported.

The monitoring equipment is kept locked in the staff office.

All entrances and common areas are visible by the camera system.

There are lights outside all the entrances to keep it well lit

Lights are checked for safety to make sure that they are working and bulbs are working properly

All doors are locked at all times



Life Safety Plan

There are fire drill evacuation maps on each floor of the property in common areas.

Random fire drills are held monthly, staff fills out a report indicating number of residents, where everyone met, how long it took to get out of the building.

Monthly inspections are done to make sure that all hanging fire extinguishers are ready to be used in the event of an emergency.

Daily checks of smoke detectors are done to make sure that they are in the appropriate space, not removed, and are in working condition.

Inspections of the property by the local Fire Department and/or DHHS are scheduled and completed as needed on a yearly basis.



Security Plan

The property is equipped with a closed circuit surveillance system. Staff has the ability to rewind in the event any type of incident is reported.

The monitoring equipment is kept locked in the staff office.

All entrances and common areas are visible by the camera system.

There are lights outside all the entrances to keep it well lit

Lights are checked for safety to make sure that they are working and bulbs are working properly

All doors are locked at all times

2023 EMERGENCY ACTION PLAN

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EMERGENCY ACTION PLAN

General Preparedness

- ✓ Establish relationships with essential partners, such as law enforcement, first responders.
- ✓ Coordinate transportation to medical treatment, if required.
- ✓ Develop training programs and drills.
- ✓ Identify local radio and television stations to be sources of broadcast communications.
- ✓ Have a contact number for each client and employee.
- ✓ Know mass evacuation plans for the community and identify what resources will be needed to transport clients quickly and safely.
- ✓ Establish Incident Commander (person responsible for front-line management of the incident).

COMMAND STRUCTURE



Facility/Program Chain of Command

Live Free Recovery Services Phone Numbers:

Admissions – (877) 932-6757

Crisis/Suicide Hotline – (603) 448-4400

1. Ryan Gagne – **Executive Director**
Cell Phone: 603-438-3276
Email: rgagne@Livefreessl.com

2. Jennifer Houston– **Clinical Director**
Phone: 603-247-8786
Email: jhouston@Livefreessl.com

3. Doug Hohenberger – **Clinical Director of Program Policy & Compliance**
Phone: (603) 903-5461
Email: dhohenberger@Livefreessl.com

4. Tony Basil – **Program Manager**
Phone: 952-855-2033
Email: tbasil@Livefreessl.com

Live Free Recovery Services

| | |
|---------------------------------------------------------|----------------------------------------------------------------------|
| Address | 106 Roxbury Street Keene, NH 03431 |
| Main Phone # | 877-932-6757 |
| Radio Source for Emergency Broadcasting | (i.e., Emergency Alert System, program closings): 97.7 WSNI |
| TV Source for Emergency Broadcasting | (i.e., Emergency Alert System, program closings): Channel 9, WMUR |
| Facility/Program Crisis Management Plan Location | Front BHT office, Marlboro Road |
| Electronic File Location | In Microsoft Shared Folder ("Emergency Plan") |

Radio source for emergency broadcasting:

WSNI 97.7

TV source for emergency broadcasting (i.e., Emergency Alert System, program closings) Channel 9 or any of the New Hampshire's cable TV franchises.

Additional Numbers

| | |
|-----------------------------------------|---------------------------------------|
| Fire/Police/Medical - Emergency | 911 |
| Fire (non-emergency) | Keene Fire Dept. – 603-357-9861 |
| Police (non-emergency) | Keene Police Dept. - 603-357-9815 |
| Medical Hospital (non-emergency) | Cheshire Medical Center- 603-354-5400 |
| Center for Disease Control | 1-800-311-3435 |
| Poison Control | 1-800-222-1222 |
| Area Red Cross | (603) 225-6697 |

UTILITIES

Location of Utilities

| | |
|------------------------|--------------------------------------------------------|
| Water Main | Located on the first floor inside the maintenance room |
| Gas Main | Located on the first floor inside the maintenance room |
| Electrical Main | Located on the first floor inside the maintenance room |
| Electric Panel | Located on the first floor inside the maintenance room |

| | |
|------------|--------------------------------------------------------------------------------------------------|
| Fire Panel | On the electrical panel in maintenance room, communication box is located on top of the building |
|------------|--------------------------------------------------------------------------------------------------|

How to Shut Off Utilities

| | |
|-----------------|-------------------------------------------------------------------------------------------------------------------------|
| Water Main | Close the shutoff valve in the basement. Contact Municipal Services to shut off the valve from the street. 603-352-0133 |
| Gas Main | Close the shutoff valve. Call Dead River-603-352-5240 |
| Electrical Main | Shut off the electrical main in the basement. Eversource – 866-554-6025 |

MEDICAL

Medical Emergencies

- Check breathing and pulse before administering first aid.
- Administer first aid, as needed.
- First aid supplies are located in the RSW Office.
- Blood spill supplies are located in the Med room.
- Personal Protective Equipment (i.e., disposable gloves) is located in the First Aid kits.
- An AED (Automatic External Defibrillator) is hanging on the wall in the Med room.
- Narcan Kits are located:
 - In the tech office
 - Each apartment has a kit
 - The community room has a kit
- Call **911** or, if time allows, contact your supervisor and/or Clinical Director immediately. They will make the appropriate calls to the local police or **911**.
- Routes to medical care/hospital
 - Cheshire Medical Center (15 minutes) – see below
 - Monadnock Hospital (31 minutes)

DRIVING DIRECTIONS TO Cheshire Medical Center

106 Roxbury Street
Keene, NH 03431

Follow Roxbury St to Central Square
(39 ft)

Turn right on to Central Square
Slight left to stay on Central Square
Keep right and continue on Court Street

Turn right to stay on Court St
1.2 mi

Drive to your destination
1 min (0.1 mi)

At the traffic circle, take the 3rd exit
394 ft

Turn left
30 ft

Continue straight
95 ft

Turn right
Destination will be on the right
131 ft
Cheshire Medical Center
580 Court St, Keene, NH 03431

FIRE

Reporting a Fire

- Activate the alarm system by pulling the lever on the nearest fire alarm box.
 - Fire Alarms are located throughout the building at each exit.
- Call 911

Alarm System

- What is the facility alarm system? The facility alarms are wall-mounted horns and sight alarms. (flashing light)
- Is the facility equipped with a fire alarm system that is directly connected to a local station? Yes
- If not, 911 needs to be called when there is an unscheduled fire alarm.
- How is the alarm system activated and turned off? The doors are alarmed and are turned off by a key.

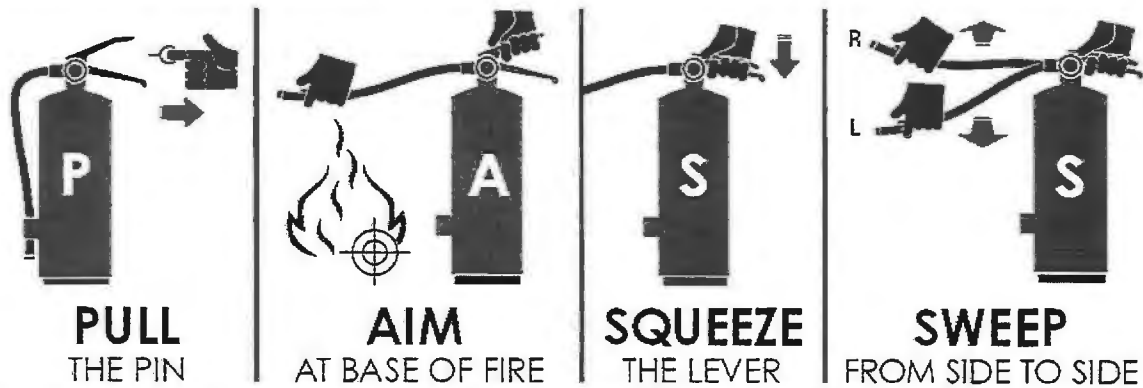
Fire Exits

- Fire exits are located throughout the building. Each residential floor has two fire exits that are visibly marked as Fire Exit.

Fire Extinguisher

- Fire extinguishers are in major corridors of the facility.
- Fire extinguisher use:
 - P - Pull the extinguisher pin.
 - A - Aim extinguisher at base of fire.
 - S - Squeeze handle.
 - S - Sweep extinguisher back and forth.

HOW TO USE A FIRE EXTINGUISHER



Fire Drills

- Does your facility hold fire drills? Yes, quarterly will create a logbook.
- Designated meeting place: All staff and residents will meet on the lawn to the right of the building when facing the main entrance
- Fire drill procedure: Staff and clients will exit via the nearest emergency exit (see floor plan). Floor staff/senior staff on each unit will carry census & sign-in sheets outside. Staff and clients will meet in the designated meeting places. Staff will take attendance and ensure everyone evacuated quickly & safely. Staff is to write their names on the sign in sheet, along with the total headcount of clients per unit. All sign-in sheets are given to the Clinical Director or Senior Staff prior to reentering the building to ensure that all clients and staff have been accounted for. If someone is missing, do not re-enter the building. The EXECUTIVE DIRECTOR/Clinical Director/Manager will communicate to the fire department any information pertaining to missing people.
- Once the EXECUTIVE DIRECTOR/Clinical Director/Manager gives the okay, clients and staff will re-enter the building. Sign in sheets are given to the Clinical Director.
- The Program Clinical Director at the main entrance will collect the Emergency Contact Binder(s) for clients and staff and the Visitor Log. If there is no front desk staff, the senior staff member in the building should collect these.

Evacuation Procedure

Events that warrant evacuation from the facility include, but are not limited to fire, explosion, bomb threat, etc.

Evacuation of the building is the same as for a fire or fire drill. Residents are to exit the building promptly and quietly. All staff and residents will meet in the side yard to the right of the building when facing the main entrance.

Evacuation is to begin immediately after pulling the fire box and calling 911.

- Evacuate all persons using the closest emergency exit(s). (See floor plan)
- Procedure for getting people with special needs out when elevators cannot be used:
 - Mobility Impairment: If a person cannot exit the building, ask if assistance is needed. If needed, assist the person in calling 911. After you leave the building, immediately inform emergency personnel on site, or call 911. *Some individuals with mobility impairments who can walk independently may be able to negotiate stairs in an emergency with minor assistance.*
 - Blindness or Visual Impairment: A person assisting an individual who is visually impaired should:
 - Give verbal instructions about the safest route or direction using directional terms and estimated distances.
 - Ask if assistance is needed. If so, offer your elbow and provide guidance through the evacuation route. This may be especially helpful when navigating debris or a crowd. (Never grasp the arm of a person you are assisting)
 - While escorting a person out of the building, explain along the way where you are going and what you are doing.
 - Deafness, Hearing Loss, Language Difficulty. If a person appears to be unaware of the need for immediate evacuation, use the following guidelines:
 - Get their attention by touch or eye contact. State the problem clearly and simply, including the need to evacuate. Gestures and pointing are helpful, but be prepared to write a brief statement if the person does not seem to understand.
 - Offer visual instructions to designate the safest route or direction by pointing toward exits for evacuation maps.
 - Offer to escort them from the building.
- Posted evacuation maps are required throughout the facility.
 - Evacuation maps must show two unobstructed evacuation routes for each area of the facility.
- The senior staff member is responsible for either collecting, or delegating the collection of, the emergency contact information on each client.
- Emergency Contact Information is in each client file.
 - The senior staff member or (Program Clinical Director) is responsible for collecting program items such as keys, cell phone, and walkie talkies (as applicable).
- Staff not evacuating people should:

- Close all windows and doors before leaving the building.
- Turn off electrical equipment.
- The senior staff member or Program Coordinator will carefully sweep the center to ensure everyone has been evacuated.
- The ASSEMBLY AREA IS LOCATED in the right-side lawn area when facing the main entrance of the building.
- Begin taking a census once the facility has been evacuated. Census includes clients, visitors, vendors, and employees. Use the Sign-In Sheet, Visitor's Log, and schedules to account for staff and visitors.
 - If someone is missing, do NOT re-enter the building. The Incident Commander will communicate to the fire department any information pertaining to missing people.
- Only re-enter the building when the alarm is silenced, and employees are notified by a representative from the Fire Department, maintenance, or senior staff that it is safe to re-enter the building.
- In the event the building cannot be occupied for safety reasons, the Clinical Director and/or highest-level administrator on duty will coordinate with the Executive Director to make all decisions.

In the event that the building needs to be evacuated during inclement weather, the following precautions need to be taken:

- Hat, gloves or mittens, and coats need to be taken during cold/snowy conditions.

Medication

- In the event of an evacuation, the Incident Commander or senior staff member is responsible for taking the clients' medications, located in the medicine closet.

SHELTER-IN-PLACE

Shelter-in-place means staying *inside the building*. Local authorities issue orders for shelter-in-place. No one may leave the building until there is official notification that the shelter-in-place has been lifted.

Conditions that warrant sheltering-in-place include but are not limited to extreme weather/cold, outside air quality concerns, community chemical spill, terrorist attack, nuclear disaster.

- If there are customers, or visitors in the building, provide for their safety by asking them to stay – not leave. Do not drive or walk outdoors.
- If time permits, employees, customers, clients, and visitors may call their emergency contact to let them know where they are and that they are safe.
- Turn on call-forwarding or alternative telephone answering systems or services. If the business has voice mail or an automated attendant, change the recording to indicate that the business is closed, and that staff and visitors are remaining in the building until authorities advise that the Shelter-In-Place is no longer in effect.
- Quickly lock exterior doors, close windows, and shut air vents as well as fireplace dampers. Have employees familiar with the building's mechanical systems turn off all fans, heating and air

conditioning systems, and clothes dryers. Some systems automatically provide for the exchange of inside air with outside air. These systems need to be turned off, sealed, or disabled.

- There is an "Emergency" box located on shelving adjacent to the commercial laundry area. The box will contain directions for sealing windows and doors. The box also contains duct tape, scissors, and rolls of plastic. An emergency radio is in the emergency box. The Clinical Director will assign a staff member to secure all windows and doors. While this is being done, a staff member will be assigned to help the clients move to the dining area, or other designated area, depending on the situation.
- Gather essential disaster supplies, such as nonperishable food, bottled water, hygienic supplies, first aid and blood-spill supplies, communication devices (i.e., cell phone, walkie talkie), battery-powered radios, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- The staff and clients will gather in the dining room)
 - The selected interior room should be above the ground floor with the fewest windows or vents. The room should have adequate space for everyone to be able to sit. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, copy and conference rooms without exterior windows will work well. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outdoors.
- Take a census of all clients, visitors, and employees once everyone has gathered.
- If vapors begin to bother individuals, hold wet clothes over their nose and mouth.
- If you are told that there is danger of explosion, close the window shades, blinds, or curtains.
- For a higher degree of protection, go into the bathrooms, close the door, and turn on the shower in a strong spray to "wash" the air.
- Staff will be permitted to phone their families.
- It is ideal to have a hard-wired telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- The Incident Commander is responsible for notifying everyone when sheltering in place can end or when offsite sheltering is needed.

Note: In many instances it would be a serious risk for anyone to travel during a terrorist event. Staff would be putting themselves at risk and should have a plan to cover what they and their families would do in the event of an act of terrorism.

Communication

- The Clinical Director will contact the Executive Director and update him/her on the condition of the facility.
- The Clinical Director is responsible for listening to the radio and keeping the staff up to date on what is happening in the area.
- The Clinical Director/EXECUTIVE DIRECTORS/Executive Director/Assistant Director or Incident Commander are the only people authorized to release staff from duty.
- The Clinical Director will utilize the Emergency Call List if additional staff is needed at the facility.
 - If needed, the Executive Director will be contacted to assist in providing extra staffing support.

- The Clinical Director or Program Director will assign staff members to phone the families of the clients.
- The Clinical Director and Program Director need to be sure the portable phone is always charging.
- In the event that there is no portable phone service, individual cell phones may be used to communicate.

Programming

- Each facility must have plans in place for indoor activities for the clients.

OFF-SITE SHELTERING

In the event the building cannot be occupied for safety reasons, the Clinical Director and Incident Commander will finalize plans. As soon as practically possible, the Executive Director should notify DHHS that an evacuation is taking place.

- Offsite sheltering plan for clients (if sending them home is the plan, please indicate): Utilize facility vehicles to transport clients to the relocation site. Otherwise, clients are sent home or to a homeless shelter. Staff may use personal vehicles to help with transporting the clients, as needed for overflow.
- Offsite sheltering plan for employees (if sending them home is the plan, please indicate): Non-essential employees should return home. Essential employees will provide transportation to the relocation site.
 - Bring all clients to the location at Court Street. If additional space is needed, remaining clients can be brought to the location on Roxbury Street.
- Is there any special licensing agreement or documentation that goes along with the relocation site (such as if the relocation site is licensed as a treatment center)? No
 - If yes, is the required documentation completed? N/A
- The Clinical Director or Incident Commander will be responsible for transporting the client's information from the facility to the alternate location.
 - Emergency information
 - Census sheet/attendance books
 - Staff sign-in log
- Procedure for notifying clients, visitors, employees, vendors, etc. that the site is closed:
 - Change the voicemail, put signs on the main entrances, and call any clients scheduled to come in.
 - The Program Director will give designated staff the responsibility of calling each client's family/guardian (because clients are adults, they will have the option to call & notify their own family).
 - Emergency supplies and documentation to take to the offsite sheltering:
 - Medication
 - Client files

- Census
 - Procedure for taking census of clients and employees:
 - Utilize the current census sheet for residents.
 - Use Sign In log for visitors.
 - Use a schedule for employees.
 - Staff will be transported via Live Free Recovery Services van(s) and/or Live Free Recovery Services Staff's vehicles from the facility to the relocation site.
 - Routes to offsite shelter with comments on travel restrictions (more than one route recommended):
- The Clinical Director will personally check the file of each client and refer to the contact referral form to ensure that the person picking up the client has the authority to do so. All ID's will need to be checked by the Clinical Director/Program Director before allowing a client to leave the facility.

CHEMICAL ACCIDENTS

- Refer to Material Safety Data Sheet (MSDS) for the proper clean up procedure. Data sheet binders are in the Front Office in Binder Labeled MSDS and on the Google Docs Shared Folder called "MSDS".
- The poison control number is 1-800-222-1222.
- Refer to the Shelter in Place if a community-wide toxic material release occurs and you cannot leave the facility.

GAS LEAKS

If gas odors are strongly detected inside or outside of a building, and/or if the odors are accompanied by hissing sounds, then an immediate emergency exists.

Procedure

- If you detect strong natural gas odors in an outdoor location, immediately proceed to the nearest non-affected area, call 911, and contact the Clinical Director. Alert any passers-by to stay clear of the affected area.
- If you detect strong natural gas odors inside a building and cannot determine the source, immediately vacate the room/space, close any doors behind you, and initiate a building evacuation by manually engaging the nearest fire alarm pull station.
- Proceed to your designated meeting place on the lawn to the right of the main entrance.
- Emergency shut off: Is inside the cover of the tank.
- Staff will follow the Evacuation procedures outlined in the Emergency Action Plan.
- No one is permitted to re-enter an area suspected of a gas leak unless told to do so by local authorities and a senior staff member.

POWER FAILURE

- Procedure for power failure: Back up power from the county jail grid
 - Notify the electric company: EVERSOURCE 866-554-6025
 - Emergency lighting will come on automatically.
 - If the power outage seems widespread, listen to the radio for general instructions for the community.
 - If water needs to be conserved due to the outage, limit the use of faucet water and flush toilets sparingly.
 - If the power outage is temporary (a few hours) normal operations of the facility will be maintained as much as possible.
- Procedure for water use during power failure (as applicable):
 - Water use is not restricted. Hot water will be limited to that on hand at the time of the failure.
- Procedure for heat during power failure (i.e., prevent pipes from freezing):

- Extended power outage and a temperature below 45 degrees will require evacuation. The Clinical Director will make arrangements with contractors to prevent damage by draining the plumbing or using a backup power system and heat tapes.
- Procedure for food in cold storage during a power failure:
 - Refrigeration is maintained by the backup power system; however, it is still prudent to:
 - Restrict access to cold storage.
 - Monitor the temperature.
- Live Free Recovery Services staff and/or vendor to notify when there is an extended power failure:
 - Executive Director, Clinical Director
 - Power Service of New Hampshire: EVERSOURCE 866-554-6025
- Does the facility have the use of a backup power system for power failures? The facility is tied into the power grid for the County Jail.
- Who makes the decision if the facility needs to be evacuated due to power failure? Incident Commander in conjunction with the Clinical Director.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.
- In the case of an electrical storm, clients should be removed from window areas.
 - Electrical appliances should be unplugged.

LOSS OF HEAT

- Procedure for loss of heat to the facility:
 - Any staff noticing heat loss is responsible for notifying the appropriate maintenance staff or administrator/Clinical Director. That person is then responsible for contacting the heating vendor as needed.
- Live Free Recovery Services staff and/or vendor to notify when there is a loss of heat.
- Follow the evacuation procedure if the temperature falls below 45 degrees.
- Procedure for notifying employees, clients, visitors, etc. that there is loss/contamination of water. Program Clinical Director will announce:
- Who makes the decision if the facility needs to be evacuated due to loss of heat? Clinical Director or Incident Commander.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

LOSS/CONTAMINATION OF WATER

- Procedure for loss/contamination of water to the facility:
- Any staff noticing a loss of water or water contamination is responsible for notifying the appropriate staff or Clinical Director. The staff or Clinical Director is then responsible for attempting to locate the source of the problem and determining if it is confined to the facility or is neighborhood wide. If the problem is internal, then a plumber is to be notified. If the problem is external, the Keene Water Department is to be contacted at 603-352-0133. If water pressure is lost for more than four hours, the Fire Department must be notified, and a fire watch instituted for the duration of the event.
- In the event of water contamination, the senior staff member, or designated person will:

- Contact the local Health Department. (603) 357-3510. If the Health Department cannot be reached, listen to the local TV or radio for details on the procedure to follow.
- Advise staff to closely supervise individuals and ensure that no one drinks the water.
- Determine the expected duration of the contamination and the procedure for making the water safe for use. Advise the program managers of the anticipated duration of water loss or contamination.
- Assess the water supply for the facility and need to ration available water.
- Determine the ability to maintain individuals at the location.
- If deemed necessary, instruct staff to purchase bottled water or obtain water as advised by the Health Department for drinking, washing and brushing teeth.
- Prevent usage and access to tap locations. Utilize only factory-sealed water or water stored specifically for emergencies.
- Live Free Recovery Services staff and/or vendor to notify when there is loss/contamination of water (i.e., water authority): Clinical Director.
- Who makes the decision if the facility needs to be evacuated due to loss/contamination of water? Clinical Director in conjunction with the EXECUTIVE DIRECTOR
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

OPERATIONAL DISTURBANCE

An operational disturbance is when an emergency causes normal operations to shut down.

- Who makes the decision to close the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying clients, visitors, employees, and vendors of the facility closing:
 - Change the answering machine message.
 - Utilize the phone tree to notify employees.
 - Post a notice at the building's entrances.
- Procedure for accounting for the building's occupants when it is closed:
 - Utilize the census for residents.
 - Utilize the Sign-In sheet for visitors.
 - Utilize the schedule for employees.
- Procedure for dealing with an operational disturbance:
 - Check for any structural damage (once the building has been cleared to enter).
 - Take photos of any damage.
 - Report any damage to the insurance company.
 - Document damage in an incident report.
 - Check for downed or damaged utilities and report any to the proper authorities.
 - The Executive Director will make the decision on when operations can be moved back into the facility.
 - Facility shut – offs (water, gas, electricity, other): Who is responsible for shut-offs?
Program Clinical Director
- Key operations that need to continue for the facility/program to regain normal operations:
- Procedure for assessing and reporting utility issues:
 - Keene Water Department 603-352-6550

- Contact Eversource (866) 554-6025
- Who makes the decision to reopen the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying employees and clients of the facility's reopening?
 - Phone tree to notify staff.
 - Change voicemail message.
 - Remove signs from doors.
 - Call clients

LOCKDOWN

Conditions that warrant lockdown include, but are not limited to violent intruder, hostage, civil disturbance.

- Procedure for full lockdown (i.e., 911 notification): Clinical Director, Incident Commander, Senior staff, or designee
- Procedure for partial lockdown (those not in lockdown area evacuate):
- Evacuate as for a fire. Staff outside of the lockdown area may be instructed to go home, clients outside of the lockdown area will be managed per Executive Director or designee.
- What doors get locked during a lockdown?
 - All exterior doors
- Procedure for accounting for building occupants when it is in lockdown (i.e., census):
 - Reconcile Census, Sign-In/Out sheets, employee schedules, Visitors' Log.
- Who makes the decision to discontinue the lockdown? Executive Director, Clinical Director, or other senior staff in conjunction with the authorities

PANDEMIC

Level 1 Plan – Standard Influenzas

- Maintain strict infection control practices, including good hand washing, disinfecting, disposing of waste materials, collecting, and laundering items.
- Encourage flu vaccination for both employees and children where appropriate.
- Maintain disaster supplies.

Level 2 Plan – Influenza Pandemic Confirmed

- Continue activities initiated in the previous phase.
- Isolate and/or group clients with influenza.
- All clients and staff to immediately begin to wear masks in all common areas
- Refer to the most current Center for Disease Control (CDC) or Dept. of Health and Human Services (DHHS) guidelines at <http://www.cdc.gov/flu> and <http://www.dhhs.nh.gov>.
- Arrange coverage for staff shortages.

Isolation & Quarantine

Isolation and quarantine are optimally performed on a voluntary basis. Different levels of government have the legal authority to mandate isolation and quarantine to protect the public's health. At the State

of NH level, the Commissioner of DHHS has the authority to mandate involuntary quarantine and isolation.

A variety of quarantine strategies that may affect employees and their ability to work are:

- Restrictions on mass transit
- Restrictions on access routes
- Use of monitoring checkpoints, curfews, travel permits, health certificates to minimize movement into or out of quarantined areas.
- Consideration should be given to quarantine of contacts with high-risk exposures, even in the absence of symptoms.

Isolation of Individuals with Influenza

Minimizing the transmission of influenza requires limiting interactions between influenza cases and others. Individuals with influenza should be placed in a room with others who have suspected or confirmed influenza. When a private room is not available, or grouping is not possible, spatial separation of at least 6 feet should be maintained between the infected person and others. Doors may remain open, as appropriate.

Minimize the number of staff who have contact with infected residents by assigning all influenza residents to a small group of staff who have been vaccinated and/or are taking antiviral medications for prophylaxis (if medications are available and appropriate).

Interactions between clients with influenza and other residents should be minimized. Persons at risk of serious influenza complications (those with underlying medical conditions) should not interact with the infected person.

- Who makes the decision if the facility needs to be closed due to pandemic? Clinical Director in conjunction with the EXECUTIVE DIRECTOR

HURRICANE/TORNADO/SEVERE WEATHER

If the National Weather Service issues a hurricane, tornado, or severe weather warning, contact your supervisor/Clinical Director/Incident Commander for instructions.

- Monitor the radio or TV for updates/conditions.
- Gather your emergency supplies.
- Stay indoors until the National Weather Service declares the storm is over.
- Stay away from all windows and exterior doors – seek shelter in the basement or bathroom.
 - Go to the innermost part of the building on the lowest possible floor.
- Do not use elevators.
- Protect your head with your arms and crouch down on the floor.

If programs close (and there is time to prepare):

- Notify clients that the program is closing and make arrangements for the pick-up or drop off of the client.

- Take clients home with you or take them to the local shelter.

If you are ordered to evacuate:

- Follow the designated evacuation routes for your area. Floor Plan/Exits

If you are on the road during a tornado:

- Get out of your car.
- Avoid areas with a lot of trees.
- Lie down flat in a gully, ditch, or low spot on the ground.
- Protect your head with an object or with your arms.

EMERGENCY SUPPLIES

Water Supplies

In an emergency, having a supply of clean drinking water is a top priority.

- Store at least a three-day supply of water for each person.
- One gallon (16 cups, 128 ounces) per person for consumption and 3 gallons (48 cups, 384 ounces) per person for hygiene.
- How many people in the facility does the water supply need to support? 26
- Store in a cool, dark place.
- An emergency water supply is located on shelving adjacent to the commercial laundry area.
- Store in original, factory-sealed containers. Alternatively, food-grade quality containers made for storing water may be used. These must be thoroughly washed, sanitized, and rinsed. If the water is from a tap, it may need to be treated before being stored.
- Change stored water every 6 months.
- Who is responsible for keeping the water supply updated? Program Clinical Director
- If a disaster happens without a stored supply of clean water and if any of the following are safe, use water in:
 - Hot water tank
 - Pipes and faucets
 - Ice cubes
 - Rainwater

DO NOT drink:

- Flood water
- Water with floating material, an odor, or dark color

Food Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

- The Kitchen Supervisor/Chef is responsible for food distribution.
- Live Free Recovery Services' kitchen and pantry have a regularly replenished, one-week stock of both perishables and canned/sealed foods such as cereal, vegetables, snacks, dried fruits, grains etc.

The food supply needs to be kept updated.

- Who is responsible for keeping the food supply updated? Chef (food supply at Live Free Recovery Services is regularly replenished stock)
- How many people in the facility does the food supply need to support? 26; Enough to ensure a 3-day supply of food for all staff and clients at any given time.

A suggested food supply may contain the following items (there will be special dietary needs sheet with the supplies):

- sealed jars of protein such as peanut butter- 2 jars, 2 cases of individual sized servings
- sealed jars of jelly- 2 jars, 2 cases of individual sized servings
- cases of prepared foods (Spaghetti O's, beef stew, tuna)- 10 cases
- cases of canned fruit and/or vegetables- 3 cases
- cases of dry cereal- 10 cases
- cases of canned juice (juice boxes)- powdered mix with water- 2 cases
- cases of snack items (granola bars, raisins)- 5 cases
- cases crackers/chips- 4 cases

General Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

The following areas will contain a supply of general supplies consisting of the following items:

Kitchen

- Can opener
- Paper goods (plastic utensils, napkins, paper plates)
- Toilet paper and other hygienic supplies
- Garbage bags
- Cleaning supplies

Office

- Medical: Client medications, first aid supplies, blood spill supplies, personal protective equipment (i.e., disposable gloves), "Go Kit" with proper documentation (as applicable)
- Safety: flashlights, batteries, duct tape, plastic sheeting, extra blankets, etc.
- Communication: cell phone, walkie talkie, portable/chargeable radio with cell phone charger
- Documentation: Client records (DOB, contact information, allergies, etc.), insurance company information
- Keys

General emergency supplies need to be kept updated (i.e., batteries).

- Who is responsible for keeping the general emergency supplies updated? Program Manager
- How many people in the facility do the general emergency supplies need to support? 26

CASUALTIES

Casualties

In the event that there are any casualties, emergency services will be called immediately, staff will isolate the area and move the rest of clients to a safe location.

COMMUNITY EMERGENCIES

What resources could your facility/program provide if there is an emergency in the community and your location is fully operational (shelter, supplies, power, etc.)?

- Live Free Recovery Services would be able to provide immediate, short-term shelter for twenty (16) people. This sheltering would only provide protection from the elements, restrooms, and the most basic of foodstuffs. Live Free Recovery Services does not have additional availability for overnight sheltering.



Staff Training

All licensed staff are required to follow the NH Board of Licensed Professional guidelines for obtaining CEU's and maintaining their license.

Staff are required to bring in their updated license when renewal occurs.



The following are the Good Neighbor policy for clients entering our program and also a Good Neighbor policy to share with the immediate neighbors and community



Good neighbor policy!

ADDRESSING NEIGHBOR CONCERNS POLICY

It is crucial to the long-term success of any person in recovering to adopt new skills when dealing with difficult people, especially those who may not understand recovery. One of the most important parts of being in our recovery homes, is adopting certain pro-neighbor attitudes and behaviors – along the lines of, “love thy neighbor as thyself.” even if those same behaviors and attitudes are not returned. Live Free Recovery Services takes our Good Neighbor Policy profoundly serious in part to combat NIMBY (not in my back yard). We can show our neighbors that we are assets to the community. We are not “drug houses” or “trap houses”, but rather look at us as good neighbors, and contributing members to society.

Below, lists the code of conduct you agree to BEFORE moving forward in our program. If this is not something you’re comfortable with, please let us know.

1. You represent yourself in such a manner of excellence and humility. Be proud where you are, but humble in your attitude toward others. Not everyone appreciates the steps you’ve taken or obstacles you’ve overcome to get here.
2. You represent the Live Free Family. Even though you will successfully transition on, we plan to be here to continue our mission, for generations. Think and act beyond yourself.
3. You represent people in recovery everywhere. The stigma of addiction remains, despite decades of public education. Although community members support your recovery, people still struggle with a sober living facility being in their neighborhood.
4. Demonstrate the strength and character it takes to change for the better. Our goal is to show, through our actions, we are good people with a bad illness, and that we deserve a chance, not judgement.
5. Do not travel in groups larger than 3-4 people while walking locally.
6. Be aware of the space you take up, give up space to others on the sidewalk, hallways, etc. Volunteer to be of help in any way you can. Look for ways to chip in, whether at home or out in public.
7. Keep your voices lowered and be aware of subject matter. This is just as important on the deck and smoking area, which should NOT be in the front of the home.
8. At meetings –silence phones, pay attention, learn from the people who have long-term sobriety.
9. Use “Please” and “Thank you”. Listen.
10. If a neighbor confronts you, please do not engage or give them a reason to call the police.

By signing below, you are agreeing to the above code of conduct while living in our recovery home

PROGRAM PARTICIPANT SIGNATURE:(Required)_____



Live Free Recovery Services endeavors to be a good neighbor and an upstanding member of each community we serve. We apply our decades of experience to develop intentional policies that ensure we meet these goals and create positive relationships with all our community friends and partners. We understand you, as our neighbors and members of the community, may have concerns about our presence. We're more than happy to answer any questions you may have about our treatment homes, the clients we serve, and the role we play in helping clients and their families. We follow all state and city regulations, planning, and zoning laws. This also allows us to be the best neighbors possible, which means – unless you need us – that we strive to be *invisible neighbors*.

Professional Staff

The safety of our clients and our neighbors is paramount. Clients receiving treatment at Live Free Recovery Services are supervised 24/7/365 by our team of highly qualified professionals. We utilize strict line-of-sight policies, state-of-the-art monitoring technology, and maintain a high staff-to-client ratio. By keeping our clients safe, we keep our neighbors safe.

Who We Treat

We help adults over the age of 18, diagnosed with substance use and mental health disorders. Our admissions team, completes a thorough review of their history, including all hospital, and psychiatric records and relevant documentation. This review allows us to verify that each resident is appropriate for an unlocked environment and do not present a danger to other clients, staff, or the community. Our clients choose Live Free Recovery Services because of our treatment record, our dedication to safety we prioritize in everything we do. *We do not accept clients with a history of violent behavior.*

Our skills-based programming focuses on mindfulness, effective communication, and distress tolerance. We teach our clients practical ways to manage stress and regulate their emotions.

Noise, Activity, and the Condition of Our Homes

Our staff is committed to maintaining a safe and tranquil environment that helps people heal, reconnect with their true selves, rediscover their passions, and develop practical skills that promote long-term recovery.

We enforce a strict no weapons, no alcohol, and no drugs policy.

You won't hear loud music and we don't host late-night parties. Our program schedules provide daily structure, consisting of therapeutic groups such as yoga, mindful cooking, and art therapy. We include education and fitness-related activities as well. Our clients do not have excess free time. The recreation time they do have is supervised and typically involves playing cards, board games, journaling, exercising, or doing arts and crafts. We

meet and exceed all safety standards required for a typical residential treatment home. We maintain our property to the standards set by each community. **Surveillance cameras monitor our properties 24 hours a day, seven days a week, for the security of our clients and neighbors.** We respond immediately to any concerns. We care about our neighbors and instruct our staff to be respectful, mindful, and courteous at all times. We embrace the adage *a good neighbor is an invisible neighbor.*

Parking and Traffic

Our homes have ample parking for daily staff. Our core professional staff is on-site 24/7 on a standard three-shift schedule. This means our staff commuting times do not overlap with typical commuting hours.

We do meaningful, important work with our clients and their families. By being good neighbors in safe and quiet neighborhoods, we make it possible for clients to get the help they need in a comfortable home environment conducive to growth and recovery.

We welcome any questions, comments, or concerns you have. We are completely transparent about who we are and what we do. If you want to know more, please email us at info@livefreerecoverynh.com. The Live Free Recovery Services Executive Leadership Team reads and responds to every email we receive.

We invite neighbors and community members to meet our local leadership team. We welcome anyone to take a tour and see our homes 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. We look forward to participating in local homeowners associations, security patrols, and other good neighbor activities specific to each location.

Please feel free to email at info@livefreerecoverynh.com

Or call our 877-932-6757 admissions line which is answered 24/7



The following property checklist is used every other week to walk through the property and identify any areas of concern

Items are replaced as needed

Property maintenance is scheduled as needed

PHP HOUSE PROPERTY INSPECTION CHECKLIST

RATINGS:

S - Satisfactory; **NC** - Needs Cleaning; **NSC** - Needs Spot Cleaning; **NP** - Needs Painting; **NSP** - Needs Spot Painting; **SC** - Scratched; **NR** - Needs Repair; **RP** - Needs Replacing; **NA** - Not Applicable

| General | | Condition Rating | Remarks |
|--------------------------|---------------------------|------------------|---------|
| <input type="checkbox"/> | Doors | | |
| <input type="checkbox"/> | Windows | | |
| <input type="checkbox"/> | Screens | | |
| <input type="checkbox"/> | Blinds or shades | | |
| <input type="checkbox"/> | Locks | | |
| <input type="checkbox"/> | Walls | | |
| <input type="checkbox"/> | Ceilings | | |
| <input type="checkbox"/> | Baseboards | | |
| <input type="checkbox"/> | Hallways | | |
| <input type="checkbox"/> | Stairs | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| Bedroom 1 | | Condition Rating | Remarks |
| <input type="checkbox"/> | Dressers (Drawers Slide?) | | |
| <input type="checkbox"/> | Beds | | |
| <input type="checkbox"/> | Blinds | | |
| <input type="checkbox"/> | Floors | | |
| <input type="checkbox"/> | Lamps | | |
| Bedroom 2 | | Condition Rating | Remarks |
| <input type="checkbox"/> | Dressers (Drawers Slide?) | | |
| <input type="checkbox"/> | Beds | | |
| <input type="checkbox"/> | Blinds | | |
| <input type="checkbox"/> | Floors | | |
| <input type="checkbox"/> | Lamps | | |
| Bedroom 3 | | Condition Rating | Remarks |
| <input type="checkbox"/> | Dressers (Drawers Slide?) | | |

| | | | |
|-----------------------------|---------------------------|-------------------------|----------------|
| | Beds | | |
| | Blinds | | |
| | Floors | | |
| | Lamps | | |
| Bedroom 4 | | Condition Rating | Remarks |
| | Dressers (Drawers Slide?) | | |
| | Beds | | |
| | Blinds | | |
| | Floors | | |
| | Lamps | | |
| Bedroom 5 | | Condition Rating | Remarks |
| | Dressers (Drawers Slide?) | | |
| | Beds | | |
| | Blinds | | |
| | Floors | | |
| | Lamps | | |
| Bedroom 6 | | Condition Rating | Remarks |
| | Dressers (Drawers Slide?) | | |
| | Beds | | |
| | Blinds | | |
| | Floors | | |
| | Lamps | | |
| Bedroom 7 | | Condition Rating | Remarks |
| | Dressers (Drawers Slide?) | | |
| | Beds | | |
| | Blinds | | |
| | Floors | | |
| | Lamps | | |
| Utilities and Safety | | Condition Rating | Remarks |
| | Electric outlets | | |
| | Lights | | |
| | Switches | | |

| | | |
|----------------------------|--|--|
| Smoke detectors | | |
| Fire extinguishers | | |
| Security systems or alarms | | |

| Bathroom 1 | Condition Rating | Remarks |
|-------------------|-------------------------|----------------|
| Toilets | | |
| Showers | | |
| Bathrubs | | |
| Sinks | | |
| Cabinets | | |
| Mirrors | | |
| Bathroom 2 | Condition Rating | Remarks |
| Toilets | | |
| Showers | | |
| Bathrubs | | |
| Sinks | | |
| Cabinets | | |
| Mirrors | | |
| Bathroom 3 | Condition Rating | Remarks |
| Toilets | | |
| Showers | | |
| Bathrubs | | |
| Sinks | | |
| Cabinets | | |
| Mirrors | | |
| Bathroom 4 | Condition Rating | Remarks |
| Toilets | | |
| Showers | | |
| Bathrubs | | |
| Sinks | | |
| Cabinets | | |
| Mirrors | | |
| Bathroom 5 | Condition Rating | Remarks |

| | | |
|----------|--|--|
| Toilets | | |
| Showers | | |
| Bathrubs | | |
| Sinks | | |
| Cabinets | | |
| Mirrors | | |

| Kitchen | Condition Rating | Remarks |
|----------------------|------------------|---------|
| Refrigerator | | |
| Dishwasher | | |
| Oven | | |
| Stove | | |
| Sinks | | |
| Garbage disposal | | |
| Cabinets and drawers | | |

EXTERIOR INSPECTION CHECKLIST

RATINGS:

S - Satisfactory; **NC** - Needs Cleaning; **NSC** - Needs Spot Cleaning; **NP** - Needs Painting; **NSP** - Needs Spot Painting; **SC** - Scratched; **NR** - Needs Repair; **RP** - Needs Replacing; **NA** - Not Applicable

| General | Condition Rating | Remarks |
|----------------|------------------|---------|
| Outdoor Lights | | |
| Doors | | |
| Windows | | |
| Roof | | |
| Siding | | |
| Smoking Area | | |
| Lawn | | |
| Parking Lot | | |
| Shed | | |
| | | |



CONGREGATE LIVING & SOCIAL SERVICES LICENSING BOARD
2024 Meeting Schedule

| RENEWAL DATE | DEADLINE | MEETING DATE |
|---------------------|--------------------|---------------------|
| | December 26, 2023 | January 23, 2024* |
| April 1 | January 30, 2024 | February 27, 2024 |
| April 1 | February 27, 2024 | March 26, 2024 |
| May 1 | March 27, 2024 | April 23, 2024 |
| June 1 | April 30, 2024 | May 28, 2024 |
| | May 28, 2024 | June 25, 2024* |
| | June 24, 2024 | July 23, 2024* |
| | July 29, 2024 | August 27, 2024* |
| October 1 | August 27, 2024 | September 24, 2024 |
| November 1 | September 24, 2024 | October 22, 2024 |
| | October 28, 2024 | November 26, 2024* |
| | November 25, 2024 | December 24, 2024* |
| | December 30, 2024 | January 28, 2025* |

*Meetings scheduled as needed

Meetings are held on the 4th Tuesday of the month, unless otherwise noted, begin at 6:00 PM, in Council Chambers, 2nd floor, City Hall, 3 Washington St.