

RECEIVED

OCT 03 2022



OPLC-FINANCE

STATE OF NEW HAMPSHIRE  
BOARD OF PHARMACY

121 South Fruit Street  
Concord, NH 03301-2412  
Tel. (603) 271-2350 Fax: (603) 271-2856  
Website: www.state.nh.us/pharmacy

APPLICATION FEE:

**\$250.00**

MAKE CHECK PAYABLE TO  
Treasurer, State of New Hampshire

Amount 250.00

Check 31179 **APPLICATION FOR PERMIT  
TO CONDUCT A PHARMACY IN NEW HAMPSHIRE**

(Please Use Typewriter or Print Clearly In Ink)

**Type of Application:**

New Pharmacy / Original Application

Estimated Date of Opening: \_\_\_\_\_

Change of Pharmacy Name

Effective Date of Change: \_\_\_\_\_

Change of Location

Estimated Date of Move: \_\_\_\_\_

Change of Ownership

Estimated Date of Change: \_\_\_\_\_

Change of Pharmacist-In-Charge

Effective Date of PIC Change: 10/19

Name of Former PIC: Staci Hermann

**PHARMACY INFORMATION**

Name Of Pharmacy

Cheshire Medical Center

Lic #0069

Street Address Of Pharmacy

580 Court St

City/Town

Keene

State

NH

Zip Code

03431

Telephone Number

(603) 354-6548

Fax Number

(603) 354-6547

E-Mail Address

staci.A.Hermann@hitchcock.org

DEA Number

AE0443010

Expiration Date

11/30/22

**PHARMACIST-IN-CHARGE STATEMENT**

I, Matthew T. Borden  
Designated Pharmacist

Phcy-01402

of 28 Buckridge Dr  
Home Address (Not P.O. Box)

Amherst

City/Town

NH

State

03031

Zip Code

do hereby agree to serve as

pharmacist-in-charge at the above pharmacy

\* M.Borden@cheshire-med.com \*

New email AFTER Board Meeting approval

### TYPE OF PHARMACY

This application is for a permit to conduct a (check one)

Community Pharmacy ⇒ If community pharmacy, licensing  Entire Store Area  Pharmacy Dept Only

Hospital Pharmacy (For Profit)  Home Infusion Pharmacy

Other (Specify) Hospital Pharmacy (Non-Profit)

### TYPE OF OWNERSHIP

(Check One)

Sole Proprietorship

Partnership

Corporation

LLC

(Check One)

For Profit

Non-Profit

- If **non-profit organization**, and **IRS tax exempt**, attach a copy of the 501(c)(3) exemption approval issued by the U S Internal Revenue Service for each applicable entity.
- In the case of non-501(c)(3) organizations, attach a disclosure listing of **any practitioner ownership** which is not exempt as a "passive investment acquired at open market terms". (practitioner means any person lawfully entitled to prescribe medicine, or such person's spouse or dependent children).

If a **sole proprietorship**, list the name, official address, and occupation/business of owner.

If a **partnership**, list the name, official address, and occupation/business of each partner and the percentage of ownership held by each partner

If any partner is a corporation, that partner shall **also** provide the information required of corporations below

If a **corporation** (list the following)

Corporation name and date and state of incorporation.

The Cheshire Medical Center 10/17/1980 NH

If applicable, date of filing with the State of New Hampshire as a foreign corporation.  
(attach copy of authorization issued by the NH Secretary of State)

N/A

Address of principal place of business:

580 Court St Keene NH 03431

**CORPORATE INFORMATION (CONTINUED)**

Name, address, & telephone number of **agent of record**, in New Hampshire, for service of process:

N/A

List each type, or class, of voting stock and the number of shares authorized and outstanding for each class:

N/A

- Provide as a supplement to this application, the name, address, corporate title, occupation and percentage of stock held for all corporate officers/directors, and of all holders of 5% or more of each class of voting stock
- If a listed shareholder is itself a corporation, provide the same for each such corporation
- If a listed shareholder is a partnership, provide the information required under the partnership section on page 2 for each such partnership.
- Provide as a supplement to this application, the disclosure of the corporate structure, including parent company or companies.

**LEGAL PROCEEDINGS/ACTIONS**

To your knowledge, have there been or are there now pending any indictments of any nature or any alleged violations of the law governing the practice of pharmacy, controlled substances, or other regulated drugs against the corporation, members of the corporation or partnership, or any of the individuals named in this application?

Yes       No      (If yes, attach explanation)

To your knowledge, have any of the above individuals/entities been convicted of a local, state, or federal drug or pharmacy law?

Yes       No      (If yes, attach explanation)

To your knowledge, have any of the above individuals/entities been convicted of a felony within the past 10 years?

Yes       No      (If yes, attach explanation)

### PHARMACY HOURS OF OPERATION

This pharmacy shall be open a total of 85 hours per week and available to provide professional services during the following time periods:

MON. 7am to 8pm      TUES. 7am to 8pm      WED. 7am to 8pm  
 THUR. 7am to 8pm      FRI. 7am to 8pm  
 SAT. 7am to 5pm      SUN. 7am to 5pm

\*Note: There must be pharmacist coverage (as noted in next section) for all hours the pharmacy is open.

### PHARMACISTS TO BE EMPLOYED AT PHARMACY

(Including Owner/Manager, If A Licensed Pharmacist – Attach additional sheet if necessary)

PHARMACIST NAME	NH LICENSE #	HOURS/WEEK
<del>See additional sheet</del> Dean Allen	2635	40
Lani Dixon	4880	40
Erin Goodell	PHCY 00874	40
Mengyu Han	PHCY 04384	40

SEE Additional sheet

### PHARMACY TECHNICIANS TO BE EMPLOYED AT PHARMACY – Attach additional sheet if necessary

TECHNICIAN NAME	NH TECHNICIAN REG. #
<del>See Additional sheet</del> Catrina Hunt	CPHT-125426
Stephanie Campbell	CPHT-07481
Jacqueline Charney	CPHT-126790
Kathryn Fisher	CPHT-07211
Melissa Wilson	CPHT-00177
Bradley Worth	CPHT-124268
Sam Laraco	CPHTB-128225
Laurie Johnson	CPHT-128136

See additional sheet

### GENERAL PHARMACY INFORMATION/SPECIFICATIONS

What are the dimensions of that portion of the pharmacy devoted to the preparation of prescriptions?

Inpatient Pharmacy: 2032 03 sq ft  
 Oncology: 747 81 sq ft

Enter either total square footage or dimension (length x width)

Give a brief description of the pharmacy department. (Complete **only** if this is an original application for a new pharmacy or if changes have occurred to an existing pharmacy)

N A

## GENERAL PHARMACY INFORMATION/SPECIFICATIONS (Continued)

List persons (names & titles) who have security access to the pharmacy [according to Ph 303 02(m) and Ph 702 05(b)].

see attached document for full list: Pharmacist (Dean Allen Loni Dixon, Erin Goodell, Mengyu Han, Jacob Hunt, David Laroste, Eleani Peterson, Matthew Pizzi, Clinton Spear, Matthew Borden)

## PHARMACY OWNER / CORPORATE REPRESENTATIVE AFFIDAVIT

As chief administrative officer of The Cheshire Medical Center I certify that  
Corporation/Partnership

Matthew Borden  
Name of Pharmacist

is designated by me as pharmacist-in-charge to operate

this pharmacy in compliance with all federal, state, and local laws. I have read this application and all of the statements made on it are, to the best of my knowledge, true and correct. As the owner or corporate representative of this pharmacy, my signature below acknowledges my (the corporation's) responsibilities as the permit holder, including all of the corporate / permit holder duties and responsibilities noted in NH RSA 318:38 and Ph 704 11(d).

Kayman Willbarger  
Signature of Company / Corporate Representative

COO

Title

9/30/22  
Date

## PHARMACIST-IN-CHARGE AFFIDAVIT

### PHARMACIST-IN-CHARGE AFFIDAVIT

I swear and affirm that the answers and statements made on this application are true and correct to the best of my knowledge and belief, that this pharmacy has the required facilities and equipment and meets the conditions specified by the Board of Pharmacy, a copy of whose laws and rules I have read. I agree to replace promptly any item on the required equipment list which becomes lost, broken, or otherwise becomes unfit for use. I also agree to display the pharmacy permit in a conspicuous place in this pharmacy. I understand that this permit is issued to the pharmacy in the name of the corporation or the owner of the pharmacy. Upon my termination as pharmacist-in-charge this permit is not transferable; and upon any change in partnership composition; or upon the acquisition of the existing corporation by any person, or change in controlling interest in the corporation; or should the pharmacy be moved or closed or if the premises are damaged by fire or otherwise, this permit shall be immediately surrendered to the Board of Pharmacy.

I further agree to operate this pharmacy in accordance with all federal, state, and local pharmacy/drug laws and regulations.

[Signature]  
Signature

9/30/22  
Date



Dartmouth  
Health

Cheshire Medical Center

580 Court Street Keene, NH 03431 603-354-5400  
www.cheshiremed.org

To whom it may concern:

In response to the question related to the Legal Proceedings on the PIC change form, please see the below response.

Cheshire Medical Center experienced an isolated but significant diversion incident occurring in 2021 and early 2022 wherein a single nurse diverted a substantial quantity of fentanyl over a period of several months. That discrete event is not ongoing, and is not likely to recur given the additional safeguards that have been put in place.

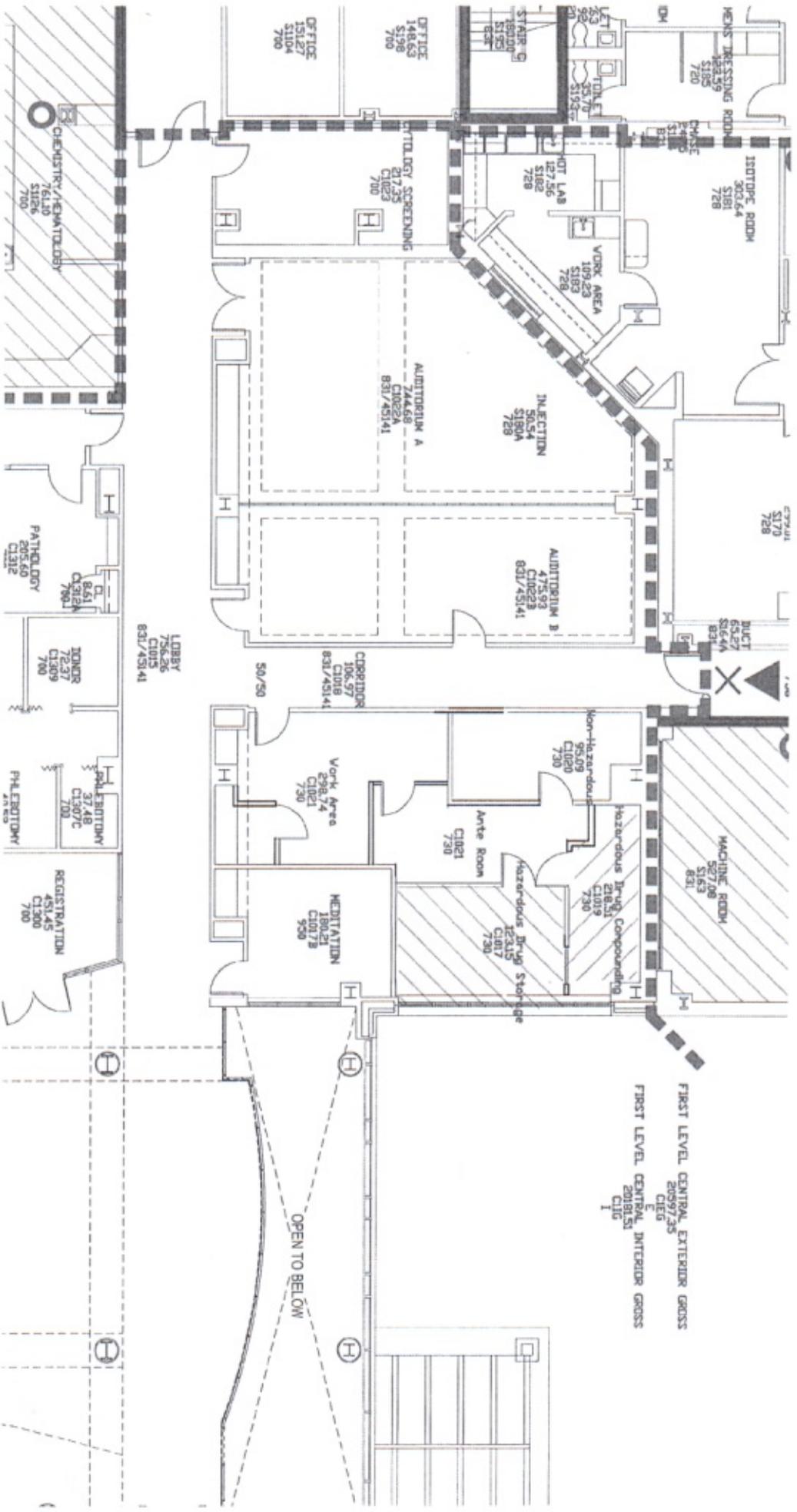
Separately, as part of the response to the diversion event Cheshire Medical Center carefully examined all of its CS practices and in doing so discovered practices where documentation problems led to reportable losses that are not believed to be associated with diversion. Cheshire Medical Center self-reported the losses, and has undertaken corrective action to eliminate documentation problems.

On July 27<sup>th</sup>, 2022 Cheshire Medical Center entered into a settlement agreement with the NH Board of Pharmacy regarding the above matter. See NH Board of Pharmacy Docket 2022-Pharm-003

Regards,

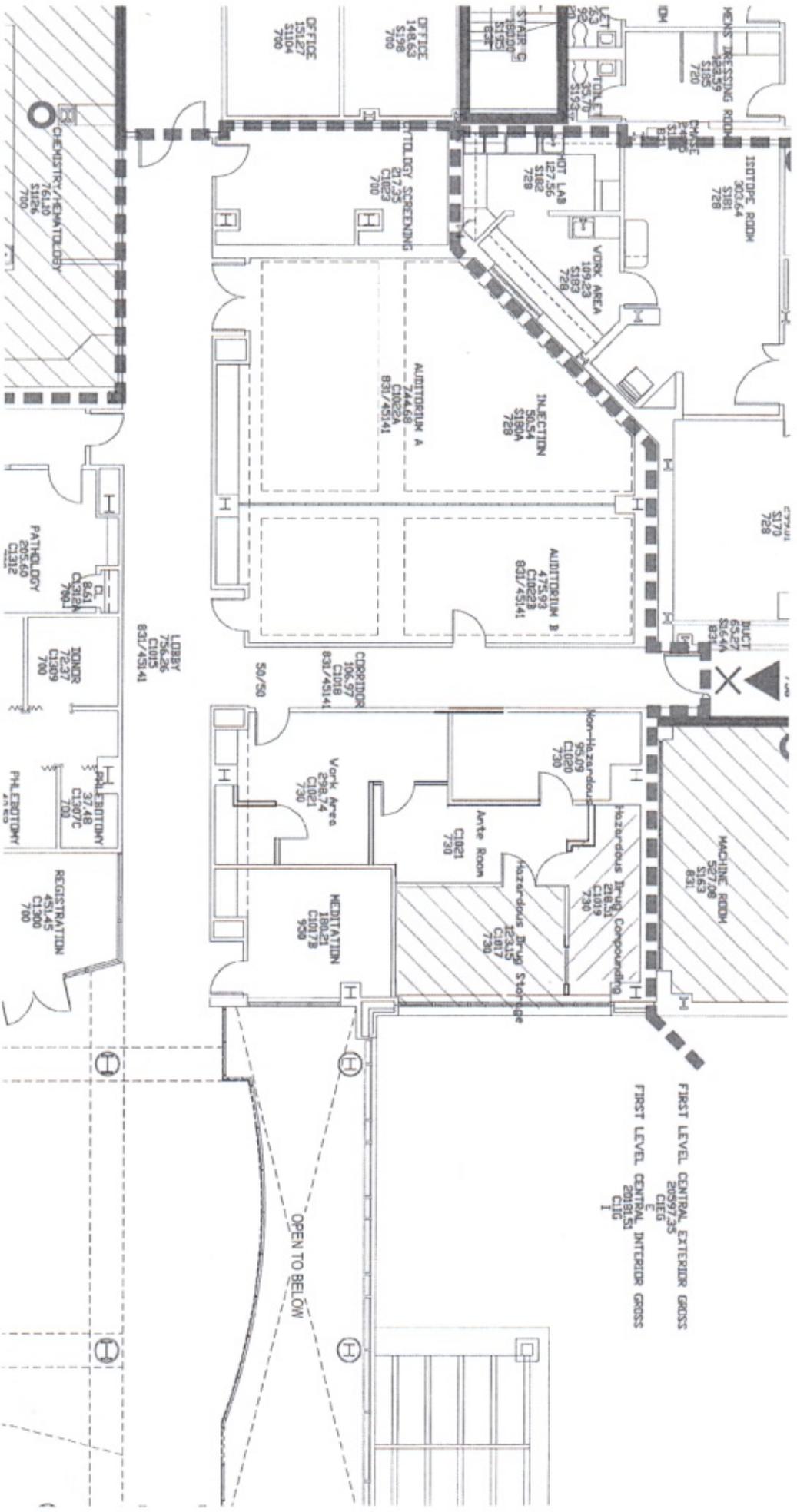
A handwritten signature in black ink, appearing to read "Matt Borden", with a long horizontal flourish extending to the right.

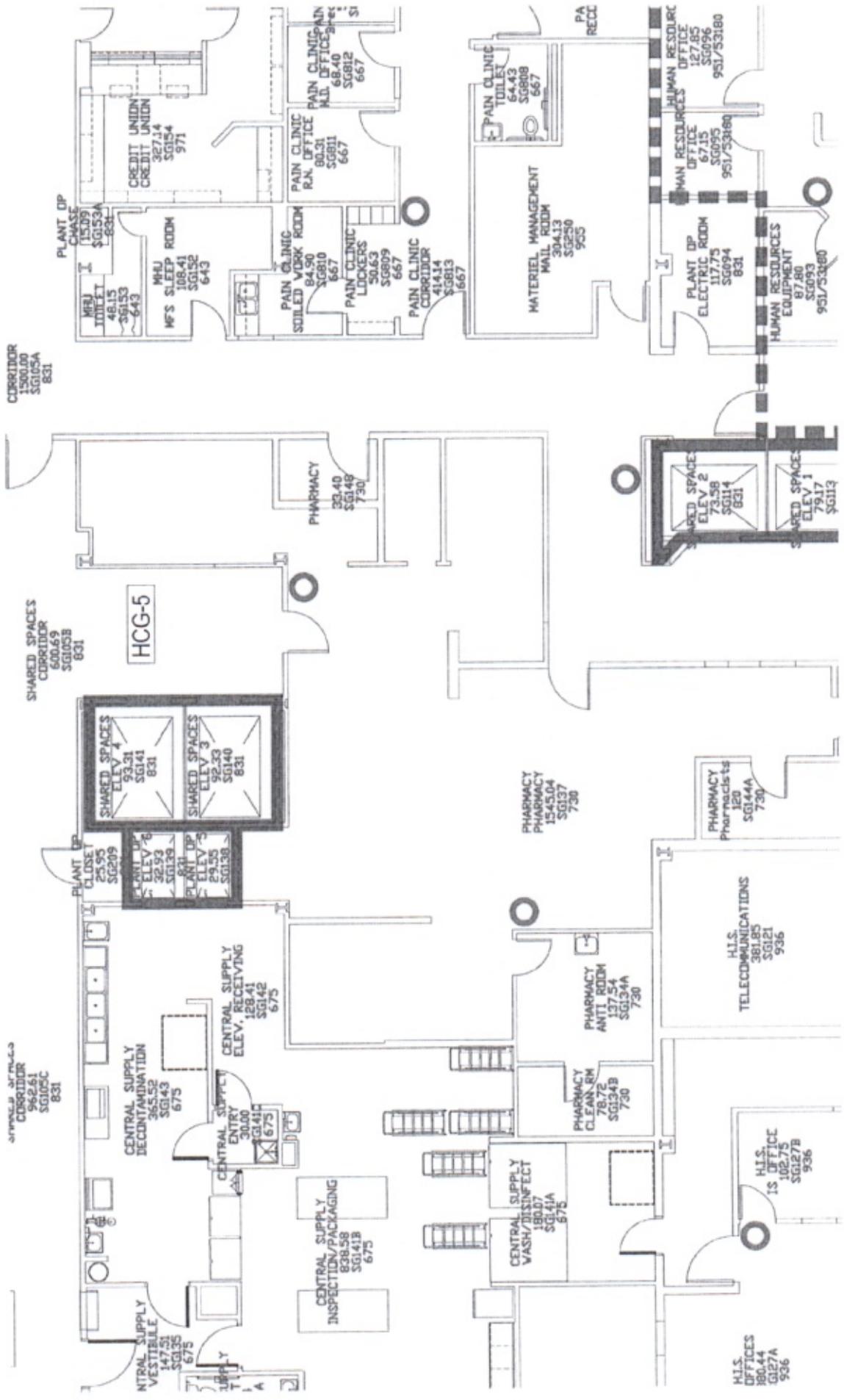
Matthew T. Borden PharmD, BCCCP



FIRST LEVEL, CENTRAL, EXTERIOR, GROSS  
 20597.25  
 C1E6  
 FIRST LEVEL, CENTRAL, INTERIOR, GROSS  
 20181.51  
 C1E7

OPEN TO BELOW





CORRIDOR  
1500.00  
SG105A  
831

SHARED SPACES  
CORRIDOR  
600.69  
SG105B  
831

HCG-5

SHARED SPACES  
CORRIDOR  
962.61  
SG105C  
831

SHARED SPACES  
ELEV 1  
93.31  
SG141  
831

SHARED SPACES  
ELEV 2  
92.33  
SG140  
831

PLANT DP  
CLOSE  
25.95  
SG209

PLANT DP  
ELEV 6  
32.53  
SG139

PLANT DP  
ELEV 5  
29.35  
SG138

CENTRAL SUPPLY  
DECONTAMINATION  
565.52  
SG143  
675

CENTRAL SUPPLY  
ELEV. RECEIVING  
128.41  
SG142  
675

CENTRAL SUPPLY  
ENTRY  
30.00  
SG141  
675

CENTRAL SUPPLY  
INSPECTION/PACKAGING  
838.58  
SG141B  
675

CENTRAL SUPPLY  
WASH/DISINFECT  
180.07  
SG141A  
675

PHARMACY  
CLEAN RM  
78.72  
SG134B  
730

PHARMACY  
ANTI ROOM  
137.54  
SG134A  
730

PHARMACY  
PHARMACY  
1545.04  
SG137  
730

PHARMACY  
Pharmacte  
120  
SG144A  
730

H.I.S.  
TELECOMMUNICATIONS  
381.85  
SG121  
936

H.I.S.  
IS OFFICE  
182.75  
SG127B  
936

H.I.S.  
OFFICES  
180.44  
SG127A  
936

PLANT DP  
CHASE

MRJ  
TOILET  
46.15  
39153  
643

M'S SLEEP ROOM  
108.41  
SG152  
643

PLANT CLINIC  
SOILED WORK ROOM  
84.50  
SG810  
667

PLANT CLINIC  
LOCKERS  
50.63  
SG809  
667

PLANT CLINIC  
CORRIDOR  
414.14  
SG813  
667

CREDIT UNION  
327.14  
SG154  
971

PAIN CLINIC  
R.N. OFFICE  
80.31  
SG811  
667

PAIN CLINIC  
M.D. OFFICE  
68.40  
SG812  
667

MATERIEL MANAGEMENT  
MAIL ROOM  
304.13  
117.73  
SG250  
965

PAIN CLINIC  
TOILET  
64.43  
SG808  
667

HUMAN RESOURC  
OFFICE  
127.85  
SG096  
951/53180

PLANT DP  
ELECTRIC ROOM  
117.73  
SG094  
831

HUMAN RESOURCES  
EQUIPMENT  
87.80  
SG093  
951/53180

PA  
RECC

# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that THE CHESHIRE MEDICAL CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 31, 1980. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 62567

Certificate Number. 0005819632



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 5th day of July A.D. 2022.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M Scanlan  
Secretary of State

**Cheshire Medical Center**  
**580 Court St. Keene, NH 03431**  
**STAFF AND LICENSE INFORMATION**

Pharmacy Hours: Monday through Friday: 7 AM to 8 PM  
Saturday, Sunday and Holidays: 7 AM to 5 PM

Pharmacist Staff (Badge and Alarm Access):

Dean Allen	2635
Lani Dixon	4880
Erin Goodell	PHCY-00894
Mengyu Han	PHCY-01224
Jacob Hunt	PHCY-04384
David Lacoste	2139
Eleni Peterson	PHCY-04401
Matthew Piazzi	PHCY-01253
Clinton Spaar	R1169
Matthew Borden	PHCY-01402

Pharmacy Tech Staff (Badge Access):

Stephanie Campbell	CPHT-07481
Jacqueline Charney	CPHT-126740
Kathryn Fisher	CPHT-07211
Catrina Hunt	CPHT-125426
Melissa Wilson	CPHT-00179
Bradley Worth	CPHT-124268
Sam Larareo	CPHT-128225
Laurie Johnson	CPHT-128136
Simon Rodriguez	CPHT-127946
Laura Derocher	CPHT-17592
Mitchel Kovarik	PhT-128386

PHARMACY REMOTE ORDER ENTRY  
STAFF AND LICENSE INFORMATION  
CHESHIRE MEDICAL CENTER

**Pharmacist Staff: (No access)**

Thomas Clancey	R2128
Sara Flynn	3093
Shannon Hendrix	R1882
Thomas Hite	R2210
Jeffrey Kaufhold	R2068
Matthew Maughan	R2763
Kevin McGonigle	R2727
Jacqueline Napolillo	R2507
Melissa Overmiller	R2541
Thomas Phelan	R2779
Kate Smith	R2145
Elizabeth Snarr	3530
Jessica Sprague	PHCY-04393

## Cheshire Medical Center Board of Trustees

- Susan Abert, Chair
- Mark Bodin
- Elizabeth Cotter, RN
- Barbara Duckett, Secretary
- Michael Farhm
- Mark Gavin, Vice Chair
- Nathalie Houder
- Michael Kapiloff
- Stephen LeBlanc
- Robert Mitchell, Treasurer
- Maria Padin, MD
- Andy Tremblay, MD
- Michael Water

### Ex Officio Members

- Don Caruso, MD, MPH
- Cherie Holmes, MD
- Claire Fabian, MD

### Senior Operations Team

- Don Caruso, MD, MPH, CEO/President
- Matthew Barone, Senior Director of Marketing and Communications
- John Bolg, VP of Perioperative Services
- Kevin Forest, VP Facilities
- Dan Gross, Chief Financial Officer
- Cherie Holmes, MD, Chief Medical Officer
- Anne Tyrol, Interim Chief Nursing Officer
- Sandie Phipps, VP Philanthropy and Community Relations
- David Quigley, VP Clinical Operations and Physician Services
- Lisa Sandstrum, VP Human Resources
- Jason Vallee, VP Service Excellence
- Kathy Willbarger, Chief Operating Officer

### Medical Staff Officers

- Claire Fabian, MD, President, Medical Staff
- Les Pitts, MD, Vice President, Medical Staff

Internal Revenue Service  
District Director

Date: FEB 02 1981



Cheshire Medical Center  
580 Court Street  
Keene, New Hampshire 03431

Department of the Treasury  
P. O. Box 9107  
Boston, MA 02203

Employer Identification Number:

Accounting Period Ending:  
December 31

Form 990 Required:  Yes  No

Person to Contact:

R. McCoy  
Contact Telephone Number:  
223-4241

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 170(b)(1)(A)(iii) and 509(a)(1).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

(over)

Letter 947(DO) (5-77)

JFK Federal Bldg., Boston, Mass. 02203

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

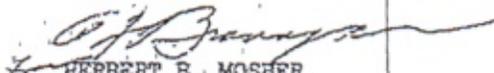
You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

  
HERBERT B. MOSHER  
District Director

cc: Mrs. Carolyn M. Osteen  
Ropes & Gray  
225 Franklin Street  
Boston, Massachusetts 02110

**The Cheshire Medical Center Corporate Structure**

