SPECIAL NEEDS ASSISTED LIVING RESIDENCE
RESIDENCY AGREEMENT ADDENDUM

This is an addendum to a Residency Agreement made between Memory Garden at Tanglewood, Inc. (the "Operator"), and

_____, (the "Resident" or "You"),

_____, (the "Resident's Representative", if any), and

_____, (the "Resident's Legal Representative", if any.)

Such Residency Agreement is dated _____.

This addendum adds new sections and amends, if any, only the sections specified in this addendum. All other provisions of the Residency Agreement shall remain in effect, unless otherwise amended in accordance with this Agreement. This addendum must be attached to the Residency Agreement between the parties.

I. Special Needs Assisted Living Certification

The Operator is currently certified by the New York State Department of Health to provide Special Needs Assisted Living at Memory Garden located at 560 Fairmount Avenue, Jamestown, New York 14701.

II. Request for and Acceptance of Admission

You or Your Resident Representative or Resident Legal Representative have requested that You become a Resident at this Special Needs Assisted Living Residence (the "Residence") and the Operator has accepted such request.

III. Specialized Programs, Staff Qualifications and Environmental Modifications

Attached as Exhibit XI and made a part of this Agreement is a written description of Memory Garden Special Needs Assisted Living Residence Program which describes:

- Specialized services to be provided in the Special Needs Residence
- Staffing levels
- Staff education and training and work experience, and professional affiliations or special characteristics relevant to serving persons with special needs
- Any environmental modifications that have been made to protect the health, safety and welfare of Residents.

APPROVED BY
DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE
NYSDOH REGIONAL OFFICE
INITIALS SW DATE 9 / 19 / 2023

IV. Addendum Agreement Authorization

We, the undersigned, have read this Addendum Agreement, have received a duplicate copy thereof, and agree to abide by the terms and conditions therein.

Dated: _____ _____
(Signature of Resident)

Dated: _____ _____
(Signature of Resident's Representative)

Dated: _____ _____
(Signature of Resident's Legal Representative)

Dated: _____ _____
(Signature of Operator or Operator's Representative)

APPROVED BY

DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE

NYSDOH REGIONAL OFFICE

INITIALS SW DATE 9 / 19 / 2023