EXHIBIT G

ENHANCED ASSISTED LIVING RESIDENCE ADDENDUM

This is an Addendum to a Residency Agreement made between The Chelsea at New City (the "Operator"),_____, (the "Resident or You"), _____, (the "Resident's Representative"), and_____, (the "Resident's Legal Representative"). 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. Enhanced Assisted Living Certificate

The Operator is currently certified by the New York State Department of Health to provide Enhanced Assisted Living at Chelsea at New City ("Chelsea") located at 269 N Main St, New City, New York 10956.

II. Physician Report

The Resident/Resident's Representative/Legal Representative has submitted to the Operator a written report from the Resident's physician, which states that:

a. The Resident's physician has physically examined the Resident within the last month prior to the Resident's admission into this Enhanced Assisted Living Residence;

b. The Resident is not in need of twenty-four (24) hour skilled nursing care or medical care which would require placement in a hospital or nursing home.

III. Request For and Acceptance of Admission

The Resident/Resident's Representative/Legal Representative have requested to become a Resident at this Enhanced Assisted Living Residence and the Operator has accepted the request.

IV. Aging in Place

The Operator has notified the Resident/Resident's Representative/Legal Representative that while the Operator will make reasonable efforts to facilitate the Resident's ability to age in place according to the Resident's Individualized Service Plan, there may be a point reached whereby the Resident's needs cannot be safely or appropriately met at the Residence. If this occurs, the Operator will communicate with the Resident/Resident's Representative/Legal Representative regarding the need to relocate to a more appropriate setting, in accordance with law.

V. If Twenty-Four (24) Hour Skilled Nursing or Medical Care is Needed

If the Resident reaches a point where he/she is in need of twenty-four (24) hour skilled nursing care or medical care that is required to be provided by a hospital, nursing home or a facility licensed under the Mental Hygiene Law, the Operator will initiate proceedings for the termination of this

Agreement and to discharge the Resident from the Residency, UNLESS each of the following conditions are met:

a. The Resident/Resident's Representative/Legal Representative hires appropriate nursing, medical or hospice staff to care for the Resident's increased needs; AND
b. The Resident's physician and a home care services agency both determine and document that with the provision of such additional nursing, medical or hospice care, the Resident can be safely cared for in the Residence, and would not require placement in a hospital, nursing home or other facility licensed under Public Health Law Article 28 or Mental Hygiene Law Articles 19, 31, or 32; AND
c. The Operator agrees to retain the Resident and to coordinate the care provided by the Operator and the additional nursing, medical or hospice staff; AND
d. You are otherwise eligible to reside at the Residence.

VI. Specialized Programs, Staffing Levels, Staff Qualifications and Environmental Modifications

Specialized Programs. The following Resident conditions and/or skilled tasks will be available to Residents admitted into the Enhanced Assisted Living Residence:

a. Care of an indwelling/external urinary catheter, ileostomy, colostomy;
b. More than monthly weights or vital signs monitoring (not as part of a medication order);
c. Assistance with certain injectable medications;
d. Complex diabetes management (glucose testing, insulin administration)
e. Chronically chair-fast;
f. Chronically require assistance of one or more persons to transfer;
g. Assistance to walk and/or climb or descend stairs;
h. Dependent on use of medical equipment, including oxygen equipment, and require more than intermittent or occasional assistance from medical personnel;
i. Chronic unmanaged urinary or bowel incontinence;
j. Admission into Hospice Program through Hospice Home Care Agency

Staffing Levels. The number and type of staff is responsive to Resident care needs as well as the physical plant of the community. Staffing levels will be maintained in compliance with all applicable laws and regulations and will be adjusted to meet the actual needs of residents in the EALR. At full capacity, there will be no less than two personal care aides to provide supervision and meet the needs of residents at all times, plus a number of wellness, administrative, and managerial staff. An LPN is available during the day and evening shifts for the benefit of residents. An RN is on site for a minimum of 40 hours per week with twenty-four hour, seven days a week RN on call coverage.

Personal Care Staff Qualifications. Personal care is provided by home health aides who are supervised by Licensed Nurses. All staff are required to complete annual in-services as mandated by the New York State Department of Health. Additional in-services relevant to serving persons in the Enhanced and Special Needs Assisted Living Residence are provided. These trainings may be specific to a particular Resident need and/or be topic focused to ensure staffs ongoing capacity to safely render care, improve understanding, and support a philosophy of maintaining a Resident's best ability to function.

In addition to salaried employees, Chelsea contracts with a Registered Dietician and a PhD Pharmacy consultant.

The Registered Dietician conducts monthly visits during which the following is provided:
1. Kitchen sanitation inspection and consultation with Food Service Director and Staff;
2. In-Service education for dietary Staff;
3. Assessment and documentation of Residents with five-pound weight change;
4. Resident education lecture;
5. Exit interview and follow-up report (issues).

The PhD Pharmacy Consultant conducts monthly visits during which the following is provided:
1. Medication review for all Residents in the community;
2. When requested, in-services for Medication Aides and Licensed Nurses;
3. When requested, Resident education lecture.
4. Exit interview and follow-up report.

Environmental Modifications. Environmental modifications have been made to protect the health, safety and welfare of persons living in the Residence and are described below.

1. Handrails on both sides of all Resident-use corridors and stairways.
2. Two types of emergency call systems. Both systems enable reports for emergency calls and response times.
   - Centralized emergency call system throughout the community, including common use bathrooms, and in all Resident suites and bathrooms. Wall techs are located in Resident bathrooms and bedrooms. Alerts are transmitted to the Front Desk who disseminate the information to staff;
   - Resident personal pendant transmitter system (not available in memory care), which when activated notifies staff via pagers.
3. Automatic Sprinkler System. Sprinklers are located throughout the building. These are in the common areas, Resident bedrooms, suite kitchenettes, suite living rooms, all bathrooms, stairwells and closets.
4. Supervised Smoke Detection System. Smoke detectors are located throughout the building and positioned eight (8) feet apart in all common areas. They are also located in each Resident bedroom and suite kitchenette.
5. Fire Protection System. The fire alarm system is tied directly to a twenty-four (24) hour attended central alarm company, the local fire department, and the local police department. When a fire is detected, the fire and police departments are automatically dispatched unless Chelsea informs then that it is a false alarm.
6. Smoke Barriers. Smoke barriers divide each floor into at least two smoke compartments, each of which does not exceed 100 feet in length.
7. Safety Windows. Resident apartment windows open only 4 inches.

VII. 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.

CSH New City Operator Inc.
d/b/a The Chelsea at New City

_____
(Signature)

_____
(Print Name/Title)

_____
(Date)

Resident

_____
(Signature)

_____
(Print Name)

_____
(Date)

Resident's Representative

_____
(Signature)

_____
(Print Name/Title)

_____
(Date)

Resident's Legal Representative

_____
(Signature)

_____
(Print Name)

_____
(Date)

EXHIBIT H

SPECIAL NEEDS ASSISTED LIVING RESIDENCE ADDENDUM

This is an Addendum to a Residency Agreement made between Chelsea at New City (the "Operator"),_____, (the "Resident or You"), _____, (the "Resident's Representative"), and_____, (the "Resident's Legal Representative"). 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 Certificate

The Operator is currently certified by the New York State Department of Health to provide Special Needs Assisted Living at Chelsea at New City ("Chelsea") located at 269 N Main St, New City, New York 10956.

II. Physician Report

The Resident/Resident's Representative/Legal Representative has submitted to the Operator a written report from the Resident's physician, which states that:

a. The Resident's physician has physically examined the Resident within the last month prior to the Resident's admission into this Special Needs Assisted Living Residence;

b. The Resident is not in need of twenty-four (24) hour skilled nursing care or medical care which would require placement in a hospital or nursing home;

c. The Resident has a diagnosis of Dementia.

III. Request For and Acceptance of Admission

The Resident/Resident's Representative/Legal Representative have requested to become a Resident at this Special Needs Assisted Living Residence and the Operator has accepted the request.

IV. Specialized Programs, Staffing Levels, Staff Qualifications and Environmental Modifications

Specialized Programs. Residents admitted into the Special Needs Assisted Living Residence are provided an innovative and personalized program where Residents with memory impairment receive the stimulation and encouragement, they need to preserve skills and to thrive with the highest possible level of independence. These specialized programs and amenities include, but are not limited to the following:

a. Accommodations in a secured unit to prevent elopement;
b. Private dining room;
c. Program of social and recreational activities;

d. Highly trained professional and para-professional staff to assist Residents and enhance their physical and emotional well-being;
e. Comprehensive assessment services through cooperative relationships with multi-disciplinary teams of social worker, nurses, psychologists and board-certified geriatric psychologists.

Staffing Levels. The number and type of staff is responsive to Resident care needs as well as the physical plant of the community. Staffing levels will be maintained in compliance with all applicable laws and regulations and will be adjusted to meet the actual needs of residents in the Special Needs Assisted Living Residence. At full capacity, there will be no less than two personal care aides to provide supervision and meet the needs of residents at all times, plus a number of wellness, administrative, and managerial staff. An LPN is available during the day and evening shifts for the benefit of residents. An RN is on site for a minimum of 40 hours per week with twenty-four hour, seven days a week RN on call coverage.

Personal Care Staff Qualifications. Personal care is provided by home health aides who are supervised by Licensed Nurses. All staff are required to complete annual in-services as mandated by the New York State Department of Health. Additional in-services relevant to serving persons in the Special Needs Assisted Living Residence are provided. These trainings may be specific to a particular Resident need and/or be topic focused to ensure staffs ongoing capacity to safely render care, improve understanding, and support a philosophy of maintaining a Resident's best ability to function.

In addition to salaried employees, Chelsea at New City contracts with a Registered Dietician and a PhD Pharmacy consultant.

The Registered Dietician conducts monthly visits during which the following is provided:
1. Kitchen sanitation inspection and consultation with Food Service Director and Staff;
2. In-Service education for dietary Staff;
3. Assessment and documentation of Residents with five-pound weight change;
4. Resident education lecture;
5. Exit interview and follow-up report (issues).

The PhD Pharmacy Consultant conducts monthly visits during which the following is provided:
1. Medication review for all Residents in the community;
2. When requested, in-services for Medication Aides and Licensed Nurses;
3. When requested, Resident education lecture.
4. Exit interview and follow-up report.

Environmental Modifications. Environmental modifications have been made to protect the health, safety and welfare of persons living in the Residence and are described below.

1. Handrails on both sides of all Resident-use corridors and stairways.
2. Centralized Emergency Call Systems. A centralized emergency call system throughout the community, including common use bathrooms, and in all Resident suites and bathrooms. Wall techs are located in Resident bathrooms and bedrooms. Alerts are transmitted to the Front Desk who disseminate the information to staff. Response times and reports can be extracted from the system.

3. Automatic Sprinkler System. Sprinklers are located throughout the building. These are in the common areas, Resident bedrooms, suite kitchenettes, suite living rooms, all bathrooms, stairwells and closets.
4. Supervised Smoke Detection System. Smoke detectors are located throughout the building and positioned eight (8) feet apart in all common areas. They are also located in each Resident bedroom and suite kitchenette.
5. Fire Protection System. The fire alarm system is tied directly to a twenty-four (24) hour attended central alarm company, the local fire department, and the local police department. When a fire is detected, the fire and police departments are automatically dispatched unless Chelsea at New City informs them that it is a false alarm.
6. Smoke Barriers. Smoke barriers divide each floor into at least two smoke compartments, each of which does not exceed 100 feet in length.
7. Safety Windows. Resident apartment windows open only 4 inches

Memory Care specific additional environmental modifications:

1. First Floor Location. The Memory Care Unit (Country Cottage) is located on the first floor allowing street egress. A courtyard is located on the first floor and may be used by the memory care Residents. The courtyard is enclosed by fencing and can be accessed through one main door leading directly from and into the memory care unit and a door leading to the exterior of the building beyond the courtyard. Both egresses are linked to the emergency egress system (described below);
2. Emergency Egress Doors with Lockout Delay. Alarms will sound when the door is pushed and after 15 seconds the door releases. The system is bypassed with the fire alarm is triggered and access to the corridors and stairwells is available.

[*Signature Page Follows*]