EXHIBIT II

DISCLOSURE STATEMENT

Church Aid of the Protestant Episcopal Church in the Town of Saratoga Springs d/b/a Home of the Good Shepherd ("The Operator") as operator of Home of the Good Shepherd Saratoga ("The Residence"), hereby discloses the following, as required by Public Health Law Section 4658 (3).

1. The Consumer Information Guide developed by the Commissioner of Health is hereby attached as Exhibit D-1 of this Agreement.
2. The Operator is licensed by the New York State Department of Health to operate at 394-402 Church Street, Saratoga Springs, New York 12866 as an Assisted Living Residence as well as an Adult Home. The Operator is also certified to operate at this location an Enhanced Assisted Living Residence. These additional certifications may permit individuals who may develop conditions or needs that would otherwise make them no longer appropriate for continued residence in a basic Assisted Living Residence to be able to continue to reside in the Residence and to receive Enhanced Assisted Living services, as long as the other conditions of residency set forth in this Agreement continue to be met.

   The Operator is currently approved to provide:

   a. Enhanced Assisted Living services for up to a maximum of 105 persons.

   Below is a list of the needs/conditions that The Operator is able to serve and accommodate under its Enhanced Assisted Living Certification:

Those who are unable to transfer or those that require the physical assistance of another to transfer;

Those who chronically require the physical assistance of another person to walk;

Those who chronically require the physical assistance of another person to climb or descend stairs;

Are dependent on medical equipment and require more than intermittent or occasional assistance from medical personnel; or

Have chronic unmanaged urinary or bowel incontinence.

The Operator will post prominently in the Residence, on a monthly basis, the then-current number of vacancies under its Enhanced Assisted Living Services program. **It is important to note that The Operator is currently approved to accommodate within The Enhanced Assisted Living program only up to the numbers of persons stated above**. If You become appropriate for Enhanced Assisted Living Services, and one of those units is available, You will be eligible to be admitted into the Enhanced Assisted Living program/unit. If however, such units are at capacity and there are no vacancies, the Operator will assist You and Your representatives to identify and obtain other appropriate living arrangements in accordance with New York State's regulatory requirements.

If you become eligible for and choose to receive services in the Enhanced Assisted Living Residence program, within this Residence, it may be necessary for You to change your unit within the Residence.

3. The owner of the real property upon which the Residence is located is 400 Church Street LLC. The mailing address of the Landlord is 20 Corporate Woods Boulevard, Albany, NY 12211. The following individual is authorized to accept personal service on behalf of the Landlord: Lee Rosen, 400 Church Street LLC, 20 Corporate Woods Boulevard, Albany, NY 12211.
4. The Operator of the Residence is Church Aid of the Protestant Episcopal Church in the Town of Saratoga Springs d/b/a Home of the Good Shepherd Saratoga. The mailing address of the Operator is 390 Church Street, Saratoga Springs, NY 12866. The following individual is authorized to accept personal service on behalf of the Operator: Denise Cote, Home of the Good Shepherd, 390 Church Street, Saratoga Springs, NY 12866.
5. List any ownership interest in excess of 10% on the part of The Operator (whether a legal or beneficial interest), in any entity which provides care, material, equipment or other services to residents of the Residence.

   N/A

6. List any ownership interest in excess of 10% (whether legal or beneficial interest) on the part of any entity which provides care, material, equipment or other services to residents of The Residence, in the Operator.

   N/A

7. All residents shall have the right to receive services from any provider, regardless of whether the Operator of this residence has an arrangement with the provider.
8. Residents shall have the right to choose their health care providers, notwithstanding any other agreement to the contrary.

9. All residents should be aware that public funds for the payment of residential, supportive or home health services are available for eligible individuals. Residents should also be aware that the facility does not accept public funds payments as payment in full. Therefore, if the facility rate exceeds the amount of public funds available to the resident, and the resident is unable to pay (in full) the balance of the facility's basic daily rate, the facility will assist the resident in securing placement at another facility, pursuant to applicable law and regulation.
10. The New York State Department of Health's toll free telephone number for reporting of complaints regarding the services provided by The Assisted Living Operator is 1-866-893-6772.
11. The New York State Long Term Care Ombudsman Program (NYSLTCOP) provides a toll free number 1-855-582-6769 to request an Ombudsman to advocate for the resident. 1-518-372-5667 is the Local LTCOP telephone number. The NYSLTCOP