Exhibit XVII.

ENHANCED ASSISTED LIVING RESIDENCE ADDENDUM
(if applicable)

This Enhanced Assisted Living Residence ("EALR") Addendum ("Addendum") to the Residency Agreement ("Agreement") is made by and between:

GWC-Huntington Terrace, Inc., (the "Operator") and _____, (the "Resident" or "You"), and/or _____,("Resident's Representative," *if applicable*), and/or _____,("Resident's Legal Representative, *if applicable*).
Such Residency Agreement is dated_____, 20___.
This Addendum is entered into as of _____, 20___.

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

I. Enhanced Assisted Living Certificates

The Operator is currently certified by the New York State Department of Health to provide Enhanced Assisted Living at Brandywine Senior Living at Huntington Terrace located at 70 Pinelawn Road. Melville, NY 11747.

II. Physician Report

You have submitted to Operator a written report from Your physician which report states that:

A. Your physician has physically examined You within the last month prior to Your admission into this Enhanced Assisted Living Residence; and

B. You are 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 to ELAR

You have requested to become a resident at the Residence at this Enhanced Assisted Living Residence (the "Residence"), and the Operator has accepted Your request.

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NYSDOH REGIONAL OFFICE
INITIALS BP DATE 5/5/26

IV. Specialized Programs, Staff Qualifications and Environmental Modifications

Attached as EALR Appendix I and made part of this Addendum is a written description of:

A. Services to be provided in the Enhanced Assisted Living Residence;

B. Staffing Levels;

C. Staff Education and training work requirements, and any professional affiliations or special characteristics relevant to serving persons in the Enhanced Assisted Living Residence; and

D. Any environmental modifications that have been made to protect the health, safety, and welfare of persons in the Residence.

V. Aging in Place

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

VI. If 24 Hour Skilled Nursing or Medical Care is Needed

If You reach a point where You are 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 New York State Mental Hygiene Law, Operator will initiate proceedings for the termination of Your Residency Agreement and to discharge You from residency, UNLESS each of the following conditions are met:

A. You hire appropriate nursing, medical, or hospice staff to care for Your increased needs;

B. Any environmental modifications that are necessary have been made to protect the health, safety, and welfare of persons in the Residence; AND

C. Your physician and a home care services agency both determine and document that with the provision of such additional nursing, medical, or hospice care, You can be safely cared for in the Residence, and would not require placement in a hospital, nursing home, or other facility licensed under Article 28 of New York State Public Health Law or Articles 19, 31, or 32 of Mental Hygiene Law; AND

D. The Operator agrees to retain You as a Resident and to coordinate the care provided by the Operator and the additional nursing, medical, or hospice staff you hire; AND

E. You are otherwise eligible to reside at the Residence.

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VII. Addendum Authorization

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

Resident's Signature	Print Name	Date
Resident's Representative Signature (*If applicable*)	Print Name	Date
Resident's Legal Representative Signature (*If applicable*)	Print Name	Date
Operator/Operator's Representative Signature	Print Name	Date

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Appendix I.

ADDITIONAL DISCLOSURES FOR ALL ENHANCED ASSISTED LIVING RESIDENTS

I. Services to be Provided

a) Change of bag only for: Indwelling Catheter or Suprapubic or Condom type
b) Change of bag only for: Ostomy-colostomy, ileostomy, urostomy
c) Superficial wound treatment
d) Physical Assist with Feeding (non-swallowing issues only)
e) Diabetic Care (including Insulin injections and Blood Glucose Testing)
f) Injectable medications (such as Epogen and Lovenox)
g) IV Therapy: Service must be provided by a Registered Nurse from a Licensed Agency
h) Medications with Parameters (such as Digoxin- take pulse and hold if below 50)
i) Administration of eye and ear drops
j) Brace assist: (Leg, Back, Wrist)
k) Vital Signs, Bowel Sounds, Lung Sounds
l) Hospice: Bed bound, physical assist turning and positioning
m) Mechanical Lifts
n) Behavioral Services
o) Maximum physical assist with Activities of Daily Living (ADLs)

The following are some examples of services that will not be available or allowable in the Residence:

a) Naso Gastric (NG) Tube
b) Tracheotomy Care
c) Geri Chair
d) Chest Tubes
e) Pressure Ulcer Treatment
f) PICC Line
g) Chemical or any type of Physical Restraint
h) Bed side rail

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II. Staffing Levels

Staffing levels will be maintained according to all applicable laws and regulations. At full capacity, there will be no fewer than three (3) personal care aides or nurses to provide supervision and meet the needs of EALR residents at all times. During the first shift there are generally more Wellness Staff, in addition to administrative and managerial staff to serve our EALR residents. The staffing plan will be adjusted to meet the needs and census of Residents enrolled in the EALR program. There is a comprehensive activities program with an activities staff that plans and conducts activities designed to promote EALR Residents' activity in the Residence.

III. Staff Education and Training

Each one of the Residence's personal care aides, home health aides, and nurses receive comprehensive training effectively and respectfully meeting the needs of persons retained in the Enhanced Assisted Living Residence. The training includes methods on assisting with mobility impairments, cuing residents to independently perform personal care tasks, coordinating care with the resident's family and for our licensed staff, delivering the available nursing services which are listed in Section I of this Appendix.

IV. Environmental Modifications

Enhanced Assisted Living Residents will reside throughout the Residence. The Residence is equipped with a sprinkler system throughout, emergency call bell system in resident rooms and bathrooms, optional personal emergency pendant, smoke corridors, and supervised smoke detection systems for resident safety.