a toll free number 1-800-342-9871 to request an Ombudsman to advocate for the resident. 845-229-4680 is the Local LTCOP telephone number. The NYSLTCOP web site is www.ombudsman.state.ny.us.

EXHIBIT XIII

ADDENDUM TO ADMISSION AGREEMENT FOR MEMORY CARE

This is an addendum to a Admission Agreement made between Woodland Pond at New Paltz (the "Operator"), _____, (the"Resident" or "You"), _____ (the "Resident's Representative"), _____, (the "Resident's Legal Representative"). Such Admission Agreement is dated _____.

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

I. Enriched Housing Program Memory Care

The Operator is currently certified by the New York State Department of Health to provide Memory Care Program at Woodland Pond at New Paltz
(Name of Residence)
located at 100 Woodland Pond Circle, New Paltz, NY 12561.
(Address)

II. Request for and Acceptance of Admission

You or your Resident Representative or Legal Representative have requested that you become a Resident at this Memory Care Program (the "Residence") and the Operator has accepted such request.

III. Specialized Programs, Staff Qualifications and Environmental Modifications

Attached as Exhibit S.N. #1 and made a part of this Agreement is a written description of:

- Specialized services to be provided in the Memory Care.

- Staffing levels

- Staff education and training and work experience, and professional affiliations or special characteristics relevant to serving persons with specific special needs;

- Any environmental modifications that have been made to protect the health, safety and welfare of Residents.

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)

EXHIBIT S.N. #1

Specialized Services provided in the Memory Care **are as follows:**

- Universal Personal Care Aides (PCA) and Home Health Aides (HHA)
- Flexible and personalized activity programs

Staffing Levels:

- Our Memory Care has an LPN on staff for all three shifts. At full capacity there will be 2 (two) PCA/HHA's for morning shift, 2 (two) PCA/HHA's for evening shift and 2 (two) PCA/HHA's on night shift. This is an estimated 1:6 PCA/HHA to resident ratio. There is also an RN on call 24/7.

Staff Education:

- All PCA/HHA's are trained per New York State Department of Health Standards which includes a specialized 8 (eight) hour training session regarding memory care. Woodland Pond at New Paltz utilizes the support of the NY Alzheimer's Association for ongoing staff education and training.

Environmental Modifications:

- To ensure the safety and well being of our residents, all exits are alarmed with a delayed egression and/or contain a keyboard lock.