SPECIAL NEEDS ASSISTED LIVING RESIDENCY (SNALR) ADDENDUM

Resident Name: _____ **Apartment #**: _____

This is an addendum to a Residency Agreement made between EBC White Plains, LLC (the "Operator") d/b/a The Bristal at White Plains_____(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 Certificates

The Operator is currently certified by the New York State Department of Health to provide Special Needs Assisted Living at The Bristal at White Plains, located at 305 North Street, White Plains, NY 10605.

II. Request for and Acceptance of Admission

You or Your Resident Representative or 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

Specialized services to be provided in the Special Needs Assisted Living Residence include special daily activities to challenge dementia residents. The program is supervised by a full-time Director of Reflections and trained Reflection Care Assistants dedicated solely to the service of residents.

The SNALR will be staffed to provide a staffing ratio of at least one staff person to every 6-8 residents during the day and one staff person to every 12-15 residents overnight. The staffing schedule will be adjusted as necessary based on resident need and capacity. This ratio will enable staff to assist with providing all necessary resident care.

Employees of the Reflections Program will have experience or training in the area of Alzheimer's disease/dementia and will receive comprehensive training on effectively and respectfully meeting the special needs of persons with dementia. The training includes methods on successfully cueing residents to independently perform personal care tasks, coordinating care with the resident's family and wandering prevention.

The Special Needs Assisted Living Residence is organized as a secured unit that is equipped with delayed egress doors to prevent wandering. Window openings are limited to prevent accidents and elopement. The entire facility is equipped with a sprinkler system throughout, emergency call bells in all resident apartments and bathrooms, smoke corridors, and supervised smoke detection systems for resident safety. Secured outdoor recreational areas are also available for Reflection's residents to safely enjoy the outdoors. Reflections has its own dining room to allow for staff to accommodate residents' needs and variations in dining schedules.

IV. WHEREAS, The Bristal at White Plains has determined these additional services can be provided through the Reflections Memory Enhancement Program without impeding The Community from achieving its purpose of maintaining the Community as a licensed Enriched Housing Program that does not provide medical or psychological services.

In consideration of the foregoing and of the mutual covenants and agreements described below and in the Residency Agreement, the parties agree as follows:

A. Memory Enhancement Program Services

1. Memory Enhancement Program is designed for Residents that have a diagnosis on their physician's report of dementia or, through an evaluation of the Resident, completed by the Director of Wellness, it has been determined that the provisions of the Memory Enhancement Program are in the best interest of the Resident. This program includes all Personal Care Services and Medication Supervision. It also provides for close monitoring of the Resident's physical whereabouts and condition to prevent wandering, as well as interventional behavior approach techniques and additional levels of care.

2. The Memory Enhancement Program services needed by the Resident are determined by an evaluation done by The Community in consultation with the Resident, family and/or responsible party. Upon the determination that the Memory Enhancement Program is needed, such services will become part of the Resident's service plan. Additional services needed will be determined by a care evaluation completed by The Community or upon change of condition, or return from the hospital, whichever may occur first. Residents, families, and responsible parties will be informed of changes in condition of the Resident and the Memory Enhancement Program services needed and are encouraged to participate in the review, evaluation and service plan process.

3. Residents, who require the Memory Enhancement Program will reside in an apartment located in a secured, designed and decorated Memory Enhancement wing located within the Residence.

4. Residents who require the Memory Enhancement Program agree to wear an elopement management transmitter at all times.

B. Term and Termination

This Addendum will continue until the Residency Agreement between the Resident and The Community is terminated. In the case of death, this Addendum will be terminated as of the date of death with no notice period being required. The total basic daily rate will continue to be effective until the Resident's personal possessions are removed from the Apartment.

Initials _____

This SNALR Addendum, in accordance with the Assisted Living Residency Agreement is effective as of _____, upon signing by both parties below.

VI. Addendum Agreement Authorization

We, the undersigned, have read this SNALR 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's Representative)*

Initials _____