CPSR ASSOCIATES, LLC

200 Stoops Drive
Monongahela, PA 15063-3552

A Licensed Continuing Care Retirement Community

Providing:

RECEIVED
APR 28 2025
PA Insurance Department-2

Personal Care
Intermediate Care
And
Skilled Nursing Care



April 22, 2025

Hem Mahat
Administration
Pennsylvania Insurance Department
1326 Strawberry Square
Harrisburg, PA 17120

RE: CPSR Associates, LLC
d/b/a Mon Valley Care Center
December 31, 2023 Disclosure Statement

Dear Mr. Mahat:

Enclosed for filing, please find the December 31, 2024 Disclosure Statement payment for CPSR Associates, LLC., in the amount of $750.00 for the filing fee. An amended Annual Disclosure Statement will be sent electronically once the 2023 Audited Financial Statement and Independent Auditors report are received.

The Disclosure Statement has been provided electronically via e-mail as requested to RA-IN-CCRC@PA.gov. A copy of the check was also included with the electronic submission.

In accordance with requirements of the Continuing Care Provider Registration and Disclosure Act, current and prospective CCRC residents of our facility will receive a copy of the current disclosure statement.

If you have any questions or concerns, please give me a call at 724-310-1111.

Thank you for your attention to this matter.

Sincerely,

Cheryl Carnes

Cheryl Carnes
Nursing Home Administrator

Enclosure: MVCC Check

pennsylvania
DEPARTMENT OF HUMAN SERVICES
OFFICE OF LONG TERM LIVING

October 7, 2024

MON VALLEY CARE CENTER
200 STOOPS DRIVE
MONONGAHELA, PA 15063

IMMEDIATE ATTENTION REQUIRED

Re: Certification of Continuing Care Retirement Communities (CCRC) Status for 2024

Dear Administrator:
You are required to complete the enclosed material for your facility's Nursing Facility Assessment Program (Assessment Program) rate determination. Under the Assessment Program, the Department of Human Services, Office of Long-Term Living (the Department) assesses nonexempt nursing facilities at two rates. One rate applies to, among others, nursing facilities that participate in a CCRC prior to July 1, 2010. Your facility qualified as participating in a CCRC.

Nursing facilities that qualified for the CCRC rate prior to July 1, 2010 must certify that they continue to qualify for the CCRC rate pursuant to the guidelines under which they were originally approved. To satisfy this requirement, you **MUST PRINT and FULLY COMPLETE AND SUBMIT THE CCRC RE-CERTIFICATION FORM ("FORM"), THIS INCLUDES PARAGRAPH #3.**

The Form contains the guidelines under which your nursing facility was originally granted CCRC status. If your nursing facility continues to meet these guidelines, check the "YES" box. If your nursing facility does not meet these guidelines as of July 1, 2024, check the "NO" box. If you check the "NO" box, the Department will calculate your facility's assessment at the non-CCRC rate beginning July 1, 2024 and for the duration of the Assessment Program.

Please **print, complete and sign the CCRC Re-Certification Form that is attached. Reply to this email and attach the completed form. Our office must receive the Form within 30 days of the date of this letter.** If you fail to timely complete and return the Form, the Department will calculate your facility's assessment at the non-CCRC rate beginning July 1, 2024 and for the duration of the Assessment Program.

Sincerely,

John E. D. Eyer Jr.

John Eyer, Director
Division of Budget Development and Operations

MON VALLEY CARE CENTER 11790201

CCRC Re-Certification Form:

Under the Nursing Facility Assessment Program, the Department of Human Services, Office of Long-Term Living (the Department) assesses nonexempt nursing facilities at two rates. One rate applies to, among others, nursing facilities that participate in a CCRC prior to July 1, 2010. Nursing facilities that qualified for the CCRC rate prior to July 1, 2010 must certify that they continue to qualify for the CCRC rate pursuant to the guidelines under which they were originally approved. See 40 Pa. Bulletins 3026. The alternative responses below identify the guidelines under which your nursing facility qualified for the CCRC rate. If your nursing facility continues to meet these guidelines, check the "YES" box. If your nursing facility does not meet these guidelines as of July 1, 2024, check the "NO" box. If you check the "NO" box, the Department will calculate your facility's assessment at the non-CCRC rate beginning July 1, 2024 and for the duration of the Assessment Program.

☑ **YES.** This nursing facility continues to participate in a CCRC under the following guidelines:

1. The nursing facility is owned or controlled by an entity that is certified as a CCRC by the Insurance Department (for purposes of this guideline, "control" means the power to direct or cause to direct the management and policies of the nursing facility, whether through equitable ownership of voting securities of otherwise). Print the CCRC's name as listed in the current *Directory of Licensed Continuing Care Communities* published by the Pennsylvania Insurance Department.

AND

2. Either: (a) this nursing facility is located on the CCRC campus; or (b) this nursing facility is identified in the CCRC's Disclosure Statement and Resident Agreement pursuant to the Continuing Care Provider Registration and Disclosure Act (40 P.S. § § 3201-3225) and located no more than 30 miles from the independent living units of the certified CCRC.

AND – PLEASE FULLY COMPLETE THIS SECTION

3. The CCRC provides a continuum of care that, as of July 1, 2024, includes residential living units that are either occupied or available for immediate occupancy.

38 # Occupied independent residential living units.

3 # Unoccupied independent residential living units available for immediate occupancy.

1 **# Residents living under CCRC contracts.**

☐ **NO.** This nursing facility does not participate in a CCRC pursuant to the guidelines above as of July 1, 2024.

I hereby certify that the information above is true, accurate and correct. I understand that any false claims or statements, or concealment of material facts may be prosecuted under applicable Federal and State laws.

Signature of Administrator/Acting Administrator: Adam Bauer, NHA

Print or Type Name: Adam Bauer, NHA Date: 10/23/2024

Please submit a **FULLY** completed and signed CCRC Re-Certification Form to our office. **Our office must receive the Form within 30 days of the date of the attached letter.** If you fail to timely complete and return the form, the Department will calculate your facility's assessment at the non-CCRC rate for the duration of the Assessment Program.

Department of Human Services
Office of Long-Term Living
Bureau of Finance, Division of Budget Development and Operations
Forum Place, 8th Floor, P.O. Box 8025
Harrisburg, PA 17105-8025
E-mail: RA-NH_Assessments@pa.gov

Cheryl Carnes

From: Steve Foglia
Sent: Friday, April 25, 2025 1:41 PM
To: Cheryl Carnes
Subject: FW: One Time Payment Notification

Cheryl,

See below for receipt.

Steve

From: donotreply@snappayglobal.com <donotreply@snappayglobal.com>
Sent: Friday, April 25, 2025 12:22 PM
To: Steve Foglia <sfoglia@monvalleycare.com>
Subject: One Time Payment Notification

COMMONWEALTH of PENNSYLVANIA

[redacted]

Invoice Payment Notification

Account	:	1000886781 - Commonwealth of Pennsylvania – Office of Budget - Comptroller Operations
Customer	:	911115 - CPSR ASSOCIATES LLC
Company	:	COPA - COPA
Currency	:	USD
Transaction Amount	:	750.00
Paid On	:	4/25/2025 12:21:29 PM
Total Invoice	:	1

Payment Summary

Type	Last 4	PG Transaction ID	Transaction Amount	Return Description
Checking Account	3299	140031000038457982487	750.00	Transaction successful.

Invoice Summary

Invoice	Invoice Type	Pay Item	Original Invoice Amount	Current Open Amount	Paid Amount	Discount Taken	Remaining Amo
1803191128	DX	001	750.00	750.00	750.00	0.00	0

Click here to Sign In to SnapPay

Contact Information

Customer Service: 717-425-6724 For further assistance, please email Email: Customer Service

[redacted]

pennsylvania
INSURANCE DEPARTMENT

CONTINUING CARE RETIREMENT COMMUNITIES ("CCRCs")

PROVIDER NAME: CRSR Associates, LLC **EIN:** 25-1873169

FACILITY NAME: Mon Valley Care Center

D/B/A NAME (if applicable): Mon Valley Care Center

Contact: Cheryl Carnes **Telephone:** 724-310-1111

Contact Email address: ccarnes@monvalleycare.com **Billing Email address:** ccarnes@monvalleycare.com

Required Filings in the State Of: Pennsylvania **Filings Made During the Year 2023**

PENNSYLVANIA DOMESTIC FILERS:

The Department is in the process of transitioning to paperless filings, which will require a billing email addresses. Please ensure contact information on file with the Department is always maintained current.

Filings may be made in electronic form only and hardcopy filings are optional. Further:

1. All Pennsylvania CCRC filings are to be emailed to:
   RA-IN-CCRC@PA.gov
   a. The email subject line should begin with the EIN followed by the provider name and then facility name. **Please do not use d/b/a name for the Provider in email subject line.**
   b. Each document is to be submitted in PDF format.
   c. ZIP files cannot be accepted through the firewall and may result in a late filing. Encrypted files can be accepted and are preferable over a secured portal process.
   d. The document file name for each item should begin with the provider name and a brief document description. (i.e. CCRC Disclosure Statement).
   e. Documents requiring signature should include a wet signature PDF scan.
   f. Please provide a Company contact email address for the Department to address any inquiries and direct invoicing for electronic payment implementation.
2. Electronic filings only are required and preferred. However, the Department will accept hard copy filings. These can be sent to **ATTN: Hem Mahat**, Administration, PA Insurance Department, 1326 Strawberry Square, Harrisburg, PA 17120.
3. The scanned documents submitted should reflect the appropriate wet signatures and notary requirement.
4. Filing fee payment can be mailed to the Department, to **ATTN: Hem Mahat**, Administration, PA Insurance Department, 1326 Strawberry Square, Harrisburg, PA 17120 and clearly identify the Provider name, EIN and CCRC renewal fee period. A scanned copy of the fee payment can be included with the electronic submission to facilitate filing review.
5. Questions can be emailed to RA-IN-CCRC@PA.gov

CONSOLIDATED AUDIT REQUESTS			
√	DOCUMENT	DUE DATE *	CITATION **
	Request to file consolidated or combined audit filings in lieu of separate CPA reports. Note: This request requires prior approval. If approved, the required consolidated or combined worksheets need to be subjected to audit procedures.	30 days prior to fiscal year end	31 Pa. Code § 147.7(c)
REQUIRED FILINGS			
√	DOCUMENT	DUE DATE *	CITATION **
	CPA Report	Four (4) months after fiscal year end	31 Pa. Code § 147.3(c)
	Disclosure of Calculation of "Statutory Liquid Reserves" must be part of the audited financial statements notes or as a supplemental schedule. Statutory Liquid Reserves amount must be part of the audited balance sheet as a separate balance sheet account.	Four (4) months after fiscal year end	40 P.S. § 3209 And 31 Pa. Code § 151.11(d)
	Disclosure of all "Deferred Revenues" (Deferred Revenues - Nonrefundable portion of entrance fees reported as deferred income & amortized over the actuarially determined life expectancy of each resident.)	Four (4) months after fiscal year end	31 Pa. Code § 151.11(d)
	Disclosure of funds maintained in an escrow account for entrance fees must be part of the audited financial statements notes.	Four (4) months after fiscal year end	40 P.S. § 3212
	CPA Qualification Letter	Four (4) months after fiscal year end	31 Pa. Code §§ 147.4(e) & 147.6a
	CPA Awareness Letter Not required annually, but must be on file for the CPA performing the current year's audit	Four (4) months after fiscal year end	31 Pa. Code § 147.5(d)
	Communication of Internal Control Related Matters Noted in Audit	If issued by CPA Within 60 days of filing the CPA report	31 Pa. Code § 147.9a
	Notification of Adverse Financial Condition	If issued by CPA Within 5 business days of receipt, forward a copy to the Department & provide evidence of such to the CPA.	31 Pa. Code §§ 147.4(e) & 147.9
	Change in CPA letters		
	Notification of dismissal, resignation, or replacement	Within 5 business days of CPA dismissal, resignation, or replacement	31 Pa. Code § 147.5(c)
	CCRC's letter addressing whether there were disagreements 24 months prior to change	Within 10 business days of the notification letter	31 Pa. Code § 147.5(c)(1)

Office of Corporate & Financial Regulation | Bureau of Company Licensing & Financial Analysis
Financial Analysis Division |1345 Strawberry Square | Harrisburg, Pennsylvania 17120
Phone: 717.787.3952 | Fax: 717.787.8557 | www.insurance.pa.gov | ra-in-ccrc@pa.gov

√	DOCUMENT	DUE DATE *	CITATION **
	Letter from the former CPA stating that they agree or disagree with the contents of the letter from the CCRC regarding disagreements 24 months prior to change	Concurrently with the CCRC's letter regarding disagreements	31 Pa. Code § 147.5(c)(2)
	Letter with the name and address of the independent CPA or accounting firm retained to conduct the annual audit and provide an awareness letter from same	Within 60 business days of the notification letter	31 Pa. Code §§ 147.5(c)(3) & (d)
	Current Resident's Agreement (Complete copy required regardless if unchanged from the prior filing)	Four (4) months after fiscal year end	31 Pa. Code § 151.8(f)
	Disclosure Statement *** ***Note: This must be filed by the provider and in the format presented to a current or potential resident. Disclosure statement filings are public and posted to the Insurance Department website. Please submit in PDF format to the Department.***	Four (4) months after fiscal year end	40 P.S. § 3207(b) and 31 Pa. Code § 151.7
	Narrative statement of material differences of actual vs. pro forma income statement	Four (4) months after fiscal year end	40 P.S. § 3207(b)(1)
	Pro Forma Income Statement – for the next fiscal year	Four (4) months after fiscal year end	40 P.S. § 3207(b)(2)
	AMENDMENTS TO DISCLOSURE STATEMENTS		
	An electronic filing is to be submitted and include a cover letter briefly outlining the sections of the disclosure statement amended and a redline version illustrating the changes. Material changes in the operation of a provider or facility which require an amendment to a disclosure statement may include, but are not limited to, the following: (1) Changes in the board of directors, officers, managing or general partners, administrators or trustees and managers which affect the management of a facility. Biographical affidavits by these individuals shall be filed with the Department at the time an amended disclosure statement is filed. (2) New or additional mortgages, liens, security interests, loan commitments, long-term financing arrangements or leases, which transaction materially affects the real property of the facility. A copy of all pertinent documents evidencing the transactions shall be filed with the Department at the time an amended disclosure statement is filed. ***Continued on next page***	Upon amendment or change	31 Pa. Code § 151.7(e)

Office of Corporate & Financial Regulation | Bureau of Company Licensing & Financial Analysis
Financial Analysis Division |1345 Strawberry Square | Harrisburg, Pennsylvania 17120
Phone: 717.787.3952 | Fax: 717.787.8557 | www.insurance.pa.gov | ra-in-ccrc@pa.gov

√	DOCUMENT	DUE DATE *	CITATION **
	(3) Other material changes in the financial or factual information contained in the disclosure statement or statement in support of the provider's original application for a certificate of authority. Explanatory material and copies of pertinent documents concerning the material changes shall be filed with the Department at the time an amended disclosure statement is filed. ***Note: Amended Disclosure Statements must be filed by the provider within 30 days of amendment or change, and in the format to be presented to a current or potential resident. Amended Disclosure Statements are public documents and posted on the Department's website.***	Upon amendment or change	31 Pa. Code § 151.7(e)

* There are no provisions in statute or regulation that provide for an extension or waiver of the audited financial report filing date requirements for CCRCs.

** 31 Pa. Code Chapters 147 and 151 are available on The Pennsylvania Code website at: Annual Audited Insurers' Financial Report and Continuing Care Providers.

*** **Filing fee** - There is a $750 Disclosure Statement filing fee pursuant to 31 Pa. Code § 151.14(c). Filing fee payment can be mailed to the Department, to **ATTN: Hem Mahat**, Administration, PA Insurance Department, 1326 Strawberry Square, Harrisburg, PA 17120 and clearly identify the Provider name, EIN and CCRC renewal fee period. A scanned copy of the fee payment can be included with the electronic submission to facilitate filing review.

INQUIRIES CAN BE MADE TO:
Pennsylvania Insurance Department
E-mail: ra-in-CCRC@pa.gov
Phone: 717-787-3952

Commonwealth of Pennsylvania
Insurance Department
Office of Corporate and Financial Regulation

Continuing Care Retirement Community Disclosure Statement Checklist						
Statute/ Regulation	**Brief Description (see applicable statute or regulation for complete requirements)**	**Yes**	**No***	**N/A***	**Page #**	**Para. or Sec.**
40 P.S. § 3207(a)(1)	provider name and address and type of legal entity	☑	☐	☐		
40 P.S. § 3207(a)(2)	names and addresses of provider's controlling parties; description of interest in or occupation with provider	☑	☐	☐		
40 P.S. § 3207(a)(3)(A)	business experience of controlling parties	☑	☐	☐		
40 P.S. § 3207(a)(3)(B)	disclosure of related party contracts	☑	☐	☐		
40 P.S. § 3207(a)(3)(C)	disclosure of felony convictions, felony charges, civil actions, court orders, license suspensions, etc.	☑	☐	☐		
40 P.S. § 3207(a)(4)	disclosure of affiliation with religious, charitable, or other non-profit organization.	☑	☐	☐		
40 P.S. § 3207(a)(5)	location and description of facility	☑	☐	☐		
40 P.S. § 3207(a)(6)	services provided in basic contract and services available for extra charge	☑	☐	☐		
40 P.S. § 3207(a)(7)	description of all fees	☑	☐	☐		
40 P.S. § 3207(a)(8)	provisions for reserve funding and establishment of escrow account	☑	☐	☐		
40 P.S. § 3207(a)(9)	certified financials of provider as attachment	☑	☐	☐		
40 P.S. § 3207(a)(10)	statement of source and application of funds	☑	☐	☐		
40 P.S. § 3207(a)(11)	additional information	☑	☐	☐		
40 P.S. § 3207(a)(12) & 31 Pa. Code § 151.7(b)	cover page to include date and statement	☑	☐	☐		
40 P.S. § 3207(a)(13)	resident's agreement as attachment	☑	☐	☐		
31 Pa. Code § 151.7(c)	summary disclosure statement page	☑	☐	☐		
31 Pa. Code § 151.7(d)	requirements for financial statement provided pursuant to 40 P.S. § 3207(a)(9)	☑	☐	☐		
31 Pa. Code § 151.9(a)	drafting	☑	☐	☐		
31 Pa. Code § 151.9(b)	readability	☑	☐	☐		
31 Pa. Code § 151.9(c)	index	☑	☐	☐		
31 Pa. Code § 151.9(d)	pre-existing condition defined	☑	☐	☐		
31 Pa. Code § 151.9(e)	rescission	☑	☐	☐		
31 Pa. Code § 151.9(f)	notice of right to rescind as separate page attachment	☑	☐	☐		
* provide explanation on separate sheet						

Commonwealth of Pennsylvania
Insurance Department
Office of Corporate and Financial Regulation

Continuing Care Retirement Community Resident's Agreement Checklist						
Statute/ Regulation	**Brief Description (see applicable statute or regulation for complete requirements)**	**Yes**	**No***	**N/A***	**Page #**	**Para. or Sec.**
40 P.S. § 3214(a)(1)	agreement for continuing care; value of all property transferred; joint and several liability	☑	☐	☐		
40 P.S. § 3214(a)(2)	all services specified	☑	☐	☐		
40 P.S. § 3214(a)(3)	health and financial conditions which would result in relinquishment of space in facility	☑	☐	☐		
40 P.S. § 3214(a)(4)	required health and financial conditions for residency	☑	☐	☐		
40 P.S. § 3214(a)(5)	financial difficulties under which resident is permitted to remain in facility	☑	☐	☐		
40 P.S. § 3214(a)(6)	consequences of marriage of resident	☑	☐	☐		
40 P.S. § 3214(a)(7)	30 days written notice of cancellation of agreement	☑	☐	☐		
40 P.S. § 3214(a)(8)	refund provisions	☑	☐	☐		
40 P.S. § 3214(a)(9)	cancellation terms due to death	☑	☐	☐		
40 P.S. § 3214(a)(10)	30 days notice of changes in fees or services	☑	☐	☐		
40 P.S. § 3214(a)(11)	no increase to charges for care paid in one lump sum	☑	☐	☐		
40 P.S. § 3214(b)	7 day right to rescind without penalty	☑	☐	☐		
40 P.S. § 3214(c)	death or incapacity of resident prior to occupancy	☑	☐	☐		
40 P.S. § 3214(d)	definition of just cause	☑	☐	☐		
40 P.S. § 3214(e)	no agreement can waive Act 82	☑	☐	☐		
40 P.S. § 3215	resident's right of self-organization	☑	☐	☐		
31 Pa. Code § 151.8(b)	agreement shall be signed by provider and resident(s)	☑	☐	☐		
31 Pa. Code § 151.8(c)	separate page attachment of purchased services	☑	☐	☐		
31 Pa. Code § 151.8(d)	provision whereby resident is not liable to a health care provider for services rendered under agreement	☑	☐	☐		
31 Pa. Code § 151.9(a)	drafting	☑	☐	☐		
31 Pa. Code § 151.9(b)	readability	☑	☐	☐		
31 Pa. Code § 151.9(c)	index	☑	☐	☐		
31 Pa. Code § 151.9(d)	pre-existing condition defined	☑	☐	☐		
31 Pa. Code § 151.9(e)	rescission	☑	☐	☐		
31 Pa. Code § 151.9(f)	notice of right to rescind as separate page attachment	☑	☐	☐		
* provide explanation on separate sheet						

Mon Valley Care Center

Disclosure Statement

Receipt

The undersigned Resident hereby acknowledges that CPSR Associates LLC, d/b/a Mon Valley Care Center has offered a copy of the Provider Disclosue Statement dated December 31, 2024 to

---

Resident/Responsible Party Signature

Date

Mon Valley Care Center

Disclosure Statement

Receipt

The undersigned Resident hereby acknowledges that CPSR Associates LLC, d/b/a Mon Valley Care Center has offered a copy of the Provider Disclosure Statement dated December 31, 2023 to **Helen Waddel**.

_____

Resident / Responsible Party Signature

_____

Date

Mon Valley Care Center

Disclosure Statement

Receipt

The undersigned Resident hereby acknowledges that CPSR Associates LLC, d/b/a Mon Valley Care Center has offered a copy of the Provider Disclosure Statement dated December 31, 2023 to **Edwina Valdiserri**.

_____

Resident / Responsible Party Signature

_____

Date

Mon Valley Care Center

April 22, 2025

As a requirement of the Pennsylvania Department of Insurance, as a CCRC (Continuing Care Retirement Community), we are to provide you a copy of Mon Valley's yearly Disclosure Statement.

Please sign and date the Disclosure Statement Receipt and return it to me in the enclosed envelope so I have documentation that this was provided to you.

Thank you.

Cheryl Carnes, NHA

Mon Valley Care Center

April 22, 2025

As a requirement of the Pennsylvania Department of Insurance, as a CCRC (Continuing Care Retirement Community), we are to provide you a copy of Mon Valley's yearly Disclosure Statement.

Please sign and date the Disclosure Statement Receipt and return it to me in the enclosed envelope so I have documentation that this was provided to you.

Thank you.

Cheryl Carnes

CPSR ASSOCIATES, LLC

200 Stoops Drive
Monongahela, PA 15063-3552

A Licensed Continuing Care Retirement Community

Providing:

Personal Care
Intermediate Care
And
Skilled Nursing Care



CPSR ASSOCIATES, LLC

200 Stoops Drive
Monongahela, PA 15063-3552

A Licensed Continuing Care Retirement Community

Providing:

Personal Care
Intermediate Care
And
Skilled Nursing Care

DISCLOSURE STATEMENT

Mon Valley Care Center

Located at 200 Stoops Drive
Washington County
Monongahela, PA 15063-3552

December 31, 2024

The issuance of Certificate of Authority by the Insurance Department of Pennsylvania does not constitute that Department's approval, nor is it evidence of, nor does it attest to, the accuracy or completeness of the information set forth in this Disclosure Statement.

TABLE OF CONTENTS

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TABS

Tab B1	Board of Directors
Tab B2	CPSR Associates, LLC D/b/a Mon Valley Care Center Personal Care Lease Agreement
Tab B3	Mon Valley Care Center Rate Schedule and Social Security Adm. Actuarial Life Table
Tab B4	Last Two Years Consolidated Audited Financial Statements
Tab B5	Notice of Right to Rescind
Tab B6	CPA Qualification Letter
Tab B7	Blank for Future Use
Tab B8	Pro Forma Income Statement
Tab B9	Material Differences of Actual vs. Pro Forma Income Statement

I. INFORMATION SUMMARY

1. **Facility:** Mon Valley Care Center
200 Stoops Drive
Monongahela, PA 15063-3552

2. **Provider:** CPSR Associates, LLC.
200 Stoops Drive
Monongahela, PA 15063-3552

3. **Admissions Contact:** 724-310-1111

4. **Property:** The facility offers personal care, intermediate care and skilled nursing care in a single three story building in a suburban setting. The personal care is offered for a daily charge on a rental basis or residents may elect to sign a lease and enter the CCRC Program and pay an entrance fee and a monthly maintenance fee.

5. **Admission Age:** The minimum age for admission to the personal care units at Mon Valley Care Center on a lease basis is sixty years (60) of age. If a spouse is under the age of sixty, they may be admitted along with the primary resident.

6. **Affiliations:** The facilities have no affiliation with religious, fraternal, charitable or other nonprofit entities.

7. **Resident Population:** Residents by type of accommodations are listed below.

	Units/Beds	**Residents**
Mon Valley Nursing Center	60	54
Mon Valley Personal Care	41	40
Mon Valley Personal Care Provided as Continuing Care	41	2

8. **Sample of Fees:**

	Entrance Fee	**Maintenance Fee**
CCRC Program Private Room Entrance at Care Level 1	$34,100	$1,500/month
Semi Private Room Entrance at Care Level 1	$29,895	$1,312/month

II. DESCRIPTION OF FACILITY AND PROVIDER

CPSR Associates, LLC d/b/a Mon Valley Care Center is a for-profit PA Corporation. The facility is located in Washington County, 200 Stoops Drive, Monongahela, PA 15063-3552 and includes provisions for personal care, intermediate care and skilled nursing care.

III. BOARD OF DIRECTORS AND OWNERS

The Board of Directors of Mon Valley Care Center is comprised of four equal owners. One of the owners is a corporation. The corporate owner is Mon-Vale Non Acute Care Services, Inc. Mon-Vale Non Acute Care Services is a wholly owned subsidiary of Penn Highlands Monongahela Valley Hospital. Louis Joseph Panza, Jr., was the Chief Executive Officer of the Monongahela Valley Hospital until his retirement and then Peter Adamo acquired this position in December 2022. Mr. Adamo sits on the Board of Mon Valley Care Center as the Chief Executive Officer of Mon-Vale Non Acute Care Services, Inc.

Please see Tab B1 for a list of the Board of Directors and Owners.

No directors have had any convictions of felonies, or pled *nolo contendere* to a felony charge or any other charges. The owners and Board of Directors of Mon Valley Care Center are equal partners of CPSR Associates, LLC. CPSR Associates has not entered into any contractual relationship with Mon Valley Care Center for the provision of goods and/or services. In addition, the owners of Mon Valley Care Center are also part owners of the Spartan Health Surgicenter, LLC which was founded to operate a medical surgical center in close proximity to Mon Valley Care Center. The Spartan Health Surgicenter, LLC, has not entered into any contractual relationship with Mon Valley Care for the provision of goods and/or services. Further, the owners of Mon Valley Care are also part owners of the Spartan Medical Facility, L.P. and Quad County, Inc. The Spartan Medical Facility, L.P. was established to own and lease the building and property utilized by the Spartan Health Surgicenter. Quad County, Inc. was established to be a partial corporate owner of the Spartan Health Surgicenter. Similarly, neither Spartan Medical Facility nor Quad County, Inc. has entered into any contractual relationship with Mon Valley Care for the provision of goods and/or services.

IV. ADMINISTRATION

The President of the corporation is Michael J. Cushman, DDS. He acquired this title in 2016 after the passing of the past President, Philip P. Ripepi, M.D. Dr. Cushman is a 1984 graduate of Georgetown University Dental School. He has also completed post graduate training at the Seattle Institute of Dental Education and the William C. Strupp Post Graduate School of Dentistry. His private practice, The Smile Studio, is in the

Oakland section of Pittsburgh and is focused on Comprehensive cosmetics and general dentistry.

William R. Henry is the CFO of the corporation and has held this title since 1985. Mr. Henry is a 1983 graduate of Marietta College in Marietta, Ohio where he earned a B.S. in Accounting. Mr. Henry earned the designation of Certified Public Accountant in 1986. In addition, in 2000, Mr. Henry went on to earn a M.S. in Taxation from Robert Morris College.

V. AFFILIATIONS

CPSR Associates, LLC d/b/a Mon Valley Care Center has no affiliations with nonprofits.

VI. DESCRIPTION OF FACILITY

Mon Valley Care Center is located in Washington County, Monongahela, PA. Mon Valley Care provides facilities for retirement and health care. Its services include personal care, intermediate and skilled nursing care. It has been in operation since December 2002.

Mon Valley Care Center is located at the site of the former Mon Valley Catholic High School in a suburban setting. Personal care, intermediate and skilled nursing care is provided in a single complex consisting of three floors. The facility is comprised of a 60-unit nursing care facility and a 41 unit personal care facility. Residents are given the option of entering into a lease or rental agreement with regard to the personal care units.

VII. SERVICES

Residents are given the option of entering into a lease or rental agreement with regard to the personal care units. The lease option offers a monthly maintenance fee as opposed to a daily room and board charge. The maintenance fee is less than the daily room and board charge. A one-time entrance fee is associated with the lease option. The lease option provides priority admission to the intermediate or skilled nursing facility should that level of care become necessary.

The personal care units are spacious and secure. Whether a resident is interested in a private room or prefers sharing with a roommate, each room is designed with comfort in mind. Most importantly, each room has access to a 24-hour call system. With this security, residents are able to notify a staff member immediately, 24-hours a day, should the need arise. Private baths fully equipped with grab rails and other safety features are also part of each room. Furnishings are provided, at no charge, or residents may decorate with personal belongings. Finally, Mon valley Care Center is proud to offer a home-like environment that extends from the front door to each and every resident.

The maintenance fee and entrance fee, if the lease option is elected, include three meals per day, nurse on call buttons, daily housekeeping, laundering of facility linens, cable television services, daily activities, lawn care/snow removal, and preventive maintenance. All meals are served in the personal care main dining room, where residents enjoy one another's companionship. Menus are planned according to nutritional value, of course, and according to resident likes and dislikes. Also the Nutritional Services Director easily arranges special diets, if necessary. The following items are not included in the personal care maintenance fee but are available at an additional charge: barber and beauty services, physical, occupational and speech therapy, personal laundry service, lab services, transportation and dry cleaning.

The personal care lease option allows residents the security of knowing they will receive personal care services at a reduced rate for as long as it is needed. Personal care on a lease basis is offered at three levels upon entrance to the facility based on the resident's need at the time. The resident will pay a higher entrance fee and maintenance fee if a higher level of personal care is needed. In addition, should a higher level of care be needed during a resident's stay, the then published maintenance fee for that level of care will be charged.

Different services are offered at the differing levels of personal care all of which are provided in the Personal Care Unit. Medical assessments are done yearly, or as needed, to determine the appropriate level of care for each resident. The first level of personal care is level 0. Level 0 is for largely independent individuals in need of medication monitoring, assistance in and out of bathing facilities, intermittent assistance with dressing and grooming. The second level is known as Level 1. Level 1 care includes all items in Level 0, but also includes strict medication management, assistance with dressing and grooming, assistance with bathing and showering, assistance with meals and activities, incontinent care, assistance in making appointments, and daily reminders for meals and activities. The third level of care is known as Level 2 and includes all items in Levels 0 and 1, but also includes full assistance with meals, and various lifts and assists.

Mon Valley Care Center's Personal Care leases are not life-care contracts. Residents moving from personal care to intermediate or skilled nursing care are responsible for paying the per-diem rates of that level of care. However, residents who entered into a personal care lease as opposed to renting their unit receive priority admission to the Nursing Center. *See,* Mon Valley Care Center Personal Care Lease Agreement attached hereto as **Tab B2.**

MON VALLEY CARE CENTER RATES
AS OF DECEMBER 31, 2024

Personal Care CCRC (LEASE)

Room and Level of Care	Entrance Fee	Monthly Maintenance Fee
Private Room		
Level 0	$31,175.00	$1,368.00
Level 1	$34,100.00	$1,500.00
Level 2	$37,155.00	$1,630.00
Semi-Private		
Level 0	$26,905.00	$1,180.00
Level 1	$29,895.00	$1,312.00
Level 2	$32,880.00	$1,443.00

Personal Care (RENTAL)

Room and Level of Care	Daily Room &Board Charge Rates Effective 10/1/23
Private Room	
Level 0	$ 111.00 per day
Level 1	$ 117.00 per day
Level 2	$ 128.00 per day
Semi-Private	
Level 0	$ 106.00 per day
Level 1	$ 111.00 per day
Level 2	$ 122.00 per day

Skilled Nursing Care

Skilled Nursing Center	Daily Room and Board Rate Effective 10/1/23
Private Room	$ 413.00 per day
Semi-Private Room	$ 339.00 per day
Intermediate Care	
Private Room	$ 350.00 per day
Semi-Private Room	$ 318.00 per day

Dollar Increases in Rates Since Mon Valley Care Began Operations in December 2002

		2004	2005	2006	2007	2008	2009
Personal Care Rental Option Daily Rate		0	3	0	0	5-5.50	0
Personal Care Lease Option Monthly Maintenance Fee CCRC – 2006		N/A	N/A	N/A	0	0	0
Skilled Nursing Facility Daily Rates	Skilled	5	20	25	0	0	0
	Intermediate	5	10	25	0	0	0

		2010	2011	2012	2013	2014	2015
Personal Care Rental Option Daily Rate		0	0	0	4-9.50	0	4-6
Personal Care Lease Option Monthly Maintenance Fee CCRC – 2006		0	0	0	0	0	0
Skilled Nursing Facility Daily Rates	Skilled	0	0	0	0	0	20
	Intermediate	0	0	0	0	0	20

		2016	2017	2018	2019	2020	2021
Personal Care Rental Option Daily Rate		0	0	0	2-5	0	0
Personal Care Lease Option Monthly Maintenance Fee CCRC – 2006		0	0	0	0	0	0
Skilled Nursing Facility Daily Rates	Skilled	0	0	0	60-100	0	0
	Intermediate	0	0	0	50-70	0	0

		2022	2023	2024	2025	2026	2027
Personal Care Rental Option Daily Rate		10-20	6-8				
Personal Care Lease Option Monthly Maintenance Fee CCRC – 2006		0	0				
Skilled Nursing Facility Daily Rates	Skilled	20-30	19-23				
	Intermediate	20-30	18-20				

Please see **Tab B3** for a Rate Information Schedule.

Please see **Tab B3** for the Social Security Adm. Actuarial Life Table used to calculate the Entrance Fee.

IX. RESERVE FUNDING

CPSR Associates, LLC d/b/a Mon Valley Care Center will maintain such liquid reserves as are required by the Continuing Care Provider Registration and Disclosure Act (hereinafter "Act"). These funds are invested in financial instruments that are easily converted to cash such as Certificates of Deposit insured by insurance financial institutions, Money market Funds issued by a regulated investment company, other acceptable securities, and commercial paper to assure liquidity. The Chief Financial Officer, currently, William R. Henry, CPA, is responsible for investing these funds. However, the Board of Directors reviews/evaluates and makes changes as appropriate.

X. CERTIFIED FINANCIAL STATEMENT

Consolidated audited financial statements for CPSR Associates, LLC d/b/a Mon Valley Care Center as a whole for the two most recent calendar years are attached as **Tab B4.**

XI. RIGHT TO RESCIND

Prospective residents have the right to cancel the occupancy agreement by following the terms outlined in the notice attached as **Tab B5.**

XII. ADMISSION AGREEMENT

A copy of the Personal Care lease agreement is attached hereto as **Tab B2.**

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Mon Valley Care Center

BOARD OF DIRECTORS

The Board of Directors of the Mon Valley Care Center is comprised of three of the four equal owners. One of the owners is a corporation. The corporate owner is Mon-Vale Non Acute Care Services, Inc. Mon-Vale Non Acute Cares Services is a wholly owned subsidiary of Penn Highlands Monongahela Valley Hospital. Louis Joseph Panza, Jr., was the Chief Executive Officer of the Monongahela Valley Hospital until his retirement when Peter Adamo acquired this position. Mr. Panza still sits on the Board of Mon Valley Care Center and Mr. Adamo also sits on the board as the Chief Executive Officer of Mon-Vale Non Acute Care Services, Inc. The following is a list of all Board of Directors:

Dr. Michael J. Cushman	**President**	[redacted]
Dr. Thomas M. Persico	**Treasurer**	[redacted]
Peter Adamo As the Chief Executive Officer Of Mon-Vale Non Acute Care Services, Inc.	**Secretary**	[redacted]
Louis Joseph Panza, Jr.	**Vice President**	[redacted]

MON VALLEY CARE CENTER
PERSONAL CARE LEASE AGREEMENT

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DEFINITIONS OF WORDS AND PHRASES

SECTION A

ASSIGNMENT OF INSURANCE: The granting of authority to the Community to apply for and collect insurance benefits from Resident's insurance carrier(s) for services furnished to Resident or on Resident's behalf by Community.

CONTINUED CARE: The provision by THE COMMUNITY of personal care accommodations and care for Resident in a personal care unit and, if available, in the Health Center, until termination of this Agreement.

DESIGNATED OCCUPANCY DATE: The date designed by THE COMMUNITY on which Resident must accept occupancy of the personal care unit.

ENTRANCE FEE: The charge for admission to THE COMMUNITY. The amount of the Entrance Fee is based on the type of the personal care unit.

EXECUTIVE DIRECTOR: The individual responsible for the day-to-day operations of THE COMMUNITY.

FINANCIAL ASSISTANCE POLICY: The Community's policy regarding the possibility of providing financial assistance or subsidy to Resident in accordance with this Agreement.

HEALTH CENTER: The licensed nursing care facility of the Community.

PERSONAL CARE ACCOMMODATION: The personal care unit or nursing care bed provided for occupancy by Resident.

PERSONAL CARE UNIT: A room or combination of rooms in the Community providing personal care services, at various level of care based on the Resident's need, to the Resident that does not include nursing facility services.

MEDICAL DIRECTOR: The physician designed by THE COMMUNITY to supervise the medical affairs of the Community and residents.

MONTHLY FEE: The monthly charge for occupancy of a personal care unit. The amount of the Monthly Fee is based on the level of personal care required by the resident.

OCCUPANCY: The right to possession and use of the personal care accommodation.

DAILY ROOM AND BOARD RATE: The daily charge for routine health care services. It does not include charges for ancillary or miscellaneous services. Routine

health care services are in semi-private accommodations. There is an additional charge for private accommodations.

RATE SCHEDULE: THE COMMUNITY publication reflecting current charges for services rendered by Community.

REFURBISHMENT FEE: The charge for transferring and moving from the personal care unit designated under this Agreement to another personal care unit.

RESERVATION FEE: The fee paid for placement of applicant's name on the Waiting List which assures priority access to the designated personal care unit over other applicants.

RESIDENT HANDBOOK: THE COMMUNITY publication reflecting the rules, regulations, policies and administrative procedures of the Community. Resident is obligated to comply with the Community's rules, regulations, policies and procedures reflected in this publication. The Resident Handbook should not be construed as a contract. It does not grant any contractual rights, and it is subject to change from time to time.

SINGLE OCCUPANCY: One individual initially residing in the personal care unit.

SURRENDER: To cease to occupy a personal care accommodation, to remove all possessions from it, and to return all keys for it.

THE COMMUNITY
RESIDENCY AGREEMENT

THIS RESIDENCY AGREEMENT (called "Agreement"), made this _____, 20___ between CPSR Associates, LLC d/b/a Mon Valley Care Center (also called "Community") and

_____

(called "Resident"), for admission of Resident to the Community for occupancy.

RECITALS:

CPSR Associates, LLC d/b/a Mon Valley Care Center operates a continuing care retirement community ("Community") consisting of a licensed health care facility and a licensed Personal Care facility; and,

Resident has applied for admission to the Community, and,

The Community has reviewed and accepted Resident's application subject to the execution of this Agreement.

In consideration of the mutual promises contained in this Agreement, and intending to be legally bound, the Community and Resident agree as follows:

SECTION 1: PERSONAL CARE ACCOMODATIONS AND FACILITIES

1.1 Personal Care Accommodations and Term.

THE COMMUNITY shall provide Resident with the personal care accommodations, specifically unit number _____ at Mon Valley Care Center, with a mailing address of 200 Stoops Drive, Monongahela, PA 15063, and common facilities and services specified in this Agreement, beginning on the Designated Occupancy Date or actual date of occupancy, whichever is earlier, and continuing until the termination of this Agreement.

1.2 Common Facilities.

Resident may use in common with others the social and recreational facilities, grounds, and other facilities provided by the Community for all residents.

1.3 Health Care Center.

THE COMMUNITY shall operate a 60-bed Health Care Center consisting of a licensed health care facility for the delivery of health care services, which shall be available on a priority access basis to Residents whose care needs meet licensure requirements for this level of care as determined by the Community subject to State and Federal review.

1.4 Designated Occupancy Date.

The Community expects that a placement will be available for the Resident's occupancy _____ (the "Designated Occupancy Date"). The obligation to pay the Monthly Fee shall begin on the Designated Occupancy Date or upon occupancy, whichever is earlier, and the Entrance Fee must be paid in full prior to occupancy.

SECTION 2: SERVICES

2.1 Utilities.

THE COMMUNITY shall provide hot and cold water, heat, electricity, sewer and weekly refuse collection at a designated location. These services are included in the Monthly Fee.

THE COMMUNITY reserves the right to establish maximum usage levels on utilities, and to charge Resident for any excessive or unreasonable usage.

2.2 Assessments.

THE COMMUNITY may be assessed real estate taxes. Real estate taxes are included in the monthly fee. Monthly fee adjustments will reflect any increase in future assessments. Payment of a pro-rata portion of any real estate tax assessment does not give the Resident any interest in the land, improvements, or real estate of the Community.

2.3 Telephone.

THE COMMUNITY shall provide each resident with access to telephone service. All telephone service charges, including connection charges, are not included in the Monthly Fee and shall be paid by Resident.

2.4 Cable Television.

All costs for cable television are included in the Monthly Fee. THE COMMUNITY shall provide residents with access to cable television connection(s) with basic cable service.

2.5 Maintenance and Repair of Equipment.

THE COMMUNITY shall provide necessary repairs, maintenance and replacement of the Community's property, equipment and appliances. Repairs, maintenance, and replacement of resident's property and furnishings shall be the responsibility of Resident and are not included in the Monthly Fee. Redecoration will be at the discretion of THE COMMUNITY and will be implemented as part of the Community's preventive maintenance program and is included in the Monthly Fee.

2.6 Maintenance of Grounds.

THE COMMUNITY shall provide grounds keeping, lawn care, snow removal and grounds lighting. These services are included in the Monthly Fee.

2.7 Insurance.

THE COMMUNITY shall provide insurance on the Community's property only. Resident is responsible to insure personal property and for the cost of such insurance.

2.8 Administration.

THE COMMUNITY shall provide administrative support services to implement the provisions of this Agreement. Administrative services are included in the Monthly Fee.

2.9 Food and Meals.

(a) Resident Meals. THE COMMUNITY shall make available three meals in the Community's dining facilities or, as necessary because of Resident's health or preference, in the Resident's room, and are included in the Monthly Fee.

(b) Guest Meals. Guest meals will be available at an additional charge at rates determined by THE COMMUNITY.

2.10 Housekeeping.

THE COMMUNITY shall make available a limited housekeeping service which is part of the Monthly Fee.

2.11 Transportation.

THE COMMUNITY shall make available local transportation service in accordance with the schedule established by the Community for an additional fee.

2.12 Parking.

THE COMMUNITY shall provide one parking space for each personal care unit. Authorization for parking is contingent upon Resident registering the automobile with THE COMMUNITY.

2.13 Additional Miscellaneous Services.

Other miscellaneous services are available at an additional charge and are not included in the Monthly Fee.

2.14 Changes in Service.

THE COMMUNITY reserves the right to alter services and will provide thirty (30) days advance notice of any changes in services.

2.15 Levels of Personal Care

Different services are offered at differing levels of Personal Care all of which are provided in the Personal Care Unit. Medical assessments are done every six months, or as needed, to determine the appropriate level of care for each resident. The first level of personal care is level 0. Level 0, is for largely independent individuals who are in need of medication monitoring, assistance in and out of bathing facilities, intermittent assistance

with dressing and grooming. The second level is known as Level 1. Level 1 care includes all items in Level 0, but also includes strict medication management, assistance with dressing and grooming, assistance with bathing and showering, assistance with meals and activities, incontinent care, appointment assistance, and daily reminders for meals and activities. The third level of care includes all items in Levels 0, and 1, but also includes full assistance with meals, and various lifts and assists. Residents will be charged a higher Monthly Fee based on the level of care required as outlined in the Description of Current Charges and Fees in the Community's Disclosure Statement, and as more fully described in Section 4, below.

SECTION 3: HEALTH CARE SERVICES

3.1 The Health Center

THE COMMUNITY shall operate Health Care facilities and shall make available on a priority access basis and at an additional charge routine health care for temporary or permanent illnesses. Resident shall sign an Admission Agreement upon transfer to the health center or which agreement(s) will supplement the terms of this Agreement. There is no guarantee that space will be available in the Community's Health Center at such time as resident may require nursing care services.

3.2 Emergency Nursing Services.

Emergency nursing intervention or initial nursing assessment by THE COMMUNITY in the event of an accident/emergency is available and will be provided for an additional fee. Further information concerning the Community's health care services is contained in the Resident Handbook.

3.3 Temporary Nursing or Companion Services in the Personal Care Unit.

The use of private duty nurses, companions or individuals providing personal services must be approved in writing by THE COMMUNITY. All private duty nurses or companions must provide the Community with an appropriate release and Indemnification Agreement, as well as proof of liability insurance as a condition of the Community's approval. Resident must make all arrangements and is responsible to pay the cost for such services. To the extent required by law, Resident may be required to provide worker's compensation insurance. THE COMMUNITY reserves the right to approve/disapprove all nurses and companions and to prohibit the use of such services.

3.4 Hospitalization.

THE COMMUNITY does not provide hospital or acute care. THE COMMUNITY will arrange for the prompt transfer of Resident to a hospital on order of a physician. The costs of ambulance or emergency transportation for transfer to a hospital or other acute care provider and the costs of such hospitalization and acute care are not included in this Agreement and shall be the responsibility of resident.

3.5 Accident or Illness Away From THE COMMUNITY.

In the event Resident suffers an accident or illness while away from the Community, and resident relies on health care and support services available in the area where the accident or illness occurred, Resident's health insurance or other personal resources available to Resident must be used for payment for such services.

3.6 Mental Illness and Other Limitation on Care.

The Health Center and Personal Care Residence are not designed to care for persons who are afflicted with serious mental illness or who require specialized psychiatric care or services not authorized or permitted under the health center or Personal Care licensure regulations. If THE COMMUNITY determines that Resident's mental or physical condition is such that resident's continued presence in the Community is either dangerous or detrimental to the life, health, safety of resident or other residents or the peaceful enjoyment of the Community by other residents, the Community may transfer Resident to an appropriate outside care facility. The Community's determination shall be made in writing and signed by the Medical Director and the Executive Director or designee of the Community. If the transfer is for a temporary period, then the Resident shall continue to pay the applicable Monthly Fee and also shall be responsible to pay for the cost of Resident's care in such other facility. If the transfer is to be permanent, then the termination provisions of this Agreement shall apply, except that only such notice of termination as is reasonable under the circumstances shall be given in any situation where the resident is a danger to self or others, or to the health, safety or peace of the Community.

3.7 Costs in the Health Center.

(a) Exclusions (not covered by the Monthly Fee). There will be an additional charge for all medical, health and nursing care services. The cost of nursing care services are not included in the Monthly Fee, and Resident shall be responsible to pay the charges and costs for all health and related services, including, but not limited to nursing care services in the Health Center, therapist, or rehabilitation services, physician services, diagnostic services, dental services, drugs and medications, private duty nurses or companions, care for psychiatric conditions, podiatry, refractions, eyeglasses, hearing aids, orthopedic appliances, incontinence supplies, Personal Care supplies, specialized treatment or any other health or medical service provided under this Agreement. Resident shall pay the Daily Room and Board Rate for health center services as that charge is reflected in the Description of Current Charges and Fees in the Community's Disclosure Statement. The Community, not Resident, shall be liable to another health care provider (including an employee or subcontractor of the Community) for health care services that the Community agrees to furnish under this Agreement in consideration of Resident's payments of the Entrance Fee and other periodic fees.

(b) Ancillary Services. All miscellaneous charges and fees for ancillary services not covered or included in the Daily Room and Board Rate are an additional charge and shall be paid by resident. A description of the routine personal and health

care services covered by and included in the Daily Room and Board Rate and ancillary services not covered by or included in the Daily Room and Board Rates in contained in the Community's current Disclosure Statement.

(c) Personal Care Unit Reservation Costs. Resident shall pay the then current Daily Room and Board rate for routine health center services as reflected in the Disclosure Statement and the charges for reserving the personal care unit as set forth below.

(i) Temporary Transfer.

During any period of temporary transfer, resident shall be charged and shall pay the Daily Room and Board Rate for routine health center care and any other additional charges for ancillary or miscellaneous services in the Health Center, and shall continue to pay the then current applicable Monthly Fee for reservation of the personal care unit. There will be no reduction in the Monthly Fee upon temporary transfer to the Health Center. THE COMMUNITY reserves the right to declare the transfer permanent at any time in accordance with Section 8.2 of this Agreement.

(ii) Permanent Transfer.

Subject to the provisions of Section 8.2 of this Agreement, upon the permanent transfer of Resident to the Health Center and surrender of the personal care unit, the obligation to pay the Monthly Fee shall cease, and the Resident shall pay only the Daily room and Board Rate for nursing care services and the other additional charges for ancillary or miscellaneous services.

SECTION 4: FEES

4.1 Reservation and Entrance Fees.

(a) Reservation Fee. Resident shall pay the sum of $_____ to CPSR, as a Reservation Fee upon the Community's approval of resident's application or at such other time as is designated by the Community. If resident accepts occupancy of the personal care unit on or before the Designated Occupancy date, _____ the Reservation Fee payment will be credited towards the initial Entrance Fee payment. Failure to accept occupancy on or before the Designated Occupancy Date may result in the termination of this Agreement, the loss of all rights to occupancy, and the loss of four (4%) percent of the Entrance Fee, which will be retained by THE COMMUNITY. However, a full refund will be issued if Resident terminates this agreement within seven days of executing it, as per the terms of the attached Notice of Right of Rescission, and under no circumstances will Resident be required to occupy a unit earlier than seven days after executing this Agreement as per the terms of 40 P.S. § 3214(b). In addition, in the event Resident dies before the occupancy date, or through

illness, injury, or incapacity is precluded from becoming a resident under the terms of this Agreement, this agreement is automatically rescinded and a full refund shall issue to Resident, Resident's legal representative, or Resident's estate as the case may be as per the terms of 40 P.S. § 3214(c).

(b) Entrance Fee. The amount of the Entrance Fee is based on whether or not a private or semi-private Personal Care unit is selected and the level of care required by the resident, as described in more detail in Section 2.15, above and 4.6(c)(ii), below. Resident shall pay to THE COMMUNITY the sum of $ _____ as an Entrance Fee.

(c) Final Payment. The sum of $ _____ as the final payment will be made after the sale/closing of the resident's private home (where applicable). Interest at the rate of 8% per annum will be charged on the unpaid Entrance Fee balance until it is paid in full.

4.2 Amortization of Entrance Fee.

The Entrance Fee shall be amortized and earned by the Community based on an Actuarial Life Table published periodically by the U.S. Social Security Administration. A period life table is based on the mortality experience of a population during a relatively short period of time. The most current publication is the 2016 period life table for the Social Security area population. For this table, the period life expectance at a given age represents the average number of years of life remaining if a group of persons at that age were to experience the mortality rates for 2016 over the course of their remaining life. At the conclusion of the amortization period, the Entrance Fee shall be earned by THE COMMUNITY. The referenced Actuarial Life Table is located under **Tab B3**.

4.3 Limitations on Increases in the Entrance Fee.

After the signing of this Agreement by resident and payment of the initial payment, there will be no increases in the Entrance Fee prior to occupancy.

4.4 Use of Entrance Fee.

The entire Entrance Fee after payment shall be used by THE COMMUNITY for any corporate purpose and in any manner deemed appropriate by the Community in its sole and absolute discretion consistent with law. No portion of the Entrance Fee shall be held in Trust for Resident and the Community assumes no fiduciary obligations to resident with respect to any amounts paid for admission to or continued occupancy in the Community.

4.5 Fee for Optional/Additional Furnishings or Appliances.

If applicable, the fee of $_____ for any optional or additional furnishings or appliances, as reflected in the attached addendum, must be paid on or before the Designated Occupancy Date or prior to occupancy, whichever is earlier.

4.6 Monthly Fee.

(a) Amount. Resident shall pay to THE COMMUNITY a Monthly Fee of _____ in advance each month for care at the Personal Care residence.

(b) Payment and Due Date. Payment of the first Monthly Fee is due on the date Resident accepts occupancy or the Designated Occupancy Date, whichever is earlier. The Monthly Fee shall be pro-rated if Resident assumes occupancy after the first of the month. Resident shall receive a monthly invoice on or about the third day of each subsequent month. All subsequent Monthly Fee payments are due on the seventh day of each month thereafter. All subsequent Monthly Fee or other charges for care or for miscellaneous or ancillary services are not paid within thirty (30) days of the due date, then, subject to the THE COMMUNITY Financial Assistance Policy as described in this Agreement or as it may be periodically revised, the Community may elect to exercise its available rights and remedies under this Agreement, including termination.

(c) Initial Determination of Monthly Fee and Adjustments to Monthly Fee for Level of Care Issues.

The Personal Care Monthly Fee is determined according to the individual's need and the screening assessment which will be conducted every six months, or as needed, for significant changes in mental or physical conditions. This need is determined by the initial screening and medical evaluation and the various other screening instruments utilized. There are three levels of Personal Care services, as discussed in Section 2.15, above. The Functional Assessment is an instrument to ascertain the resident's ability to function. There are sixteen different observations made. The observations are graded on a scale of one (1) to five (5): One (1) being the most impendent and five (5) being the most dependent, the total score then determines care level placement. A score from 1 to 16 is considered to be level 0. A score from 17 to 48 is considered to be level 1. A score from 49 to 72 is considered to be level 2.

The Community has the right, as well as the responsibility to assess each resident routinely at least every six (6) months, or more frequently following observed change in the level of function of the resident. When significant changes have occurred, and a level change is necessary, the Administrator or Resident Care Coordinator will review with the resident and/or the resident's responsible party the outcome of these observations and the changes that will be made. The Monthly Fee will be adjusted to reflect the functional change of the resident to the then published Monthly Fee for the proper level of care as outlined in the Description of Current Charges and Fees in the Community's Disclosure Statement, and as more fully described in Section 2.15, above.

(i) Required Medical Evaluations -- Resident or Responsible Party/Payer agrees to have a medical evaluation completed by a physician within sixty (60) days prior to admission and annually thereafter. Resident/Responsible Party/Payer also agrees to provide a copy of the annual medical evaluation to the Personal Care Residence on the form designated by the State of Pennsylvania. Within thirty (30) days prior to admission and annually thereafter, Resident/Responsible Party/Payer agrees to

participate and share needed information for the Center or the staff of a human service agency to complete the screening instrument to determine the suitability of the Personal Care Residence to provide the required care to the Resident.

(ii) Setting of Initial Entrance and Monthly Fee -- The initial Entrance Fee and Monthly Fee will be finally set on the basis of the results of the screening instrument and medical evaluation.

(iii) Adverse Results of Medical Evaluations – Subject to the provisions of Section 8.2 of the Agreement, if either the medical evaluation or the screening instrument indicates the need for a different level of care, such as a long-term nursing Center, a plan for other placement will be made as soon as possible by the Center in conjunction with the Resident or Responsible Party/Payer. The Center will assist with relocation, if necessary. If the Resident becomes incapacitated to the extent the Resident needs a different level of care, such as long-term nursing care or psychiatric care, arrangements for the Resident's transfer may be made without a thirty (30) day notice. The resident has the right to receive care from the physician of choice and must notify the Center as changes occur.

(d) Increases in Monthly Fee for General Reasons. The Monthly Fee may be adjusted from time to time. THE COMMUNITY will provide at least thirty (30) days advance written notice of any changes in the Monthly Fee. The Community shall maintain its Monthly Fees at levels consistent with sound financial management, quality service, and the attainment of the Community's goals and objectives.

4.7 Other Charges.

The monthly invoice shall reflect all other charges for routine nursing care and for miscellaneous, ancillary or other services in addition to the Monthly Fee. Payment for all other charges also is due on or before the seventh day of the month of the receipt of the invoice.

4.8 Service Charge For Late Payment.

A service charge of one and one-quarter (1 ¼%) percent per month will be added to amounts part due in excess of thirty (30) days. Resident is obligated to pay all actual attorneys fees and costs relative to the collection of any amounts past due in excess of ninety (90) days.

4.9 Disclosure of Financial Information.

THE COMMUNITY reserves the right to require Resident upon request to update the financial information disclosed in the application for admission. Disclosure allows the Community to monitor and project financial assistance needs.

SECTION 5: FINANCIAL ASSISTANCE POLICY.

5.1 Inability to Pay.

THE COMMUNITY will not terminate this Agreement solely because a Resident's inability to pay the Monthly Fee and other charges, so long as Resident qualifies for, and the Community is capable of providing financial assistance as set forth in this Agreement. It is Resident's responsibility to demonstrate an inability to meet monthly financial obligations to the Community. In the event that resident's income is or becomes insufficient to pay for monthly expenses incurred, Resident shall immediately apply for financial assistance either from resident's family, church, or public welfare agencies that may be in a position to render financial assistance. Resident is required to apply for, and the Community shall have and is hereby granted authority as agent for Resident the right to apply for and obtain, if Resident qualifies, financial assistance for Resident from any appropriate governmental agency.

5.2 Deductions From Any Unamortized Portion of the Entrance Fee.

If financial assistance is not available from any other source and if Resident's income and assets are no longer sufficient to pay the Monthly Fee and any other financial obligations under this Agreement, then the Community shall deduct from any funds otherwise due Resident as a refund, amounts necessary to fulfill all of Resident's financial obligations under this Agreement. Resident hereby authorizes such deductions from any unamortized portions of the Entrance Fee. The Community shall make such deductions from any refunds otherwise due under this Agreement at such time as any amounts due the Community under this Agreement have been unpaid for more than thirty (30) days from the payment due date. The Community shall continue to make such deductions from any amounts otherwise due as a refund under this Agreement on a monthly basis to offset any unpaid financial obligations of resident until all funds otherwise due Resident as a refund have been exhausted and paid to the Community.

5.3 Qualifications for Financial Assistance and Resident's Obligations.

In order to qualify for consideration for financial assistance, Resident's inability to pay the Monthly Fee or related charges must not be the result of any fault, negligence or mismanagement of assets represented to be available for resident or others representing Resident to pay for resident's financial obligations. Additionally, the financial information provided by resident in the application documents for admission, in documents subsequently requested by the Community, or with resident's request for financial assistance must not contain any material misrepresentations or omissions. It is Resident's responsibility to look to all other available sources of financial assistance before making application to the Community. If Resident's spouse, parents, or children have adequate resources to provide financial assistance to resident, that fact will be taken into consideration in determining whether any financial assistance should be granted by the Community, and if so, in what amount. If resident transfers or unreasonably depletes assets or resources represented in the application documents for admission to be available to meet Resident's financial obligations under this Agreement, Resident shall not be considered for financial assistance. Resident has an affirmative obligation to apply for

financial assistance and to make Resident's financial needs and resources known to the Community at least one hundred and twenty (120) days in advance of the need for funds.

5.4 Possible Limitations on Assistance.

Following the exhaustion and payment to THE COMMUNITY of all funds otherwise due as a refund under this Agreement, and if no funds are available from any sources to fulfill resident's financial obligations under this Agreement, and resident adequately demonstrates to the Community the financial inability to pay the Monthly Fee and other charges; then, subject to the availability of funds, the Community, upon resident's request, shall consider Resident for financial assistance. Although there is no absolute guarantee that Resident who qualifies for consideration for financial assistance will receive any financial assistance, the Community will endeavor to provide it to the extent reasonably possible without jeopardizing the ability of the Community to care for its other residents. The ability of the Community to provide financial assistance is contingent upon a number of factors, including the availability of charitable gifts, and the financial condition of the Community. The Community retains the absolute discretion to deny requests for financial assistance and to limit the amount of financial assistance. If the Community determines the Resident qualifies for financial assistance, then the Community may provide such assistance as is necessary to enable the Resident to meet the Monthly Fee obligation or other charges, provided that such assistance can be granted or continued without impairing the financial ability of the Community to operate or continue on a sound financial basis. If financial assistance is initially granted, there is no guarantee that such assistance can or will continue indefinitely, or for any specific period of time.

5.5 Other Resources and Recovery of Community's Subsidy.

If Resident receives financial assistance from the Community, Resident shall not sell or otherwise transfer property without the written consent of the Community. If resident owns any property at the time of death not disclosed on resident's financial statements in the application documents, or acquires property subsequent to the making of such financial statements and does not disclose its acquisition to the Community then the Community shall be entitled to so much of such property, up to the whole value thereof, as is equal in value to the total amount of financial assistance provided Resident by the Community. This Agreement shall operate as an assignment, transfer and conveyance to the Community of so much of such property, as is equal in value to the total amount of financial assistance provided by the Community, and the assignment may be enforced against resident's estate. Resident's estate shall be liable to the Community in an amount equal to the amount of any financial assistance provided and accrued interest at a rate of 8%. The assignment herein shall apply whether or not Resident is occupying a residential unit at the Community at the time of resident's death. Resident shall cooperate with the Community, including execution and delivery of instruments and documents, to implement the provisions of this paragraph.

5.6 Disclosure of Financial Resources.

The Community may from time to time request verified financial statements and copies of tax returns from Resident if Resident has applied for or is receiving financial assistance from the Community.

SECTION 6: MARRIAGE AND/OR ADDITIONAL OCCUPANTS.

6.1 Non-Resident.

In the event that a single resident wishes to marry or have another person not admitted to THE COMMUNITY under a residency Agreement share Resident's personal care unit as a Co-Resident, the proposed Additional Occupant must file an application for admission and meet all age, medical and other requirements for admission applicable to Residents of the personal care unit. Admittance of an Additional Occupant shall be at the sole discretion of the Community. If the proposed Additional Occupant receives approval to occupy the personal care unit, one of the following will take place based on whether or not the original occupant was admitted to a private room or a semi-private room. If the original occupant was admitted to a private room, the private personal care unit will be converted to a semi-private Personal care unit. If the original occupant occupied a semi-private room, provisions will be made to move the original occupant to a semi-private room with Additional Occupant. This Agreement will be amended and the Additional Occupant shall pay the then prevailing entrance fee for a semi-private personal care unit and the prevailing monthly maintenance fees for a semi-private personal care unit. In addition, the Original Occupant will pay the then prevailing maintenance fees for a semi-private personal care unit. The Entrance Fee paid by the Additional Occupant shall be amortized and earned by the Community based on an Actuarial Life Table published periodically by the U.S. Social Security Administration. A period life table is based on the mortality experience of a population during a relatively short period of time. The most current publication is the 2016 period life table for the Social Security area population. For this table, the period life expectance at a given age represents the average number of years of life remaining if a group of persons at that age were to experience the mortality rates for 2016 over the course of their remaining life. At the conclusion of the amortization period, the Entrance Fee shall be earned by THE COMMUNITY. The referenced Actuarial Life Table is located under Tab B3. In the event that the Additional Occupant dies or otherwise terminates Additional Occupant's agreement with the Community during the amortization period, any applicable refund shall be paid to the Additional Occupant or his/her estate. In the event that the proposed Additional Occupant does not meet the requirements for admission, then the proposed Additional Occupant may request admission under such other terms and conditions as may be acceptable to the Community. If an agreement can not be reached regarding the admission of the proposed Additional Occupant, Resident may exercise the option to terminate this Agreement in accordance with its termination provisions.

6.2 Other Resident.

In the event that Resident desires to marry another resident admitted under a separate residency Agreement, and thereafter occupy a single personal care unit,

resident first must select and designate in writing at least sixty (60) days in advance of the proposed move, which one of the personal care units occupied by each resident, shall be thereafter occupied jointly. The personal care unit not designated for joint occupancy must be surrendered on or before the date of the proposed move to the designated personal care unit. Upon transfer the Monthly maintenance fee for a semi-private personal care unit shall be paid by both residents. The residency Agreements shall be amended to reflect the change in the personal care unit, the change in the Monthly Fee, and any other matters reasonably necessary for the transfer of the resident to the designated or alternative personal care unit. Upon transfer to the designated or alternative personal care unit, any unamortized portion of the Entrance Fee paid by the resident shall continue to be amortized and shall be subject to refund only in accordance with the refund provisions of this Agreement.

6.3 Additional Occupant Addendum

If the proposed Additional Occupant's application for admission is approved, this Agreement shall be amended, and Resident and the proposed Additional Occupant shall sign an addendum.

SECTION 7: TERMINATION OF AGREEMENT

7.1 Termination by Resident

(a) Rescission Period. Resident may terminate this Agreement within seven (7) days of execution by signing the attached Notice of Right to Rescind and delivering it to THE COMMUNITY. In addition, in the event Resident dies before the Designated Occupancy Date, or through illness, injury, or incapacity is precluded from becoming a resident under the terms of this Agreement, this agreement is automatically rescinded and a full refund shall issue to Resident, Resident's legal representative, or Resident's estate as the case may be as per the terms of 40 P.S. § 3214(c).

(b) Prior to Occupancy After the lapse of the seven (7) day rescission period, but prior to the Designated Occupancy Date, Resident may terminate this Agreement by delivering written notice to THE COMMUNITY prior to occupancy. In such event, and so long as Resident is not precluded from taking occupancy of the personal care unit on the Designated Occupancy Date by illness, injury, incapacity or death, the Community shall retain and Resident shall forfeit the Reservation Fee. In addition, in the event Resident dies before the Designated Occupancy Date, or through illness, injury, or incapacity is precluded from becoming a resident under the terms of this Agreement, this agreement is automatically rescinded and a full refund shall issue to Resident, Resident's legal representative, or Resident's estate as the case may be as per the terms of 40 P.S. § 3214(c).

(c) After Occupancy. After occupancy, Resident may terminate this Agreement by delivery of written notice to THE COMMUNITY at least sixty (60)

days prior to termination, and by the surrender of the personal care accommodation. Termination shall be effective after the lapse of the sixty (60) day notice period and surrender of the personal care accommodation.

7.2 Termination by Community

(a) Prior to Occupancy. THE COMMUNITY may terminate this Agreement at any time prior to occupancy by providing written notice to Resident prior to the Designated Occupancy Date if for whatever reason the Community elects to discontinue operations. All payments, including the Reservation Fee, shall be refunded to Resident.

(b) After Occupancy. THE COMMUNITY may terminate this Agreement upon a determination of just cause and delivery of thirty (30) days written notice or such written notice as is reasonable under the circumstances to Resident or Resident's representative, subject to any additional laws or regulations then in effect. Just cause shall include, but not be limited to, a default in payment subject to the Community's Financial Assistance Policy, the submission of any materially false information in the application documents, the failure of Resident to abide by the Community's rules, regulations, policies and procedures, the breach of any of the other terms of this Agreement, or a good faith determination in writing signed by the medical director and the administrator of the facility that continued occupancy in the personal care accommodation by Resident creates a serious threat or danger to the life, health, safety or peaceful enjoyment of Resident or other residents or persons in the Community as per the terms of 40 P.S. § 3214(d). The refund provisions of this agreement shall apply to terminations for just cause in the same manner as such provisions would apply to any other termination. Nothing in this subsection shall limit the Resident's rights of continued occupancy under the separate admission agreements for the Health Center and the laws and regulations limiting cause for transfer or discharge of Health Center residents.

7.3 Termination by Death.

Following the death of Resident this Agreement shall terminate when the personal care accommodation has been surrendered to THE COMMUNITY.

7.4 Surrender.

The obligation to pay the Monthly Fee shall continue until the personal care unit has been surrendered by Resident, or in the case of death, by the estate or family of Resident, Surrender of the personal care accommodation shall be complete when Resident has ceased to occupy it, has removed all possessions from it, and has turned over THE COMMUNITY the keys for it.

SECTION 8: LEVEL OF CARE TRANSFERS OR TRANSFER TO AN OUTSIDE FACILITY

8.1 Conditions of Personal Care Unit Occupancy.

Resident shall have the right to occupy the personal care unit for so long as Resident satisfies the health and other conditions of occupancy. Continued occupancy of the personal care unit shall, in general, be controlled by the Resident's physical and mental condition. THE COMMUNITY may require Resident to obtain at Resident's expense at least one annual medical examination, or letter from Resident's attending physician confirming that Resident does not need health center services, and can otherwise satisfy the Community's conditions for personal care unit occupancy.

8.2 Decision to Transfer.

(a) Authority to Transfer. THE COMMUNITY may transfer Resident from and between the personal care unit and its health center or any other appropriate care facility if it determines that such a move should be made because of the health of the Resident, for the proper operation of the Community, to comply with regulations of the Pennsylvania Department of Public Welfare, the Pennsylvania Department of Health, local regulations of the Fire Department, or any other duly constituted authorities or agencies, or otherwise to meet the requirements of law. The decision as to whether a transfer shall be deemed temporary or permanent shall be made by the Community in its sole discretion, except where limited by law or regulation then in effect. The Community shall consider the opinion of Resident and the advice of a family representative, if available, and, if requested and at the Resident's expense, a private physician. The opinion of Resident and the advice of family and Resident's physician are advisory only and shall not be binding on the Community. The Community's decision regarding the temporary or permanent nature of any transfer may be made prior to sixty (60) days from the date of transfer or at any other time deemed appropriate by THE COMMUNITY.

(b) Role of THE COMMUNITY's Medical Director. THE COMMUNITY has a medical doctor licensed to practice medicine in the Commonwealth of Pennsylvania as the Community's Medical Director. Upon certification by the Community's Medical Director that Resident is no longer capable of satisfying the conditions for occupancy of the personal care unit and is in need of health center or related care, Resident or Resident's next of kin, legal representative or agent acting on Resident's behalf, will be notified by the Community that arrangements will be made for Resident's immediate transfer to the Health Center or other appropriate care facility. The Community shall not be liable for acting in accordance with the certification of the Medical Director or attending physician.

8.3 Transfers Within the Community's Facilities.

(a) Transfer to Health Center. If Resident becomes ill or incapacitated, and in the opinion of THE COMMUNITY's Executive Director or designee, with the advice of the Medical Director, the Resident requires nursing care, such care will be available on a priority access basis in the Health Center either on a

temporary or permanent basis. If the Community's Executive Director or designee determines that the health of the Resident is such the occupancy in the Health Center will be permanent, Resident's personal care unit will be released and made available for occupancy by another. In the event that the Community decides that the transfer is permanent, Resident shall surrender the personal care unit and cause his/her personal possessions to be removed with thirty (30) days of notice of the Community's decision.

8.4 Transfer to Hospital Or Other Outside Facility.

In the event that hospitalization or outside care of the Resident becomes necessary as determined by the Community's Medical Director, Resident will be transferred to a hospital or other acute or outside health care provider. In the event Resident's mental, emotional or physical condition deteriorates to a degree that in the professional opinion of the Medical Director, Resident's presence in the Community is deemed detrimental to the health, safety or peace of other residents, the Community may transfer Resident to an appropriate outside care facility. The Community's Executive Director or designee with the advice of the Medical Director may declare Resident's personal care unit vacant if Resident has been transferred to an outside health care or other special service facility or hospital for health conditions which, in the opinion of the Medical Director or Resident's physician, require permanent or prolonged residence in the outside facilities (i.e. generally sixty (60) days or more). Resident shall surrender the personal care unit and cause Resident's personal possessions to be removed from the personal care unit within thirty (30) days after notice of Community's determination that the transfer will be permanent.

8.5 Cost Related to Transfer to an Outside Facility.

(a) Single Occupancy. During any temporary transfer to a hospital or outside facility, Resident shall continue to pay the Monthly Fee and additionally all costs and charges related to the transfer to and occupancy of the outside facility or hospital. Upon permanent transfer to an outside facility, and after surrender of the personal care unit, the obligation to pay the Monthly Fee shall end and this Agreement shall terminate. Any refund due shall be paid in accordance with the refund provisions of this Agreement. Resident is obligated to pay the charges for transfer to and occupancy of any outside facilities including the charges for care in an outside nursing care facility resulting from a transfer because of insufficient space in the Community's Health Center.

8.6 Release of Or Return To Personal CareUnit After Transfer.

(a) Temporary Transfer. If Resident is admitted temporarily to the Community's Health Center, or a hospital or other outside facility, with a medical prognosis of recovery and return to health consistent with the conditions of personal care unit occupancy, then Resident shall retain possession of the personal care unit for the purpose of resuming residence. During any period of temporary transfer to the Community's Health Center, Resident shall pay the costs for retaining the personal care unit set forth in Section 3.7 of this Agreement. During any period of temporary transfer to a hospital or other outside facility, Resident shall pay the costs for retaining the personal care unit set forth in Section 8.5 above. Resident may return to the personal care

unit at such time as the Community determines that Resident can satisfy the conditions of occupancy.

(b) Permanent Transfer. If transfer to the Community's Health Center Residence or a hospital or other appropriate outside facility exceeds sixty (60) days, or if at an earlier time the Community determines that Resident will not be able to satisfy the conditions of occupancy so as to resume residence in the personal care unit, the Community shall have the right to declare the personal care unit vacant and release the personal care unit to another. Resident shall surrender and vacate the personal care unit within thirty (30) days of written notice of the Community's decision to permanently transfer Resident and release the personal care unit. If, in the Community's opinion, Resident subsequently recovers sufficiently to satisfy the conditions of occupancy of an personal care unit, the Community in the exercise of its discretion shall make available as soon as reasonably practicable a personal care unit with a floor plan comparable to the one relinquished. Resident shall be obligated to pay a refurbishment fee prior to re-occupancy which fee is subject to change from time to time.

SECTION 9: LIMITED REFUND OF ENTRANCE FEE

Upon termination of this Agreement, Community shall refund the Entrance Fee in accordance with the following provisions:

9.1 Termination Before Occupancy.

The Reservation and any Entrance Fee payments will be refunded in full if the Resident rescinds this Agreement within seven (7) days in accordance with the Notice Of Right to Rescind. In the event of termination of this Agreement by death of Resident before the Designated Occupancy Date, or in the event Resident prior to the Designated Occupancy Date is precluded from becoming a resident because of illness, injury or incapacity, then the Community shall make a full refund of the Reservation Fee and all Entrance Fee payments less any amounts deducted to cover expenses incurred by the Community at the specific written request of Resident. If Resident does not terminate this Agreement within the seven (7) day rescission period but does terminate prior to the Designated Occupancy Date, for reasons not caused by illness, injury, incapacity or death, then the Community shall retain four (4%) percent of the Entrance Fee. Any additional payments shall be refunded to Resident less any amounts deducted to cover expenses incurred by the Community at the specific written request of Resident.

9.2 Termination For Any Reason Other Than Death

The Entrance Fee, except as provided in Section 9.5 relating to termination by death of Resident, shall be amortized and accrue to the benefit of THE COMMUNITY as detailed in the Actuarial Life Table (See Tab B3). After the entrance fee has been amortized in accordance with the Actuarial Life Table, the Entrance Fee shall be earned in full by THE COMMUNITY and no part of it will be refunded. In the event of termination by reason other than death of the Resident during the amortization period, any unamortized amounts pro rated on a monthly basis, less any amounts deducted to cover costs incurred by THE COMMUNITY to refurbish, restore or repair

the personal care unit in the event of unreasonable wear and tear, or to cover costs incurred at the specific request of Resident, or to satisfy unpaid charges, shall be refunded to resident in accordance with Section 9.4

9.3 No Accrual of Interest.

No interest will accrue to the benefit of Resident on any amounts required to be refunded under this Agreement, and no interest will be paid on termination.

9.4 Conditions and Due Date for Refund Payments.

Prior to occupancy, all applicable refunds will be made after termination and within sixty days of Resident's request. After occupancy, all applicable refunds will be made only after the Resident's vacated personal care unit has been reoccupied by another resident, and the Entrance Fee for the reoccupied personal care unit has been paid in full, and this Agreement has been terminated. In the event Resident's vacated personal care unit is reoccupied by a then current resident of the Community through an internal personal care unit transfer, then only at such time as the Community receives an Entrance Fee in full for the personal care unit vacated by the existing resident transferring to Resident's personal care unit under this Agreement, shall a refund be due. As long as Resident continues to occupy any personal care accommodation within the Community, including accommodations in the Health Center, no refund shall be due and no refund shall be paid until the death, permanent transfer outside of the Community, discharge or voluntary departure outside the Community by Resident and/or the termination of this Agreement. The amount of any refund due will be calculated by reference to the date of surrender of the personal care unit.

9.5 Distribution of Refund Upon Death.

In the case of single occupancy, refunds to Resident's estate shall be paid to the duly appointed representative of the estate after proof of such appointment is provided to the Community in the form of a certified copy of the testamentary letters confirming such appointment.

SECTION 10: LIMITED OPTION TO MOVE TO ANOTHER PERSONAL CARE UNIT

10.1 Option After Occupancy.

After occupancy, Resident may request to exercise a limited option to move to another personal care unit, if and when another personal care unit becomes available (including any new personal care units that may be have been added to the Community), in accordance with the terms and conditions set forth in this section. A request to move must be based on health, financial conditions, marriage, or other grounds deemed reasonably necessary by the Community. Resident may elect to move to a smaller personal care unit, or a larger personal care unit but not to a personal care unit of substantially equivalent size in a different location. The Community reserves the right to disapprove Resident's request to move. In the event Resident desires to exercise the

option to move to another personal care unit, Resident must notify the Community in writing of the personal care unit desired.

10.2 Costs of Elections to Move.

If Resident elects a smaller personal care unit, Resident shall pay a Refurbishment Fee in an amount determined from time to time by the Community. There will be no Entrance Fee credit or refund even if the Entrance Fee for the surrendered personal care unit is greater than the fee Resident would have paid for the smaller personal care unit designated under this Agreement. Resident shall pay, prior to moving to the selected personal care unit, an additional amount equal to the three quarters (75%) of the difference between the initial Entrance Fee paid and any higher Entrance Fee in effect at the time of the move. The additional Entrance Fee shall be immediately amortized and be earned in full by the Community.

10.3 Option to Move Addendum.

In the event Resident receives approval from the Community to move to another personal care unit, Resident shall sign an addendum to this Agreement reflecting all costs and charges related to exercising the option to move, including the Monthly Fee for the selected personal care unit.

SECTION 11: ARRANGEMENTS FOR GUARDIANSHIP AND FOR ESTATE

11.1 Legal Guardian

If Resident becomes incompetent or unable to properly care for self or property, and no representative has been lawfully designated to act on behalf of Resident or no lawfully designated representative has been lawfully designated to act on behalf of Resident, then THE COMMUNITY shall have the option to institute legal proceedings to adjudge Resident incompetent and have a guardian appointed for Resident's estate. All costs of such legal proceedings, including actual legal fees, shall be paid by Resident or the legally appointed guardian of Resident's estate.

11.2 Will and Funeral Arrangements.

The name of the executor/executrix designated in Resident's will, and the name of the funeral director selected by Resident shall be provided in writing to the Community. In the event that Resident changes the name of the executor/executrix designated in Resident's will or selects another funeral director, Resident shall notify the Community of the changes in writing. The name and address of the designated executor/executrix is: _____.

11.3 Advance Directives.

(a) Power Of Attorney. Residents shall furnish THE COMMUNITY, no later than the date of occupancy, a durable power of attorney executed by Resident which shall be maintained in the files of the Community. The name and address of the designated power of attorney is: _____

(b) Living Will. If Resident has executed an advance directive in the form of a living will relating to the provision of health care services in the event of terminal or other illnesses/conditions, Resident shall provide the original of the living will to Community, and the original of any revisions or changes made to the document during Resident's term of occupancy. In the event of transfer to the Health Center, THE COMMUNITY shall comply with the instructions/requests as consistent with law and the Community's policy, as such policy may change from time to time. If the Community cannot comply with Resident's advance directive as reflected in Resident's living will, then the Community shall assist in arranging for the transfer of Resident to another health care provider, if reasonably available, which will comply with Resident's advance directive. The transfer and cost of care in another health care facility shall be an additional cost, and Resident shall be responsible to pay such costs.

SECTION 12: RIGHTS AND OBLIGATIONS OF RESIDENT

12.1 Right of Self-Organization.

Residents of THE COMMUNITY shall have the right to self-organization. A representative designated by the Community's Board of Directors shall hold quarterly meetings with the organization representing the residents known as the "Resident's Council". At least seven (7) days notice of each quarterly meeting shall be given. The purpose of the quarterly meetings shall be to discuss such subjects as the Community's income, expenditures, financial trends and issues, and proposed changes in policies, programs, and services.

12.2 Right to Receive Disclosure Statements.

The Community shall make available to Resident at the time of the execution of this Agreement, and at least annually thereafter, a copy of its disclosure statement required by the Continuing Care Provider Registration and Disclosure Act, Act No. 82 of 1984, as amended (40 P.S. §§ 3201 *et seq.*).

12.3 Guest Privileges.

Resident shall be authorized to entertain and accommodate guests in accordance with THE COMMUNITY's guest policy as reflected in the Resident Handbook. The Community's policy is subject to change from time to time.

12.4 Rights to Property/Subordination.

The rights and privileges granted to Resident do not include any right, title or interest in any part of the personal property, land, buildings and improvements owned or administered by the Community. Resident's rights are primarily for services, with a contractual right of occupancy. Nothing contained in this Agreement shall be construed to create the relationship of landlord and tenant between THE COMMUNITY and Resident. Any rights, privileges, or benefits under this Agreement shall be subordinate to any existing or subsequent mortgages or deeds of trust or any other comparable interests. Upon request Resident shall execute and deliver any

document which is required by the Community, or by the holder of any such mortgages or deeds of trust or similar interests, to effect such subordination or evidence the same.

12.5 Inspection of Personal Care Unit and Right of Entry.

Resident shall permit the Community, or its agents, or any representative of any holder of a mortgage or similar interest on the property, or, when authorized by the Community, the employees of any contractor, utility company, municipal agency or others, to enter the personal care unit for the purpose of making reasonable inspections and repairs and replacements. Such entry will be made only with reasonable advance notice, except in emergency situations. The Community shall have the right to enter the personal care unit to perform scheduled housekeeping, and to perform routine maintenance and for other reasonably necessary purposes having due regard for Resident's privacy.

12.6 Health Insurance and Third Party Payments.

(a) Required Insurance. THE COMMUNITY expects that some of the cost of medicines, medical or nursing services or equipment provided for Resident under this Agreement will be paid by present or future federal, state, municipal, or private plans or programs of medical/surgical insurance, including, without limitation, the benefits available under the federal government social security health insurance program know as "Medicare A and B", or an equivalent policy and at least one supplemental co-pay health insurance policy with Medicare co-insurance coverage for skilled nursing facility care, (commonly known as "medigap" insurance), such as Blue Cross-Blue Shield Security 65 plans C and H, or an equivalent policy as approved by the Community. For a Resident under age 65, a substitute basic insurance coverage policy is required. If proceeds from Medicare and co-pay health insurance policies are allowable for nursing or related care provided by the Community, those proceeds shall be paid to the Community directly. Proof of such insurance must be provided at the time of application and prior to admission. In the event Resident fails to maintain in force, because of failure to make premium payments, such health care insurance after occupancy, the Community reserves and is hereby granted the right to make such payments for purposes of maintaining such insurance in force for Resident's benefit. Resident shall be obligated to reimburse the Community for such payments made on behalf of Resident and the cost of such premiums shall be in addition to and not included in the Monthly Fee.

(b) Assignment of Required Insurance and Third Party Payments. If Resident becomes eligible to receive payments form any third party for services provided under this Agreement by the Community, Resident shall at all times cooperate fully with the Community and each third party payor so that the Community may make claim for and receive any applicable third party payments. The Community has the right to any applicable benefits payable to Community under the insurance coverages required by this Agreement.

12.7 Automobile Insurance.

Residents who drive motor vehicles shall maintain their own automobile liability insurance to cover liability and medical expenses arising from injury to themselves and others.

12.8 Reduction of Income or Other Resources.

Resident shall make every reasonable effort to meet his/her financial obligations to THE COMMUNITY. Resident shall not transfer control of assets or property or make any gifts subsequent to the date of application for admission and shall not make any transfers or gifts after occupancy, which would substantially impair Resident's ability or the ability of Resident's estate to satisfy Resident's financial obligations to the Community.

12.9 Medical Examinations.

Resident must be examined by a qualified physician of Resident's own choosing prior to occupancy, and must make the results of the examination available to THE COMMUNITY in writing. If the pre-occupancy medical examination reveals that resident's health is not consistent with the conditions of occupancy in the personal care unit, the Community may terminate this Agreement, as discussed in more detail in Section 4, above.

12.10 Responsibility for Property Damage to Community.

(a) Responsibility for Condition of Personal Care Unit Upon Termination.

Upon termination of this Agreement, Resident shall vacate and surrender the personal care unit and leave it in as good condition as the date of occupancy except for reasonable wear and tear. If the personal care unit is damaged beyond ordinary wear and tear, the costs of repair shall be the obligation of Resident and such costs shall be billed directly to Resident or Resident's estate, or alternatively, deducted from any refund that may be due.

(b) Property Damages Caused by Resident. Any loss or damage to real or personal property of the Community caused by Resident or Resident's guests shall be paid for by Resident. In the event of Resident's death, Resident's estate shall be liable for any loss or damage of the Community's property caused by Resident.

12.11 Release Regarding Conduct of Other Residents or Guests.

THE COMMUNITY assumes no liability for the conduct of Resident or any other residents or guests, and Resident hereby releases and discharges the Community from any claims for personal injury to Resident or damages to Resident's personal property caused by the conduct of other residents or guests.

12.12 Responsibility For Resident's Personal Property.

(a) Responsibility for Loss or Damage. The Community shall not be responsible for the loss or damage due to fire, theft, or other causes of any property belonging to Resident or Resident's estate or Resident's guests, including motor vehicles,

unless the care and control of such property is specifically accepted in writing by the Community, and then only for willful or gross negligence in failing to safeguard and account for it. Resident shall have the responsibility to provide such insurance as Resident deems necessary to protect against such losses. No Personal property insurance is provided Resident by the Community, and Resident bears the risk of any damage or loss to personal property held in storage by the Community.

(b) Obligations Upon Termination. (i) If Resident has become unable to comply with the conditions of occupancy of the personal care accommodation, or this Agreement has been terminated for any reason other than the death of Resident, Resident or the duly authorized representative of Resident's estate must remove all personal property from the personal care accommodation, including property held in storage. If Resident's personal property is not removed by Resident or Resident's representative within thirty (30) days of Resident's permanent transfer from the personal care accommodation or termination of this Agreement, THE COMMUNITY shall dispose of Resident's property in any manner it deems appropriate, and shall not be liable or responsible for any damages to it. Resident or Resident's estate shall be obligated to pay all costs for the removal, storage or disposal of Resident's property. If Resident's property is moved to and stored in a commercial warehouse, the Community shall have no liability or responsibility for Resident's property. If Resident's property is moved to and stored in a commercial warehouse, the Community shall have no liability or responsibility for Resident's property during the transfer of the property or the storage of it. (ii) Within 24 hours of Resident's death, the Community shall contact or make a good faith effort to contact the personal representative or guardian of Resident to arrange for an inventory of Resident's personal property, after which the legal representative(s) of Resident Estate or family may remove Resident personal property or the Community may place the personal property into storage. If Resident's personal property is not thereafter claimed by Resident's Estate or family within thirty (30) days, the Community shall send a notice by certified mail to Resident's executor/executrix named in this Agreement or, if the Community has received prior written notice of a different legal representative for Resident's Estate, to that legal representative, stating that the Community will dispose of the property if not claimed within fourteen (14) days from the date such notice was postmarked; and, if the property is not claimed thereafter, such property shall be disposed of by the Community and all costs of, less any proceeds from, such disposal shall be charged to and payable by Resident's Estate.

12.13 Rules, Regulations, Policies and Procedures.

The rights and privileges of Resident under this Agreement are personal to Resident and cannot be transferred or assigned. No person other than resident may occupy or use the personal care accommodations covered by this Agreement unless approval is obtained in writing from THE COMMUNITY.

SECTION 13: AVERAGE ANNUAL COST OF PROVIDING SERVICES

The average annual cost of providing care and services during the most recent twelve month period for which a report is available for a resident is: $_____

SECTION 14: CASUALTY LOSS

In the event the personal care accommodation occupied by Resident, or building in which the personal care accommodation is located, is destroyed or so damaged by fire or other casualty so as to render the personal care accommodation or the building generally unfit for occupancy, THE COMMUNITY in its sole and absolute discretion may elect to rebuild and restore the personal care accommodation and building, or exercise its option to terminate this Agreement. In the event of termination, no further obligation shall rest on either party under this Agreement except those expressed in the refund provisions or described as surviving termination. In the event Resident is unable to occupy the personal care accommodation for any period of time during any reasonably necessary period of restoration of the personal care accommodation, the Monthly Fee shall be reduced proportionately, unless a vacant personal care accommodation is available for temporary occupancy. Resident shall be responsible to locate and pay for the costs of any temporary housing or residence during any reasonably necessary period of repairs. The Community shall not be liable for any damage, compensation or claim by reason of inconvenience or annoyance arising from the necessity or repairing any portion of the personal care accommodation or building, or the interruption in use of the personal care accommodation, or the termination of this Agreement by reason of the destruction of the personal care accommodation or building. We will provide notice to the Insurance Department of such a catastrophic loss prior to a decision to terminate any agreement, and subject to the rights of the Insurance Commissioner to intervene on your behalf, if we elect to terminate this Agreement. Written notice of termination shall be given to you as soon as is reasonably possible from the date of the damage to the Residence. Any applicable refund due to you in accordance with Section 9 shall be paid to you in full upon any such determination.

SECTION 15: SEVERABILITY

If any provision of this Agreement is determined by a judicial or administrative tribunal of proper jurisdiction to be invalid or unenforceable, such provision shall be severed and the balance of this Agreement shall remain in full force and effect.

SECTION 16: ACTS OF FORBEARANCE

No act of forbearance or failure to insist upon prompt performance of any of the terms of this Agreement by THE COMMUNITY shall be construed as a waiver of any of the rights granted to Community.

SECTION 17: ENTIRE AGREEMENT

This Agreement along with any applicable addendum(s) constitutes the entire Agreement between THE COMMUNITY and Resident. The Community shall not be responsible or liable for any statements, representations or promises made by any person representing or purporting to represent the Community, unless such statements, representations or promises are set forth in the Agreement. Any brochures or advertisements describing the Community are for the purpose of inviting inquiries only and are not to be relied upon as legally or contractually binding. Resident may not amend this Agreement except by a subsequent written Agreement approved by the Community's Board of Directors and executed by the parties.

SECTION 18: INDEMNIFICATION

THE COMMUNITY shall not be responsible or liable for , and Resident shall indemnify, defend and hold the Community harmless from any and all claims, losses, damages, fines, penalties, expenses, judgments, reasonable settlements, or lawsuits, including actual attorneys' fees and all costs incurred in defending against any such claims, arising from or based upon any injury or death to persons or any damages to property caused by, or arising from, or based on, or in any way attributable to or connected with the negligent, reckless, intentional or other acts, conduct or omissions of Resident. Resident's indemnification obligation is payable on demand by the Community.

SECTION 19: SUBROGATION

In the event Resident is physically injured by an individual or entity not a party to this Agreement, Resident grants to the Community a right of subrogation, and authorizes the Community to bring such demands, claims or legal proceedings in the name of or on behalf of Resident for purposes of recovering from any third party or third party's insurer responsible for Resident's injury, the dollar value of all care provided by the Community to Resident as a result of any such injury. Resident shall cooperate and sign any documents necessary to facilitate the Community's ability to exercise its subrogation right.

SECTION 20: NOTICE

Notice, when required by the terms of this Agreement, shall be deemed to have been properly given, if and when delivered personally or, if sent by certified mail, return receipt requested, when postmarked, postage prepaid and addressed as follows:

To THE COMMUNITY:

CPSR Associates, LLC
200 Stoops Drive
Monongahela, PA 15063
Attention: Executive Director

To Resident (Before Occupancy):

After occupancy, notice will be provided to Resident at the personal care accommodation specified in this Agreement.

SECTION 21: MISCELLANEOUS PROVISIONS

21.1 **Resident's Continuing Disclosure Obligation.** The information regarding Resident's age, health and financial affairs submitted by Resident in the forms and related application documents constitutes a material part of this Agreement, and said information is incorporated as a part of this Agreement. Resident acknowledges that the submission of false information shall constitute grounds for the termination of this Agreement. Resident must disclose any material changes in Resident's physical, financial or mental condition. The failure to make such disclosure shall constitute grounds to terminate this Agreement.

21.2 **Receipt of Disclosure Statement and Resident Handbook.** Resident acknowledges receiving a copy of THE COMMUNITY's annual Disclosure Statement and Resident Handbook prior to signing this Agreement.

21.3 **Community's Modification of Agreement and Policies** THE COMMUNITY reserves the right to modify unilaterally this Agreement to conform to changes in law or regulation, and to make modifications in its rules, regulations, policies and procedures as permitted by the Continuing Care Provider Registration and Disclosure Act of 1984.

21.4 **Binding Effect.** This Agreement shall bind and serve to benefit the legal representatives, successors and assigns of the Community, and the heirs, executors, administrators and assigns of Resident.

21.5 **Governing Law.** This Agreement shall be interpreted according to the laws of the Commonwealth of Pennsylvania.

21.6 **NON-WAIVER OF THE CONTINUING CARE PROVIDER REGISTRATION AND DISCLOSURE ACT OF 1984**

No act, agreement, or statement of you, or of an individual purchasing care for you under this Agreement or any agreement to furnish care to you, shall constitute a valid waiver of any provisions of the Continuing Care Provider Registration and Disclosure Act of 1984 which is intended for the benefit or protection of you or the individual purchasing care for you.

NOTICE OF RIGHT OF RESCISSION

YOU HAVE THE RIGHT TO RESCIND THIS AGREEMENT WITHOUT PENALTY OR FORFEITURE WITHIN SEVEN DAYS AFTER EXECUTING THIS AGREEMENT. SHOULD YOU CANCEL THE AGREEMENT DURING THE SEVEN DAY RESCISSION PERIOD, FOR ANY REASON, YOU WILL BE ENTITLED TO A FULL REFUND, WITHOUT INTEREST, OF ANY AND ALL DEPOSITS MADE, LESS ANY EXPENSES ACTUALLY INCURRED BY CPSR ASSOCIATES, LLC AT YOUR SPECIFIC REQUEST FOR CUSTOM IMPROVEMENTS TO YOUR UNIT AS STATED IN AN ADDENDUM TO THIS AGREEMENT. YOU ARE NOT REQUIRED TO OCCUPY YOUR RESIDENCE DURING THE SEVEN DAY RESCISSION PERIOD. IF YOU DO OCCUPY THE RESIDENCE, OCCUPANCY SHALL NOT BE CONSTRUED AS A WAIVER OF YOUR RIGHT TO RESCIND THE AGREEMENT DURING THE SEVEN DAY RESCISSION PERIOD. THE RESCISSION PERIOD BEGINS _____ AND ENDS _____. TO RESCIND YOUR OCCUPANCY AGREEMENT, MAIL OR DELIVER THIS SIGNED AND DATED WRITTEN NOTICE TO CPSR ASSOCIATES, LLC, 200 STOOPS DRIVE, MONONGAHELA, PA 15063.

DATED:_____

_____

Resident hereby acknowledges reading this Agreement in its entirety, understanding its provisions and has been provided an opportunity to consult with personal advisors, including legal counsel, regarding its terms.

IN WITNESS WHEREOF, THE COMMUNITY has caused this Agreement to be signed by its authorized representative, and Resident has hereunto affixed his/her/their signature(s), the day and year first above written.

Attest: THE COMMUNITY

_____ BY:_____ _____
Community Representative Date

_____ BY:_____ _____
Resident Care Coordinator/Assist. Date

Witness:

_____ _____ _____
Resident SEAL Date

_____ _____ _____
Resident SEAL Date

MON VALLEY CARE CENTER RATES
AS OF DECEMBER 31, 2024

Personal Care CCRC (LEASE)

Room and Level of Care	Entrance Fee	Monthly Maintenance Fee
Private Room		
Level 0	$31,175.00	$1,368.00
Level 1	$34,100.00	$1,500.00
Level 2	$37,155.00	$1,630.00
Semi-Private		
Level 0	$26,905.00	$1,180.00
Level 1	$29,895.00	$1,312.00
Level 2	$32,880.00	$1,443.00

Personal Care (RENTAL)

Room and Level of Care	Daily Room &Board Charge Rates Effective 10/1/23
Private Room	
Level 0	$ 111.00 per day
Level 1	$ 117.00 per day
Level 2	$ 128.00 per day
Semi-Private	
Level 0	$ 106.00 per day
Level 1	$ 111.00 per day
Level 2	$ 122.00 per day

Skilled Nursing Care

Skilled Nursing Center	Daily Room and Board Rate Effective 10/1/23
Private Room	$ 413.00 per day
Semi-Private Room	$ 339.00 per day
Intermediate Care	
Private Room	$ 350.00 per day
Semi-Private Room	$ 318.00 per day

Actuarial Life Table

A period life table is based on the mortality experience of a population during a relatively short period of time. Here we present the 2020 period life table for the Social Security area population, as used in the 2023 Trustees Report (TR). For this table, the period life expectancy at a given age is the average remaining number of years expected prior to death for a person at that exact age, born on January 1, using the mortality rates for 2020 over the course of his or her remaining life.

Period Life Table, 2020, as used in the 2024 Trustees Report

Exact age	Male			Female		
	Death probability [a]	Number of lives [b]	Life expectancy	Death probability [a]	Number of lives [b]	Life expectancy
0	0.005837	100,000	74.12	0.004907	100,000	79.78
1	0.000410	99,416	73.55	0.000316	99,509	79.17
2	0.000254	99,376	72.58	0.000196	99,478	78.19
3	0.000207	99,350	71.60	0.000160	99,458	77.21
4	0.000167	99,330	70.62	0.000129	99,442	76.22
5	0.000141	99,313	69.63	0.000109	99,430	75.23
6	0.000123	99,299	68.64	0.000100	99,419	74.24
7	0.000113	99,287	67.65	0.000096	99,409	73.25
8	0.000108	99,276	66.65	0.000092	99,399	72.25
9	0.000114	99,265	65.66	0.000089	99,390	71.26
10	0.000127	99,254	64.67	0.000092	99,381	70.27
11	0.000146	99,241	63.68	0.000104	99,372	69.27
12	0.000174	99,227	62.69	0.000123	99,362	68.28
13	0.000228	99,209	61.70	0.000145	99,349	67.29
14	0.000312	99,187	60.71	0.000173	99,335	66.30
15	0.000435	99,156	59.73	0.000210	99,318	65.31
16	0.000604	99,113	58.76	0.000257	99,297	64.32
17	0.000814	99,053	57.79	0.000314	99,271	63.34
18	0.001051	98,972	56.84	0.000384	99,240	62.36
19	0.001250	98,868	55.90	0.000440	99,202	61.38
20	0.001398	98,745	54.97	0.000485	99,159	60.41
21	0.001524	98,607	54.04	0.000533	99,111	59.44
22	0.001612	98,456	53.12	0.000574	99,058	58.47
23	0.001682	98,298	52.21	0.000617	99,001	57.50
24	0.001747	98,132	51.30	0.000655	98,940	56.54
25	0.001812	97,961	50.39	0.000700	98,875	55.58
26	0.001884	97,783	49.48	0.000743	98,806	54.61
27	0.001974	97,599	48.57	0.000796	98,732	53.66
28	0.002070	97,406	47.66	0.000851	98,654	52.70
29	0.002172	97,205	46.76	0.000914	98,570	51.74
30	0.002275	96,994	45.86	0.000976	98,480	50.79
31	0.002368	96,773	44.97	0.001041	98,383	49.84

Exact age	Male			Female		
	Death probability [a]	Number of lives [b]	Life expectancy	Death probability [a]	Number of lives [b]	Life expectancy
32	0.002441	96,544	44.07	0.001118	98,281	48.89
33	0.002517	96,308	43.18	0.001186	98,171	47.94
34	0.002590	96,066	42.29	0.001241	98,055	47.00
35	0.002673	95,817	41.39	0.001306	97,933	46.06
36	0.002791	95,561	40.50	0.001386	97,805	45.12
37	0.002923	95,294	39.62	0.001472	97,670	44.18
38	0.003054	95,016	38.73	0.001549	97,526	43.24
39	0.003207	94,725	37.85	0.001637	97,375	42.31
40	0.003333	94,422	36.97	0.001735	97,215	41.38
41	0.003464	94,107	36.09	0.001850	97,047	40.45
42	0.003587	93,781	35.21	0.001950	96,867	39.52
43	0.003735	93,445	34.34	0.002072	96,678	38.60
44	0.003911	93,096	33.46	0.002217	96,478	37.68
45	0.004137	92,732	32.59	0.002383	96,264	36.76
46	0.004452	92,348	31.73	0.002573	96,035	35.85
47	0.004823	91,937	30.87	0.002777	95,788	34.94
48	0.005214	91,493	30.01	0.002984	95,522	34.04
49	0.005594	91,016	29.17	0.003210	95,237	33.14
50	0.005998	90,507	28.33	0.003476	94,931	32.24
51	0.006500	89,964	27.50	0.003793	94,601	31.35
52	0.007081	89,380	26.67	0.004136	94,242	30.47
53	0.007711	88,747	25.86	0.004495	93,852	29.59
54	0.008394	88,062	25.06	0.004870	93,430	28.72
55	0.009109	87,323	24.27	0.005261	92,975	27.86
56	0.009881	86,528	23.48	0.005714	92,486	27.01
57	0.010687	85,673	22.71	0.006227	91,958	26.16
58	0.011566	84,757	21.95	0.006752	91,385	25.32
59	0.012497	83,777	21.21	0.007327	90,768	24.49
60	0.013485	82,730	20.47	0.007926	90,103	23.67
61	0.014595	81,614	19.74	0.008544	89,389	22.85
62	0.015702	80,423	19.03	0.009173	88,625	22.04
63	0.016836	79,160	18.32	0.009841	87,812	21.24
64	0.017908	77,828	17.63	0.010529	86,948	20.45
65	0.018943	76,434	16.94	0.011265	86,032	19.66
66	0.020103	74,986	16.26	0.012069	85,063	18.88
67	0.021345	73,479	15.58	0.012988	84,037	18.10
68	0.022750	71,910	14.91	0.014032	82,945	17.34
69	0.024325	70,274	14.24	0.015217	81,781	16.58
70	0.026137	68,565	13.59	0.016634	80,537	15.82
71	0.028125	66,773	12.94	0.018294	79,197	15.08
72	0.030438	64,895	12.30	0.020175	77,748	14.36

Exact age	Male			Female		
	Death probability [a]	Number of lives [b]	Life expectancy	Death probability [a]	Number of lives [b]	Life expectancy
73	0.033249	62,919	11.67	0.022321	76,180	13.64
74	0.036975	60,827	11.05	0.025030	74,479	12.94
75	0.040633	58,578	10.46	0.027715	72,615	12.26
76	0.044710	56,198	9.88	0.030631	70,603	11.60
77	0.049152	53,685	9.32	0.033900	68,440	10.95
78	0.054265	51,047	8.77	0.037831	66,120	10.31
79	0.059658	48,277	8.25	0.042249	63,618	9.70
80	0.065568	45,397	7.74	0.047148	60,931	9.10
81	0.072130	42,420	7.25	0.052545	58,058	8.53
82	0.079691	39,360	6.77	0.058685	55,007	7.98
83	0.088578	36,224	6.31	0.065807	51,779	7.44
84	0.098388	33,015	5.88	0.074052	48,372	6.93
85	0.109139	29,767	5.47	0.083403	44,790	6.44
86	0.120765	26,518	5.07	0.093798	41,054	5.99
87	0.133763	23,316	4.70	0.104958	37,203	5.55
88	0.148370	20,197	4.35	0.117435	33,299	5.15
89	0.164535	17,200	4.02	0.131540	29,388	4.76
90	0.182632	14,370	3.72	0.146985	25,522	4.41
91	0.202773	11,746	3.44	0.163592	21,771	4.08
92	0.223707	9,364	3.18	0.181562	18,209	3.78
93	0.245124	7,269	2.96	0.200724	14,903	3.51
94	0.266933	5,487	2.75	0.219958	11,912	3.27
95	0.288602	4,023	2.57	0.239460	9,292	3.05
96	0.309781	2,862	2.42	0.258975	7,067	2.85
97	0.330099	1,975	2.28	0.278225	5,237	2.68
98	0.349177	1,323	2.15	0.296912	3,780	2.52
99	0.366635	861	2.04	0.314727	2,657	2.37
100	0.384967	545	1.93	0.333610	1,821	2.23
101	0.404215	335	1.83	0.353627	1,214	2.09
102	0.424426	200	1.73	0.374844	784	1.96
103	0.445648	115	1.63	0.397335	490	1.84
104	0.467930	64	1.54	0.421175	296	1.72
105	0.491326	34	1.45	0.446446	171	1.61
106	0.515893	17	1.36	0.473232	95	1.50
107	0.541687	8	1.28	0.501626	50	1.40
108	0.568772	4	1.20	0.531724	25	1.30
109	0.597210	2	1.13	0.563627	12	1.21
110	0.627071	1	1.05	0.597445	5	1.12
111	0.658424	0	0.98	0.633292	2	1.03
112	0.691346	0	0.92	0.671289	1	0.95
113	0.725913	0	0.85	0.711567	0	0.88

Exact age	Male			Female		
	Death probability [a]	Number of lives [b]	Life expectancy	Death probability [a]	Number of lives [b]	Life expectancy
114	0.762209	0	0.79	0.754261	0	0.80
115	0.800319	0	0.74	0.799516	0	0.74
116	0.840335	0	0.68	0.840335	0	0.68
117	0.882352	0	0.63	0.882352	0	0.63
118	0.926469	0	0.58	0.926469	0	0.58
119	0.972793	0	0.53	0.972793	0	0.53

[a] Probability of dying within one year.
[b] Number of survivors out of 100,000 born alive.

Note: The period life expectancy at a given age for 2020 is the average remaining number of years expected prior to death for a person at that exact age, born on January 1, using the mortality rates for 2020 over the course of his or her remaining life.

The Social Security area population is composed of: (1) residents of the 50 States and the District of Columbia (adjusted for net census undercount); (2) civilian residents of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands; (3) Federal civilian employees and persons in the U.S. Armed Forces abroad and their dependents; (4) non-citizens living abroad who are insured for Social Security benefits; and (5) all other U.S. citizens abroad.

Mon Valley
Care Center

200 Stoops Drive
Monongahela, PA 15063

724.310.1111
fax: 724.483.3101

The Audited Financial Statements for 2023 and 2024 will be forwarded as soon as they are available.

NOTICE OF RIGHT OF RESCISSION

YOU HAVE THE RIGHT TO RESCIND THIS AGREEMENT WITHOUT PENALTY OR FORFEITURE WITHIN SEVEN DAYS AFTER EXECUTING THIS AGREEMENT. SHOULD YOU CANCEL THE AGREEMENT DURING THE SEVEN DAY RESCISSION PERIOD, FOR ANY REASON, YOU WILL BE ENTITLED TO A FULL REFUND, WITHOUT INTEREST, OR ANY AND ALL DEPOSITS MADE, LESS ANY EXPENSES ACTUALLY INCURRED BY CPSR ASSOCIATES, LLC AT YOUR SPECIFIC REQUEST FOR CUSTOM IMPROVEMENTS TO YOUR UNIT AS STATED IN AN ADDENDUM TO THIS AGREEMENT. YOU ARE NOT REQUIRED TO OCCUPY YOUR RESIDENCE DURING THE SEVEN DAY RESCISSION PERIOD. IF YOU DO OCCUPY THE RESIDENCE, OCCUPANCY SHALL NOT BE CONSTRUED AS A WAIVER OF YOUR RIGHT TO RESCIND THE AGREEMENT DURING THE SEVEN DAY RESCISSION PERIOD. THE RESCISSION PERIOD BEGINS _____ AND ENDS _____. TO RESCIND YOUR OCCUPANCY AGREEMENT, MAIL OR DELIVER THIS SIGNED AND DATED WRITTEN NOTICE TO CPSR ASSOCIATES, LLC, 200 STOOPS DRIVE, MONONGAHELA, PA 15063-3552.

DATED: _____

_____

Mon Valley
Care Center

200 Stoops Drive
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Mon Valley Care Center
Actual vs. Pro Forma Income Statement
for the period ending December 31, 2024

Revenue:

	Actual	Budget	Variance $	Variance %	Notes:
Medicare Part A	666,075	774,600			
Private ICF	427,252	418,500			
Private SNF	65,846	49,500			
Medicaid	3,019,029	2,718,090			
Private Insurance	0	100,200			
Managed Care	2,238,234	2,331,802			
Hospice Private	44,070	27,900			
Private Level 0	185,147	97,995			
Private Level 1	644,479	469,100			
Private Level 2	104,856	187,300			
Semi Private Level 0	187,856	31,980			
Semi Private Level 1	376,909	357,600			
Semi Private Level 2	34,814	102,660			
Medicare Part B	43,766	31,200			
Other Revenue	62,961	322,137			
Total Revenue:	**8,101,294**	**8,020,564**	**80,730**	**1.01%**	**Revenue as a whole was not materially different.**

Expenses:

	Actual	Budget	Variance $	Variance %	
Activities	136,011	109,376	26,635	24.35%	
Social Services	56,193	93,804	(37,611)	-40.10%	
Nursing Expense	2,404,003	1,597,558	806,445	50.48%	
Personal Care Expenses	628,101	398,905	229,196	57.46%	
Nursing Administration	231,165	301,456	(70,291)	-23.32%	
Inventory Control	21,114	23,160	(2,046)	-8.83%	
Dietary	677,910	676,793	1,117	0.17%	
Laundry	28,858	24,600	4,258	17.31%	
Housekeeping	184,160	252,228	(68,068)	-26.99%	
Plant & Maintenance	531,233	482,556	48,677	10.09%	
General & Administrative	2,588,457	3,062,415	(473,958)	-15.48%	
Marketing Admissions	15,414	33,531	(18,117)	-54.03%	
Pharmacy	381,035	495,800	(114,765)	-23.15%	
Medical Supplies	114,646	235,000	(120,354)	-51.21%	
Total Expenses:	**7,998,301**	**7,787,182**	**211,119**	**2.71%**	**Expenses as a whole and individually were not materially different.**

We consider material differences between actual expenses and pro forma expenses to be both $50,000 and 10% over / under budgeted expenses.

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