



**NEW YORK STATE DEPARTMENT OF HEALTH
OPERATING CERTIFICATE**

I do hereby certify that pursuant to authority conferred by law this operating certificate has been issued on the 1st day of April 2021.

to **Water/Howard Associates, LLC**
to operate a **PRIVATE PROPRIETARY ENRICHED HOUSING PROGRAM
MAXIMUM CAPACITY: 84 RESIDENTS**
to be known as **Fredonia Place**
located at **50 Howard Street
Fredonia, NY 14063
Chautauqua County**

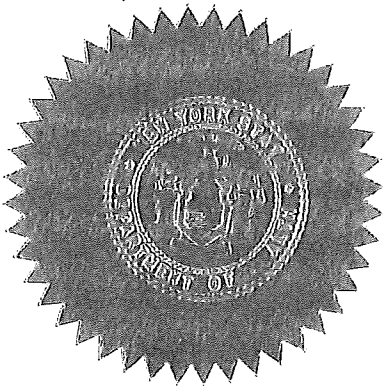
This certificate is issued in accordance with the regulations promulgated and adopted by the Department of Health as the statute provides. Programs authorized by the operating certificate: ENRICHED HOUSING - ASSISTED LIVING RESIDENCE

ASSISTED LIVING RESIDENCE (ALR): 84 RESIDENTS-effective 4/17/2017

ADDITIONAL ALR CERTIFICATIONS:

ENHANCED (EALR): 15 RESIDENTS-effective 4/17/2017

SPECIAL NEEDS (SNALR): 24 RESIDENTS-effective 4/17/2017



In witness whereof, I have hereunto set my hand and affixed the official seal of the New York State Department of Health this 16th day of April 2021.

MARK J. HENNESSEY
Director
Center for Health Care
Provider Services
And Oversight

Expiration Date: March 31, 2023

Number: 060-S-003

HOWARD A. ZUCKER, M.D., J.D.
Commissioner of Health