SPECIAL NEEDS ASSISTED LIVING RESIDENCE
ADDENDUM TO
RESIDENCY AGREEMENT

This is an addendum to a Residency Agreement made between Fredonia Place, (The Operator), (the "Resident" or "You"), _____(the "Resident's Representative"), (the "Resident's Legal Representative"). Such Residency Agreement is dated_____ This addendum adds new sections and amends, if any, only the sections specified in this addendum. All other provisions of the Residency Agreement shall remain in effect, unless otherwise amended in accordance with this Agreement. This addendum must be attached to the Residency Agreement between the parties.

I. Special Needs Assisted Living Certification.

The Operator is currently certified by the New York State Department of Health to provide Special Needs Assisted Living at Fredonia Place located at, 50 Howard Street Fredonia, NY 14063.

II. Request for and Acceptance of Admission

You or Your Resident Representative or Legal Representative have requested that You become a Resident at this Special Needs Assisted Living Residence (the "Residence") and the Operator has accepted such request. The Levels of Care and cost is as follows:

SNALR Memory Care (Level 1) – $4,696 (Monthly)
The resident requires limited assistance (supervision and reminders) to complete their activities of daily living or ADL's. The resident requires some assistance or direction with bathing and showering and limited assistance with dressing or grooming (approximately 15 min/day). The resident is continent or can independently manage incontinence and is not on a toileting schedule. The resident requires minimal assistance at meal times, which includes cutting up food and occasional reminders during mealtime. The resident has minimal behaviors and are easily redirected. The resident receives medication assistance, weekly housekeeping, daily laundry and activities service, transportation to local medical appointments, three meals each day and snacks, case management, resident checks, and 24- hour staffing.

SNALR Memory Care (Level 2) - $4,999 (Monthly)
The resident requires assistance to complete their activities of daily living or ADL's when supervision or reminders is not enough. The resident requires assistance with bathing and showering and assistance with dressing or grooming (approximately 30 min/day). The resident is on a toileting schedule due to incontinence or cannot independently manage. The resident requires assistance at meal times, which includes cutting up food and/or, repetitive reminders during mealtime. The resident has occasional behaviors that can be regularly redirected. The resident receives medication assistance, weekly housekeeping, daily laundry and activities service, transportation to local medical appointments, three meals each day and snacks, case management, resident checks, and 24- hour staffing.

SNALR Memory Care (Level 3) - $5,809 (Monthly)

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BY NYS Department of Health
4/14/17 (date)
(project manager)

The resident requires complete assistance to complete their activities of daily living or ADL's. The resident requires complete assistance with bathing and showering and complete assistance with dressing or grooming (more than 30 min/day). The resident is on a toileting schedule due to incontinence or cannot independently manage toileting. The resident requires frequent assistance at meal times, which includes cutting up food, reminders, and redirection during mealtime. The resident has frequent behaviors that may or may not be regularly redirected. Frequent bathing and bed linen changes are required due to incontinence. The resident receives medication assistance, weekly housekeeping, daily laundry and activities service, transportation to local medical appointments, three meals each day and snacks, case management, resident checks, and 24- hour staffing.

III. Specialized Programs, Staff Qualifications and Environmental Modifications
Attached as Exhibit S.N.# 1 and made a part of this Agreement is a written description of:

Specialized services to be provided in the Special Needs Residence;
Staff education and training and work experience, and professional affiliations or special characteristics relevant to serving persons with specific special needs;
Any environmental modifications that have been made to protect the health, safety and welfare of Residents.

IV. Addendum Agreement Authorization.

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

Dated: _____ _____
(Signature of Resident)

Dated: _____ _____
(Signature of Resident's Representative)

Dated: _____ _____
(Signature of Resident's Legal Representative)

Dated: _____ _____
(Signature of Operator or the Operator's Representative)

APPROVED
BY NYS Department of Health
4/14/17 (date)
_____ (project manager)