

**SPECIAL NEEDS ASSISTED LIVING RESIDENCE
ADDENDUM TO
RESIDENCY AGREEMENT**

This is an addendum to a Residency Agreement made between Plattsburgh ALR, Inc. (the "Operator"), _____ (the "Resident" or "You"),
_____ (the "Resident's Representative", if any) and
_____ (the "Resident's Legal Representative", if any). Such Residency Agreement is dated _____.
This addendum adds new sections and amends, if any, only 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 Samuel F. Vilas Home located at 61 Beekman St. Plattsburgh, NY 12901.

II. Request for and Acceptance of Admission

You or Your Resident Representative or Legal Representative have requested that You become a Resident at this Special Needs Assisted Living Residence (the "residence") and the Operator has accepted such request.

III. Specialized Programs, Staff Qualifications and Environmental Modifications

Attached as Exhibit SN#1 and made a part of this agreement is a written description of:

- a. Specialized Services to be provided in the Special Needs Assisted Living Residence;
- b. Staffing Levels;
- c. Staff education and training work experience, and any professional affiliations or special characteristics relevant to serving persons with specific special needs;
- d. Any environmental modifications that have been made to protect the health, safety and welfare of persons in the Residence.

IV. Addendum Agreement Authorization

We, the undersigned, have read this Addendum Agreement, have received a duplicate copy thereof, and

agree to abide by the terms and conditions therein.

Dated: _____

(Signature of Resident)

Dated: _____

(Signature of Resident's Representative)

Dated: _____

(Signature of Resident's Legal Representative)

Dated: _____

(Signature of Operator or Operator's
Representative)

SN #1

I. Specialized services to be provided in the Special Needs Assisted Living Residence include:

- a. Appropriate Activities programs
- b. Appropriate and individualized dining program
- c. Enhanced supervision
 - a. Reminders as needed and appropriate
 - b. Redirection and cueing as needed
- d. Flexible Meal times
- e. Increased Housekeeping and assistance with ADLs as needed
- f. Increased Incontinence Care as needed

II. Staffing Levels – the staffing levels in the Special Needs Assisted Living Residence are as follows:

- a. Administrator – 40 hours per week, on call 24/7
- b. Resident Care Director – 40 hours per week
- c. DAY SHIFT (7a-3p)
 - i. LPN M-F*
 - ii. 2 Resident Care Aides
- d. EVENING SHIFT (3p-11p)
 - i. LPN on site as needed*
 - ii. 2 Resident Care Aides
- e. NIGHT SHIFT (11p-7a)
 - i. Nurse on Call*
 - ii. 2 Resident Care Aides

* Samuel F. Vilas Home provides an LPN or RN on-call 24 hours per day, 7 days per week

III. Staff Education, Training and Work Experience

- a. Registered Nurse or Licensed Practical Nurse
- b. 12-month extensive in-service training program for all staff
- c. 40-hour initial orientation program for all resident care staff

IV. Environmental Modifications Made to Protect the Health, Safety and Welfare of persons in the Special Needs Assisted Living Residence:

- a. The entire facility is equipped with a sprinkler system throughout
- b. Emergency call bells in all resident rooms and bathrooms.
- c. Smoke corridors.
- d. Supervised smoke detection systems for Resident safety
- e. Complete alarm system on all exit doors with appropriate delayed egress
- f. Secure outdoor courtyard
- g. Private dining and activities areas
- h. Window stops to prevent elopement