APPROVED
BY NYS Department of Health
_____(date)
_____(project manager)

WALDEN PLACE
ENHANCED ASSISTED LIVING RESIDENCE
ENHANCED ALR EXHIBIT NO. 1

1. Services to be provided in the Enhanced Assisted Living Residence ("EALR"):

The community will provide and/or coordinate services to allow for residents to age in place to the extent practical within the scope of services set forth in the residency agreement. Services will emphasize personal dignity, individual autonomy, independence, privacy and freedom of choice within a flexible setting by providing and/or coordinating supportive services if/when needed to accommodate a resident's changing needs and preferences in order to allow such resident to remain in the community as long as the community is able, willing and authorized to accommodate those current and changing needs.

The community will not admit, retain or care for those individuals who require services beyond those that the community is permitted to provide. A resident shall be admitted and continue to reside and age in place within the EARL provided that the community, the resident's physician, and, if applicable, the resident's licensed or certified home care agency agree that the additional needs of the resident can be safety and appropriately met at the community.

Services available within the EARL include:

- Personal care such as: bathing, dressing, toileting, medication assistance, laundry, housekeeping and planned activities
- Physical assistance of one-two persons to transfer (resident must be partially weight bearing)
- Physical assistance of one person in order to walk
- Physical assistance to propel a wheelchair
- Physical assistance to climb or descend stairs
- Assistance with unmanaged urinary or bowel incontinence (resident must not be resistant to receiving assistance and/ or the incontinence must not be disruptive to community living)

Examples of resident nursing needs that may be provided by the community include:

- Assistance with medical equipment (i.e., change out of Oxygen tanks and new tubing, concentrator change over to portable tank, Glucometer usage, hospital bed usage and assistance with enabler bars)
- Eye drops; inhalers; topical medication
- Injections- insulin including sliding scale; B12; procrit; epinephrine; epogen; forteo (excludes injectable drugs not typically found in a EARL setting such as chemotherapy type injectables)

- Catheter care (help with cleaning and/or changing drainage bag only; condom catheter changes)
- Colostomy Care (care of well-healed chronic stomas including wafer changes, emptying and cleaning bag and/or changing colostomy bag)
- PRN medication administration
- Minor dressing changes (in an emergency community will reinforce wound dressings and immediately call licensed agency engaged to provide skilled wound care services)
- Skin care to support the health of minor pressure areas and/or skin tears as ordered by the physician

If a resident reaches a point where he/she requires 24-hour skilled nursing care etc., the resident may remain at the community only if each of the following conditions is met:

- Resident hires appropriate nursing, medical, or hospice staff to care for increased needs;
- Resident's physician and home care agency both determine and document that, with the provision of such additional nursing, medical, or hospice care, the resident can be safety cared for in the community, and would not require placement in a hospital, nursing home, etc;
- Community agrees to retain the resident and to coordinate the care provided by the community and the additional nursing, medical, or hospice staff; and
- Resident is otherwise eligible to reside at the community.

The community shall not accept or retain any person who:

- Except as noted in detail above, is in need of continual (24 hour) medical or nursing care or supervision;
- Suffers from a serious and persistent mental disability sufficient to warrant placement in a residential facility;
- Requires health or mental health services which are not available or cannot be provided;
- Causes, or is likely to cause, danger to him/herself or others;
- Repeatedly behaves in a manner which directly impairs the well-being, care or safety of the resident or other residents, or which substantially interferes with the orderly operation of the facility;
- Has a medical condition which is unstable and which requires continual skilled observation of symptoms and reactions or accurate recording of such skilled observations for the purposes of reporting to the resident's physician;

- Refuses or is unable to comply with a prescribed treatment program, including but not limited to a prescribed medication regimen when such failure causes, or is likely to cause, in the judgment of a physician, life threatening danger to the resident or others;
- Is chronically bedfast;
- Suffers from a communicable disease or health condition which constitutes a danger to other residents or staff;
- Engages in alcohol or drug use, which results in aggressive, destructive and/or disruptive behavior; or
- Is under 62 years of age.

2. Staffing for EALR:

The community will provide or arrange for sufficient numbers of qualified staff to provide for resident needs and to safely evacuate residents in case of emergency in accordance with the resident's medical evaluation and individualized Service Plan, applicable professionals standards of practice and the requirements of the law.

Based on resident needs staffing may include:

On-site nurse at least 20 hours per week to oversee the EARL and Special Needs ALR services

At least 2 Resident Aides at all times

3. Staff education, training and work experience:

The Community's interview process targets applicants with experience working with the seniors in an assisted living environment. Candidates must have the desire to understand the needs of the community's resident population and possess a patient demeanor. Orientation will include State regulations, all of the community's policies and procedures, and specialized dementia training.

Resident Care Aide/Home Health Aide Trainees participate in medication training and are tested for comprehension and retention. Trainees also shadow for a minimum of 40 hours before taking a supervised test. Staff is constantly observed and evaluated by the AL Manager. Additionally, on-the-job training is implemented on a daily basis. All policies and procedures are designed to reflect the highest quality of resident care.

4. Environmental modifications that have been made to protect the health, safety and welfare of residents:

Sprinkler systems have been modified to include coverage of resident room bathrooms, resident room closets and attic spaces throughout the building.

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The community's call system has been modified to include pull cords in every resident apartment living space and bathroom.