

Attachment I

Enhanced Assisted Living Residence Addendum to Residency Agreement

This is an addendum to a Residency Agreement made between the GreenField Terrace (the "Operator), _____,
(the Resident or You), _____,
(the Resident's Representative), and _____,
(the Resident's Legal Representative). Such 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 the Agreement. This Addendum must be attached to the Residency Agreement between the parties.

I. Enhanced Assisted Living Certification

The Operator is currently certified by the New York State Department of Health to provide Enhanced Assisted Living at GreenField Terrace located at 5979 Broadway, Lancaster, NY 14086.

II. Physician Report

You have submitted to the Operator a written report from Your physician, which report states that:

- a. Your physician has physically examined You within the last month prior to Your admission into the Enhanced Assisted Living Residence; and
- b. You are not in need of 24-hour skilled nursing care or medical care which would require placement in a hospital or nursing home.

III. Request for and Acceptance of Admission

You have requested to become a Resident at this Enhanced Assisted Living Residence, (the Residence) and the Operator has accepted Your request.

APPROVED BY	
DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE	
NYSDOH REGIONAL OFFICE	
INITIALS <u>DJS</u>	DATE <u>2, 19, 19</u>

IV. Specialized Programs, Staff Qualifications and Environmental Modifications

Attached as EALR#1 and made part of this Agreement is a written description of:

- Services to be provided in the Enhanced Assisted Living Residence;
- Staffing levels;
- Staff education and training work experience , and any professional affiliations or special characteristics relevant to serving persons in the Enhanced Assisted Living Residence; and
- Any environmental modifications that have been made to protect the health, safety and welfare of persons in the Residence.

V. Aging in Place

The Operator has notified You that, while the Operator will make reasonable efforts to facilitate Your ability to age in place according to Your Individualized Service Plan, there may be a point reached where Your needs cannot be safely or appropriately met at the Residence; If this occurs, the Operator will communicate with You regarding the need to relocate to a more appropriate setting, in accordance with law.

VI. If 24 Hour Skilled Nursing or Medical Care is Needed

If You reach the point where You are in need of 24 hour skilled nursing care or medical care that is required to be provided by a hospital, nursing home or a facility licensed under the Mental Hygiene Law, the Operator will initiate proceedings for the termination of this Agreement and to discharge You from residency, UNLESS each of the following conditions are met:

- a. You hire appropriate nursing, medical or hospice staff to care for Your increased needs; AND
- b. Your physician and a home care services agency both determine and document that with the provision of such additional nursing, medical or hospice care, You can be safely cared for in the Residence, and would not require placement in a hospital, nursing home or other facility licensed under Public Health Law Article 28 or Mental Hygiene Law Articles 19,31, or 32; AND
- c. The Operator agrees to retain You as Resident and to coordinate the care provided by the Operator and the additional nursing, medical, or hospice staff; AND
- d. You are otherwise eligible to reside at the Residence.

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DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE	
NYSDOH REGIONAL OFFICE	
INITIALS <u>DJS</u>	DATE <u>2/19/19</u>

VII. 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 Representative)

1307-20

APPROVED BY

DIVISION OF ADULT CARE FACILITIES &
ASSISTED LIVING SURVEILLANCE

NYSDOH REGIONAL OFFICE

INITIALS DJS DATE 2/19/19

EALR #1

Services provided:

The GreenField Terrace EALR house can assist residents who meet the criteria for admission to the Assisted Living Residence (ALR) AND:

- Require the assistance of one person to transfer OR
- Require assistance managing medical equipment OR
- Are incontinent of bladder and the incontinence can be managed by resident or staff

Staffing Levels:

Shift:	LPN	Care Partner
Day	0.5	2
Evening	0.5	2
Night	0.25	1 + 1 float for 4 houses

Staff Education and Training:

Nurses: Licensed Practical Nurses with experience working with the elderly

Care Partners: Home Health Aides with training in cooking, housekeeping, needs of the elderly, etc.

Environment Modifications:

The Enhanced Assisted Living House is handicap accessible.

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