CONSUMER SUMMARY

Facility Posting

Instructions: Please complete the information in the FACILITY RESPONSE table.

FACILITY RESPONSE

<table>
<tr><td>Facility Operating Certificate Name</td><td>Tennyson Court</td></tr>
<tr><td>Full Address</td><td>49 Tennyson Court Williamsville NY 14221</td></tr>
<tr><td>Website link Facility</td><td>https://www.tennysoncourt.com</td></tr>
<tr><td>Website link DOH</td><td>https://www.health.ny.gov/facilities/adult_care/</td></tr>
<tr><td>Starting rent for each license and certification</td><td><u>Non-Memory Care</u>

Housing Accommodation & Basic Services Fee:
☐ Standard Room $6,460/m
☐ Mid-Size Room $6,745/m

☐ Large Room $7,235/m
☐ Semi-Private Room with Companion $4,580/m
<u>Memory Care (SNALR)</u>

<u>SNALR Housing Accommodation & Basic Services Fee</u>: (Check one)
☐ Semi-Private Room with Companion $6,230/m
☐ Standard Room without Shower $7,465/m
☐ Standard Room with Shower $8,055/m
☐ Large Room with Shower $8,340/m</td></tr>
<tr><td>Summary of Services (consistent language)</td><td>I. Housing Accommodations and Services

Beginning on _____ the Operator shall provide the following housing accommodations and services to You, subject to the other items, limitations and conditions contained in this Agreement and shall remain in effect until amended or terminated by the parties in accordance with the provisions of this Agreement.

A. Housing Accommodations and Services

1. Your Apartment/Room You may occupy or use a private ( ) or semi-private ( ) apartment /room identified in Exhibit I.A.1. and subject to the terms of this Agreement.</td></tr>
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2. **Common areas**. You will be provided with the opportunity to use the general purpose rooms at the Residence such as lounges, computer room, private dining room and activity center.

3. **Furnishings/Appliances Provided By The Operator**
Attached as Exhibit I.A.3. and made a part of this Agreement is an inventory of furnishings, appliances and other items supplied by the Operator in Your apartment.

4. **Furnishings/Appliances Provided by You**
Attached as Exhibit I.A.4. and made a part of this agreement is an inventory of furnishings, appliances and other items supplied by You in Your apartment/room. Such Exhibit also contains any limitations or conditions concerning what type of appliances may not be permitted (e.g., due to amperage concerns, etc.)

B. Basic Services

The following services ("Basic Services") will be provided to You, in accordance with Your Individualized Services Plan.

1. **Meals and Snacks**. Three (3) nutritional, well-balanced meals a day and a nutritious evening snack are included in Your Basic Rate. The following diets will be available when ordered by Your primary physician and included in Your Individualized Service Plan: Low Concentrated sweets (LCS), No Added Salt (NAS), or regular.

2. **Activities**. The Operator will provide a program of planned activities, opportunities for community participation and services designed to meet Your physical, social and spiritual needs, and will post a monthly schedule of activities in a readily visible common area of the Residence.

3. **Housekeeping**. The facility will provide weekly vacuuming, dusting,

	bathroom cleaning and daily emptying of trash. 4. **Linen Service**. The facility will provide towels and washcloths, pillow, pillowcase, blanket, bed sheets, bedspread; all clean and in good condition 5. **Laundry of Your personal Washable clothing**. 6. **Supervision on a 24-hour basis**. The Operator will provide appropriate staff on-site to provide supervision services in accordance with law. Supervision will include monitoring (a response to urgent or emergency needs or requests for assistance on a 24-hour a day, seven days a week basis) as well as the other components of supervision as specified in law. 7. **Case Management**. The Operator will provide appropriate staff to provide case management services in accordance with law. Such case management services will include identification and assessment of Your needs and interests, information and referral, and coordination with available resources to best address Your identified needs and interests. 8. **Personal Care**. Include some assistance with bathing, grooming, dressing, toileting, ambulation, transferring, medication acquisition, storage and disposal, assistance with self-administration of medication. **Development of Individualized Service Plan**. The Operator will develop an Individualized Service Plan to address the Resident's needs. The Individualized Service Plan will be updated every six months or when there is a change in health.
Cost for Additional Services – Tier billing or other	**Care Level One—additional $0 per month** *Includes all the services set forth above as Housing Accommodations & Basic Services.* *Personal care services beyond 3.75 hours per week will be provided in accordance with the Care Levels as described below.* **Care Level Two—additional $750 per month**

	Includes all the services set forth above in Care Level One, and intermittent hands on assistance with one or more of the following tasks: dressing, grooming including hair, teeth brushing, shaving, etc., and showering -- when the resident cannot complete a specific task without assistance, use of wanderguard system, if desired and approved by the Department, and, if admitted to the facility's EALR, one or more of the following services:
	
	• *Weekly, and daily injections covered by the facility's equivalency (e.g. insulin, B12);*
	• *Assistance with toileting requiring 2-hour toileting schedule to manage bowel & bladder incontinence*
	• *Vital recordings (e.g., blood pressure, pulse ox, glucose);*
	• *Assistance with the following medical equipment: CPAP, BiPAP; oxygen concentrators and portable oxygen tanks;*
	• *RN Assessment for PRN medication;*
	Treating abrasions and skin tears.
	
	Care Level Three -- additional $1,500 a month
	Includes all the services set forth above in Care Level Two, and continual hands-on assistance with one or more of the following tasks: dressing, grooming including hair, teeth brushing, shaving, etc., and showering --when the resident cannot complete a specific task without assistance, plus:
	• *Assistance with ambulation and transfer;*
	• *Assistance with transferring with a Gait belt; and*
	• *Any of the following skilled service, if admitted to the EALR:*
	  ○ *Care of Foley bags; and*
	  ○ *Changing ostomy and urostomy pouches.*
	
	<u>Memory Care *(SNALR)* Fees:</u>
	
	SNALR Housing Accommodations and Basic Services
	Includes use of a room in the secured SNALR unit, staffing to meet the needs of SNALR residents, and all the services delivered as part of the Operator's memory care program, as specified in Section I.B of this Agreement, such as meals and snacks, activities, housekeeping, 24-hour supervision, case management, and assistance with personal care including dressing, grooming (hair, teeth brushing,

	shaving, etc.,), *showering, assistance with medication management, cues and reminders for toileting and monthly weight recording. Personal care services beyond 3.75 hours per week will be provided in accordance with the Care Levels as described below.* **SNALR Care Level One—additional $0 per month** *Includes all of the services set forth above in the SNALR Housing Accommodations & Basic Services.* **SNALR Care Level Two—additional $750 per month** *Includes all the services set forth above in SNALR Care Level One, and intermittent hands on assistance with one or more of the following tasks: dressing, grooming including hair, teeth brushing, shaving, etc., and showering --when the resident cannot complete a specific task without assistance, assistance with toileting requiring 2-hour toileting schedule to manage bowel & bladder incontinence, and if admitted to the facility's EALR, one or more of the following skilled services:* • *Weekly, and daily injections covered by the facility's equivalency (e.g. insulin, B12);* • *vital recordings (e.g. blood pressure, pulse ox, glucose);* • *Assistance with the following medical equipment: CPAP, BiPAP; oxygen concentrators and portable oxygen tanks;* • *RN Assessment for PRN medication;* • *treating abrasions and skin tears.* **SNALR Care Level Three —additional $1,500 a month** *Includes all the services set forth above in SNALR Care Level Two, and continual hands on assistance with one or more of the following tasks: dressing, grooming including hair, teeth brushing, shaving, etc., and showering --when the resident cannot complete a specific task without assistance, and one or more of the following services:* • *Assistance with ambulation and transfer;* • *Assistance with transferring with a Gait belt; and* • *If admitted to the EALR, any of the following services:* o *care of Foley bags; and*

	○ *Changing ostomy and urostomy pouches.* **EXHIBIT III.B.**