ADDENDUM B
(If Applicable)

ENHANCED ASSISTED LIVING RESIDENCE
ADDENDUM TO RESIDENCY AGREEMENT

This is an addendum to a Residency Agreement made between Heathwood Assisted Living at Williamsville (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. Enhanced Assisted Living Certification

The Operator is currently certified by the New York State Department of Health to provide Enhanced Assisted Living at Heathwood Assisted Living at Williamsville located at 815 Hopkins Road, Williamsville, New York 14221.

II. Request for and Acceptance of Admission

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

III. Specialized Programs, Staff Qualifications and Environmental Modifications

- Specialized services to be provided in the Enhanced Residence include assistance with; transfers, unmanaged incontinence, catheter/ostomy care, medical equipment and feeding assistance approved by this licensure.
- Direct care staff are scheduled 24 hours/day, 7 days/week. Additional staff include environmental, wellness, dining, a case manager, RN nurse manager, and Administrator. Staffing is available for review.
- Staff are provided at least 12 hours of work related education and training annually, in addition to dementia training. Direct care staff are certified through New York State and a background check in completed;

- The building is secure with alarmed doors and after-hours entry requires a key pad code to enter or exit the building. A Wanderguard system is in place at the front entrance for those residents at risk for wandering and a pull cord system connected to the facility radio is located in each apartment to protect the health, safety and welfare of Residents.

IV. Financial Arrangements

The following supersedes the Financial Arrangements section III. A. 1 and 2 of the admission agreement:

The resident and the resident's representative, if any, agree to pay, and the operator agrees to accept, the following payment in full satisfaction of the basic rate for services, material, equipment, and food as specified in the Admission Agreement and in Section II of this addendum which the operator must provide according to law and regulation: Monthly Room/Board Rate $_____. An Individualized Service Plan (ISP) has been completed and determined the Enhanced Care Level is ☐ Level I ☐ Level II. As such, Your level of care rate is $_____.

The resident agrees to apply for and maintain all applicable income entitlements and public benefits necessary to pay for services provided by the operator.

V. 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)

APPROVED BY
DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE
NYSDOH REGIONAL OFFICE
INITIALS SW DATE 8/16/19