ADDENDUM
ENHANCED ASSISTED LIVING RESIDENCE ADDENDUM TO
RESIDENCY AGREEMENT

This is an addendum to a Residency Agreement made between Elderwood Village at Bassett Park (the "Operator"), _____(the "Resident or you")_____(the "Resident's Representative"), and _____(the "Resident's Legal Representative"). The Residency Agreement is dated as of _____. 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 Certificates.**

The Operator is currently certified by New York State Department of Health to provide Enhanced Assisted Living at Elderwood Village at Bassett Park located at 245 Bassett Road, Williamsville, NY 14221.

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 this 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 Residence at this Enhanced Assisted Living Residence, (the "Residence") and the Operator has accepted your request.

IV. **Specialized Programs, Staff Qualifications and Environmental Modifications**

Attached as EALR #1 and made a 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 to protect the health, safety and welfare of persons in the Residence.

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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 are, 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.

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 Operator's Representative)

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IV. Specialized Programs, Staff Qualifications and Environmental Modifications

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

1. Services to be provided in the Enhanced Assisted Living Residence:
   - Colostomy/Ileostomy cleaning of fresh site
   - Catheter, Application and removal of leg bag
   - Bladder and bowel incontinence management
   - Bath, tub/shower
   - Thickened liquids
   - Assisting resident unable to ask for PRN medications
   - Transfer and lifting techniques
   - Transfer/escort resident in wheelchair
2. Staffing Levels:
   - A Registered Nurse is on staff 37. 5 hours weekly for the ALR and EALR
   - Licensed Practical Nurses (LPN) are on staff as follows for the ALR and EALR:
     6:00 am – 2:00 pm – 1 LPN
     2:00 pm – 10:00 pm – 1 LPN
     10:00 pm – 6:00 am – 1 LPN
   - Certified Home Health Aides (CHHA) are on staff for the ALR and EALR:
     6:00 am – 2:00 pm – 3 CHHAs
     2:00 pm – 10:00 pm – 2 CHHAs
     5:00 pm – 10:00 pm – 1 CHHA
     10:00 pm – 6:00 am – 2 CHHAs
3. Staff education and training work experience, and any professional affiliations or special characteristics relevant to serving persons in the Enhanced Assisted Living Residence:
   - All nursing staff are licensed professionals and they receive annual training and assessment of skills
4. Any environmental modifications that have been made to protect the health, safety, and welfare of persons of Residence:
   - Automatic sprinkler system/smoke detection system throughout the building
   - Fire protection directly connected to local fire department
   - Handrails on both sides of all resident corridors and stairways
   - Centralized emergency call system in all bedrooms, toilet and bathing areas
   - Smoke barrier doors
   - In addition, specific modifications to EALR units, which include horns and strobe lights for fire protection

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