

ATTACHMENT L
SPECIAL NEEDS ASSISTED LIVING RESIDENCE
ADDENDUM TO RESIDENCY AGREEMENT

This is an Addendum to a Residency Agreement made between Amberleigh New York LH, Inc. d/b/a The Amberleigh (the "Operator"), (the "Resident" or "You"), _____, and as applicable (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 included in the Residency Agreement between the parties.

1. Special Needs Assisted Living Certification.

The Operator is currently certified by the New York State Department of Health to provide Special Needs Assisted Living at The Amberleigh located at 2330 Maple Road, Williamsville, NY 14221.

2. Request for and Acceptance of Admission

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

3. Specialized Programs, Staff Qualifications and Environmental Modifications

Included as **Attachment M** and made a part of this Agreement is a written description of:

- Specialized services to be provided in the Special Needs Residence;
- Staffing levels;
- Staff education and training and work experience, and professional affiliations or special characteristics relevant to serving persons with specific special needs;
- Any environmental modifications that have been made to protect the health, safety and welfare of Residents.

ADDENDUM AGREEMENT AUTHORIZATION

We, the undersigned, have read this Addendum Agreement, have received a duplicate copy thereof, and agree to abide to the terms and conditions therein.

Signatures on the next page.

APPROVED BY	
DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE	
NYSDOH REGIONAL OFFICE	
INITIALS SW	DATE 11 / 08 / 2023

Dated

Signature of Resident

Dated

Signature of Resident's Representative

Dated

Signature of Resident's Legal Representative

Dated

Signature of Operator (of Operator's Representative)

Attachment L

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Residency Agreement - The Amberleigh

APPROVED BY

DIVISION OF ADULT CARE FACILITY &
ASSISTED LIVING SURVEILLANCE

NYSDOH REGIONAL OFFICE

INITIALS SW DATE 11 / 08 / 2023

ATTACHMENT M

MEMORY CARE SERVICES

The Amberleigh agrees to provide the following memory care services to the Resident, in addition to those listed in the Residency Agreement and all are included in the monthly rate:

- Secured entrances, exits and windows, wander-protection design elements & appliance safety features, such as alarmed doors and Wanderguard pendants
- Care plans shall include, when necessary, identifying precipitating factors that need to be developed to avoid disruptive and aggressive behaviors and also to include interventions to promote the resident's highest functioning level.
- Escort to, reminders for and supervision at specialized activities
- Three meals per day, as well as snacks, planned and available as needed; prompting and assistance during meals included
- Assistance with bathing, as needed
- Assistance with dressing and undressing, including clothing selection
- Assistance with, and verbal cueing for, personal grooming tasks
- Assistance with prescribed nutritional supplements
- Housekeeping services daily as needed
- Linen and personal laundry services, as needed
- Maintenance of apartment, and any minor maintenance services or repairs, as needed
- Incontinence care and assistance, as needed
- Medication management, including ordering, assistance and cueing in taking medications
- Scheduling of MD appointments
- Supervision of mobility. Note: Residents must be independent with transfer and ambulation at the SNALR level of care.
- Resident and Family Council meetings.

Attachment M

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Residency Agreement - The Amberleigh

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ASSISTED LIVING SURVEILLANCE

NYSDOH REGIONAL OFFICE

INITIALS SW DATE 11 / 08 / 2023