Rochester Presbyterian Home

EXHIBIT VI.B.

ENHANCED ASSISTED LIVING RESIDENCE (EALR) ADDENDUM TO RESIDENCY AGREEMENT

This is an Addendum to the Residency Agreement made between **Rochester Presbyterian Home, Inc.** (Operator) and _____(You, the Resident), and _____ (the Resident's Representative), and _____, (Resident's Legal Representative). Such Residency Agreement is dated, _____ (effective date of residency), for _____ **Hall** Residence, Room #_____. The Basic Rate as of the date of this Addendum is Tier _____, $_____ per month), ($_____ per day).

The resident representative or other specified party may make payment under this agreement. 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 Addendum. This addendum must be attached to the *Residency Agreement* between the parties.

I. ENHANCED ASSISTED LIVING RESIDENCE (EALR) CERTIFICATES

Rochester presbyterian Home, Inc. is currently licensed by the New York State Department of Health to provide Enhanced Assisted Living Residence (EALR) Services at **256 Thurston Road, Rochester, NY 14619. Rochester Presbyterian Home, Inc.** is currently approved to provide:

- **EALR** services for a maximum of 22 persons with residents residing on the 3rd and 4th floors of the South Building.

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 EALR 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 (EALR), (the "Residence") and the Operator has accepted Your request.

APPROVED BY
DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE
NYSDOH REGIONAL OFFICE
INITIALS SJW DATE 4/21/2026

IV. SPECIALIZED PROGRAMS, STAFF QUALIFICATIONS AND ENVIRONMENTAL MODIFICATIONS

A. The EALR at **RPH.** are designed specifically for persons with dementia. The smaller size and the home setting simplifies life for those suffering from cognitive loss. Each resident has a private bedroom and half bathroom. A central living room area with an adjacent dining room and serving kitchen provides ample living space. Each floor has its own dining room to allow staff to accommodate Resident's needs and dining schedule preferences and variations.

B. The residence is organized as a secured unit that is equipped with delayed egress doors to prevent wandering. Window openings are limited to prevent accidents and elopement. The entire home is equipped with a sprinkler system throughout, emergency call bells in all resident rooms and bathrooms, smoke corridors, and supervised smoke detection systems for Resident safety. Kitchen equipment that may be unsafe for unsupervised access is locked and can only be operated by utilizing a key. All chemicals are also locked to ensure Residents' protection.

C. In addition, each floor of the residence has a screened porch and/or access to a secure patio with vegetable and flower gardens. The secure patio area is alarmed to offer this additional protection. This system is automatically disengaged in a fire emergency.

D. This model is rooted in the Eden Alternative. The core concept of the Eden Alternative is to eliminate the three plagues experienced by elders which are loneliness, helplessness, and boredom. These residences create a habitat where elders can thrive and see themselves as individuals. The home offers companionship to reduce loneliness, useful decision-making roles to reduce helplessness and a varied, spontaneous atmosphere to reduce boredom.

E. The Residence is staffed with direct care personnel, Licensed Nurses, an Administrator / program director, a qualified activities director, and an RN Case Manager. Other staff not specifically assigned to the Residence are available to address the needs of Residents that arise. The staffing plan is adjusted to meet the needs of the Residents.

F. Care Partners and Licensed Nurses receive comprehensive training on effectively and respectfully meeting the needs of persons with dementia, chronic disease management, comfort care and end of life care in collaboration with Hospice services. The training includes methods on successfully cuing individuals and provide physical assist with mobility, and continued support and assistance with personal care tasks, coordinating care with Homecare and Hospice, and the Resident and their family.

V. EALR SERVICES TO BE PROVIDED IN THE RESIDENCE:

The following services will be available to the Enhanced Assisted Living (EALR) Residents:

A. Physical assistance with transfers including assistance in use of a transfer belt or mechanical lift.

B. 1-2 Person Physical Assistance with Ambulation.

C. Incontinence Management and Care Assistance.
D. Suprapubic and Foley Catheter – Daily Care and Maintenance.
E. Colostomy – Daily Care and Maintenance.
F. Oral, Inhalation, Intradermal, Subcutaneous and Intramuscular Medication Administration by a Licensed Nurse.
G. Administration of Eye Drops/ Ear Drops by a Licensed Nurse.
H. Oxygen (portable/concentrator) Care and Maintenance by Licensed Nurse
I. Diabetic Management: Insulin Injections/Blood Glucose Tests by a Licensed Nurse.
J. Intermittent Skilled Nursing Observations which need to be reported to a Physician.
K. End of Life/ Comfort Care in Collaboration with Hospice Services within scope of facility approved services.

VI. **AGING IN PLACE**

Rochester Presbyterian Home, Inc. has notified You that, while **Rochester Presbyterian Home, Inc.** will make reasonable efforts to facilitate Your ability to age in place according to Your Individualized Service Plan (ISP), there may be a point reached where Your needs cannot be safely or appropriately met: If this occurs, **Rochester Presbyterian Home, Inc.** will communicate with You regarding the need to relocate to a more appropriate setting, in accordance with law.

VII. **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, **Rochester Presbyterian Home, Inc.** 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) **Rochester Presbyterian Home, Inc.** agrees to retain You as Resident and to coordinate the care provided by **Rochester Presbyterian Home, Inc.** and the additional nursing, medical or hospice staff.
d) You are otherwise eligible to reside at the Residence.

VIII. **STAFFING LEVELS:**

Staffing levels are maintained in compliance with all applicable laws and regulations appropriate for the level of care needed to provide required supervision and perform all the tasks necessary to always meet the needs of Residents. The staffing plan will be adjusted to

meet the needs and census of Residents enrolled in the EALR program. There is a comprehensive activities program with an activities coordinator that plans and conducts activities designed to promote Residents' activity in the Residence.

- Three (3) Care Partners are assigned to the 3rd and 4th floor residences during the day, and three (3) Care Partners are assigned on the evening shift to assist residents with all aspects of care and enrichment when fully occupied.
- Additionally, on the 2nd, 3rd and 4th floor residences, there is one (1) Licensed Nurse OR one (1) Medication Technician assigned to each residence on the day and evening shifts.
- During the overnight shift there is one (1) Med Tech. or Licensed Nurse and one (1) Care Partner assigned to the 2nd floor residence.
- During the overnight shift, two (2) Care Partners are assigned to the 3rd floor, and two (2) Care Partners are assigned to the 4th floor.
- The Administrator is a full-time employee and makes routine rounds in all areas of the residence.
- A Registered Nurse is available on-site for 40 hours each week and there is an RN on call when not on-site, 24 hours each day.
- There is also a Chef, Activities Specialist, Dietitian Consultant and Maintenance worker serving the residence.

IX. STAFF EDUCATION AND TRAINING

All staff receive comprehensive training in effectively and respectfully meeting the needs of persons retained in the EALR residence. Staff who provide Enhanced Assisted Living (EALR) services at **RPH** receive the following training:

1. Dementia Care and Reframing Dementia through Eden Alternative
2. Eden Alternative Introductory Training
3. Certification in First Aid and Fire/Life Safety
4. Serve Safe and Culinary Training
5. Personal Care Training: to include training to provide, colostomy and foley catheter care, skin care and prevention of impaired skin integrity
6. Transfer Training: Transfers and Mobility Techniques and use of Mechanical Lift
7. Licensed Nurses receive training in Diabetic Management: Insulin Injections/Blood Glucose Tests
8. Licensed Nurses receive training in End of Life / Comfort Care and Hospice services.
9. Recreational Programming
10. Job Shadowing.

Rochester Presbyterian Home

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 Legal Representative)
_____	_____
(Dated)	(Signature of Operator or Operator's Representative)