

ASHLEY WOODS ENHANCED ASSISTED LIVING RESIDENCE ADDENDUM TO RESIDENCY AGREEMENT –Attachment 16

This is an addendum to a Residency Agreement made between Episcopal Senior Housing, Penfield, LLC, d/b/a Ashley Woods (the “Operator”), , (the “Resident or You”), , the “Resident’s Representative”), and , (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 Certificates

The Operator is currently certified by the New York State Department of Health to provide Enhanced Assisted Living at Ashley Woods located at 400 YMCA Way Penfield, New York 14526.

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.

APPROVED BY	
DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE	
NYSDOH REGIONAL OFFICE	
INITIALS <u>Tah</u>	DATE <u>7</u> / <u>20</u> / <u>2021</u>

III. Request for and Acceptance of Admission

You have requested to become a Resident 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 made to protect the health, safety and welfare of persons in the Residence.*

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 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

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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: _____
(Episcopal Senior Housing, Penfield, LLC d/b/a Ashley Woods)

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ENHANCED ASSISTED LIVING RESIDENCE

ATTACHMENT EALR #1

Services to be provided by Enhanced Assisting Living Program and included in the daily service rate:

- *Assistance with Incontinence that is not self-managed*
- *Assistance with the management of some Medical Equipment and Devices*
- *Ostomy Care*
- *Catheter Care*
- *Oxygen Management*
- *One assist with transfer assistance*
- *One assist with ambulation assistance*
- *24- Hour Skilled Nursing Care assuming the conditions in Section VI of Attachment #16 are met and the operator agrees to retain You at the Residence.*

EALR Nursing Staffing Levels:

Day Shift

- *1 - Registered Nurse Monday through Friday 800a-400p (and 24 hours on call responsibility.*
- *1 - Registered Nurse or Licensed Practical Nurse 700a-300pm seven days per week.*
- *3 - Resident Care Assistants 700a-300p seven days per week*

Evening Shift

- *1 - Registered Nurse or Licensed Practical Nurse 300p-1100pm seven days per week*
- *3 - Resident Care Assistants 300p-1100p seven days per week*

Night Shift

- *2- Resident Care Assistants 1100p-700a seven days per week*

**You the resident may make arrangements for additional assistance needed through a Home Care Agency or Private Individual at your own cost or through third party reimbursement. The case manager can assist you in arranging these services.*

Staff Education and Training and Affiliations:

- *All staff receive facility specific in-service training at a minimum of 12 hours per year.*
- *Ashley Woods EALR is affiliated with the Episcopal Church Home a skilled Nursing Facility.*

Environmental Modifications:

- *Ashley Woods was built in 2021, the environment has been designed for the frail elderly with various needs.*

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