555 Maiden Lane, Rochester, New York 14616-4199 Phone (585) 621-6160 Fax (585) 621-8002

GRANDEVILLE SENIOR LIVING COMMUNITY

ENHANCED ASSISTED LIVING RESIDENCE

ADDENDUM TO RESIDENCY AGREEMENT

This is an addendum to a Residency Agreement made between GrandeVille Senior Living Community (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 GrandeVille Senior Living Community, located at 555 Maiden Lane, Rochester, New York, 14616.

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 that you become a Resident at this Enhanced Assisted Living Residence (the "Residence") and the Operator has accepted such request.

IV. Specialized Programs, Staff Qualifications and Environmental Modifications.

Attached as EALR Appendix 1 and made part of the agreement is a written description of:

- Services to be provided in the Enhanced Assisted Living Residence;
- Staffing Levels;
- Staff education and training and work experience, and 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 residents.

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NYSDOH REGIONAL OFFICE
INITIALS SW DATE 10/24/2025

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 a 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 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,
c. The Operator agrees to retain you as a 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:_____ _____

GrandeVille Senior Living Community

EALR Appendix 1

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I. **Services to be provided**-The following services will be available to the Enhanced Assisted Living Residents:

- Physical Assistance with ambulation (1 person assist)
- Physical Assistance with ambulation (2 person assist)
- Physical Assistance of 1 person for transfers
- Physical Assistance of 2 persons for transfers
- Incontinence Management
- Physical Assistance to manage oxygen equipment
- Transfer/escort resident in wheelchair

II. Staffing Levels:

Staffing levels will be 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 meet the resident's needs. The Enhanced program will be staffed with resident care aides and nurses to provide supervision and meet the needs of residents at all times. The staffing schedule will be adjusted to meet the needs and census of residents enrolled in the Enhanced Assisted Living Residence (EALR).

III. Staff education and training:

- All applicable staff are provided with training related to serving persons in an Enhanced Assisted Living Residence. This training includes methods of assisting with mobility impairments, oxygen equipment as well as personal care assistance. Resident Care staff are assessed annually to ensure skill levels are maintained.

IV. Environmental Modifications:

- The Enhanced Assisted Living Residence residents will reside throughout the facility.
- The facility is equipped with a fire & sprinkler system, emergency call system (call bells in the resident bedrooms and bathrooms as well as a pendant alarm system which works in all areas of the facility). Smoke barrier doors and a supervised smoke detection system throughout the building is provided for increased resident safety.

Revised 6-25-25

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