SPECIAL NEEDS ASSISTED LIVING RESIDENCE

ADDENDUM TO

RESIDENCY AGREEMENT

This is an addendum to a Residency Agreement made between 1404 Long Pond Road Operating Company LLC (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. **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 Elderwood Village at Greece located at 1404 Long Pond Road, Rochester, NY 14626.

II. **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.

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

Attached as Exhibit S.N.#1 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.

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NYSDOH REGIONAL OFFICE

INITIALS SW DATE 2/7/22

IV. **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 Representative)

Dated: _____
(Signature of Resident's Legal Representative)

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

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EXHIBIT S.N.#1
To
Special Needs Addendum

SNALR Services and Staffing

Services To Be Provided

- Wandering – Facility Staff to support resident with redirecting resident and assisting resident with meaningful conversation and purposeful activities. Facility will not continue to retain any resident chronically attempting to elope to the extent that the Resident presents a danger to self or interfere with the orderly operation of the Facility.
- Facility Staff will provide assistance with activities of daily living, continence care support, prompting residents with toileting schedule, encouraging the Resident to do as much as they are able and willing to maintain independence for as long as possible. Residence will arrange for any needed healthcare services to be provided by home care agency, such services will include: Nursing, Home health aide, physical therapy, occupational therapy, speech therapy, nutritional and medical supplies, equipment and appliances.
- The Facility will provide frequent individual and group activities, which are geared towards individuals with special needs and are meaningful to Residents. Programming is based on initial ongoing, historical and current Resident interests, assessments and observations of Residents. Weather permitting, Residents in the SNALR Unit will have the opportunity and will be encouraged to be outdoors each day with appropriate and sufficient supervision
- Food will be offered outside the usual meal times in a manner acceptable to the SNALR Residents mindful to Residents' functional abilities, preferences and needs. The resident's care plan will reflect these needs and preferences. To ensure optimal intake at mealtime unless contrary to the physician orders, prescribed nutritional supplements will be provided between and not at the same time as scheduled meals.
- Encouragement of family members and friends to visit and participate in the Resident's daily life activities where possible and desired.

Staffing Levels

The Staffing will be as follows:

- One (1) RN onsite for eight-(8)-hours, five(5)-days a week
- LPN onsite 24 hours daily for total of 24 hours on site daily nursing coverage
- LPN coverage seven-(7)-days a week
- On Call RN 24 hours daily/seven-(7) days when RN not onsite
- Case Management provided 20 hours weekly onsite coverage
- HHA/PCA Resident ratio 1:8 days
- HHA/PCA Resident ratio 1:8 evenings
- HHA/PCA Resident ratio 1:15 overnight

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- At a minimum one (1) first aid trained onsite staff on each shift

Staff Training

- All Staff will be trained in serving residents with dementia, including:
  - Normal aging versus dementia
  - Communication tills to enhance interactions with residents
  - Understanding and working with behavioral symptoms
  - Activities of daily living
  - Making every moment matter for the Resident

Environmental Modifications

In order to provide a safe, comfortable environment for all SNALR Residents, the Facility will maintain the SNALR space in a good state of repair and sanitation, and conformance with applicable state and local laws, regulations and ordinances. The Operator will provide or ensure there are furnishings and equipment, which will not endanger Resident health, safety and wellbeing, and which support daily activities and are appropriate to function. The environment will be designed to encourage and support independence while promoting safety. The dementia unit will be designed and operated as "household" sub units. The unit will provide regular opportunities for residents to be outdoors (weather permitting) with sufficient supervision by staff at all times. A secured outdoor space is provided and walkways that allow residents to ambulate with or without assisted devices such as wheelchairs and walkers.

The Operator will provide a secure environment:

- Delayed egress system on all door to the outside, or roof as well as leading to other areas of the facility. A facility Resident will not be required to pass through more than one door equipped with a delayed egress lock before entering an exit.
- The doors will unlock upon actuation of the fire alarm system
- The doors will unlock upon loss of power controlling the lock or lock mechanism. The initiation of an irreversible process released the latch in no more than 15 seconds to release the device. Initiation of the irreversible process will activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking will be by manual means only. A sign is provided on the door located above and within 12 inches of the release device reading: Push until alarm sounds, door can be opened in 15 seconds.

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