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

This is an addendum to a Residency Agreement made between Seabury 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 Certification

The Operator is currently certified by the New York State Department of Health to provide Enhanced Assisted Living at Seabury Woods located at 110 Dalaker Drive Rochester, New York 14624.

II. 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.

III. Physician Report

The Operator has notified Your physician, in writing that Enhanced Assisted Living services have been implemented to meet Your changing needs. And Your physician has noted that You are not in need of 24-hour skilled nursing care or medical care which would require placement in a hospital or nursing home.

IV. Rates

Upon admission into the EALR Program at Seabury Woods, an additional $40.00 per day, not to exceed $1,240.00 per month, service fee will be added to your current monthly basic rate of $ Monthly statements may vary according to the number of days of the month.

V. Specialized Programs

Attached as EALR Attachment # 1 and made a part of this Agreement is a written description of Services to be provided in the Enhanced Assisted Living Residence including:

- *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.*

VI. 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.

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, 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;

b. **and**, 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;

c. **and**, 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;

d. **and**, You are otherwise eligible to reside at the Residence.

VIII. 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.

Date: _____ _____
(Signature of Resident)

Date: _____ _____
(Signature of Resident's Representative)

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

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

APPROVED BY
DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE
NYSDOH REGIONAL OFFICE
INITIALS hkn DATE 1/11/19

Enhanced Assisted Living Residence – EALR Attachment #1

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

1) One person assistance with transfers (Attachment 1a)
2) Assistance with incontinence that is not self-managed (Attachment 1b)
3) Management of ostomy, colostomy, ileostomy, urostomy (Attachment 1c)
4) Mangement of oxygen equipment for (O2) administration (Attachment 1d)
5) 24- Hour Skilled Nursing Care assuming the conditions in Section VII of Attachment #16 are met and the operator agrees to retain You at the Residence

EALR Nursing Staffing Levels:

Day Shift

- One (1) Registered Nurse, Monday - Friday 8:00am-4:00pm (and 24 hours on-call responsibility).
- One (1) Registered Nurse or Licensed Practical Nurse 7:00am-3:00pm seven (7) days per week.
- Three (3) Resident Care Assistants 7:00am-3:00pm seven (7) days per week.

Evening Shift

- One (1) Registered Nurse or Licensed Practical Nurse 3:00pm-11:00pm seven (7) days per week
- Two (2) Resident Care Assistants 3:00pm-11:00pm seven (7) days per week

Night Shift

- Two (2) Resident Care Assistants 11:00pm-7:00am seven (7) 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 Nursing Caregivers receive facility specific in-service training at a minimum of twelve (12) hours per year.
- Seabury Woods EALR is affiliated with the Episcopal Church Home, a skilled Nursing Facility.
- All Nursing Caregivers receive a two (2) hour classroom training as a part of Annual Mandatory In-Service Training.

Environmental Modifications:

- Seabury Woods was constructed in 2002, the environment has been designed for the frail elderly with various needs.

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DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE
NYSDOH REGIONAL OFFICE
INITIALS MKN DATE 1/11/19

PROCESS One Assist Transfer - Attachment 1a

To provide enhanced services and care to accommodate a residents changing needs and preference to remain in Assisted Living Residence

Procedure

1. A Resident who is requiring chronic assistance of one person to transfer from one surface to another or to a standing position may elect to secure enhanced services provided by the facility.

2. Nursing staff, Case Manager, Resident and/or representative will review and discuss the Resident's level of assistance needed to ensure comfort and safe management of their one assist transfer needs.

3. A Resident in need of a specific plan of care to ensure the one person assist transfer from one surface to another or to a standing position is provided by the nursing staff must have the cognition to be able to request the assistance when needed, recognize how to call for the assistance and understand his/her need for this assist to ensure safety and decrease the risk of falls.

4. Resident's Primary Medical Provider to be notified of changing needs and the ability of Seabury Woods to provide Enhanced Assisted Living Residence (EALR) services to meet the changing needs and the Resident is not in need of 24 hour skilled nursing care.

5. Resident's Primary Medical Provider must provide signed documentation related to #4. Signed documentation will be placed in the Resident's medical record.

6. The Resident's Individual Service Plan and Care Card will reflect the needed enhanced services to accommodate the Resident's specific needs.

7. Nursing staff and Case Manager responsible to document in the medical record as appropriate/needed.

POLICY: Chronic Unmanaged Urinary or Bowel Incontinence - Attachment 1b

To provide enhanced services and care to accommodate a resident's changing needs and preferences to remain in the Assisted Living Residence.

Procedure

1. A resident who is requiring chronic assistance to manage urinary and bowel incontinence may elect to secure enhanced services provided by the facility.

2. Nursing staff, Case Manager, Resident and Family/ Representative will review and discuss the resident's level of assistance needed to ensure comfort with clinical and safe management of chronic incontinence.

3. A resident specific toileting schedule with level of assistance needed will be implemented.

4. Incontinent hygiene care with level of assistance needed will be done to insure comfort, dignity and decrease the risks of infection.

5. Resident's Primary Medical Provider to be notified of changing needs and the ability of Seabury Woods to provide Enhanced Assisted Living Residence (EALR) services to meet the changing needs and the resident is not in need of 24 hour skilled nursing care.

6. Resident's Primary Medical Provider must provide signed documentation related to #5. Signed document will be placed in the Resident's medical record.

7. The Resident's Individual Service Plan and Care Card will reflect the needed enhanced services to accommodate the resident's needs.

8. Nursing staff responsible to document the effectiveness of toileting schedule on 24 Hour Communication Log and medical record as needed.

POLICY: Ostomy Management - Attachment 1c

To provide enhanced services and care to accommodate a resident's changing needs and preferences to remain in the Assisted Living Residence.

Procedure

1. A resident who requires on-going assistance to manage their ostomy and appliances may elect to secure enhanced services provided by the facility.

2. Nursing Staff, Case Manager, Resident and/or representative will review and discuss the Resident's level of assistance needed to ensure dignity and comfort with clinical and safe management of their ostomy.

3. A Resident specific schedule for drainage of the ostomy bag (pouch) will be implemented and provided by the nursing staff.

4. The Licensed Nurse will assist and encourage independence with the routine scheduled application of the barrier and ostomy appliance (pouch).

5. Resident's Primary Medical Provider to be notified of the changing needs and the ability of Seabury Woods to provide Enhanced Assisted Living Residence (EALR) services to meet the changing needs and the resident is not in need of 24 hour skilled nursing care.

6. Resident's Primary Medical Provider must provide signed documentation related to #5. Signed documentation will be placed in the Resident's medical record.

7. The Resident's Individual Service Plan and Care Card will reflect the needed enhanced services to accommodate the Resident's need.

8. Nursing staff responsible to document the services on 24 Hour Communication Log and medical record as needed.

POLICY: **Oxygen Management - Attachment 1d**

To provide enhanced services and care to accommodate a resident's changing needs and preferences to remain in the Assisted Living Residence.

Procedure

1. A Resident who is requiring chronic assistance to manage the proper delivery per medical order, proper storage and acquisition of needed equipment for oxygen treatment may elect to secure enhanced services provided by the facility.

2. Nursing staff, Case Manager, Resident and Family/Representative will review and discuss the Resident's level of assistance needed to ensure comfort with clinical and safe management of their oxygen treatment needs.

3. A Resident specific schedule with level of assistance needed to ensure the proper delivery of the oxygen treatment will be implemented and provided by the nursing staff.

4. A Resident specific schedule with assistance needed for acquisition, storage and maintenance of oxygen treatment equipment will be implemented by the Case Manager and Licensed Nurse.

5. Resident's Primary Medical Provider to be notified of changing needs and the ability of Seabury Woods to provide Enhance Assisted Living Residence (EALR) services to meet the changing needs and the resident is not in need of 24 hour skilled nursing care.

6. Resident's Primary Medical Provider must provide signed documentation related to #5. Signed documentation will be placed in the Resident's medical record.

7. The Resident's Individual Service Plan and Care Card will reflect the needed enhanced services to accommodate the Resident's needs.

8. Nursing staff and Case Manager responsible to document in the medical record as appropriate/needed.