## ADDENDUM B
## (If Applicable)

## ENHANCED ASSISTED LIVING RESIDENCE

This is an addendum to a Residency Agreement made between Heathwood Assisted Living at Penfield (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 Heathwood Assisted Living at Penfield located at 100 Elderwood Court, Penfield, New York 14526.

II. Request for and Acceptance of Admission

You or Your Resident Representative or Legal Representative have requested that You become a Resident at this Enhanced Assisted Living Residence (the "Residence") and the Operator has accepted such request.

III. Specialized Programs, Staff Qualifications and Environmental Modifications

- Specialized services to be provided in the Enhanced Residence include assistance with; transfers, unmanaged incontinence, catheter/ostomy care, medical equipment and feeding assistance approved by this licensure.
- Staffing levels are posted for review.

APPROVED BY
DIVISION OF ADULT CARE FACILITY &
ASSISTED LIVING SURVEILLANCE
NYSDOH REGIONAL OFFICE
INITIALS DJS DATE 5/31/18



INITIALS _____ DATE ___/___/___
NYSDOH REGIONAL OFFICE
DIVISION OF ADULT CARE FACILITY &
ASSISTED LIVING SURVEILLANCE
APPROVED BY
DJS

- Staff education and training and work experience and professional affiliations or special characteristics relevant to serving persons with enhanced needs;
- Any environmental modifications that have been made to protect the health, safety and welfare of Residents.

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's Representative) |
| Dated | (Signature of Resident's Legal Representative) |
| Dated | (Signature of Operator or Operator's Representative) |

APPROVED BY
DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE
NYSDOH REGIONAL OFFICE
DALS D35 DATE 5/15/18