

**ADDENDUM A
(If Applicable)**

**SPECIAL NEEDS ASSISTED LIVING RESIDENCE
ADDENDUM TO RESIDENCY AGREEMENT**

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"), and/or _____ (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 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 Special Needs 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 Special Needs Residence; a secure specially designed memory care unit.
- Staffing levels: posted for review
- 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.

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 NYS Department of Health
6/12/12 (date)
[Signature] (project manager)