THE SENTINEL OF AMSTERDAM
AN ASSISTED LIVING COMMUNITY

ENHANCED ASSISTED LIVING RESIDENCE
ADDENDUM TO
RESIDENCY AGREEMENT

This is an addendum to a Residency Agreement made between The Sentinel of Amsterdam (the "Operator"), _____, (the "Resident's Representative or You"), _____, (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 Sentinel Residency Agreement shall remain in effect, unless otherwise amended in accordance with this Agreement. This Addendum must be attached to Sentinel's Residency Agreement between the parties.

I. Enhanced Assisted Living Certificates

The Operator is currently certified by the New York State Department of Health to provide Enhanced Assisted Living at The Sentinel of Amsterdam located at 10 Market Street Amsterdam NY 12010

II. Physician Report

You have submitted to the Operator a written report from Your physician, which reports states that:

a. Your physician has physically examined You within the last month prior to Your admission into The Sentinel's 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 to become a Resident at The Sentinel's Enhanced Assisted Living Residence, (The "Residence") and the Operator has accepted Your request.

IV. Specialized Program, Staff Qualifications and Environmental Modifications

Attached as EALR and made a part of this Agreement is a written description of:

Services to be provided in the Enhanced Assisted Living Residence;

o Ostomy care
o Artificial limb care
o Incontinency care
o Mobility assistance; including mechanical lifts
o Wound care
o Catheter care
o The following Diets; Regular, No Added Salt & Low Concentrated Sweets as well as the following modified diets; Chopped, Ground and Pureed
o Assistance with feeding
o Daily redirection, prompting, orientation and closer observations.
o Skilled nursing observation and documentation
o Injections

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Staffing levels;
The Sentinel's current plan of staffing:
The Sentinel intends to utilize their Licensed Home Care Services Agency (LHCSA) for all Nursing and Resident Care Staffing & Needs.
o For Enhanced Assisted Living: capacity 30 beds: Projected plan of staffing, provided by the LHCSA, at full capacity will have a minimum of 3 resident aides on duty. Evening shift will have a minimum of 3 resident aides on duty and night shift will have a minimum of 2 resident aides on duty.
o At least 1 Registered Nurse, provided by the LHCSA, will be on duty 40 hours a week at eight hours a day and a registered nurse is always on call 24 hours/7 days a week.
Home Health Aides are staffed as resident care needs indicate.
Staff education and training work experience, and any professional affiliations or special characteristics relevant to serving persons in the Enhanced Assisted Living Residence; will be provided to you upon request.
o Administrator
o RN – Provided by the LHCSA
o Case Manager
o Resident Aides and/or Home Health Aides (each with 75 hours of training, 12 hours of in-service training a year and CPR, first aid certification and blood borne pathogen training)- Provided by the LHCSA
o Recreation & Volunteer Coordinator
o Recreation Assistant(s)
The NYS Department of Health approves Administrators and Case Managers. Recreation Directors must meet minimum education or work experience described in NYS ACF regulations.
Any environmental modifications that have been made to protect the health, safety and welfare of persons in the Residence.
o The Sentinel is ADA accessible (wheelchairs, motorized scooters).
o All 118 Resident rooms have 2 emergency call bells, one in the bathroom and one in the bedroom. Each Aide Station, on each floor, is equipped with a Nurse Call Monitoring System.
o The Sentinel maintains a fully operational fire detection system. The system includes both smoke detectors and sprinkler system. To assure your safety and security, The Sentinel contracts with an outside contractor to inspect the fire detection system to assure its' proper operation.

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

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