SPECIAL NEEDS ASSISTED LIVING RESIDENCE
ADDENDUM TO RESIDENCY AGREEMENT

III. Specialized Programs, Staff Qualifications and Environmental Modifications

Specialized services to be provided at Quail Summit include daily activities. tailored to challenge Residents with dementia. The activities program is supervised by the Administrator.

Staffing levels will be maintained in compliance with all applicable laws and regulations appropriate for the level of care needed to perform and carry out the tasks that Residents require. Quail Summit will be staffed with direct care personnel, a program director, a qualified activities director and case manager. Other staff not specifically assigned to the Residence are •available to attend to the needs of Residents that arise. The staffing plan will be adjusted to meet the needs of the Residents.

Each of our personal care aides, home health aides, and nurses receive comprehensive training on effectively and respectfully meeting the needs of persons with dementia. The training includes methods on successfully cuing such individuals to independently perform personal care tasks, coordinating care with the Resident and their family, and wandering prevention.

Quail Summit is organized as a secured unit that is equipped with delayed egress doors to prevent wandering. Window openings are limited to prevent accidents and elopement. The entire facility is equipped with a sprinkler system throughout, emergency.

call bells in all resident rooms and bathrooms, smoke corridors, and supervised smoke detection systems for Resident safety. Secured outdoor recreational areas are also available for Residents to safely enjoy the outdoors. Quail Summit has its own dining room to allow for staff to accommodate Resident's needs and dining schedule preferences and variations.

IV: Addendum Authorization

We, the undersigned, have read this Addendum, 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/Operator's Representative)