EXHIBIT XI

SPECIAL NEEDS ASSISTED LIVING RESIDENCE (SNALR)
ADDENDUM TO RESIDENCY AGREEMENT

This is an addendum to a Residency Agreement made between _____(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. 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 ____Sunrise of Crestwood_____
(Name of Residence)
located at____65 Cristfield St, Yonkers, NY 10710_____.
(Address)

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

Attached as Exhibit S.N.# 1 and made a part of this Agreement is a written description of:

- Specialized services to be provided in the Special Needs Residence;
- Staffing levels
- 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.

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)

Plan of Operation

Dementia Care Disclosure Statement

A. Philosophy and Mission

The Sunrise Reminiscence Program has been specifically designed for residents with Alzheimer's disease and/or other types of dementia. By providing comfort and security in a home-like environment, the program supports each resident's abilities and affirms dignity and self-esteem. This is done through the unique and innovative programmatic approaches like individual Life Skills, opportunities for reminiscing, snoezelen and more. Snoezelen is a pleasurable multi-sensory experience which takes place in a relaxing environment. It is a personalized experience that stimulates the senses. In addition, the designated care manager model allows us to provide resident-centered care using these adaptive approaches to everyday living for residents with dementia.

In addition to the Sunrise Principles of Service and mission, the Reminiscence program has specific signatures, one of which is a philosophy of *creating pleasant days*. In working to create pleasant days, team members provide residents opportunities for meaningful and purposeful activity and interactions. This is done directly and indirectly through daily scheduled activities and creating an engaging environment for residents. If something as simple as walking in the sunshine or singing a favorite song brings happiness or contentment to a resident, then we have successfully created a pleasant day. Being involved in something meaningful and purposeful, regardless of its simplicity, is the goal.

B. Pre-move in Assessment

Every resident is assessed before moving into to Reminiscence neighborhood. Move in is based on several factors:

- A Physician's report (ALR Medical Evaluation) including a diagnosis of Alzheimer's disease or dementia
- A completed assessment (Service Evaluation and Health Assessment and ALR Personal Data and Resident Evaluation) by the Health Care Coordinator, Reminiscence Coordinator, Case Manager and others as appropriate, to determine, in coordination with the physician, if the resident is appropriate for move in and does not present any health conditions specifically precluded by state regulations.
- Internal moves from assisted living to reminiscence will be based on a completed assessment by the Health Care Coordinator, Case Manager, and the Reminiscence Coordinator and consultation with the physician when appropriate

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C. Move in

In each community, there is a specific area designated as the Reminiscence neighborhood.

In addition to the standard services like dining, housekeeping and laundry, the Reminiscence neighborhood offers residents with dementia additional services including, but not limited to:

- Dining program- designed to encourage independence in dining by:

    - offering a visual description of the menu choices (sample plates)
    - using linens and dishes that contrast in color for ease of eating for residents with limited vision
    - using a variety of dishes that adapt to residents differing abilities
    - finger foods available for residents who wander or have difficulty using utensils
- Hydration program- encouraging fluid intake throughout the day to minimize illness, infection and falls (i.e. falls caused by symptoms of dehydration).
- Family Services- support for resident family members and loved ones, we offer monthly communication thru letters home, monthly support groups (led by a facilitator certified by the Alzheimer's Association), quarterly family events and a Family Resource Library.

To assist in the transition into Reminiscence the community utilizes the family services mentioned above to assist in the transition. In addition, through the individualized care plan and the designated care manager the transition for the residents' needs are met.

D. Assessments

A physician assessment is completed for each resident before move in . This information is incorporated into the resident assessment and care planning. A Service Evaluation and Health Assessment and ALR Personal Data and Resident Evaluation is completed by the Health Care Coordinator (HCC) and the Reminiscence Coordinator/Case Manager, prior to move in. In addition , assessments are completed at least every six (6) months thereafter and at any point that the resident experiences a significant change in condition.

All assessments are completed with information gathered from observation, direct interaction, communication with the resident, family member(s) and/or responsible party, Sunrise team member, service providers (e.g. Home health nurse, Hospice nurse, etc.), and others. All assessments are then used to create a plan of care for each resident called the Individualized Service Plan (ISP).

Care Planning

Each resident's Individualized Service Plan (ISP) reflects their health service needs in addition to personal preferences, activity likes and dislikes and other helpful information. Resident and/or family involvement (with the resident's permission) is encouraged and coordinated through on-going communication, and specifically the service plan meeting. At the meeting, all issues impacting the resident, including a comprehensive review of the ISP are discussed. In addition to the residents and/or family/responsible party, the following Sunrise team members will be in attendance (as is deemed necessary by the Executive Director): the Health Care Coordinator, Executive Director, Activity & Volunteer Coordinator, Designated Care Manager, the Reminiscence Coordinator/Case Manager, Assisted Living Coordinator and Dining Services Coordinator. The meeting will include discussion about the resident's social, spiritual, cognitive and physical well being, including significant changes in condition and care needs.

The updated Individualized Service Plan (ISP), is placed in the resident's wellness file, with a copy in the Resident Services book, for direct access by the resident's designated care managers.

In addition there are monthly Service and Health Updates completed by the Health Care Coordinator and the Reminiscence Coordinator/Case Manager and sent home to families to keep them informed on their loved ones care, needs and preferences.

E. Activities and Services

The Sunrise Reminiscence philosophy is to create pleasant days for each resident. The program is aligned closely with that of the Alzheimer's Association's standards as outlined in the Guidelines for Dignity and Key Elements of Dementia Care. A daily program calendar of activities is developed based on the preferences and needs of residents in each Reminiscence neighborhood. Initially, information regarding activity preferences is gathered from the Resident Profile and Reminiscence Addendum. Key pieces of information are summarized on the Demographic Profile for easy reference by team members. As we learn more about the resident and their preferences relating to what is meaningful to them, the GSP is updated using the Resident Profile Contact Notes which are accessible to all team members.

The Reminiscence program consists of at least 5 scheduled activities every day. Activities are developed and planned with the goal of stimulating the various interests and preferences of each resident. Examples include:

Examples	
Social	Afternoon social, Birthday celebration, Golden Oldies music on Monday
Spiritual	A walk in the garden, Rosary, Church services on Sunday, poetry
Physical	Classical Music Moves, Chair aerobics, Park walk , Dancing
Cognitive	Name that tune, Radio stories in the evening, News Headlines
Emotional	Reminiscing, Spiritual Memories, Grandchildren are Great! get together

The Reminiscence program also offers opportunities for residents to participate in activities that are familiar and offer opportunities for success through the life skill centers. These themed designated areas include furniture or other items that engage residents and encourage participation. Reminiscence kits may be used as portable theme kits to evoke memories around a certain theme (e.g. wedding, sewing, etc) and encourage socialization.

Additionally, opportunities for snoezelen are available through use of a designated room or area within the neighborhood or a sensory kit that allow residents to enjoy a multi-sensory experience. In addition to providing a calm and pleasing respite from busier activities, the benefits for each resident vary as each experience is unique.

The above activities are examples. Each community offers an individualized and varied program tailored to the unique preferences of each resident in the Reminiscence neighborhood.

F. Team Member Qualifications

The Reminiscence Coordinator is a professional dedicated to hiring, supervising, educating and training the team members that work in the Reminiscence neighborhood. When evaluating potential candidates for the care manager role, the /Case Manager assesses each individual's qualifications with priority being their passion for serving seniors, specifically those with dementia.

G. Team Member Training

All team members working in the Reminiscence Neighborhood goes through an intensive orientation training including dementia and cognitive impairment specific training . As part of

defining the disease process, team members will learn about common concerns related to dementia such as, hydration, recognizing symptoms, communication skills and behavioral challenges. In addition, they will complete a hands-on portion of training called the Shadowing and Skills Demonstration experience. This module ensures the appropriate application of concepts learned in classroom training.

The Reminiscence Coordinator/Case Manager participates in the Sunrise University program including all orientation course level work as well as management training and topic specific training (e.g. Staffing and Scheduling, Reminiscence, Resident Care, etc). As a way to provide one-on-one orientation to the role, each Reminiscence Coordinator is partnered with a mentor (team member in the same role who has proven to be successful by various indicators such as the Quality review process) with whom they spend several days learning the practical function of the role. This learning experience prepares them for success in planning and delivering care to residents through their dedicated team. The relationship with their mentor is on-going and promotes the sharing of best practices throughout Sunrise communities.

Each team member will receive ongoing education and training each year . In addition the team members working in reminiscence trainings will include trainings related to dementia and the residents' specialized needs. A variety of topics and training materials are available to meet the unique needs of residents living in the Reminiscence neighborhood. Some of the training topics will include:

- Effects of medication on the behaviors of residents
- Common challenges, such as wandering, aggression and inappropriate sexual behavior
- Activities and positive therapeutic interventions
- Communication skills (resident and team member)
- Promoting Sunrise Principles of Service (including dignity, independence, individuality, privacy and choice)
- End of life issues, including hospice
- Pain management

The Alzheimer's and Dementia Care 101 and 102 portion of the Sunrise University training and miniModules have been developed through partnerships with the Alzheimer's Association, dementia experts and health professionals specializing in the care of individuals with dementia.

In addition, any state specific training required will be provided to the coordinator and care managers.

H. <u>Physical Environment and Design Features</u>

As the Reminiscence program was developed, a great deal of research and effort was put into creating a homelike environment that was both comfortable and familiar to residents while encouraging independence and preserving each resident's dignity. Beyond providing a safe and secure environment, each community offers adaptive design features that promote resident independence and success in activities of daily living. Features may differ based on the community.

Examples of safety features:

- Ensuring chemical safety by locking potentially harmful substances

- Ensuring items that may pose harm to a resident are not left in areas where they can be easily accessed by a resident (examples of such items: knives, matches, firearms, etc.)

If a resident desires to leave the Reminiscence neighborhood or secured area, team members will attempt to engage the resident in an activity of interest. Should the resident remain interested in leaving the neighborhood, they will be accompanied by a team member to ensure their safety and wellbeing.

Examples of adaptive design features:

- Memory boxes used to stimulate socialization and personalization of resident suites
- Solid, non-patterned carpet to encourage residents to walk freely throughout the neighborhood
- Contrasting bathroom walls and doors to highlight key features such as the toilet and bathroom entrance in common areas
- Motion sensors to highlight the bathroom when a resident walks by promoting independent use
- Tactile art offering stimulation and interest to engage residents
- Specially designed armoires to facilitate successful and independent clothing selection and dressing
- Room designated for snoezelen and/or a portable snoezelen cart
- Outdoor activity areas with spaces to enjoy gardening, walking and fresh air
- Walking paths conducive for those who like to freely wander
- Extended chair rail molding available for stabilization when walking

In order to ensure the safety of residents each community will maintain a community-specific disaster plan. The plan will include accommodations for residents with dementia and incorporate company policies for natural disasters and fire safety. The plan will specifically address: designation of assignments, plan for evacuation, provisions for notifying hospice providers in the event of an evacuation and/or relocation, means of exiting areas designated for residents with dementia, transportation arrangements, relocation sites and accommodations, means of contacting local agencies (e.g. fire department, law enforcement agencies, civil defense and other authorities), and the continued provision of care and services to residents. The community will coordinate any evacuation with Sunrise corporate office, and any decision to evacuate will ultimately be made by the Senior Vice President of North American Operations, except in situations of immediate or imminent threat to resident safety. Each community maintains exiting plans and telephone numbers. In addition, each community keeps a resident directory that indicates the type of assistance needed in an emergency that would cause evacuation of the building.

I. Changes in Condition

When a resident's condition changes (including changes in observed behavior), the Health Care Coordinator and or Reminiscence Coordinator/Case Manager will notify the family and/or responsible party. Based on the nature of the observed change in condition, the resident's physician will be notified by Health Care Coordinator, Case Manager, or designated team member. Assessments and the ISP if applicable are updated upon a change in the resident's condition. Physician assessments, if any, will be used in the development of the ISP.

When a specific behavior(s) is observed, the designated care manager works with other team members and/or family members/ responsible party to address the issue. There is training on the various approaches available to team members through the use of miniModules, resources in our Family Resource Library like *Understanding Difficult Behaviors*, a working relationship with groups like the local Alzheimer's Association, and partnership with the resident's physician. Utilizing these resources as well as programmatic and safety features provides a proactive approach for alleviating negative behavior(s) as an alternative to psychoactive medications. Should it be necessary for a resident to take psychoactive medications as ordered by their physician, the orders will be reviewed quarterly by the consultant pharmacist. Once reviewed, the pharmacist with contact the physician directly if it is determined (through the review process and documentation) that medication usage, particularly psychoactive medications, can be decreased or altered offering a positive benefit to the resident.

In each instance, all possibilities are to be exhausted in meeting a resident's needs with priority placed on insuring a safe environment for all residents. In the event that it is no longer safe or in the best interest of the resident to reside in the Reminiscence neighborhood, it would be recommended that the resident consider relocating. If a transfer out of the neighborhood is determined to be in the best interest of the resident the team members would work with the family, responsible party or advisor to assist in finding a suitable setting for the resident and would help coordinate any other outside service agencies that may be needed or desired.

J. Success Indicators

At Sunrise, we continually strive to learn new ways to improve programs and service to residents. As a result, we have a variety of success indicators and quality measurement processes in place. These include but are not limited to:

- Internal quality assurance process: The process measures each community's adherence to company standards as well as policies and state regulations.
- Customer Engagement (customer survey): annual invitation of feedback through an outside agency assessing customer engagement/satisfaction
- Team Member survey: annual invitation of feedback through an outside agency assessing team member engagement/satisfaction
- Customer relations
- Licensure survey activity

Many of the above mentioned success indicators are partnered with impact plans for the greatest potential for improved quality. In addition, the success indicators are monitored and measured at a corporate level. Analysis results impact planning and development which furthers our mission of championing quality of life for all seniors.