Enhanced Assisted Living Residence
Addendum to
Residency Agreement

This is an addendum to a Residency Agreement made between Judson Meadows and _____ (Name of Resident), _____ (Resident's Representative) and _____, (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 Certificates***

Judson Meadows is currently certified by the New York State Department of Health to provide Enhanced Assisted Living at Judson Meadows located at 39 Swaggertown Road, Glenville, New York 12303.

II. ***Physician Report***

You have submitted to Judson Meadows a written report from your physician, which report states that:

a. Your physician has physically examined you within the last month prior to your admission into this 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 this Enhanced Assisted Living Residence (the "Residence") and Judson Meadows has accepted your request.

IV. ***Specialized Programs, Staff Qualifications and Environmental Modifications***

- Services to be provided in the Enhanced Assisted Living Residence are provided by Executive Director/Registered Nurse; Director of Nursing/Registered Nurse; Licensed Practical Nurse (LPN); and Home Health Aides (HHA). All personnel providing care are licensed, certified and/or credentialed in the State of New York.

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- Staffing levels: an HHA for each shift on each floor, and an LPN daily on the first shift, including weekends. An RN is on site during normal business hours Monday through Friday, excluding Holidays. An LPN or RN is on call at all times after normal business hours. The LPN has access to an RN at all times while the LPN is on call.

- The Residence is fully sprinklered.
- Enhanced services that may be provided to enhanced level residents are:

  - ▶ Physical assistance of 1 or 2 staff for transfers with transfer belt*
  - ▶ Assistance with medical equipment
  - ▶ Skilled nursing
    a. Wound care
    b. Dressing Changes
    c. Urinary catheter care
    d. Urine collection
    e. Injections
    f. Fingerstick Glucose Testing
    g. Oxygen Assistance
    h. Physical assessment
    i. Medication Administration

* Mechanical Lifts will not be used in Judson meadows, transfer belts only.

V. ***Aging in Place***

Judson Meadows has notified you that, while Judson Meadows 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, Judson Meadows will communicate with you regarding the need to relocate to a more appropriate setting in accordance with the 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, Judson Meadows will initiate proceedings for the termination of this agreement and to discharge you from the Residence, 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. Judson Meadows agrees to retain you as a resident and to coordinate the care provided by Judson Meadows 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: _____ _____

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BY NYS Department of Health
11/15/2013 (date)
_____ (project manager)

EALR #1

JUDSON MEADOWS
STAFF SCHEDULE BY DISCIPLINE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			DAYS			
	ED/RN 9-5	ED/RN 9-5	ED/RN 9-5	ED/RN 9-5	ED/RN 9-5	
	DON/RN 9-5	DON/RN 9-5	DON/RN 9-5	DON/RN 9-5	DON/RN 9-5	
LPN 9-5	LPN 9-5	LPN 9-5	LPN 9-5	LPN 9-5	LPN 9-5	LPN 9-5
	AD 9-5	AD 9-5	AD 9-5	AD 9-5	AD 9-5	
REC 9-5	REC 9-5	REC 9-5	REC 9-5	REC 9-5	REC 9-5	REC 9-5
	MKT 9-5	MKT 9-5	MKT 9-5	MKT 9-5	MKT 9-5	
HHA 7-3	HHA 7-3	HHA 7-3	HHA 7-3	HHA 7-3	HHA 7-3	HHA 7-3
HHA 7-3	HHA 7-3	HHA 7-3	HHA 7-3	HHA 7-3	HHA 7-3	HHA 7-3
HHA 7-3	HHA 7-3	HHA 7-3	HHA 7-3	HHA 7-3	HHA 7-3	HHA 7-3
			EVE			
HHA 3-11	HHA 3-11	HHA 3-11	HHA 3-11	HHA 3-11	HHA 3-11	HHA 3-11
HHA 3-11	HHA 3-11	HHA 3-11	HHA 3-11	HHA 3-11	HHA 3-11	HHA 3-11
HHA 3-11	HHA 3-11	HHA 3-11	HHA 3-11	HHA 3-11	HHA 3-11	HHA 3-11
			NIGHTS			
HHA 11-7	HHA 11-7	HHA 11-7	HHA 11-7	HHA 11-7	HHA 11-7	HHA 11-7
HHA 11-7	HHA 11-7	HHA 11-7	HHA 11-7	HHA 11-7	HHA 11-7	HHA 11-7
HHA 11-7	HHA 11-7	HHA 11-7	HHA 11-7	HHA 11-7	HHA 11-7	HHA 11-7

KEY: **ED/RN: Executive Director/RN DON/RN: Director of Nursing/RN LPN: Licensed Practical Nurse HHA: Home Health Aide**

AD: Activities Director REC: Reception MKT: Marketing Director

Shaded Area: Administration NOTE: In addition to On-Site hours an RN/LPN is on call 24/7.

Maintenance Personnel is on call 24/7.

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EALR # 1

JUDSON MEADOWS
STAFF SCHEDULE BY DISCIPLINE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
CHEF 7a-7p						CHEF 7a-7p
	CHEF 7a-7p	CHEF 7a-7p	CHEF 7a-7p	CHEF 7a-7p	CHEF 7a-7p	
KS 7a-7p	KS 7a-7p	KS 7a-7p	KS 7a-7p	KS 7a-7p	KS 7a-7p	KS 7a-7p
KS 7a-7p	KS 7a-7p	KS 7a-7p	KS 7a-7p	KS 7a-7p	KS 7a-7p	KS 7a-7p
SS 7a-7p	SS 7a-7p	SS 7a-7p	SS 7a-7p	SS 7a-7p	SS 7a-7p	SS 7a-7p
SS 7a-7p	SS 7a-7p	SS 7a-7p	SS 7a-7p	SS 7a-7p	SS 7a-7p	SS 7a-7p
SS 7a-7p	SS 7a-7p	SS 7a-7p	SS 7a-7p	SS 7a-7p	SS 7a-7p	SS 7a-7p
HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p
HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p
HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p	HSKPG 8a-430p
MTC 8a-430p	MTC 8a-430p	MTC 8a-430p	MTC 8a-430p	MTC 8a-430p	MTC 8a-430p	MTC 8a-430p
	DRIVER 9a-5p	DRIVER 9a-5p	DRIVER 9a-5p	DRIVER 9a-5p	DRIVER 9a-5p	

KEY: **KS: Kitchen Staff** **HSKP: Housekeeping**
SS: Serving Staff **NOTE: Additional Maintenance Staff is sent from Baptist Maintenance Department as needed**
MTC: Maintenance

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