APPROVED BY
DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE
NYSDOH REGIONAL OFFICE
INITIALS [illegible] DATE 2/11/20

ADDENDUM 1

ENHANCED ASSISTED LIVING RESIDENCE ADDENDUM TO RESIDENCY AGREEMENT

This is an Addendum to a Residency Agreement made between GWC-East Setauket (the "Operator"), _____, (the "Resident" or "you"), _____, (the "Resident's Representative"), and _____, (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. Enhanced Assisted Living Certificates

The Operator is currently certified by the New York State Department of Health to provide Enhanced Assisted Living at Sunrise of East Setauket located at 1 Sunrise Drive, East Setauket, New York 11733.

II. Physician Report

You have submitted to the Operator 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 twenty-four (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 the Operator has accepted your request.

IV. Specialized Programs, Staff Qualifications and Environmental Modifications

Attached as EXHIBIT #1 "Enhanced Assisted Living Residency"
and made a part of this Agreement is a written description of:

- Services to be provided in the Enhanced Assisted Living Residence;
- Staffing levels;
- Staff education and training work experience, and any professional affiliations or special characteristics relevant to serving persons in the Enhanced Assisted Living Residence; and

- Any environmental modifications that have been made to protect the health, safety and welfare of persons in the Residence.

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 Twenty-Four (24) Hour Skilled Nursing or Medical Care is Needed

If you reach the point where you are in need of twenty-four (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 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. 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.

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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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EXHIBIT #1 ENHANCED ASSISTED LIVING RESIDENCY

Services that can be Provided in the Enhanced Assisted Living Residence

- All services available in the Assisted Living Residence
- Physical assistance with walking, wheelchair propelling and prescribed exercises
- Physical assistance of another person to climb or descend steps
- Intermittent nursing needs
- Limited assistance with medical equipment
- Chronic unmanaged urinary or bowel incontinence
- Medication assistance and administration

Staffing -
The Residence will staff adequately to meet the evaluated needs of the residents. The following methodology is employed. An inter-disciplinary team, including a nurse, assesses each resident for the appropriate level of care. Care managers are then scheduled based upon this analysis of resident needs. Schedules (i.e.: staffing levels) are reviewed at least weekly to keep up with move-ins and move-outs, as well as any reassessments that may occur. Daily adjustments of staff for particular shifts may occur as well, depending upon the preferences of residents for times when they desire to receive meals, baths or other personal care services.

Training –
All team members go through an orientation training program on the Aging Process, Activities of Daily Living and how to deliver care to residents in the Enhanced Assisted Living Residence. In addition, they complete a hands-on portion of training called the Shadowing and Skills Demonstration experience which ensures the appropriate application of concepts learned in the classroom training.

Each team member will also receive ongoing education and training each year based on the needs of residents living in the Enhanced Assisted Living Residence.

Environmental Modifications
Additional safety features include smoke barriers which are a continuous fire rated partition or wall, extending from one exterior wall to another exterior wall, with all openings protected with fire-rated and smoke tight doors equipped with appropriate hardware. In addition monthly fire drills are held for staff and volunteers at varied times during the day and night.

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ADDENDUM 2

SPECIAL NEEDS ASSISTED LIVING RESIDENCE ADDENDUM TO RESIDENCY AGREEMENT

This is an Addendum to a Residency Agreement made between GWC-East Setauket, (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 East Setauket located at 1 Sunrise Drive, East Setauket, New York 11733.

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 Special Needs # 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.

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INITIALS _____ DATE 2 / 11 / 20

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)

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