



THE TUDOR HOUSE
ENHANCED ASSISTED LIVING RESIDENCE
ADDENDUM TO
RESIDENCY AGREEMENT

This is an addendum to a Residency Agreement made between
The Tudor House Operator LLC (“the Operator”),

_____ (the “Resident” or “You”), and
_____ (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 Bridges Cornell Heights – The Colonial House located at 403 Wyckoff Avenue, Ithaca, NY 14850.

II. Physician Report

You have submitted to the Operator a written report from Your physician, which 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 Bridges Cornell Heights Operator LLC has accepted Your request.

IV. Specialized Programs, Staff Qualifications and Environmental Modifications

Services to be provided in the Enhanced Assisted Living Residence:

- Medication Administration
- PRN Medication Administration
- Administration of Suppositories
- Applying Topical Creams, Lotions, Ointments to Stable Skin Surface
- Assistance with Bed Mobility Devices
- Assistance With Catheters (Urinary)
- Assistance with C-Pap / Bi-Pap
- Assistance with Oxygen
- Assistance with Enemas
- Assistance with Nebulizer
- Ear Drops Administration
- Eye Drops/Ointments Administration
- Inhalers Administration
- Nasal Spray Administration
- Assistance with Ostomy Care by HHA or Nurse
- Superficial Wound Care
- Assistance with Feeding
- Unmanaged Incontinence
- Applying Topical Creams, Lotions, Ointments to Unstable Skin Surface
- Assistance with Gait Belt
- Assistance with Elastic Support Stockings
- Mechanical Lifts
- Nail Care (trimming)
- Skilled Nursing Assessments by RN
- Turning and Repositioning Bed Bound
- Assistance with Douches
- Administration of Injections by Nurse

Staffing levels will be maintained in compliance with all applicable laws and regulations appropriate for the level of care needed to provide required supervision and perform all the tasks necessary to meet the Residents' needs. The enhanced program will be staffed with personal care aides and nurses to provide supervision and meet the needs of Residents at all times. The staffing plan will be adjusted to meet the needs and census of Residents enrolled in the enhanced program. There is a comprehensive activities program with an activities staff that plans and conducts activities designed to promote Residents' activity in the Residence.

Staff Education and Training: Each one of the Residence's personal care aides, home health aides and nurses receive comprehensive training on effectively and respectfully meeting the needs of persons retained in the Enhanced Assisted Living Residence. The training includes methods on assisting with mobility impairments and, for licensed staff, delivering the available nursing services detailed in Section I of this Addendum

Environmental Modifications: Enhanced Assisted Living Residents will reside throughout the Residence. The entire Residence is equipped with a sprinkler system, emergency call bells in Resident rooms and bathrooms, smoke corridors, and supervised smoke detection systems for Resident safety

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, 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 New York State Mental Hygiene Law, the Operator will initiate proceedings for the termination of Your Residency 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 you hire; AND
- d. You are otherwise eligible to reside at the Residence.

VII. Addendum 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/Operator's Representative)