

Memory Care at The Glen at Hiland Meadows

Assisted Living Residence

RESIDENCY AGREEMENT

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ADULT HOME RESIDENCY AGREEMENT

This agreement is made between The Glen at Hiland Meadows, Inc. d/b/a Memory Care at The Glen at Hiland Meadows, the "Operator",

_____ (the "Resident" or "You"),

_____ (the "Resident's Representative", if any) and

_____ (the "Resident's Legal Representative", if any).

RECITALS

- A. The Operator is licensed by the New York State Department of Health to operate at 48 Longview Drive, Queensbury, NY 12804 as an Assisted Living Residence known as Memory Care at The Glen at Hiland Meadows and as an Adult Home.

Select all that apply:

- ☐ The Operator does not have any additional certifications at this location.
- ☒ The Operator is certified to operate, at this location, an Enhanced Assisted Living Residence.
- ☒ The Operator is certified to operate, at this location, a Special Needs Assisted Living Residence.

- B. You have requested to become a Resident at Memory Care at The Glen at Hiland Meadows and the Operator has accepted your request.

AGREEMENTS

I. Housing Accommodations and Services

Beginning on MM/DD/YYYY, the Operator shall provide the following housing accommodations and services to You, subject to the other terms, limitations and conditions contained in this Agreement. This Agreement will remain in effect until amended or terminated by the parties in accordance with the provisions of this Agreement.

A. Housing Accommodations and Services

1. Your Living Space: You may occupy and use a

☐ private or ☐ semi-private living space

as identified on Exhibit I.A.1, subject to the terms of this Agreement.

2. Common areas: Pursuant to regulation of Title 18 of New York Codes, Rules, and Regulations, at Section 485.14(b), coupled with federal regulation at Title 42 of the Code of Federal Regulations at Section 441.301(c)(5), for at least ten (10) hours per day, between the hours of 9:00 a.m. and 8:00 p.m. you will be provided unrestricted access to common areas at Memory Care at The Glen at Hiland Meadows. Specifically, you will be provided with unrestricted access the following general-purpose rooms: Lounges, Porches, Dining room and Multipurpose (Activity) Room.

Select One:

- ☒ Unrestricted access to at least one general purpose room is accessible 24 hours per day, seven days a week.
 - ☐ Use of these general-purpose rooms outside this timeframe may be accommodated as follows:
3. Furnishings/Appliances Provided by The Operator: Attached as Exhibit I.A.3. and made a part of this Agreement is an Inventory of furnishings, appliances and other items supplied by the Operator in Your living space.
 4. Furnishings/Appliances Provided by You: Attached as Exhibit I.A.4. and made a part of this Agreement is an Inventory of furnishings, appliances and other items supplied by You in Your living space. Such Exhibit also contains any limitations or conditions concerning what type of appliances are not permitted (e.g., due to amperage concerns, etc.).

B. Basic Services

Pursuant to regulation at Title 18 of New York Codes, Rules, and Regulations ("18 NYCRR"), Section 487.7, the following services ("Basic Services") will be provided to you, in accordance with your Individualized Services Plan.

1. Meals and Snacks: Three (3) nutritionally well-balanced meals per day and Three (3) snacks per day are included in Your Basic Rate, pursuant to 18 NYCRR §487.8.

The following modified diets will be available to You if ordered by Your Physician and included in Your Individualized Service Plan:

No Additional Sodium (NAS); Low Concentrated Sweets; Mechanically

Softened; and Thickened Liquids.

Food and Drink are available to You 24 hours per day, 7 days a week in the following way(s):

The facility will provide a variety of food and beverages, which will be available twenty-four (24) hours per day upon request and offered to residents throughout the day.

2. Activities: Pursuant to Title 18 of New York Codes, Rules and Regulations at Section 487.7(h), the Operator will provide an organized and diverse program of planned activities, opportunities for community participation and services designed to meet Your physical, social and spiritual needs, and will post a monthly schedule of activities in a readily visible common area of Memory Care at The Glen at Hiland Meadows
3. Housekeeping: Pursuant to Title 18 of New York Codes, Rules and Regulations at Sections 487.9(h) and 487.11(j), the Operator will provide the following housekeeping services: Vacuuming, trash collection and general housekeeping services will be provided on a weekly basis or as otherwise needed in keeping with your needs.
4. Linen Service: The Operator will provide a minimum of two (2) sheets; one (1) pillowcase, pillow, at least one (1) blanket, one (1) bedspread, and towels and washcloths, all clean and in good condition pursuant to Title 18 of New York Codes, Rules, and Regulations at Section 487.11(i)(8),(9).
5. Laundry of your personal washable clothing: The Operator will provide the following laundry services:

Laundering of your personal washable clothing at least once a week and more

often as necessary. You are responsible for making arrangements to have cleaned any clothing that requires dry cleaning or pressing.

6. 24-hour Supervision: Pursuant to Title 10 of New York Codes, Rules, and Regulations (NYCRR) Section 1001.10(g) and Title 18 NYCRR Section 487.7(d), the Operator will provide appropriate staff on-site to provide supervision services in accordance with law. Supervision will include monitoring (a response to urgent or emergency needs or requests for assistance on a 24-hour a day, seven days a week basis) as well as the other components of supervision as specified in law and required by the New York State Department of Health. Such supervision does not include one-on-one continuous supervision.
7. Case Management: Per Title 10 of New York Codes, Rules, and Regulations (NYCRR) Section 1001.10(i) and Title 18 NYCRR Section 487.7(g), the Operator will provide case management services in accordance with law. Such case management services will be delivered by appropriate staff and include identification and evaluation of Your needs and interests, information and referral, and coordination with available resources to best address Your identified needs and interests.
8. Personal Care: Pursuant to Title 18 of New York Codes, Rules, and Regulations at Section 487.9(g)(2), the Operator will provide a minimum of three and three-quarter (3.75) hours per week of personal care services including:
 - Wellness checks such as routine weight checks
 - Basic assistance with personal care including some assistance with

bathing, grooming, dressing, toileting (*if applicable*), ambulation (*if applicable*), transferring (*if applicable*), medication acquisition, storage and disposal, assistance with self- administration of medication.

9. Development of Individualized Service Plan: An Individualized Service Plan will be developed to address the resident's needs per Public Health Law Section 4659 and regulation at Title 10 of New York Codes, Rules, and Regulations at Sections 1001.2(k), 1001.7(k), and 1001.10(c). This plan will be reviewed and revised every six (6) months and whenever ordered by Your physician or as frequently as necessary to reflect Your changing care needs.

C. Additional Services

Exhibit I.C., attached to and made a part of this Agreement, describes in detail, any additional services, or amenities available for an additional or supplemental fee from the Operator directly or through arrangements with the Operator. Such exhibit states who would provide such services or amenities, if other than the Operator.

D. Licensure/Certification Status

Per regulation at Title 10 of New York Codes, Rules and Regulations at Section 1001.8(f)(4)(iv), a listing of all providers offering home care or personal care services under an arrangement with the Operator, and a description of the licensure or certification status of each provider is set forth in Exhibit I.D. of this Agreement. Such Exhibit will be updated as frequently as necessary.

II. Disclosure Statement

In accordance with Title 10 of New York Codes, Rules, and Regulations at Section

1001.8(f)(4) and (5), The Glen at Hiland Meadows, Inc. as operator of Memory Care at The Glen at Hiland Meadows, hereby discloses the following, as required by Public Health Law Section 4658(3).

1. The Consumer Information Guide developed by the Commissioner of Health is hereby attached as Exhibit D-1 of this Agreement.
2. The Glen at Hiland Meadows, Inc. is licensed by the New York State Department of Health to operate Memory Care at The Glen at Hiland Meadows at 48 Longview Drive, Queensbury, NY 12804 an Assisted Living Residence as well as an Adult Home.

Select all that apply:

- ☐ The Operator does not have any additional certifications at this location.
- ☒ The Operator is certified to operate, at this location, an Enhanced Assisted Living Residence.
- ☒ The Operator is certified to operate, at this location, a Special Needs Assisted Living Residence.

This additional certification (or these additional certifications) may permit individuals who may develop conditions or needs that would otherwise make them no longer appropriate for continued residence in a basic Assisted Living Residence to be able to continue to reside in Memory Care at The Glen at Hiland Meadows and to receive either Enhanced Assisted Living services or Special Needs Assisted Living services, as long as the other conditions of residency set forth in this Agreement continue to be met.

The Operator is currently approved to provide:

- a. Enhanced Assisted Living services for up to a maximum of 30 persons.

b. Special Needs Assisted Living services for up to a maximum of 30 persons.

The Operator will post prominently in Memory Care at The Glen at Hiland Meadows, on a monthly basis, the then-current number of vacancies under its Enhanced Assisted Living Services and/or Special Needs Assisted Living programs.

It is important to note that The Operator is currently approved to accommodate within The Enhanced Assisted Living and/or Special Needs Assisted Living programs only up to the numbers of persons stated above. If You become appropriate for Enhanced Assisted Living Services or Special Needs Assisted Living Services, and one of those units is available, You will be eligible to be admitted into the Enhanced Assisted Living or Special Needs Assisted Living unit (or program). If, however, such units are at capacity and there are no vacancies, the Operator will assist You and Your representatives to identify and obtain other appropriate living arrangements in accordance with New York State's regulatory requirements.

If you become eligible for and choose to receive services in the Enhanced Assisted Living Residence or Special Needs Assisted Living Residence program within this Residence, it may be necessary for You to change your living space within Memory Care at The Glen at Hiland Meadows.

Following is a list of other health related licensure or certification status of The Operator or others providing services at Memory Care at The Glen at Hiland Meadows:

None.

3. The owner of the real property upon which Memory Care at The Glen at Hiland

Meadows is located is Beechwood, Inc. d/b/a Eddy Property Services and GFH Resources, Inc. The mailing address of such real property owner is 2122 Burdett Ave, Troy, NY 12180 and 178 Warren Street, Glens Falls, NY 12801. The following individual is authorized to accept personal service on behalf of such real property owner:

- Eddy Property Services: Robert Swindler, Vice President, Legal Services
- GFH Resources, Inc.: Joan Tarrantino, Executive Director

4. The Operator of Memory Care at The Glen at Hiland Meadows is The Glen at Hiland Meadows, Inc. The mailing address of the Operator is 39 Longview Drive, Queensbury, NY 12804. The following individual is authorized to accept personal service on behalf of the Operator:

Administrator, The Terrace at The Glen at Hiland Meadows, 71 Longview Drive, Queensbury, NY 12804.

5. List any ownership interest in excess of ten percent (10%) on the part of The Operator (whether a legal or beneficial interest), in any entity which provides care, material, equipment or other services to residents of Memory Care at The Glen at Hiland Meadows:

None.

6. List any ownership interest in excess of ten percent (10%) (whether legal or beneficial interest) on the part of any entity which provides care, material, equipment or other services to residents of Memory Care at The Glen at Hiland Meadows, in the Operator.

None.

7. Outside Providers: All Residents have the right to receive services from any

provider authorized by law to provide such services, regardless of whether the Operator of this Residence has an arrangement with the provider, so long as these services are delivered in compliance with all applicable laws and regulations and can be coordinated with the Resident's other services.

8. Residents shall have the right to choose their health care providers, notwithstanding any other agreement to the contrary.
9. Public Funds: Public Funds may be used for payment for residential, supportive or home health services, including but not limited to, availability of Medicare coverage of home health services. However, the facility does not accept the amount covered by public funds as payment in full of its rate.
10. The New York State Department of Health's toll-free telephone number for reporting of complaints regarding the services provided by the Operator is 1-866-893-6772.
11. The New York State Long Term Care Ombudsman Program (NYSLTCOP) provides a toll-free number 1-855-582-6769 to request an Ombudsperson to advocate for the resident. The Local LTCOP telephone number is 914-345-5900 ext. 7522. The NYSLTCOP web site is www.ltcombudsman.ny.gov.

III. Fees

A. Basic Rate

Select all that apply

☐ The Resident ☐ The Resident's Representative

☐ The Resident's Legal Representative

☐ Other, please specify: _____

agree that they will pay, and the Operator agrees to accept, the following payment in full satisfaction of the Basic Services described in Section I. B. of this Agreement (*the "Basic Rate"*). The Basic Rate as of the date of this agreement is (\$_____per month) or (\$_____per day).

B. Tiered Fee Arrangements

Memory Care at The Glen at Hiland Meadows

☒ does ☐ does not utilize tiered fee arrangements.

Any "Tiered" fee arrangements, in which the amount of the Monthly Rate depends upon the types of services provided, the number of hours of care provided per week for some type of service and the fees for each "tier" of care, are set forth in detail in Exhibit III.A.2. and made a part of the Agreement. Such exhibit describes the types of services provided, the number of hours of care provided per week for such service, the fees for each "tier" of care, and describes who will be providing care, if other than staff of the Operator.

C. Supplemental, Additional or Community Fees

Pursuant to Title 10 of New York Codes, Rules, and Regulations at Section 1001.8(f)(4), the Residency Agreement includes a description of supplemental, additional, or community fees from the Operator directly or through arrangements with the Operator, stating who provides such services if not the Operator, and provide a detailed explanation of the services and amenities covered by the rates, fees, or charges.

A Supplemental or Additional fee is a fee for service, care or amenities that is in addition to those fees included in the Basic Rate.

A Supplemental fee must be at Resident option. In some cases, the law permits The Operator to charge an additional fee without the express written approval of The Resident (*See section III.E*).

Any charges for supplemental or additional fees by the Operator shall be made only for services and supplies that are actually supplied to the Resident. A Community fee is a one-time fee that the Operator may charge at the time of Admission. A Community fee cannot be used to cover administrative costs required by the Operator including, but not limited to, an application fee. The Operator must clearly inform the prospective Resident what the amount of the Community fee will be as well as any terms regarding refund of the Community fee. The prospective Resident, once fully informed of the terms of the Community fee, may choose whether to accept the Community fee as a condition of residency in Memory Care at The Glen at Hiland Meadows, or to reject the Community fee and thereby reject residency at Memory Care at The Glen at Hiland Meadows.

D. Rate or Fee Schedule

Attached as Exhibit III.C. and made a part of this Agreement is a rate or fee schedule, covering both the Basic Rate and any Additional, Supplemental or Community fees, for services, supplies and amenities provided to You, with a detailed explanation of which services, supplies and amenities are covered by such rates, fees or charges.

E. Billing and Payment Terms

You will be charged from the day of Your admission up through and including the day of Your transfer or discharge from the Residence (the "Discharge Date"). You will continued to be charged for your Daily Basic rate until all of your belongings and personal property are removed from the Residence.

In accordance with Title 10 of New York Codes, Rules and Regulations, Section 1001.8(f)(4)(xiv), the following information is presented.

Payment is due by the 1st day of each month and shall be delivered to Memory Care at The Glen at Hiland Meadows, 48 Longview Drive, Queensbury, NY 12804. If a payment is not received within ten (10) days of the due date, a late fee of one and one-half (1.5%) percent interest on the entire outstanding balance will be charged.

In the event the Resident, Resident's Representative or Resident's legal representative, as applicable, is no longer able to pay for services provided for in this Agreement or additional services or care needed by the Resident, and deemed necessary by the Resident's physician, it is Your responsibility to inform the Administrator or designee as soon as possible.

Please refer to Title 10 of New York Codes, Rules, and Regulations at section 1001.8(f)(4)(xv).

Such procedures are in accordance with the provisions regarding termination of the agreement set forth in Section XIII.

F. Adjustments to Basic Rate or Additional or Supplemental Fees

1) Per Title 10 of New York Codes, Rules, and Regulations, section 1001.8(b)(2)(xvi), You have the right to written notice of any proposed increase of the Basic Rate or any Additional or Supplemental fees not less than forty-five (45) days prior to the effective date of the rate or fee increase, except in the following circumstances:

- a) If You, or Your Resident Representative or Legal Representative agree in writing to a specific Rate or Fee increase, through an amendment of this Agreement, due to Your need for additional care, services or supplies, the

Operator may increase such Rate or Fee upon less than forty-five (45) days written notice.

- b) If the Operator provides additional care, services or supplies upon the express written order of Your primary physician, the Operator may, through an amendment to this Agreement, increase the Basic Rate or an Additional or Supplementary fee upon less than forty-five (45) days written notice.
- c) In the event of any emergency which affects You, the Operator may assess additional charges for Your benefit as are reasonable and necessary for services, material, equipment and food supplied during such emergency.

2) Since a Community Fee is a one-time fee, there can be no subsequent increase in a Community Fee charged to You by the Operator, once You have been admitted as a resident.

G. Bed Reservation

The following is provided in accordance with Tittle 18 of New York Codes, Rules, and Regulations at Section 487.5(d)(6)(xvii).

The Operator agrees to reserve a residential space as specified in Section I.A.1 above in the event of Your absence. The charge for this reservation is Your Total Monthly Basic Rate prorated on a per diem basis. (The total of the daily rate for a one-month period may not exceed the established monthly rate). The [basic] length of time the space will be reserved for as long as you continue to pay Your Total Monthly Basic Rate.

A provision to reserve a residential space does not supersede the requirements for termination as set forth in Section XIII of this agreement. You may choose to terminate this agreement rather than reserve such space but must provide the Operator with

thirty (30) days' prior notice.

If You are absent from your Room for medical reasons for more than seven (7) consecutive days, You will receive a credit toward Your Total Monthly Basic Rate for all charges within Your Total Monthly Basic Rate other than the fee for the Basic Services Package as identified on Exhibit III.C. This credit will begin on the eighth (8th) day of Your absence and will end when your medical condition allows You to return to the Residence. You will be required to pay the Total Monthly Basic Rate less the above described credit until such time as the Agreement is terminated pursuant to Section XIII of this Agreement.

Room Changes: In limited circumstances, the Operator may need to relocate You from your Room identified on Exhibit I.A.1 ("Original Room") to another Room ("Substitute Room"), such as (1) to comply with any applicable law or any order of any court or governmental agency, (2) to renovate any portion of the building, or (3) to address an ongoing safety or health issue. If the Operator must relocate you to another Room, the Operator will make every reasonable effort to provide You with advance notice and a reasonably comparable room. If You agree to relocate to another room, no increase will be made to your then-current rate for Housing Accommodation and Basic Services (the "Monthly Rental Rate"), and the Operator will cover the costs associated with your relocation. Should your Original Room become available following your relocation, we will offer You the choice of remaining in the Substitute Room or returning to your Original Room. If upon this choice, You decide to remain in the Substitute Room and the Substitute Room has a higher or lower Monthly Rental Rate than your Original Room, You will be responsible for payment of the new Monthly Rental Rate.

A request by You for a room substitution may be granted at the Operator's discretion. If You make such a request and You move to a room that has a higher or lower Monthly Rental Rate than your Room identified on Exhibit I.A.1., You will be responsible for payment of the new Monthly Rental Rate. Further, if any room substitution is granted at your request, You will be responsible for all costs associated with your relocation.

IV. Refund/Return of Resident Monies and Property

The following is provided pursuant to Title 10 of New York Codes, Rules, and Regulations at Section 1001.8(f)(4)(xvi).

Upon termination of this agreement or at the time of Your discharge, but in no case more than three business days after Your discharge, the Operator must provide You, Your Representative and/or Legal Representative, and any other person designated by You, with a final written statement of Your payment and personal allowance accounts at Memory Care at The Glen at Hiland Meadows.

The Operator must also return at the time of Your discharge, but in no case more than three (3) business days after Your discharge, any of Your money or property which comes into the possession of the Operator after Your discharge. The Operator must refund on the basis or a per diem proration any advance payment(s) which You have made.

If You die, the Operator must turn over Your property to the legally authorized representative of Your estate.

If You die without a will and the whereabouts of Your next-of-kin is unknown, the Operator shall contact the Surrogate's Court of the County wherein Memory Care at The Glen at Hiland Meadows is located in order to determine what should be

done with property of Your estate.

V. Transfer of Funds or Property to Operator

If You wish to voluntarily transfer money, property or things of value to the Operator upon admission or at any time following admission and during Your residency, and the Operator has agreed to accept such transfer, the Operator must enumerate the items given or promised to be given and attach to this agreement a listing of the items given or to be transferred. Such listing is attached as Exhibit V. and is made a part of this Agreement. Such listing shall include any agreements made by third parties for Your benefit.

VI. Temporary Hold of Property or items of value held in the Operator's custody for You.

If, upon admission or any other time, you wish to place property or things of value in the Operator's custody and the Operator agrees to accept the responsibility of such custody, the Operator must enumerate the items so placed and attach to this agreement a listing of such items. Such listing is attached as Exhibit VI. of this Agreement.

VII. Fiduciary Responsibility

If the Operator assumes management responsibility over Your funds, the Operator shall maintain such funds in a fiduciary capacity to You. Any interest on money received and held for You by the Operator shall be Your property. Please refer to Title 10 of New York Codes, Rules, and Regulations at Section 1001.9.

VIII. Tipping

In accordance with Title 18 of New York Codes, Rules, and Regulations at Section 487.10(g)(7), the Operator must not accept, nor allow Residence staff or agents to accept, any tip or gratuity in any form for any services provided or arranged for as required by statute, regulation, or agreement.

IX. Personal Allowance Accounts

Some recipients of Supplemental Security Income (SSI) may be entitled to a monthly personal allowance in accordance with Social Services Law.

The Operator agrees to offer to establish a personal allowance account for any Resident who receives either Supplemental Security Income (SSI) or Safety Net Assistance (SNA) payments by executing a Statement of Offering (DOH-5195) with You or Your Representative.

You agree to inform the Operator if you receive or have applied for Supplemental Security Income (SSI) or Safety Net Assistance (SNA) funds.

SSI is a federal program for those who meet the definition of disabled and have limited income and resources. Information regarding SSI is available at <https://otda.ny.gov/programs/disability-determinations/>.

SNA provides cash assistance to eligible individuals who meet specific criteria. SNA information is available online at <https://otda.ny.gov/programs/temporary-assistance/>.

You must complete the following:

- ☐ I receive SSI funds OR ☐ I have applied for SSI funds
- ☐ I receive SNA funds OR ☐ I have applied for SNA funds

☐ I do not receive either SSI or SNA funds

If You have a signatory to this agreement besides Yourself and if that signatory does not choose to place Your personal allowance funds in a Residence-maintained account, then that signatory hereby agrees that they will comply with the Supplemental Security Income (SSI) or Safety Net Assistance (SNA) personal allowance requirements.

Please refer to Title 18 of New York Codes, Rules, and Regulations at Sections 485.12, 487.5(d)(6)(xii), 487.6, and 487.10(f).

X. Admission and Retention Criteria for an Assisted Living Residence

The following is made known per Title 10 of New York Codes, Rules, and Regulations at Section 1001.8(f)(4)(xii).

1. Under the law which governs Assisted Living Residences (Public Health Law Article 46-B), the Operator shall not admit any Resident if the Operator is not able to meet the care needs of the Resident, within the scope of services authorized under such law, and within the scope of services determined necessary within the Resident's Individualized Services Plan. The Operator shall not admit any Resident in need of 24-hour skilled nursing care. An operator shall not exclude an individual on the sole basis that such individual is a person who primarily uses a wheelchair for mobility and shall make reasonable accommodations to the extent necessary to admit such individuals, consistent with the Americans with Disabilities Act of 1990, 42 U.S.C. 12101 et seq. and with the provisions of those sections.
2. The Operator shall conduct an initial pre-admission evaluation of a prospective

Resident to determine whether or not the individual is appropriate for admission.

3. The Operator has conducted such evaluation of Yourself and has determined that You are appropriate for admission to this Residence, and that the Operator is able to meet Your care needs within the scope of services authorized under the law and within the scope of services determined necessary for You under Your Individualized Services Plan.
4. If You are being admitted to a duly certified Enhanced Assisted Living Residence, the additional terms of the "Enhanced Assisted Living Residence Addendum" will apply.
5. If You are being admitted to a Special Needs Assisted Living Residence, the "Special Needs Assisted Living Residence Addendum" will apply.
6. If You are residing in a "Basic" Assisted Living Residence and Your care needs subsequently change in the future to the point that You require either Enhanced Assisted Living Care or 24-hour skilled nursing care, You will no longer be appropriate for residency in this Basic Residence. If this occurs, the Operator will take the appropriate action to terminate this Agreement, pursuant to Section XIII of the Agreement. However, if the Operator also has an approved Enhanced Assisted Living Certificate, has a unit available, and is able and willing to meet Your needs in such unit, You may be eligible for residency in such Enhanced Assisted Living unit.
7. Enhanced Assisted Living Care is provided to persons who desire to continue to age in place in an Assisted Living Residence and who:
 - (a) chronically require the physical assistance of another person in order to walk;
 - or

- (b) chronically require the physical assistance of another person to climb or descend stairs; or
 - (c) are dependent on medical equipment and require more than intermittent or occasional assistance from medical personnel; or
 - (d) have chronic unmanaged urinary or bowel incontinence.
8. Enhanced Assisted Living Care may also be provided to certain persons who desire to continue to age in place in an Assisted Living Residence and who are evaluated as requiring 24-hour skilled nursing care or medical care and who meet the conditions stated in the Enhanced Assisted Living Residence Addendum.

XI. Rules of the Residence

The Rules of the Residence are set forth in a document that has been provided to you. By signing this Agreement, You acknowledge that you have received a copy of the Rules of the Residence and You and Your representatives agree to obey all reasonable Rules of the Residence.

XII. Responsibilities of Resident, Resident's Representative and Resident's Legal Representative

- A. You, or Your Representative or Legal Representative, to the extent specified in this Agreement, are responsible for the following:
- 1. Payment of the Basic Rate and any authorized Additional and agreed-to Supplemental or Community Fees as detailed in this Agreement.
 - 2. Supply of personal clothing and effects.
 - 3. Payment of all medical expenses including transportation for medical purposes,

except when payment is available under Medicare, Medicaid or other third-party coverage.

4. At the time of admission and at least once every twelve (12) months, or more frequently if a change in condition warrants, providing the Operator with a dated and signed medical evaluation that conforms to regulations of the New York State Department of Health.
5. Informing the Operator promptly of any change in health status, change in physician, or change in medications.
6. Informing the Operator promptly of any change of name, address and/or phone number.

B. The Resident's Representative shall be responsible for the following:

1. If appointed as the Resident's Health Care Proxy, make medical decisions when Residents is unable to make such decisions for himself or herself.
2. Supply Residents with enough sets of clothing, undergarments etc. as necessary.
3. Make the appropriate monthly payments as agreed to in this Agreement
4. Advise of any change of contact person, address, telephone number and such, including designating alternate contact person during vacation, or for other absenteeism and provide all the above information for such person.

C. The Resident's Legal Representative, if any, shall be responsible for the following:

1. If appointed as the Resident's Health Care Proxy, make medical decisions when Residents is unable to make such decisions for himself or herself.

2. Supply Residents with enough sets of clothing, undergarments etc. as necessary.
3. Make the appropriate monthly payments as agreed to in this Agreement.
4. Advise of any change of contact person, address, telephone number and such, including designating alternate contact person during vacation, or for other absenteeism and provide all the above information for such person.

D. The Operator shall be responsible for the following:

1. In the event that the Resident's Health Care Proxy has been provided to the Operator, and that person is not the Resident's Representative or the Resident's legal Representative, the Operator shall notify the Resident's Health Care Proxy to make medical decisions when the Resident is unable to make such decisions for himself or herself.

XIII. Termination and Discharge

In accordance with Title 10 of New York Codes, Rules, and Regulations at Section 1001.8(f)(4)(xiii), this Residency Agreement and residency in Memory Care at The Glen at Hiland Meadows may be terminated in any of the following ways:

1. By mutual, written agreement between You and the Operator;
2. Upon thirty (30) days' written notice from You or Your Representative to the Operator of Your intention to terminate the Agreement and leave the facility.
This notice is required regardless of your reason for termination of this agreement;
3. Upon thirty (30) days' written notice from the Operator to You, Your Representative, Your next of kin, the person designated in this agreement as the responsible party and any person designated by You. Involuntary termination of a Residency Agreement is permitted only for the reasons listed

below, and if You object to the termination, termination is permissible only if the Operator initiates a proceeding in a court of competent jurisdiction and that court rules in favor of the Operator.

The grounds upon which involuntary termination may occur are:

1. You require continual medical or nursing care which Memory Care at The Glen at Hiland Meadows is not permitted by law or regulation to provide.
2. If Your behavior poses imminent risk of death or imminent risk of serious physical harm to You or anyone else;
3. You fail to make timely payment for all authorized charges, expenses and other assessments, if any, for services, including use and occupancy of the premises, materials, equipment and food which You have agreed to pay under this Agreement. If Your failure to make timely payment resulted from an interruption in Your receipt of any public benefit to which You are entitled, no involuntary termination of this Agreement can take place unless the Operator, during the thirty (30) day period of notice of termination, assists You in obtaining such public benefits or other available supplemental public benefits. You agree that You will cooperate with such efforts by the Operator to obtain such benefits.
4. You repeatedly behave in a manner that directly impairs the well-being, care or safety of Yourself or any other Resident, or which substantially interferes with the orderly operation of Memory Care at The Glen at Hiland Meadows.
5. The Operator has had their operating certificate limited, revoked, temporarily suspended or the Operator has voluntarily surrendered the operation of the

facility.

6. A receiver has been appointed pursuant to Section 461-f of the New York State Social Services Law and is providing for the orderly transfer of all residents in Memory Care at The Glen at Hiland Meadows to other residences or is making other provisions for the Residents' continued safety and care.

If the Operator decides to terminate the Residency Agreement for any of the reasons stated above, the Operator will give You a notice of termination and discharge, the notice will include the date of the termination which must be at least thirty (30) days after delivery of notice, the reason for termination, a statement of Your right to object, and a list of free legal advocacy resources approved by the New York State Department of Health.

You may object to the Operator about the proposed termination and may be represented by an attorney or advocate. If You challenge the termination, the Operator, in order to terminate, must institute a special proceeding in court. You will not be discharged against Your will unless the court rules in favor of the Operator.

While legal action is in progress, the Operator must not seek to amend the Residency Agreement in effect as of the date of the notice of termination, fail to provide any of the care and services required by Department regulations and the Residency Agreement, or engage in any action to intimidate or harass You.

Both You and the Operator are free to seek any other judicial relief to which You/the Operator may be entitled.

The Operator must assist You if the Operator proposes to transfer or discharge You to

the extent necessary to assure Your placement in a care setting which is adequate, appropriate, and consistent with Your wishes, given the available placement options.

XIV. Transfer

Notwithstanding the above, an Operator may seek appropriate evaluation and assistance and may arrange for Your transfer to an appropriate and safe location, prior to termination of a Residency Agreement and without thirty (30) days' written notice or court review, for the following reasons:

1. When You develop a communicable disease, medical or mental condition, or sustain an injury such that continual skilled medical or nursing services are required;
2. In the event that Your behavior poses an imminent risk of death or serious physical injury to Yourself or others; or
3. When a Receiver has been appointed under the provisions of New York State Social Services Law and is providing for the orderly transfer of all Residents in Memory Care at The Glen at Hiland Meadows to other residences or is making other provisions for the Residents' continued safety and care.

If You are transferred, in order to terminate Your Residency Agreement, the Operator must proceed with the termination requirements as set forth in Section XIII of this Agreement, except that the written notice of termination must be hand delivered to You at the location to which You have been transferred. If such hand delivery is not possible, then the notice must be given by any of the methods provided by New York law for personal service upon a natural person.

If the basis for the transfer permitted under parts 1 and 2 above of this Section no longer exists, You are deemed appropriate for placement in this Residence and if the Residency Agreement is still in effect, You must be readmitted.

XV. Resident Rights and Responsibilities

Attached as Exhibit XV and made a part of this Agreement is a Statement of Resident Rights and Responsibilities. This Statement will be posted in a readily visible common area in Memory Care at The Glen at Hiland Meadows. The Operator agrees to treat You in accordance with such Statement of Resident Rights and Responsibilities, and you agree to meet the responsibilities stated therein.

XVI. Complaint Resolution

The Operator's procedures for receiving and responding to resident grievances and recommendations for change or improvement in Memory Care at The Glen at Hiland Meadow's operations and programs are attached as Exhibit XVI and made a part of this Agreement. In addition, such procedures will be posted in a readily visible common area of Memory Care at The Glen at Hiland Meadows. Please refer to regulation at Title 10 of New York Codes, Rules, and Regulations at Section 1001.8(f)(4)(x).

The Operator agrees that the Residents of Memory Care at Hiland Meadows may organize and maintain councils or such other self-governing body as the Residents may choose. The Operator agrees to address any complaints, problems, issues or suggestions reported by such Residents' Organization and to provide a written report to the Residents' Organization that addresses the same.

Complaint handling is a direct service of the Long-term Care Ombudsman Program. The Long-term Care Ombudsman is available to identify, investigate and resolve Your

complaints in order to assist in the protection and exercise of Your rights.

XVII. Miscellaneous Provisions

1. This Agreement constitutes the entire Agreement of the parties.
2. This Agreement may be amended upon the written agreement of the parties; provided however, that any amendment or provision of this Agreement not consistent with the statute and regulation shall be null and void.
3. The parties agree that assisted living residency agreements and related documents executed by the parties shall be maintained by the Operator in files of Memory Care at The Glen at Hiland Meadows from the date of execution until three (3) years after the Agreement is terminated. The parties further agree that such agreements and related documents shall be made available for inspection by the New York State Department of Health upon request at any time.
4. Waiver by the parties of any provision in this Agreement that is required by statute or regulation shall be null and void.

XVIII. Agreement Authorization

We, the undersigned, reflect all parties to be charged under this Agreement per Title 10 of New York Codes, Rules, and Regulations at Section 1001.8(f)(2)(i), have read this 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

(Optional) Personal Guarantee of Payment

Per regulation at Title 10 of New York Codes, Rules, and Regulations at section 1001.8(f)(4)(xvii), the Operator cannot mandate that a resident or other person agree to a guarantor of payment as a condition of admission unless the Operator has reasonably determined on a case-by-case basis, that the prospective resident would lack either the current capacity to manage financial affairs and/or the financial means to assure payments due under this Residency Agreement.

☐ _____ personally, guarantees payment of charges for Your Basic Rate.

☐ _____ personally, guarantees payment of charges for the following services, materials, or equipment, provide to You, that are not covered by the Basic Rate:

Date

Guarantor's Signature

Guarantor's Name (Print)

(Optional) **Guarantor of Payment of Public Funds**

If You have a signatory to this Agreement besides Yourself and that signatory controls all or a portion of Your public funds (SSI, Safety Net, Social Security, Other), and if that signatory does not choose to have such public funds delivered directly to the Operator, then the signatory hereby agrees that he/she will personally guarantee continuity of payment of the Basic Rate and any agreed upon charges above and beyond the Basic Rate from either Your Personal Funds (other than Your Personal Needs Allowance), or SSI, Safety Net, Social Security or other public benefits, to meet Your obligations under this Agreement.

Date

Guarantor's Signature

Guarantor's Name (Print)

EXHIBIT I.A.1. IDENTIFICATION OF LIVING SPACE

RESIDENT NAME: _____

UNIT #: *Insert Resident's Unit #*

UNIT TYPE: *Insert Unit Type*

UNIT LOCATION: *Insert Unit's Location*

UNIT DESCRIPTION: *Insert a Description of the Unit*

EXHIBIT I.A.3. FURNISHINGS/APPLIANCES PROVIDED BY OPERATOR

As a resident of an Adult Home, in accordance with Section 487.11(i)(4) of Title 18, New York Codes Rules, and Regulations, when not supplied by you, the Operator will provide you with: (select all that is supplied by Operator)

☐ a standard single bed, well-constructed, in good repair, and equipped with clean springs maintained in good condition

☐ a clean, comfortable, well-constructed mattress, standard in size for the bed

☐ a clean comfortable pillow of average bed size

☐ pillowcase

☐ a bedspread

☐ at least one (1) blanket

☐ two (2) sheets

☐ towels and washcloths

☐ individual dresser

☐ a table

☐ a chair

☐ a lamp

☐ soap

☐ toilet tissue

lockable storage facilities, which cannot be removed at will, for personal articles and medications;

closet space for the storage of resident clothing

a hinged, lockable entry door;

in the case of shared bathrooms, hinged, lockable bathroom doors to ensure privacy;

EXHIBIT I.A.4. FURNISHINGS/APPLIANCES PROVIDED BY YOU

Residents are allowed to bring the items below.

Check all those that will be furnished by You:

- | | | |
|---|---------------------------------------|---------------------------------------|
| ☐ Bed | ☐ Chair | ☐ Lamp |
| ☐ Dresser | ☐ Table | ☐ Dishes |
| ☐ Glasses | ☐ Utensils | ☐ Pillow |
| ☐ Pillowcase | ☐ Sheets (2) | ☐ Blanket |
| ☐ Bedspread | ☐ Towels | ☐ Washcloths |
| ☐ Wastebasket | ☐ Couch | ☐ Easy Chair |
| ☐ Shower Curtain | ☐ Soap | ☐ Other: _____ |
| ☐ Other: _____ | ☐ Other: _____ | ☐ Other: _____ |

Residents are **NOT ALLOWED** to bring the items below:

- | | |
|---|--|
| • Incense or Candles | • Extension cords |
| • Outlet adapters and 2, 3, or 4 way plugs | • Heating blankets/heating pads |
| • Bed side rails, enabler bars Hospital beds, electric beds | • Potpourri burners |
| • Frayed cords | • Large refrigerators |
| • Air conditioners not approved by the Operators | • Installation or alteration of electrical equipment is prohibited |
| • Antennas that extend outside room windows or be attached to the outside of building | • Door stops or wedges |
| • Flammable liquids such as gasoline, ether, charcoal lighter, etc. or Stern-o Cans | • Fire arms/weapons of any type/ammunition |
| • Fire works | • Grills of any type |
| • Curtains made from material that is not a fire retardant material | • Gasoline powered equipment |
| • Heating units (space heater) | • Kerosene or Oil Lamps |
| • Sun lamps | • Heating elements (immersion type) |
| • Narcotics/illegal drugs | • Lamps without proper shades |
| • Waterbeds/water mattress | • Toasters |
| • Crockpots | • Coffee pots |
| • Electric kettles | • Small kitchen appliances |

EXHIBIT I.C. ADDITIONAL SERVICES, SUPPLIES OR AMENITIES

The following services, supplies or amenities are available from the operator directly or through arrangements with the Operator for the following additional charges.

Item:	Additional Charge:	Provided By:
Cable	Included in monthly service fee	Operator
Commissary Goods	Market Rate	Operator
Extraordinary Activities Supplies	Market Rate	Operator
Special Cultural Events	Market Rate	Operator
Transportation -- Recreational	Included as per policy	Operator
Private One on One Care/Supervision	\$23.00 Per hour for Resident Assistant, \$33.00 Per hour for LPN	
Transportation Aide Services	\$20.00 Per hour for attendant	Operator
Copies	.05 Each	Operator
Faxes	.10 per page	
Key Duplication	\$2.00 each	

* Please note that Operator can provide you with additional services at fees to be determined at the time the service is requested or Operator can help you locate someone in Memory Care at The Glen at Hiland Meadows to help you. Please note that these prices are subject to change from time to time.

EXHIBIT I.D. LICENSURE/CERTIFICATION STATUS OF PROVIDERS

☒ At this time there are no providers offering home care or health care services under any arrangement with the Operator. The Community, however, will make every effort to assist you in obtaining appropriate home care or health care services if You so desire, and will coordinate the care provide by the operator and the additional nursing, medical and/or hospice services.

EXHIBIT III.A.2. TIERED FEE ARRANGEMENTS

All residents receive Basic Services in addition to their Housing Accommodations as part of their Basic Rate. Basic Services include reminders (e.g., meals, showers, etc.); wellness checks such as weight and blood pressure monitoring; assistance with Activities of Daily Living (ADLs): bathing, grooming, dressing, toileting (*if applicable*), ambulation (*if applicable*), transferring (*if applicable*), feeding, medication acquisition, storage and disposal, and assistance with self- administration of medication.

As an Adult Home Resident, You will be provided up to three and three-quarter (3.75) hours per week of Personal Care, as outlined above.

Memory Care at The Glen at Hiland Meadows ☒ does ☐ does not
utilize tiered fee arrangements.

Tiered Fees are determined by a comprehensive assessment by a licensed representative of the Community, in consultation with Your physician, during the following events: prior to move-in; whenever there are significant changes in Your needs; upon Your physician's request; and every 6 months after your move-in. If the comprehensive assessment indicates that you require services in excess of the basic personal care level, You will be placed in the appropriate Tier for your level of care and you will be required to pay the associated additional fees, as follows:

BASIC SERVICES PACKAGE

\$0 / MONTH

1. Three Meals and Snacks Daily	
2. Laundry	
3. Housekeeping	
4. Activity Programing	
5. Case Management	
6. Personal Care Assistance	
Showers/Bathing	Independent, reminders, and light assistance with washing and drying
Dressing and Grooming	Reminders (Including Shaving, Oral Care, Hair Care, Selection & Layout of Clothing)
Toileting/Incontinence Care	Independent or verbal reminders
7. Medication Assistance	
Assistance with medications & Treatments (intact skin only)	Assistance by staff Includes Compression Hose, Topical Medications & Lotions
Eye Drops, Ear Drops, Nasal Sprays, Inhalers, etc.	Cueing for resident to self-administer (Assistance is EALR only)
Glucose Finger Stick Testing	Independent
Injections	Independent or Assistance by a Nurse once per month or less (Assistance is EALR only)
8. Supervision and Safety	
Safety Checks by Staff	Independent or Checks by Staff once per shift (safety checks are increased for all residents on the overnight shift)
9. Medical Equipment	
Urinary Catheter Care	Independent or Reminders
Urostomy/Colostomy Care	Independent or Reminders
Oxygen, BiPAP/CPAP	Independent or Reminders
Nebulizer	Assistance by staff for less than 2 weeks
10. Nursing Services (EALR Only)	
RN Assessment (EALR Only)	As needed
Dressing Changes	Short-term (less than 2 weeks)

ENHANCED EXPANDED PACKAGE

\$1,600 / MONTH

1. Includes items 1-5 in the Basic Services Package	
6. Personal Care Assistance	
Showers/Bathing	Hands on staff assistance with washing, hair etc. Resident must allow staff assistance as needed
Dressing and Grooming	Full physical assistance with minimal resident participation (Includes Shaving, Oral Care, Hair Care, Layout/Selection of Clothing) Resident must be able to follow direction and participate in their ADLs in some way. Resident must allow staff assistance as needed
Toileting/Incontinence Care	Assistance by Staff (Including Standby Required for Safety or Full Toileting Assistance), or Routine Toileting Schedule Resident must allow staff assistance as needed.
7. Assistance with Ambulation (EALR Only)	
Assistance with Ambulation	Physical Assistance of 1 Staff or Physical Assistance of 2 Staff for Imbalance and/or Safety for Short-term Situations (up to 1 month)
8. Medication Assistance	
Assistance with Eye Drops, Ear Drops, Nasal Sprays, Inhalers, lotions/ointments, etc. (EALR Only)	Assistance by Staff
Glucose Finger Stick Testing (EALR Only)	Assistance by Nursing Staff
Injections (EALR Only)	Assistance by a Nurse ≥ 2 times per day
Suppositories/Enemas (EALR Only)	Routine Assistance (weekly or more) by Nursing Staff as needed
RN Direction for (vs. Resident-directed) PRN Medications (EALR Only)	Frequent Need (weekly or more) for RN Direction of PRN Medications.
9. Comprehensive Supervision and Safety	
Safety Checks by Staff	Every 1 Hour *If 1:1 staffing is required, it will be charged at an hourly rate of \$22.00/hour Safety checks are increased for all residents on the overnight shift
10. Medical Equipment (EALR)	
Oxygen	Continuous Use and Required Assistance by Staff
Nebulizers	Assistance by Staff with Set-Up and Cleaning ≥ 2 times per day
11. Nursing Services (EALR Only)	
Frequent, On-going RN Assessment (EALR Only)	Assistance by RN Staff Weekly or More Frequently (i.e. Required for Medical Conditions such as CHF, COPD or Brittle Diabetes, Frequent Changes in Medications, Refractory

Dressing Changes

Pain Control, Monitoring of Condition with
Physician Reporting and Need for Therapeutic
Adjustment, etc.)
Twice Daily or More for a Duration of > 2 weeks

EXHIBIT III.B. SUPPLEMENTAL, ADDITIONAL, OR COMMUNITY FEES

None.

EXHIBIT III.C. RATE OR FEE SCHEDULE

RESIDENT NAME: _____

UNIT#: _____

A. Your Basic Rate

(Housing Accommodations and Services + Basic Services)

\$ _____

The Basic Rate includes costs associated Housing Accommodations and Basic Services as outlined in Section 1.A and B of this Agreement. Fees associated with this Basic Rate inclusive of SNALR are outlined below:

Housing Accommodations and Services: \$ _____

Living Space	Monthly Fee
☐ The Willow (triangular room)	\$7,975
☐ The Birch (rectangular room)	\$7,975

Basic Services: \$ _____

Including a minimum of 3.75 hours of personal care services including reminders (e.g., meals, showers, etc.) wellness checks such as weight and blood pressure monitoring; assistance with Activities of Daily Living (ADLs); bathing, grooming, dressing, toileting (if applicable), ambulation (if applicable), transferring (if applicable), feeding medication acquisition, storage and disposal, and assistance with self-administration of medication.

B. Your Tiered Billing RateMemory Care at The Glen at Hiland Meadows ☒ does utilize tiered fee arrangements.

\$ _____

C. Your Supplemental or Additional Fees

You have opted to receive the following Supplemental or additional fees, outlined in Exhibit III.B:

\$ _____

YOUR TOTAL MONTHLY RATE:

Your Basic Rate + Your Tiered Billing Rate + Your Supplemental or Additional Fees \$ _____

Move-In Costs

Community Fee: \$_____

Memory Care at The Glen at Hiland Meadows ☒ does
not charge a one-time Community Fee, as outlined in
Exhibit III.B of this Agreement.

This Month's Financial Obligation Prorated: \$_____
(days left in move in month x \$_____/month of
the total monthly basic rate)

YOUR TOTAL MOVE-IN COSTS: \$_____

EXHIBIT V. TRANSFER OF FUNDS OR PROPERTY TO OPERATOR

Listed below are items (i.e. money, property or things of value) that You wish to transfer voluntarily to the Operator upon admission or at any time:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

EXHIBIT VI. PROPERTY/ITEMS HELD BY OPERATOR FOR YOU

FACILITY NAME:

OPERATING CERTIFICATE NUMBER:

			RESIDENT NAME	INVENTORY DATE	DATE RETURNED TO RESIDENT	RESIDENT INITIALS
ITEM	QUANTITY	ESTIMATED \$ VALUE (if known)	DESCRIPTION			
RESIDENT SIGNATURE		DATE	AUTHORIZED FACILITY REPRESENTATIVE SIGNATURE		DATE	
X			X			

**EXHIBIT XV. RIGHTS AND RESPONSIBILITIES OF RESIDENTS IN ASSISTED
LIVING RESIDENCES**

RESIDENT'S RIGHTS AND RESPONSIBILITIES SHALL INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING:

(A) EVERY RESIDENT'S PARTICIPATION IN ASSISTED LIVING SHALL BE VOLUNTARY, AND PROSPECTIVE RESIDENTS SHALL BE PROVIDED WITH SUFFICIENT INFORMATION REGARDING THE RESIDENCE TO MAKE AN INFORMED CHOICE REGARDING PARTICIPATION AND ACCEPTANCE OF SERVICES;

(B) EVERY RESIDENT'S CIVIL AND RELIGIOUS LIBERTIES, INCLUDING THE RIGHT TO INDEPENDENT PERSONAL DECISIONS AND KNOWLEDGE OF AVAILABLE CHOICES, SHALL NOT BE INFRINGED;

(C) EVERY RESIDENT SHALL HAVE THE RIGHT TO HAVE PRIVATE COMMUNICATIONS AND CONSULTATION WITH HIS OR HER PHYSICIAN, ATTORNEY, AND ANY OTHER PERSON;

(D) EVERY RESIDENT, RESIDENT'S REPRESENTATIVE AND RESIDENT'S LEGAL REPRESENTATIVE, IF ANY, SHALL HAVE THE RIGHT TO PRESENT GRIEVANCES ON BEHALF OF HIMSELF OR HERSELF OR OTHERS, TO THE RESIDENCE'S STAFF, ADMINISTRATOR OR ASSISTED LIVING OPERATOR, TO GOVERNMENTAL OFFICIALS, TO LONG TERM CARE OMBUDSMEN OR TO ANY OTHER PERSON WITHOUT FEAR OF REPRISAL, AND TO JOIN WITH OTHER

RESIDENTS OR INDIVIDUALS WITHIN OR OUTSIDE OF THE RESIDENCE TO WORK FOR IMPROVEMENTS IN RESIDENT CARE;

(E) EVERY RESIDENT SHALL HAVE THE RIGHT TO MANAGE HIS OR HER OWN FINANCIAL AFFAIRS;

(F) EVERY RESIDENT SHALL HAVE THE RIGHT TO HAVE PRIVACY IN TREATMENT AND IN CARING FOR PERSONAL NEEDS;

(G) EVERY RESIDENT SHALL HAVE THE RIGHT TO CONFIDENTIALITY IN THE TREATMENT OF PERSONAL, SOCIAL, FINANCIAL AND MEDICAL RECORDS, AND SECURITY IN STORING PERSONAL POSSESSIONS;

(H) EVERY RESIDENT SHALL HAVE THE RIGHT TO RECEIVE COURTEOUS, FAIR AND RESPECTFUL CARE AND TREATMENT AND A WRITTEN STATEMENT OF THE SERVICES PROVIDED BY THE RESIDENCE, INCLUDING THOSE REQUIRED TO BE OFFERED ON AN AS-NEEDED BASIS;

(I) EVERY RESIDENT SHALL HAVE THE RIGHT TO RECEIVE OR TO SEND PERSONAL MAIL OR ANY OTHER CORRESPONDENCE WITHOUT INTERCEPTION OR INTERFERENCE BY THE OPERATOR OR ANY PERSON AFFILIATED WITH THE OPERATOR;

(J) EVERY RESIDENT SHALL HAVE THE RIGHT NOT TO BE COERCED OR REQUIRED TO PERFORM WORK OF STAFF MEMBERS OR CONTRACTUAL WORK;

(K) EVERY RESIDENT SHALL HAVE THE RIGHT TO HAVE SECURITY FOR ANY PERSONAL POSSESSIONS IF STORED BY THE OPERATOR;

(L) EVERY RESIDENT SHALL HAVE THE RIGHT TO RECEIVE ADEQUATE AND APPROPRIATE ASSISTANCE WITH ACTIVITIES OF DAILY LIVING, TO BE FULLY INFORMED OF THEIR MEDICAL CONDITION AND PROPOSED TREATMENT,

UNLESS MEDICALLY CONTRAINDICATED, AND TO REFUSE MEDICATION, TREATMENT OR SERVICES AFTER BEING FULLY INFORMED OF THE CONSEQUENCES OF SUCH ACTIONS, PROVIDED THAT AN OPERATOR SHALL NOT BE HELD LIABLE OR PENALIZED FOR COMPLYING WITH THE REFUSAL OF SUCH MEDICATION, TREATMENT OR SERVICES BY A RESIDENT WHO HAS BEEN FULLY INFORMED OF THE CONSEQUENCES OF SUCH REFUSAL;

(M) EVERY RESIDENT AND VISITOR SHALL HAVE THE RESPONSIBILITY TO OBEY ALL REASONABLE REGULATIONS OF THE RESIDENCE AND TO RESPECT THE PERSONAL RIGHTS AND PRIVATE PROPERTY OF THE OTHER RESIDENTS;

(N) EVERY RESIDENT SHALL HAVE THE RIGHT TO INCLUDE THEIR SIGNED AND WITNESSED VERSION OF THE EVENTS LEADING TO AN ACCIDENT OR INCIDENT INVOLVING SUCH RESIDENT IN ANY REPORT OF SUCH ACCIDENT OR INCIDENT;

(O) EVERY RESIDENT SHALL HAVE THE RIGHT TO RECEIVE VISITS FROM FAMILY MEMBERS AND OTHER ADULTS OF THE RESIDENT'S CHOOSING WITHOUT INTERFERENCE FROM THE ASSISTED LIVING RESIDENCE;

(P) EVERY RESIDENT SHALL HAVE THE RIGHT TO WRITTEN NOTICE OF ANY FEE INCREASE NOT LESS THAN FORTY-FIVE DAYS PRIOR TO THE PROPOSED EFFECTIVE DATE OF THE FEE INCREASE; HOWEVER, PROVIDING ADDITIONAL SERVICES TO A RESIDENT SHALL NOT BE CONSIDERED A FEE INCREASE PURSUANT TO THIS PARAGRAPH; AND

(Q) EVERY RESIDENT OF AN ASSISTED LIVING RESIDENCE THAT IS ALSO CERTIFIED TO PROVIDE ENHANCED ASSISTED LIVING AND/OR SPECIAL NEEDS

ASSISTED LIVING SHALL HAVE A RIGHT TO BE INFORMED BY THE OPERATOR, BY A CONSPICUOUS POSTING IN THE RESIDENCE, ON AT LEAST A MONTHLY BASIS, OF THE THEN-CURRENT VACANCIES AVAILABLE, IF ANY, UNDER THE OPERATOR'S ENHANCED AND/OR SPECIAL NEEDS ASSISTED LIVING PROGRAMS.

WAIVER OF ANY OF THESE RESIDENT RIGHTS SHALL BE VOID. A RESIDENT CANNOT LAWFULLY SIGN AWAY THE ABOVE-STATED RIGHTS AND RESPONSIBILITIES THROUGH A WAIVER OR ANY OTHER MEANS.

**EXHIBIT XVI. OPERATOR PROCEDURES: RESIDENT GRIEVANCES AND
RECOMMENDATIONS**

PURPOSE:

Memory Care at the Glen at Hiland Meadows will provide a method to promptly deal with complaints and recommendations made by residents, their next of kin and/or their designated representatives.

The purpose of this policy is to bring complaints and recommendations promptly to the attention of one individual who will be responsible for addressing and providing an explanation to the resident when a complaint cannot be fully resolved.

PROCEDURE:

1. This procedure will be explained in full to each resident, their relatives and/or designated representative on admission.
2. All Direct Care Staff and other appropriate personnel will be advised of this policy to enable them to assist residents, next of kin or designated representatives in making a complaint or recommendation.
3. Complaints that cannot be addressed by the Direct Care staff on the unit where the resident resides may be brought to the attention of the following: Memory Care Administrator or LPN on staff.
4. The Memory Care Administrator is the person responsible for addressing complaints.
5. Residents' family members and visitors who wish to make a complaint can obtain a Grievance/Suggestion Form available at the Communication Center. These forms are available at all times and without asking. If you wish to bring your concern to us confidentially, you should place them in the suggestion box located in the communication center. The confidential concerns will be addressed within five (5) business days. Personal meetings will be scheduled with the Terrace Administrator, as necessary, to discuss and resolve confidential concerns.
6. The Memory Care Administrator will advise the Vice President/Executive Director of all complaints.

7. A written response will be made to the resident, next of kin or designated representative within fifteen (15) days of receipt of when the complaint/recommendation was received.
8. The written response will contain the action taken or the reason why no action was taken.
9. A copy of all written responses will be sent to the Vice President/Executive Director. Where the response is not in writing, a written summary of the action taken in outcome will be forwarded to the Vice President/Executive Director.
10. All Anonymous complaints will be discussed at monthly town meetings. Resolutions will be presented at this forum.
11. Annually, the Director of Resident Services will review and evaluate the effectiveness of this procedure.

RESPONSIBILITY:

1. The Memory Care Administrator or designee is responsible to make this procedure known to the resident and/or designated representative on admission to the facility.
2. All Direct Care Staff are responsible to know the procedure and to assist a resident, family member or designated representative who wishes to make a complaint or recommendation.
3. The Memory Care Administrator is responsible for hearing the complaints, reviewing them with the Vice President/Director, and responding to them within fifteen (15) days.
4. The Vice President/Executive Director is responsible for addressing complaints not resolved through the above procedure.

ATTACHMENT:

Resident Complaint/Recommendation Report

MEMORY CARE AT THE GLEN AT HILAND MEADOWS
Complaint and Recommendation Report

Date: ____ / ____ / ____

Complaint/Recommendation Initiated by: _____

If next of kin, or designated representative:

Name: _____

Relationship: _____

Phone Number: _____

COMPLAINT OR RECOMMENDATION:

SIGNED (by person completing report): _____

FORWARDED TO TERRACE ADMINISTRATOR (Date): ____ / ____ / ____

REVIWED BY VP/EXEC. DIR.

(Date): ____ / ____ / ____

OUTCOME: _____

[Attach here a printed, full version of the Consumer Information Guide: Assisted Living Residences]

ENHANCED ASSISTED LIVING RESIDENCE ADDENDUM TO RESIDENCY AGREEMENT

This is an Addendum to a Residency Agreement made between The Glen at Hiland Meadows Inc. (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 Addendum. 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 48 Longview Drive, Queensbury, NY 12804

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 Residency; 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.

ENHANCED ASSISTED LIVING RESIDENCE ADDENDUM TO RESIDENCY AGREEMENT

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 EALR Appendix #1 and made part of this Addendum 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.

ENHANCED ASSISTED LIVING RESIDENCE ADDENDUM TO RESIDENCY AGREEMENT

VI. If 24 Hour Skilled Nursing or Medical Care is Needed

If You reach a 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 Article 28 of New York State Public Health Law or Articles 19, 31, or 32 of Mental Hygiene Law; AND
- c. The Operator agrees to retain You as a 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.

ENHANCED ASSISTED LIVING RESIDENCE ADDENDUM TO RESIDENCY AGREEMENT

VII 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)

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ADDITIONAL DISCLOSURES FOR ALL ENHANCED ASSISTED LIVING RESIDENTS

I. Services to be Provided

Physical assistance with mobility/ambulation to residents who chronically require the assistance of another person to: (1) walk; and/or (2) climb or descend stairs;

Assistance with medical equipment including oxygen equipment, nebulizers, and glucometers; and

Nursing services, including:

RN assessment, as needed.

Medication administration including eye drops, ear drops, nasal sprays and inhalers and oral PRN medications;

Routine skin care (the application of lotions and ointments);

Dry to dry dressing changes and wound care;

Some Injections;

Urinary Catheter Care including, changing and emptying bag; and observation;

Colostomy care assistance with emptying, cleaning or changing bags;

Oxygen, CPAP/BiPAP;

Nebulizers/Medications/Treatments;

Rectal suppositories and enemas; and

Blood Glucose Testing.

II. Staffing Levels

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

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program with an activities staff that plans and conducts activities designed to promote Residents' activity in the Residence.

III. 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.

IV. Environmental Modifications

Enhanced Assisted Living Residents will reside throughout the Community. The entire facility is fully equipped with all of the necessary safety devices to protect the health, safety, and welfare of the persons in the Residence, including an automatic sprinkler system, a supervised smoke detection system, a fire protection system, handrails, and a centralized emergency call system.

SPECIAL NEEDS ASSISTED LIVING RESIDENCE ADDENDUM TO RESIDENCY AGREEMENT

This is an Addendum to a Residency Agreement made between The Glen at Hiland Meadows, Inc. d/b/a Memory Care at the Glen at Hiland Meadows (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 Addendum. This Addendum must be attached to the Residency Agreement between the parties.

I. Special Needs Assisted Living Certificates

The Operator is currently certified by the New York State Department of Health to provide Special Needs Assisted Living at 48 Longview Drive, Queensbury, NY 12804.

II. Request for and Acceptance of Admission

You have requested to become a Resident at this Special Needs Assisted Living Residence ("the Residence"), and the Operator has accepted Your request.

IV. Specialized Programs, Staff Qualifications, and Environmental Modifications

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

SPECIAL NEEDS ASSISTED LIVING RESIDENCE ADDENDUM TO RESIDENCY AGREEMENT

Staffing levels will be maintained in compliance with all applicable laws and regulations appropriate for the level of care needed to perform and carryout the tasks that Residents require. The Residence 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 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.

The Residence 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 SNALR Residents to safely enjoy the outdoors. The SNALR has its own dining room to allow for staff to accommodate Resident's needs and dining schedule preferences and variations.

**SPECIAL NEEDS ASSISTED LIVING RESIDENCE
ADDENDUM TO RESIDENCY AGREEMENT**

V. 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)