SPECIAL NEEDS ASSISTED LIVING RESIDENCE
ADDENDUM TO
RESIDENCY AGREEMENT

This is an addendum to a Residency Agreement made between The Mansion at South Union (the "Operator"),

_____ (the "Resident or You"), and Such Residency

Agreement is dated _____.

This addendum adds new sections and amends, if any, only 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 The Mansion at South Union located at 11 S. Union St. Cambridge, NY 12816 .

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 SN#1 and made a part of this agreement is a written description of:

a. Specialized Services to be provided in the Special Needs Assisted Living Residence;

b. Staffing Levels;

c. Staff education and training and work experience, and any professional affiliations or special characteristics relevant to serving persons with specific special needs;

APPROVED BY
DIVISION OF ADULT CARE FACILITY &
ASSISTED LIVING SURVEILLANCE
NYSDOH REGIONAL OFFICE
INITIALS JK DATE 11 17 19

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

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)

APPROVED BY
DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE
NYSDOH REGIONAL OFFICE
INITIALS JR DATE 12/17/17

SN #1

I. Specialized services to be provided in the Special Needs Assisted Living Residence include:

a. Appropriate Activities programs
b. Appropriate and individualized dining program
c. Enhanced supervision
    a. Reminders as needed and appropriate
    b. Redirection and cueing as needed
d. Flexible Meal times
e. Increased Housekeeping and assistance with ADLs as needed

II. Staffing Levels – the staffing levels in the Special Needs Assisted Living Residence at full occupancy are as follows:

a. Administrator, LPN – 40 hours per week, on call 24/7
b. Case Manager, RN – 40 hours per week, on call 24/7
c. DAY SHIFT (7a-3p)
    i. 1 Home Health Aide
    ii. 1 Resident Care Aide
d. EVENING SHIFT (3p-11p)
    i. 1 Home Health Aide
    ii. 1 Resident Care Aide
e. NIGHT SHIFT (11p-7a)
    i. 1 Home Health Aide
    ii. 1 Resident Care Aide

III. Staff Education, Training and Work Experience

a. Registered Nurse or Licensed Practical Nurse
b. 12 month extensive in-service training program for all staff
c. 40-hour initial orientation program for all resident care staff

IV. Environmental Modifications Made to Protect the Health, Safety and Welfare of persons in the Special Needs Assisted Living Residence:

a. Complete alarm system on all exit doors with appropriate delayed egress
b. Secure outdoor courtyard
c. Private dining and activities areas
d. Window stops to prevent elopement

APPROVED BY
DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE
NYSDOH REGIONAL OFFICE
INITIALS JR DATE 10 17 19