

**ENHANCED ASSISTED LIVING RESIDENCE
ADDENDUM TO
RESIDENCY AGREEMENT**

This is an addendum to a Residency Agreement made between Berkemeier Living Center (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 Berkemeier Living Center located at 1 Wartburg Place, Mount Vernon, NY 10552.

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 month prior to your admission to 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 in this Enhanced Assisted Living Residence, (the "Residence") and the Operator has accepted your request.

IV. Fee

The monthly fee for the Enhanced Assisted Living Residence is \$1500.00 per month. This fee is in addition to the monthly rental, care level and any other previously agreed upon fees.

V. Specialized Programs, Staff Qualifications and Environmental Modifications

Attached as EALR # 1 and made part of this Agreement is a written description of:

- Services to be provided in the Enhanced Assisted Living Residence;
- 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.

VI. 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.

VII. 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 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 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.

VIII. 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)

EXHIBIT EALR # 1

Specialized Services provided in the Enhanced Assisted Living Residence

The Enhanced Assisted Living Residence allows a resident to age in place and meet their special needs. The services to be provided in EALR will include:

Registered Nurse Case Management

Social Work Case Management

Medication Management provided by Meadowview LPN Medication Managers

FEES

These specialized additional services have a fee of \$1500 per month.

Staffing Levels

Director of Nursing

LPN Medication Manager 24/7

Concierge Front Desk Services 24/7

Private aide furnished by Home Care as needed (Paid for privately by resident)

ENVIRONMENTAL SERVICE AIDE

DINING STAFF EACH MEAL SERVICE

SOCIAL WORKER: MSW

ADMINISTRATOR

Staff Education, Training and Work Experience

Administrator is a NYS Licensed Nursing Home Administrator

R.N. Director of Nursing

Social Work Case Manager-CMSW

Licensed LPN medication management