ENHANCED ASSISTED LIVING RESIDENCE
ADDENDUM TO
RESIDENCY AGREEMENT

This is an addendum to a Residency Agreement made between, Coopers Corner (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. Enhanced Assisted Living Certificates
The Operator is currently certified by the New York State Department of Health to provide Enhanced Assisted Living at Coopers Corner located at 11 Mill Road, New Rochelle, New York 10804.

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 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
a. 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;
b. Assistance with transfers
c. Assistance with medical equipment;
d. Assistance with unmanaged urinary incontinence; and
e. Skilled services, including:
    i. Physical assistance with feeding (if resident is self-directing, performed by an HHA, if resident is not-self directing, performed by an LPN or RN);
    ii. Routine skin care, including the administration of topical creams and lotions;
    iii. Administration of ear drops;
    iv. Administration of eye drops/ointments;
    v. Administration of nasal sprays;
    vi. Administration of enemas;
    vii. Administration of injectable medications;
    viii. Simple dressing changes (Aseptic & Sterile);
    ix. Wound Care;

x. Catheter care, such as Foley, Condom and Suprapubic;
xi. Ostomy care for ostomies that have achieved normal function;
xii. PRN medication administration;
xiii. Medication administration, including nebulizer;
xiv. Blood glucose monitoring
xv. Antiembolism (TED) Stockings
xvi. Splints and other supportive devices
xvii. Assistance with Bedpans/Urinals
xviii. Assistance with management of medical equipment, including oxygen equipment such as nasal cannulas, concentrators and portable oxygen;
xix. Assistance with hydration;
xx. Performing simple measurements and test to routinely monitor medical conditions, including taking vital signs;
xxi. Skilled observations which need to be reported to a physician.

f. Therapy (PT, OT, and/or ST) as provided by an outside licensed outpatient therapy provider
g. Hospice care as provided by a licensed outside Hospice Care
h. Staffing levels will be maintained in compliance with all applicable laws and regulations appropriate for the level of care needed to perform and carry out the tasks that the resident requires.
i. When at capacity, the staffing plan for the EALR will include:
   i. Executive Director who oversees the operations of the community; Administrator- prior experience in managing similar services
   ii. One Business Operations Director who manages billing, accounting and other administrative tasks
   iii. One Sales Director who assist residents/families seeking move-in
   iv. Food Services Staff (One Director, and three Cooks who prepare the food and transport it to the resident house kitchens for service; certified as safe food service handlers
   v. A registered Nurse is on staff 37. 5 hours weekly for the ALR and EALR (same RN will be used for ALR, EALR and SNALR Programs)
   Licensed Practical Nurses (LPN) are on staff as follows for the ALR and EALR: (same LPN will be used for ALR, EALR and SNALR Programs).

   7:00 am – 3:00 pm – 1 LPN
   3:00 pm – 11:00 pm – 1 LPN
   11:00 pm – 7:00 am – 1 LPN
   Certified Home Health Aides (CHHA) are on staff for the ALR & EALR:

   7:00 am – 3:00 pm – 2 CHHAs
   3:00 pm – 11:00 pm – 2 CHHAs
   11:00 pm – 7:00 am – 1 CHHA

   In the absence of the administrator, the RN or LPN will be in charge.

j. 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.

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 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 Mental Hygiene Law, the Operator will initiate proceedings for the termination of this 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, if applicable 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.

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)

APPROVED BY

DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE

NYSDOH REGIONAL OFFICE

INITIALS _____ DATE 4/18/23

ENHANCED ASSISTED LIVING RESIDENCE ADDENDUM TO RESIDENCY AGREEMENT
EALR #1

IV. Specialized Programs, Staff Qualifications and Environmental Modifications

a. 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; **(HW728 – Mobility)**
b. Assistance with transfers **(HW728 – Mobility)**
c. Assistance with medical equipment; **(HW720 Assistive Devices)**
d. Assistance with unmanaged urinary incontinence; and **(HW723 – Continence Care)**
e. Skilled services, including:
   i. Physical assistance with feeding (if resident is self-directing, performed by an HHA, if resident is not-self directing, performed by an LPN or RN); **(HW731-NY – Feeding Assistance)**
   ii. Routine skin care, including the administration of topical creams and lotions; **(HW716 – Topical Medications)**
   iii. Administration of ear drops; **(HW704 – Ear Drops)**
   iv. Administration of eye drops/ointments; **(HW705 – Eye Drops and HW706 – Eye Ointments)**
   v. Administration of nasal sprays; **(HW712 – Nasal Sprays)**
   vi. Enemas **(HW725 – Enemas)**
   vii. Administration of injectable medications; **(HW711 – Injections)**
   viii. Simple dressing changes (Aseptic & Sterile); **(HW713-NY – Dressing, Clean (Aseptic) and HW729-NY – Dressings, Sterile)**
   ix. Wound Care **(HW718 – Wound Care/Skin Integrity)**
   x. Catheter care, such as Foley, Condom and Suprapubic; **(HW709 – Indwelling Catheter Care)**
   xi. Ostomy care for ostomies that have achieved normal function; **(HW702-NY – Colostomy & Ileostomy Care)**
   xii. PRN medication administration; **(HW604-NY – Medication Assistance/Management and HW730-NY – Pain Management)**
   xiii. Medication administration, including nebulizer; **(HW604-NY – Medication Assistance/Management and HW710 - Inhalers)**
   xiv. Blood glucose monitoring **(HW701 – Blood Glucose Monitoring)**
   xv. Antiembolism (TED) Stockings **(HW719 – Antiembolism (TED) Stockings)**
   xvi. Splints and other supportive devices **(HW721 – Splints and Other Supportive/Protective Devices)**
   xvii. Assistance with bedpans/urinals **(HW722 – Bedpans and Urinals)**
   xviii. Assistance with management of medical equipment, including oxygen equipment such as nasal cannulas, concentrators and portable oxygen; **(HW714 – Oxygen)**
   xix. Assistance with hydration **(HW-727 – Hydration)**
   xx. Performing simple measurements and test to routinely monitor medical conditions, including taking vital signs; **(HW717 – Vital Signs)**
   xxi. Skilled observations which need to be reported to a physician. **(HW724 – Diagnostic and Clinical Procedures)**

APPROVED BY
DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE
NYSDOH REGIONAL OFFICE
INITIALS _____ DATE 9/16/23

f. Therapy (PT, OT, and/or ST) **(provided by an outside licensed outpatient therapy provider)**
g. Hospice care **(provided by a licensed outside Hospice Care)**
h. Staffing levels will be maintained in compliance with all applicable laws and regulations appropriate for the level of care needed to perform and carry out the tasks that the resident requires. **(AD303-Staffing)**
i. When at capacity, the staffing plan for the EALR will include: **(AD303-Staffing)**
    i. Executive Director who oversees the operations of the community; Administrator- prior experience in managing similar services
    ii. One Business Operations Director who manages billing, accounting and other administrative tasks
    iii. One Sales Director who assist residents/families seeking move-in
    iv. Food Services Staff (One Director, and three Cooks who prepare the food and transport it to the resident house kitchens for service; certified as safe food service handlers
    v. A registered Nurse is on staff 37. 5 hours weekly for the ALR and EALR (same RN will be used for ALR, EALR and SNALR Programs) Licensed Practical Nurses (LPN) are on staff as follows for the ALR and EALR: (same LPN will be used for ALR, EALR and SNALR Programs).

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        In the absence of the administrator, the RN or LPN will be in charge.

j. 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. **(MH210-NY Physical Building Requirements & Safety)**

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DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE
NYSDOH REGIONAL OFFICE
INITIALS _____ DATE 4/18/23