

SPECIAL NEEDS ASSISTED LIVING RESIDENCE

ADDENDUM TO RESIDENCY AGREEMENT

This is an addendum to a Residency Agreement made between BV Harrison Operator, LLC (the “Operator”), «Residentfirstname» «Residentlastname», (the “Resident” or “You”), and «ResidentRepFull» «ResidentLegalFull». Such Residency Agreement is dated «datesign».

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. 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 Brightview Harrison (the “Community”), located at 600 Lake Street, Harrison, NY 10604.

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 Community and Operator has accepted such request.

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ADMISSION/RETENTION:

1. The Operator will not admit or retain any person who:
 - a. Is in need of continual medical or nursing care or supervision;
 - b. Suffers from a serious and persistent mental disability sufficient to warrant placement in a residential facility;
 - c. Requires health or mental health services that are not available or cannot be provided safely and effectively by local service agencies or providers;
 - d. Causes, or is likely to cause, danger to themselves or others
 - e. Repeatedly behaves in a manner that directly impairs the well-being, care or safety of themselves or that of other residents, or which substantially interferes with the orderly operation of the Community;
 - f. Has a medical condition that is unstable and which requires continual skilled observation an accurate recording of such observations for the purposes of reporting to the resident's physician;
 - g. Refused or is unable to comply with prescribed treatment program
 - h. Is chronically bedfast;
 - i. Chronically requires the physical assistance of another person in order to walk, or climb/descend stairs, unless assigned on a floor with ground-level egress;
 - j. Has chronic unmanaged urinary or bowel incontinence;
 - k. Suffers from a communicable disease or other health condition that continues a danger to other residents and associates;
 - l. Is dependent on medical equipment as explained in Public Health Law Article 49-b;

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- m. Engages in alcohol or drug use which results in aggressive or destructive behavior; or
 - n. Is under fifty-five (55) years of age.
 - o. Is no longer able to accept direction or cueing from associates
2. Prior to admission, the resident must:
- a. Submit to the required pre-admission evaluation utilizing the Personal Data and Resident Evaluation Form (Department Form 4397) (conducted by the Health Services Director) within 30 days prior to admission and supply all necessary information for the Community to determine if the individual is appropriate for admission to the Community, and at what level.
 - b. Provide the Community with a Medical Evaluation (Department Form 3122).

The medication evaluation must have been completed within 30 days prior to the date of admission and whenever a change in condition warrants, but no less than once every 12 months. The evaluation must include a statement as to whether the resident is medically and mentally suited for care in the SNALR, where applicable, and must be signed by the physician. The evaluation will include:

 - The date of examination, significant medical history and current conditions, known allergies, prescribed medication regimen, including the information on the resident's ability to self-administer medications, recommendations for diet, exercise, recreation, frequency of medical examinations, cognitive and mental health status, and assistance needed with activities of daily living.

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- A statement that the resident is or is not medically suited for in the Special Needs Assisted Living Residence.
 - A statement that the resident is or is not mentally suited for care in the Special Needs Assisted Living Residence.
 - A statement that the resident is or is not in need of long term medical or nursing care supervision, which would require placement in a hospital or nursing home.
 - A statement that the resident is or is not in need of twenty-four hour skilled nursing care.
- c. A written Individualized Service Plan will be developed for each Resident by the Health Services Director and Wellspring Village Director/Assisted Living Manager, along with the resident, resident's representative/legal guardian. The initial Individualized Service Plan will be developed in conjunction with the resident's physician and such consultation will be documented on the ISP. The ISP will be developed within 30 days of admission and will include the services to be provided and by whom. The ISP will be reviewed and revised every six months and whenever ordered by the resident's physician or upon significant change to the resident.
- d. Executes a Department approved Residency Agreement and acknowledge receipt of the Disclosure Statement, NYS DOH Consumer Information Guide and all exhibits.
3. In addition to #2 above prior to admission to the SNALR, the following requirements must be met:

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- a. an interview conducted by the Health Services Director with the resident, resident's representative/legal guardian, enriched housing program coordinator will take place to:
- Include an explanation of the conditions of residency including, but not limited to, the Residency Agreement, resident rights and responsibilities, and the adult home rules and regulations.
 - Ascertain that the Community can:
 1. Meet the physical needs and personal care needs of the resident, including dietary needs occasioned by cultural or religious practice or preference or medical prescription.
 2. Meet the psycho-social needs of the resident.
 3. The interview must be summarized in writing, including the date of the interview and identification of those present.
- b. A mental health evaluation if a proposed Resident has a known history of chronic mental disability, or the medical evaluation or resident interview suggests the existence of such a disability. The evaluation must be a written and signed report from a psychiatrist, physician, registered nurse, certified psychologist or certified social worker who has experience in the assessment and treatment of mental illness, which includes:
- A significant mental health history and current conditions;
 - A statement that the resident is mentally suited for care in the enriched housing program;

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- A statement that the resident does not need placement in a hospital or residential treatment facility;
- A dated statement indicating that the person signing the report has conducted a face-to-face examination of the resident dated within 30 days prior to admission.
- A completed and approved functional assessment that includes:
 1. Personal activities of daily living;
 2. Instrumental activities of daily living;
 3. Sensory impairments;
 4. Behavioral characteristics
 5. Daily habits.

4. Prior to move-in to SNALR the resident/responsible party/legal guardian will receive copies of:
 - a. The Residency Agreement
 - b. Copy of Resident Rights
 - c. Program rules relating to resident activities, office and visiting hours and other pertinent information concerning the operation of the program;
 - d. Long-Term Ombudsman Program fact sheet
 - e. Listing of legal services or advocacy agencies that are available
 - f. Upon request the resident/responsible party/legal guardian will have the opportunity to review the most recent inspection report issued by the department.

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- If the resident is sight-impaired, hearing-impaired or otherwise unable to comprehend English or printed matter, Brightview will arrange for the transmission of these documents in a manner that is comprehensible to the resident.

SERVICES:

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

The following services will be provided in the Community's Special Needs Assisted Living Residence:

- Private Dining Area
- Customized Activities
- Specialized Trained Staff in Dementia Related Diseases
- .

STAFFING:

Staffing levels will be maintained according to all applicable laws and regulations.

Nurses will be scheduled to be on site for as often as is necessary to meet the needs of the SNALR residents. Pursuant to the acuity of the residents, there will be 1 RN and a minimum of 2 Resident Aides on site from 7 am to 3 pm; 1 Licensed Nurse and a minimum of 2 Resident Aides on site from 3pm to 11pm; and a minimum of 2 Resident Aides from 11pm to 7am. There is a comprehensive activities program with an activities staff that plans and conducts meaningful programs aimed at keeping all residents active in the Community.

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STAFF EDUCATION AND TRAINING:

Each one of the Residence's personal care aides, home health aides and registered nurses receive comprehensive training on cognitive impairment and mental illness training. This training consists of:

- Overview of cognitive impairment & mental illness
- Health conditions that affect cognitive impairment & mental illness
- Early identification & interventions
- Procedures for reporting cognitive, behavioral & mood changes
- Effective communication
- Behavioral interventions
- Making activities meaningful
- Staff & family interaction
- End of life care
- Stress management
- Simulation & discussion of the care of residents with Alzheimer's and related dementias

Environmental Modifications:

Special Needs Assisted Living residents will reside in a separate area of the Community, secured with delayed-egress exit doors. The Community is equipped with a sprinkler system throughout, emergency call bells in resident rooms and bathrooms, smoke barriers, and supervised smoke detection systems for resident safety.

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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)

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