

WOLK MANOR ENRICHED LIVING CENTER
Enhanced Assisted Living Residence
Addendum to Residency Agreement

This is an Addendum to a Residency Agreement made between Jewish Home of Rochester Senior Housing, Inc. ("the Operator"), _____ (the "Resident" or "You"), and _____ (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 Wolk Manor Enriched Living Center located at 4000 Summit Circle Drive, Rochester, New York 14618.

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 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.

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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 Services to be Provided

The following services will be available to the Residence’s EALR residents:

- Assistance with unmanaged incontinence
- Assistance with medical equipment such as: nebulizers, oxygen and/or C-PAP (continuous positive airway pressure)
- Colostomy/urostomy care
- Urinary catheter care
- Physical assistance with transfers, ambulation, and climbing or descending stairs, including use of mechanical lifts when indicated by the Resident’s Individualized Service Plan, for residents who chronically require the physical assistance of another person
- Support and supervision to ensure safe mobility throughout the Residence

Specialized nursing services would include:

- Skilled nursing assessments performed by a Registered Nurse
- Simple wound care, including cleaning and dressing of minor wounds, abrasions or other stable, uncomplicated wounds, provided by RN or LPN under the supervision of RN.
- RN directive for PRN medications
- Medication administration, including administration of oral medications, eye drops, ear drops, nasal sprays, and topical medications, in accordance with the Resident’s Individualized Service Plan

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

Staff Education and Training

Each one of the Residence's resident assistants, home health aides and nurses receive comprehensive training on effectively and respectfully meeting the needs of persons receiving Enhanced Assisted Living services. The training includes methods on assisting with mobility impairments, and, for our licensed staff, delivering the available nursing services, which are listed above.

Environmental Modifications

Enhanced Assisted Living residents will reside throughout the Residence. The Residence is equipped with a sprinkler system throughout, emergency call bells in resident rooms and bathrooms. EALR residents residing on the second floor with mobility issues will receive assistance as needed with mobility, transferring, climbing and descending stairs to ensure safe evacuation in the event of an emergency.

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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 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 at your own expense 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.

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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)