

Assisted Living Residence  
RESIDENCY AGREEMENT  
The Regency at Glen Cove

**RESIDENCY AGREEMENT  
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## RESIDENCY AGREEMENT

**This Agreement** is made between National Healthplex, Inc., (the “Operator”),  
\_\_\_\_\_ (the “Resident” or “You”),  
\_\_\_\_\_ (the “Resident’s Representative”, if  
any) and \_\_\_\_\_ (the “Resident’s Legal  
Representative”, if any).

### RECITALS

The Operator is licensed by the New York State Department of Health to operate at 94 School Street, Glen Cove, New York 11542, an Assisted Living Residence, and an Adult Home (“the Residence”) known as “The Regency at Glen Cove”. The Operator is also certified to operate, at this location, an Enhanced Assisted Living Residence and a Special Needs Assisted Living Residence. You have requested to become a Resident at the Residence and the Operator has accepted your request.

### AGREEMENTS

#### **I. Housing Accommodations and Services.**

Beginning on \_\_\_\_\_, \_\_\_\_\_, (*Insert beginning date of residency*) the Operator shall provide the following housing accommodations and services to You, subject to the other terms, limitations and conditions contained in this Agreement. This Agreement will remain in effect until amended or terminated by the parties in accordance with the provisions of this Agreement.

#### **A. Housing Accommodations and Services**

- 1. Your Apartment.** You may occupy and use an apartment, as identified on Exhibit I.A.I., subject to the terms of this Agreement.

2. **Common areas.** You will be provided with the opportunity to use the general purpose rooms at the Residence such as lounges, dining room, network café, TV room, patio and other common areas.
3. **Furnishings/Appliances Provided By The Operator.**  
Attached as Exhibit I.A.3. and made a part of this Agreement is an Inventory of furnishings, appliances and other items supplied by the Operator in Your apartment.
4. **Furnishings/Appliances Provided by You.**  
Attached as Exhibit I.A.4. and made a part of this Agreement is an Inventory of furnishings, appliances and other items supplied by You for your apartment. Such Exhibit also contains any limitations or conditions concerning what type of appliances may not be permitted (e.g., due to amperage concerns, etc.).

## B. Basic Services

The following services (“Basic Services”) will be provided to You, in accordance with your Individualized Services Plan.

1. **Meals and Snacks.** Three (3) nutritionally well-balanced meals per day and snacks throughout the day are included in Your Basic Rate. The following modified diets will be available to You if ordered by Your physician and included in Your Individualized Service Plan: No Concentrated Sweets ( ) No Salt Added ( ) Regular ( ) Puree ( ) Mechanical Soft ( )
2. **Activities.** The Operator will provide a program of planned activities, opportunities for community participation and services designed to meet Your physical, social, and spiritual needs, and will post a monthly schedule of activities in a readily visible common area of the Residence.
3. **Housekeeping.**
4. **Linen Service.** (towels and washcloths; pillow, pillowcase, blanket, bed sheets, bedspread; all clean and in good condition)
5. **Laundry of Your personal Washable clothing.** Laundry services will be provided at least once a week or as often as necessary. (Operator is not responsible for dry cleaning or lost or damaged clothing or other personal articles unless loss or damage is due to the negligence or intentional acts of Operator or its agents.)
6. **Supervision on a 24-hour basis.** The Operator will provide appropriate staff on-site to provide supervision services in accordance with law. Supervision will include monitoring (a response to urgent or emergency needs or requests for assistance on a 24-hour a day, seven days a week basis) as well as the other components of supervision as specified in law.
7. **Case Management.** The Operator will provide appropriate staff to provide case management services in accordance with law. Such case management services will include identification and assessment of Your needs and interests, information and referral, and coordination with available resources to best address Your identified needs and interests.
8. **Personal Care.** Include some assistance with bathing, grooming, dressing, toileting (*if applicable*), ambulation (*if applicable*), transferring (*if applicable*), feeding, and medication acquisition, storage and disposal, as well as assistance with self-administration of medication.

- 9. Development of Individualized Service Plan.** An Individualized Service Plan will be developed and reviewed/revised every six months or whenever there is a change in health status.

### **C. Additional Services.**

Exhibit I.C., attached to and made a part of this Agreement, describes in detail, any additional services or amenities available for an additional or supplemental fee from the Operator directly or through arrangements with the Operator. Such Exhibit states who would provide such services or amenities, if other than the Operator.

### **D. Licensure/Certification Status.**

A listing of all providers offering home care or personal care services under an arrangement with the Operator, and a description of the licensure or certification status of each provider is set forth in Exhibit I.D. of this Agreement. Such Exhibit will be updated as frequently as necessary.

## **II. Disclosure Statement**

The Operator is disclosing information as required under Public Health Law Section 4658 (3). Such disclosures are contained in Exhibit II., which is attached to and made part of this Agreement.

## **III. Fees**

### **A. Basic Rate**

#### **1. Flat Fee Arrangements**

The Resident, Resident's Representative and Resident's Legal Representative agree that the Resident will pay, and the Operator agrees to accept, the following payment in full satisfaction of the Basic Services describe in Section 1.B. of this Agreement (the "Basic Rate"). The Basic Rate as of the date of this Agreement is (\$ \_\_\_\_\_ per month) (\$ \_\_\_\_ per day).

#### **2. Tiered Fee Arrangements**

Any "Tiered" fee arrangements, in which the amount of the Basic Rate depends upon the types of services provided, the number of hours of care provided per week for some type of service and the fees for each "tier" of care, are set forth in detail in Exhibit III.A.2 and made a part of the Agreement. Such exhibit describes the types of services provided, the number of hours of care provided per week for such service, the fees for each "tier" of care, and describes who will be providing care, if other than staff of the Operator.

## **B. Supplemental, Additional or Community Fees**

1. These fees are set forth in detail in Exhibit III B. A Supplemental or Additional fee is a fee for service, care or amenities that is in addition to those fees included in the Basic Rate. A Supplemental fee must be at Your option. In some cases, the law permits the Operator to charge an Additional fee without the express written approval of the Resident (See section III.E.)
2. A Community Fee is a one-time fee that the Operator may charge at the time of admission. The Operator must clearly inform the prospective Resident what additional services, supplies or amenities the Community Fee pays for and what the amount of the Community Fee will be, as well as any terms regarding refund of the Community Fee. The prospective Resident, once fully informed of the terms of the Community Fee, may choose whether to accept the Community Fee as a condition of residency in the Residence, or to reject the Community Fee and thereby reject residency at the Residence.

Any changes by the Operator, whether a part of the Basic Rate, Supplemental, Additional or Community fees, shall be made only for services and supplies that are actually supplied to You.

## **C. Rate or Fee Schedule.**

Attached as Exhibit III.C., and made a part of this Agreement, is a rate or fee schedule, covering both the Basic Rate, monthly rent and any, Supplemental or Community fees, for services, supplies and amenities provided to You, with a detailed explanation of which services, supplies and amenities are covered by such rates, fees or charges.

## **D. Billing and Payment Terms**

1. The Basic Daily Rate is payable in advance by the first (1<sup>st</sup>) day of each month. Payments **RECEIVED** by the Facility on or after the seventh (7th) day of the month when due, or any outstanding balance will incur a late charge of one and one-half (1 ½) percent per month in addition to the total amount previously due prior to such delinquency. A notification of any late charges, if necessary, will be sent with each monthly statement of charges; however, the Resident or Responsible Party, if any, shall have the right to contest that there has been late payment or that such sums are actually due under the Agreement, and that in the event of such dispute, no late charges shall be imposed unless ordered by a court of competent jurisdiction, or unless otherwise agreed to by the parties. If You are in default of any term or condition of this Residency Agreement, all charging privileges for supplemental services and supplies (such as beauty parlor, barber, sundries, dry-cleaning, etc.) may be suspended at the option of the Operator. Upon suspension of charging privileges, You will be required to pay at the time you purchase the supply or request the service.

## 2. First Month's Rent

The First Month's Rent is payable by the Resident prior to admission. Required Basic Daily Rate will be prorated the following month after move-in on a daily basis until that second month's end.

## 3. Change in Level of Care.

If Operator, in consultation with your physician, to the extent necessary, determines that the level of care or services being provided to You are not appropriate for Your needs, Operator will consult with You and implement a change in the level of care or services provided, in accordance with the provisions set forth in subsection F below. Operator will also inform Resident's Representative and Resident's Legal Representative, if applicable, of the change and the Basic Rate will be adjusted accordingly. In some cases, the law permits the Operator to charge an Additional fee without the express written approval of the Resident. Notice of the rate change will be provided to the Resident. (*See section III.E*).

## **E. Adjustments to Basic Rate or Additional or Supplemental Fees.**

1. You have the right to written notice of any proposed increase of the Basic Rate or any Additional or Supplemental fees not less than forty-five (45) days prior to the effective date of the rate or fee increase, subject to the exceptions stated in paragraphs 3, 4 and 5 below.
2. Since a Community Fee is a one-time fee, there can be no subsequent increase in a Community Fee charged to You by the Operator, once You have been admitted as a resident.
3. If You or Your Resident Representative or Legal Representative agree in writing to a specific Rate or Fee increase, through an amendment of this Agreement, due to Your need for additional care, services or supplies, the Operator may increase such Rate or Fee upon less than forty-five (45) days written notice.
4. If the Operator provides additional care, services or supplies upon the express written order of Your primary physician, the Operator may, through an amendment to this Agreement, increase the Basic Rate or an Additional or Supplemental fee upon less than forty-five (45) days written notice.
5. In the event of any emergency which affects You, the Operator may assess additional charges for Your benefit as are reasonable and necessary for services, material, equipment and food supplied during such emergency.

**F. Bed Reservation**

The Operator agrees to reserve a residential space as specified in Section I.A.1 above in the event of Your absence. The charge for this reservation is \$\_\_\_\_\_ per \_\_\_\_\_. (The total of the daily rate for a one-month period may not exceed the established monthly rate). The space will be reserved for as long as the charge for the reservation continues to be paid. A provision to reserve residential space does not supersede the requirements for termination as set forth in Section XIII of this Agreement. You may choose to terminate this Agreement rather than reserve such space, but must provide the Operator with any required notice.

**IV. Refund/Return of Resident Monies and Property**

1. Upon termination of this Agreement or at the time of Your discharge, but in no case more than three (3) business days after You leave the Residence, the Operator must provide You, Your Resident or Legal Representative or any person designated by You with a final written statement of Your payment and personal allowance accounts at the Residence.
2. The Operator must also return at the time of Your discharge, but in no case more than three (3) business days after you leave the Residence, any of Your money or property which comes into the possession of the Operator after Your discharge.
3. The Operator must refund on the basis of a per diem proration any advance payment(s) which You have made.
4. If You die, the Operator must turn over Your property to the legally authorized representative of Your estate. The legally authorized representative of the estate will continue to be charged the monthly apartment fee until all of Your personal property is removed from the Residence.
5. If You die without a will and the whereabouts of Your next-of-kin is unknown, the Operator shall contact the Surrogate’s Court of the County wherein the Residence is located in order to determine what should be done with property of Your estate, and while awaiting direction from the Surrogate’s Court, Your property will be placed in storage and Your estate will be responsible for storage fees..

**V. Transfer of Funds or Property to Operator**

The Operator will not accept any transfer of money, property or items of value from You upon admission or at any time after admission.

**VI. Property or items of value held in the Operator’s custody for You**

The Operator will not hold property or items of value in its custody for You at any time.

It is suggested that You obtain property insurance for personal property and secure your personal property in your apartment. The Operator shall not be responsible for personal property within your apartment.

**VII. Fiduciary Responsibility**

If the Operator assumes management responsibility over Your funds, the Operator shall maintain such funds in a fiduciary capacity to You. Any interest on money received and held for You by the Operator shall be Your property.

**VIII. Tipping**

The Operator must not accept, nor allow Residence staff or agents to accept, any tip or gratuity in any form for any services provided or arranged for as specified by statute, regulation or agreement.

**IX. Personal Allowance Accounts**

The Operator agrees to offer to establish a personal allowance account for any Resident who receives either Supplemental Security Income (SSI) or Safety Net Assistance (SNA) payments by executing a Statement of Offering (DOH-5195) with You or Your Representative. Such Statement of Offering is attached as Exhibit IX.

You agree to inform the Operator if You receive or have applied for Supplemental Security Income (SSI) or Safety Net Assistance (SNA) funds.

You must complete the following:

I receive SSI funds \_\_\_\_\_ or I have applied for SSI funds \_\_\_\_\_

I receive SNA funds \_\_\_\_\_ or I have applied for SNA funds \_\_\_\_\_

I do not receive either SSI or SNA funds \_\_\_\_\_

If You have a signatory to this Agreement besides Yourself and if that signatory does not choose to place Your personal allowance funds in a Residence maintained account, then that signatory hereby agrees that he/she will comply with the Supplemental Security Income (SSI) or Safety Net Assistance (SNA) personal allowance requirements.

**X. Admission and Retention Criteria for an Assisted Living Residence**

1. Under the law which governs Assisted Living Residences (Public Health Law Article 46-b), the Operator shall not admit any Resident if the Operator is not able to meet the care needs of the Resident, within the scope of services authorized under such law, and within the scope of services determined necessary within the Resident's Individualized Services Plan. The Operator shall not admit any Resident in need of 24-hour skilled nursing care.

The Operator shall not exclude an individual on the sole basis that such individual is a person who primarily uses a wheelchair for mobility and shall make reasonable accommodations to the extent necessary to admit such individuals, consistent with the Americans with Disabilities Act of 1990, 42 U.S.C. 12101 et seq. and with the provisions of those sections.

2. The Operator shall conduct an initial pre-admission evaluation of a prospective Resident to determine whether or not the individual is appropriate for admission.
3. The Operator has conducted such evaluation of Yourself and has determined that You are appropriate for admission to this Residence, and that the Operator is able to meet Your care needs within the scope of services authorized under the law and within the scope of services determined necessary for You under Your Individualized Services Plan.
4. If You are being admitted to a dually certified Enhanced Assisted Living Residence, the additional terms of the “Enhanced Assisted Living Residence Addendum” will apply.
5. If You are being admitted to a Special Needs Assisted Living Residence, the “Special Needs Assisted Living Residence Addendum” will apply.
6. If You are residing in a “Basic” Assisted Living Residence and Your care needs subsequently change in the future to the point that You require either Enhanced Assisted Living Care or 24-hour skilled nursing care, You will no longer be appropriate for residency in this Basic Residence. If this occurs, the Operator will take the appropriate action to terminate this Agreement, pursuant to Section XIII of the Agreement. However, if the Operator also has an approved Enhanced Assisted Living Certificate, has a unit available, and is able and willing to meet Your needs in such unit, You may be eligible for residency in such Enhanced Assisted Living unit.
7. Enhanced Assisted Living Care is provided to persons who are admitted to the EALR directly from the community or those residents who desire to continue to age in place in an Assisted Living Residence and who: (a) chronically require the physical assistance of another person(s) in order to walk; or (b) chronically required the physical assistance of another person(s) to climb or descend stairs; or (c) are dependent on medical equipment and require more than intermittent or occasional assistance from medical personnel; or (d) have chronic unmanaged urinary or bowel incontinence.
8. Enhanced Assisted Living Care may also be provided to certain persons who desire to continue to age in place in an Assisted Living Residence and who are assessed as requiring 24 hour skilled nursing care or medical care and who meet the conditions stated in the Enhanced Assisted Living Residence Addendum.

**XI. Rules of the Residence**

Attached as Exhibit XI. and made a part of this Agreement are the Rules of the Residence. By signing this agreement, You and Your representatives agree to obey all reasonable Rules of the Residence.

**XII. Responsibilities of Resident, Resident's Representative and Resident's Legal Representative**

- A. You, or Your Resident or Legal Representative to the extent specified in this Agreement, are responsible for the following:
1. Payment of the Basic Rate and any authorized Additional and agreed-to Supplemental or Community Fees as detailed in this Agreement.
  2. Supply of personal clothing and effects.
  3. Payment of all medical expenses including transportation for medical purposes, all medications, all professional services or items of any kind ordered specifically for or by Resident and/or Resident's Representative; except when payments are available under Medicare, Medicaid or other third party coverage.
  4. At the time of admission and at least once every twelve (12) months, or more frequently if a change in condition warrants, providing the Operator with a dated and signed medical evaluation that conforms to regulations of the New York State Department of Health.
  5. Informing the Operator promptly of change in health status, change in physician(s), or change in medications.
  6. Informing the Operator promptly of any change of name, address, phone number and/or email address of Your Representative(s).
  7. Clothing purchases, clothing repairs, dry cleaning, personal hygiene items; beauty parlor/barber shop expenses, convenience store expenses, cultural events, non-basic recreational supplies, outgoing telephone calls, and private telephone in Resident's apartment.
- B. The Resident's Representative shall be responsible for the following:
1. That upon admission, furnishings are in good condition, well-constructed and maintained in good condition.
  2. Timely response to any correspondence from the Operator and/or Residence.
  3. Designation of alternate contact in their absence (for example when away on vacation).
- C. The Resident's Legal Representative, if any shall be responsible for the following:
1. Timely response to any correspondence from the Operator and/or Residence.
  2. Designation of alternate contact in their absence.

**XIII. Termination and Discharge**

- A. This Residency Agreement and residency in the Residence may be terminated in any of the following ways:

1. By mutual agreement between You and the Operator;
  2. Upon thirty (30) days notice from You or Your Representative to the Operator of Your intention to terminate the agreement and leave the facility;
  3. Upon thirty (30) days written notice from the Operator to You, Your Representative, Your next of kin, the person designated in this Agreement as the responsible party and any person designated by You. Involuntary termination of a Residency Agreement is permitted only for the reasons listed below, and then only if the Operator initiates a court proceeding and the court rules in favor of the Operator.
- B.** The grounds upon which involuntary termination may occur are:
1. You require continual medical or nursing care which the Residence is not permitted by law or regulation to provide;
  2. If Your behavior poses imminent risk of death or imminent risk of serious physical harm to You or anyone else;
  3. You fail to make timely payment for all authorized charges, expenses and other assessments, if any, for services including use and occupancy of the premises, materials, equipment and food which You have agreed to pay under this Agreement. If Your failure to make timely payment resulted from an interruption in Your receipt of any public benefit to which You are entitled, no involuntary termination of this Agreement can take place unless the Operator, during the thirty (30) day period of notice of termination, assists You in obtaining such public benefits or other available supplemental public benefits. You agree that You will cooperate with such efforts by the Operator to obtain such benefits.
  4. You repeatedly behave in a manner that directly impairs the well-being, care or safety of Yourself or any other Resident, or which substantially interferes with the orderly operation of the Residence;
  5. The Operator has had his/her operating certificate limited, revoked, temporarily suspended or the Operator has voluntarily surrendered the operation of the facility;
  6. A receiver has been appointed pursuant to Section 461-f of the New York State Social Services Law and is providing for the orderly transfer of all residents in the Residence to other residences or is making other provisions for the Residents' continued safety and care.
- C.** If the Operator decides to terminate the Residency Agreement for any of the reasons stated above, the Operator will give You a notice of termination and discharge, which must be at least thirty (30) days after delivery of notice, the reason for termination, a statement of Your right to object and a list of free legal advocacy resources approved by the State Department of Health.
- D.** You may object to the Operator about the proposed termination and may be represented by an attorney or advocate. If You challenge the termination, the Operator, in order to terminate, must institute a special proceeding in court. You will not be discharged against Your will unless the court rules in favor of the Operator.
- E.** While legal action is in progress, the Operator must not seek to amend the Residency Agreement in effect as of the date of the notice of termination, fail to provide any of the

care and services required by Department regulations and the Residency Agreement, or engage in any action to intimidate or harass You.

- F.** Both You and the Operator are free to seek any other judicial relief to which they may be entitled.
- G.** The Operator must assist You if the Operator proposes to transfer or discharge You to the extent necessary to assure, whenever practicable, Your placement in a care setting which is adequate, appropriate and consistent with Your wishes.
- H.** The Resident and/or Resident's Representative shall pay on behalf of, indemnify and save harmless the Residence, its owners, the Operator, any manager and all representatives thereof, from all reasonable liabilities, obligations, losses, property damage, cost of repairs, services, and expenses, including court costs and attorneys' fees allowed by a court of competent jurisdiction, and/or collection costs which may be reasonably imposed upon or incurred by the Residence or the Operator by reason of Resident's negligence or improper use or care of the Residence's or others' property and/or failure of Resident and/or Resident's Representative to comply with any of the terms and conditions of this Residency Agreement. You and the Responsible Person, if any, agree to indemnification with the understanding that you and the Responsible Person, if any, retain any and all rights under law and equity, to contest the imposition of any such costs and fees, and to assert any claims they would have against the Operator for damages, losses, liabilities, obligations, property damages or other expenses of any type (including court costs and attorney's fees) as ordered by a court of competent jurisdiction resulting from arising, out of or related to, the acts or omissions of the Operator or its employees, agents or contractors.

#### **XIV. Transfer**

Notwithstanding the above, an Operator may seek appropriate evaluation and assistance and may arrange for Your transfer to an appropriate and safe location, prior to termination of a Residency Agreement and without thirty (30) days notice or court review, for the following reasons:

- 1.** When You develop a communicable disease, medical or mental condition, or sustain an injury such that continual skilled medical or nursing services are required;
- 2.** In the event that Your behavior poses an imminent risk of death or serious physical injury to Yourself or others; or
- 3.** When a Receiver has been appointed under the provisions of New York State Social Services Law and is providing for the orderly transfer of all Residents in the Residence to other residences or is making other provisions for the Residents' continued safety and care.

If You are transferred, in order to terminate Your Residency Agreement, the Operator must proceed with the termination requirements as set forth in Section XIII of this Agreement, except that the written notice of termination must be hand delivered to You at the location to which You have been moved. If such hand delivery is not

possible, then the notice must be given by any of the methods provided by law for personal service upon a natural person.

If the basis for the transfer permitted under parts 1 and 2 above of this Section no longer exists, You are deemed appropriate for placement in this Residence and if the Residency Agreement is still in effect, You must be readmitted.

**XV. Resident Rights and Responsibilities**

Attached as Exhibit XV and made a part of this Agreement is a Statement of Resident Rights and Responsibilities. This Statement will be posted in a readily visible common area in the Residence. The Operator agrees to treat You in accordance with such Statement of Resident Rights and Responsibilities.

**XVI. Complaint Resolution**

Complaint handling is a direct service of the Long Term Care Ombudsman Program. The Long Term Care Ombudsman is available to identify, investigate and resolve Your complaints in order to assist in the protection and exercise of Your rights. Exhibit XVI sets forth the procedures for resident grievances.

**XVII. Miscellaneous Provisions**

1. This Agreement constitutes the entire Agreement of the parties.
2. This Agreement may be amended upon the written agreement of the parties; provided however, that any amendment or provision of this Agreement not consistent with the statute and regulation shall be null and void.
3. The parties agree that assisted living residency agreements and related documents executed by the parties shall be maintained by the Operator in files of the Residence from the date of execution until three (3) years after the Agreement is terminated. The parties further agree that such agreements and related documents shall be made available for inspection by the New York State Department of Health upon request at any time.
4. Waiver by the parties of any provision in this Agreement which is required by statute or regulation shall be null and void.
5. Within thirty (30) days prior to Admission, a dated and signed physical examination report that conforms to Department Regulations (presently form DOH 3122) must be provided to the Operator. Thereafter, Residents will be required to undergo a physical examination every twelve (12) months (or more frequent if a change in condition warrants), as well as any additional examinations considered necessary by the Resident's physician.
6. Subject to applicable laws and regulations, delay or failure on the part of the Residence or Operator to bring any action or enforce any rights against You and/or Your Representative(s), shall not be a waiver of the Residence's or Operator's rights.
7. Neither the Residence, the Operator, nor their employees shall be liable for loss, expense, or damage to any person or property, unless due to its/their negligent, reckless or intentional acts.

**XVIII. Agreement Authorization**

We, the undersigned, have read and understand this Residency Agreement, have received a duplicate copy thereof, and agree to abide by the terms and conditions therein.

Dated: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Resident)

Dated: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of the Representative(s))

Dated: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Legal Representative)

Name of Resident's Representative(s) \_\_\_\_\_

Address of Resident's Representative(s) \_\_\_\_\_  
\_\_\_\_\_

Name of Resident's Legal Representative(s) \_\_\_\_\_

Address of Resident's Legal Representative(s) \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers of Resident's Representative Day \_\_\_\_\_ Night \_\_\_\_\_

E-Mail Address of Representative: \_\_\_\_\_

Telephone Numbers of Resident's Legal Representative Day \_\_\_\_\_ Night \_\_\_\_\_

E-Mail Address of Legal Representative: \_\_\_\_\_

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Signature of Authorized Residence/Operator's Representative

**(Optional) Guarantor of Payment of Public Funds**

If You have a signatory to this Agreement besides Yourself and that signatory controls all or a portion of Your public funds (SSI, Safety Net, Social Security, Other), and if that signatory does not choose to have such public funds delivered directly to the Operator, then the signatory hereby agrees that he/she will personally guarantee continuity of payment of the Basic Rate and any agreed upon charges above and beyond the Basic Rate from either Your Personal Funds (other than Your Personal Needs Allowance), or SSI, Safety Net, Social Security or other public benefits, to meet Your obligations under this Agreement.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Guarantor's Signature)

\_\_\_\_\_  
Guarantor's Name (Print)

(Optional) **GUARANTY OF PAYMENT**

I, \_\_\_\_\_ (“Guarantor”), whose address is \_\_\_\_\_, requests of The Regency at Glen Cove, 94 School Street, Glen Cove, New York 11542, (the “Residence”), to give \_\_\_\_\_ (“Resident”), such room, board and services which the Residence will provide the Resident in accordance with the terms of the attached Residency Agreement and the Social Services Laws of New York State and the Regulations promulgated thereunder. In consideration of said room, board and services provided to Resident in accordance with the attached Residency Agreement and applicable regulations, Guarantor unconditionally guarantees prompt payment when due of any existing or future indebtedness or liability of Resident to the Residence, including the cost of collection, attorneys’ fees, court costs, etc.

Resident and/or (if applicable) Guarantor WARRANTS AND AGREES AS FOLLOWS:

1. To pay and perform all of the terms, conditions and obligations contained in the Residency Agreement between the parties dated \_\_\_\_\_.
2. That Resident and/or (if applicable) Guarantor will maintain funds sufficient to pay for rent and services to the Residence for at least two and one-half (2 ½) years from the commencement date of the Residency Agreement.
3. If Resident and/or (if applicable) Guarantor commences(s) an insolvency proceeding. Resident and/or (if applicable) Guarantor will notify the Residence of same on the date of commencement of said proceeding. If any insolvency is commenced against Resident or (if applicable) Guarantor, he or she will notify the Residence of same as soon as is practicable.

The Guaranty will continue as to any indebtedness or liability of the Resident to the Residence incurred prior to the Residence’s receipt of a written notice of the termination of this Guaranty signed by Guarantor. This Guaranty is binding upon Guarantor’s estate to the benefit of the Residence’s successors and assigns.

Signature of Guarantor:

\_\_\_\_\_

Signature of Resident:

\_\_\_\_\_

Name of Guarantor:

\_\_\_\_\_

Name of Resident:

\_\_\_\_\_

Address of  
Guarantor:

\_\_\_\_\_

Date:

\_\_\_\_\_

\_\_\_\_\_

Telephone Number of Guarantor:

\_\_\_\_\_

E-Mail Address of Guarantor:

\_\_\_\_\_

Date:

\_\_\_\_\_

**EXHIBIT I.A.1.**

**IDENTIFICATION OF APARTMENT**

**Room # \_\_\_\_\_**

**Type of Apartment (please check one)**

- Deluxe Studio Suite**
- Studio**
- Alcove Studio**
- One-Bedroom**
- Deluxe One-Bedroom**
- Terrace Suite**
- Deluxe Alcove Studio Suite**

**EXHIBIT I.A.1.-(CONTINUED)**

**APARTMENT FEES**

**Rates Starting at:**

**Deluxe Studio Suite: \$5,820**

**Studio: \$6,330**

**Alcove Studio: \$6,900**

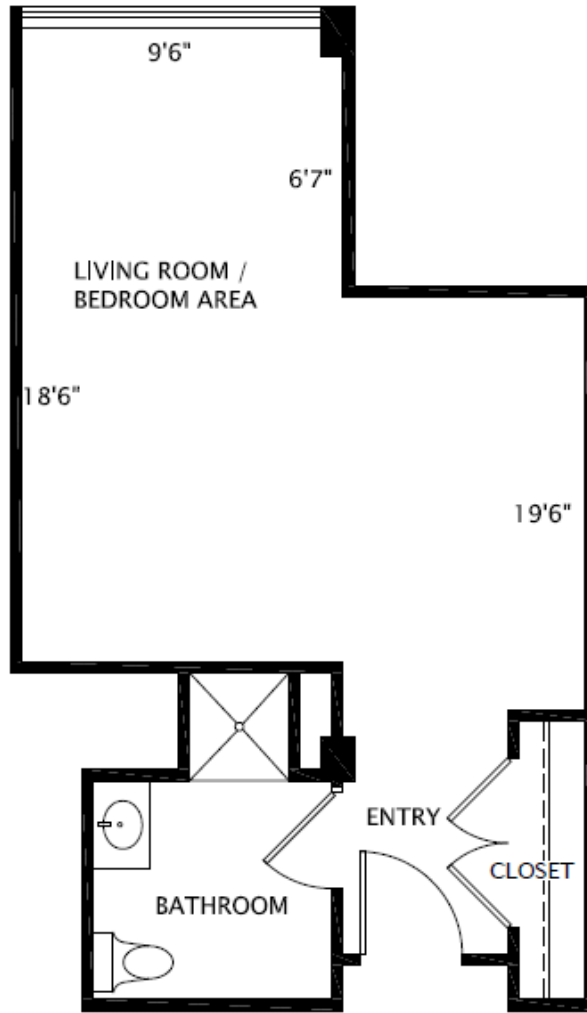
**One-Bedroom: \$7,260**

**Deluxe One-Bedroom: \$7,470**

**Terrace Suite: \$7,560**

**Deluxe Alcove Studio Suite: \$8,100**

**EXHIBIT I.A.1. – (CONTINUED)**



**ALCOVE DELUXE STUDIO SUITE**

**EXHIBIT I.A.1. – (CONTINUED)**

**IDENTIFICATION OF APARTMENT**

**Cove Wing/ 3<sup>rd</sup> Floor**

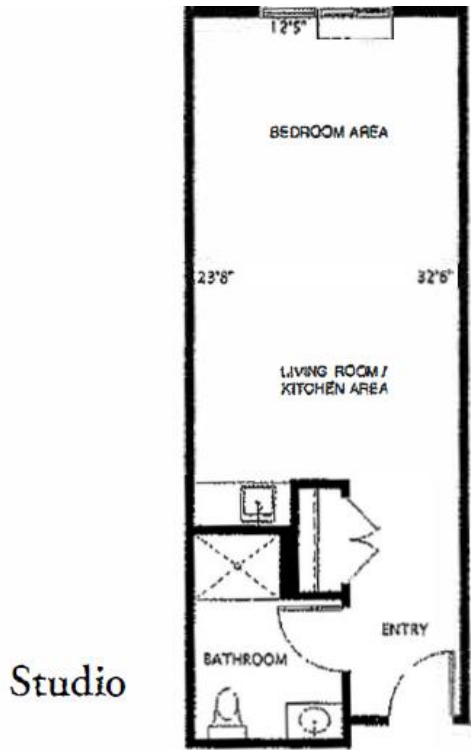
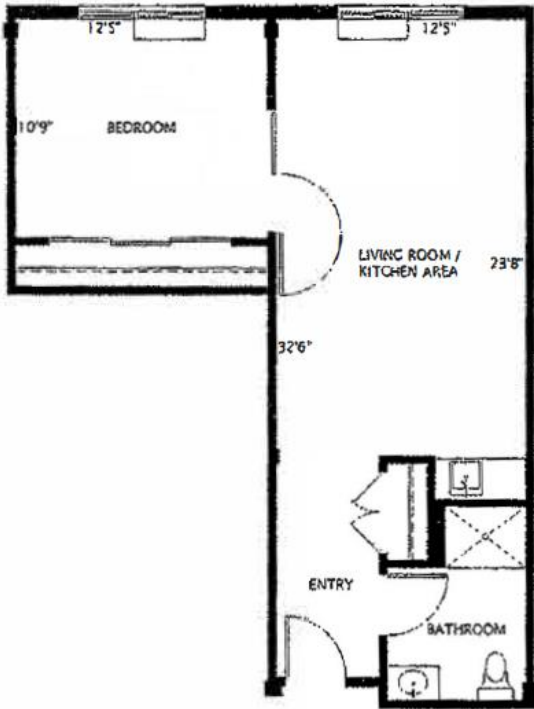
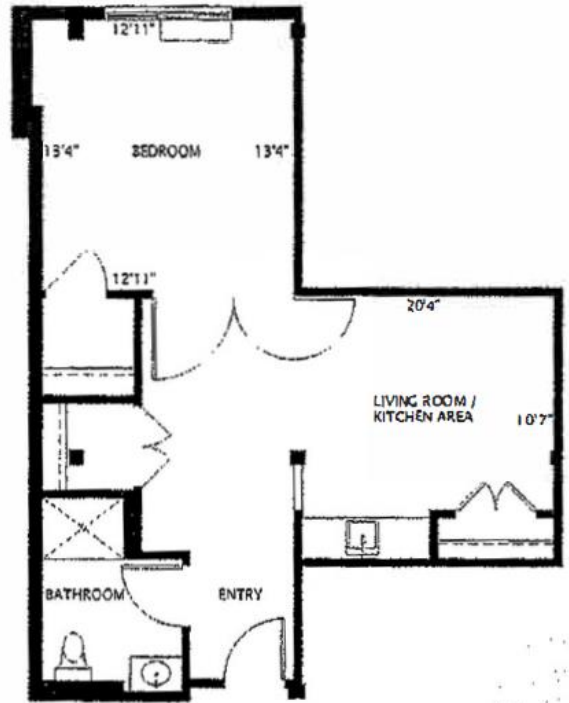


EXHIBIT I.A.1. – (CONTINUED)

IDENTIFICATION OF APARTMENT



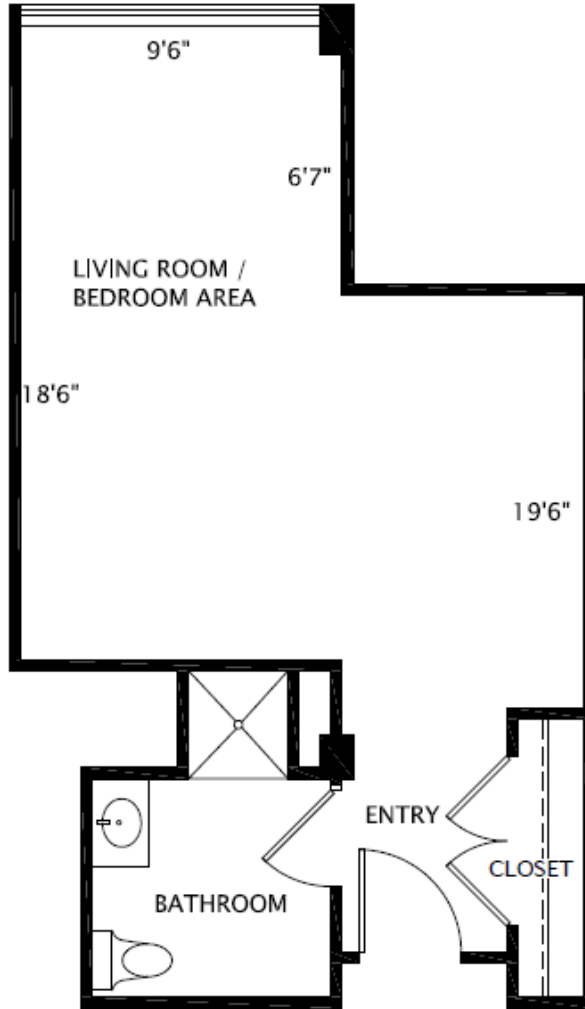
One-Bedroom



Deluxe One-Bedroom

**EXHIBIT I.A.1. – (CONTINUED)**

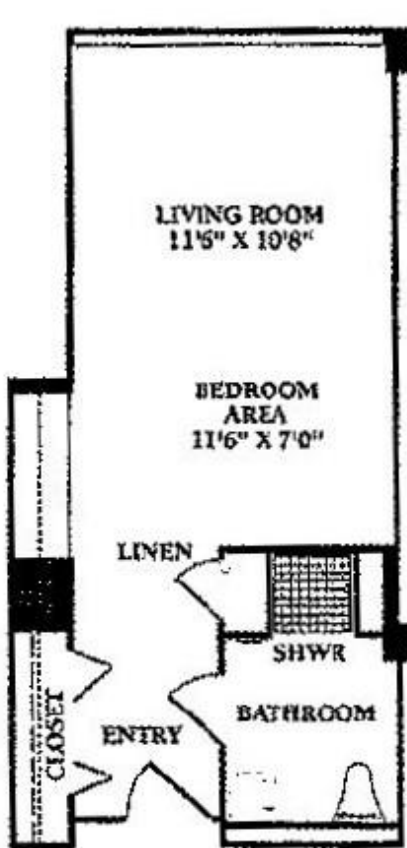
**IDENTIFICATION OF APARTMENT**



**ALCOVE DELUXE STUDIO SUITE**

EXHIBIT I.A.1. – (CONTINUED)

IDENTIFICATION OF APARTMENT



Studio-Suite



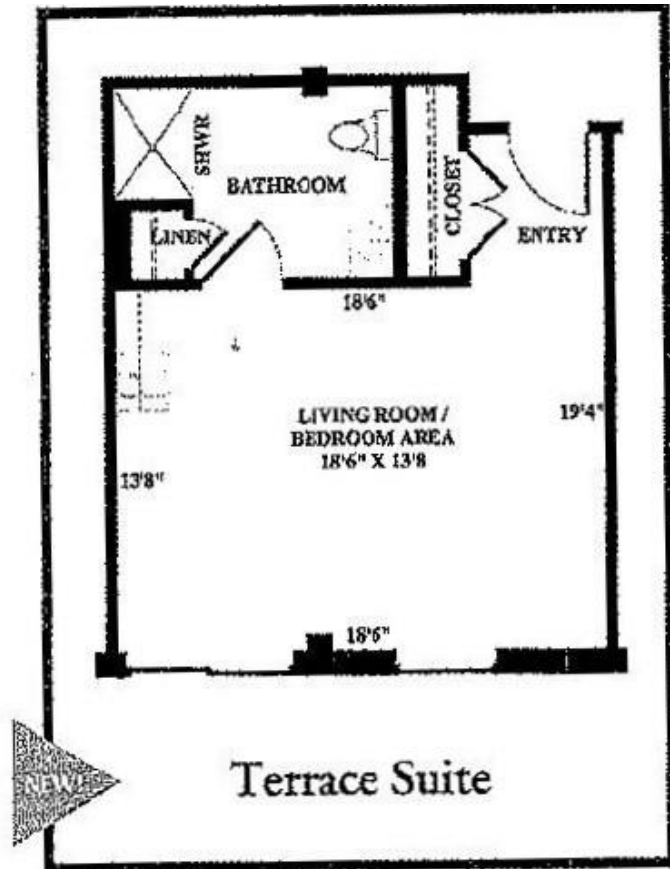
Alcove Studio-Suite

EXHIBIT I.A.1. – (CONTINUED)

IDENTIFICATION OF APARTMENT



Deluxe Studio-Suite



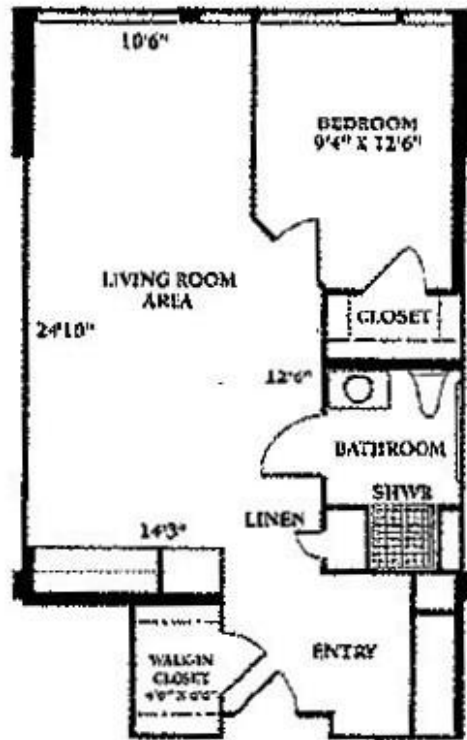
Terrace Suite

EXHIBIT I.A.1. – (CONTINUED)

IDENTIFICATION OF APARTMENT



One-Bedroom



Deluxe One-Bedroom

**EXHIBIT I.A.3.**

**FURNISHINGS/APPLIANCES PROVIDED BY OPERATOR**

**Couch**

**2 lamps**

**1 coffee table**

**1 bed per person**

**1 nightstand**

**1 living room chair**

**Blinds**

**Towels, pillows, 2 sheets, pillowcase, bedspread, washcloths, soap and toilet tissue**

**Carpet**

**AC/Heating unit**

**Lockable storage facility, which cannot be removed at will, for personal articles and medication**

**Bath Rug**

**Individual dresser and closet space for storage of resident clothing**

## **EXHIBIT I.A.4.**

### **FURNISHINGS/APPLIANCES PROVIDED BY YOU**

The following electrical appliances are not permitted:

- hair dryers
- extension cords
- toasters
- heating pads
- heaters
- microwaves
- coffee makers
- hot plates
- irons

## EXHIBIT I.C.

### SUPPLEMENTAL SERVICES, SUPPLIES OR AMENITIES

The Operator is providing services and/or supplies beyond those required by law and regulation as noted below including the basis for additional charges, fees or assessments for such services or supplies. Such services and/or supplies shall be provided at Your option and charges shall be made only for those services and/or supplies chosen by and provided to You.

<u>Item</u>	<u>Additional Charge</u>	<u>Provided By</u>
Dry Cleaning	yes	Outside vendor. Residents pay dry cleaner directly.
Professional Hair Grooming	yes	Beautician on site at the facility
Personal Toet Articles Toilet paper, tissues soap	no	The Regency at Glen Cove
Commissary Goods	no	The Regency at Glen Cove
Medical Transportation	If under 3- mile radius, no charge. Charge for transportation beyond 3-mile radius based upon distance from the facility.	The Regency at Glen Cove
Cultural/Activities Transportation	no	The Regency at Glen Cove
Long Distance Telephone Service	yes	Verizon
Local Phone Service	yes	Verizon
Air Conditioning	no	The Regency at Glen Cove
Cable T.V. (if available)	no	The Regency at Glen Cove
Guest Meals	yes	The Regency at Glen Cove
Other (Specify)		

If You fail to move or hire a company to move Your furniture and personal property out of the Residence on or before Your Discharge Date, the Operator may move the furniture and personal property to a storage facility or store Your furniture and personal property in the Residence and, in either case, charge You with reasonable moving fees and customary storage fees.

**EXHIBIT I.D.**

**LICENSURE/CERTIFICATION STATUS OF PROVIDERS**

The Regency at Glen Cove currently has made arrangements with:

HomeInstead Senior Care, a LHCSA

## **EXHIBIT II.**

### **DISCLOSURE STATEMENT**

National Healthplex, Inc. d/b/a The Regency at Glen Cove (“The Operator”) as operator of The Regency at Glen Cove (“The Residence”), hereby discloses the following, as required by Public Health Law Section 4658 (3).

1. The Consumer Information Guide developed by the Commissioner of Health is hereby attached as Exhibit D-1 of this Agreement.
2. The Operator is licensed by the New York State Department of Health to operate The Regency at Glen Cove located at 94 School Street, Glen Cove, New York 11542, an Assisted Living Residence and an Adult Home.

The Operator is also certified to operate at this location an Enhanced Assisted Living Residence and Special Needs Assisted Living Residence. These additional certifications may permit individuals who may develop conditions or needs that would make them no longer appropriate for continued residence in a basic Assisted Living Residence to be able to continue to reside in the Residence and to receive either Enhanced Assisted Living services or Special Needs Assisted Living services as long as the other conditions of residency set forth in this Agreement continue to be met. Enhanced Assisted Living Services may also be provided to persons who are admitted to the EALR directly from the community. The Operator is currently approved to provide:

- a. Enhanced Assisted Living services for up to a maximum of 25 persons.

b. Special Needs Assisted Living services for up to a maximum of 35 persons. The Operator will post prominently in the Residence, on a monthly basis, the then-current number of vacancies under its Enhanced Assisted Living Services and Special Needs Assisted Living Services programs.

**It is important to note that the Operator is currently approved to accommodate within the Enhanced Assisted Living and Special Needs Assisted Living programs only up to the number of persons stated above.** If You become appropriate for Enhanced Assisted Living Services or Special Needs Assisted Living Services, and one of those units is available, You will be eligible to be admitted into the Enhanced Assisted Living or Special Needs Assisted Living unit (or program). If however, such units are at capacity and there are no vacancies, the Operator will assist You and Your representatives to identify and obtain other appropriate living arrangements in accordance with New York State's regulatory requirements. If You become eligible for and choose to receive services in the Enhanced Assisted Living Residence or Special Needs Assisted Living Residence program within the Residence, it may be necessary for You to change Your apartment within the Residence.

3. The owner of the real property upon which the Residence is located is National Healthplex, Inc. d/b/a The Regency at Glen Cove. The mailing address of such real property owner is 94 School Street, Glen Cove, New York 11542. The following individual is authorized to accept personal service on behalf of such real property owner: Stella Shank, 94 School Street, Glen Cove, New York 11542.

4. The Operator of the Residence is National Healthplex, Inc. The mailing address of the Operator is 94 School Street, Glen Cove, New York 11542. The following individual is authorized to accept personal service on behalf of the Operator: Stella Shank, 94 School Street, Glen Cove, New York 11542.
5. List any ownership interest in excess of 10% on the part of the Operator (whether a legal or beneficial interest), in any entity, which provides care, material, equipment or other services to residents of the Residence.

N/A

- 
6. List any ownership interest in excess of 10% (whether legal or beneficial interest) on the part of any entity, which provides care, material, equipment or other services to residents of The Residence, in the Operator.

N/A

- 
7. Residents are under no obligation to use the services from service providers with whom the Operator has made arrangements with to provide those services.
  8. Residents shall have the right to choose their health care providers, notwithstanding any other agreement to the contrary.
  9. Public funds are available to persons who meet certain income limitations, for the payment of residential, supportive or home health services, including but not limited to, availability of Medicare coverage of home health services. However, the Community's charges for services may exceed the assistance available. Consequently, public assistance alone may not be enough to cover the charges associated with remaining a resident at this Community if this Community's charges exceed the amount of public funds available to a resident, and the resident is unable to

pay (in full) the balance of the Community's charges, the Community will assist the resident in securing placement at another facility, pursuant to applicable law and regulation

10. The New York State Department of Health's toll free telephone number for reporting of complaints regarding the services provided by The Assisted Living Operator is 1-866-893-6772.
11. The New York State Long Term Care Ombudsman Program (NYSLTCOP) provides a toll free number 1- 855-582-6769 to request an Ombudsman to advocate for the resident. (516) 466-9718 is the Local LTCOP telephone number. The NYSLTCOP web site is [www.ltombudsman.ny.gov](http://www.ltombudsman.ny.gov)

## **EXHIBIT III.A.2. TIERED FEE ARRANGEMENTS**

Included in the Basic Rate is 3.75 hours of personal care per week. Personal care services beyond 3.75 hours per week will be provided in accordance with the Gem Descriptions and Rates set forth below. Medication management is included in all Care Plans and provided at no additional charge.

The initial MediComfort Tier Gem Level is determined by the Operator based upon an initial assessment of Your needs, in consultation with the Your physician. During the first 30 days of Your stay at the Residence, the Operator will complete a reassessment to verify that it is providing You with the level of care appropriate for Your needs. Intermittent increases in the amount of personal care required will not result in a change to Your Tier Gem Level. Subsequent changes in Your Tier Gem Level will occur only after an assessment has indicated that a change is necessary in order to meet Your needs. The Regency at Glen Cove uses an assessment tool to determine the initial MediComfort Tier Gem Level and to also determine whether any subsequent changes to the MediComfort Tier Gem Level are needed. The assessment tool calculates the total number of points for each Activity of Daily Living that will require assistance. A copy of the assessment tool is available upon request.

### **Gem Descriptions and Rates**

**Ruby Care Plan:** \$44.00 per day  
Minimal assistance for an individual that requires partial assistance with the following Activities of Daily Living (ADLs): grooming, including care of hair, shaving and ordinary care of nails, teeth and mouth; dressing, bathing, toileting, walking and ordinary movement from bed to chair or wheelchair, eating, taking and recording weights monthly and medication management: 1-120 Points, up to 2 additional hours per day.

**Sapphire Care Plan** \$67.00 per day  
Moderate assistance for an individual that requires hand on assistance with the following Activities of Daily Living (ADLs): grooming, including care of hair, shaving and ordinary care of nails, teeth and mouth; dressing, bathing, toileting, walking and ordinary movement from bed to chair or wheelchair, eating, taking and recording weights monthly and medication management: 121-180 Points, up to 3 additional hours per day.

**Emerald Care Plan** \$97.00 per day  
Extensive hand-on assistance for an individual with the following Activities of Daily Living (ADLs): grooming, including care of hair, shaving and ordinary care of nails, teeth and mouth; dressing, bathing, toileting, walking and ordinary movement from bed to chair or wheelchair, eating, taking and recording weights monthly and medication management: 181-300 Points, up to 5 additional hours per day.

**Diamond Care Plan**

\$122.00 per day

All inclusive individualized Care Plan. The plan includes all of the services provided in the Emerald Care Plan PLUS management of incontinence care, and additional laundry service. 301+ Points, 5 or more additional hours per day.

**Safe Harbor – A Memory Care Neighborhood**

Open Shared \$9,240.00

-Shared Bedroom Area and Bathroom-

Two Person Suite \$9,960.00

-Separate Bedroom Areas and Shared Bathroom-

Two Bedroom Suite \$10,800.00

-Separate Bedrooms with Doors and Shared Bathroom-

Private \$12,240.00

-Private Bedroom and Bathroom-

**Safe Harbor Plus**

Safe Harbor Plus includes the following EALR services:

\$27.00 per day

- Physical assistance with transfer
- Physical assistance with ambulation
- Physical assistance with feeding
- Incontinence management

**All inclusive rates for Safe Harbor and Safe Harbor Plus residents includes their room rate and daily care provided pursuant to their MediComfort Tier Gem Level. Safe Harbor Plus residents will be charged an additional \$27.00 a day for EALR services.**

**A licensed Home Health Care Agency on site will provide additional services as needed.**

## **EXHIBIT III.B.**

### **SUPPLEMENTAL, ADDITIONAL OR COMMUNITY FEES**

#### **Community Fee**

The Community Fee is a one-time, non-refundable fee, equal to one month's rent, payable by You upon admission, however, if You terminate your admission for any reason before the twenty-second (22<sup>nd</sup>) day after Your date of admission, the Community Fee is refundable as follows:

- a. For a one (1) day to seven (7) day stay, a refund equal to the daily Rate multiplied by twenty-one (21);
- b. For an eight (8) day to fourteen (14) day stay, a refund equal to the daily Rate multiplied by fourteen (14);
- c. For a fifteen (15) day to twenty-one (21) day stay, a refund equal to the daily Rate multiplied by seven (7);
- d. For a twenty-two (22) day stay or longer, no refund of the Community Fee will be given.

**EXHIBIT III.C.**

**RATE OR FEE SCHEDULE**

A refundable security deposit of \$500.00 is due payable at the time of application for residency, which shall be applied to the First Month's Rate upon admission. Refunds are issued upon written notice from prospective resident. This security deposit is in addition to the Community Fee indicated below.

The balance of \$ \_\_\_\_\_ for the First Month's Rent is payable by You prior to admission.

Basic Rate \$ \_\_\_\_\_

Gem Level \$ \_\_\_\_\_

Community Fee \$ \_\_\_\_\_

Supplemental Fee \$ \_\_\_\_\_

OR

Safe Harbor Rate \$ \_\_\_\_\_

Safe Harbor Plus Rate \$ \_\_\_\_\_

Community Fee \$ \_\_\_\_\_

**EXHIBIT V.**

**TRANSFER OF FUNDS OR PROPERTY TO OPERATOR**

Operator will not accept funds or property from residents.

**EXHIBIT VI.**

**PROPERTY/ITEMS HELD BY OPERATOR FOR YOU**

The Operator will not hold any property or items of value for residents.

## **EXHIBIT IX.**

### **STATEMENT OFFERING PERSONAL ALLOWANCE ACCOUNT**

For Supplemental Security Income (SSI) and Safety Net Assistance (SNA) Recipients

I understand that Health Regulations provide me, as an SSI or SNA recipient, with a personal allowance, which may be used as I wish for clothing, personal hygiene items, and other supplies, services, entertainment, or transportation for my personal use.

I understand that the Operator cannot accept my personal allowance to pay for supplies or services that the Operator is required to provide by law, regulation, or Residency Agreement. In addition, my personal allowance may not be used to pay the Operator for any services for which payment is available under Medicare, Medicaid, or third party coverage.

I understand that the Operator must offer me or my representative a facility maintained personal allowance account to safeguard my personal allowance funds.

I understand that if I or my representative choose a facility maintained personal allowance account, the Department of Health Regulations require the Operator to: make these funds available to me for my own use; tell me the business hours when I may deposit or withdraw my funds or review my personal allowance records; pay me interest (if my funds are in an interest bearing account); show or give me upon request, or at least every three months, a summary of my account which includes my current balance; and tell me of any other important facts about my account.

I understand that I do not have to put my funds in a facility maintained account.

I understand that I may close my facility maintained account at any time and have my funds returned to me.

I understand that there are legal protections for my funds and account.

I understand that I may ask the Department of Health or legal/advocacy agencies to help me if I do not receive my personal allowance or have access to money in my personal allowance account.

Check one of the following boxes:

- I authorize the Operator to establish a facility maintained personal allowance account.
- I do not authorize the Operator to establish a facility maintained personal allowance account.
- As representative for \_\_\_\_\_, I agree to comply with the personal allowance requirements set forth above.

I do  I do not  authorize the Operator to establish a facility maintained personal allowance account.

- I am not an SSI or SNA recipient. However, the Operator has offered to maintain a personal allowance account for me. I hereby authorize such an account.

Signature of Resident \_\_\_\_\_

Date \_\_\_\_\_

Signature of Resident's Representative \_\_\_\_\_

Date \_\_\_\_\_

Signature of Operator or Designee \_\_\_\_\_

Date \_\_\_\_\_

**EXHIBIT XI.**

**RULES OF THE RESIDENCE**

**SEE ATTACHED RESIDENCE SERVICE DIRECTORY**

## **EXHIBIT XV.**

### **RIGHTS OF RESIDENTS IN ASSISTED LIVING RESIDENCES**

Resident's rights and responsibilities shall include but not be limited to the following:

- Every resident's participation in assisted living shall be voluntary, and prospective residents shall be provided with sufficient information regarding the residence to make an informed choice regarding participation and acceptance of services;
- Every resident's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed;
- Every resident shall have the right to have private communications and consultations with his or her physician, attorney, and any other person;
- Every resident, resident's representative and resident's legal representative, if any, shall have the right to present grievances on behalf of himself or herself or others, to the residence's staff, administrator or assisted living operator, to governmental officials, to long term care ombudsmen or to any other person without fear of reprisal, and to join with other residents or individuals within or outside of the residence to work for improvements in resident care;
  - Every resident shall have the right to manage his or her own financial affairs;
  - Every resident shall have the right to have privacy in treatment and in caring for personal needs;
- Every resident shall have the right to confidentiality in the treatment of personal, social, financial and medical records, and security in storing personal possessions;
  - Every resident shall have the right to receive courteous, fair and respectful care and treatment and a written statement of the services provided by the residence, including those required to be offered on an as-needed basis;
  - Every resident shall have the right to receive or to send personal mail or any other correspondence without interception or interference by the operator or any person affiliated therewith
- Every resident shall have the right not to be coerced or required to perform the work of staff members or contractual work;
  - Every resident shall have the right to have security for any personal possessions if stored by operator;
- Every resident shall have the right to receive adequate and appropriate assistance with activities of daily living, to be fully informed of their medical condition and proposed treatment,

unless medically contraindicated, and to refuse medication, treatment or services after being fully informed of the consequences of such actions, provided that an operator shall not be held liable or penalized for complying with the refusal of such medication, treatment or services by a resident who has been fully informed of the consequences of such refusal;

- Every resident and visitor shall have the responsibility to obey all reasonable regulations of the residence and to respect the personal rights and private property of the other residents;
- Every resident shall have the right to include their signed and witnessed version of the events leading to an accident or incident involving such resident in any report of such accident or incident;
- Every resident shall have the right to receive visits from family members and other adults of the resident's choosing without interference from the assisted living residence; and
- Every resident shall have the right to written notice of any fee increase not less than forty-five days prior to the proposed effective date of the fee increase, provided however, providing additional services to a resident in accordance with section 461-c(2) of the Social Services Law, shall not be considered a fee increase pursuant to this paragraph in the following situations:
  - if a resident, resident representative or legal representative agrees in writing to a specific rate or fee increase, through an amendment of the residency agreement, due to the resident's need for additional care, services or supplies, the operator may increase such rate upon less than forty-five days written notice;
  - if the operator provides additional care, services or supplies upon the written order of the resident's primary physician, the operator may, through an amendment to the residency agreement, increase such rate upon less than forty-five days written notice; or
  - in the event of an emergency which affects the resident, the operator may assess additional charges for the benefit of the resident as are reasonable and necessary for services, materials, equipment and food supplies during such emergency.
- Every resident of an assisted living residence that is also certified to provide enhanced assisted living and/or special needs assisted living shall have a right to be informed by the operator, by a conspicuous posting in the residence, on at least a monthly basis, of the then-current vacancies available, if any, under the operator's enhanced and/or special needs assisted living programs.
- Every resident of an enhanced assisted living residence shall have the right to refuse consent to advanced tasks performed by an advanced home health aide, in which case the operator shall provide for the performance of such tasks by a registered professional nurse.
- Waiver of any provision contained in paragraph (2) of this section shall be void.

- Each assisted living operator shall give a copy of the statement of rights and responsibilities to each resident at or prior to the time of admission to the residence, the resident's representative and resident's legal representative, if any, and to each member of the residence's staff and any current resident.

In addition, law and regulations provide other protections. All your rights and protections are described in the Resident Rights and Protections pamphlet the operator gave you at or prior to your admissions interview.

If you feel that any of these rights and protections are being violated you may file a complaint with the New York State Department of Health at:

Toll Free Complaint Hotline 1-866-893-6772

Capital District Regional Office 875 Central Avenue Albany, NY 12206 Phone: (518) 408-5287

Central New York Regional Office 217 South Salina Street Syracuse, NY 13202 Phone: (315) 477-8472

Western Regional Office 335 E. Main Street, 1st Floor Rochester, NY 14607 Phone: (585) 423-8185

Metropolitan Area Regional Office 90 Church Street New York, NY 10007 Phone: (212) 417-4440

EXHIBIT XVI.c  
**RESIDENT GRIEVANCES**

Residents are encouraged to attend resident council meetings. They are held in our living room the last Tuesday of every month. All grievances can be presented at the resident's council meetings, or may be anonymously dropped into a "suggestion box" which is kept at the reception desk. Responses will be publicly stated at the resident council meetings or privately answered. All grievances will be given immediate consideration and the findings reported within a 24-hour period. Here, at The Regency, the Administrators have an "open door" policy. If at any time you have a problem and you wish to discuss it with Administrator, Case Manager, Director of Special Projects, please feel free to do so. The Administrative office is open seven days a week, between 9 am to 5 pm.

Executive Director: Stella Shank

Case Manager: Amanda Mercer

Safe Harbor Director : Erica Ferrara

Food Service Director: Pat Marone

Wellness Director Assistant: Natacha Germain

Safe Harbor Supervisor: Violetta Gromul, LPN

Maintenance Director: John Monteleone

Recreation Director: Annmarie Hegarty

Community Relations Liaison: Mario Urrutia

Human Resources Coordinator: Silvana Gullo

Payroll Coordinator: Kim Federman

Business Office Manager: Cristina Marzigliano

Executive Assistant: Kathy Tsirkas