

**ARLINGTON COUNTY, VIRGINIA**

**AGREEMENT NO. 21-DHS-EP-672  
AMENDMENT NUMBER 2**

This **Amendment Number 2** is made on the date of execution by the County and amends **Agreement Number 21-DHS-EP-672** ("Main Agreement") dated April 18, 2022, between **Woods Cove Assisted Living Inc.** ("Contractor") and the County Board of Arlington County, Virginia ("County").

The County and the Contractor agree to amend the Main Agreement as follows:

1. **PURSUANT TO PARAGRAPH 2. CONTRACT TERM, THIS AGREEMENT IS HEREBY RENEWED FROM JUNE 15, 2023 TO JUNE 14, 2024.**
2. **PARAGRAPH 28. NOTICES IS REPLACED WITH THE FOLLOWING:**

**28. NOTICES**

Unless otherwise provided in writing, all legal notices and other communications required by this Contract are deemed to have been given when either (a) delivered in person; (b) delivered by an agent, such as a delivery service; or (c) deposited in the United States mail, postage prepaid, certified, or registered and addressed as follows:

**TO THE CONTRACTOR:**

Jack Norris, Administrator  
Woods Cove Assisted Living, Inc.  
201 West Criser Road  
Front Royal, VA 22630  
Phone: (949) 235-7587  
Email: [jackb.norris11@gmail.com](mailto:jackb.norris11@gmail.com)

**TO THE COUNTY:**

Arnecia Moody, Project Officer  
DHS – DHS BHC CLIENT SERVICES ENTRY  
2120 Washington Boulevard – 1st Floor  
Arlington, Virginia 22204  
Phone: (703) 228-4888  
Email: [amoody1@arlingtonva.us](mailto:amoody1@arlingtonva.us)

AND

Dr. Sharon T. Lewis, LL.M, MPS, VCO, CPPB  
Purchasing Agent  
Arlington County, Virginia  
2100 Clarendon Boulevard, Suite 500  
Arlington, Virginia 22201  
Phone: (703) 228-3294  
Email: [slewis1@arlingtonva.us](mailto:slewis1@arlingtonva.us)

**TO COUNTY MANAGER'S OFFICE (FOR PROJECT CLAIMS):**

Mark Schwartz, County Manager  
Arlington County, Virginia  
2100 Clarendon Boulevard, Suite 318  
Arlington, Virginia 22201

**3. REPLACE EXHIBIT A. SCOPE OF WORK. DELIVERABLES WITH THE FOLLOWING:**

**DELIVERABLES**

The Contractor shall provide Assisted Living Facility (ALF) services for client 'SB' Identification No: **1015332** as follows:

1. A shared room for client 'SB';
2. Three (3) meals daily and snacks;
3. Weekly housekeeping and daily trash removal;
4. Licensed nurses on staff to monitor and coordinate care needs;
5. Assess ongoing level of care needs and provide justification for higher level of support to Project Officer for approval.
6. Provide daily programs and activities, with scheduled group transportation, when necessary, which includes resident-sponsored clubs, use of variety of community areas, etc;
7. Trained assisted living staff must be available 24 hours a day and an emergency call response team;
8. Provide additional monitoring and assistance with five (5) Activities of Daily Living (ADL's);
9. Provide medication assistance and administration which will include ordering medications through a private pharmacy which packages all medications (psychiatric and non-psychiatric) in individualized blister packs per licensing requirements and ships the medication to the facility;
10. Monthly wellness visits by a licensed nurse.
11. Provide transportation to doctor appointments and staff to accompany the client;
12. Incontinence care/supplies if needed
13. Abide by all state and federal confidentiality regulations governing the residential mental health treatment and HIPAA privacy regulation in regard to protected health information and identifying information;
14. Bill Medicaid and Medicare for all items/services that are covered by Medicaid or Medicare;

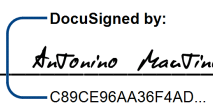
15. Provide services in the least restrictive environment and in concert with the philosophies of person-centered planning with a focus on continuous quality improvement. Services shall be provided using methods and materials that are appropriate for the chronological age of the individual;
16. Provide assisted living services that reflect individual support needs based on best practices that are accessible, safe, efficient, and provided by well trained, qualified staff; and
17. Provide comprehensive services that reflect and respect the choice and input of the individual; services shall be tailored to the individual. Services shall be based on continuing assessment of the individual's preferences, skills, and abilities.

All other terms and conditions of the Main Agreement remain in effect.

WITNESS THESE SIGNATURES:

THE COUNTY BOARD OF ARLINGTON  
COUNTY, VIRGINIA

PRINT: ANTONINO MAUTINO

SIGNATURE: C89CE96AA36F4AD...

TITLE: BUYER

DATE: 7/14/2023

WOODS COVE ASSISTED LIVING INC

PRINT: Jonathan Norris

SIGNATURE: 035420D73F624FA...

TITLE: Administrator

DATE: 6/27/2023