

Lakeshore

MEMORY CARE

We understand that care starts with the individual. So we've created a living space that connects residents with customized care and personal attention.

SUITE STYLE	APPROX. SQ. FEET	MONTHLY APT. FEE
1 BDRM APARTMENT	503 - 626	\$4,490

MONTHLY APARTMENT FEE INCLUDES:

- 24/7 assistance and safety checks
- Wellness and exercise programming
- Assistance with arranging transportation to medical and social services appointments
- Assistance accessing community resources and social services
- Weekly light housekeeping
- Weekly flat linen change
- Utilities: electric, gas, water, trash, and Wi-Fi (excludes phone)
- Controlled building access
- Routine interior and exterior maintenance

ADDITIONAL INFORMATION:

- Individuals will meet with a nurse prior to move-in to establish personal and health care needs and costs
- Leases are month-to-month
- Second Occupant fee is \$330 per month plus optional meal plan and health care services
- A \$500 reservation fee will hold an apartment and be credited to the first months bill
- A \$2,000 non-refundable community fee is due upon move-in for the upkeep of living spaces and grounds

218-625-7100
 ecumenlakeshore.org
 4002 London Rd.
 Duluth, MN 55804



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THE SHORES ADDITIONAL SERVICES

ANCILLARY RATES:	
Available Meal Packages	
– 1 Meal/Day Package	\$230/month
– 2 Meal/Day Package	\$460/month
– 3 Meal/Day Package	\$615/month
Guest/Additional Meal	Menu Pricing
Holiday Meal	Menu Pricing
SECOND OCCUPANT:	
Second Occupant – Assisted Living	\$165/month
Second Occupant – Memory Care	\$330/month
HOUSEHOLD MANAGEMENT/ BUILDING FEATURES:	
Licensed Nurse Unscheduled Service (15-minute increment)	\$45
Resident Assistant Unscheduled Service (15-minute Increment) Assisted Living Only	\$18
Housekeeping (15-minute increment)	\$25
Storage Locker Rent	\$30
Garage Rent	\$70
Local Phone	\$25
Guest Suite – (king bed, twin sofa sleeper, microwave, small refrigerator, flat screen TV):	\$110/night + tax
Guest Apt. – (queen bed, queen sofa sleeper, full kitchen, living room, flat screen TVs, patio):	\$160/night + tax
	\$750/week + tax
Pet Deposit	\$1,000
Key Replacement	\$25
FOB Replacement	\$60
Emergency Call Pendant Replacement	\$200
Garage Door Opener Replacement	\$40
Thickened Liquids	\$295
Salon & Barber Services	(Contact Salon)
Physical, Occupational and Speech Therapy	(Contact Therapy Dept.)
Satellite/ Cable TV	\$25
Laundry per load	\$17
Long Term Care Insurance Monthly Processing	\$45
Meal Tray Delivery	\$10
Non-Preferred Pharmacy Fee (Monthly) – VA excluded	\$155
Fall Management (per occurrence)	\$165

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MEMORY CARE PERSONALIZED HEALTH CARE AND SUPPORT SERVICES

Our care teams will provide health care and support services customized to your specific needs. We're here to provide as much or as little support as you need.

MONTHLY HEALTH CARE SERVICE FEES INCLUDE:

- Initial nurse meeting and assessment
- 24-hour on-site staff
- Quarterly nurse assessment

To help you estimate your monthly fee, use the Health care Services Fee Estimator on page two and compare your estimated point totals to the monthly fee. Final health care services and fees will be established after meeting with clinical services and prior to move-in.

ESTIMATED POINTS	CARE LEVEL	MONTHLY FEE
0 - 60	1	\$4,070
61 - 105	2	\$5,170
106+	3	\$6,270

SOME ADDITIONAL HEALTH CARE SERVICES AVAILABLE:

- Administering nebulizer treatments
- Managing oxygen concentrators and filling portable tanks
- Changing, emptying, and cleaning catheter, colostomy, or urostomy
- Diabetic nail care
- Coumadin management
- Cleaning and monitoring of CPAP or BIPAP machines
- Monitoring of vital signs (temperature, pulse, respiration, blood pressure, oxygen saturation, weight)

Speak with one of our nurses to hear more about these and other additional services along with the monthly fee.

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AN **ECUMEN** LIVING SPACE 



MEMORY CARE SERVICES FEES ESTIMATOR

Select your desired services, add up your points and refer to the chart to calculate your estimated monthly health and support services cost.

WHERE I NEED ASSISTANCE / MONTHLY POINTS	
Putting in my hearing aids.....	3
Support for orientation with surroundings	
Occasionally needs reassurance/redirection.....	3
Frequently needs reassurance/redirection.....	8
Always needs reassurance/redirection.....	15
Support for wandering	
Wanders occasionally, needs redirection.....	5
Wanders frequently, needs redirection.....	8
Wanders always, needs redirection.....	15
Taking a shower or bath	
1x per week (from one team member).....	2
2x per week (from one team member).....	4
7x per week (from one team member).....	15
Assistance in and out of the whirlpool bath (add additional 2 points).....	2
Grooming in the morning and evening (shaving, brushing hair, washing face, etc.)	
Verbal reminders and set up.....	2
Physical assistance.....	10
Oral care in the morning and evening	
Physical assistance.....	5
Physical assistance with denture care— remove, store, clean (add additional 5 points)...	5
Getting in and out of bed	
Pulling back covers and having equipment in place.....	3
Assistance from one team member to get in and out of bed.....	5
Getting dressed in the morning and evening	
Set up and team member standing by.....	8
Assistance from one team member.....	15
Using the bathroom and/or continence care	
Assistance from one team member.....	15
Assistance from two team members.....	20
Managing my medication	
Ordering medication with a non-preferred pharmacy.....	2
Taking oral medications up to 3x daily.....	8
Taking oral medications up to 5x daily.....	13
Applying eye drops 2x daily.....	2
Applying topical medications 2x daily.....	5

WHERE I NEED ASSISTANCE / MONTHLY POINTS	
Managing my diabetes	
Checking glucose and administering insulin (if necessary) 1x daily.....	6
Checking glucose and administering insulin (if necessary) 3x daily.....	16
Moving with mobility	
Assistance from one team member.....	5
Assistance from moving from one surface to another (transferring)	
Assistance from one team member.....	5
Assistance from two team members and a mechanical lift.....	10
Participating in social and leisure activities	
Occasional prompting during activities.....	2
Assistance from one team member during activities.....	5
Getting to and from activities in the building.....	5
My dining experience	
Verbal reminders for meal times.....	1
Assistance getting to and from dining room.....	8
Verbal reminders and meal set up.....	3
Verbal reminders throughout my meal.....	8
Assistance from one team member during meals.....	12
Additional support services	
Assistance with daily bed making.....	3
Assistance with additional trash removal.....	3
Assistance with additional housekeeping.....	2
Assistance with routine laundry (1 load/week).....	2
Assistance with laundering of linens (1 load/week).....	2
Total Estimated Points* _____	

*Final health care and support services fee will be determined when meeting with one of our nurses prior to move-in.

Cost of equipment, medication and supplies is not included in the cost of health care services. Some supplies can be purchased by contacting Ecumen Store.