

Lakeshore

ASSISTED LIVING

Our team will provide as much or as little support as you need so you can focus on doing what you love.

SUITE STYLE	APPROX. SQ. FEET	MONTHLY APT. FEE
THE SANDS - 1 BDRM	503	\$4,650
THE WATERS - 1 BDRM	567	\$4,835
THE LANDINGS - 1 BDRM	626	\$5,165
THE PALISADES - 2 BDRM	1,019	\$5,875
THE POINT - 2 BDRM	1,089	\$5,970

MONTHLY APARTMENT FEE INCLUDES:

- Robust social, spiritual, educational, and leisure activities
- Wellness and exercise programming
- Weekly light housekeeping
- Assistance with arranging transportation to medical and social services appointments
- Assistance accessing community resources and social services
- Weekly flat linen change
- Utilities: electric, gas, water, trash, and Wi-Fi (excludes phone)
- Controlled building access
- Routine interior and exterior maintenance
- Emergency response system
- Use of community spaces
- Daily I'm OK check
- Priority access to community and other Ecumen housing and other care options

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 \$165 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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ASSISTED LIVING 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 - 7	1	\$405
8 - 15	2	\$840
16 - 30	3	\$1,535
31 - 45	4	\$2,195
46 - 60	5	\$2,855
61 - 75	6	\$3,515
76 - 90	7	\$4,175
91 - 105	8	\$4,835

Additional care levels available.

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.

800-221-1507 | ecumen.org
AN **ECUMEN** LIVING SPACE 
Brooks | CountrySide | Lakeshore |
Meadows | Oaks & Pines | Pathstone |
Prairie Hill | Sand Prairie



HEALTH 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	_____
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	_____
Managing my diabetes		
Checking glucose and administering insulin (if necessary) 1x daily.....	6	_____
Checking glucose and administering insulin (if necessary) 3x daily.....	16	_____
Participating in social and leisure activities		
Verbal reminders for upcoming activities.....	1	_____
Assistance getting to and from activities in the building.....	5	_____
Assistance getting to and from dining room.....	8	_____
Moving from one surface to another (transferring)		
Set up and team member standing by to provide verbal cuing.....	3	_____
Assistance from one team member.....	5	_____
Assistance from two team members and a mechanical lift.....	10	_____
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 The Ecumen Store.