

# Lakeview Commons

## 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
WILLOW - STUDIO	364	\$3,190
OAK/BIRCH - STUDIO	392	\$3,390
SPRUCE - 1 BDRM	458-484	\$3,675
MAPLE - 1 BDRM	483-504	\$3,730
POPLAR - 1 BDRM	497-559	\$3,780
ELM - LARGE 1 BDRM	618-633	\$4,345
ALDER - 1 BDRM + DEN	678-699	\$4,455
PINE - 2 BDRM	671	\$4,735
CEDAR - 2 BDRM	761	\$4,885

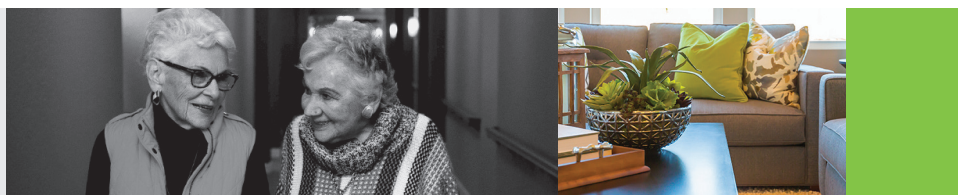
### MONTHLY APARTMENT FEE INCLUDES:

- Robust social, spiritual, educational, and leisure activities
- Tailored wellness and exercise programming
- Scheduled outings and transportation
- 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, cable, location phone and up to \$20 long distance, and Wi-Fi
- 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

651-770-1111  
 ecumenlakeviewcommons.org  
 1200 North Lakewood Dr.  
 Maplewood, MN 55119



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	\$460
8 - 15	2	\$920
16 - 30	3	\$1,745
31 - 45	4	\$2,420
46 - 60	5	\$3,095
61 - 75	6	\$3,770
76 - 90	7	\$4,445
91 - 105	8	\$5,120

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](http://ecumen.org)  
AN **ECUMEN** LIVING SPACE    
Centennial House | Lakeview Commons |  
North Branch | Prairie Lodge



# 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	_____
<b>Taking a shower or bath</b>		
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	_____
<b>Grooming in the morning and evening (shaving, brushing hair, washing face, etc.)</b>		
Verbal reminders and set up.....	2	_____
Physical assistance.....	10	_____
<b>Oral care in the morning and evening</b>		
Physical assistance.....	5	_____
Physical assistance with denture care—remove, store, clean (add additional 5 points).....	5	_____
<b>Getting in and out of bed</b>		
Pulling back covers and having equipment in place.....	3	_____
Assistance from one team member to get in and out of bed.....	5	_____
<b>Getting dressed in the morning and evening</b>		
Set up and team member standing by.....	8	_____
Assistance from one team member.....	15	_____
<b>Using the bathroom and/or continence care</b>		
Assistance from one team member.....	15	_____
Assistance from two team members.....	20	_____
<b>Managing my medication</b>		
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	_____
<b>Managing my diabetes</b>		
Checking glucose and administering insulin (if necessary) 1x daily.....	6	_____
Checking glucose and administering insulin (if necessary) 3x daily.....	16	_____
<b>Participating in social and leisure activities</b>		
Verbal reminders for upcoming activities.....	1	_____
Assistance getting to and from activities in the building.....	5	_____
Assistance getting to and from dining room.....	8	_____
<b>Moving from one surface to another (transferring)</b>		
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	_____
<b>Additional support services</b>		
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.