

# Seasons

## at Maplewood

### 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	SUITE STYLE	APPROX. SQ. FEET	MONTHLY APT. FEE
STUDIO	531	\$2,415	2 BDRM - GRAND	879	\$3,535
1 BDRM - CLASSIC	617	\$3,105	2 BDRM - REGAL	902-922	\$3,515
1 BDRM - GRAND	743	\$3,255	2 BDRM - MAJESTIC	936-962	\$3,570
2 BDRM - CLASSIC	774	\$3,285	2 BDRM - DELUXE	905	\$3,615
1 BDRM + DEN	802-856	\$3,365	2 BDRM - SUPERIOR	913	\$3,735
2 BDRM - PREMIER	863	\$3,445	2 BDRM + Den	1,345	\$4,355

#### MONTHLY APARTMENT FEE INCLUDES:

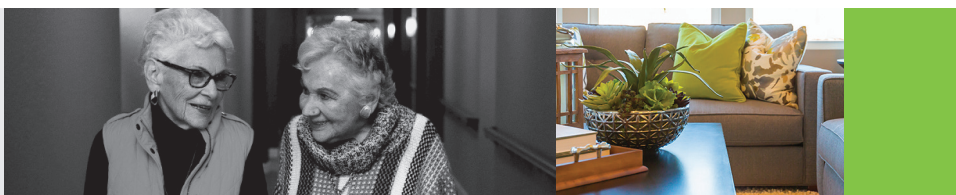
- Choice of apartment style
- Robust social, spiritual, educational, and leisure activities
- Tailored wellness and exercise programming
- Assistance with arranging transportation to medical and social services appointments
- Assistance accessing community resources and social services
- Routine interior and exterior maintenance
- Utilities: electric, gas, water, trash, recycling, basic satellite, and Wi-Fi (excludes phone)
- Controlled building access
- Emergency response system\*
- Use of community spaces
- Daily I'm OK check
- Priority access to community and other Ecumen housing and other care options

\* Staff will respond, evaluate, treat, and/or call 911 when responding to emergency call pendent system.

#### 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

651-756-1859  
 ecumenseasonsmplewood.org  
 1670 Legacy Parkway E  
 Maplewood, MN 55109



## 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 BASE LEVEL FEE INCLUDES:

- Initial nurse meeting and assessment
- 24-hour on-site staff
- Quarterly nurse assessment
- Weekly light housekeeping
- Weekly flat linen change
- Monthly vital checks
- Access to in-house physician team
- Staff will respond, evaluate, treat, and/or call 911 when responding to Emergency call pendent system

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	<i>Base Level</i>	\$1,200
1-7	1	\$1,660
8 - 15	2	\$2,120
16 - 30	3	\$2,945
31 - 45	4	\$3,620
46 - 60	5	\$4,295
61 - 75	6	\$4,970
76 - 90	7	\$5,645
91 - 105	8	\$6,320

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](https://ecumen.org)

AN **ECUMEN** LIVING SPACE  

Litchfield | Seasons at Apple Valley |  
Seasons at Maplewood



# 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.

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## ASSISTED LIVING ADDITIONAL SERVICES

### ANCILLARY RATES:

Meal Packages	
– 2 Meal/Day Package	\$230/month
– 3 Meal/Day Package	\$385/month
Additional Meal (Resident)	\$13/meal
Guest Meal (Breakfast)	\$11/meal
Guest Meal (Lunch/Dinner)	\$15/meal
Holiday Meal	\$19/meal

### SECOND OCCUPANT:

Second Occupant Assisted Living	\$165/month
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### 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
Maintenance (15-minute increment)	\$30
Underground Parking (per month)	\$70
Pet Deposit (non-refundable)	\$1,000
Key Replacement	\$25
FOB Replacement	\$60
Emergency Call Pendant Replacement	\$200
Storage Locker (per month)	\$35
Guest Room (per night)	\$95
Thickened Liquids	\$295
Laundry per load	\$17
Long Term Care Insurance Monthly Processing	\$45
Meal Tray Delivery	\$10
Non-Preferred Pharmacy Fee (Monthly) – VA <i>excluded</i>	\$155
Fall Management (per occurrence)	\$165

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