

MEMORY CARE

At Abiitan 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.

APARTMENT	SUITE STYLE	APPROX. SQ. FEET	MONTHLY APARTMENT FEE
RENOIR	STUDIO	308	\$3,940
PICASSO	STUDIO &	364-365	\$4,015
MONET	STUDIO	364-374	\$4,015
VAN GOGH	STUDIO	364-385	\$4,015
GAUGUIN	STUDIO	378	\$4,015
KAHLO	STUDIO	378	\$4,015
O'KEEFFE	STUDIO	417	\$4,065
MATISSE	1 BDRM/1 BATH	424	\$4,065
WARHOL	STUDIO	462	\$4,170
DA VINCI	1 BDRM/1 BATH	532	\$4,225
DALI	1 BDRM/1 BATH	668	\$4,500

MONTHLY APARTMENT FEES INCLUDES:

- Robust social, spiritual, educational, and leisure activities
- Tailored wellness and exercise programming
- Weekly light housekeeping & flat linen change
- Assistance with arranging transportation to medical and social services appointments
- Assistance accessing community resources and social services
- Use of community spaces
- Utilities: electric, gas, water, trash, recycling, cable, and Wi-Fi (excludes phone)
- 24-hour building security and safety call pendants
- Routine interior and exterior maintenance
- Emergency response system
- 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 with no entrance fee
- A \$500 reservation fee will hold an apartment and be credited to the first month's bill
- A \$2,000 non-refundable community fee is due upon move-in for the upkeep of living spaces and grounds



ANCILLARY RATES

Independent Living Meal Packages:	
– 1 Meal/Day Package	\$230/month
– 2 Meal/Day Package	\$460/month
– 3 Meal/Day Package	\$615/month
Memory Care Meal Package:	
– 3 Meal/Day Package	\$615/month
Additional Meal (Resident)	\$14/meal
Guest Meal (Breakfast)	\$11/meal
Guest Meal (Lunch/Dinner)	\$15/meal
Holiday Meal	\$19/meal

SECOND OCCUPANT

Second Occupant - Independent Living	\$550/month
Second Occupant - Memory Care	\$550/month

HOUSEHOLD MANAGEMENT/BUILDING FEATURES

Licensed Nurse Unscheduled Service (15-minute increment)	\$45
Resident Assistant Unscheduled Service (15-minute increment)	\$18
Housekeeping (15-minute increment)	\$25
Maintenance (15-minute increment)	\$30
Garage Rent	\$120
Storage Locker	\$35 - \$70
Pet Deposit (non-refundable)	\$1,000
Transfer Fee	\$1,000
Key Replacement	\$25
FOB Replacement	\$60
Emergency Call Pendant Replacement	\$225
Garage Door Opener Replacement	\$40
Guest Suite	\$100/night
Guest Apartment	\$150/night
Salon & Barber Services	Contact Salon
Thickening Liquids	\$350
Laundry per load	\$17
Long-Term Care Insurance Monthly Processing	\$55
Non-Preferred Pharmacy Fee (Monthly) – VA excluded	\$165
Fall Management (per occurrence)	\$175



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	\$4,500
61 - 105	2	\$5,750
106 - 135	3	\$7,000
136 - 165*	4	\$8,250

*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.

HealthCare26_Abiitan.MC_v260505



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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	WHERE I NEED ASSISTANCE	MONTHLY POINTS
Putting in my hearing aids	3	Managing my diabetes:	
Support for orientation with surroundings:		– Checking glucose and administering insulin (if necessary) 1x daily	6
– Occasionally needs reassurance/redirection	3	– Checking glucose and administering insulin (if necessary) 3x daily	16
– Frequently needs reassurance/redirection.....	8	Moving with mobility:	
– Always needs reassurance/redirection	15	– Assistance from one team member	5
Support for wandering:		Assistance with moving from one surface to another (transferring):	
– Wanders occasionally, needs redirection	5	– Assistance from one team member	5
– Wanders frequently, needs redirection	8	Participating in social & leisure activities:	
– Wanders always, needs redirection	15	– Occasional prompting during activities....	2
Taking a shower or bath:		– Assistance from one team member during activities	5
1x per week (from one team member)....	2	– Getting to and from activities in the building	5
2x per week (from one team member)....	4	My dining experience:	
Grooming in the morning and evening (shaving, brushing hair, washing face, etc.):		– Verbal reminders for meal times	1
– Verbal reminders and set up	2	– Assistance getting to & from dining room ...	8
– Physical assistance.....	10	– Verbal reminders and meal set up.....	3
Oral care in the morning and evening:		– Verbal reminders throughout my – meal ...	8
– Physical assistance.....	5	– Assistance from one team member during meals	12
– Physical assistance with denture care– remove, store, clean (add additional 5 points).....	5	Additional support services:	
Getting in and out of bed:		– Assistance with daily bed making	3
– Pulling back covers and having equipment in place.....	3	– Assistance with additional trash removal	3
– Assistance from one team member to get in and out of bed.....	5	– Assistance with additional housekeeping	2
Getting dressed in the morning/evening:		– Assistance with routine laundry (1 load/week).....	2
– Set up and team member standing by.....	8	– Assistance with laundering of linens (1 load/week)	2
– Assistance from one team member.....	15		
Using the bathroom and/or continence care:			
– Assistance from one team member	15		
Managing my medication:			
– 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		

Total Estimated Points* _____

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

Cost of equipment, medication and supplies is not included in the cost of health care services.

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