

## 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 BEDROOM 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
- 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 \$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 month's bill
- A \$2,000 non-refundable community fee is due upon move-in for the upkeep of living spaces and grounds

Rent26\_Lakeshore-MC\_v260505




# Lakeshore



[ecumen.org/lakeshore](https://ecumen.org/lakeshore)

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# Lakeshore ASSISTED LIVING & MEMORY CARE AT THE SHORES

**ANCILLARY RATES:**

Assisted Living Meal Packages:

|                       |             |
|-----------------------|-------------|
| – 1 Meal/Day Package  | \$230/month |
| – 2 Meals/Day Package | \$460/month |
| – 3 Meals/Day Package | \$615/month |

Memory Care Meal Package:

|                       |             |
|-----------------------|-------------|
| – 3 Meals/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) | \$18 |
|--|------|

|                                    |      |
|------------------------------------|------|
| Housekeeping (15-minute increment) | \$25 |
|------------------------------------|------|

|             |      |
|-------------|------|
| Garage Rent | \$70 |
|-------------|------|

|                     |      |
|---------------------|------|
| Storage Locker Rent | \$35 |
|---------------------|------|

|             |      |
|-------------|------|
| Local Phone | \$25 |
|-------------|------|

|             |         |
|-------------|---------|
| Pet Deposit | \$1,000 |
|-------------|---------|

|              |         |
|--------------|---------|
| Transfer Fee | \$1,000 |
|--------------|---------|

|                 |      |
|-----------------|------|
| Key Replacement | \$25 |
|-----------------|------|

|                 |      |
|-----------------|------|
| FOB Replacement | \$60 |
|-----------------|------|

|                                    |       |
|------------------------------------|-------|
| Emergency Call Pendant Replacement | \$225 |
|------------------------------------|-------|

|                                |      |
|--------------------------------|------|
| Garage Door Opener Replacement | \$40 |
|--------------------------------|------|

|                   |       |
|-------------------|-------|
| Thickened Liquids | \$350 |
|-------------------|-------|

|                         |                 |
|-------------------------|-----------------|
| 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 | \$55 |
|---|------|

|                    |      |
|--------------------|------|
| Meal Tray Delivery | \$10 |
|--------------------|------|

|  |       |
|--|-------|
| Non-Preferred Pharmacy Fee (Monthly) – VA excluded | \$165 |
|--|-------|

|                                  |       |
|----------------------------------|-------|
| Fall Management (per occurrence) | \$175 |
|----------------------------------|-------|

|              |                   |
|--------------|-------------------|
| Guest Suite: | \$110/night + tax |
|--------------|-------------------|

|  |  |
|--|--|
| – (king bed, twin sofa sleeper, microwave, small refrigerator, flat screen TV) |  |
|--|--|

|                  |                   |
|------------------|-------------------|
| Guest Apartment: | \$160/night + tax |
|------------------|-------------------|

|   |                  |
|---|------------------|
| – (queen bed, queen sofa sleeper, full kitchen, living room, flat screen TV, patio) | \$750/week + tax |
|---|------------------|

Ancillary26\_Lakeshore-ALMCShores\_v260505



## 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, or colostomy
- 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.

Effective May 1, 2026 | Prices are subject to change with a 30-day notice

# 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 _____   | <b>Managing my diabetes</b>   |
| <b>Support for orientation with surroundings</b>   | 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 _____   | <b>Moving with mobility</b>   |
| Always needs reassurance/redirection ..... 15 _____  | Assistance from one team member ..... 5 _____                                     |
| <b>Support for wandering</b>   | <b>Assistance moving from one surface to another (transferring)</b>               |
| Wanders occasionally, needs redirection ..... 5 _____  | Assistance from one team member ..... 5 _____                                     |
| Wanders frequently, needs redirection ..... 8 _____  | <b>Participating in social and leisure activities</b>                             |
| Wanders always, needs redirection ..... 15 _____   | Occasional prompting during activities ..... 2 _____                              |
| <b>Taking a shower or bath</b>   | 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 _____   | <b>My dining experience</b>   |
| <b>Grooming in the morning and evening (shaving, brushing hair, washing face, etc.)</b>          | Verbal reminders for meal times ..... 1 _____                                     |
| Verbal reminders and set up ..... 2 _____  | Assistance getting to and from dining room ..... 8 _____                          |
| Physical assistance ..... 10 _____   | Verbal reminders and meal set up ..... 3 _____                                    |
| <b>Oral care in the morning and evening</b>  | 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 _____ | <b>Additional support services</b>  |
| <b>Getting in and out of bed</b>   | 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 _____                             |
| <b>Getting dressed in the morning and evening</b>  | 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 _____   |   |
| <b>Using the bathroom and/or continence care</b>   |   |
| Assistance from one team member ..... 15 _____   |   |
| <b>Managing my medication</b>  |   |
| 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 vary by location.*

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