ECUMEN®

Prairie Hill

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
THE SUNRISE	311	$2,420
THE NORTHERN LIGHTS 1 & 2	520 - 530	$3,245

MONTHLY APARTMENT FEE INCLUDES:

- 24/7 assistance and safety checks
- Tailored 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,Premium DIRECTTV cable, 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_PrairieHill-MC_v260505

ECUMEN®
Prairie Hill

ecumenprairiehill.org

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ASSISTED LIVING & MEMORY CARE ADDITIONAL SERVICES

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
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
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
Maintenance (15-minute increment)	$30
Garage Rent	$70
Storage Locker Rent	$35
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
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

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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.

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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		
Putting in my hearing aids	3	
Support for orientation with surroundings		
Occasionally needs reassurance/redirection	3	
Frequently needs reassurance/redirection	8	
Always needs reassurance/redirection	15	
Support for wandering		
Wanders occasionally, needs redirection	5	
Wanders frequently, needs redirection	8	
Wanders always, needs redirection	15	
Taking a shower or bath		
1x per week (from one team member)	2	
2x per week (from one team member)	4	
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	
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	

WHERE I NEED ASSISTANCE / MONTHLY POINTS		
Managing my diabetes		
Checking glucose and administering insulin (if necessary) 1x daily	6	
Checking glucose and administering insulin (if necessary) 3x daily	16	
Moving with mobility		
Assistance from one team member	5	
Assistance moving from one surface to another (transferring)		
Assistance from one team member	5	
Participating in social and leisure activities		
Occasional prompting during activities	2	
Assistance from one team member during activities	5	
Getting to and from activities in the building	5	
My dining experience		
Verbal reminders for meal times	1	
Assistance getting to and from dining room	8	
Verbal reminders and meal set up	3	
Verbal reminders throughout my meal	8	
Assistance from one team member during meals	12	
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. Services vary by location.*

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

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