



# Chateau WATERS™

## Features and benefits included in rates:

- Month-to-month lease
- Utilities (AC, heat, water, electric, refuse)
- Telephone
- Internet
- TV (cable)
- In-unit washer & dryer
- Wellness membership
- Daily wellness check

Rates (effective September 1, 2025)

Independent & Assisted Living

| Rental Options             | Square Footage | Monthly Rate | Floor Plan  | View  |
|----------------------------|----------------|--------------|-------------|-------|
| 1 br, 1.5 bath             | 800            | \$2,845      | Jade        | Woods |
| 1 br, 1.5 bath             | 800-850        | \$3,225      | Pearl       | Water |
| 1 br, den, 1.5 bath        | 950            | \$3,860      | Onyx        | Water |
| 1 br, den, 2 bath          | 1,000-1,045    | \$3,985      | Topaz       | Water |
| 1 br, den, corner 1.5 bath | 1,015-1,050    | \$3,985      | Amethyst    | Woods |
| 1 br, den, 2 bath          | 1,000          | \$3,985      | Sapphire    | Water |
| 2 br, den, 2 bath          | 1,150          | \$4,365      | Ruby        | Woods |
| 2 br, den, 2 bath          | 1,240          | \$4,490      | Emerald     | Woods |
| 2 br, den, 2 bath          | 1,240          | \$4,615      | Alexandrite | Water |
| 2 br, den, 2 bath          | 1,400          | \$4,865      | Diamond     | Water |

\* Residents pay additional fee for Assisted Living services they choose.

Effective September 1, 2025 | Prices are subject to change with a 30-day notice.

**320-654-2352**  
**chateauwaters.org**

960 19th Street S | Sartell, MN 56377

AN **ECUMEN** LIVING SPACE 





## Assisted Living 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  |
| Additional Meal (Resident) | Menu Pricing |
| Guest Meal                 | Menu Pricing |
| Holiday Meal               | Menu Pricing |

### Second Occupant:

|                                   |             |
|-----------------------------------|-------------|
| Second Occupant — Assisted Living | \$165/month |
|-----------------------------------|-------------|

### Household Management/Building Features:

|                                                              |                 |
|--------------------------------------------------------------|-----------------|
| Licensed Nurse Unscheduled Service (15-minute increment)     | \$45/15 minutes |
| Resident Assistant Unscheduled Service (15-minute increment) | \$18/15 minutes |
| Housekeeping (15-minute increment)                           | \$25/15 minutes |
| Maintenance (15-minute increment)                            | \$30/15 minutes |
| Underground Garage Rent (per month)                          | \$70            |
| Storage Locker (per month)                                   | \$35            |
| Pet Deposit                                                  | \$1,000         |
| Transfer Fee                                                 | \$1,000         |
| Key Replacement                                              | \$25            |
| FOB Replacement                                              | \$60            |
| Emergency Call Pendant Replacement                           | \$225           |
| 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 Room (per night)                                       | \$95/night      |

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## 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
- Quarterly nurse assessment
- Weekly flat linen change
- Bi-weekly light housekeeping
- Monthly vital checks
- Access to in-house physician team
- 24-hour on-site staff

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 & fees will be established after meeting with Clinical Services and prior to move-in.

| Estimated Points | Care Level | Monthly Fee |
|------------------|------------|-------------|
| 0                | 0          | \$970       |
| 1 – 7            | 1          | \$1,475     |
| 8 – 15           | 2          | \$1,980     |
| 16 – 30          | 3          | \$2,890     |
| 31 – 45          | 4          | \$3,635     |
| 46 – 60          | 5          | \$4,380     |
| 61 – 75          | 6          | \$5,125     |
| 76 – 90          | 7          | \$5,870     |
| 91 – 105*        | 8          | \$6,615     |

\* 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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## 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>                                                            |    |       |
| 1 x per week (from one team member) .....                                                 | 2  | _____ |
| 2 x per week (from one team member) .....                                                 | 4  | _____ |
| <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>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  | _____ |
| <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>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. Services vary by location. Cost of equipment, medication and supplies is not included in the cost of health care services.