



**The Village at Sprenkle Drive  
Assisted Living  
Schedule of Charges  
Effective January 1, 2021**

**Room and Board:**

<b>Apartment Style</b>	<b>Traditional Support Daily Room and Board Fee</b>	<b>Traditional Plus Support Daily Room and Board Fee</b>	<b>Enhanced Support Daily Room and Board Fee</b>
<b>Studio - Alcove</b>	\$210	\$228	\$246
<b>One Bedroom</b>	\$261 Couple: \$167 per person	\$278 Couple: \$184 per person	\$296 Couple: \$201 per person
<b>Two Bedroom</b>	\$279	\$300	\$318
<b>Roommate Suite</b>	\$176 per person	\$193 per person	\$210 per person
<b>Memory Support Care Alcove</b>	\$272		
<b>Respite Stay</b>		\$10 per day in addition to room and board	

Assisted Living basic daily fee includes:

- Daily nutritious meals and snacks
- Housekeeping and personal/flat laundry services
- 24-hour personal care assistance
- Bathing assistance
- All utilities
- Basic cable TV and WiFi Internet
- Scheduled transportation within a 25-mile round-trip
- Medication management
- Social, recreational and spiritual opportunities

- Nursing services around-the-clock
- Local and long distance phone service

Memory Support Care daily fee includes Assisted Living services listed plus:

- Reminders and guidance for activities
- Assistance arranging appointments
- Specialized social, recreational and spiritual opportunities
- Special dementia certified team members

**Room Hold Charge for Hospitalization:** The normal daily room rate is charged for the first 15 consecutive days; thereafter, the normal rate is charged less \$7 per day credit.

**Room Hold Charge for Overnight Leave:** The normal daily room rate is charged for a total of 30 days per year; thereafter, the normal daily rate is charged less \$7 per day credit.

**The following list of ancillary charges will be billed in accordance with the residency agreement and may not be all inclusive.**

**Meals – Opt Out Amounts:**

<b>Breakfast</b>	\$2.50
<b>Lunch</b>	\$4.50
<b>Dinner</b>	\$3.50

**Guest Meals:**

<b>Holiday and Special Event Meals</b>	According to posted charges
<b>Tray delivery to room if not medically indicated</b>	\$12

**Guest Meals are charged in accordance with stated menu prices. Please refer to the menu for individual items and specials. PA sales tax is included in charge.**

**Beauty and Barber\*:**

<b>Shampoo and Style</b>	\$26
<b>Shampoo Only</b>	\$18
<b>Set Only</b>	\$19
<b>Comb and Spray</b>	\$17
<b>Permanent including cut and style</b>	\$70
<b>Hair Cut</b>	\$21.50
<b>Hair Cut and Set</b>	\$33
<b>Men's Hair Cut</b>	\$14
<b>Hair Trim</b>	\$14
<b>Coloring</b>	\$56
<b>Coloring with Highlights</b>	\$70
<b>Rinses</b>	\$15
<b>Manicure</b>	\$21
<b>Fingernail Trimming</b>	\$8
<b>Polish change only</b>	\$17
<b>Supplies</b>	Cost plus 30%
<b>Waxing of lip or eye brows</b>	\$13.50

\*Residents receiving pension assistance benefits will receive, at no charge, one basic hair care service 2 times per month. Basic services include shampoo, style, hair cut or trim, set, comb and spray. Any additional services will be billed according to the fee schedule. Private pay residents will be billed according to the fee schedule for all hair care services received

**Personal Services, Supplies and Amenities:**

<b>Vaccines</b>	Flu \$29 - \$62 Pneumonia \$189 - \$399.50 Administration Fees \$32 All other vaccinations \$32
<b>Incontinency supplies</b>	Briefs/Pads: \$21 per package Wipes: \$12 per tub
<b>Maintenance Personnel (for personal requests outside of general maintenance)</b>	\$38 per hour (charged to nearest hour, except minimum charge of \$22.50 for 30 minutes or less.)
<b>Medical Transportation</b>	Provided up to 25 miles round trip. For round trip exceeding 25 miles and less than 40 miles, the charge is \$37 per

	hour. Special arrangements can be made for trips over 40 miles if driver is available. The charge is \$37 per hour and \$0.53 per mile.
<b>Non Medical Transportation</b>	\$37 per hour plus \$0.53 per mile
<b>Staff Escort</b>	\$37 per hour in addition to transportation fee
<b>Ambulance fee</b>	Non-medical ambulance use is not covered by Medicare and will be billed by the ambulance company providing transportation.
<b>Request of records</b>	In accordance with PA statutory allowance. Please ask receptionist.
<b>International Long Distance Phone Calls</b>	Prevailing rates will apply
<b>Rehabilitation services</b>	Charges are available, in advance, from the treating therapist
<b>Lab services</b>	Billed by provider
<b>Pharmacy services</b>	Billed by provider
<b>Personal Effects Transfer Assistance</b>	\$88
<b>Key replacement</b>	\$17.50
<b>Returned check for non-sufficient funds</b>	\$30
<b>Flat Screen TV Wall Mounting</b>	\$51.50 (excluding bracket)

**List may not be all inclusive and special equipment, services or supplies may be charged upon notification.**

\_\_\_\_\_ Resident/Power of Attorney

\_\_\_\_\_ Date