

## The Village at Kelly Drive Personal Care Schedule of Charges Effective April 1, 2023

## **Room and Board:**

| Daily Room and Board fee         | Private Room Suite \$101<br>Private Room Large Suite \$141<br>Private Room Deluxe \$161<br>Deluxe Shared \$117<br>2-room Suite Private \$192<br>3-room Suite Private \$209<br>3-room Suite Semi-Private \$155<br>Road to Home \$176 |
|----------------------------------|---|
| Level II                         | \$31 per day in addition to room and board  |
| Level III                        | \$43 per day in addition to room and board  |
| Memory Support Enhanced Services | \$45 per day in addition to room and board  |
| Respite Stay                     | \$10 per day in addition to room and board  |

Items included in daily room and board include assistance or supervision in activities of daily living and/or instrumental activities of daily living; private or semi-private accommodations; blankets, pillows, bed linens, towels, wash cloths, and soap; laundering of clothes, linens and towels; three meals each day, except as otherwise medically indicated; local phone service, furnishings consisting of a bed, chair, storage area for clothing (i.e. chest of drawers and closet), bedside table/shelf, mirror and lamp; certain activity programs and social services.

**Room Hold Charge for Hospitalization**: The normal daily room rate is charged. Revised 01.25.2023 **Room Hold Charge for Overnight Leave**: The normal daily room rate is charged.

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

**Guest Meals:** 

| Holiday and Special Event Meals        | According to posted charges |
|--|-----------------------------|
| Tray delivery to room if not medically | \$5.00                      |
| indicated                              |                             |

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\*:

| Shampoo and Style                 | \$28.50       |
|-----------------------------------|---------------|
| Shampoo Only                      | \$10.50       |
| Set Only                          | \$20.50       |
| Comb and Spray                    | \$10.50       |
| Permanent including cut and style | \$72.00       |
| Hair Cut                          | \$22.50       |
| Men's Hair Cut                    | \$15.50       |
| Hair Cut and Set                  | \$35.50       |
| Hair Trim                         | \$15.50       |
| Coloring                          | \$60.00       |
| Coloring with Highlights          | \$75.00       |
| Rinses                            | \$6.50        |
| Manicure                          | \$22.50       |
| Fingernail Trimming               | \$9.50        |
| Polish change only                | \$18.50       |
| Supplies                          | Cost plus 32% |
| Waxing of lip or eye brows        | \$14.50       |

\*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:

| Vaccines | Billed to insurance by provider, non-  |
|----------|--|
|          | covered charges billable at yearly fee |

|   | schedule                                  |
|---|---|
| Maintenance Personnel (for personal     | \$50 per hour (charged to nearest hour,   |
| requests outside of general             | except minimum charge of \$25.00 for 30   |
| maintenance)                            | minutes or less.)                         |
| Medical Transportation                  | Campus transport will be provided up to   |
|   | 25 miles round trip. For round trip       |
|   | exceeding 25 miles and less than 40       |
|   | miles, the charge is \$45.00 per hour and |
|   | \$0.60 Special arrangements can be        |
|   | made for trips over 40 miles if driver is |
|   | available. The charge is \$45.00 per hour |
|   | and \$0.60 mile. If campus transport is   |
|   | unavailable, the transport company will   |
|   | bill you directly.                        |
| Non Medical Transportation              | \$45.00 per hour plus \$0.60 per mile     |
| Staff Escort                            | \$45.00 per hour in addition to           |
|   | transportation fee                        |
| Ambulance fee                           | Non-medical ambulance use is not          |
|   | covered by Medicare and will be billed    |
|   | by the ambulance company providing        |
|   | transportation.                           |
| Request of records                      | In accordance with PA statutory           |
|   | allowance. Please ask receptionist.       |
| Rehabilitation services                 | Charges are available, in advance, from   |
| Tab anniar a                            | the treating therapist                    |
| Lab services                            | Billed by provider                        |
| Pharmacy services                       | Billed by provider                        |
| Incontinence supplies                   | Briefs/Pads: \$25.00 per package          |
| Kou vonlogoment                         | Wipes: \$5.00 per tub<br>\$20.00          |
| Key replacement<br>Key card replacement | \$45.00                                   |
| Returned check for non-sufficient       | \$35.00                                   |
| funds                                   | 455.00                                    |
| Toothbrush                              | \$0.50                                    |
| Toothpaste                              | \$1.40                                    |
| Lotion                                  | \$1.25                                    |
| Shampoo                                 | \$1.75                                    |
| Deodorant                               | \$2.60                                    |
| Foot Emollient Cream                    | \$4.65                                    |
| Slipper Socks                           | \$1.50                                    |
| Denture Adhesive                        | \$5.50                                    |
| Shaving Cream                           | \$2.50                                    |
| Lip Baum                                | \$1.50                                    |
| Efferdent Tab Cleaner                   | \$4.25                                    |
| Baby Powder                             | \$1.50                                    |

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

\_\_\_\_\_Resident/Power of Attorney

\_\_\_\_\_Date