

The Village at Sprenkle Drive Assisted Living Schedule of Charges Effective April 1, 2023

Room and Board:

| Apartment Style | Traditional Support Daily Room and Board Fee | Traditional Plus Support Daily Room and Board Fee | Enhanced Support Daily Room and Board Fee |
|-------------------------------|---|--|---|
| Studio - Alcove | \$225 | \$244 | \$263 |
| One Bedroom | \$280 Couple: \$179 per person | \$297 Couple: \$198 per person | \$317 Couple: \$215 per person |
| Two Bedroom | \$298 | \$321 | \$341 |
| Roommate Suite | \$188 per person | \$207 per person | \$225 per person |
| Memory Support Care Alcove | \$291 | | |
| Respite Stay | | | ddition 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
- Campus 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.

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

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|-------------------------------------|---|
| 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 |
| | the treating therapist |
| Lab services | Billed by provider |
| Pharmacy services | Billed by provider |
| Incontinence supplies | Briefs/Pads: \$25.00 per package |
| | Wipes: \$5.00 per tub |
| Key replacement | \$20.00 |

Personal Services, Supplies and Amenities:

| Returned check for non-sufficient | \$35.00 |
|-----------------------------------|---------|
| funds | |
| 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