

See our website for
further information:

www.carepartners-countryterrace.com

Amy Zastrow, Director
Assisted Living
715-644-3444

ct21stanley@cpalct.com



Country Terrace Assisted Living
Stanley, WI



804 Pine Street, Stanley, WI 54768

“The Right Choice, Close to Home.”

Call to meet with our director today!

FACILITY NAME: Country Terrace of WI, Inc.

Address: 804 Pine St
Stanley, WI 54768

Telephone: (715) 644-3444

FAX: (715) 644-3445

Website: carepartners-countryterrace.com

Email: ct21stanley@cpalct.com

Directions: 40 minutes East of Eau Claire on highway 29, take Stanley exit 101, go north on Broadway St, take right on Pine street 0.6mi, Country Terrace is on the right

Facility Type: *(check all that apply)*

- CBRF (Community Based Residential Facility)**
- RCAC (Residential Care Apartment Complex)**
- Adult Family Home**
 - Developmentally Disabled
 - Mental Health
 - Other: _____
- Memory Care (dementia-specific service)**

Number of Units:

Unit Types: *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> private studio | <input checked="" type="checkbox"/> private 1-bedroom |
| <input type="checkbox"/> private 2-bedroom | <input checked="" type="checkbox"/> semi-private rooms |
| <input checked="" type="checkbox"/> private bathrooms | <input type="checkbox"/> shared bathrooms |

Can residents with an activated Power of Attorney for Healthcare be admitted?

- Yes No: _____

BASE Rate Ranges From: \$ / month to \$ / month

Notes: contact facility director- rates vary for private/semi-private room

BASE Rate Includes: (check all that apply)

- Assistance with activities of daily living (i.e. bathing, grooming etc...)
 ___ hour(s) per day or ___ hours(s) per week
- Activity or Life Enrichment Director
 ___ hours per week
- Nursing service (i.e. blood draws, ostomy care etc...)
 RN LPN _____ hours per week
- Medication assistance
- Housekeeping service
- Laundry service
- Personal wireless page system
- Cable TV service
- Regular activity programming
- Scheduled facility transportation to appointments
- Facility-coordinated transportation to appointments
- Meals plus snacks daily
- Use of onsite laundry facilities
- Call system in room
- Alarmed exit doors
- Telephone service in room
- 24/7 awake staff

Optional Services for Fee: (check all that apply)

- Laundry service
- Guest meals
- Cable service in room
- Short term respite care
- On-site ancillary medical services
 - Audiologist
 - Optometrist
 - Dental
 - Physician
 - Nurse Practitioner
 - Podiatry
- On-site beauty and barber
- Telephone service in room
- Medication assistance
- Advanced care levels, with a maximum of
 ___ hours per day or _____ hours per week

Special Assistance Needs: (check all that apply)

- Occasional staff assistance with mobility provided
- Complete staff assistance with mobility provided
- Residents must transfer independently
- Staff may assist with one-person transfers
- Staff two-person transfer assistance provided
- Mechanical lift transfers accepted
- Staff may provide catheter care (empty and change bags)
- Staff may provide ostomy care, (empty and change appliances)
- Special diets accommodated
- Staff may provide oxygen assistance
- Staff may provide updraft or nebulizer assistance

Special Accommodations: *(check all that apply)*

- | | |
|---|---|
| <input checked="" type="checkbox"/> Pets allowed | <input type="checkbox"/> On-site chapel |
| <input type="checkbox"/> On-site library | <input type="checkbox"/> On-site exercise equipment |
| <input type="checkbox"/> On-site resident computer access | |
| <input checked="" type="checkbox"/> Furnishings provided: single bed, night stand | |

Diabetes Management: *(check all that apply)*

- | | |
|---|---|
| <input checked="" type="checkbox"/> Assistance with blood sugar checks | <input checked="" type="checkbox"/> Assistance with scheduled insulin |
| <input checked="" type="checkbox"/> Assistance with sliding scale insulin | <input checked="" type="checkbox"/> Assistance with oral medications |

Community Contracts and/or Service Provisions: *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Adjacent skilled nursing facility | <input type="checkbox"/> County Human Service funding |
| <input type="checkbox"/> IRIS | <input type="checkbox"/> Long Term Care Insurance |
| <input type="checkbox"/> Home Care | <input checked="" type="checkbox"/> Hospice |
| <input checked="" type="checkbox"/> FamilyCare | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Other: MCO _____ | <input checked="" type="checkbox"/> Other: in home therapy |

Description of Specialized Services:

RN available to staff 24/7 including weekends and holidays.