

FACILITY NAME: Ridge Crest Manor

**Address: 110 Park Drive
Colfax , WI 54730**

Telephone: (715) 962-3186

FAX: (715) 962-3639

Website: colfaxhealthandrehabilitation.com

Email: kenie.galetka@colfaxhealthandrehab.com

Directions: From Elk Mound: Head Northwest on I-94 W for 2.1 Miles. Take exit 52 to merge onto US-12 E/WI 29 E toward WI-40/Colfax/Elk Mound. Take exit 61 for US-12 E/WI-40 N Toward Elk Mound/Colfax. Keep right at the fork and merge onto US-12 W/WI-40 for 7.9 Miles. Turn right onto Park Drive. Destination is in 240 ft.

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: 28

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: \$4380 / month to \$6490 / month

Notes:

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 type="checkbox"/> Pets allowed | <input type="checkbox"/> On-site chapel |
| <input checked="" type="checkbox"/> On-site library | <input type="checkbox"/> On-site exercise equipment |
| <input checked="" type="checkbox"/> On-site resident computer access | |
| <input checked="" type="checkbox"/> Furnishings provided: night stand, wardrobe closet, dresser, hospital bed, hand rails in bathrooms, walk in showers. | |

Diabetes Management: *(check all that apply)*

- | | |
|--|---|
| <input checked="" type="checkbox"/> Assistance with blood sugar checks | <input checked="" type="checkbox"/> Assistance with scheduled insulin |
| <input 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 checked="" type="checkbox"/> Adjacent skilled nursing facility | <input type="checkbox"/> County Human Service funding |
| <input type="checkbox"/> IRIS | <input checked="" 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 type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Description of Specialized Services: