

FACILITY NAME: Autumn Village Assisted Living

**Address: 915 Elm Ave East
Menomonie, WI 54751**

Telephone: (715) 235-3697

FAX: (715) 235-3644

Website: www.americanlutheranhomes.com

Email: betsy.henck@americanlutheranhomes.com

Directions:

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 checked="" type="checkbox"/> private 2-bedroom | <input 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: Unless their caregiver (POA) moves in with them to care for them.

BASE Rate Ranges From: \$3675 / month to \$4065 / month

Notes: Basic rent is based on the apartment type. Enhanced care level is an additional \$810/month and total care is an additional \$980/month on top of base rate.

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
35 hours per week
- Nursing service (i.e. blood draws, ostomy care etc...)
 - RN LPN 40 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 checked="" type="checkbox"/> On-site library | <input checked="" type="checkbox"/> On-site exercise equipment |
| <input type="checkbox"/> On-site resident computer access | |
| <input type="checkbox"/> Furnishings provided: | |

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"/> Care WI/Inclusa | <input type="checkbox"/> County Human Service funding |
| <input type="checkbox"/> IRIS | <input checked="" type="checkbox"/> Long Term Care Insurance |
| <input checked="" type="checkbox"/> Home Care | <input checked="" type="checkbox"/> Hospice |
| <input checked="" type="checkbox"/> Adjacent skilled nursing facility | |

Description of Specialized Services:

Enter your information here, but please stay within the 3 page limit.