Assisted Living

Personalized Health Care and Supportive Services Fee

Our care teams will provide health care and support services customized to your specific needs. We're here to provide as much or as little support as you need.

Monthly Health Care Service Fee Includes

- Initial nurse meeting and assessment
- 24-hour on-site staff
- Quarterly nurse review

To help you estimate your monthly fee, use the Health Care Services Fee Estimator and compare your estimated point total to the monthly fee. Final health care services and fees will be established after meeting with the Clinical Services team and prior to move-in.

Estimated Points	Care Level	Monthly Fee
0 – 30		Included in Rent
31 - 45	1	\$580
46 – 60	2	\$1,170
61 – 75	3	\$1,760

Additional care levels are available.

Some Additional Health Care Services Available

- Administering nebulizer treatments
- Managing oxygen concentrators and filling portable tanks
- Changing, emptying and cleaning catheter, colostomy or urostomy
- Diabetic nail care
- Coumadin management
- Cleaning and monitoring of CPAP or BiPAP machines
- Monitoring of vital signs (temperature, pulse, respiration, blood pressure, oxygen saturation, weight)

Speak with one of our nurses to hear more about these and other additional services along with the monthly fee.

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Assisted Living Health Care Services Estimator

Select your desired services, add up your points, and refer to the chart to calculate your estimated monthly health and support services cost.

Where I Need Assistance	Monthly Points
Putting in my hearing aids	3
Taking a shower or bath 1x per week (from one team member)	4 15
Grooming in the morning and evening (shaving, brushing hair, washing face, etc.) Verbal reminders and setup Physical assistance	
Oral care in the morning and evening Physical assistance	5 5
Getting in and out of bed Pulling back covers and having equipment in place	
Getting dressed in the morning and evening Setup and team member standing by Assistance from one team member	
Using the bathroom and/or continence care Assistance from one team member	8
Managing my medication Ordering medication with a non-preferred pharmacy Taking oral medications up to 3x daily Taking oral medications up to 5x daily Applying eye drops 2x daily Applying topical medications 2x daily	
Managing my diabetes Checking glucose and administering insulin (if necessary) 1x daily Checking glucose and administering insulin (if necessary) 3x daily	
Participating in social and leisure activities Verbal reminders for upcoming activities	1 5 8
Moving from one surface to another (transferring) Setup and team member standing by to provide verbal cuing	
Additional support services Assistance with daily bed-making Assistance with additional trash removal Assistance with additional housekeeping Assistance with additional laundry (1 load/week) Assistance with laundering of linens (1 load/week)	
Total Estima	ted Points* ———

^{*}Final health care and support services fee will be determined when meeting with one of our nurses prior to move-in. Costs of equipment, medication and supplies are not included in the cost of health care services. Some supplies can be purchased by contacting The Ecumen Store.