

Schedule of Services (General Guideline)

Independent

Assisted Living

Description of Service	Select	VIP
Meals with Selective Menu	3 Daily	3 Daily
Meal Selection Assistance	N/A	N/A
Evening Snack	N/A	N/A
Room Tray Service	N/A	N/A
Complimentary Guest Meals (# of meals/mo.)	N/A	1
Medication Management	N/A	N/A
Bathing (Weekly)		
Assist with bathing	N/A	N/A
Morning Assistance		
Wake up and breakfast reminder	N/A	N/A
Evening Assistance		
Turn-down bed service	N/A	N/A
Dressing & Grooming		
Outfit Selection, Dressing, and Personal Hygiene AM and PM	N/A	N/A
Incontinence Care		
Does not include incontinence supplies	N/A	N/A
Personal Reminders As Needed	N/A	N/A
Escort to Activities As Needed	N/A	N/A
Escort to Meals As Needed	N/A	N/A
Transportation to Appointments (Tuesday & Thursday within a 5 miles radius)	N/A	Yes
Full Service Apartment Housekeeping- per week	1x	1x
Linen Change - per week	1x	1x
Personal Laundry	N/A	1x
Daily Housekeeping (make bed, remove trash)	Yes	Yes
Routine Maintenance Carpet Shampoo, Touch up Paint As Needed, Light Bulb Replacement and Toilet Paper Replenishment	Yes	Yes
Reserved Parking	Yes	Yes
Emergency Service as Needed	Yes	Yes

Catered	Preferred	Elite
3 Daily	3 Daily	3 Daily
N/A	Yes	Yes
Yes	Yes	Yes
N/A	N/A	Yes
1	1	1
Yes	Yes	Yes
1x	2x	3x
N/A	Yes	Yes
N/A	Yes	Yes
N/A	N/A	Yes
N/A	N/A	Yes
N/A	N/A	Yes
N/A	N/A	Yes
Yes	Yes	Yes
1x	1x	As Needed
1x	1x	As Needed
1x	1x	As Needed
Yes	Yes	Yes
Yes	Yes	Yes
N/A	N/A	N/A
Yes	Yes	Yes