

Department of Health and Human Services  
Division of Public Health  
Licensure Unit  
301 Centennial Mall South  
Lincoln, NE 68509-4986

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
LICENSURE UNIT  
CERTIFIES THAT

**Providence Place Of Hastings**  
MEETS STATUTORY REQUIREMENTS AS AN  
Assisted Living Facility  
LIC #ALF357

**Services:**  
Alzheimer's Memory Care Endorsement

**EXPIRES:**  
April 30, 2017

   
Courtney A. Phillips, MPA  
Chief Executive Officer  
Department of Health and Human Services

Cut on heavy line and place on license

FACILITY NAME: Providence Place Of Hastings  
ADDRESS: 3507 W 12th Street, Hastings, NE 68901

This is to verify that your Assisted Living Facility is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address or ownership.



September 12, 2016

Nicolette Ockinga, Administrator  
Providence Place Of Hastings  
3507 W 12th Street  
Hastings, NE 68901

Dear Ms. Ockinga:

This is to acknowledge that Providence Place Of Hastings, Assisted-Living Facility License #ALF357, has been approved for the Memory Care Endorsement. Enclosed is a licensure card which shows Memory Care Endorsement and the expiration date of the license. This document replaces the previous renewal license.

Please contact this office for any questions.

Sincerely,



Eve Lewis, RNC, Program Manager  
Office of Long Term Care Facilities  
Licensure Unit, Division of Public Health  
Department of Health and Human Services  
(402) 471-3324

EL/dj



<b>For Office of LTC use only</b>	
Approval date:	9/6/16
License number:	ALF 357
License expiration date:	1/20/17

## Alzheimer's Special Care Unit Disclosure and Memory Care Endorsement Application

### 1. License type (Select one)

- Alzheimer Special Care Unit Disclosure only  
 Alzheimer Special Care Unit Disclosure and Memory Care Endorsement

### 2. Type of application (Select one)

- Initial      Projected Opening Date: \_\_\_\_\_  
 Renewal    License # ALF357  
 Change of ownership

### 3. Facility information

Name of facility: Hastings Memory Care, LLC dba Providence Place of Hastings  
*(Doing Business As (DBA) name registered with Secretary of State)*

834- Facility

Phone: 402-834-3285    FAX: 3374    E-mail: director@providencehastings.com

Street address: 3507 W. 12<sup>th</sup>

City, State, ZIP: Hastings, NE 68901      County: Adams

Mailing address: Same

Administrator: Nicollette Ockinga

Maximum endorsed capacity: 20

### 4. Applicant information

- Owner (licensee)     Management

Name of legal owning entity: Hastings Memory Care, LLC  
*(Exactly as registered with the Secretary of State)*

Contact name: MaryLynne Bolden

Phone: 402-719-6329    FAX: n/a    E-mail: mlb@mjseniorhousing.com

Street address: 3507 W. 12<sup>th</sup>

City, State, ZIP: Hastings, NE 68901

### 5. Disclosure information

Please attach additional page if needed.

A) Overall philosophy and mission:

Providence Place will provide a safe and secure home-like environment that enables the residents to function at their maximum potential with an emphasis on dignity, autonomy and personal integrity.

### B) Criteria for placement in, transfer to:

All inquiries for Providence Place will be subject to a prescreening process by the Director of Healthcare and/or RN Consultant or designee to ensure that each individual resident's needs are met by Providence Place's employees. The following are requirements for occupancy to Providence Place Memory Care Community.

1. All residents of Providence Place will have an established diagnosis of Alzheimer's or related dementia disorder or require additional levels of assisted living services.
2. No resident will be admitted or retained that requires complex nursing interventions unless the resident's POA for health care agrees to arrange for these services from an outside agency and accepts financial responsibility for such services.
3. The resident must not have behavior difficulties that present a danger to themselves or other residents of the home, or that disrupt the overall operations of the community.
4. Must be able to have incontinence issues handled by a developed incontinence management program.
5. May need assistance with activities of daily living (dressing, grooming, transferring, bathing, incontinence, personal hygiene, meals, activities, etc.).
6. All residents will have a written order from their physician stating they are clinically stable and appropriate for assisted living residence.
7. Providence Place does not discriminate against anyone due to race, religion, color, creed, age, sex, or disability.

### C) Criteria for discharge:

This community reserves the right to discharge any residents whose needs cannot be met or their condition does not meet the criteria for placement in Providence Place. The resident's POA will be given a 30-day written notice when discharge from the community is planned, unless immediate discharge is appropriate to ensure the safety of the resident in question, the safety of other residents, or to meet the needs of acute medical conditions. Every effort will be made to ensure the safety and comfort of the resident, as well as the comfort of the family. The final decision regarding discharge from the community will be made by Executive Director under the direction of MJ Senior Housing, LLC. Providence Place's employees will assist the family with alternate choices. Discharge will be necessary when the following changes occur.

1. When the resident needs complex nursing interventions and the family does not wish to provide for such services through an outside agency.
2. When the resident's situation becomes unstable or unpredictable and cannot be appropriately resolved through interventions.
3. When the resident is no longer able to feed themselves. Providence Place will provide alternate dining environments, dining with an employee, finger foods, etc. to increase the resident's nutritional intake and to support independent eating before discharge.
4. When the resident's physician determines that the resident's care requires the need for 24-hour skilled nursing.
5. At the request of the resident's POA.

### D) Process for assessment and establishing the plan of care:

All residents will have a current service agreement in their chart at all times. Residents are assessed upon admission and with change of condition. The assessment includes obtaining the following information:

- Name, gender and date of birth
- Medical care provider
- Current and recent health history
- Pertinent social history
- Allergies
- Advanced directives
- Person to notify in emergency
- Admission weight and vital signs
- Any identified special needs or equipment
- Medications and any special dietary needs
- Level of assistance needed to perform activities of daily living including bathing, dressing, toileting, ambulation
- Any special safety considerations
- Cognition as determined by orientation and behavior (GDS cognitive assessment tool used)

The following procedure identifies how our Resident Service Agreement is initiated and modified:

1. At the time of admission a Resident Service Agreement will be completed and placed on the resident chart.
2. At any time a change has been noted, the Director of Healthcare and/or RN Consultant or designees, will update the Resident Services Agreement, review the Resident Services Agreement with the POA and obtain a signature from the POA on the Agreement.
3. At any time the resident's POA wishes to change any item on the Resident Service Agreement, this will be completed by the Director of Healthcare and/or RN Consultant Services and the Executive Director.
4. The frequency of the services provided will be listed on the Resident Service Agreement.
5. The level of care plan and service agreement will be updated as needed for changes in the resident condition that may occur.

**E) Staffing numbers/pattern:**

Providence Place schedules one direct care staff for every five (5) - seven (7) residents based upon acuity level. In addition to direct care staff Providence Place also has an Executive Director and Chef on-site who are specially trained in caring for those who have dementia.

**F) Staff training and continuing education including four (4) hours related to dementia care and training for cultural competencies:**

Providence Place recognizes the importance of specially-trained employees required to meet the needs of individuals with Alzheimer's and related dementias. Each employee of Providence Place will be given adequate orientation and on-going training, which will enable them to meet the needs of each resident. Employee orientation of all direct-care employees will include, but is not limited to:

1. Resident Rights
2. Resident Service Agreements
3. Emergency Procedures
4. Advance Directives
5. Resident Special Care Needs
6. Abuse, Neglect, and Misappropriation of Money or Property
7. Disaster Preparedness
8. Care Tactics for Dementia Individuals
9. Infection Control Practices and OSHA Standards
10. Alzheimer's Disease Process
11. Cultural competencies

Along with the initial training, Employees will have no less than twelve (12) hours annually of continuing education, four (4) hours of which will be specifically related to care and treatment for those with a cognitive impairment. The training will be conducted as needed, to update employees of new developments in caring for residents with dementia. The in-services will be held at the community, as well as any workshops and other related in-services that can be arranged outside the community. Providence Place is committed to ensuring that all employees have the necessary tools and knowledge to provide State-of-the-Art care to our residents.

**G) Physical environment and features, including security features:**

Providence Place was created and designed to be a low stimulus, home-like atmosphere. The community is a secure environment equipped with a security system for controlled access as well as a nurse call system for resident need and wellbeing. It has all private rooms with baths. The common areas have a kitchen, laundry and life-memory recreation areas for resident enjoyment and socialization. The community has an outside fence-enclosed courtyard that allows our residents to independently ambulate outdoors, while maintaining their safety. The community is designed to assist the resident in daily success with simple tasks. Each apartment door is unique in color to help them easily identify their apartment. Paint colors are warm and inviting. Accent walls specially placed around toilets to assist residents in identifying the toilet fixture. Toilet seats are of contrasting color to the toilet itself to assist residents in identifying location of toilet. Journey stations have been strategically placed throughout the environment to stimulate the natural curiosity of residents.

**H) Resident activities related to dementia care:**

All activity programming for Providence Place will be designed to meet the interest and life styles as well as promote the physical, mental, spiritual, and psychosocial well-being of each resident. Activities will be available 24-hours a day. All activities provided are age appropriate for the geriatric population. Providence Place recognizes the importance of consistent schedules needed for individuals with dementia; however, it is equally important not to make the schedule unchangeable for spontaneous and purposeful activities for each person. All residents are allowed to function at their own pace and to participate in activities of their choice. Activities of daily living may be used as their activities for the day, if that is what they can manage, or what they choose. Each resident is evaluated to ensure their therapeutic recreation needs are being met. Providence Place has designed areas of special function including a Snoezelan Room, Journey Stations, and a Dementia Lounge.

**I) Family support program:**

Providence Place recognizes the importance of and encourages family involvement at a level that is comfortable to each family. The following are areas that the community would like each family member to participate in:

1. Resident Service Agreement
2. Activity/Recreation Programs
3. Meals
4. Any other areas they feel comfortable participating in.

This community will provide the following to each resident's family or member of the community who requests it:

1. Information concerning the Alzheimer's/dementia disease process.
2. Encouragement and assistance with meeting the needs of the residents.
3. Emotional support and access to support services.
4. Information and support on how to respond to their loved one's behaviors.

**J) Cost/Fees of care:**

Providence Place has all private rooms. The price for each room is a per month fee. Providence offers 2 levels of care. All current rates are as follows:

Suite \$4,700 and \$5,200  
Deluxe Suite \$4,900 and \$5,400

**Applicant Signature**

I, the undersigned, an authorized representative of the applicant declare to the best of my knowledge this information is true, correct and complete. By knowingly and willfully failing to fully disclose the information requested may result in denial of application.

Mary Lynne Bolden  
(Print Name of authorized representative)

9-1-16  
(Date)

  
(Signature)

9-1-16  
(Date)

**Send completed application to:**

Office of Long Term Care Facilities  
PO Box 94986  
301 Centennial Mall South  
Lincoln NE 68509-4986

Or to [dhhs.healthcarefacilities@nebraska.gov](mailto:dhhs.healthcarefacilities@nebraska.gov)

If you have questions, email [dhhs.healthcarefacilities@nebraska.gov](mailto:dhhs.healthcarefacilities@nebraska.gov)

Or call (402) 471-3324

**Note:** A Memory Care Endorsement will not be approved until all requirements for the facility's license and endorsement have been met.

Department of Health and Human Services  
Division of Public Health  
Licensure Unit  
301 Centennial Mall So, P O Box 94986  
Lincoln, NE 68509-4986

2/26/16 dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
CERTIFIES THAT

**PROVIDENCE PLACE OF HASTINGS**  
MEETS STATUTORY REQUIREMENTS AS  
ASSISTED-LIVING FACILITY

Services  
ALZHEIMERS UNIT

Lic # ALF357

EXPIRES  
04/30/2017

   
Secretary & Executive, MPA  
Chief Executive Officer  
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: PROVIDENCE PLACE OF HASTINGS  
ADDRESS: 3507 W 12TH STREET, HASTINGS, NE 68901

This is to verify that your ASSISTED-LIVING FACILITY is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

FEB 22 2016

3-11-15



STATE OF NEBRASKA
Department of Health and Human Services
Division of Public Health - Licensure Unit
P.O. Box 94986, Lincoln, NE 68509-4986

Expiration Date
04/30/2016

RECEIVED

Table with 2 columns: Renewal Fees, Amount. Rows: 1-10 beds: \$950, 11-20 beds: \$1450, 21-50 beds: \$1650, 51 or more: \$1950

Assisted-Living Facility Licensure Renewal Application

IDENTIFYING INFORMATION

- 1. NAME AND ADDRESS OF FACILITY: PROVIDENCE PLACE OF HASTINGS
3507 W 12TH STREET
HASTINGS, NE 68901
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF357
TELEPHONE NUMBER: (402) 834-3285
FAX NUMBER:
ADMINISTRATOR: NICOLETTE OCKINGA
EMAIL: director@providencehastings.com

- 3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 20
5. SPECIFY SPECIAL POPULATIONS: (Please check)

[X] Special Care Unit for Alzheimer's or Dementia or Related Disorders 20 Number of Beds
[ ] Other -- Please Specify \_\_\_\_\_ Number of Beds

6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes [ ] No [X]
Name of Accreditation Organization: \_\_\_\_\_

2016 FEB 23 A 11:20
REC'D DHHS ACCOUNTING

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: HASTINGS MEMORY CARE, LLC
(Legal Name of Individual or Business Organization)
MAILING ADDRESS: 3507 W 12TH STREET
HASTINGS, NE 68901

- 8. BUSINESS ORGANIZATION: (Check one):
[ ] Sole Proprietorship
[ ] Partnership
[ ] Limited Partnership
[ ] Corporation
[X] Limited Liability Company
[ ] Governmental (Check one) [ ] State, [ ] District, [ ] County, [ ] City or Municipal
[ ] Other (Please Specify) \_\_\_\_\_

(check one)
[X] Profit [ ] Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by
(1) the owner, if the applicant is an individual or partnership,
(2) two of its members, if the applicant is a limited liability company,
(3) two of its officers, if the applicant is a corporation, or
(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Jason Lange
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

2-19-16
DATE

MaryLynn Bolden
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

2-19-16
DATE

[Redacted Signature]

SIGNATURE

**Hastings Memory Care, LLC  
Member List**

**Member  
And Address**

Lamb, Inc.  
c/o Mark M. Lamb  
P.O. Box 540847  
Omaha, NE 68154

Jason Lange  
19209 Taylor Circle  
Elkhorn NE 68022

Judith Ann Vokac, TTE U/T/A DTD 05-24-2010  
c/o Judy Vokac  
3311 County Road 3900  
Willow Springs, MO 65793

Patricia E. Holt  
563 South 175<sup>th</sup> Circle  
Omaha, NE 68118

Todd Andrews  
5247 Willowcrest Ave.  
North Hollywood, CA 91601

John & Venita Wotipka  
1090 County Rd 21  
Wahoo, NE 68066

MaryLynne Bolden  
1422 Brewer Dr.  
Fremont, NE 68025

Doug Soderquist  
1616 Highland Dr.  
Hastings, NE 68901

William J. Schlueter, Trustee of the  
William J. Schlueter Revocable Trust Agreement  
452 Beverly Drive  
Omaha, NE 68114

Jeanne Hogan  
14009 Grand Circle  
Omaha, NE 68164

Ron Reese  
26650 355<sup>th</sup> Rd.  
Pleasanton, NE 68866

Susan E Shreck  
7602 Palmilla Dr., unit 27  
San Diego, CA 92122

MaryKay Wotipka  
1093 County Rd 21  
Wahoo, NE 68066

Hogan Equities, LLC  
c/o Denny Hogan  
10250 Regency Cir, Ste 300  
Omaha, NE 68114

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402820

Name of Facility: **Providence Place Assisted Living/Memory Care**

Type of Facility: **Assisted Living**

Location: **3507 W 12th Street, Hastings**

Maximum  
Occupancy: **20 Beds**

Date Issued: **3/11/2015**

Approved By:

Inspected By: **8701 Pat Merrick**  
Deputy State Fire Marshal

[Redacted Signature]  
State Fire Marshal



## POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

**City of Hastings**  
**Development Services Department**  
**Certificate Of Occupancy**

**Date** 2/9/2015 **Certificate Number** 2015-O-1672

**Location of Work** 3507 W 12th St

**Secondary Location**

**Owner**

Hastings Memory Care  
P.O. Box 540847  
Omaha NE 68154

**Legal Description**

**Lot Number** 2

**Block Number**

**Addition** Imperial Village 8th Add.

**Basement**  **Fire Limits**  **Stories** 1

**Building Permit Number** 2013B-7118 **Date Issued:** 30-Aug-14

**Group/Division** 1-2

**The above described building has been inspected for compliance with the requirements of all applicable codes for the group and division of occupancy. Use:**

Residential Board and Care

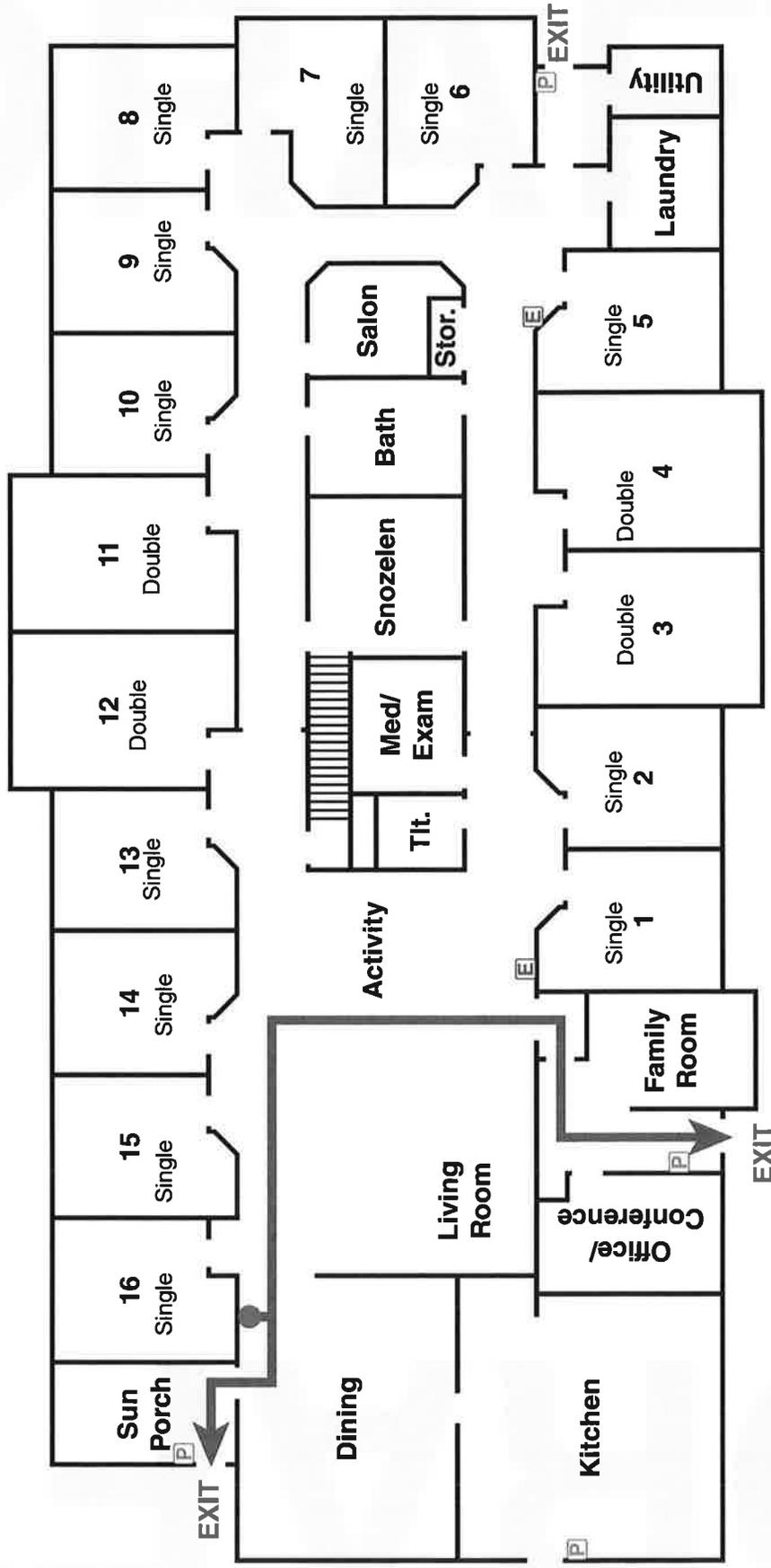
**Building Inspector** \_\_\_\_\_

**Date:** 2/9/15

**Fire Prevention Officer** \_\_\_\_\_

**Date:** 2/9/15

# Providence Place Evacuation Routes



## LEGEND

Evacuation Route  
 Fire Extinguisher  
 Pull Alarm  
 You Are Here

# Providence Place

## Memory Care Assisted Living Disclosure Statement

### **PHILOSOPHY AND MISSION STATEMENT:**

Providence Place will provide a safe and secure home-like environment that enables the residents to function at their maximum potential with an emphasis on dignity, autonomy and personal integrity.

### **ADMISSION CRITERIA:**

All inquiries for Providence Place will be subject to a prescreening process by the RN Consultant or designee to ensure that each individual resident's needs are met by Providence Place's employees. The following are requirements for occupancy to Providence Place Memory Care Community.

1. All residents of Providence Place will have an established diagnosis of Alzheimer's or related dementia disorder.
2. No resident will be admitted or retained that requires complex nursing interventions unless the resident's POA for health care agrees to arrange for these services from an outside agency and accepts financial responsibility for such services.
3. The resident must not have behavior difficulties that present a danger to themselves or other residents of the home, or that disrupt the overall operations of the community.
4. Must be able to have incontinence issues handled by a developed incontinence management program.
5. May need assistance with activities of daily living (dressing, grooming, transferring, bathing, incontinence, personal hygiene, meals, activities, etc.).
6. All residents will have a written order from their physician stating they are clinically stable and appropriate for assisted living residence.
7. Providence Place does not discriminate against anyone due to race, religion, color, creed, age, sex, or disability.

### **DISCHARGE/TRANSFER CRITERIA:**

This community reserves the right to discharge any residents whose needs cannot be met or their condition does not meet the criteria for placement in Providence Place. The resident's POA will be given a 30-day written notice when discharge from the community is planned, unless immediate discharge is appropriate to ensure the safety of the resident in question, the safety of other residents, or to meet the needs of acute medical conditions. Every effort will be made to ensure the safety and comfort of the resident, as well as the comfort of the family. The final decision regarding discharge from the community will be made by Executive Director. Providence Place's employees will assist the family with alternate choices. Discharge will be necessary when the following changes occur.

1. When the resident needs complex nursing interventions and the family does not wish to provide for such services through an outside agency.
2. When the resident's situation becomes unstable or unpredictable and cannot be appropriately resolved through interventions.
- 3.
4. When the resident is no longer able to feed themselves. Providence Place will provide alternate dining environments, dining with an employee, finger foods, etc. to increase the resident's nutritional intake and to support independent eating before discharge.
5. When the resident's physician determines that the resident's care requires the need for 24-hour skilled nursing.
6. At the request of the resident's POA.

### **SERVICE AGREEMENT:**

All residents will have a current service agreement in their chart at all times. Providence Place recognizes the importance of family involvement and is open 24 hours a day to the families of our residents. The following procedure identifies how our Resident Service Agreement is initiated and modified:

1. At the time of admission a Resident Service Agreement will be completed and placed on the resident chart.
2. At any time a change has been noted, the RN Consultant or designees, will update the Resident Services Agreement, review the Resident Services Agreement with the POA and obtain a signature from the POA on the Agreement.
3. At any time the resident's POA wishes to change any item on the Resident Service Agreement, this will be completed by the RN Consultant Services and the Executive Director.
4. The frequency of the services provided will be listed on the Resident Service Agreement.
5. The level of care plan and service agreement will be updated as needed for changes in the resident condition that may occur.

### **EMPLOYEES TRAINING:**

Providence Place recognizes the importance of specially-trained employees required to meet the needs of individuals with Alzheimer's and related dementias. Each employee  
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of Providence Place will be given adequate orientation and training, which will enable them to meet the needs of each resident. Employee orientation of all direct-care employees will include, but is not limited to:

1. Resident Rights
2. Resident Service Agreements
3. Emergency Procedures
4. Advance Directives
5. Resident Special Care Needs
6. Abuse, Neglect, and Misappropriation of Money or Property
7. Disaster Preparedness
8. Care Tactics for Dementia Individuals
9. Infection Control Practices and OSHA Standards
10. Alzheimer's Disease Process

Along with the initial training, all direct care employees will receive continuing education throughout their employment at Providence Place. The training will be conducted monthly, and as needed, to update employees of new developments in caring for residents with dementia. The in-services will be held at the community, as well as any workshops and other related in-services that can be arranged outside the community. Providence Place is committed to ensuring that all employees have the necessary tools and knowledge to provide State-of-the-Art care to our residents.

#### **PHYSICAL ENVIRONMENT:**

Providence Place was created and designed to be a low stimulus, home-like atmosphere. The community has all private rooms with baths. The common areas have a kitchen, laundry and life-memory recreation areas for resident enjoyment and socialization. The community has an outside fence-enclosed courtyard that allows our residents to independently ambulate outdoors, while maintaining their safety.

#### **THERAPEUTIC RECREATION:**

All activity programming for Providence Place will be designed to meet the interest and life styles as well as promote the physical, mental, spiritual, and psychosocial well-being of each resident. Activities will be available 24-hours a day. All activities provided are age appropriate for the geriatric population. Providence Place recognizes the importance of consistent schedules needed for individuals with dementia; however, it is equally important not to make the schedule unchangeable. All residents are allowed to function at their own pace and to participate in activities of their choice. Activities of daily living may be used as their activities for the day, if that is what they can manage, or what they choose. Each resident is evaluated to ensure their therapeutic recreation needs are being met.

#### **FAMILY INVOLVEMENT:**

Providence Place recognizes the importance of and encourages family involvement at a level that is comfortable to each family. The following are areas that the community would like each family member to participate in:

1. Resident Service Agreement
2. Activity/Recreation Programs
3. Meals
4. Any other areas they feel comfortable participating in.

This community will provide the following to each resident's family or member of the community who requests it:

1. Information concerning the Alzheimer's/dementia disease process.
2. Encouragement and assistance with meeting the needs of the residents.
3. Emotional support and access to support services.
4. Information and support on how to respond to their loved one's behaviors.

**COST:**

Providence Place has all private rooms. The price for each room is a per month fee as follows:

<b>Apartment Type</b>	<b>Sq. Footage</b>	<b>Level One</b>	<b>Level Two</b>
Suite	242	\$4700	\$5200
Deluxe Suite	333	\$4900	\$5400

There is a \$1000.00 refundable deposit that will hold the apartment of your choice for up to four weeks.