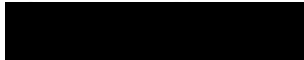



**Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall South, PO Box 94986
Lincoln, NE 68509-4986**

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Grandview Partners, LLC MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services MEMORY CARE ENDORSEMENT	Lic # ALF387
	
EXPIRES 04/30/2022	
<hr/> Gary J. Arthone, MD Chief Medical Officer Director, Division of Public Health Department of Health and Human Services	

Cut on heavy line and place on license.

FACILITY NAME: Grandview Partners, LLC

ADDRESS: 3720 GEORGE B LAKE PARKWAY, ELKHORN, NE 68022

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.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA - Department of Health and Human Services
Division of Public Health - Licensure Unit
P.O. Box 94988, Lincoln, NE 68509-4988

Assisted-Living Facility Licensure Renewal Application

Check one:

Renew License

Change of Location

Change of Ownership

Renewal Licensure Fees:

1 - 10 beds	\$950
11 - 20 beds	\$1,450
21 - 50 beds	\$1,650
51 or more	\$1,950

Make payment to DHHS

Expiration Date: _____

This form may be filled out online and mailed to DHHS Licensure Unit at the address listed above.

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY: GrandView Partners, LLC
3720 George B Lake Parkway
Elkhorn, NE 68022

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT

LICENSE NUMBER: ALF387

TELEPHONE NUMBER: 681-899-2747

FAX NUMBER: 681-200-1584

ADMINISTRATOR: Beth Gonnerman

EMAIL ADDRESS: bgonnerman@countryhouse.net info@anemark.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 46

5. SPECIFY SPECIAL POPULATIONS (Please Check):

Alzheimer's/Special Care Unit Number of Beds: 46

Provides Complex Nursing Intervention

6. ACCREDITATION: (Check if Applicable): Are you requesting deemed status for compliance with 175 NAC 4-006? Yes No

Name of Accreditation Organization: _____

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: GrandView Partners, LLC

MAILING ADDRESS OF OWNERSHIP: 25 Avenida de Orinda
Orinda, CA 94563

8. BUSINESS ORGANIZATION (Check One):

Sole Proprietorship

Partnership

Limited Partnership

Corporation

Limited Liability Company

Government (If Government, Please Select One): State District County City or Municipal

Other (Please Specify): _____

(Check One)

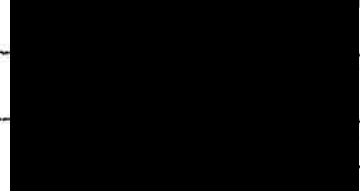
Profit Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & 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 and on the attached documents are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb. Rev. Stat. Section 71-493 requires: Applications shall be signed by

- The owner, if the applicant is an individual or partnership,
- Two of its members, if the applicant is a limited liability company,
- Two of its officers, if the applicant is a corporation, or
- The head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.



Michael Pittore 3/24/21
AUTHORIZED REPRESENTATIVE - PRINTED NAME DATE

Forrest Westin 3/24/21
AUTHORIZED REPRESENTATIVE - PRINTED NAME DATE

Richard Westin 4/20/21

Grandview Partners LLC

DBA, CountryHouse Elkhorn

3720 George B Lake Parkway

Elkhorn, NE 68022

(531) 999-2747

Management:

Avenida Partners Director LLC

25 Avenida De Orinda

Orinda, CA 94563

(510) 548-6600

Fax (925) 310-5336

Avenida Partners Director LLC is owned 100% by the following:

Milliken Partners LLC 1712 Pioneer Ave Cheyenne, WY 82001 Jesse Pittore, Mgr.	██████████	25%	Voting		
El Patio Partners, LLC 1712 Pioneer Ave Cheyenne, WY 82001 Richard Westin, Mgr.	██████████	50%	Voting		
Glenside Partners LLC, 1712 Pioneer Ave Cheyenne, WY 82001 Michael Pittore, Mgr.	██████████	25%	Voting		



**NEBRASKA STATE FIRE MARSHAL
CERTIFICATE OF OCCUPANCY**



Omaha Fire Prevention Division - State Fire Marshal
Delegated Authority

Name of Facility: GRANDVIEW PARTNER LLC

Facility Type: Assisted-Living Facility

Location: 3720 GEORGE B LAKE PW, ELKHORN, NE 68022

Date Issued: December 15, 2020 Certificate No: OHC-2

Maximum Occupancy: 46

Persons/Beds

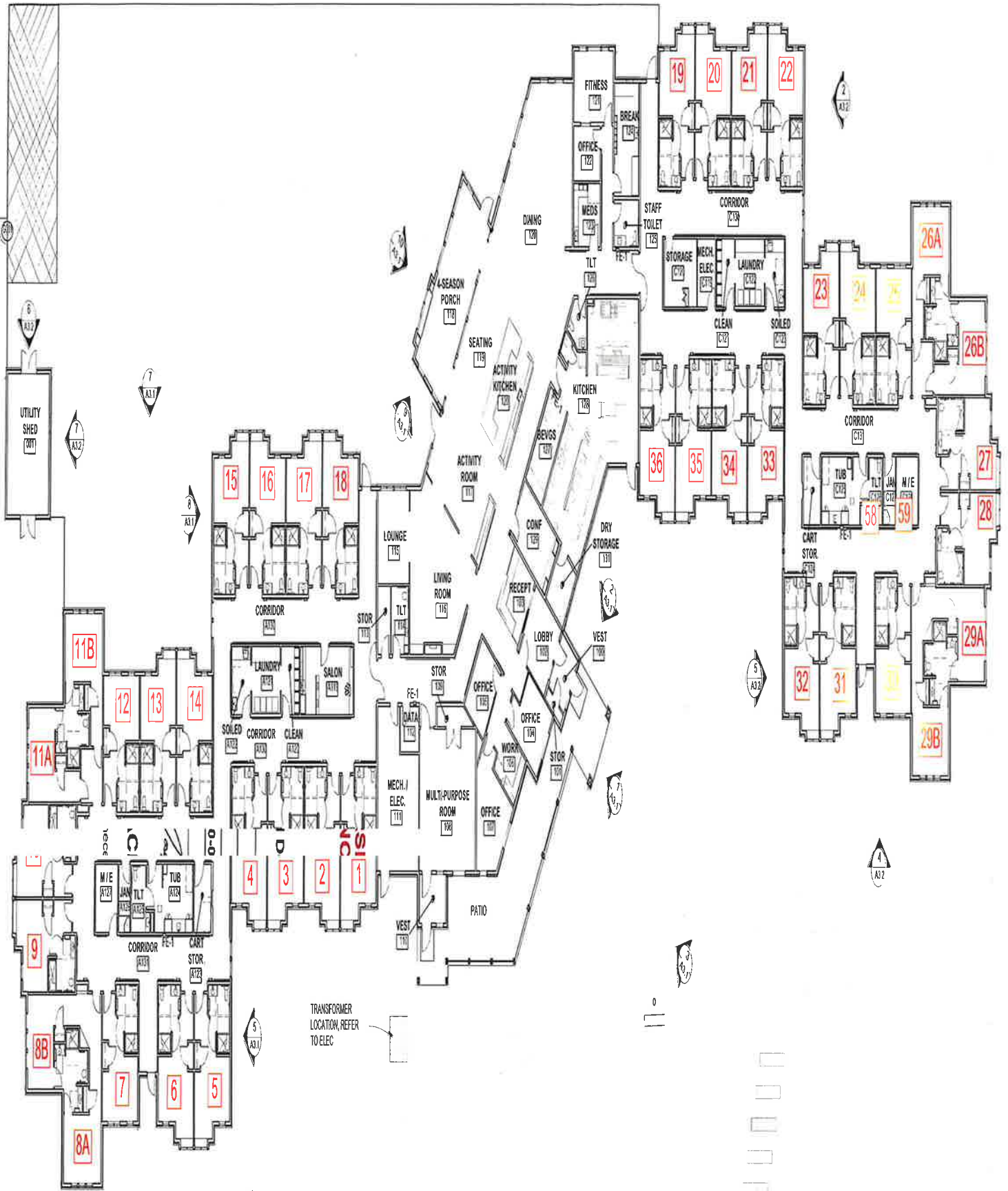
Inspected By: Kenny Estee

Approved By:

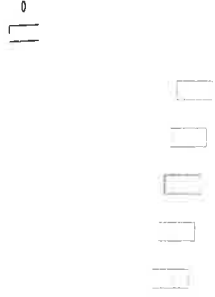


POST IN A PROMINENT PLACE

Copy to be presented to the State Licensing Agency if necessary.



TRANSFORMER
LOCATION, REFER
TO ELEC



For Office of LTC use only	
Approval date:	_____
License number:	_____
License expiration date:	_____

Alzheimer's Special Care Unit Disclosure And Memory Care Endorsement Application

Please read the following instructions for assistance in completing the Alzheimer's Disclosure Form:

1. Open the attached application and complete it electronically.
2. All five sections of the application must be completed on the form. The boxes for A through J in section 5 "Disclosure Information" are expandable. All of your information will fit under each area, therefore, additional documents are not necessary.
3. Please obtain the authorized representative's signature, scan and email the form for Department review to: dhhs.healthcarefacilities@nebraska.gov
4. Please retain a copy of the form for your records.

1. License type (Select one)			
<input type="checkbox"/>	Alzheimer's/Special Care Unit Disclosure		
<input checked="" type="checkbox"/>	Alzheimer's Memory Care Endorsement (For Assisted Living Facilities Only)		
2. Type of application (Select one)			
<input checked="" type="checkbox"/>	Initial	Projected Opening Date:	_____
<input type="checkbox"/>	Renewal	License #	___N/A_____
<input type="checkbox"/>	Change of ownership		
3. Facility information			
Name of facility:		<u>CountryHouse Elkhorn</u> <i>(Doing Business As (DBA) name registered with Secretary of State)</i>	
Phone:	<u>531-999-2747</u>	FAX:	_____
		Facility	_____
		E-mail:	<u>info@agemark.com</u>
Street address:		<u>3720 George B Lake Parkway</u>	
City, State, ZIP:		<u>Elkhorn, NE 68022</u>	County: <u>Douglas County</u>
Mailing address:		<u>Same as above</u>	
Administrator:		<u>Beth Gonnerman</u>	
Maximum Capacity for Alzheimer's		_____	
Beds	46		
4. Applicant information			
<input type="checkbox"/>	Owner (licensee)		<input checked="" type="checkbox"/> Management
Name of legal owning entity:		<u>Grandview Partners LLC</u> <i>(Exactly as registered with the Secretary of State)</i>	
Contact name:		<u>Beth Gonnerman</u>	
Phone:	<u>531-999-2747</u>	FAX:	_____
		E-mail:	<u>info@agemark.com</u>
Street address:		<u>3720 George B Lake Parkway</u>	
City, State, ZIP:		<u>Elkhorn, NE 68022</u>	

5. Disclosure information

Please attach additional page if needed.

A) Overall philosophy and mission:

It is the mission, privilege and responsibility of all Agemark Communities to provide the kind of care we want for our own loved ones in a safe, enriching and home-like environment; to foster healthy aging in mind, body and spirit; and to help individuals of any age or ability to make the most of each and every day. We promise to BUILD on the wisdom of our past; SERVE our family today; and GROW to meet the needs of the future.

B) Criteria for placement in, transfer to:

SECTION 3: Wellness – Routine Care POLICY TITLE 1: Resident Assessment

Policy: The Community recognizes the health status of Residents can change over time. In an effort to monitor and document those changes the following procedures will be followed:

Procedure:

1. Prior to admission, an evaluation will be completed to determine if the Resident's needs can be met safely, per state regulations. a. The Director, licensed Nurse or Family Service Coordinator may complete this evaluation.
2. A Nursing Assessment (including an acceptable professional standard cognitive function tool) will be completed on the following timeline and criteria: a. Prior to or upon admission, b. Thirty-days (30) after admission and c. Quarterly (every 3 months) for those residing in a Memory Care Community and semi-annually (every 6 months) for those residing in a general population Assisted Living. d. Following a hospitalization and/or significant change in condition.
3. A Service Plan determination will be developed based on needs, as identified during the Nursing Assessment (change in condition). a. Service Plan revisions will require the following process(es): i. Assessment and Care Plan revisions resulting in level of care changes will be effective on the date of change. ii. The Resident and/or Responsible Party will be notified of the change. iii. The Resident and/or Responsible Party will accept and sign the updated service plan within one week of the effective date. iv. Revisions will be provided to accounting department (including effective date and corresponding charges). 1. Bookkeeper will assess pro-rated charges accordingly. v. The signed Care Plan and the corresponding revisions will be retained in Resident File. vi. All revisions will be communicated to the staff via the Electronic Health Record system. b. The Licensed Nurse will determine if further assessment by a Health Care Provider is required. c. If there is another entity involved in the Resident's care (i.e. Care Manager, Home Health Care or Hospice), they will also be notified. d. Appropriate documentation will be made of the changes observed including, but not limited to: i. Notation of objective and subjective information gathered ii. Communication with health care provider or other health care practitioners iii. Any new orders received as a result of the communication iv. Action taken in response to the change in condition v. Updated service plan vi. Communication with Responsible Party.
4. Independent Residents will be encouraged to personally report any changes in condition. a. Appropriate care will be coordinated if indicated.

SECTION 3: Wellness - Specialized Care POLICY TITLE 1: Care of Residents with Dementia

Policy: The Community will provide assisted living services for residents seeking assistance with Activities of Daily Living within the state regulations governing Assisted Living communities. Unless The Community is dedicated to providing memory care and offers a secure environment, individuals with known advanced dementia (who exhibit substantial wandering tendencies, aggressive or resistant behaviors, or other behaviors that may pose as a barrier to providing adequate care), will not be allowed to reside in The Community.

Procedure:

1. Prior to admission, The Community will complete an evaluation to determine if a prospective resident needs can safely be met.
2. The community will provide care until the point the resident is identified as becoming unsafe to self and/or others. Ongoing communication will be maintained with the resident's family and/or authorized representative

regarding the resident's cognitive status.

3. A 30-day notice will be given when The Community feels the resident requires a higher level of care. The community will not retain any resident who poses a danger to themselves or others.

4. Qualified staff members are available 24 hours a day to care for and supervise residents with dementia needs such as: • Dressing, grooming and personal hygiene • Eating • Orientation and activities • Ensuring the safety of residents, and • Assisting demented residents during an emergency

5. In the event a resident wanders from the facility, a member of the leadership team will contact the responsible party and a change in Service Plan will be determined and implemented

C) Criteria for discharge:

SECTION 4: Resident – Occupancy POLICY TITLE 2: Admission & Retention Requirement

Policy: The Community is non-discriminatory. Residency will not be denied to any person because of sexual orientation, race, religion, national origin, marital status, gender, physical or mental disabilities, as long as required services are consistent with our Policies and Procedures and state regulations. To be eligible for residency applicants will be of legal, adult age. To be eligible for admission, a person must be in need of or wish to have available shelter, food, assistance with or provision of personal care, activities of daily living, or health maintenance activities or supervision due to age, infirmity, or physical disability.

Procedure: To be eligible for admission and qualify for continued residency, the prospective resident:

1. Must have the financial resources to pay the assessed fees or qualify for approved State/Federal subsidies.

2. Must be able to ambulate with or without assistance and/or supportive equipment.

3. Must be able to manage his/her activities of daily living and instrumental activities of daily living independently or with the assistance available.

4. May have a colostomy, ileostomy, urinary catheter, oxygen or other medical need, including medication, but must be capable of caring for that device or be willing to accept assistance from The Community's staff and/or be willing to contract the necessary assistance from a third-party provider (i.e. Home Health, Hospice, etc.).

5. On admission and annually thereafter, the resident or the resident's responsible parties will provide a list of drugs, devices, biologicals and supplements being taken or being used by the person, including dosage, instruction for use, and reported use via the Admission/Annual Medication List form (*Located in the Form Folder).

6. Will not exhibit behavior problems that are disturbing, dangerous or disruptive to other residents, or endanger the resident's safety.

7. Must not have wandering tendencies that are beyond The Community's safety measures.

8. Does not require care that compromises The Community's operations or creates a danger to self or others in The Community.

9. Does not require complex nursing care, unless arranged through a third party provider (i.e. Home Health, Hospice, etc.). Appropriate waiver approval will be obtained, if applicable.

10. Must be stable and predictable, medically and behaviorally.

11. Must be free of communicable diseases (PPD or chest X required only in CA).

12. Must be within all state regulations relating to occupancy per the licensing entity.

Final determination regarding eligibility rests with the Director and/or licensed nurse. Residents requiring state income assistance must have approval of funding by the authorizing agency prior to admission. Day services may be available on a limited basis and within compliance of all state regulations: • Fees for Day services are per-hour and/or per-day • Day guests will have a designated area for rest and relaxation • Services may be approved for subsidy through a state income assistance program, if applicable.

SECTION 4: Resident – Occupancy POLICY TITLE 8: Termination of Residency Agreement

Policy: The Community is committed to providing a safe environment for all residents and staff, within the state-specific regulations. The following procedures will be followed when terminating the residency agreement:

Procedure: Due to Level of Care

1. Documented evidence will support the increasing care needs of the resident. These increasing care needs may result from physical deterioration, decline in mental ability, or behavior problems.
2. Risk Management will be done with resident and/or responsible party when The Community feels the resident is at risk.
3. If determined necessary, a 30-day written notice will be given for discharge.
4. If a resident is a danger to self or others, the 30-day notice will be waived and the resident will be moved immediately. a. If appropriate placement cannot be secured immediately, the resident may remain on a temporary basis with supportive services.
5. When a resident moves from The Community, all accounts (outstanding balances, refunds, charges for damages) will be settled with the resident within 30-days of vacating the apartment, unless state law requires sooner.

Procedure: Due to Nonpayment

1. Documented evidence supporting the failure to make payments by the sixth (6) day of the month will exist.
2. A written reminder to the resident and/or responsible party about nonpayment will be made on the sixth (6) day of the month with applicable late fees applied.
3. Late fees may apply at the rate of 2% of the base rent and/or up to the state legal limit, whichever is greater.
4. Late fees will be waived if the resident account balance is the result of a state subsidy payment schedule.
5. An agreed-upon date of payment will be determined.
6. Automatic payment arrangements may be required to ensure continued residency (ACH).
7. At the guidance of Agemark Management: a. Adult Protective Services may be contacted if payments are habitually delinquent and/or if circumstances seem suspicious of financial mismanagement. b. A Termination of Residency Notice will be given verbally and in writing to the resident and/or responsible party informing them of the need to vacate the room within 30-days. i. If the resident and/or responsible party does not make payment and has not vacated the room by the stated date, Notice of Intent to Take Legal Action will be delivered by certified mail, with signature required, to the resident and/or responsible party. ii. An attorney will be contacted when Notice of Intent to Take Legal Action is given and responsibility for ongoing communication and action will rest with the attorney thereafter.
8. Regardless of account status, the Community will continue to meet the care needs of the resident.

Procedure: Vacating the Room

1. A room will not be considered vacated until all contents have been removed.
 2. Written notice by either party of the intent to vacate is required. A 30-day written notice is required unless the reason for termination is due to care needs that cannot be met by The Community, state regulations or non-payment.
 3. The resident and/or responsible party will remove all belongings by the agreed-upon date, unless other arrangements have been made.
 4. The room will be inspected and all accounts (outstanding balance, refunds, charges for damages*) will be settled with the resident and/or responsible party within 30-days of vacating the Apartment.
- *Normal wear and tear on the Apartment is expected. "Damage" is defined as a condition beyond normal expectations.

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

SECTION 3: Wellness – Routine Care POLICY TITLE 2: Service Plan Determination

Policy: A Service Plan will be developed, established and implemented within five days of occupancy. The Service Plan will be a comprehensive, holistic approach to meet the resident's needs as agreed on by the resident and/or family and any other partners in care (i.e. Hospice, Home Health Care, etc.), if applicable.

Procedure:

1. A Service Plan Determination will be developed based on resident needs, as identified during the Nursing Assessment.

2. The licensed nurse will establish a schedule for services based on the service plan and inform staff.
3. Services will be provided at the direction of the resident/legal representation and/or health care provider.
4. Documentation will be in accordance with state regulations. Narrative entries will be made upon admission and with changes in condition.

E) Staffing numbers/pattern for each shift:

The community will maintain a sufficient number of staff with the required training and skills necessary to meet the residents' needs for assistance or provision of personal care, activities of daily living, health maintenance activities, supervision, transportation, emergency evacuation and other supportive services, as defined in the Resident Service agreement. Our typical staff ratio is 1:7 or 1:8 depending on the acuity/needs of the residents. There will be at least one med aide on staff on all shifts, the rest of the staff may be med aides who primarily function as caregivers or strictly caregivers. We have a Director of Nursing who is physically in the building typically M-F and there is always a nurse on call for emergency needs. We have a Life Enrichment Director, a Wellness Assistant, a Maintenance Director, a Service Coordinator and Dining Services Manager who typically work M-F with rotating weekend "manager on duty" duties.

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

SECTION 9: ORIENTATION & TRAINING POLICY TITLE: Employee Training

Policy: The Community is committed to preparing all employees to meet resident needs through appropriate training during new employee orientation and ongoing education.

Procedure:

1. All new employees will attend, and participate in new employee orientation specific to building, operations, and residents' needs.
2. New employee training will be completed within the first two weeks of employment.
3. New employee training will include, but is not limited to, the following topics: • Resident rights • Resident Service Agreement • Infection control practices including hand washing techniques, personal hygiene and disposal of infectious material • Emergency procedures • Advance Directive information • Information on any physical, mental or special care needs of residents • Information on abuse, neglect, and misappropriation of funds of resident and reporting procedures • Disaster preparedness • Confidentiality
4. Annually thereafter every employee will complete 12 hours of ongoing education to include, but not limited to: • Information appropriate to job duties • Physical, mental, and special care needs of residents • Blood-born Pathogen Standards (OSHA required) • Lock-out/Tag-out (OSHA required) • Hazard communication (OSHA required) • Prevention of transmission of TB (OSHA required) • Workplace violence (OSHA required) • Ergonomic standards (OSHA required)
5. Annually, Medication Aides will be provided training by an RN on: • Community procedures for storing, handling, and providing medications • Community procedures for documentation of medications • Community procedures for documentation and reporting medication errors and adverse reactions • Identification of persons responsible for direction and monitoring of Medication Aides • Any other resident-specific medication administration needs
6. For those Communities or special care units that specialize in providing care for persons who have Alzheimer's disease, dementia or a related disorder, education will be provided on the following:
 - The Community's or unit's philosophy and approaches to providing care and supervision for persons with Alzheimer's disease
 - The Alzheimer's disease process
 - The skills necessary to care for, intervene with, and direct residents who are unable to perform activities of daily living, personal care, or health maintenance and who may exhibit behavior problems or wandering tendencies.

G) Physical environment and features, including security features:

Home like environment. Each room is rented empty and resident furniture is brought from home to make it feel as much like home as possible. Family style dining. Staff members are encouraged to sit down and eat with the residents and encourage conversation and reminiscing. There is a shared kitchenette for baking and

cooking activities. There are common areas. The building is locked and secure.

H) Resident activities related to dementia care:

SECTION 5: Programming POLICY TITLE 1: Activity Program

Policy: The Activity Program will provide a wide range of activities designed to enhance the intellectual, physical, social and spiritual well-being of the resident, as well as encourage meaningful interaction between residents and family members, staff, and people of all ages in the surrounding community.

Procedure: Activities will be planned to incorporate resident interests, and scheduled to offer opportunities for engagement seven days a week. Activities will include, but not be limited to: • Social events • Spiritual opportunities • Physical fitness • Creative opportunities • Intellectual opportunities • Cultural events • Volunteer opportunities • Work opportunities • Spontaneous activities • Activities for both individuals and groups • A variety of trips and excursions

1. The Activity Program will support the overall LifeCycles Wellness Program, designed to maximize the physical, intellectual, spiritual and social well-being of residents.

2. Activities are planned by the Program Coordinator and overseen by the Director, with support from all leadership team members, according to their area of expertise.

3. Staff members, family members, and individuals in the surrounding community are encouraged to engage with residents through the Activity Program.

4. Activities are not limited to the premises.

5. Activities are on-going, and all residents are informed of the opportunities to participate in activities via:

- Monthly calendars
- A daily activity posting/notification system

SECTION 5: Programming POLICY TITLE 2: The LifeCycles Curriculum of Activities

Policy: The LifeCycles Curriculum of Activities provides 52 weekly themes to serve as a framework for activities. The goal is to connect residents to staff, families and each other through universal experiences and the natural rhythms that occur both daily and seasonally.

Procedure: Within each week, there is a balance of group and one-on-one activities; activities for mind, body and spirit; plus activities for sensory engagement.

1. The LifeCycles Curriculum consists of 13 one-week themes for each season: Spring, Summer, Fall and Winter.

2. Weekly Themes will incorporate local, annual public events and celebrations.

3. In addition, 4-6 Family Traditions events are planned each calendar year for residents and their families.

Family Traditions events are annual activities, established to promote a sense of continuity, unity and tradition in The Community.

I) Family support program:

SECTION 4: Resident – Resident Rights POLICY TITLE 7: Support Group & Family Coffee Meetings

Policy: To help meet the needs of those who are caring for a loved one with Alzheimer's or other dementia who is still at home, Agemark dementia care residences will sponsor a monthly support group meeting. To foster good communication and meet the unique needs of those who have a loved one residing in an Agemark dementia care residence, The Community will also offer a monthly Family Coffee or other meeting.

Guidelines for Support Group: • When possible, this support group will be affiliated with the Alzheimer's Association ü Time, day and location to be determined according to the AA support group schedule ü Facilitator of this support group will have completed AA training • Open to the public • Complimentary, on-site care available so caregivers may attend • Meetings will provide education, support, and a safe environment for sharing • Meetings last 60-90 minutes and include refreshments or a light meal

Guidelines for Family Coffee/Meeting • The Director hosts this informal meeting in an off-site location, such as a local coffee shop or restaurant; coffee, pastries, etc. are paid for by The Community. Any family member or resident's responsible party may attend. • The purpose of this meeting is to share news, highlight upcoming events, and encourage mutual support and friendships between family members • Individual issues, complaints or problems are matters that are addressed privately and individually, outside of the group setting

SECTION 4: Resident -- Resident Rights POLICY TITLE 2: Resident Council

Policy: Residents have the right to form and participate in Resident Council. The organized group shall meet to address community-related issues. All residents, family members and staff are invited and welcome to attend. The Director, or appointed representative, will conduct the meetings. Memory care communities shall hold similar meetings for the resident representative and/or responsible party.

J) Cost/Fees of care:

BASE RATES CountryHouse pricing includes room, meals and snacks, programming, activities, outings and endless commitment.

Level 1	\$0
Level 2	\$500
Level 3	\$850
Level 4	\$1200
Level 5	\$1650
Level 6	\$2200
Level 7	\$2950

Room type: Monthly rate/Daily equivalent:

Companion \$4750/\$156
Standard Private \$5900/\$194
Garden/Deluxe Private \$6350/\$209

LEVELS OF CARE We recognize that individuals require customized personal assistance and health care. For this reason, we offer Levels of Care based on personalized assessments of each resident's unique preferences and needs.

COMMUNITY FEE A one-time fee of \$1000 is due prior to move-in and is not refundable after 30 days of residency.

ALL-INCLUSIVE PRICING If evaluated at a Level 3 of care or lower, there is an option to choose an all-inclusive plan.

Room type: Monthly rate/Daily equivalent:

Companion \$6250/\$205
Standard Private \$7400/\$243
Garden/Deluxe Private \$7850/\$258

OTHER PRICING CONSIDERATIONS Monthly pricing is for annual lease with the option of a 30-day notice to terminate. Families are responsible for services not normally provided by CountryHouse, such as personal telephone or salon services.

Additional fees may be charged for pickup/drop-off transportation.

Additional fees may be applicable for enhanced care fees if required, personal attendants or pets.

Applicant Signature

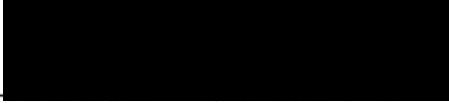
I, the undersigned, an authorized representative of the applicant declare to the best of my knowledge this information is true, correct and complete. By knowingly and willfully failing to fully disclose the information requested may result in denial of application.

Beth Gonneman

5-18-21

(Print Name of authorized representative)

(Date)



(Signature)

5-18-21

(Date)

Updated
Version