



Department
of Health

CONSUMER SUMMARY

Facility Posting

Instructions: Please complete the information in the FACILITY RESPONSE table.

EXAMPLE

Facility Operating Certificate Name	<i>Millview of Latham LLC</i>
Full Address	<i>514 Old Loudon Road Cohoes, NY 12047</i>
Website link Facility	<u>Millview of Latham An Assisted Living Residence</u>
Website link DOH	<u>DOH</u>
Starting rent for each license and certification	<i>ALR Standard: \$5,350 Deluxe: \$5,795-\$5,895 Couples Deluxe: \$5,550 Suite: \$6,400 2nd Person Fee: \$2,200 Respite: \$175</i>
Summary of Services (consistent language)	<i>Services offered: 3 Meals and Snacks, Activities, Daily Housekeeping, Laundry and Linen Services, 24-hour Supervision, Case Management, Personal Care services such as: bathing, grooming, dressing, ambulation, transferring, medication storage and assistance with self administration of medication and Individualized services plans.</i>
Cost for Additional Services – Tier billing or other	<i>We are a non-tiered Community. Extra cost for Landline Phone, Salon Services and extra Cable Channels not offered by Millview.</i>