



Department
of Health

CONSUMER SUMMARY

Facility Posting

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

FACILITY RESPONSE

Facility Operating Certificate Name	<i>Samuel F Vilas Home</i>
Full Address	<i>61 Beekman St Plattsburgh, NY 12901</i>
Website link Facility	https://vilashome.com/
Website link DOH	https://www.health.ny.gov/facilities/adult_care/
Starting rent for each license and certification	<i>ALR \$5,800 per month private, \$3800 Semi-private SNALR \$8,000 per month private, \$9000 Semi-private EALR \$9,600 per month, private \$9,600</i>
Summary of Services (consistent language)	<i>We offer 3 meals,2 snacks, assistance with personal care, like bathing, dressing and grooming, medication assistance, supervision and monitoring, a program of activities, case management, housekeeping and laundry service.</i> • <i>Facility provided Transportation</i> <i>Disclaimer: This list is a summary and not exhaustive.</i>
Cost for Additional Services – Tier billing or other	<i>NA</i>