



**Department  
of Health**

## **CONSUMER SUMMARY**

### **Facility Posting**

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

#### **FACILITY RESPONSE**

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility Operating Certificate Name                  | <i>Ashley Woods (370-S-865 &amp; 370-E-206)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Full Address                                         | <i>400 YMCA Way Penfield, NY 14526</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Website link Facility                                | <a href="https://episcopalseniorlife.org/communities/ashley-woods/">https://episcopalseniorlife.org/communities/ashley-woods/</a>                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Website link DOH                                     | <a href="https://www.health.ny.gov/">https://www.health.ny.gov/</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Starting rent for each license and certification     | <i>ALR \$6,510 per month private, \$6,910 per month deluxe, Additional Person Fee \$1,885 per month, SNALR \$7,985 per month studio only, EALR \$1,350 per month</i>                                                                                                                                                                                                                                                                                                                                                                                      |
| Summary of Services (consistent language)            | <ul style="list-style-type: none"><li>• Assistance with personal care</li><li>• Case management</li><li>• Chaplain services</li><li>• Beauty Shop and Hairdresser</li><li>• Housekeeping and laundry service</li><li>• LPN coverage 7 days/week</li><li>• Medication support</li><li>• On-site medical services (Pillar Medical Associates)</li><li>• Specialized recreational and social activities</li><li>• Three meals daily</li><li>• Transportation services</li><li>• 24-hour emergency response</li><br/><li>• 24-hour healthcare staff</li></ul> |
| Cost for Additional Services – Tier billing or other | <i>Enhanced Services. Please see link below for Resident Agreement that would provide additional details</i>                                                                                                                                                                                                                                                                                                                                                                                                                                              |