# CONSUMER SUMMARY

## Facility Posting

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

FACILITY RESPONSE

| | |
|---|---|
| Facility Operating Certificate Name | *Crimson Ridge Meadows* |
| Full Address | *3 Treeline Drive Rochester NY 14612* |
| Website link Facility | www.willowridgeseniorliving.com/communities/crimson-ridge-meadows/ |
| Website link DOH | www.health.ny.gov |
| Starting rent for each license and certification | *ALR/EALR $5500 - Studio, $6400 – Townsend 1 BR, $6750 – Richmond 1BR, $6900 - Ashton* |
| Summary of Services (consistent language) | *Community offers meals, some assistance with personal care, like bathing, dressing and grooming, medication assistance, supervision and monitoring, a program of activities, case management, housekeeping and laundry service.*<br>• *Facility provided Medical Transportation*<br>*Disclaimer: This list is a summary and not exhaustive. Additional Details can be found in the Link below for Approved Residency Agreement.* |
| Cost for Additional Services – Tier billing or other | *Cost for Additional Services – Tier billing Model applies* ***Tier Billing for higher support needs.***<br>*Please see link below for Residency Agreement that would provide additional details.* |