CONSUMER SUMMARY

Facility Posting

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

FACILITY RESPONSE

Facility Operating Certificate Name	Rosewood on the Sound (400-f-333)
Full Address	59 Bayville Ave, Bayville NY 11709
Website link Facility	www.rosewoodonthesound.com
Website link DOH	https://profiles.health.ny.gov/acf/view/1255046#overview
Starting rent for each license and certification	ALR $7,500 per month private, $4,800 per month semi-private EALR $8,500 per month private, $5,800 per month semi-private
Summary of Services (consistent language)	The Assisted Living Residence (ALR), including Enhanced Assisted Living Residence (EALR) services, provides a residential setting designed to support independence while helping based on individual assessment and care needs. The residence offers an **all-inclusive service model**, which includes housing, meals, personal care services, supervision, and access to supportive services. Services available to residents may include: • **Three nutritionally balanced meals per day** and snacks, with accommodations for therapeutic or prescribed diets • **Assistance with activities of daily living (ADLs)**, including bathing, dressing, grooming, toileting, ambulation, and transfers, based on assessed need • **Enhanced Assisted Living Residence (EALR) services**, including additional assistance with mobility, transfers, and personal care needs, as permitted under New York State regulations • **Medication assistance and supervision**, in accordance with New York State Department of Health regulations • **24-hour supervision and monitoring** to promote resident safety and well-being • **Case management and service coordination**, including initial and ongoing assessments, care planning, and coordination with outside providers • **A structured program of social, recreational, and wellness activities** • **Housekeeping, linen, and laundry services**

	• **Facility-provided transportation** for medical appointments, shopping, and scheduled community outings (additional services may apply) **Disclaimer:** This summary is intended to describe services generally available under the residence's **all-inclusive service model** and is not exhaustive. Services are provided based on individual assessment, regulatory requirements, and availability. Additional details regarding services, limitations, and fees are outlined in the Approved Residency Agreement.

Cost for Additional Services – Tier billing or other	The residence operates under an all-inclusive monthly rate structure. Residents are charged a single monthly rate based on their initial assessment at the time of admission.
	• The monthly rate remains consistent unless there is:
	  o A facility-wide rate increase, or
	  o A change in the resident's level of care needs as determined through reassessment
	• Any increase in the monthly rate is communicated to the resident and/or designated representative with at least forty-five (45) days' written notice, in accordance with New York State Department of Health regulations
	The residence also offers an optional incontinence supplies program for an additional monthly fee. Participation in this program is voluntary and provides unlimited incontinence supplies for residents who elect to enroll.
	Additional details regarding rates, notices, and optional services are outlined in the Approved Residency Agreement.