CONSUMER SUMMARY

Facility Posting

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

EXAMPLE

Facility Operating Certificate Name	*(hypothetical example)* *Awesome Assisted Living Residence (Operating Certificate #)*
Full Address	*1234 Hayes Lane,* *Somewhere, NY 12345*
Website link Facility	*LINK*
Website link DOH	*DOH LINK*
Starting rent for each license and certification	*ALR $5,000 per month private, $4300 Semi-private* *SNALR $10,000 per month private, $9000 Semi-private* *EALR $15,000 per month, private (no Semi-private available)*
Summary of Services (consistent language)	*NOTE: Every Assisted Living Residence 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.* • *Facility provided Transportation (listing additional services)* *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.*** *Please see link below for Residency Agreement that would provide additional details.*

FACILITY RESPONSE

Facility Operating Certificate Name	The Inn at Menorah Park
Full Address	4101 East Genesee Street, Syracuse, NY
Website link Facility	www.menorahparkofcny.co
Website link DOH	
Starting rent for each license and certification	$4576

Summary of Services (consistent language)	Meals, some assistance with personal care, like bathing, dressing and grooming, medication
Cost for Additional Services – Tier billing or other	assistance, supervision and monitoring, a program of activities, case management, housekeeping and