CONSUMER SUMMARY

Facility Posting

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

Facility Operating Certificate Name	*BV Sayville Operator, LLC*
Full Address	*445 Broadway Ave.* *Sayville, NY 11782* *Suffolk County*
Website link Facility	https://www.brightviewseniorliving.com/find-a-community/brightview-sayville
Website link DOH	
Starting rent for each license and certification	**ALR starting rates:** Companion suite $_6340_____ per month Studio $_7700_____ per month One Bedroom $____11080____per month Two Bedroom $___13500_____per month **SNALR starting rates:** Companion Suite $___11,080___ per month Studio $__12470____per month One Bedroom $___14720____per month **5 hours of care included in base rental rates for ALR** **20 hours of care included in base rates for SNALR**
Summary of Services (consistent language)	Assistance with activities of daily living (showering, grooming, personal care, toileting, incontinence care, dressing, medication management, case management, supervision and monitoring, a program of daily activities, trips, transportation, housekeeping, laundry service, maintenance. • Facility provided Transportation to and from medical appointments within a 10-mile radius of the community twice per week and for any trips or outings.

	Disclaimer: This list is a summary and not exhaustive. Additional Details can be found in the Link below for Approved Residency Agreement. **https://www.brightviewseniorliving.com/find-a-community/brightview-sayville**
Cost for Additional Services – Tier billing or other	Cost for Additional Services – Care Level 1 $___1125___ per month Care Level 2 $___2250___ per month Care Level 3 $___3375____per month Enhanced Care $ _575 per 2 hrs_____ per month Please see link below for Residency Agreement that would provide additional details and any other ancillary charges (click pricing to access residency agreement and fee schedule) **https://www.brightviewseniorliving.com/find-a-community/brightview-sayville**

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