

ENHANCED CARE

PRICING



YORK GARDENS
SENIOR LIVING

APARTMENTS

| | Square Feet | Monthly Rent |
|-----------------------------|-------------|-----------------|
| Studio | 362-625 | \$2,005-\$3,465 |
| One Bedroom | 511-816 | \$3,525-\$4,725 |
| One Bedroom + Den | 757-786 | \$4,210-\$4,405 |
| Two Bedroom | 875 | \$4,730 |
| Second person occupancy fee | | \$160 |

INCLUDED IN MONTHLY RENT

- Gas, electric, water, garbage and recycling
- Kitchenette
- Washer and dryer in community laundry room
- Maintenance of apartment, appliances and common spaces
- Heating and air conditioning
- Expanded basic television programming
- Basic unsecured wireless internet

COMMUNITY FEATURES AND AMENITIES

- Dining room offering restaurant style service
- Movie theater/chapel
- Music lounge
- Private dining room
- Screened in porch
- Club room
- Community room
- Connection to city bike paths, parks and walking paths
- Fitness center
- Bistro with café-style dining
- Three libraries
- Reflection room

ENHANCED CARE PACKAGE

Resident is required to purchase the Enhanced Care package to reside in the Enhanced Care neighborhood.

| | Monthly Charge |
|----------------------|-----------------|
| Enhanced Care | \$10,400 |

INCLUDED IN ENHANCED CARE

- Initial & subsequent service plan updates; including care conferences, care coordination and a recreational plan of care
- Safety checks
- Level I & II specialized diets
- Scheduled group transportation
- Clinical record maintenance
- Weekly housekeeping and two loads of laundry a week
- Enriching activities, community outings, holistic wellness & fitness programs
- Registered nurse 40 hours per week and on-call triage 24 hours a day
- Daily bed making and trash removal
- Respiratory services including oxygen, nebulizer, CPAP and BIPAP assistance
- Additional nursing hours may be available on site during select awake hours
- Dedicated personal care staff on duty 24 hours per day
- Regular nursing rounding
- Morning and evening dressing and grooming
- Scheduled and unscheduled bathroom/incontinence assistance
- Incontinence supplies from select vendor
- Assistance of one to two staff or mechanical lift for mobility/transfers
- Medication administration including as needed medication and medication changes
- Escorts/encouragement to meals and activities
- Weekly health maintenance checks per plan of care (vitals, weight, pain, etc.)
- Assistance during meals, snacks and hydration such as cutting, serving and encouragement
- Emergency pendants and/or pullcords

LICENSED NURSING SERVICES

These and other licensed nursing services are available for an additional fee based upon your nursing assessment and needs.

- Catheter
- Wound care
- Injections
- Tube feeding
- Ostomy care
- Ongoing lab management (INR)
- Diabetes management
- Self-administered or outside pharmacy medication set-up

FOOD PLAN

The following food plan option is available. Resident is not required to select a food plan. If a resident opts out of participation in the three meals per day food plan, family will be required to provide and prepare all three meals per day to the resident (without staff assistance). Daily refreshments and snacks are included.

| | Monthly Charge |
|---------------------|----------------|
| Three meals per day | \$320 |

ADDITIONAL OFFERINGS

| | |
|---|---------------|
| Housekeeping | \$30/30 min |
| Maintenance | \$40/30 min |
| Guest suite <i>(Includes breakfast)</i> | \$85/night |
| Breakfast, lunch, dinner | \$16.50/meal |
| Pet Fee <i>(\$500 at move in)</i> | \$50/month |
| Long Term Care Insurance processing fee | \$55.50/month |
| Garage | \$80/month |
| Secured storage lockers | \$30/month |

COMMUNITY FEE

A one-time \$2,000 non-refundable fee (community fee) is paid prior to move in to reserve your apartment. The fee covers the cost of maintaining the home and preparing your apartment.

Prices are subject to change by the community's sole discretion. 1/1/2026

MONTHLY COST ESTIMATE: ENHANCED CARE

We're honored you are considering calling our community home. Here's a closer look at your estimated monthly costs.

| | |
|--|----|
| Apartment rent | \$ |
| Enhanced Care package <i>(required: cost determined by nurse assessment)</i> | \$ |
| Licensed nursing package <i>(cost determined by nurse assessment)</i> | \$ |
| Food plan | \$ |
| Storage | \$ |
| Other | \$ |
| TOTAL | \$ |



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