

The 1818 Society Questionnaire for CCRCs

PART I:

Organization Name Greenspring

Name of 1818 member **This will be determined at a later date**

(* Who will also act as the CCRC contact for communication with interested 1818 members.)

If you wish, please write a short paragraph describing the setting of your facility (urban, rural, water) and what *you* see as the attractions of the Community for 1818 Society Members.

Nestled among the trees of the Accotink nature preserve, Greenspring's beautiful 108-acre campus is located just off the Franconia-Springfield Parkway in Springfield, Virginia, in the heart of the Washington, D.C., metro area.

PART II

***Organization Name** Greenspring

*Point of Contact/Sales Representative Alyssa Kaszmetskie

*Address 7410 Spring Village Drive, Springfield, VA 22150

*Phone 703.913.1200

Fax 703.923.4620

*E-Mail: Alyssa.Kaszmetskie@erickson.com

Web site: <http://www.ericksoncommunities.com/gsv/>

*Facility Operator/Parent Organization: Erickson Retirement Communities

*Setting

*Number of Years fully operational

*Assessment/Accreditations.....

CAPACITY

	Total Number of Units*	Number of Units Available	Waiting list (in years)	Number of Residents*
Independent Living	1409	0	1-5 years	2000
Apartment - Studio				
Apartment - 1BDRM				
Apartment - 2BDRM				
Cottage/house	0			
Assisted Living	230			
Skilled Nursing	65			

*Male/Female ratio: 65/35.....

*Type of Ownership: **Not for Profit** For Profit
 Registered as: Insurance Co. Health provider Other

*CCAC Accredited: **Yes** No

*Form of Contract:
 Life Care **Fee for Service** **Continuing Care**
 Assign Assets Equity Entry Fee Rental

*Refund Provisions: 90% 75% 50% Prorated Other
 Options.....
 Conditions.....

We are 100%

*Range of Entrance fees in 2008: \$140,000 to \$580,000

*Range of Monthly fees in 2008: \$1400 to \$2000

***Typical extra costs on a monthly bill: \$0**

***Sign Up Policy (Deposit required?)**
\$1000, \$150 per person application fee

***Types of Medical Insurance required: n/a**
***Type of Health Care Benefits included: n/a**

***Medicare Certified:** Yes No
***Medicaid Certified:** Yes No

***Entry Requirements (Minimum Age): 62**
***Average age on entry: 76**
***Average Time on Waiting List: 2 years**
***Average No. of years in facility: 9**

Religious Affiliation of Facility: n/a

***Type of Facility:**
Multi-story Single Story Both

Miles to Shopping: 1 mi
***Miles to Hospital: 2 mi**
Access to Public Transportation: Yes No
Distance? Less than 1 mi

***Return Home Policy After Acute Leave:**
yes

***Coordination/connection of Assisted Living with Independent Living facilities:**
yes

***Please advise us of any issues that have been registered with the CCAC, BBB or local health authorities in the past 5 years and how these were resolved none**

Please summarize below any other information you consider relevant.....
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FACILITIES AND SERVICES

	Available	Included in Fee	Costs (\$)	Comments
I. FACILITIES				
Bank	Y			
Beauty/Barber Shop	Y	N		
Billiard Room	Y	Y		
Bowling Green	Y	Y		
Card Rooms	Y	Y		
Chapel/Denomination	Y	Y		
Coffee Shop	Y			
Dining Room – Guest policy				
Dining Room– Seating policy				
Private Dining Room	Y	N		
Type of Meal Plan?	Y			One meal per day is included in fee.
Number of meals a day Required?	Y	1	-----	
Alcohol in restaurant?	Y			
Convenience store	Y			
Courses/lectures	Y			
Craft Rooms	Y			
Dry cleaning/laundry	Y			Apartments are equipped with washers and dryers. Dry cleaning can be picked up and delivered.
Exercise Facility/Spa	Y	N		
Parking - Indoor	Y			
Parking - Outdoor	Y			
Golf Course Access	Y			Discounted rates at Burke Lake
Internet Access/Computer Facilities	Y			Price depends on preference of services.
Library	Y	Y		
Daily Newspapers	Y			
Pets	Y	N		
Putting Green	Y	Y		
Storage Bins	Y	N		
Swimming Pool - Indoor	Y	Y	0	
Swimming Pool – Outdoor	N			
Tennis Courts; how many?	N			

	Available	Included in Fee	Costs (\$)	Comments
Workshop	Y			
Other (eg. Marina)				
II. SERVICES				
7/24 Emergency Response	Y	Y	0	
Medication Management	Y	N		
Wellness Clinic	Y	N		
Activities Program	Y	N		
Assistance w/taxes/bills	Y			
All Utilities except phone	Y	Y		
Apartment maintenance	Y	Y		
Basic Cable	Y	Y		
Housekeeping, times per month	Y	N		
Linens provided	N			
Linens Laundered	N			
Personal Nursing/home care	Y	N		
Special Diets Available	Y			
Tipping policy	Y	Y		No tips accepted
Transportation – personal	Y			
Transportation - scheduled	Y	Y		
Individual gardens	Y			
On-site Travel Agent	Y			
Wi-fi	N			

*Authorized Signature *Alyssa M. Kaszmetzkie* Date *12/13/07*

*Name *Alyssa Kaszmetzkie* *Position *Sales Event Associate*

Thank you!

Hadler/RALC/CCRCquest. 11/07