

FAMILY OWNED & OPERATED

San Gabriel is a family-owned and operated assisted living community. John Dietzen and Carrie Dietzen are a brother/sister team, raised in a large family and instilled with a spirit of service. They have extended their sense of family to their business, developing senior living communities with a heart.

Combined, the Dietzens have over 20 years of experience in senior living. Their love of working with older adults through meaningful programs in residential settings led them to open San Gabriel Assisted Living in Rochelle, IL and continues to guide them in their loving care for its residents.



OUR FACILITY

Our 46-unit apartment community offers four spacious floor plans. Because the apartments are unfurnished, residents are able to fill them with their favorite furniture, personal mementos, and cherished belongings. As a result, the apartments soon feel just like home! Choose from our four options:

STUDIO APARTMENT *360 square feet*

- Large living room/bedroom/kitchen
- Private bathroom

ONE BEDROOM *555 square feet*

- Spacious living room/dining area/kitchen
- Location option of direct access to parking or beautiful interior courtyard
- Private bathroom

TWO BEDROOM *795 square feet*

- Two comfortable bedrooms with closets
- Spacious living room/dining area/kitchen
- French doors leading to a beautiful courtyard
- Private bathroom

TWO BEDROOM DELUXE *1,118 square feet*

- Master suite with bathroom
- Second bedroom and bath
- Spacious living room/dining area/kitchen
- Large individual patios with direct access to parking

LOCATION



2201 Flagg Road

Rochelle, Illinois 61068

Phone: (815) 561-4099

Web site: SanGabrielAssistedLiving.com

Email: sangabriel21@gmail.com



One bedroom floor plan. Additional floor plans at SanGabrielAssistedLiving.com

SERVICES

- Regular “senior-friendly” strength training and aerobic exercises
- Individually personalized activities
- Social and recreational programming
- Medication management
- Personal care services
- Weekly laundry and housekeeping services
- Complete maintenance, lawn care and snow removal

TRANSPORTATION

At San Gabriel, we assist our residents in visiting their doctors, dentists and favorite merchants by providing free local transportation Monday through Friday during regular business hours.

AMENITIES

- Peace of mind
- Independence and security
- Studio, one and two-bedroom apartments
- Large walk-in closets
- Spacious bathrooms outfitted with safety bars
- On-site staff 24-hours per day, seven days a week
- Cable television
- Beauty and barber shop
- All-inclusive utilities (except telephone)
- State-of-the-art emergency response system
- Fire alarm and sprinkler system
- Three daily meals served buffet-style
- Personal portable Emergency Response System
- Private dining room for special family entertaining

DINING

We offer healthful menus and personalized dining assistance in a supportive environment. Our three daily meals are served buffet-style, enabling our residents to create their own plates by selecting favorite items from a variety of choices. Sample buffet items include:

BREAKFAST

Assorted Hot & Cold Cereals, Toast, Breads, Fruit & Nut Muffins, Cinnamon Rolls, Fruit & Cheese Danish, Cherry Cheesecake Muffins, Wild Mushroom Omelets, Sausage Links, Bacon & Ham, Bagels with Cream Cheese, Southwestern Scramble

LUNCH & SUPPER

Chicken Gumbo, Broccoli & Potato Soup, Mixed Greens & Assorted Vegetables, Sesame Chicken Salad, Asparagus Pasta Salad, Glazed Cranberry Pork, Southern Style Fried Chicken, Spanish Beef & Rice Casserole, Five-Spiced Beef & Pepper Stir Fry, Shrimp Fettuccine, German Chocolate Cake, Banana Cream Pie, Sugar Free Vanilla Pudding, Angel Food Cake



ALL-INCLUSIVE MONTHLY RATE

Because San Gabriel is a private pay assisted living residence, we understand that financing your loved one's stay with us is a large part of the decision making process. To simplify your monthly financial planning, we offer the convenience of an all-inclusive monthly rate. The fact that all services, utilities* and management of medications are included gives our residents and their loved ones peace of mind. At San Gabriel, there is no "buy-in" and we offer a month-to-month lease.

Please ask us about the supplemental resources that are available to you. They include:

LONG TERM CARE INSURANCE

Many long term care insurance companies cover assisted living stays. We will be happy to assist you as you navigate the process of understanding your loved one's policy benefits as they apply to assisted living.

VETERANS' BENEFITS

The Veterans Administration offers a pension, up to about \$2,000 a month, for qualified veterans, their spouses and widows to help with the cost of senior living. We can direct you to resources that will be able to provide information and assistance in relation to this program.

OTHER

We will be happy to discuss the other options that are available to you.

*All utilities are included except telephone

APPLICATION FOR RESIDENCY



2201 Flagg Road
Rochelle, Illinois 61068
(815) 561-4099 | SanGabrielAssistedLiving.com
email

GENERAL INFORMATION

Today's Date: _____ Move-in Date: _____ Move-out Date: _____
Applicant's Full Name: _____ Birthdate: _____
Present Address: _____
City, State, Zip: _____
Phone: _____

EMERGENCY CONTACT

In case of emergency, please contact: _____
Name: _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____
Address: _____
Email Address: _____

SECONDARY EMERGENCY CONTACT

Name: _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____
Address: _____
Email Address: _____

POWERS OF ATTORNEY

Name of Financial Power of Attorney: _____
Phone: _____
Name of Healthcare Power of Attorney: _____
Phone: _____

RELEASE OF MEDICAL INFORMATION

In case of medical emergency, (e.g., ambulance, hospital services), I authorize San Gabriel to release medical information to outside medical services. I also authorize San Gabriel to receive information about my (my loved one's) medical records from Doctors' offices, hospitals and other medical services.

Signed: _____ Date: _____

MEDICAL INFORMATION

Primary Diagnosis(es): _____

Known Allergies: _____
General Physician: _____ Phone: _____

INSURANCE INFORMATION

Medicare Number: _____ Part A: _____
Part B: _____
Social Security Number: _____
Supplemental Insurance Information: _____
Name of Carrier: _____
Group Number / Policy Number: _____
Address: _____
City / State / Zip: _____
Phone: _____

AGREEMENT INFORMATION

I attest that the above information is correct. I understand that my (my loved one's) health and general status will be reviewed regularly to ensure that San Gabriel continues to be an appropriate environment for me (my loved one).

Signed: _____ Date: _____

Signed: _____ Date: _____

San Gabriel Representative: _____ Date: _____