DEPARTMENT OF HEALTH

Uniform Disclosure of Assisted Living Services and Amenities

Purpose

This is a required document per 144G.40 Subd. 2 (www.revisor.mn.gov/statutes/cite/144G.40) of all assisted living facilities to describe the services, supports, and amenities available at the assisted living facility. Prospective residents and their families can use this tool to determine if the assisted living facility can meet their needs, allow them to compare options among various settings, and make informed decisions about selecting an assisted living facility setting. The information presented here may be important for a resident's ability to age in place. Assisted living facilities are not required to provide all the services listed, and available services are subject to change. The facility will indicate which services are provided and any limitations that may pertain to the service.

You are also encouraged to tour facilities, talk with other residents, residents' family members, or meet one-on-one with facility staff during the selection process. The disclosure checklist is not a substitute for the assisted living contract, which is a separate document that will include the specific services to be provided to the individual resident and the fees per services.

General Information

This information is current as of (MM/DD/YYYY): 08/01/2023

Name of Assisted Living: MainStreet Lodge

Unique building/unit descriptive (if applicable): _____

Physical Address: 909 Main Street NE, Minneapolis MN 55413

If the indicated services are provided for more than one building/unit (on the campus), list all additional buildings/units this applies to. Use additional pages if necessary.

☒ No additional buildings/units

Additional Building:

Unique building/unit descriptive (if applicable): _____

Physical Address (if different than above): _____

Additional Building:

Unique building/unit descriptive (if applicable): _____

Physical Address (if different than above): _____

Additional Building:

Unique building/unit descriptive (if applicable): _____

Physical Address (if different than above): _____

Facility/Campus listed above has the following license. Check one:

- [x] Assisted Living Facility License
- [ ] Assisted Living Facility with Dementia Care License

Availability of Unlicensed Staff (ULP); check one:

- [x] Unlicensed staff are in the building and available to respond to resident requests 24/7
- [ ] Unlicensed staff may either be in the building, in an attached building, or within the campus and available to respond to resident requests 24/7

Availability of Licensed (RN/LPN) Staff (in *addition* to an RN who is required to be accessible to the staff 24/7); check one if applicable:

- [ ] Licensed staff are on site 24/7
- [ ] Licensed staff are either in the building, an attached building, or within the campus and available to respond to resident requests 24/7

Number of unlicensed direct care staff typically scheduled per shift:

Day Shift: Two

Evening Shift: Two

Night shift: One

Payment Options

The facility will indicate by placing an "X" in the "Available" column if the payment option is accepted (may check more than one). Please indicate in the "Comments" column below if a pre-determined length of private funds payment source is required before acceptance of Medicaid or waivered service funds; and if yes, indicate the number of months required.

Payment Options for Housing Contract

Payment Option	Accepted	Comments
Private Pay	x	
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	
Federal rent subsidy		

Payment Option	Accepted	Comments
Other; explain		

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	x	
Private Pay	x	
Long Term Care Insurance	x	Via resident reimbursement, dependent on policy
Other; explain		

Services and Amenities Available

Below is a list of services that are available to assisted living residents. The facility will indicate by placing a "yes" or "X" in the "Available" column if the service is provided or available at/on the campus/unit of the location listed above. If the "Available" column is blank, the facility does ***not*** provide that service.

Section 1: Dementia Care (pertains only to an Assisted Living with Dementia Care license)

Check each service available at the location(s) listed above.

Dementia Care Services Available

Service	Available	Comments
Secured unit or building for wandering or exit-seeking behavior		
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors		

Service	Available	Comments
Other; specify in comments		

Section 2: Medication Management

Check each service available at the location(s) listed above.

Medication Management Services Available

Service	Available	Comments
Verbal or visual reminders to take regularly scheduled medications; specify any limit to frequency in comments	x	
Communication with physician/pharmacy about ordering or refill requests	x	
Medication administration by licensed or unlicensed personnel	x	
Delivery of medication to resident previously set up by the facility nurse	x	
Medications set up by nurse for resident to self-administer	x	
Delivery of medication from the original containers to resident	x	nurse to set up medication from original container into medibox for HHA to admin
Delivery of liquid or food to resident if required to ingest medication	x	
Delegation of medication management services by licensed health professional to unlicensed staff	x	
Central storage of medication		
Diabetic Care: insulin pen dosing	x	
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing	x	dosing by nurse
Diabetic Care: sliding scale insulin management		

Service	Available	Comments
Clinical monitoring of labs related to medications	X	
Anticoagulant medication management	X	
B-12 injections	X	injection by nurse
Nutritional supplement administration	X	oral supplements
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	IM, SQ, intra dermal
Nebulizers	X	
Inhalers	X	
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
Medication delivery via enteral (feeding) tube		
Pain pump management		
Medical cannabis administration (pill form) for certified patients		
Medical Cannabis storage for certified patients		
Cannabidiol oil administration for certified patients		

Service	Available	Comments
Other; specify in comments		

Section 3: Treatments & Therapies

Check each service available at the location(s) listed above.

Treatments & Therapies Available

Service	Available	Comments
Verbal or visual reminders to perform regularly scheduled treatments or exercises	X	
Wound care: basic	X	
Wound care: complex	X	On site nursing team coordinates w/ external home care provider to provide service
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care	X	
C-PAP	X	
Bi-PAP	X	
Oxygen Management; specify any delivery system limitations	X	limitations unable to provide: ordering, standing orders for oxygen, setting up oxygen
Oxygen saturation checks	X	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		

Service	Available	Comments
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	pacemaker check by nurse, transmission requests by clinic
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis		
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps	X	
Fall Prevention: balance assessments	X	On site staff will coordinate with external PT/OT staff for service
Fall Prevention: exercise programs	X	On site staff will coordinate with external PT/OT staff for service
Fall Prevention: strength training	X	On site staff will coordinate with external PT/OT staff for service
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	
Daily weight check	X	
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse	X	On site staff will coordinate with external home care staff

Service	Available	Comments
Straight (intermittent) catheter assistance		
Suprapubic catheter care	x	
Ostomy care	x	
Arrangements for and coordination with hospice care	x	On site staff will coordinate with external hospice staff for service
End-of-life palliative care	x	On site staff will coordinate with external palliative care staff for service
Access to and training on use of automatic electronic defibrillators (AED)		
Training of and use of Cardiopulmonary Resuscitation (CPR)	x	nurses only
Other; specify in comments		

Section 4: Assistance with Activities of Daily Living

Check each service available at the location(s) listed above.

Assistance with Daily Living Activities Available

Service	Available	Comments
Dressing	x	
Bathing: shower	x	
Bathing: bathtub	x	
Oral hygiene	x	
Denture care	x	
Cueing/reminders for self-care	x	

Service	Available	Comments
Use of special utensils	x	
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	x	
Manual Feeding; specify limits in comments		
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident		
Feeding in resident’s apartment with one staff member per resident		
Grooming: hair care, make-up, shaving, application of lotion, etc.	x	
Nail care: toenails, fingernails	x	
Toileting: standby assistance/supervision	x	
Changing incontinence products; perineal care	x	
Ordering replacement incontinence products	x	on site staff coordinates with resident's family/case workers for replacement
Assistance with bowel and bladder control, devices, and training programs		
Other; specify in comments		

Section 5: Mobility Support

Check each service available at the location(s) listed above.

Mobility Services Available

Service	Available	Comments
Standby Assistance	X	
Transfers with assist of one staff	X	
Transfers with assist of two staff	X	based on nursing assessment and availability
Transfers utilizing sit-to-stand lifts	X	based on nursing assessment and availability
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		
Ceiling lift transfers		
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	based on nursing assessment and availability
Ambulation with assist of 1	X	
Bed mobility	X	
Assistance with chair mobility	X	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		

Service	Available	Comments
Elevators	x	
Other; specify in comments		

Section 6: Security & Monitoring

Check each service/option available at the location(s) listed above.

Security and Monitoring Services

Service	Available	Comments
Every 15-minutes safety checks	x	short term
Every 30-minutes safety checks	x	short term
Hourly safety checks	x	short term
Every two-hours safety checks	x	
Daily safety checks	x	
Emergency call system; specify type in comments	x	emergency pendants; pull cords
Non-emergency call system; specify type in comments	x	phones
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	x	
Bed alarms or movement sensing technology	x	

Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)	x	resident rooms
Security Guard		
Security cameras in common spaces	x	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	x	fob system to main entrance doors
Other lock systems: specify locations (unit, resident room, exits, etc.)	x	keys to resident rooms
Emergency generator(s) to power the facility during power outages		
Other; specify in comments		

Section 7: Dining and Nutrition

Check each service/option available at the location(s) listed above.

Dining and Nutrition Services

Service	Available	Comments
Three meals available, plus snacks	Required	
Breakfast available in community space	x	
Breakfast available; delivered to apartment	x	
Lunch available in community space	x	
Lunch available; delivered to apartment	x	
Dinner available in community space	x	
Dinner available; delivered to apartment	x	

Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	x	
Meal preparation in resident's unit	x	reheating and cutting food
Thickened Liquids; specify limits in comments	x	available at meal times
Modified Texture Diets; specify limits in comments	x	available diets: puree, mechanical, ground meat
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		
Therapeutic Diets: gluten-free	x	
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium		
Therapeutic Diets: no added salt		
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	x	vegetarian
Dietitian or Nutritionist Services	x	on site staff to coordinate with external provider
Carbohydrate intake/tracking		
Meal consumption tracking		
Other; specify in comments		

Section 8: Supportive Services

Check each service available at the location(s) listed above.

Supportive Services Available

Service	Available	Comments
Daily "I'm okay" checks service; specify procedure in comments		
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	x	
Housekeeping: defrost and clean refrigerator	x	
Housekeeping: dusting	x	
Housekeeping: organize closets and drawers		
Housekeeping: trash removal; specify frequency in comments	x	weekly
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	x	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	1-2 loads per week
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	x	
Schedule medical and social service appointments		
Assistance with arranging transportation for personal, social, and recreational activities	Required	

Service	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	x	
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	x	Transportation by facility van on scheduled outings
Spiritual Care/Religious Services; on-site	x	
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices		
Primary languages spoken by staff		
Supervision of smoking		
Other; specify in comments		

Section 9: Staffing

Check each option available at the address location(s) listed above.

Staffing Available

Staffing	Available	Comments
One-to-One staffing available		
One-to-One staffing for special circumstances		
Overnight companion		

Staffing	Available	Comments
Registered Nurse: on-site “part time”		
Registered Nurse: on-site “full time”	x	
Licensed Practical Nurse: on site “part time”		
Licensed Practical Nurse: on-site “full time”		
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	x	
Advanced Practice Registered Nurse: on-site “part time”	x	Contracted NP completing weekly rounds specific to own clients
Advanced Practice Registered Nurse: on site “full time”		
Activities Director: Part Time		
Activities Director: Full Time	x	
Dietician/Nutritionist consultant available or can be arranged	x	on site staff to arrange with external provider
Physical Therapist available or can be arranged	x	on site staff to arrange with external provider
Respiratory Therapist available or can be arranged	x	on site staff to arrange with external provider
Occupational Therapist available or can be arranged	x	on site staff to arrange with external provider
Speech Language Pathologist available or can be arranged	x	on site staff to arrange with external provider
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments	x	Music Therapist; Chaplain
Other; specify in comments	x	podiatry services can be arranged

Section 10: Amenities

Check each option available at the location(s) listed above.

Amenities Available

Amenity	Available	Comments
Accessible bathrooms; specify limits in comments	x	No automatic door openers on bathrooms
Private units	x	
Semi-private units		
Studio/efficiency units	x	
One-bedroom units	x	
Two-bedroom units		
Kitchen/Kitchenettes in units	x	
Internet access	x	
Cable (television)	x	
Pets allowed	x	see pet policy for details
Pet care; specify in comments		
Pool		
Whirlpool	x	
Exercise Room	x	
Library	x	
Activity Room	x	

Garden/outdoor spaces	x	
Chapel	x	
Private entertaining space	x	
Communal Dining room	x	
Beauty/Barber Shop	x	
Parking available for residents	x	
Parking available for guests	x	
Guest accommodations		
Laundry Room accessible to Residents	x	
Washer-Dryer in units		
Central Air Conditioning	x	
Fully sprinklered building	x	
Designated smoking area inside (not apartment space)		
Designated smoking area outside	x	
Other amenity; specify in comments		
Other amenity; specify in comments		

Additional Information

Sixty days before the facility plans to reduce or eliminate one or more services for a particular resident, the facility must provide written notice of the reduction. Refer to 144G.55 Subd. 1(d) (www.revisor.mn.gov/statutes/cite/144G.55).

Residents may choose to obtain services from an outside service provider at their own cost. Residents may also obtain services from an outside service provider if the resident's assessed needs exceed the scope of services the facility can provide as agreed upon in the contract and are not included in the checklist. If this occurs and the resident is not able to obtain services from an outside service provider, then the facility may require the resident move to another facility or care setting that is able to meet the resident's needs. In the event this occurs, the facility will assist in a coordinated move of the resident to a safe and appropriate location.

Prospective Residents need to call the Senior LinkAge Line to discuss their housing options before signing a contract with a licensed assisted living facility. The Senior LinkAge Line is available Monday through Friday from 8am to 4:30pm at 1-800-333-2433.

You can get further information, at no cost, about advocacy or care options from:

- Office of Ombudsman for Long Term Care (https://mn.gov/board-on-aging/direct-services/ombudsman/); 1-800-657-3591
- Office of Ombudsman for Mental Health and Developmental Disabilities (https://mn.gov/omhdd/); 1-800-657-3506
- Minnesota Directory for community resources: www.MinnesotaHelp.Info
- Minnesota Senior LinkAge Line (www.seniorlinkageline.com/); 1-800-333-2433

By signing below, I acknowledge that I have reviewed this document. This is NOT a contract to receive services.

_____ _____

Date (MM/DD/YYYY) Individual or Legal/Designated Representative