

Uniform Disclosure of Assisted Living Services and Amenities

Purpose

This is a required document per [144G.40 Subd. 2 \(www.revisor.mn.gov/statutes/cite/144G.40\)](http://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): 05/24/2022

Name of Assisted Living: New Perspective - Highland Park

Unique building/unit descriptive (if applicable): Memory Care

Physical Address: 750 Mississippi River Blvd., St. Paul, MN 55116

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): Memory Care

Physical Address (if different than above): _____

Additional Building:

Unique building/unit descriptive (if applicable): Memory Care

Physical Address (if different than above): _____

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

- Assisted Living Facility License
- Assisted Living Facility with Dementia Care License

Availability of Unlicensed Staff (ULP); check one:

- 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: Thirteen

Evening Shift: Thirteen

Night shift: Four

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 waived 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		Not accepted
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	
Federal rent subsidy		Not accepted

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Payment Option	Accepted	Comments
Other; explain		Not accepted

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	EW and CADI
Private Pay	X	
Long Term Care Insurance	X	Resident manages payment
Other; explain		Not accepted

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	X	
Secured outdoor grounds on facility premises	X	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		Not available
Prepared to manage challenging behaviors	X	Situational. Will be assessed at time. Not applicable to aggressive behaviours

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Service	Available	Comments
Other; specify in comments		Not available

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		Not available
Communication with physician/pharmacy about ordering or refill requests	X	If community manages medications
Medication administration by licensed or unlicensed personnel	X	If community manages medications
Delivery of medication to resident previously set up by the facility nurse		Not available
Medications set up by nurse for resident to self-administer		Not available
Delivery of medication from the original containers to resident	X	Medication administration from pharmacy-dispensed containers
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	X	Medication carts and medication refrigerators
Diabetic Care: insulin pen dosing	X	
Diabetic Care: insulin pump management		Not available
Diabetic Care: insulin syringe dosing		Not available
Diabetic Care: sliding scale insulin management	X	

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Service	Available	Comments
Clinical monitoring of labs related to medications	X	Only if community is managing resident's medications
Anticoagulant medication management	X	Oral only; only if community manages resident's medications
B-12 injections	X	Administered by licensed nurse only if community manages resident's medications
Nutritional supplement administration	X	
(IV) Intravenous management		Not available
PICC lines (Peripherally Inserted Central Catheter)		Not available
Injections; specify types or limits in comments (IM, SQ)	X	SQ insulin & Epi-pen injections by ULP. Injections by licensed nurse for addl charge
Nebulizers	X	
Inhalers	X	
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
Medication delivery via enteral (feeding) tube		Not available
Pain pump management		Not available
Medical cannabis administration (pill form) for certified patients		Not available
Medical Cannabis storage for certified patients		Not available
Cannabidiol oil administration for certified patients		Not available

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Service	Available	Comments
Other; specify in comments		Not available

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		Not available
Wound care: basic	X	Such as band-aid, 2x2 gauze, non-stick pad, etc
Wound care: complex		May be available through 3rd party provider
Diabetic care: blood glucose monitoring	X	Only if resident elects Medication Management services
Diabetic care: foot/nail care	X	Nurse may provide if elected by resident
C-PAP	X	
Bi-PAP		Not available
Oxygen Management; specify any delivery system limitations	X	If resident elects med and treatment management. Nasal cannula and mask
Oxygen saturation checks	X	
Ventilators		Not available
Suctioning		Not available
Tracheostomy Care: cleaning of site and tube		Not available
Tracheostomy Care: showering assistance		Not available

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Service	Available	Comments
Tracheostomy Care: suctioning assistance		Not available
Pacemaker Checks	X	
Arrange for On-Site Dialysis		Not available
Arrange for/set-up Off-Site Dialysis		Not available
Peritoneal Dialysis (on-site)		Not available
Compression stockings	X	Limited to TEDs, zip up and Tubigrips. No wraps of any kind
Lymphedema wraps		Not available
Fall Prevention: balance assessments		Not available
Fall Prevention: exercise programs		Not available
Fall Prevention: strength training		Not available
Integrative Health Services: acupuncture		Not available
Integrative Health Services: aromatherapy		Not available
Integrative Health Services: healing touch		Not available
Integrative Health Services: massage		Not available
Blood pressure checks	X	
Daily weight check		Not available
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse		Not available

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Service	Available	Comments
Straight (intermittent) catheter assistance		Not available
Suprapubic catheter care	X	
Ostomy care	X	
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	
Access to and training on use of automatic electronic defibrillators (AED)		Not available
Training of and use of Cardiopulmonary Resuscitation (CPR)		Not available
Other; specify in comments		Not available

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		Not available
Oral hygiene	X	
Denture care	X	
Cueing/reminders for self-care	X	

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Service	Available	Comments
Use of special utensils	X	If ordered by health care provider; provided by resident
Feeding assistance for residents with complicated eating problems		Not available
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	
Tube Feeding; specify limits in comments		Not available
Feeding in common area with one staff member per resident		Not available
Feeding in resident's apartment with one staff member per resident		Not available unless isolation / quarantine is required
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	
Nail care: toenails, fingernails	X	Trimming and filing. Filing only if diabetic
Toileting: standby assistance/supervision	X	Supervision, not standby assistance, is provided
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	For medical assistance beneficiaries and incontinence program participants
Assistance with bowel and bladder control, devices, and training programs		Not available
Other; specify in comments		Not available

Section 5: Mobility Support

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

Mobility Services Available

Service	Available	Comments
Standby Assistance		Not available
Transfers with assist of one staff	X	Gait belt transfers only
Transfers with assist of two staff	X	Requires ability to bear weight at all times and pivot during transfers
Transfers utilizing sit-to-stand lifts	X	Requires assist of 2, ability to bear weight and maintain grip on hand bars at all times
Transfers utilizing sliding boards		Not available
Transfers utilizing bariatric equipment		Not available
Ceiling lift transfers		Not available
Non-mechanical transfers (trapeze)		Not available
Mechanical lift: assist of 1 transfer		Not available
Mechanical lift: assist of 2 transfer	X	
Ambulation with assist of 1	X	
Bed mobility	X	
Assistance with chair mobility	X	
Chair Glide System		Not available
Mechanical Stair Lift System		Not available
Handrails; in personal space	X	In bathrooms

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Service	Available	Comments
Elevators	X	
Other; specify in comments		Not available

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		Not available
Every 30-minutes safety checks		Not available
Hourly safety checks		Not available
Every two-hours safety checks		Not available
Daily safety checks		Not available
Emergency call system; specify type in comments	X	Bathroom pull cords
Non-emergency call system; specify type in comments	X	Bathroom pull cords
Digital wander alert device on resident		Not available
Wander alert system at facility exits		Not available
Staff monitoring at facility exits; specify method in comments		Not available
Visitor check-in/check-out at facility main entrance	X	
Bed alarms or movement sensing technology		Not available

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Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Alarmed emergency egress doors
Security Guard		Not available
Security cameras in common spaces		Not available
Key card/fob access: specify locations (unit, resident room, exits, etc.)		Not available
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	LApts have lockable door with key; community entrance/exit with keypads
Emergency generator(s) to power the facility during power outages	X	
Other; specify in comments		Not available

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	Available for additional fee if not for acute illness
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Available for additional fee if not for acute illness
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Available for additional fee if not for acute illness

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Service	Available	Comments
Meal tray delivery and pick-up from resident's unit		Not available
Meal preparation in resident's unit		Not available
Thickened Liquids; specify limits in comments	X	Pre-thickened, thickened with powder or gel. Resident cost for thickening agent
Modified Texture Diets; specify limits in comments	X	Mechanical soft, minced and moist, soft and bite-sized, pureed
Therapeutic Diets: cardiac		Not available
Therapeutic Diets: diabetic or calorie controlled		Not available
Therapeutic Diets: gluten-free		Not available
Therapeutic Diets: high fiber		Not available
Therapeutic Diets: low fat/low cholesterol		Not available
Therapeutic Diets: low sodium		Not available
Therapeutic Diets: no added salt	X	
Therapeutic Diets: renal diet		Not available
Other special diets: kosher		Not available
Other special diets: (vegetarian, vegan, etc.) specify in comments		Not available
Dietitian or Nutritionist Services		Not available
Carbohydrate intake/tracking		Not available
Meal consumption tracking		Not available
Other; specify in comments		Not available

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		Not available
Assistance with meals or food preparation		Not available
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator		Not available
Housekeeping: dusting	X	Light dusting
Housekeeping: organize closets and drawers		Not available
Housekeeping: trash removal; specify frequency in comments	X	Daily
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments	X	May be more often than weekly when elected for additional fee
Laundry: linen (change bed, launder sheets, towels)	X	One load per week, additional loads for a fee
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	One load per week, additional loads for a fee
Laundry: other; specify in comments		Not available
Schedule offsite social and recreational activities	X	Activities scheduled by the community
Schedule medical and social service appointments	X	Assistance with scheduling medical appointments, not social services
Assistance with arranging transportation for personal, social, and recreational activities	Required	Assistance provided upon request

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Service	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	Assistance provided upon request
Provide transportation to social and recreational activities	X	Community scheduled outings
Provide transportation to medical and social service appointments		Not available
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored		Not available
Spiritual Care/Religious Services; on-site	X	
Assistance with bill paying/budgeting		Not available
Communication boards or other supplemental communication devices	X	
Primary languages spoken by staff		English
Supervision of smoking		
Other; specify in comments		Not available

Section 9: Staffing

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

Staffing Available

Staffing	Available	Comments
One-to-One staffing available		Not available
One-to-One staffing for special circumstances		Not available
Overnight companion		Not available

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Staffing	Available	Comments
Registered Nurse: on-site “part time”		Not available
Registered Nurse: on-site “full time”	X	
Licensed Practical Nurse: on site “part time”		Not available
Licensed Practical Nurse: on-site “full time”	X	
Assisted Living Director: on-site “part time”		Not available
Assisted Living Director: on site “full time”	X	
Advanced Practice Registered Nurse: on-site “part time”		Not available
Advanced Practice Registered Nurse: on site “full time”		Not available
Activities Director: Part Time		Not available
Activities Director: Full Time	X	
Dietician/Nutritionist consultant available or can be arranged		Not available
Physical Therapist available or can be arranged	X	Can be arranged with third party provider
Respiratory Therapist available or can be arranged		Not available
Occupational Therapist available or can be arranged	X	Can be arranged with third party provider
Speech Language Pathologist available or can be arranged	X	Can be arranged with third party provider
Social Worker available or can be arranged		Not available
Other Licensed Professional available; specify type in comments		Not available
Other; specify in comments		Not available

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	
Private units	X	
Semi-private units	X	
Studio/efficiency units	X	
One-bedroom units	X	
Two-bedroom units		Not available
Kitchen/Kitchenettes in units	X	
Internet access	X	
Cable (television)	X	
Pets allowed		Not available
Pet care; specify in comments		Not available
Pool		Not available
Whirlpool		Not available
Exercise Room		Not available
Library		Not available
Activity Room	X	

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

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