

# 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): 03/03/2024

Name of Assisted Living: The Maples at St.John

Unique building/unit descriptive (if applicable):

Physical Address: 301 South County Road 5, Springfield MN 56087

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): \_\_\_\_\_

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

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: 2.5

Evening Shift: 2

Night shift: 1

### 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	<b>X</b>	
Sliding Scale	<b>X</b>	
Housing Support (formerly Minnesota Group Residential Housing) Payments	<b>X</b>	
Federal rent subsidy		
Other; explain		

**Payment Options for Services**

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	<b>X</b>	
Private Pay	<b>X</b>	
Long Term Care Insurance	<b>X</b>	
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		
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	
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	Each resident apartment has a dedicated medication storage unit that is locked.
Diabetic Care: insulin pen dosing	X	Cuing of Resident, Reminders, double checking of dose drawn up.
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing	X	Cuing of Resident, Reminders, double checking of dose drawn up.
Diabetic Care: sliding scale insulin management		

Clinical monitoring of labs related to medications	X	
Anticoagulant medication management	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

B-12 injections	<b>X</b>	
Nutritional supplement administration	<b>X</b>	
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (1M, SQ)	<b>X</b>	Injections available through licensed nursing, additional charges for after hours and wkends
Nebulizers	<b>X</b>	
Inhalers	<b>X</b>	
Ear drops	<b>X</b>	
Eye drops	<b>X</b>	
Topicals	<b>X</b>	
Patches	<b>X</b>	
Medication delivery via enteral (feeding) tube		
Pain pump management		
Medical cannabis administration (pill form) for certified patients		
Medical Cannabis storage for certified patients		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Cannabidiol oil administration for certified patients		
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	
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care	X	
C-PAp	X	
Bi-PAp		
Oxygen Management; specify any delivery system limitations	X	No Ventilators
Oxygen saturation checks	X	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps	X	
Fall Prevention: balance assessments		
Fall Prevention: exercise programs	X	Provider prescribed
Fall Prevention: strength training	X	Provider prescribed
Blood pressure checks	X	
Daily weight check	X	Provider prescribed
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse	X	
Straight (intermittent) catheter assistance		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Suprapubic catheter care	<b>X</b>	
Ostomy care	<b>X</b>	
Arrangements for and coordination with hospice care	<b>X</b>	
End-of-life palliative care	<b>X</b>	Within limitations
Access to and training on use of automatic electronic defibrillators (AED)	<b>X</b>	All staff encouraged to complete. AED on site.
Training of and use of Cardiopulmonary Resuscitation (CPR)	<b>X</b>	All staff that are non-certified with CPR are trained to call 911 and follow EMS instructions
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	<b>X</b>	All ADL'S assistance has a max of <b>1</b> staff assist
Bathing: shower	<b>X</b>	All ADL'S assistance has a max of <b>1</b> staff assist
Bathing: bathtub	<b>X</b>	All ADL'S assistance has a max of <b>1</b> staff assist
Oral hygiene	<b>X</b>	
Grooming: hair care, make-up, shaving, application of lotion, etc.	<b>X</b>	
Nail care: toenails, fingernails	<b>X</b>	
Toileting: standby assistance/supervision	<b>X</b>	
Changing incontinence products; perineal care	<b>X</b>	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Use of special utensils	<b>X</b>	Provider prescribed- Resident must provide
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	<b>X</b>	
Manual Feeding; specify limits in comments		End of Life care only
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	<b>X</b>	End of life only
Ordering replacement incontinence products	<b>X</b>	
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	<b>X</b>	1 staff assist max
Transfers with assist of one staff	<b>X</b>	
Transfers with assist of two staff		
Transfers utilizing sit-to-stand lifts		
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Ceiling lift transfers		
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer		
Ambulation with assist of 1	X	
Bed mobility	X	1 staff assist
Assistance with chair mobility	X	1 staff assist
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	Residents bathrooms
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	Limited duration due to change in condition
Every 30-minutes safety checks	X	Limited duration due to change in condition
Hourly safety checks	X	Limited duration due to change in condition

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Every two-hours safety checks	X	Limited duration due to change in condition
Daily safety checks	X	
Emergency call system; specify type in comments		
Non-emergency call system; specify type in comments	X	Call Pendant worn by each Resident
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		
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Front entrance doors are locked from 8:30pm-5:30am. Pendant alarms during these hours if door is opened
Security Guard		
Security cameras in common spaces		
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)		
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	Additional Delivery Fee
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Additional Delivery Fee
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Additional Delivery Fee
Meal tray delivery and pick-up from resident's unit	X	Additional Delivery Fee
Thickened Liquids; specify limits in comments		Resident must provide and prepare
Meal consumption tracking	X	

## 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	X	Performed on AM shift
Assistance with meals or food preparation	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator	X	
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers	X	
Housekeeping: trash removal; specify frequency in comments	X	Up to two times per day
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	
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Assistance with
Schedule medical and social service appointments	X	
Assistance with arranging transportation for personal, social, and recreational activities	Required	
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	X	Planned social activities through The Maples only
Provide transportation to medical and social service appointments	X	Very limited availability with additional charge

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	<b>X</b>	Weekly grocery shopping/pick-up provided by Activity staff
Spiritual Care/Religious Services; on-site	<b>X</b>	Church on Sundays in Chapel- Bible Study Groups throughout the week
Assistance with bill paying/budgeting	<b>X</b>	
Primary languages spoken by staff		English
Supervision of smoking		

### 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		

Registered Nurse: on-site "part time"		
Registered Nurse: on-site "full time"	<b>X</b>	Monday through Friday 8a-4:30p
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"	<b>X</b>	
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	<b>X</b>	Monday through Friday 8a-4:30p
Advanced Practice Registered Nurse: on-site "part time"		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time	<b>X</b>	
Activities Director: Full Time		
Dietician/Nutritionist consultant available or can be arranged	<b>X</b>	3 <sup>rd</sup> Party can be arranged
Physical Therapist available or can be arranged	<b>X</b>	
Respiratory Therapist available or can be arranged	<b>X</b>	
Occupational Therapist available or can be arranged	<b>X</b>	
Speech Language Pathologist available or can be arranged	<b>X</b>	
Social Worker available or can be arranged	<b>X</b>	Can be arranged
Other Licensed Professional available; specify type in comments		
Other; specify in comments		

**Section 10: Amenities**

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

**Amenities Available**

Amenity	Available	Comments
Accessible bathrooms; specify limits in comments	<b>X</b>	
Private units	<b>X</b>	
Semi-private units		
Studio/efficiency units	<b>X</b>	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

One-bedroom units	<b>X</b>	
Two-bedroom units	<b>X</b>	
Kitchen/Kitchenettes in units	<b>X</b>	
Internet access	<b>X</b>	
Cable (television)	<b>X</b>	
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool	<b>X</b>	2 Units
Exercise Room		
Library		
Activity Room	<b>X</b>	

Garden/outdoor spaces	<b>X</b>	
Chapel	<b>X</b>	
Private entertaining space	<b>X</b>	
Communal Dining room	<b>X</b>	
Beauty/Barber Shop	<b>X</b>	
Parking available for residents	<b>X</b>	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Parking available for guests	X	
Guest accommodations	X	Fee per Night Stay
Laundry Room accessible to Residents	X	Laundry Unit on each floor
Washer-Dryer in units		
Central Air Conditioning	X	Each unit has own air conditioner unit to control own temperature in private space
Fully sprinklered building	X	
Designated smoking area inside (not apartment space)		
Designated smoking area outside	X	
Other amenity; specify in comments	X	Indoor storage units available for rent
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](http://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:

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

- Office of Ombudsman for Long Term Care (<https://mn.gov/board-on-aging/directservices/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](http://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

