

# Sunset Homes Assisted Living

## 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 service.

### General Information

This information is current as of (MM/DD/YYYY):08/07/2023.

**Name of Assisted Living:** Sunset Homes Assisted Living

**Unique building/unit descriptive** (if applicable): Sunset Homes Assisted Living II

**Physical Address:** **11237 11<sup>th</sup> Ave NW Oronoco MN 55960.**

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): NA

Physical Address (if different than above): NA

**Additional Building:**

**Unique building/unit descriptive** (if applicable): NA

Physical Address (if different than above): NA

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 or on call daily and available to respond to resident requests 24/7

Number of unlicensed direct care staff typically scheduled per shift:

- Day Shift: 1
- Evening Shift: 1
- 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	X	
Sliding Scale	X	
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	
Federal rent subsidy	NA	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

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

Other; specify in comments	NA	
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## 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	
Diabetic Care: insulin pen dosing	X	
Diabetic Care: insulin pump management	X	
Diabetic Care: insulin syringe dosing	X	
Diabetic Care: sliding scale insulin management	X	

Service	Available	Comments
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UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Clinical monitoring of labs related to medications	X	
Anticoagulant medication management	X	
B-12 injections	X	Licensed staff will supervise client self-administer safely; based on physician order
Nutritional supplement administration	X	Oral or G-tube
(IV) Intravenous management	NA	
PICC lines (Peripherally Inserted Central Catheter)	NA	
Injections; specify types or limits in comments (IM, SQ)	X	SQ Injections only
Nebulizers	X	
Inhalers	X	
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
Medication delivery via enteral (feeding) tube	X	
Pain pump management	NA	
Medical cannabis administration (pill form) for certified patients	X	
Medical Cannabis storage for certified patients	X	
Cannabidiol oil administration for certified patients	X	
<b>Service</b>	<b>Available</b>	<b>Comments</b>

Other; specify in comments		
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### 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	<b>X</b>	
Wound care: basic	<b>X</b>	
Wound care: complex	<b>NA</b>	
Diabetic care: blood glucose monitoring	<b>X</b>	
Diabetic care: foot/nail care	<b>NA</b>	Podiatry care only
C-PAP	<b>X</b>	
Bi-PAP	<b>X</b>	
Oxygen Management; specify any delivery system limitations	<b>X</b>	Concentrator, Cannula, and Portable Units only
Oxygen saturation checks	<b>X</b>	
Ventilators	<b>NA</b>	
Suctioning	<b>NA</b>	
Tracheostomy Care: cleaning of site and tube	<b>NA</b>	
Tracheostomy Care: showering assistance	<b>NA</b>	

Service	Available	Comments
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UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Tracheostomy Care: suctioning assistance	<b>NA</b>	
Pacemaker Checks	<b>NA</b>	
Arrange for On-Site Dialysis	<b>NA</b>	
Arrange for/set-up Off-Site Dialysis	<b>X</b>	
Peritoneal Dialysis (on-site)	<b>NA</b>	
Compression stockings	<b>X</b>	
Lymphedema wraps	<b>X</b>	
Fall Prevention: balance assessments	<b>X</b>	With the help of an outside PT Provider
Fall Prevention: exercise programs	<b>X</b>	With the help of an outside PT Provider
Fall Prevention: strength training	<b>X</b>	With the help of an outside PT Provider
Integrative Health Services: acupuncture	<b>NA</b>	
Integrative Health Services: aromatherapy	<b>NA</b>	
Integrative Health Services: healing touch	<b>NA</b>	
Integrative Health Services: massage	<b>NA</b>	
Blood pressure checks	<b>X</b>	
Daily weight check	<b>X</b>	
Indwelling urinary catheter care; emptying and bag changes	<b>X</b>	
Indwelling urinary catheter replacement by nurse	<b>NA</b>	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Straight (intermittent) catheter assistance	<b>X</b>	
Suprapubic catheter care	<b>X</b>	
Ostomy care	<b>X</b>	
Arrangements for and coordination with hospice care	<b>X</b>	With Hospice/palliative care provided by outside agency only.
End-of-life palliative care	<b>X</b>	With Hospice/palliative care provided by outside agency only.
Access to and training on use of automatic electronic defibrillators (AED)	<b>NA</b>	
Training of and use of Cardiopulmonary Resuscitation (CPR)	<b>X</b>	
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>	
Bathing: shower	<b>X</b>	
Bathing: bathtub	<b>X</b>	
Oral hygiene	<b>X</b>	
Denture care	<b>X</b>	
Cueing/reminders for self-care	<b>X</b>	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Use of special utensils	<b>X</b>	
Feeding assistance for residents with complicated eating problems	<b>NA</b>	
Set-up and cut food at meals	<b>X</b>	
Manual Feeding; specify limits in comments	<b>NA</b>	
Tube Feeding; specify limits in comments	<b>NA</b>	
Feeding in common area with one staff member per resident	<b>NA</b>	
Feeding in resident's apartment with one staff member per resident	<b>NA</b>	
Grooming: hair care, make-up, shaving, application of lotion, etc.	<b>X</b>	
Nail care: toenails, fingernails	<b>X</b>	Diabetic nail care provided by licensed staff only, all toenail/footcare done outside facility through client's podiatry provider.
Toileting: standby assistance/supervision	<b>X</b>	
Changing incontinence products; perineal care	<b>X</b>	
Ordering replacement incontinence products	<b>X</b>	
Assistance with bowel and bladder control, devices, and training programs	<b>X</b>	
Other; specify in comments		

### Section 5: Mobility Support

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

#### Mobility Services Available

Service	Available	Comments
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UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Standby Assistance	<b>X</b>	
Transfers with assist of one staff	<b>X</b>	
Transfers with assist of two staff	<b>NA</b>	Staffing does not allow.
Transfers utilizing sit-to-stand lifts	<b>NA</b>	Staffing does not allow.
Transfers utilizing sliding boards	<b>X</b>	
Transfers utilizing bariatric equipment	<b>NA</b>	
Ceiling lift transfers	<b>NA</b>	
Non-mechanical transfers (trapeze)	<b>X</b>	
Mechanical lift: assist of 1 transfer	<b>X</b>	
Mechanical lift: assist of 2 transfer	<b>NA</b>	Staffing does not allow.
Ambulation with assist of 1	<b>NA</b>	
Bed mobility	<b>X</b>	
Assistance with chair mobility	<b>X</b>	
Chair Glide System	<b>X</b>	
Mechanical Stair Lift System	<b>NA</b>	
Handrails; in personal space	<b>X</b>	
<b>Service</b>	<b>Available</b>	<b>Comments</b>
Elevators	<b>NA</b>	
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	If required for client safety while waiting for further direction from provider.
Every 30-minutes safety checks	X	If required for client safety while waiting for further direction from provider.
Hourly safety checks	X	If required for client safety while waiting for further direction from provider.
Every two-hours safety checks	X	Routine check on all shifts
Daily safety checks	X	Routine Checks on all shifts
Emergency call system; specify type in comments	X	Non-Ambulatory clients are provided with a call pendant to summon help when needed.
Non-emergency call system; specify type in comments	X	Non-Ambulatory clients are provided with a call pendant to summon help when needed.
Digital wander alert device on resident	NA	Open door assisted living; clients may go in and out as they wish. Sign in/out required if leaving the grounds.
Wander alert system at facility exits	NA	Open door assisted living; clients may go in and out as they wish. Sign in/out required if leaving the grounds.

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Staff monitoring at facility exits; specify method in comments	NA	Open door assisted living; clients may go in and out as they wish. Sign in/out required if leaving the grounds.
Visitor check-in/check-out at facility main entrance	X	Visitors check in/out required.
Bed alarms or movement sensing technology	NA	
<b>Service</b>	<b>Available</b>	<b>Comments</b>
Door sensors: specify locations (unit, resident room, exits, etc.)	NA	
Security Guard	NA	
Security cameras in common spaces	X	Per Mn guidelines clients may have technology with electronic monitoring capability.
Key card/fob access: specify locations (unit, resident room, exits, etc.)	NA	
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Clients are provided with one copy each for their personal space. Clients may not change locks for any reason.
Emergency generator(s) to power the facility during power outages	NA	
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	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Breakfast available; delivered to apartment	<b>X</b>	Upon Request, or if medically necessary
Lunch available in community space	<b>X</b>	
Lunch available; delivered to apartment	<b>X</b>	Upon Request, or if medically necessary
Dinner available in community space	<b>X</b>	
Dinner available; delivered to apartment	<b>X</b>	Upon Request, or if medically necessary

Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	<b>X</b>	
Meal preparation in resident's unit	<b>NA</b>	
Thickened Liquids; specify limits in comments	<b>X</b>	Based on Medical need and orders from individual physician/medical professional
Modified Texture Diets; specify limits in comments	<b>X</b>	Mechanical Soft Diet available only if needed.
Therapeutic Diets: cardiac	<b>X</b>	Based on Medical need and orders from individual physician/medical professional
Therapeutic Diets: diabetic or calorie controlled	<b>X</b>	Based on Medical need and orders from individual physician/medical professional
Therapeutic Diets: gluten-free	<b>X</b>	Based on Medical need and orders from individual physician/medical professional
Therapeutic Diets: high fiber	<b>X</b>	Based on Medical need and orders from individual physician/medical professional
Therapeutic Diets: low fat/low cholesterol	<b>X</b>	Based on Medical need and orders from individual physician/medical professional
Therapeutic Diets: low sodium	<b>X</b>	Based on Medical need and orders from individual physician/medical professional

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Therapeutic Diets: no added salt	<b>X</b>	Based on Medical need and orders from individual physician/medical professional
Therapeutic Diets: renal diet	<b>NA</b>	
Other special diets: kosher	<b>X</b>	
Other special diets: (vegetarian, vegan, etc.) specify in comments	<b>NA</b>	
Dietitian or Nutritionist Services	<b>NA</b>	
Carbohydrate intake/tracking	<b>X</b>	Based on Medical need and orders from individual physician/medical professional
Meal consumption tracking	<b>NA</b>	
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	<b>X</b>	
Assistance with meals or food preparation	<b>X</b>	
Daily Social and Recreational Services	Required	Daily exercise and activity programs offered.
Housekeeping: bed making	<b>X</b>	
Housekeeping: defrost and clean refrigerator	<b>X</b>	
Housekeeping: dusting	<b>X</b>	
Housekeeping: organize closets and drawers	<b>X</b>	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Housekeeping: trash removal; specify frequency in comments	X	Completed at the end of every shift and as needed.
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments	X	In case of accidents or hoarding behaviors additional housekeeping available
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	X	
Schedule offsite social and recreational activities	X	With the help of guardians/caseworker; client may be responsible for additional costs
Schedule medical and social service appointments	X	
Assistance with arranging transportation for personal, social, and recreational activities	Required	Staff will assist clients with transportation arrangements via transportation vendor of their choice.
<b>Service</b>	<b>Available</b>	<b>Comments</b>
Assistance with arranging transportation to medical and social services appointments	Required	Staff will assist clients with transportation arrangements via transportation vendor of their choice.
Provide transportation to social and recreational activities	X	Sunset Homes Assisted Living Van is available to assist clients to social and recreational activities.
Provide transportation to medical and social service appointments	X	Staff will assist clients with transportation arrangements via transportation vendor of their choice.
Assistance accessing community resources and social services	Required	Sunset Homes Assisted Living Van is available to assist clients to social and recreational activities.
Shopping: facility sponsored	X	Sunset Homes Assisted Living Van is available to assist clients to social and recreational activities.

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Spiritual Care/Religious Services; on-site	<b>NA</b>	
Assistance with bill paying/budgeting	<b>NA</b>	
Communication boards or other supplemental communication devices	<b>X</b>	
Primary languages spoken by staff	<b>X</b>	Primary language spoken is English Sunset Homes, some staff members may be bilingual.
Supervision of smoking	<b>X</b>	Smoking is permitted in designated areas outside, there is no smoking allowed inside any Sunset Homes buildings, this includes but is not limited to porches, garages, sheds, or any other outbuildings on the property.
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	<b>NA</b>	
One-to-One staffing for special circumstances	<b>X</b>	When medical condition requires pending re-location to appropriate facility.
Overnight companion	<b>NA</b>	

Staffing	Available	Comments
Registered Nurse: on-site "part time"	<b>X</b>	
Registered Nurse: on-site "full time"	<b>NA</b>	
Licensed Practical Nurse: on site "part time"	<b>X</b>	
Licensed Practical Nurse: on-site "full time"	<b>NA</b>	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Assisted Living Director: on-site "part time"	<b>X</b>	
Assisted Living Director: on site "full time"	<b>NA</b>	
Advanced Practice Registered Nurse: on-site "part time"	<b>NA</b>	
Advanced Practice Registered Nurse: on site "full time"	<b>NA</b>	
Activities Director: Part Time	<b>NA</b>	
Activities Director: Full Time	<b>NA</b>	
Dietician/Nutritionist consultant available or can be arranged	<b>X</b>	Can be arranged
Physical Therapist available or can be arranged	<b>X</b>	Can be arranged.
Respiratory Therapist available or can be arranged	<b>X</b>	Can be arranged.
Occupational Therapist available or can be arranged	<b>X</b>	Can be arranged.
Speech Language Pathologist available or can be arranged	<b>X</b>	Can be arranged.
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
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UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Accessible bathrooms; specify limits in comments	X	Wheelchair accessible, walk-in showers, and bathtubs available.
Private units	X	
Semi-private units	NA	
Studio/efficiency units	NA	
One-bedroom units	NA	
Two-bedroom units	NA	
<b>Kitchen/Kitchenettes in units</b>	NA	
Internet access	X	
Cable (television)	X	Television provided in common area, television hook up provided in rooms (resident must provide their own television in his/her room)
Pets allowed	NA	
Pet care; specify in comments	NA	
Pool	NA	
Whirlpool	NA	
Exercise Room	X	
Library	NA	
Activity Room	X	
Garden/outdoor spaces	X	
Chapel	NA	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Private entertaining space	<b>X</b>	
Communal Dining room	<b>X</b>	
Beauty/Barber Shop	<b>NA</b>	
Parking available for residents	<b>X</b>	
Parking available for guests	<b>X</b>	
Guest accommodation	<b>NA</b>	
Laundry Room accessible to Residents	<b>X</b>	
Washer-Dryer in units	<b>NA</b>	
Central Air Conditioning	<b>X</b>	
Fully sprinklered building	<b>NA</b>	
Designated smoking area inside (not apartment space)	<b>NA</b>	
Designated smoking area outside	<b>X</b>	
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\(d\)](http://www.revisor.mn.gov/statutes/cite/144G.55) ([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

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

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 to 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 \(https://mn.gov/board-on-aging/directservices/ombudsman/\)](https://mn.gov/board-on-aging/directservices/ombudsman/); 1-800-657-3591
- [Office of Ombudsman for Mental Health and Developmental Disabilities \(https://mn.gov/omhdd/\)](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