

## 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): 01/06/2023

Name of Assisted Living: The Landmark Of Fridley

Unique building/unit descriptive (if applicable): N/A

Physical Address: 6490 Central Ave NE, Fridley MN 55432

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: 4

Evening Shift: 4

Night shift: 3

**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		
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	
Federal rent subsidy		

**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	Resident responsible for payment as insurance payment typically made directly to resident.
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	X	Memory Care unit secured; wander devices at exits in assisted living
Secured outdoor grounds on facility premises	X	Memory Care Courtyard only
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	X	For those wearing wander devices
Prepared to manage challenging behaviors	X	Exceptions are for those who pose a risk of harm to self or others

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

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	Fees based upon frequency
Communication with physician/pharmacy about ordering or refill requests	X	Minimum of medication management services must be provided
Medication administration by licensed or unlicensed personnel	X	Fees based upon frequency and complexity
Delivery of medication to resident previously set up by the facility nurse	X	Provided in emergent short-term situations
Medications set up by nurse for resident to self-administer	X	Fee and based upon assessment
Delivery of medication from the original containers to resident	X	
Delivery of liquid or food to resident if required to ingest medication	X	Based upon assessment
Delegation of medication management services by licensed health professional to unlicensed staff	X	Primary service delivery method
Central storage of medication	X	Provided in emergent of short-term situations
Diabetic Care: insulin pen dosing	X	Additional fee may apply based upon assessment
Diabetic Care: insulin pump management	X	Additional fee may apply based upon assessment
Diabetic Care: insulin syringe dosing	X	Additional fee may apply based upon assessment
Diabetic Care: sliding scale insulin management		

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

Service	Available	Comments
Clinical monitoring of labs related to medications	X	Additional fee may apply based upon assessment
Anticoagulant medication management	X	Additional fee may apply based upon assessment
B-12 injections	X	Per physician orders - fee based upon assessment
Nutritional supplement administration	X	Per physician orders - fee based upon assessment
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Per physician orders - fee based upon assessment
Nebulizers	X	Additional fee may apply based upon assessment
Inhalers	X	Additional fee may apply based upon assessment
Ear drops	X	Additional fee may apply based upon assessment
Eye drops	X	Additional fee may apply based upon assessment
Topicals	X	Additional fee may apply based upon assessment
Patches	X	Additional fee may apply based upon assessment
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		

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

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	Additional fee may apply based upon assessment
Wound care: basic	X	Additional fee may apply based upon assessment
Wound care: complex		
Diabetic care: blood glucose monitoring	X	Additional fee may apply based upon assessment
Diabetic care: foot/nail care	X	Additional fee may apply based upon assessment
C-PAP	X	Additional fee may apply based upon assessment
Bi-PAP	X	Additional fee may apply based upon assessment
Oxygen Management; specify any delivery system limitations	X	Additional fee may apply based upon assessment
Oxygen saturation checks	X	Additional fee may apply based upon assessment
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Additional fee may apply based upon assessment
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis		
Peritoneal Dialysis (on-site)		
Compression stockings	X	Additional fee may apply based upon assessment
Lymphedema wraps	X	Provided under client arrangement through third party
Fall Prevention: balance assessments	X	Provided under client arrangement through third party
Fall Prevention: exercise programs	X	Additional fee may apply based upon assessment
Fall Prevention: strength training	X	Additional fee may apply based upon assessment
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	Additional fee may apply based upon assessment
Daily weight check	X	Additional fee may apply based upon assessment
Indwelling urinary catheter care; emptying and bag changes	X	Additional fee may apply based upon assessment
Indwelling urinary catheter replacement by nurse		

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

Service	Available	Comments
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Additional fee may apply based upon assessment
Ostomy care		
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	Provided under client arrangement through third party
Access to and training on use of automatic electronic defibrillators (AED)		
Training of and use of Cardiopulmonary Resuscitation (CPR)		
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	Based upon assessment
Bathing: shower	X	Based upon assessment
Bathing: bathtub	X	Based upon assessment
Oral hygiene	X	Based upon assessment
Denture care	X	Based upon assessment
Cueing/reminders for self-care	X	Based upon assessment

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Use of special utensils	X	Based upon assessment
Feeding assistance for residents with complicated eating problems	X	Based upon assessment; Memory Care only
Set-up and cut food at meals	X	Based upon assessment
Manual Feeding; specify limits in comments	X	Based upon assessment
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	Based upon assessment;Memory Care Only
Feeding in resident's apartment with one staff member per resident	X	Short-term, emergent situations; additional fee may apply based upon assessment
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	Based upon assessment
Nail care: toenails, fingernails	X	Based upon assessment
Toileting: standby assistance/supervision	X	Based upon assessment
Changing incontinence products; perineal care	X	Based upon assessment
Ordering replacement incontinence products		
Assistance with bowel and bladder control, devices, and training programs		
Other; specify in comments		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

## Section 5: Mobility Support

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

### Mobility Services Available

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

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

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 emergent situations; additional fees may apply
Every 30-minutes safety checks	X	Short-term emergent situations; additional fees may apply
Hourly safety checks	X	Based upon assessment
Every two-hours safety checks	X	Based upon assessment
Daily safety checks	X	All
Emergency call system; specify type in comments	X	All
Non-emergency call system; specify type in comments		
Digital wander alert device on resident	X	Based upon assessment; additional fees may apply
Wander alert system at facility exits	X	Applicable for those wearing a device
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	X	Sign in sheet at Front Entrance
Bed alarms or movement sensing technology	X	Based upon assessment; Memory Care only

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Memory Care
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Exterior exits, front door and apartments
Emergency generator(s) to power the facility during power outages	X	
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 fees may apply
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Additional fees may apply
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Additional fees may apply

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	X	Additional fees may apply
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Additional fees may apply
Modified Texture Diets; specify limits in comments	X	Additional fees may apply
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium		
Therapeutic Diets: no added salt	X	Additional fees may apply
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		
Dietitian or Nutritionist Services	X	
Carbohydrate intake/tracking		
Meal consumption tracking	X	Memory Care only
Other; specify in comments		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

**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	
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	Additional fees may apply
Housekeeping: defrost and clean refrigerator	X	Additional fees may apply
Housekeeping: dusting		
Housekeeping: organize closets and drawers		
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		
Laundry: linen (change bed, launder sheets, towels)	X	Additional fees may apply
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Additional fees may apply
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	
Schedule medical and social service appointments	X	Optional assistance
Assistance with arranging transportation for personal, social, and recreational activities	Required	

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

Service	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	X	Per community schedule
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	Per community schedule
Spiritual Care/Religious Services; on-site	X	Per community schedule
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	
Primary languages spoken by staff	X	English
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		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Staffing	Available	Comments
Registered Nurse: on-site "part time"		
Registered Nurse: on-site "full time"	X	Primary hours M-F
Licensed Practical Nurse: on site "part time"	X	
Licensed Practical Nurse: on-site "full time"		
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	Primary hours M-F
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time		
Activities Director: Full Time	X	Primary hours M-F
Dietician/Nutritionist consultant available or can be arranged		
Physical Therapist available or can be arranged	X	Arranged by client through third party
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Arranged by client through third party
Speech Language Pathologist available or can be arranged	X	Arranged by client through third party
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments		
Other; specify in comments		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

**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	All
Private units	X	All
Semi-private units		
Studio/efficiency units	X	Memory Care Only
One-bedroom units	X	Assisted Living Only
Two-bedroom units	X	Assisted Living Only
Kitchen/Kitchenettes in units	X	
Internet access	X	
Cable (television)	X	
Pets allowed	X	based on assessment additional fee and agreement
Pet care; specify in comments		
Pool		
Whirlpool	X	
Exercise Room	X	
Library	X	
Activity Room	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Garden/outdoor spaces	X	
Chapel	X	
Private entertaining space		
Communal Dining room	X	
Beauty/Barber Shop	X	Additional fee applies
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations	X	
Laundry Room accessible to Residents	X	
Washer-Dryer in units	X	Assisted Living only
Central Air Conditioning	X	Common Areas
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		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

## 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](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