

# 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): 03/01/2025

Name of Assisted Living: Mill Street Residence

Unique building/unit descriptive (if applicable): \_\_\_\_\_

Physical Address: 802 South Mill Street, Fergus Falls, MN 56537

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: 3

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

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Payment Option	Accepted	Comments
Other; explain		

**Payment Options for Services**

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	EW only
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		
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors		

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	Staff available 24 hours/day
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		
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		
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	Resident must be able to self administer insulin

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Service	Available	Comments
Clinical monitoring of labs related to medications	X	
Anticoagulant medication management	X	
B-12 injections	X	
Nutritional supplement administration	X	
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	IM or SQ can be given when licensed staff are on duty
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	X	
Medical Cannabis storage for certified patients	X	Stored in double locked box in resident's room
Cannabidiol oil administration for certified patients	X	Per MD orders

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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		
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	
Oxygen saturation checks	X	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		

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Service	Available	Comments
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		
Fall Prevention: balance assessments	X	Provided through LRH outpatient therapy
Fall Prevention: exercise programs	X	Provided internally and through LRH outpatient therapy
Fall Prevention: strength training	X	Provided internally and through LRH outpatient therapy
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		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	
Ostomy care		
Arrangements for and coordination with hospice care	X	
End-of-life palliative care		
Access to and training on use of automatic electronic defibrillators (AED)	X	
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	
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	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Use of special utensils	X	Weighted silverware, compartmentalized plates
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	
Assistance with bowel and bladder control, devices, and training programs	X	
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		
Transfers utilizing sit-to-stand lifts		
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		
Ceiling lift transfers		
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer	X	Emergency use only I.E. after a fall
Mechanical lift: assist of 2 transfer	X	Emergency use only I.E. after a fall
Ambulation with assist of 1	X	
Bed mobility		
Assistance with chair mobility		
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	

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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		
Every 30-minutes safety checks		
Hourly safety checks	X	In case of emergency/short term only
Every two-hours safety checks	X	In case of emergency/short term only
Daily safety checks	X	
Emergency call system; specify type in comments	X	Pendent-style emergency call system
Non-emergency call system; specify type in comments	X	Speed dial on phone
Digital wander alert device on resident		
Wander alert system at facility exits	X	Wanderguard at four 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		

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Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard	X	Campus security guard from 6:00 PM - 6:00 AM
Security cameras in common spaces	X	At all 4 exit doors
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	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	\$3.00 delivery/meal for residents who do not have escort services as part of care plan
Lunch available in community space	X	
Lunch available; delivered to apartment	X	\$3.00 delivery/meal for residents who do not have escort services as part of care plan
Dinner available in community space	X	
Dinner available; delivered to apartment	X	\$3.00 delivery/meal for residents who do not have escort services as part of care plan

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Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	X	\$3.00 delivery/meal for residents who do not have escort services as part of care plan
Meal preparation in resident's unit	X	
Thickened Liquids; specify limits in comments	X	We can order thickened liquids. We can also order thick-it which thickens liquids.
Modified Texture Diets; specify limits in comments	X	We can cut residents meat items. an also puree in robo coup.
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		
Therapeutic Diets: gluten-free	X	We are not a gluten-free kitchen but can follow/offer gluten-free choices to a point.
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		
Dietitian or Nutritionist Services	X	Access to LRH Dietitian & Diabetes Educator
Carbohydrate intake/tracking		
Meal consumption tracking	X	On an individual basis we can record what a resident consumes at each meal.
Other; specify in comments	X	We can accommodate many special diets though we are not a dietetic kitchen.

## 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	Checks occur during meal times
Assistance with meals or food preparation	X	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	Included as part of weekly housekeeping services.
Housekeeping: defrost and clean refrigerator	X	Included as part of weekly housekeeping services.
Housekeeping: dusting	X	Included as part of weekly housekeeping services.
Housekeeping: organize closets and drawers	X	Upon request
Housekeeping: trash removal; specify frequency in comments	X	Included as part of weekly housekeeping services and upon request.
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	Included as part of weekly housekeeping services.
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Available at a cost of \$7.00 per load.
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	
Schedule medical and social service appointments	X	
Assistance with arranging transportation for personal, social, and recreational activities	Required	

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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	X	Transports to LRH appointments at no cost. Rides on Wednesday's (9:00-4:00) at no cost.
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	
Spiritual Care/Religious Services; on-site	X	Non-denominational worship service 2nd Sunday & 4th Thursday; Weekly bible study.
Assistance with bill paying/budgeting	X	
Communication boards or other supplemental communication devices	X	Television monitors in hallways, channel 15 in apartments.
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		

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Staffing	Available	Comments
Registered Nurse: on-site "part time"	X	RN or LPN scheduled from 8:30 AM - 11:30 PM, Mon-Fri; 7:00 AM - 11:30 PM, Sat & Sun
Registered Nurse: on-site "full time"	X	RN or LPN scheduled from 8:30 AM - 11:30 PM, Mon-Fri; 7:00 AM - 11:30 PM, Sat & Sun
Licensed Practical Nurse: on site "part time"	X	RN or LPN scheduled from 8:30 AM - 11:30 PM, Mon-Fri; 7:00 AM - 11:30 PM, Sat & Sun
Licensed Practical Nurse: on-site "full time"	X	RN or LPN scheduled from 8:30 AM - 11:30 PM, Mon-Fri; 7:00 AM - 11:30 PM, Sat & Sun
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	
Advanced Practice Registered Nurse: on-site "part time"	X	
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	LRH Dietitian available upon request
Physical Therapist available or can be arranged	X	Through LRH outpatient therapy
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Through LRH outpatient therapy
Speech Language Pathologist available or can be arranged	X	
Social Worker available or can be arranged	X	
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	X	All public bathrooms; All apts on main floor plus select apts on 2nd & 3rd floors accessible
Private units	X	
Semi-private units		
Studio/efficiency units	X	
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	Kitchenettes only
Internet access	X	
Cable (television)	X	
Pets allowed	X	Two pets per apartment. Must be under 25 pounds.
Pet care; specify in comments		
Pool		
Whirlpool	X	
Exercise Room	X	
Library	X	
Activity Room	X	

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Garden/outdoor spaces	X	
Chapel		
Private entertaining space	X	
Communal Dining room	X	
Beauty/Barber Shop	X	
Parking available for residents	X	Off-street parking with electrical hook up
Parking available for guests	X	
Guest accommodations	X	\$50 per night includes breakfast
Laundry Room accessible to Residents	X	
Washer-Dryer in units		
Central Air Conditioning	X	In hallways and common areas. Resident controls own temp (heat, AC) in apartment.
Fully sprinklered building	X	
Designated smoking area inside (not apartment space)		
Designated smoking area outside		
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](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:

- 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](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.

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Date (MM/DD/YYYY)

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Individual or Legal/Designated Representative