

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) 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): 05/18/2024

Name of Assisted Living: Speltz Estates Assisted Living, INC

Unique building/unit descriptive (if applicable): _____

Physical Address: 232 S. Fremont Street, Lewiston, MN 55952

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): _____

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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: 1-2 _____

Evening Shift: 1-2 _____

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	no limit on number of private pay months before acceptance of Medicaid
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	State set Room and Board Rate

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Federal rent subsidy		
Payment Option	Accepted	Comments
Other; explain	X	If approved by their Veterans' benefits
Payment Options for Services		
Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	
Private Pay	X	no limit on number of private pay months before acceptance of Medicaid
Long Term Care Insurance	X	if approved by their LTC insurance
Other; explain	X	Veterans' benefits

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

Service	Available	Comments
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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	for additional fee
Communication with physician/pharmacy about ordering or refill requests	X	for additional fee
Medication administration by licensed or unlicensed personnel	X	for additional fee
Delivery of medication to resident previously set up by the facility nurse	X	for additional fee
Medications set up by nurse for resident to self-administer	X	for additional fee
Delivery of medication from the original containers to resident	X	for additional fee
Delivery of liquid or food to resident if required to ingest medication	X	for additional fee
Delegation of medication management services by licensed health professional to unlicensed staff	X	for additional fee
Central storage of medication		
Diabetic Care: Insulin pen dosing	X	for additional fee, staff can confirm correct dose dialed for self-administration
Diabetic Care: insulin pump management	X	for additional fee

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Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	for additional fee

Service	Available	Comments
Clinical monitoring of labs related to medications	X	for additional fee
Anticoagulant medication management	X	for additional fee
B-12 Injections	X	limited- pre-scheduled with RN for additional fee
Nutritional supplement administration	X	liquid oral Ensure and Boost or similar paid for by resident
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	limited- pre-scheduled with RN for additional fee
Nebulizers	X	for additional fee
Inhalers	X	for additional fee
Ear drops	X	for additional fee
Eye drops	X	for additional fee
Topicals	X	for additional fee
Patches	X	for additional fee
Medication delivery via enteral (feeding) tube		
Pain pump management		

Medical cannabis administration (pill form) for certified patients	X	for additional fee
Medical Cannabis storage for certified patients	X	for additional fee
Cannabidiol oil administration for certified patients	X	for additional fee
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	for additional fee
Wound care: basic	X	for additional fee
Wound care: complex	X	pre-scheduled with RN for additional fee or outside home care agency paid for by resident
Diabetic care: blood glucose monitoring	X	for additional fee
Diabetic care: foot/nail care	X	limited, podiatrist visits 2-3 months and bills resident insurance, fingernail additional fee
C-PAP	X	for additional fee
Bi-PAP	X	for additional fee
Oxygen Management; specify any delivery system limitations	X	for additional fee
Oxygen saturation checks	X	pre-scheduled, no fee for COVID monitoring, and for additional fee per MD order
Ventilators		

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Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Service	Available	Comments
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	for additional fee
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	for additional fee
Peritoneal Dialysis (on-site)		
Compression stockings	X	for additional fee
Lymphedema wraps	X	for additional fee
Fall Prevention: balance assessments	X	assessment by outside PT agency paid for by resident
Fall Prevention: exercise programs	X	provided implement program by outside PT agency paid for by resident
Fall Prevention: strength training	X	provided implement program by outside PT agency paid for by resident
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	provided by outside provider paid for by resident

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Integrative Health Services: healing touch	X	provided by outside provider paid for by resident
Integrative Health Services: massage	X	provided by outside provider paid for by resident
Blood pressure checks	X	limited medical package fee includes weekly vitals, more frequent for additional fee
Daily weight check	X	for additional fee
Indwelling urinary catheter care; emptying and bag changes	X	for additional fee
Indwelling urinary catheter replacement by nurse	X	provided by outside provider paid for by resident

Service	Available	Comments
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	for additional fee
Ostomy care	X	for additional fee
Arrangements for and coordination with hospice care	X	for additional fee
End-of-life palliative care	X	provided by outside provider paid for by resident and additional support for a fee
Access to and training on use of automatic electronic defibrillators (AED)		
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	offer CPR training to staff/ not all staff certified
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	for additional fee
Bathing: shower	X	for additional fee
Bathing: bathtub	X	for additional fee
Oral hygiene	X	for additional fee
Denture care	X	for additional fee
Cueing/reminders for self-care	X	for additional fee

Service	Available	Comments
Use of special utensils	X	use of facility adaptive utensil available special requests for additional fee
Feeding assistance for residents with complicated eating problems	X	for additional fee
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	minimal assistance and cues with eating for additional fee
Tube Feeding; specify limits in comments	X	for additional fee
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	for additional fee

Nail care: toenails, fingernails	X	limited, podiatrist visits 2-3 months and bills resident insurance, fingernail additional fee
Toileting: standby assistance/supervision	X	for additional fee
Changing incontinence products; perineal care	X	for additional fee
Ordering replacement incontinence products	X	for additional fee
Assistance with bowel and bladder control, devices, and training programs	X	for additional fee
Other; specify in comments	X	assistance with special diet for additional fee

Section 5: Mobility Support

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

Mobility Services Available

Service	Available	Comments
Standby Assistance	X	for additional fee
Transfers with assist of one staff	X	for additional fee
Transfers with assist of two staff		
Transfers utilizing sit-to-stand lifts	X	for additional fee- facility has sit to stand lift
Transfers utilizing sliding boards	X	for additional fee
Transfers utilizing bariatric equipment		
Ceiling lift transfers	X	for additional fee with assist of 1 staff
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer	X	for additional fee- facility has a hooyer lift for transfer

Mechanical lift: assist of 2 transfer		
Ambulation with assist of 1	X	for additional fee
Bed mobility	X	for additional fee
Assistance with chair mobility	X	for additional fee
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	bathroom grab bars and beside transfer bars
Service	Available	Comments
Elevators		
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	for additional fee
Every two-hours safety checks	X	for additional fee
Daily safety checks	X	

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Emergency call system; specify type in comments	X	SMART-wireless call system
Non-emergency call system; specify type in comments	X	SMART-wireless call system for additional fee
Digital wander alert device on resident	X	protect and locate alarm system-with GPS location ability- for additional fee
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments	X	door alarms that note the door number opened
Visitor check-in/check-out at facility main entrance	X	self-check in/sign-in (COVID self screening)
Bed alarms or movement sensing technology	X	SMART- wireless alarm system for additional fee
Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)	X	unit and exit doors note location opened, motion sensor available for additional fee
Security Guard		
Security cameras in common spaces		
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	personal keys- master key opens all doors
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	key code lock on mechanical room and laundry room/master key opens all doors
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	weekly menu posted on bulletin board
Breakfast available in community space	X	meal package for a fee
Breakfast available; delivered to apartment	X	for additional fee
Lunch available in community space	X	meal package for a fee
Lunch available; delivered to apartment	X	for additional fee
Dinner available in community space	X	meal package for a fee
Dinner available; delivered to apartment	X	for additional fee

Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	X	for additional fee
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	as ordered by physician
Modified Texture Diets; specify limits in comments		
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled	X	Carb controlled not calorie controlled for additional fee
Therapeutic Diets: gluten-free		

Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium		
Therapeutic Diets: no added salt	X	for additional fee
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	limited- for additional fee
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking		
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	X	staff to do face to face check daily for those who do not already have scheduled services
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	games, outings, shopping, ice cream socials, movie/popcorn night

Housekeeping: bed making	X	for additional fee
Housekeeping: defrost and clean refrigerator	X	for additional fee
Housekeeping: dusting	X	for additional fee
Housekeeping: organize closets and drawers	X	for additional fee
Housekeeping: trash removal; specify frequency in comments	X	for additional fee
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	for additional fee
Housekeeping: other; specify in comments	X	for additional fee- deep cleaning moving/furniture
Laundry: linen (change bed, launder sheets, towels)	X	for additional fee (residential machine- unable to do large items)
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	for additional fee (residential machine- unable to do large items)
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	provided for facility events, ind. requests for additional fee and staff availability
Schedule medical and social service appointments	X	for additional fee
Assistance with arranging transportation for personal, social, and recreational activities	Required	
Service	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	X	provided for facility events, ind. requests for additional fee and staff availability
Provide transportation to medical and social service appointments	X	for additional fee, if staff available

Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	when planned and/or staffing available
Spiritual Care/Religious Services; on-site		
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices		
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		
Staffing	Available	Comments
Registered Nurse: on-site "part time"	X	available 24/7 for phone questions/on-site PRN and for Required RN duties
Registered Nurse: on-site "full time"		

Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"		
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	Assumes duties of Activities Director
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time	X	Licensed Assisted Living Director
Activities Director: Full Time		
Dietician/Nutritionist consultant available or can be arranged	X	can be arranged and paid for by resident
Physical Therapist available or can be arranged	X	can be arranged and paid for by resident
Respiratory Therapist available or can be arranged	X	can be arranged and paid for by resident
Occupational Therapist available or can be arranged	X	can be arranged and paid for by resident
Speech Language Pathologist available or can be arranged	X	can be arranged and paid for by resident
Social Worker available or can be arranged	X	can be arranged and paid for by resident
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 wheelchair/walker friendly and 3 units have wheel in showers available
Private units		
Semi-private units		
Studio/efficiency units	X	10 units with private bathroom and 1 unit with shared bath/tub-shower
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units	X	
Internet access	X	Wi-Fi included in rent
Cable (television)	X	Cable included in rent
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool	X	shared- assistance with bath can be scheduled for a fee
Exercise Room		
Library		
Activity Room		

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Garden/outdoor spaces	X	Each patio has a flower garden provided.
Chapel		
Private entertaining space		
Communal Dining room	X	meals served at 7:30a-9a, 12pm and 5:30pm
Beauty/Barber Shop		
Parking available for residents	X	Limited garage space for an additional fee
Parking available for guests	X	Gravel area in front of building
Guest accommodations		
Laundry Room accessible to Residents	X	If individual Abuse Prevention Plan allows
Washer-Dryer in units		
Central Air Conditioning	X	Each unit has split system for A/C in summer and add'l heat in spring/fall to supplement
Fully sprinklered building		
Designated smoking area inside (not apartment space)		
Designated smoking area outside	X	Smoking allowed on individual patio or 10 feet away from front door
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).

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/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
- Minnesota Senior LinkAge Line (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