

# 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): 07/01/2024

Name of Assisted Living: Kingsway Retirement Living

Unique building/unit descriptive (if applicable): Independent Living, Assisted Living, Memory Care

Physical Address: 815 West Main Street Belle Plaine, MN 56011

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): Independent Living (IL) 2 floors Apt # 101-225

Physical Address (if different than above): \_\_\_\_\_

Additional Building:

Unique building/unit descriptive (if applicable): Assisted Living (AL) 2 floors Apt # 227-337

Physical Address (if different than above): \_\_\_\_\_

Additional Building:

Unique building/unit descriptive (if applicable): Memory Care (MC) 1 floor Apt# 127-142

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: 2

## 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		
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 & CADI limited number of eligible apartments
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	X	Memory Care
Secured outdoor grounds on facility premises	X	Memory Care
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	Memory Care

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Other; specify in comments	x	Dementia-Focused Life Enrichment Program dedicated to Memory Care Suite

## 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		
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management		

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Service	Available	Comments
Clinical monitoring of labs related to medications	<b>X</b>	Limited lab draws available M-F; 8am-4pm.
Anticoagulant medication management	<b>X</b>	Limited lab draws available M-F; 8am-4pm.
B-12 injections	<b>X</b>	When licensed staff available M-F; 8am-4pm.
Nutritional supplement administration	<b>X</b>	
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	<b>X</b>	Flu Shot and B12 IM injection by licensed staff only
Nebulizers	<b>X</b>	
Inhalers	<b>X</b>	
Ear drops	<b>X</b>	
Eye drops	<b>X</b>	
Topicals	<b>X</b>	
Patches	<b>X</b>	
Medication delivery via enteral (feeding) tube		
Pain pump management		
Medical cannabis administration (pill form) for certified patients	<b>X</b>	Per facility policy
Medical Cannabis storage for certified patients	<b>X</b>	Per facility policy
Cannabidiol oil administration for certified patients	<b>X</b>	Per facility policy

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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		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis		
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps	X	Contracted Therapy Only
Fall Prevention: balance assessments	X	Contracted Therapy Only
Fall Prevention: exercise programs	X	Group Exercise Offered Through Activities
Fall Prevention: strength training	X	Group Exercise Offered Through Activities
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	Through Life Enrichment Program Only
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	
Daily weight check	X	Per MD Orders Only
Indwelling urinary catheter care; emptying and bag changes	X	Assisted Living and Memory Care Only
Indwelling urinary catheter replacement by nurse		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Straight (intermittent) catheter assistance		
Suprapubic catheter care	x	Empty bag and change bag only
Ostomy care	x	Assisted Living and Memory Care only
Arrangements for and coordination with hospice care	x	
End-of-life palliative care	x	Assisted Living and Memory Care only
Access to and training on use of automatic electronic defibrillators (AED)	x	Staff are not CPR trained, but will call EMS and follow their guided instruction.
Training of and use of Cardiopulmonary Resuscitation (CPR)	x	Staff are not CPR trained, but will call EMS and follow their guided instruction.
Other; specify in comments		Staff not CPR certified.

## 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	IL- Limited to twice daily only
Bathing: shower	x	IL- Limited
Bathing: bathtub	x	IL- Limited
Oral hygiene	x	
Denture care	x	
Cueing/reminders for self-care	x	IL- Limited to twice daily only

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Service	Available	Comments
Use of special utensils	x	Memory Care Only
Feeding assistance for residents with complicated eating problems	x	Memory Care Only
Set-up and cut food at meals	x	
Manual Feeding; specify limits in comments	x	Memory Care Only
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident		
Feeding in resident's apartment with one staff member per resident		
Grooming: hair care, make-up, shaving, application of lotion, etc.	x	IL- Limited to twice daily only
Nail care: toenails, fingernails	x	
Toileting: standby assistance/supervision	x	Assisted Living and Memory Care Only
Changing incontinence products; perineal care	x	IL- Limited to twice daily only
Ordering replacement incontinence products	x	
Assistance with bowel and bladder control, devices, and training programs	x	Limited Services in Assisted Living and Memory Care
Other; specify in comments		IL- No assistance with toileting around the clock

## Section 5: Mobility Support

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

### Mobility Services Available

Service	Available	Comments
Standby Assistance	X	Assisted Living and Memory Care Only
Transfers with assist of one staff	X	Assisted Living and Memory Care Only
Transfers with assist of two staff	X	Memory Care Only
Transfers utilizing sit-to-stand lifts	X	Memory Care Only
Transfers utilizing sliding boards	X	Assisted Living - One Assist Memory Care- Two assist
Transfers utilizing bariatric equipment		
Ceiling lift transfers		
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer		
Ambulation with assist of 1	X	Assisted Living and Memory Care Only
Bed mobility	X	Assisted Living and Memory Care Only
Assistance with chair mobility	X	Assisted Living and Memory Care Only
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	In bathrooms only

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Service	Available	Comments
Elevators	X	Both sides of building
Other; specify in comments		IL- No assistance with transfers

## 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	x	Memory Care Only
Hourly safety checks	x	Memory Care Only
Every two-hours safety checks	x	Assisted Living and Memory Care Only
Daily safety checks	x	
Emergency call system; specify type in comments	X	Pendant
Non-emergency call system; specify type in comments	X	Pendant
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	X	Main Entrance Door locked at all times
Bed alarms or movement sensing technology	x	Assisted Living and Memory Care Only

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Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces	X	Main Entrance
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Main Entrance
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Other entrances are secured
Emergency generator(s) to power the facility during power outages		
Other; specify in comments		

## Section 7: Dining and Nutrition

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

### Dining and Nutrition Services

Service	Available	Comments
Three meals available, plus snacks	Required	
Breakfast available in community space	X	
Breakfast available; delivered to apartment	X	IL- Fee may Apply
Lunch available in community space	X	
Lunch available; delivered to apartment	X	IL- Fee may Apply
Dinner available in community space	X	
Dinner available; delivered to apartment	X	IL- Fee may Apply

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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	Vendor purchased, prepared
Modified Texture Diets; specify limits in comments	x	Limited Options, Vendor purchased, prepared
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled	x	Alternate options available
Therapeutic Diets: gluten-free	x	Gluten friendly menu options, kitchen is not completely gluten-free
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	x	Alternate options available
Dietitian or Nutritionist Services	X	Dietitian upon request with additional fee
Carbohydrate intake/tracking		
Meal consumption tracking	X	Assisted Living and Memory Care Only
Other; specify in comments	X	Menu may offer alternative options.

## 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	Once a day
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	AL and Memory Care- Home Health Aide IL- Upon request, additional fee may apply
Housekeeping: defrost and clean refrigerator	x	Upon request, additional fee may apply
Housekeeping: dusting	X	AL and Memory Care -Light Dusting weekly IL- Upon request, additional fee may apply
Housekeeping: organize closets and drawers		
Housekeeping: trash removal; specify frequency in comments	X	AL and Memory Care- weekly trash removal IL- Upon request, additional fee may apply
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	AL and Memory Care- weekly gen cleaning IL- Upon request, additional fee may apply
Housekeeping: other; specify in comments		Upon request and additional fees may apply
Laundry: linen (change bed, launder sheets, towels)	X	Home Health Assistant per service plan IL- Upon request, additional fee may apply
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Home Health Assistant per service plan IL- Upon request, additional fee may apply
Laundry: other; specify in comments	X	Upon request and additional fees may apply
Schedule offsite social and recreational activities	X	Life Enrichment Programming- may vary and fee may be applied
Schedule medical and social service appointments	X	Additional Fee May Apply
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	Life Enrichment Programming- may vary and fee may be applied
Provide transportation to medical and social service appointments	X	Local Fee and Non-local Fee may be applied Limited Distance
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	Life Enrichment Programming- May Vary
Spiritual Care/Religious Services; on-site	X	Pastor available to visit on-site Church Services Conducted
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		

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Staffing	Available	Comments
Registered Nurse: on-site "part time"		
Registered Nurse: on-site "full time"	X	Clinical Nurse Supervisor
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"	X	
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	
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	Life Enrichment Manager
Dietician/Nutritionist consultant available or can be arranged	X	Upon Request, fee may be applied
Physical Therapist available or can be arranged	X	Contracted and/or Home Care Agency
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Contracted and/or Home Care Agency
Speech Language Pathologist available or can be arranged	x	Contracted and/or Home Care Agency
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments		
Other; specify in comments	x	Rounding Providers, Visiting podiatry

## 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	
Private units	X	
Semi-private units	X	Two bedroom apartments- share common areas in apartments
Studio/efficiency units	X	Memory Care Only
One-bedroom units	x	
Two-bedroom units	x	
Kitchen/Kitchenettes in units	x	IL and AL
Internet access	x	Fee may be applied
Cable (television)	x	Fee may be applied
Pets allowed	X	Fee may be applied Cat and Dog; IL only
Pet care; specify in comments		
Pool		
Whirlpool	X	
Exercise Room	X	
Library	X	
Activity Room	X	In various locations of building

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Garden/outdoor spaces	X	
Chapel	X	Designated space for Religious events
Private entertaining space	X	Ratzkellar- designated space. Fee may be applied
Communal Dining room	X	
Beauty/Barber Shop	X	Managed and Operated by outside vendor
Parking available for residents	X	Underground Parking- fee may be applied Outside- no fee
Parking available for guests	X	
Guest accommodations	X	
Laundry Room accessible to Residents	X	Neighborhood floors on one side of building
Washer-Dryer in units	X	IL only
Central Air Conditioning	X	
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\(d\) \(www.revisor.mn.gov/statutes/cite/144G.55\)](#).

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.

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Date (MM/DD/YYYY)

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Individual or Legal/Designated Representative