

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): 07/24/2024

Name of Assisted Living: Clara City Assisted Living

Unique building/unit descriptive (if applicable): _____

Physical Address: 200 East Wachtler Ave. Clara City, MN 56222

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: 2

Evening Shift: n/a

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	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	
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	
Secured outdoor grounds on facility premises	X	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	With focus of keeping all residents safe.

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	ADDITIONAL FEES APPLY
Communication with physician/pharmacy about ordering or refill requests	X	ADDITIONAL FEES APPLY
Medication administration by licensed or unlicensed personnel	X	ADDITIONAL FEES APPLY
Delivery of medication to resident previously set up by the facility nurse		
Medications set up by nurse for resident to self-administer	X	ADDITIONAL FEES APPLY
Delivery of medication from the original containers to resident	X	ADDITIONAL FEES APPLY
Delivery of liquid or food to resident if required to ingest medication	X	ADDITIONAL FEES APPLY
Delegation of medication management services by licensed health professional to unlicensed staff	X	ADDITIONAL FEES APPLY
Central storage of medication	X	ADDITIONAL FEES APPLY
Diabetic Care: insulin pen dosing	X	ADDITIONAL FEES APPLY
Diabetic Care: insulin pump management	X	ADDITIONAL FEES APPLY
Diabetic Care: insulin syringe dosing	X	ADDITIONAL FEES APPLY
Diabetic Care: sliding scale insulin management	X	ADDITIONAL FEES APPLY

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Clinical monitoring of labs related to medications	X	ADDITIONAL FEES APPLY
Anticoagulant medication management	X	ADDITIONAL FEES APPLY
B-12 injections	X	ADDITIONAL FEES APPLY
Nutritional supplement administration	X	ADDITIONAL FEES APPLY
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	IM, SQ ADDITIONAL FEES APPLY
Nebulizers	X	ADDITIONAL FEES APPLY
Inhalers	X	ADDITIONAL FEES APPLY
Ear drops	X	ADDITIONAL FEES APPLY
Eye drops	X	ADDITIONAL FEES APPLY
Topicals	X	ADDITIONAL FEES APPLY
Patches	X	ADDITIONAL FEES APPLY
Medication delivery via enteral (feeding) tube	X	ADDITIONAL FEES APPLY
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 FEES APPLY
Wound care: basic	X	ADDITIONAL FEES APPLY
Wound care: complex	X	ADDITIONAL FEES APPLY
Diabetic care: blood glucose monitoring	X	ADDITIONAL FEES APPLY
Diabetic care: foot/nail care	X	ADDITIONAL FEES APPLY
C-PAP	X	ADDITIONAL FEES APPLY
Bi-PAP	X	ADDITIONAL FEES APPLY
Oxygen Management; specify any delivery system limitations	X	ADDITIONAL FEES APPLY
Oxygen saturation checks	X	ADDITIONAL FEES APPLY
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 FEES APPLY
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis		
Peritoneal Dialysis (on-site)		
Compression stockings	X	ADDITIONAL FEES APPLY
Lymphedema wraps	X	ADDITIONAL FEES APPLY
Fall Prevention: balance assessments		
Fall Prevention: exercise programs		
Fall Prevention: strength training		
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	ADDITIONAL FEES APPLY
Daily weight check	X	ADDITIONAL FEES APPLY
Indwelling urinary catheter care; emptying and bag changes	X	ADDITIONAL FEES APPLY
Indwelling urinary catheter replacement by nurse	X	ADDITIONAL FEES APPLY

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Straight (intermittent) catheter assistance	X	ADDITIONAL FEES APPLY
Suprapubic catheter care	X	ADDITIONAL FEES APPLY
Ostomy care	X	ADDITIONAL FEES APPLY
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	ADDITIONAL FEES APPLY
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	ADDITIONAL FEES APPLY
Bathing: shower	X	ADDITIONAL FEES APPLY
Bathing: bathtub	X	ADDITIONAL FEES APPLY
Oral hygiene	X	ADDITIONAL FEES APPLY
Denture care	X	ADDITIONAL FEES APPLY
Cueing/reminders for self-care	X	ADDITIONAL FEES APPLY

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Use of special utensils	X	
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	ON OCCASION
Tube Feeding; specify limits in comments	X	ADDITIONAL FEES APPLY
Feeding in common area with one staff member per resident	X	ADDITIONAL FEES APPLY (MCU ONLY)
Feeding in resident's apartment with one staff member per resident		
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	ADDITIONAL FEES APPLY
Nail care: toenails, fingernails	X	ADDITIONAL FEES APPLY
Toileting: standby assistance/supervision	X	ADDITIONAL FEES APPLY
Changing incontinence products; perineal care	X	ADDITIONAL FEES APPLY
Ordering replacement incontinence products	X	ADDITIONAL FEES APPLY
Assistance with bowel and bladder control, devices, and training programs	X	ADDITIONAL FEES APPLY
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		
Mechanical lift: assist of 2 transfer		
Ambulation with assist of 1	X	ADDITIONAL FEES APPLY
Bed mobility	X	ADDITIONAL FEES APPLY
Assistance with chair mobility	X	ADDITIONAL FEES APPLY
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		
Every 30-minutes safety checks		
Hourly safety checks		
Every two-hours safety checks	X	IN SECURED UNIT ONLY
Daily safety checks	X	FOR ALL RESIDENTS
Emergency call system; specify type in comments	X	PENDANT PROVIDED
Non-emergency call system; specify type in comments		
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments	X	Memory care doors are secured by locks
Visitor check-in/check-out at facility main entrance		
Bed alarms or movement sensing technology		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard	X	
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	SECURED UNIT FOR DEMENTIA CARE
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	snack included in base fee, breakfast, lunch and supper for an additional fee.
Breakfast available in community space	X	
Breakfast available; delivered to apartment		
Lunch available in community space	X	ADDITIONAL FEES APPLY
Lunch available; delivered to apartment	X	ADDITIONAL FEES APPLY
Dinner available in community space	X	ADDITIONAL FEES APPLY
Dinner available; delivered to apartment	X	ADDITIONAL FEES APPLY

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	X	ADDITIONAL FEES APPLY
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments		
Modified Texture Diets; specify limits in comments	X	
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	
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		
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 check every resident every morning and document in emar.
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	X	
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	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	2 loads per week
Laundry: other; specify in comments	X	Linens weekly; can do additional loads for additional fees
Schedule offsite social and recreational activities		
Schedule medical and social service appointments	X	
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		
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored		
Spiritual Care/Religious Services; on-site	X	
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices		
Primary languages spoken by staff	X	
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	X	AS NEEDED FOR EMERGENCY SITUATIONS ONLY, SHORT TERM
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	
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	
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time		
Activities Director: Full Time		
Dietician/Nutritionist consultant available or can be arranged	X	
Physical Therapist available or can be arranged	X	
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	
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	X	PODIATRY, AUDIOLOGY, OPHTHALMOLOGY

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		
Studio/efficiency units	X	
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	
Internet access	X	
Cable (television)	X	
Pets allowed	X	
Pet care; specify in comments		
Pool		
Whirlpool	X	
Exercise Room		
Library		
Activity Room	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Garden/outdoor spaces	X	
Chapel		
Private entertaining space		
Communal Dining room	X	
Beauty/Barber Shop	X	
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	
Washer-Dryer in units	X	Hook ups available in some apartments, appliances not included.
Central Air Conditioning		
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		

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
- [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