

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): 05/01/2023

Name of Assisted Living: Maple Hill Senior Living

Unique building/unit descriptive (if applicable): _____

Physical Address: 3030 Southlawn Dr, Maplewood, MN 55109

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: 6

Evening Shift: 6

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		

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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
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 Memory Care Units
Secured outdoor grounds on facility premises	X	Memory Care has secure outdoor space attached to unit on 1st floor
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	Staff specifically training on resident behaviors

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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	
Communication with physician/pharmacy about ordering or refill requests	X	With Medication Management Services
Medication administration by licensed or unlicensed personnel	X	ULP, RN available M-F
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	Manufacturer specific
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	X	With diabetic management services, must be set dose. PRN not available
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	X	
Anticoagulant medication management	X	Use of outside Lab required
B-12 injections	X	
Nutritional supplement administration	X	limited to ensure/boost: must have provider order and facility does not supply
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	IM available by licensed nurse M-F during normal business hours
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		
Medical Cannabis storage for certified patients		
Cannabidiol oil administration for certified patients		

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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		Available through outside home care providers who offer skilled nursing
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care	X	Available through AHI podiatry, and facility nurse if care planned.
C-PAP	X	Supplies not provided
Bi-PAP	X	No continuous. Can not manage maintenance and filter change. Supplies not included.
Oxygen Management; specify any delivery system limitations	X	No liquid oxygen. Supplies not included. See nursing for requirement of storage.
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	Staff can not escort, resident must be able to safely go and return from appointment
Peritoneal Dialysis (on-site)		
Compression stockings	X	Includes TED hose, Juxtillite wraps, and compression sock. Facility does not supply.
Lymphedema wraps		
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	Must have physician order
Daily weight check	X	Must have physician order
Indwelling urinary catheter care; emptying and bag changes	X	Requires Home Care involvement. Supplies not included
Indwelling urinary catheter replacement by nurse		

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Service	Available	Comments
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Requires Home Care involvement. Supplies not included
Ostomy care	X	Requires Home Care involvement. Supplies not included
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	Can not exceed services offered by facility
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	
Bathing: shower	X	Per service plan
Bathing: bathtub	X	Per service plan
Oral hygiene	X	
Denture care	X	
Cueing/reminders for self-care	X	

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Service	Available	Comments
Use of special utensils	x	MC only. Requires speech/ot eval. Facility does not supply.
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	MC only
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	MC only
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		
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	X	MC only
Transfers utilizing sit-to-stand lifts	X	MC only
Transfers utilizing sliding boards	X	
Transfers utilizing bariatric equipment		
Ceiling lift transfers		
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	MC only
Ambulation with assist of 1	X	
Bed mobility	X	
Assistance with chair mobility	X	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	in bathrooms and showers

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Service	Available	Comments
Elevators	X	2 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		
Every two-hours safety checks	X	Limited to Memory Care & based on individualized Plan
Daily safety checks	X	Completed at Lunch or Dinner
Emergency call system; specify type in comments	X	Notify System
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		
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.)	X	Panic Bar on Exit doors in Memory Care
Security Guard		
Security cameras in common spaces	X	Throughout community in common space
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Main entrance, All Exterior Doors, Resident Rooms
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	8am-9am daily
Breakfast available; delivered to apartment	X	See additional Services List
Lunch available in community space	X	12pm-1pm daily
Lunch available; delivered to apartment	X	See additional Services List
Dinner available in community space	X	5pm-6pm daily
Dinner available; delivered to apartment	X	See additional Services List

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Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	X	See additional Services List
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Regular, Pudding, Nectar, and Honey; MC only Must be physician ordered
Modified Texture Diets; specify limits in comments	X	Cut up, mechanical soft or puree; MC only Must be physician ordered
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		
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		
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	Daily and lunch or Dinner
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	Scheduled through Activities Director
Housekeeping: bed making	X	Specified in Service Plan.
Housekeeping: defrost and clean refrigerator	X	Scheduled through Housekeeping for an additional fee
Housekeeping: dusting		
Housekeeping: organize closets and drawers		
Housekeeping: trash removal; specify frequency in comments	X	Done daily or as needed per individualized Plan
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Weekly General Housekeeping
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Specified in Service Plan
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Specified in Service Plan
Laundry: other; specify in comments	X	Specified in Service Plan
Schedule offsite social and recreational activities	X	Scheduled through Activities Director
Schedule medical and social service appointments	X	Specified in Service Plan
Assistance with arranging transportation for personal, social, and recreational activities	Required	Scheduled through Activities

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Service	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	Scheduled through nursing
Provide transportation to social and recreational activities	X	Scheduled through Activities Director
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	Scheduled through LALD
Shopping: facility sponsored		
Spiritual Care/Religious Services; on-site	X	Scheduled through Activities Director
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		

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Staffing	Available	Comments
Registered Nurse: on-site "part time"		
Registered Nurse: on-site "full time"	X	Nursing on site Monday-Friday
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"	X	Nursing on site Monday-Friday
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	LALD on site Monday-Friday
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	Activities Director on site Monday-Friday
Dietician/Nutritionist consultant available or can be arranged	x	Referred to Home Care Agencies
Physical Therapist available or can be arranged	X	Referred to Home Care Agencies
Respiratory Therapist available or can be arranged	x	Referred to Home Care Agencies
Occupational Therapist available or can be arranged	X	Referred to Home Care Agencies
Speech Language Pathologist available or can be arranged	X	Referred to Home Care Agencies
Social Worker available or can be arranged		
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	
Private units	X	All apartments private apartments
Semi-private units		
Studio/efficiency units	X	Apartments available in specified layout
One-bedroom units	X	Apartments available in specified layout
Two-bedroom units		
Kitchen/Kitchenettes in units	X	No Stove or Cooktop
Internet access	X	WiFi available in all common area and apartments
Cable (television)	X	
Pets allowed	X	Lease agreement addendum required
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	Third party: Additional fees apply
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	
Washer-Dryer in units		
Central Air Conditioning	X	
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