

# 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): 11/05/2023

Name of Assisted Living: Northwinds

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

Physical Address: 324 6th Ave. SW, Perham, MN 56573

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: 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	Contract limitations apply
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	Contract limitations apply
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		Enclosed, unsecured courtyard
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	Limitations apply, based on case mix

**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	
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	Bubble Pack system is preferred/primary delivery system
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	
Diabetic Care: insulin pump management	X	
Diabetic Care: insulin syringe dosing	X	
Diabetic Care: sliding scale insulin management		

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

<b>Service</b>	<b>Available</b>	<b>Comments</b>
Clinical monitoring of labs related to medications	X	
Anticoagulant medication management	X	
B-12 injections	X	
Nutritional supplement administration	X	
(IV) Intravenous management		Home Health agency skilled services referral
PICC lines (Peripherally Inserted Central Catheter)		Home Health agency skilled services referral
Injections; specify types or limits in comments (IM, SQ)	X	Case by case review
Nebulizers	X	
Inhalers	X	
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
Medication delivery via enteral (feeding) tube		Skilled Home Health agency services referral
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	
Wound care: basic	X	
Wound care: complex		Skilled Home Health agency services
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	X	
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps		Skilled home care services
Fall Prevention: balance assessments	X	
Fall Prevention: exercise programs	X	
Fall Prevention: strength training	X	skilled home health services as indicated
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	case by case review
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse		skilled home health agency services

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

<b>Service</b>	<b>Available</b>	<b>Comments</b>
Straight (intermittent) catheter assistance		case by case review
Suprapubic catheter care	x	case by case review
Ostomy care	X	skilled home health agency services if indicated
Arrangements for and coordination with hospice care	X	Limitations may apply
End-of-life palliative care	x	case by case review, based on clinical review
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**

<b>Service</b>	<b>Available</b>	<b>Comments</b>
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	Case by case review
Feeding assistance for residents with complicated eating problems	X	up to cueing, coaching, hand over hand assist
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	Assessment- up to cueing, hand over hand and coaching
Tube Feeding; specify limits in comments		case by case review
Feeding in common area with one staff member per resident		Assessment/staffing availability considerations
Feeding in resident's apartment with one staff member per resident		Assessment/staffing availability considerations
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	Skilled home health care services if indicated
Other; specify in comments		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

**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	
Bed mobility	X	bed mobility limited to 1 assist
Assistance with chair mobility	X	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	Rails in bathrooms, shared spaces

**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	X	
Every 30-minutes safety checks	X	
Hourly safety checks	X	
Every two-hours safety checks	X	
Daily safety checks	X	
Emergency call system; specify type in comments		
Non-emergency call system; specify type in comments	X	Bell in unit
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments	X	
Visitor check-in/check-out at facility main entrance	X	
Bed alarms or movement sensing technology		

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

<b>Service</b>	<b>Available</b>	<b>Comments</b>
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	All doors within the household
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Individual units with lockable doors
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**

<b>Service</b>	<b>Available</b>	<b>Comments</b>
Three meals available, plus snacks	Required	Family can opt to provide any of daily three meals
Breakfast available in community space	X	
Breakfast available; delivered to apartment	X	Delivery fee may apply
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Delivery fee may apply
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Delivery fee may apply

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	X	
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	
Modified Texture Diets; specify limits in comments	X	
Therapeutic Diets: cardiac	X	LGD (Liberal Geriatric Diet)
Therapeutic Diets: diabetic or calorie controlled	X	No Concentrated Sweets - included with LGD
Therapeutic Diets: gluten-free	X	
Therapeutic Diets: high fiber	X	limitations may apply
Therapeutic Diets: low fat/low cholesterol	X	LGD
Therapeutic Diets: low sodium	X	LGD
Therapeutic Diets: no added salt	X	LGD
Therapeutic Diets: renal diet	X	Limitations may apply
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	
Dietitian or Nutritionist Services	X	
Carbohydrate intake/tracking		
Meal consumption tracking	X	
Other; specify in comments		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

**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		
Assistance with meals or food preparation	X	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator	X	
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers	X	
Housekeeping: trash removal; specify frequency in comments	X	
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments	X	Unscheduled cleaning as needed - additional fee applies
Laundry: linen (change bed, launder sheets, towels)	X	Weekly
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	2 loads weekly included in contract
Laundry: other; specify in comments	X	Unscheduled laundry services as needed - additional fee applies
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	

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

<b>Service</b>	<b>Available</b>	<b>Comments</b>
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	X	Group activities - limitations may apply
Provide transportation to medical and social service appointments		Primary responsibility of family/caregiver
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	Limitations apply
Spiritual Care/Religious Services; on-site	X	
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	I Pad available for resident use
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**

<b>Staffing</b>	<b>Available</b>	<b>Comments</b>
One-to-One staffing available		
One-to-One staffing for special circumstances		
Overnight companion		

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

<b>Staffing</b>	<b>Available</b>	<b>Comments</b>
Registered Nurse: on-site "part time"		
Registered Nurse: on-site "full time"	X	4 days/week, serves as Clinical Nurse Manager
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"	X	4 days/week
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	Household Coordinator 5 days/week
Dietician/Nutritionist consultant available or can be arranged	X	Limitations may apply
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		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

**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	10 single occupancy units
Semi-private units	X	1 double occupancy unit
Studio/efficiency units	X	
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		Resident may provide their own mini-fridge
Internet access	X	
Cable (television)	X	
Pets allowed		Pets may visit the household. Must be leashed and up to date with vaccinations
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	Enclosed courtyard as part of the Perham Living Campus
Chapel	X	Within Perham Living campus
Private entertaining space	X	Within Perham Living Campus
Communal Dining room	X	
Beauty/Barber Shop	X	Within Perham Living Campus
Parking available for residents		
Parking available for guests	X	
Guest accommodations	X	Within Perham Living Campus/resident room as needed
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)		Tobacco-Free Campus
Designated smoking area outside		Tobacco-Free Campus
Other amenity; specify in comments	X	Spa Room with accessible tub/shower
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.

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Individual or Legal/Designated Representative