

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): 01/30/2023

Name of Assisted Living: Oasis Care Home LLC

Unique building/unit descriptive (if applicable): _____

Physical Address: 514 Britz Drive Luverne, MN 56156

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

Evening Shift: 1

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	
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	
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		
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging 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	
Medication administration by licensed or unlicensed personnel		X	
Delivery of medication to resident previously set up by the facility nurse			
Medications set up by nurse for resident to self-administer			
Delivery of medication from the original containers to resident			
Delivery of liquid or food to resident if required to ingest medication		X	applesauce and juice
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			
Anticoagulant medication management		X	
B-12 injections		X	
Nutritional supplement administration		X	
(IV) Intravenous management			
PICC lines (Peripherally Inserted Central Catheter)			
Injections; specify types or limits in comments (IM, SQ)			
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		X	Pleurx Drain management by RN

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	by RN
C-PAP		X	
Bi-PAP		X	
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			

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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			
Peritoneal Dialysis (on-site)			
Compression stockings		X	
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	
Daily weight check		X	
Indwelling urinary catheter care; emptying and bag changes		X	
Indwelling urinary catheter replacement by nurse			

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

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Service		Available	Comments
Use of special utensils		X	Utensils provided by family
Feeding assistance for residents with complicated eating problems			
Set-up and cut food at meals		X	
Manual Feeding; specify limits in comments			
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	
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	
Other; specify in comments			

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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		X	
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	
Assistance with chair mobility			
Chair Glide System			
Mechanical Stair Lift System			
Handrails; in personal space			

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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			
Every two-hours safety checks			
Daily safety checks		X	
Emergency call system; specify type in comments			
Non-emergency call system; specify type in comments		X	Central monitor with pendant call light system
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			
Bed alarms or movement sensing technology		X	bed pressure pads,

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Service		Available	Comments
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.)			
Other lock systems: specify locations (unit, resident room, exits, etc.)			
Emergency generator(s) to power the facility during power outages		X	
Other; specify in comments		X	motion sensors, chair pressure pads,

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	
Lunch available in community space		X	
Lunch available; delivered to apartment		X	
Dinner available in community space		X	
Dinner available; delivered to apartment		X	

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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			
Modified Texture Diets; specify limits in comments			
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		X	
Other; specify in comments			

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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	All clients receive care daily so staff check on them multiple times a day
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	X	
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	X	clean carpets and recliners if they become soiled.
Laundry: linen (change bed, launder sheets, towels)	X	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	Twice a week and as needed
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Weather and staff permitting
Schedule medical and social service appointments	X	
Assistance with arranging transportation for personal, social, and recreational activities	Required	

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Service		Available	Comments
Assistance with arranging transportation to medical and social services appointments		Required	
Provide transportation to social and recreational activities		X	For group activities
Provide transportation to medical and social service appointments		X	If pre-arranged with management and local appointments. Subject to staffing availability
Assistance accessing community resources and social services		Required	
Shopping: facility sponsored			
Spiritual Care/Religious Services; on-site			
Assistance with bill paying/budgeting			
Communication boards or other supplemental communication devices			
Primary languages spoken by staff			
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	When going out on field trip in the community and/ or to pre-arranged appointments
Overnight companion			

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Staffing		Available	Comments
Registered Nurse: on-site "part time"		X	
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"		X	
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			
Physical Therapist available or can be arranged		X	arranged via contracted service
Respiratory Therapist available or can be arranged		x	arranged via contracted service
Occupational Therapist available or can be arranged		X	arranged via contracted service
Speech Language Pathologist available or can be arranged		X	arranged via contracted service
Social Worker available or can be arranged			
Other Licensed Professional available; specify type in comments			
Other; specify in comments			

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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	Raised toilet seats, handrails, walk in showers with attached shower stools
Private units		X	
Semi-private units			
Studio/efficiency units		X	Bedroom with attached shared bathroom
One-bedroom units		X	
Two-bedroom units			
Kitchen/Kitchenettes in units			
Internet access		X	
Cable (television)		X	
Pets allowed			
Pet care; specify in comments			
Pool			
Whirlpool			
Exercise Room			
Library			
Activity Room			

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Garden/outdoor spaces			
Chapel			
Private entertaining space		X	Sunroom
Communal Dining room		X	
Beauty/Barber Shop			
Parking available for residents			
Parking available for guests			
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/>); 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