

**THE JAMES INC ASSISTED LIVING
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): 05/20/2022

Name of Assisted Living: THE JAMES INC ASSISTED LIVING

Unique building/unit descriptive (if applicable): _____

Physical Address: 10040 NORD ROAD BLOOMINGTON MN 55437

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: 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	No pre- determined payment source is required for acceptance
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	Housing support payment accepted
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	None
Private Pay	X	Private pay accepted
Long Term Care Insurance		
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	Staff to remind resident to take their regularly schedule and as needed medication per doctor's order.
Communication with physician/pharmacy about ordering or refill requests	X	RN supervisor to communicate with physician and pharmacist with refill request.
Medication administration by licensed or unlicensed personnel	X	RN set up medications weekly to be administer nursing assistant as directed by RN
Delivery of medication to resident previously set up by the facility nurse	X	Medication to be Nursing Assistant as set up and directed by RN
Medications set up by nurse for resident to self-administer	X	Self-administration is monitor and supervise by RN
Delivery of medication from the original containers to resident	X	Staff assist
Delivery of liquid or food to resident if required to ingest medication	X	Staff assist
Delegation of medication management services by licensed health professional to unlicensed staff	X	RN supervised and delegate medications administration to Nursing Assistant
Central storage of medication	X	Residents' medications are stored in a secured central storage.
Diabetic Care: insulin pen dosing	X	Staff to draw and administer as order by physician.
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing	X	RN assist with insulin syringe dosing
Diabetic Care: sliding scale insulin management	X	Staff assist

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Service	Available	Comments
Clinical monitoring of labs related to medications	X	RN monitor lab work
Anticoagulant medication management	X	Monitor by RN
B-12 injections	X	RN inject B-12 per MD order
Nutritional supplement administration	X	Staff assist as order
(IV) Intravenous management	X	Done by RN
PICC lines (Peripherally Inserted Central Catheter)	X	By RN
Injections; specify types or limits in comments (IM, SQ)	X	No limitation as long there is MD order
Nebulizers	X	Staff assist
Inhalers	X	Staff assist
Ear drops	X	Staff assist
Eye drops	X	Staff assist
Topicals	X	Staff assist
Patches	X	Staff assist
Medication delivery via enteral (feeding) tube	X	Staff assist as directed
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	Staff to remind residents verbally and visually to perform regularly scheduled treatments and exercises
Wound care: basic	X	RN to do wound care
Wound care: complex	X	By RN
Diabetic care: blood glucose monitoring	X	Staff assist
Diabetic care: foot/nail care	X	Done by podiatry by appointment
C-PAP	X	Staff assist
Bi-PAP	X	Staff assist
Oxygen Management; specify any delivery system limitations	X	Staff assist as order
Oxygen saturation checks	X	Staff assist under the direct supervision of RN
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube	X	RN assist in Trach site cleaning and tube
Tracheostomy Care: showering assistance	X	Staff assist as directed

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Service	Available	Comments
Tracheostomy Care: suctioning assistance	X	RN assist to suctioning
Pacemaker Checks	X	RN to monitor pacemaker as order
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis		
Peritoneal Dialysis (on-site)		
Compression stockings	X	Staff assist
Lymphedema wraps		
Fall Prevention: balance assessments	X	Done by RN
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	Staff assist
Daily weight check		
Indwelling urinary catheter care; emptying and bag changes	X	Staff assist
Indwelling urinary catheter replacement by nurse	X	By RN

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Service	Available	Comments
Straight (intermittent) catheter assistance	X	By RN
Suprapubic catheter care	X	By RN
Ostomy care	X	By RN
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	Staff assist
Bathing: shower	X	Staff assist
Bathing: bathtub	X	Staff assist
Oral hygiene	X	Staff assist
Denture care	X	Staff assist
Cueing/reminders for self-care	X	Staff assist

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Service	Available	Comments
Use of special utensils		
Feeding assistance for residents with complicated eating problems	X	Staff will assist resident with complicated eating problems
Set-up and cut food at meals	X	Staff to assist with set up and cut food at meals and as needed
Manual Feeding; specify limits in comments		
Tube Feeding; specify limits in comments	X	As order by physician
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	Staff assist with grooming as needed
Nail care: toenails, fingernails	X	Staff assist with fingernails care and toenails will be done by podiatry by appointments
Toileting: standby assistance/supervision	X	Staff assist supervision and stand by assist as needed
Changing incontinence products; perineal care	X	Staff assist with perineal care per shift and as needed
Ordering replacement incontinence products	X	Supervisor to order incontinent monthly supply
Assistance with bowel and bladder control, devices, and training programs	X	RN on duty to assist with bowel and bladder control, device and training program
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	Staff assist
Transfers with assist of one staff	X	Staff assist
Transfers with assist of two staff		
Transfers utilizing sit-to-stand lifts		
Transfers utilizing sliding boards	X	Staff assist
Transfers utilizing bariatric equipment	X	Staff assist
Ceiling lift transfers		
Non-mechanical transfers (trapeze)	X	Staff assist
Mechanical lift: assist of 1 transfer	X	Staff assist
Mechanical lift: assist of 2 transfer		
Ambulation with assist of 1		
Bed mobility		
Assistance with chair mobility	X	Staff assist
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	X	Staff to do every two-safety check and as needed
Daily safety checks	X	Staff to do daily safety checks and as needed
Emergency call system; specify type in comments		
Non-emergency call system; specify type in comments		
Digital wander alert device on resident	X	Staff to make sure wander guard is working properly
Wander alert system at facility exits	X	Wander alarm is on exit doors
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	X	Staff on duty to make sure visitors sign in and out
Bed alarms or movement sensing technology		

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Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces		
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		
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	YES
Breakfast available in community space		
Breakfast available; delivered to apartment		
Lunch available in community space		
Lunch available; delivered to apartment		
Dinner available in community space		
Dinner available; delivered to apartment		

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Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	X	Staff assist
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Per MD order
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		
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		
Assistance with meals or food preparation	X	Staff prepared meal for all resident
Daily Social and Recreational Services	Required	Staff assist
Housekeeping: bed making	X	Staff assist
Housekeeping: defrost and clean refrigerator	X	Staff assist
Housekeeping: dusting	X	Staff assist
Housekeeping: organize closets and drawers	X	Staff assist
Housekeeping: trash removal; specify frequency in comments	X	Staff assist
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Staff assist
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Staff assist
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Staff assist
Laundry: other; specify in comments		
Schedule offsite social and recreational activities		
Schedule medical and social service appointments	X	Staff assist
Assistance with arranging transportation for personal, social, and recreational activities	Required	Staff assist

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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		
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		
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"	X	RN on site 8hrs and 24/7 on call
Registered Nurse: on-site "full time"	X	RN on site 8hrs and 24/7 on call
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	On site for 8HRS/ full time
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		
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged		
Speech Language Pathologist available or can be arranged		
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	YES
Private units		
Semi-private units		
Studio/efficiency units		
One-bedroom units	X	YES
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	X	YES
Cable (television)	X	YES
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		
Communal Dining room		
Beauty/Barber Shop		
Parking available for residents		
Parking available for guests		
Guest accommodations		
Laundry Room accessible to Residents	X	YES
Washer-Dryer in units	X	YES
Central Air Conditioning	X	YES
Fully sprinklered building		
Designated smoking area inside (not apartment space)	X	YES
Designated smoking area outside	X	YES
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.

5/20/22

Date (MM/DD/YYYY)

Richard Collins

Individual or Legal/Designated Representative