

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): 04/22/2025

Name of Assisted Living: HOPE ASSISTED LIVING LLC

Unique building/unit descriptive (if applicable): _____

Physical Address: 3410 HUMBOLDT AVE NORTH MINNEAPOLIS MN 55412

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: 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	No Pre-determined date
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments		
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	No Pre-determined date
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		

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	Daily
Communication with physician/pharmacy about ordering or refill requests	x	As needed
Medication administration by licensed or unlicensed personnel	x	Daily
Delivery of medication to resident previously set up by the facility nurse	x	Daily, weekly and bi-weekly
Medications set up by nurse for resident to self-administer	x	Bi-Weekly
Delivery of medication from the original containers to resident	x	Daily
Delivery of liquid or food to resident if required to ingest medication	x	as needed
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	x	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Clinical monitoring of labs related to medications	X	
Anticoagulant medication management	X	
B-12 injections	X	
Nutritional supplement administration	X	
(IV) Intravenous management	X	
PICC lines (Peripherally Inserted Central Catheter)	X	
Injections; specify types or limits in comments (IM, SQ)	X	
Nebulizers	X	
Inhalers	X	
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
Medication delivery via enteral (feeding) tube	X	
Pain pump management	X	
Medical cannabis administration (pill form) for certified patients		Not at this time but if needed we will
Medical Cannabis storage for certified patients		Not at this time but if needed we will
Cannabidiol oil administration for certified patients		Not at this time but if needed we will

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	Daily
Wound care: basic	X	if needed
Wound care: complex	X	yes if needed
Diabetic care: blood glucose monitoring	X	daily
Diabetic care: foot/nail care	X	
C-PAP	X	
Bi-PAP	X	
Oxygen Management; specify any delivery system limitations	X	
Oxygen saturation checks	X	
Ventilators	X	
Suctioning	X	
Tracheostomy Care: cleaning of site and tube	X	
Tracheostomy Care: showering assistance	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Tracheostomy Care: suctioning assistance	X	
Pacemaker Checks		
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps		
Fall Prevention: balance assessments	X	
Fall Prevention: exercise programs	X	
Fall Prevention: strength training	X	
Integrative Health Services: acupuncture	X	
Integrative Health Services: aromatherapy	X	
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	as needed
Daily weight check	X	daily or as needed
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse	X	if needed

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Straight (intermittent) catheter assistance	x	
Suprapubic catheter care	x	
Ostomy care	x	
Arrangements for and coordination with hospice care	x	
End-of-life palliative care		
Access to and training on use of automatic electronic defibrillators (AED)		
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

Service	Available	Comments
Dressing	x	Daily
Bathing: shower	x	Daily as needed
Bathing: bathtub	x	daily as needed
Oral hygiene	x	daily
Denture care	x	daily as needed
Cueing/reminders for self-care	x	daily as needed

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Use of special utensils	x	daily as needed
Feeding assistance for residents with complicated eating problems	x	as needed
Set-up and cut food at meals	x	daily as needed
Manual Feeding; specify limits in comments	x	as needed
Tube Feeding; specify limits in comments	x	if describe by a DR.
Feeding in common area with one staff member per resident	x	daily
Feeding in resident's apartment with one staff member per resident	x	
Grooming: hair care, make-up, shaving, application of lotion, etc.	x	daily or as needed
Nail care: toenails, fingernails	x	as needed
Toileting: standby assistance/supervision	x	as needed
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		

Section 5: Mobility Support

Check each service available at the location(s) listed above.

Mobility Services Available

Service	Available	Comments
Standby Assistance	X	as needed
Transfers with assist of one staff	X	as needed
Transfers with assist of two staff	X	as needed
Transfers utilizing sit-to-stand lifts	X	as needed
Transfers utilizing sliding boards	X	as needed
Transfers utilizing bariatric equipment	X	
Ceiling lift transfers	X	
Non-mechanical transfers (trapeze)	X	
Mechanical lift: assist of 1 transfer	X	
Mechanical lift: assist of 2 transfer	X	
Ambulation with assist of 1	X	
Bed mobility	X	as needed
Assistance with chair mobility	X	as needed
Chair Glide System	X	
Mechanical Stair Lift System	X	
Handrails; in personal space		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

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	x	daily
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	x	Bush call button alert
Non-emergency call system; specify type in comments	x	Bush call button alert
Digital wander alert device on resident	x	
Wander alert system at facility exits	x	
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	x	Bush Call button alert

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)	x	
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		
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	daily
Breakfast available in community space	x	daily
Breakfast available; delivered to apartment	x	if needed
Lunch available in community space	x	daily
Lunch available; delivered to apartment	x	as needed
Dinner available in community space	x	daily
Dinner available; delivered to apartment	x	as needed

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		common Kitchen area
Thickened Liquids; specify limits in comments	x	Nutrition Shakes
Modified Texture Diets; specify limits in comments	x	Nutrition and client subscribe diets
Therapeutic Diets: cardiac	x	
Therapeutic Diets: diabetic or calorie controlled	x	
Therapeutic Diets: gluten-free	x	
Therapeutic Diets: high fiber	x	
Therapeutic Diets: low fat/low cholesterol	x	
Therapeutic Diets: low sodium	x	
Therapeutic Diets: no added salt	x	
Therapeutic Diets: renal diet	x	
Other special diets: kosher	x	
Other special diets: (vegetarian, vegan, etc.) specify in comments	x	
Dietitian or Nutritionist Services	x	
Carbohydrate intake/tracking	x	
Meal consumption tracking	x	
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 checks with clients of their wellbeing
Assistance with meals or food preparation	x	as needed
Daily Social and Recreational Services	Required	daily
Housekeeping: bed making	x	daily or as needed
Housekeeping: defrost and clean refrigerator	x	daily
Housekeeping: dusting	x	daily
Housekeeping: organize closets and drawers	x	as needed x
Housekeeping: trash removal; specify frequency in comments	x	Trash is collected daily
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	Weekly and if needed daily for commend areas
Housekeeping: other; specify in comments	x	daily cleaning of the facility floors, sinks and vacuum if needed
Laundry: linen (change bed, launder sheets, towels)	x	daily, weekly or as needed is emergency happens
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	per weekly
Laundry: other; specify in comments	x	Laundry if needed by client or incident happens on the bed or to clients
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

Service	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	daily or if needed
Provide transportation to social and recreational activities	x	
Provide transportation to medical and social service appointments	x	
Assistance accessing community resources and social services	Required	daily
Shopping: facility sponsored	x	
Spiritual Care/Religious Services; on-site	x	
Assistance with bill paying/budgeting	x	
Communication boards or other supplemental communication devices	x	
Primary languages spoken by staff	x	English
Supervision of smoking	x	
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	x	yes
One-to-One staffing for special circumstances	x	yes
Overnight companion		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Staffing	Available	Comments
Registered Nurse: on-site "part time"	x	on call 24/7
Registered Nurse: on-site "full time"	x	yes also on Call 24/7
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	x	
Activities Director: Full Time	x	
Dietician/Nutritionist consultant available or can be arranged	x	yes
Physical Therapist available or can be arranged	x	yes
Respiratory Therapist available or can be arranged	x	yes
Occupational Therapist available or can be arranged	x	yes
Speech Language Pathologist available or can be arranged	x	yes
Social Worker available or can be arranged	x	yes
Other Licensed Professional available; specify type in comments	x	yes
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	accessible bathroom for Clients with special needs
Private units	x	
Semi-private units		
Studio/efficiency units		
One-bedroom units	x	
Two-bedroom units		
Kitchen/Kitchenettes in units	x	1 commend Kitchen for all clients
Internet access	x	yes
Cable (television)	x	yes
Pets allowed	x	NO but if its subscribe by Dr for emotional support
Pet care; specify in comments	x	NO but if its subscribe by Dr
Pool		No
Whirlpool		No
Exercise Room		No
Library		NO
Activity Room	x	Yes

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Garden/outdoor spaces	x	yes
Chapel	X	Private area for prayer but not Chapel
Private entertaining space	x	yes
Communal Dining room	x	yes
Beauty/Barber Shop		No but we can arrange Beauty /barbar time
Parking available for residents	x	yes
Parking available for guests	x	yes
Guest accommodations	x	yes
Laundry Room accessible to Residents	x	yes
Washer-Dryer in units	x	yes
Central Air Conditioning	x	yes
Fully sprinklered building	N	NO
Designated smoking area inside (not apartment space)	X	yes designated Smoking area
Designated smoking area outside	x	yes out the house Designated smoking areas
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