

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): 07/31/2023

Name of Assisted Living: WE CARE HOME HEALTH SERVICES LLC

Unique building/unit descriptive (if applicable): PARTRIDGE HOME

Physical Address: 12423 PARTRIDGE ST NW, COON RAPIDS MN 55448

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: One

Evening Shift: One

Night shift: One

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	YES	
Sliding Scale	NO	
Housing Support (formerly Minnesota Group Residential Housing) Payments	N/A	
Federal rent subsidy	N/A	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Payment Option	Accepted	Comments
Other; explain	CADI	

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	YES	
Private Pay	YES	
Long Term Care Insurance	N/A	
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	N/A	
Secured outdoor grounds on facility premises	N/A	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	N/A	
Prepared to manage challenging behaviors	YES	

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	YES	
Communication with physician/pharmacy about ordering or refill requests	YES	
Medication administration by licensed or unlicensed personnel	YES	
Delivery of medication to resident previously set up by the facility nurse	YES	
Medications set up by nurse for resident to self-administer	YES	
Delivery of medication from the original containers to resident	YES	
Delivery of liquid or food to resident if required to ingest medication	YES	
Delegation of medication management services by licensed health professional to unlicensed staff	YES	
Central storage of medication	YES	
Diabetic Care: insulin pen dosing	YES	
Diabetic Care: insulin pump management	YES	
Diabetic Care: insulin syringe dosing	YES	
Diabetic Care: sliding scale insulin management	YES	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Clinical monitoring of labs related to medications	YES	
Anticoagulant medication management	YES	
B-12 injections	YES	
Nutritional supplement administration	YES	
(IV) Intravenous management	NO	
PICC lines (Peripherally Inserted Central Catheter)	NO	
Injections; specify types or limits in comments (IM, SQ)	YES	EG, INVERGA SUST, RISPERIDAL CONSTA
Nebulizers	YES	
Inhalers	YES	
Ear drops	YES	
Eye drops	YES	
Topicals	YES	
Patches	YES	
Medication delivery via enteral (feeding) tube	YSE	
Pain pump management		
Medical cannabis administration (pill form) for certified patients	YES	
Medical Cannabis storage for certified patients	YES	
Cannabidiol oil administration for certified patients	YES	

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

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Tracheostomy Care: suctioning assistance	YES	
Pacemaker Checks	YES	
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	YES	
Peritoneal Dialysis (on-site)		
Compression stockings	YES	
Lymphedema wraps	YES	
Fall Prevention: balance assessments	YES	
Fall Prevention: exercise programs	YES	
Fall Prevention: strength training	YES	
Integrative Health Services: acupuncture	NO	
Integrative Health Services: aromatherapy	NO	
Integrative Health Services: healing touch	NO	
Integrative Health Services: massage	NO	
Blood pressure checks	YES	
Daily weight check	YES	
Indwelling urinary catheter care; emptying and bag changes	YES	
Indwelling urinary catheter replacement by nurse	YES	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Straight (intermittent) catheter assistance	YES	
Suprapubic catheter care	YES	
Ostomy care	YES	
Arrangements for and coordination with hospice care	YES	
End-of-life palliative care	YES	
Access to and training on use of automatic electronic defibrillators (AED)	YES	
Training of and use of Cardiopulmonary Resuscitation (CPR)	YES	
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	YES	
Bathing: shower	YES	
Bathing: bathtub	YES	
Oral hygiene	YES	
Denture care	YES	
Cueing/reminders for self-care	YES	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Use of special utensils	YES	
Feeding assistance for residents with complicated eating problems	YES	
Set-up and cut food at meals	YES	
Manual Feeding; specify limits in comments	YES	
Tube Feeding; specify limits in comments	YES	
Feeding in common area with one staff member per resident	YES	
Feeding in resident's apartment with one staff member per resident	YES	
Grooming: hair care, make-up, shaving, application of lotion, etc.	YES	
Nail care: toenails, fingernails	YES	
Toileting: standby assistance/supervision	YES	
Changing incontinence products; perineal care	YES	
Ordering replacement incontinence products	YES	
Assistance with bowel and bladder control, devices, and training programs	YES	
Other; specify in comments	YES	

Section 5: Mobility Support

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

Mobility Services Available

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

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Elevators	NO	
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	NO	
Every 30-minutes safety checks	NO	
Hourly safety checks	YES	
Every two-hours safety checks	YES	
Daily safety checks	YES	
Emergency call system; specify type in comments	YES	
Non-emergency call system; specify type in comments	YES	
Digital wander alert device on resident	NO	
Wander alert system at facility exits	NO	
Staff monitoring at facility exits; specify method in comments	YES	Door alarms, cameras (video/audio)
Visitor check-in/check-out at facility main entrance	YES	
Bed alarms or movement sensing technology	YES	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)	YES	
Security Guard	NO	
Security cameras in common spaces	YES	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	NO	
Other lock systems: specify locations (unit, resident room, exits, etc.)	YES	KEYS
Emergency generator(s) to power the facility during power outages	NO	
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	YES	
Breakfast available; delivered to apartment	YES	As needed
Lunch available in community space	YES	
Lunch available; delivered to apartment	YES	As needed
Dinner available in community space	YES	
Dinner available; delivered to apartment	YES	As needed

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	YES	As needed
Meal preparation in resident's unit	YES	
Thickened Liquids; specify limits in comments	YES	
Modified Texture Diets; specify limits in comments	YES	
Therapeutic Diets: cardiac	YES	
Therapeutic Diets: diabetic or calorie controlled	YES	
Therapeutic Diets: gluten-free	YES	
Therapeutic Diets: high fiber	YES	
Therapeutic Diets: low fat/low cholesterol	YES	
Therapeutic Diets: low sodium	YES	
Therapeutic Diets: no added salt	YES	
Therapeutic Diets: renal diet	YES	
Other special diets: kosher	YES	
Other special diets: (vegetarian, vegan, etc.) specify in comments	YES	
Dietitian or Nutritionist Services	NO	
Carbohydrate intake/tracking	YES	
Meal consumption tracking	YES	
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	YES	
Assistance with meals or food preparation	YES	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	YES	
Housekeeping: defrost and clean refrigerator	YES	
Housekeeping: dusting	YES	
Housekeeping: organize closets and drawers	YES	
Housekeeping: trash removal; specify frequency in comments	YES	
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	YES	
Housekeeping: other; specify in comments	N/A	
Laundry: linen (change bed, launder sheets, towels)	YES	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	YES	
Laundry: other; specify in comments	PRN	
Schedule offsite social and recreational activities	YES	
Schedule medical and social service appointments	YES	
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	
Provide transportation to social and recreational activities	YES	
Provide transportation to medical and social service appointments	YES	
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	YES	
Spiritual Care/Religious Services; on-site	YES	
Assistance with bill paying/budgeting	YES	
Communication boards or other supplemental communication devices	YES	
Primary languages spoken by staff	ENGLISH	
Supervision of smoking	YES	
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	YES	
One-to-One staffing for special circumstances	YES	
Overnight companion	YES	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Staffing	Available	Comments
Registered Nurse: on-site “part time”	YES	
Registered Nurse: on-site “full time”	N/A	
Licensed Practical Nurse: on site “part time”	N/A	
Licensed Practical Nurse: on-site “full time”	N/A	
Assisted Living Director: on-site “part time”	YES	
Assisted Living Director: on site “full time”	N/A	
Advanced Practice Registered Nurse: on-site “part time”	N/A	
Advanced Practice Registered Nurse: on site “full time”	NO	
Activities Director: Part Time	YES	
Activities Director: Full Time	NO	
Dietician/Nutritionist consultant available or can be arranged	YES	
Physical Therapist available or can be arranged	YES	
Respiratory Therapist available or can be arranged	YES	
Occupational Therapist available or can be arranged	YES	
Speech Language Pathologist available or can be arranged	YES	
Social Worker available or can be arranged	YES	
Other Licensed Professional available; specify type in comments	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	YES	
Private units	YES	
Semi-private units	NO	
Studio/efficiency units	NO	
One-bedroom units	YES	
Two-bedroom units	NO	
Kitchen/Kitchenettes in units	Yes	
Internet access	yes	
Cable (television)	yes	
Pets allowed	no	
Pet care; specify in comments	NO	
Pool	NO	
Whirlpool	NO	
Exercise Room	NO	
Library	NO	
Activity Room	NO	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Garden/outdoor spaces	NO	
Chapel	NO	
Private entertaining space	NO	
Communal Dining room	YES	
Beauty/Barber Shop	NO	
Parking available for residents	YES	
Parking available for guests	YES	
Guest accommodations	YES	
Laundry Room accessible to Residents	YES	
Washer-Dryer in units	YES	
Central Air Conditioning	YSE	
Fully sprinklered building	YSE	
Designated smoking area inside (not apartment space)	NO	
Designated smoking area outside	YES	
Other amenity; specify in comments	NO	
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.

07/31/2023

Date (MM/DD/YYYY)

Matilda Agyapong

Individual or Legal/Designated Representative