

## 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): 8/20/2022

Name of Assisted Living: Warm Touch Home Care

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

Physical Address: 7548 Fremont Ave North Brooklyn Park MN 55444

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:   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		
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		No additional fee is charged

**Payment Options for Services**

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	Yes	
Private Pay		
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	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	<del>Yes</del>	
Delivery of medication from the original containers to resident		
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		
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	Yes	
Anticoagulant medication management	Yes	
B-12 injections	Yes	
Nutritional supplement administration	Yes	
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	Yes	
Nebulizers	Yes	
Inhalers	Yes	
Ear drops	Yes	
Eye drops	Yes	
Topicals	Yes	
Patches	Yes	
Medication delivery via enteral (feeding) tube	Yes	
Pain pump management		
Medical cannabis administration (pill form) for certified patients	Yes	
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	Yes	
Wound care: basic	Yes	
Wound care: complex		
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		
Suctioning	No	
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		
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis		
Peritoneal Dialysis (on-site)	Yes	
Compression stockings	Yes	
Lymphedema wraps	Yes	
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	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		
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	Yes	Daily Reminders to wear clothes and weather appropriate clothes
Bathing: shower	Yes	Daily reminders to shower
Bathing: bathtub	Yes	
Oral hygiene	Yes	Daily reminders to do oral care
Denture care		
Cueing/reminders for self-care	Yes	Daily reminders to groom

**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		
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	yes	
Bed mobility		
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	Yes	
Every two-hours safety checks	Yes	
Daily safety checks	Yes	Every shift
Emergency call system; specify type in comments		
Non-emergency call system; specify type in comments	Yes	Call light
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	Yes	
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	Yes	
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	
Breakfast available in community space	Yes	
Breakfast available; delivered to apartment		
Lunch available in community space	Yes	
Lunch available; delivered to apartment		
Dinner available in community space	Yes	
Dinner available; delivered to apartment		

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Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	Yes	
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		
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	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		
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		
Laundry: linen (change bed, launder sheets, towels)	Yes	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	Yes	1 load per week
Laundry: other; specify in comments		
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		
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	Yes	
Primary languages spoken by staff	Yes	English
Supervision of smoking	N/A	
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"	Yes	
Registered Nurse: on-site "full time"	Yes	NO
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"		
Assisted Living Director: on-site "part time"	Yes	
Assisted Living Director: on site "full time"		
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time	Yes	
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	Yes	
Private units	Yes	
Semi-private units		
Studio/efficiency units		
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	Yes	
Cable (television)	Yes	
Pets allowed	Yes	
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	Yes	
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	Yes	
Washer-Dryer in units		
Central Air Conditioning		
Fully sprinklered building		
Designated smoking area inside (not apartment space)		
Designated smoking area outside	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](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.

8/20/2022

Date (MM/DD/YYYY)

Rosie Bakk

Individual or Legal/Designated Representative