

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): 05/31/2023

Name of Assisted Living: LEGEND HEALTH CARE RESOURCES LLC

Unique building/unit descriptive (if applicable): NA

Physical Address: 2240 IDE COURT MAPLEWOOD MN 55109

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	X	
Sliding Scale	X	
Housing Support (formerly Minnesota Group Residential Housing) Payments	N	NOT ACCEPTED
Federal rent subsidy	N	NOT ACCEPTED

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Payment Option	Accepted	Comments
Other; explain		DEPENDS THE PAYMENT METHOD

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	ACCPTED
Private Pay	X	ACCPTED
Long Term Care Insurance		
Other; explain		DEPENDS THE PAYMENT METHOD

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	NOT AVAULABLE
Secured outdoor grounds on facility premises	N	NOT AVAILABLE
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	N	NOT AVAILABLE
Prepared to manage challenging behaviors	N	NOT AVAILABLE

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Other; specify in comments	N	NOT AVAILABLE

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	N	NOT AVAILABLE
Communication with physician/pharmacy about ordering or refill requests	X	AVAILABLE
Medication administration by licensed or unlicensed personnel	X	AVAILABLE
Delivery of medication to resident previously set up by the facility nurse	X	AVAILABLE
Medications set up by nurse for resident to self-administer	X	AVAILABLE
Delivery of medication from the original containers to resident	X	AVAILABLE
Delivery of liquid or food to resident if required to ingest medication	X	AVAILABLE
Delegation of medication management services by licensed health professional to unlicensed staff	X	AVAILABLE
Central storage of medication	X	AVAILABLE
Diabetic Care: insulin pen dosing	X	AVAILABLE
Diabetic Care: insulin pump management	N	NOT AVAILABLE
Diabetic Care: insulin syringe dosing	X	AVAILABLE
Diabetic Care: sliding scale insulin management	X	AVAILABLE

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

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

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Other; specify in comments	N	NOT AVAILABLE

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	AVAILABLE
Wound care: basic	X	AVAILABLE
Wound care: complex	N	NOT AVAILABLE
Diabetic care: blood glucose monitoring	X	AVAILABLE
Diabetic care: foot/nail care		AVAILABLE
C-PAP	X	AVAILABLE
Bi-PAP	X	AVAILABLE
Oxygen Management; specify any delivery system limitations	X	AVAILABLE
Oxygen saturation checks	X	AVAILABLE
Ventilators	N	NOT AVAILABLE
Suctioning	N	NOT AVAILABLE
Tracheostomy Care: cleaning of site and tube	N	NOT AVAILABLE
Tracheostomy Care: showering assistance	N	NOT AVAILABLE

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Tracheostomy Care: suctioning assistance	N	NOT AVAILABLE
Pacemaker Checks	N	NOT AVAILABLE
Arrange for On-Site Dialysis	N	NOT AVAILABLE
Arrange for/set-up Off-Site Dialysis	N	NOT AVAILABLE
Peritoneal Dialysis (on-site)	N	NOT AVAILABLE
Compression stockings	N	NOT AVAILABLE
Lymphedema wraps	N	NOT AVAILABLE
Fall Prevention: balance assessments	X	AVAILABLE
Fall Prevention: exercise programs	X	AVAILABLE
Fall Prevention: strength training	X	AVAILABLE
Integrative Health Services: acupuncture	N	NOT AVAILABLE
Integrative Health Services: aromatherapy	N	NOT AVAILABLE
Integrative Health Services: healing touch	N	NOT AVAILABLE
Integrative Health Services: massage	N	NOT AVAILABLE
Blood pressure checks	X	AVAILABLE
Daily weight check	X	AVAILABLE
Indwelling urinary catheter care; emptying and bag changes	X	AVAILABLE
Indwelling urinary catheter replacement by nurse	X	AVAILABLE

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Straight (intermittent) catheter assistance	X	AVAILABLE
Suprapubic catheter care	X	AVAILABLE
Ostomy care	X	AVAILABLE
Arrangements for and coordination with hospice care	N	NOT AVAILABLE
End-of-life palliative care	N	NOT AVAILABLE
Access to and training on use of automatic electronic defibrillators (AED)	X	AVAILABLE
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	AVAILABLE
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	AVAILABLE
Bathing: shower	X	AVAILABLE
Bathing: bathtub	X	AVAILABLE
Oral hygiene	X	AVAILABLE
Denture care	X	AVAILABLE
Cueing/reminders for self-care	X	AVAILABLE

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Use of special utensils	N	NOT AVAILABLE
Feeding assistance for residents with complicated eating problems	X	AVAILABLE
Set-up and cut food at meals	X	AVAILABLE
Manual Feeding; specify limits in comments	X	AVAILABLE
Tube Feeding; specify limits in comments	X	AVAILABLE
Feeding in common area with one staff member per resident	X	AVAILABLE
Feeding in resident's apartment with one staff member per resident	X	AVAILABLE
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	AVAILABLE
Nail care: toenails, fingernails	X	AVAILABLE
Toileting: standby assistance/supervision	X	AVAILABLE
Changing incontinence products; perineal care	X	AVAILABLE
Ordering replacement incontinence products	X	AVAILABLE
Assistance with bowel and bladder control, devices, and training programs	X	AVAILABLE
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	AVAILABLE
Transfers with assist of one staff	X	AVAILABLE
Transfers with assist of two staff	X	AVAILABLE
Transfers utilizing sit-to-stand lifts	X	AVAILABLE
Transfers utilizing sliding boards	X	AVAILABLE
Transfers utilizing bariatric equipment	X	AVAILABLE
Ceiling lift transfers	N	NOT AVAILABLE
Non-mechanical transfers (trapeze)	N	NOT AVAILABLE
Mechanical lift: assist of 1 transfer	X	AVAILABLE
Mechanical lift: assist of 2 transfer	X	AVAILABLE
Ambulation with assist of 1	X	AVAILABLE
Bed mobility	X	AVAILABLE
Assistance with chair mobility	X	AVAILABLE
Chair Glide System	N	NOT AVAILABLE
Mechanical Stair Lift System	N	NOT AVAILABLE
Handrails; in personal space	X	AVAILABLE

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Elevators	N	NOT AVAILABLE
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	AVAILABLE
Every 30-minutes safety checks	X	AVAILABLE
Hourly safety checks	X	AVAILABLE
Every two-hours safety checks	X	AVAILABLE
Daily safety checks	X	AVAILABLE
Emergency call system; specify type in comments	X	AVAILABLE
Non-emergency call system; specify type in comments	X	AVAILABLE
Digital wander alert device on resident	N	NOT AVAILABLE
Wander alert system at facility exits	N	NOT AVAILABLE
Staff monitoring at facility exits; specify method in comments	X	AVAILABLE
Visitor check-in/check-out at facility main entrance	X	AVAILABLE
Bed alarms or movement sensing technology	N	NOT AVAILABLE

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)	N	NOT AVAILABE
Security Guard		NOT AVAILABLE
Security cameras in common spaces	X	AVAILABLE
Key card/fob access: specify locations (unit, resident room, exits, etc.)	N	NOT AVAILABLE
Other lock systems: specify locations (unit, resident room, exits, etc.)	N	NOT AVAILABLE
Emergency generator(s) to power the facility during power outages	X	AVAILABLE
Other; specify in comments	N	NOT AVAIALBE

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

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	N	NOT AVAILABLE
Meal preparation in resident's unit	N	NOT AVAILABLE
Thickened Liquids; specify limits in comments	X	AVAILABLE
Modified Texture Diets; specify limits in comments	X	AVAILABLE
Therapeutic Diets: cardiac	X	AVAILABLE
Therapeutic Diets: diabetic or calorie controlled	X	AVAILABLE
Therapeutic Diets: gluten-free	X	AVAILABLE
Therapeutic Diets: high fiber	X	AVAILABLE
Therapeutic Diets: low fat/low cholesterol	X	AVAILABLE
Therapeutic Diets: low sodium	X	AVAILABLE AS NEEDED
Therapeutic Diets: no added salt	X	AVAILABLE AS NEEDED
Therapeutic Diets: renal diet	X	AVAILABLE
Other special diets: kosher	X	AVAILABLE AS NEEDED
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	AVAILABLE AS NEEDED
Dietitian or Nutritionist Services	N	NOT AVAILABLE
Carbohydrate intake/tracking	X	AVAILABLE AS NEEDED
Meal consumption tracking	N	AVAILABLE AS NEEDED
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	AVAILABLE AS NEEDED
Assistance with meals or food preparation	X	AVAILABLE AS NEEDED
Daily Social and Recreational Services	Required	AVAILABLE
Housekeeping: bed making	X	AVAILABLE
Housekeeping: defrost and clean refrigerator	X	AVAILABLE
Housekeeping: dusting	X	AVAILABLE
Housekeeping: organize closets and drawers	X	AVAILABLE AS NEEDED
Housekeeping: trash removal; specify frequency in comments	X	AVAILABLE
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	AVAILABLE AS NEEDED
Housekeeping: other; specify in comments	X	AVAILABLE AS NEEDED
Laundry: linen (change bed, launder sheets, towels)	X	AVAILABLE
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	AVAILABLE
Laundry: other; specify in comments	X	AVAILABLE AS NEEDED
Schedule offsite social and recreational activities	X	AVAILABLE AS NEEDED
Schedule medical and social service appointments	X	AVAILABLE AS NEEDED
Assistance with arranging transportation for personal, social, and recreational activities	Required	AVAILABE

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	AVAILABLE
Provide transportation to social and recreational activities	X	AVAILABLE AS NEEDED
Provide transportation to medical and social service appointments	X	AVAILABLE AS NEEDED
Assistance accessing community resources and social services	Required	AVAILABLE
Shopping: facility sponsored	X	AVAILABLE AS NEEDED
Spiritual Care/Religious Services; on-site	X	AVAILABLE AS NEEDED
Assistance with bill paying/budgeting	N	NOT AVIALBE
Communication boards or other supplemental communication devices	X	AVAILABLE AS NEEDED
Primary languages spoken by staff	X	AVAILABLE AS NEEDED
Supervision of smoking	X	
Other; specify in comments	X	AVAILABLE AS NEEDED

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	AVAILABLE AS NEEDED
One-to-One staffing for special circumstances	X	AVAILABLE AS NEEDED
Overnight companion	X	AVAILABLE AS NEEDED

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Staffing	Available	Comments
Registered Nurse: on-site "part time"	X	AVAILABLE
Registered Nurse: on-site "full time"	N	NOT AVAILABLE
Licensed Practical Nurse: on site "part time"	N	NOT AVAILABLE
Licensed Practical Nurse: on-site "full time"	N	NOT AVAILABLE
Assisted Living Director: on-site "part time"	X	AVAILBLE
Assisted Living Director: on site "full time"	N	NOT AVAILBLE
Advanced Practice Registered Nurse: on-site "part time"	N	NOT AVAILABLE
Advanced Practice Registered Nurse: on site "full time"	N	NOT AVAILABLE
Activities Director: Part Time	X	AVAILABLE AS NEEDED
Activities Director: Full Time	X	AVAILABLE
Dietician/Nutritionist consultant available or can be arranged	X	AVAILABLE AS NEEDED
Physical Therapist available or can be arranged	X	AVAILABLE AS NEEDED
Respiratory Therapist available or can be arranged	X	AVAILABLE AS NEEDED
Occupational Therapist available or can be arranged	X	AVAILABLE AS NEEDED
Speech Language Pathologist available or can be arranged	X	AVAILABLE AS NEEDED
Social Worker available or can be arranged	X	AVAILABLE AS NEEDED
Other Licensed Professional available; specify type in comments	N	AVAILABLE AS NEEDED
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	N	NOT AVAILABLE
Private units		AVAILABLE
Semi-private units	N	NOT AVAILABLE
Studio/efficiency units	N	NOT AVAILABLE
One-bedroom units	N	NOT AVAILABLE
Two-bedroom units	N	NOT AVAILABLE
Kitchen/Kitchenettes in units	X	AVAILABLE
Internet access	X	AVAILABLE
Cable (television)	X	AVAILABLE
Pets allowed	N	NOT ALLOWED
Pet care; specify in comments	N	NOT AVIALBLE
Pool	N	NOT AVAILABLE
Whirlpool	X	AVAILABLE AS NEEDED
Exercise Room	X	AVAILABLE AS NEEDED
Library	X	AVAILABLE AS NEEDED
Activity Room	X	AVAILABLE AS NEEDED

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Garden/outdoor spaces	X	AVAILABLE
Chapel	X	AVAILABLE AS NEEDED
Private entertaining space	N	NOT AVAILABLE
Communal Dining room	X	AVAILABLE
Beauty/Barber Shop	N	NOT AVAILABLE
Parking available for residents	X	AVAILABLE AS NEEDED
Parking available for guests	X	AVAILABLE AS NEEDED
Guest accommodations	N	NOT AVAILABLE
Laundry Room accessible to Residents	X	AVAILABLE
Washer-Dryer in units	X	AVAILABLE
Central Air Conditioning	X	AVAILABLE
Fully sprinklered building	X	AVAILABLE
Designated smoking area inside (not apartment space)	X	AVAILABLE AS NEEDED
Designated smoking area outside	X	AVAILABLE AS NEEDED
Other amenity; specify in comments	N	NOT AVAILABLE
Other amenity; specify in comments	N	NA

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