

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): 05/02/2021

Name of Assisted Living: My Legal Nurse Consultants, LLC

Unique building/unit descriptive (if applicable): Mia’s House St. Cloud

Physical Address: 2607 15th Ave South East. St. Cloud MN 55304

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.

(X) 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: 7AM to 4:30 PM

Evening Shift: 2PM to 10PM

Night shift: 10PM to 8AM

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	X	Sliding scale rent payment may be base on client income
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	All client medical services are negotiated through Client Waivered Services
Private Pay		
Long Term Care Insurance	X	Medicare, Medicaid
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	X	Alarm and Camera in shared spaces
Secured outdoor grounds on facility premises	X	facility has security camera's inside and outside of premises for client security. large backyard patio
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	X	
Prepared to manage challenging behaviors	X	24 hrs direct staffing available for monitoring of clients with 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	
Communication with physician/pharmacy about ordering or refill requests		
Medication administration by licensed or unlicensed personnel	X	
Delivery of medication to resident previously set up by the facility nurse	X	
Medications set up by nurse for resident to self-administer	X	
Delivery of medication from the original containers to resident	X	
Delivery of liquid or food to resident if required to ingest medication	X	
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	if needed per physician order
Nutritional supplement administration		
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	clients have injectable medication that is administer by license personnel
Nebulizers	X	Asthma Treatment
Inhalers	X	
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
Medication delivery via enteral (feeding) tube		
Pain pump management		
Medical cannabis administration (pill form) for certified patients	X	Per Physician order
Medical Cannabis storage for certified patients	X	Per Physician order
Cannabidiol oil administration for certified patients	X	Per Physician orders

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	
Wound care: basic	X	
Wound care: complex		
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care	X	
C-PAP		
Bi-PAP		
Oxygen Management; specify any delivery system limitations		
Oxygen saturation checks		
Ventilators		
Suctioning		
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	X	No client with pacemaker at this time but facility is able to provide services
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	facility arrange client appointments and or take client to appointments
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps	X	
Fall Prevention: balance assessments	X	
Fall Prevention: exercise programs	X	PT/OT
Fall Prevention: strength training	X	PT/OT
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	as needed
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	
Daily weight check	X	
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

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

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Use of special utensils		
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments		
Tube Feeding; specify limits in comments		
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.		
Nail care: toenails, fingernails	X	
Toileting: standby assistance/supervision	X	
Changing incontinence products; perineal care	X	standby assist
Ordering replacement incontinence products	X	
Assistance with bowel and bladder control, devices, and training programs		
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	
Transfers with assist of one staff		
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		
Bed mobility		
Assistance with chair mobility		
Chair Glide System		
Mechanical Stair Lift System		
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		
Every 30-minutes safety checks		
Hourly safety checks	X	
Every two-hours safety checks	X	
Daily safety checks	X	
Emergency call system; specify type in comments	X	911 calls for all immediate medical and behavioral of self-harm
Non-emergency call system; specify type in comments	X	911 for all non-medical such as behavioral, elopement, threats of harm to self or others
Digital wander alert device on resident	X	May use digital device for resident for safety of elopement
Wander alert system at facility exits	X	Security alarms and cameras on exits/entry and share areas
Staff monitoring at facility exits; specify method in comments	X	both direct and indirect
Visitor check-in/check-out at facility main entrance	X	
Bed alarms or movement sensing technology		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Security alarms to doors and windows
Security Guard		
Security cameras in common spaces	X	front entry, back patio, above steps inside of house hallway, kitchen and living room
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Manuel locks to front door, No locks allows on clients room Suicidal watch/diagnosis
Emergency generator(s) to power the facility during power outages		
Other; specify in comments	X	24 hrs staff available, stays with client to provide lighting if needed

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	3 meals per day plus snacks. Breakfast, Lunch, snacks, and dinner
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	X	Client are offer to be taken out for meals if want
Dinner available; delivered to apartment		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Meal tray delivery and pick-up from resident's unit		
Meal preparation in resident's unit	X	All meals are prepared in facility full kitchen
Thickened Liquids; specify limits in comments		
Modified Texture Diets; specify limits in comments		
Therapeutic Diets: cardiac	X	if orders facility follows client diet
Therapeutic Diets: diabetic or calorie controlled	X	if orders facility follows client control diet for diabetes
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber	X	If order
Therapeutic Diets: low fat/low cholesterol	X	if order
Therapeutic Diets: low sodium	X	if order
Therapeutic Diets: no added salt	X	if order
Therapeutic Diets: renal diet	X	if order
Other special diets: kosher	X	if order
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	if order
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking		
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	staff follow up with client with 1:1 to check in on client mental and physical health
Assistance with meals or food preparation	X	Staff prepares all meals
Daily Social and Recreational Services	Required	Staff take client out on outings
Housekeeping: bed making	X	staff assist
Housekeeping: defrost and clean refrigerator	X	staff provide for facility
Housekeeping: dusting	X	staff provide for facility and assist client with room cleaning
Housekeeping: organize closets and drawers	X	staff provide for facility
Housekeeping: trash removal; specify frequency in comments	X	staff provide for facility but also assist client with cleaning room
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Staff provide for facility but also provide for client room
Housekeeping: other; specify in comments	X	Independent clients are assist with cleaning private spaces, however, staff provide cleaning
Laundry: linen (change bed, launder sheets, towels)	X	staff assist but will do laundry for clients with disability
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	clients are encouraged and assist as needed
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	client are take outing, shopping, eating, YMCA and per client requests
Schedule medical and social service appointments	X	staff arranges all of client appointments
Assistance with arranging transportation for personal, social, and recreational activities	Required	staff arranges and take clients to appointments

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	staff assist
Provide transportation to social and recreational activities	X	staff provides
Provide transportation to medical and social service appointments	X	staff provides
Assistance accessing community resources and social services	Required	staff provides
Shopping: facility sponsored	X	staff provides
Spiritual Care/Religious Services; on-site	X	client encourages but encourage to not put his or her view on to others
Assistance with bill paying/budgeting	X	Staff assist
Communication boards or other supplemental communication devices	X	client room is provided with communication board, and bells for nonverbal client
Primary languages spoken by staff	X	English
Supervision of smoking	X	specific smoking area designated outside away from home
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	Staff available if client needing 1:1
One-to-One staffing for special circumstances	X	Staffing available for special circumstances
Overnight companion	X	24 hrs staffing

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Staffing	Available	Comments
Registered Nurse: on-site "part time"		
Registered Nurse: on-site "full time"	x	Registered Nurse available 24 hrs a day
Licensed Practical Nurse: on site "part time"	X	
Licensed Practical Nurse: on-site "full time"	X	
Assisted Living Director: on-site "part time"	X	
Assisted Living Director: on site "full time"	x	LALD available 6 days a week
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		
Dietician/Nutritionist consultant available or can be arranged		
Physical Therapist available or can be arranged		
Respiratory Therapist available or can be arranged		911
Occupational Therapist available or can be arranged		Contract out as needed
Speech Language Pathologist available or can be arranged		Contract out as needed
Social Worker available or can be arranged		Contract out
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	shared bathrooms
Private units	X	Private bedroom
Semi-private units	X	client may have private room or share Semi-private to reduce rent
Studio/efficiency units		
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units	X	shared kitchen
Internet access	X	Facility provided
Cable (television)	X	client may have cable connect in room by payment to self
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room		
Library		
Activity Room	X	Activities area, games, movies share

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Garden/outdoor spaces	X	large patio outdoor space with seating
Chapel		
Private entertaining space		
Communal Dining room	X	Share dining space
Beauty/Barber Shop		
Parking available for residents		
Parking available for guests	X	Street parking
Guest accommodations		
Laundry Room accessible to Residents	X	Facility provide laundry room
Washer-Dryer in units	X	
Central Air Conditioning	X	
Fully sprinklered building		
Designated smoking area inside (not apartment space)		
Designated smoking area outside	X	
Other amenity; specify in comments		Depends on client needs
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