

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): 03/27/2024

Name of Assisted Living: Camilia Rose Assisted Living HFID#38783

Unique building/unit descriptive (if applicable): second floor of 3 story building

Physical Address: 11800 Xeon Blvd 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): _____

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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: 3

Evening Shift: 3

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	
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	
Federal rent subsidy		

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Payment Option	Accepted	Comments
Other; explain		

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	Waivers are accepted as soon as they are open.
Private Pay	X	
Long Term Care Insurance	X	If insurance specifies assisted living, will file documents but resident is responsible for payment if insurance does not pay.
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	
Secured outdoor grounds on facility premises	X	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	X	Elevator has coded lock. Wander guard as needed.
Prepared to manage challenging behaviors	X	As long as the behavior does not pose a risk to self or others. Additional fee may apply based on assessment.

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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	X	
Communication with physician/pharmacy about ordering or refill requests	X	
Medication administration by licensed or unlicensed personnel	X	Excludes intravenous medication or medications via specialty IV pumps.
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	Blister packs preferred Emergent situations upon assessment.
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		
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	X	Will coordinate with lab and primary care provider of choice. Resident pays for tests.
Anticoagulant medication management	X	Will coordinate with lab and primary care provider of choice. Resident pays for tests.
B-12 injections	X	
Nutritional supplement administration	X	Oral nutritional supplement administration only. Resident may have to supply.
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Routine scheduled meds only. Except for an emergency such as an Epi Pen.
Nebulizers	X	
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		
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	X	
Wound care: basic	X	Dry dressing.
Wound care: complex	X	Coordinated with a third party vendor; separate billing.
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care	X	Provided by nursing as needed.
C-PAP	X	Assistance with cleaning.
Bi-PAP	X	Under nurse discretion.
Oxygen Management; specify any delivery system limitations	X	
Oxygen saturation checks	X	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		

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Service	Available	Comments
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Resident and family to set up appointment. Will assist if needed.
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps	X	Farrow wraps.
Fall Prevention: balance assessments	X	Coordinated with a third party vendor; separate billing.
Fall Prevention: exercise programs	X	Coordinated with a third party vendor; separate billing.
Fall Prevention: strength training	X	Coordinated with a third party vendor; separate billing.
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	
Daily weight check	X	With doctor orders.
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse	X	Coordinated with a third party vendor; separate billing.

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Service	Available	Comments
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	
Ostomy care	X	
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	
Access to and training on use of automatic electronic defibrillators (AED)		
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	Staff will call 911 and follow direction provided.
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	

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Service	Available	Comments
Use of special utensils	X	Resident or family to supply.
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	If resident has no swallowing difficulties and is not at risk of aspiration.
Tube Feeding; specify limits in comments	X	
Feeding in common area with one staff member per resident	X	
Feeding in resident's apartment with one staff member per resident	X	Hospice end of life.
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	
Nail care: toenails, fingernails	X	Basic Nail Care.
Toileting: standby assistance/supervision	X	
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	In coordination with case managers.
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	X	
Transfers with assist of two staff	X	
Transfers utilizing sit-to-stand lifts	X	
Transfers utilizing sliding boards	X	
Transfers utilizing bariatric equipment		
Ceiling lift transfers		
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer	X	
Mechanical lift: assist of 2 transfer	X	
Ambulation with assist of 1	X	
Bed mobility	X	
Assistance with chair mobility	X	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	In bathrooms. Can be added as needed elsewhere.

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Service	Available	Comments
Elevators	X	
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		
Every two-hours safety checks	X	Available for assisted living and memory care residents.
Daily safety checks	X	Offered for all.
Emergency call system; specify type in comments	X	Pull cord and push down button on bed.
Non-emergency call system; specify type in comments	X	Landline.
Digital wander alert device on resident	X	Building is already secure, but individualized wander system can be added if needed.
Wander alert system at facility exits	x	
Staff monitoring at facility exits; specify method in comments	X	Key pads at each exit.
Visitor check-in/check-out at facility main entrance	X	Check in at the nurse's station.
Bed alarms or movement sensing technology	X	Technology is to be provided by resident/family.

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Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Key pad by entrance doors.
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.)	X	Rooms have lockable doors; elevator and exit doors have key pad.
Emergency generator(s) to power the facility during power outages	X	
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	X	
Breakfast available; delivered to apartment	X	Quarantined due to illness or end of life care.
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Quarantined due to illness or end of life care.
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Quarantined due to illness or end of life care.

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Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	X	Quarantined due to illness or end of life care.
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Per Doctor Order. Resident to provide.
Modified Texture Diets; specify limits in comments	X	Regular , cut-up, mechanical, puree
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	X	
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		

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	Residents are checked at meal times.
Assistance with meals or food preparation	X	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator	X	Resident and/or family responsible for keeping resident room refrigerator clean.
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers	X	
Housekeeping: trash removal; specify frequency in comments	X	Daily.
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments	X	
Laundry: linen (change bed, launder sheets, towels)	X	Weekly and as needed.
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	2 loads of personal clothing per week; bedding washed weekly and as needed.
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Can be offered as part of a planned group activity.
Schedule medical and social service appointments	X	Resident and family to schedule but will assist if needed.
Assistance with arranging transportation for personal, social, and recreational activities	Required	

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Service	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	X	Life enrichment offers scheduled activities.
Provide transportation to medical and social service appointments	X	
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	
Spiritual Care/Religious Services; on-site	X	If requested by residents and scheduled by Life Enrichment.
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	Activities and Menus are posted for residents.
Primary languages spoken by staff		English.
Supervision of smoking		
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"		
Registered Nurse: on-site "full time"	X	Days vary depending on rotation.
Licensed Practical Nurse: on site "part time"	X	Days vary depending on rotation.
Licensed Practical Nurse: on-site "full time"		
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	M-F and as needed.
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time		
Activities Director: Full Time	X	Schedule varies depending on activities planned.
Dietician/Nutritionist consultant available or can be arranged		
Physical Therapist available or can be arranged	X	Can be arranged based on resident choice of provider.
Respiratory Therapist available or can be arranged	X	Can be arranged based on resident choice of provider.
Occupational Therapist available or can be arranged	X	Can be arranged based on resident choice of provider.
Speech Language Pathologist available or can be arranged	X	Can be arranged based on resident choice of provider.
Social Worker available or can be arranged	X	Can be arranged based on resident choice of provider.
Other Licensed Professional available; specify type in comments	X	Medical services can be arranged based on resident choice of provider
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	
Private units	X	
Semi-private units		
Studio/efficiency units		
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	X	Guest Wifi
Cable (television)	X	Bulk cable that provides basic cable. Resident provides own television.
Pets allowed	X	visiting resident with owner present
Pet care; specify in comments		
Pool		
Whirlpool	X	Whirlpool tub in main shower room
Exercise Room		
Library		
Activity Room		

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Garden/outdoor spaces	X	
Chapel		
Private entertaining space	X	
Communal Dining room	X	
Beauty/Barber Shop	X	Can be arranged. Additional fee.
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents		
Washer-Dryer in units		
Central Air Conditioning		
Fully sprinklered building	X	
Designated smoking area inside (not apartment space)		
Designated smoking area outside		
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