

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): 06/22/2022

Name of Assisted Living: Uplift Home Care Services LLC

Unique building/unit descriptive (if applicable): Maple Grove House

Physical Address: 14755 91st Pl N Maple Grove MN 55369

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: 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		n/a
Housing Support (formerly Minnesota Group Residential Housing) Payments		n/a
Federal rent subsidy		n/a

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Payment Option	Accepted	Comments
Other; explain		n/a

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	CADI
Private Pay	X	
Long Term Care Insurance		n/a
Other; explain		n/a

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		n/a

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Service	Available	Comments
Other; specify in comments		n/a

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	
Delivery of medication to resident previously set up by the facility nurse	x	
Medications set up by nurse for resident to self-administer		n/a
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	

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Service	Available	Comments
Clinical monitoring of labs related to medications	X	
Anticoagulant medication management	X	
B-12 injections	X	
Nutritional supplement administration	X	
(IV) Intravenous management	X	
PICC lines (Peripherally Inserted Central Catheter)		n/a
Injections; specify types or limits in comments (IM, SQ)	X	IM/SQ
Nebulizers	X	
Inhalers	X	
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
Medication delivery via enteral (feeding) tube	X	
Pain pump management	X	
Medical cannabis administration (pill form) for certified patients		
Medical Cannabis storage for certified patients	X	
Cannabidiol oil administration for certified patients	X	

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Service	Available	Comments
Other; specify in comments		n/a

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		Can arrange for wound consult referral
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care	X	
C-PAP	X	
Bi-PAP	X	
Oxygen Management; specify any delivery system limitations	X	oxygen Tank
Oxygen saturation checks	X	
Ventilators	X	
Suctioning	X	
Tracheostomy Care: cleaning of site and tube	X	
Tracheostomy Care: showering assistance	X	

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Service	Available	Comments
Tracheostomy Care: suctioning assistance	X	
Pacemaker Checks	X	
Arrange for On-Site Dialysis		Can arrange for off site
Arrange for/set-up Off-Site Dialysis	X	
Peritoneal Dialysis (on-site)		Can arrange for off site
Compression stockings	X	
Lymphedema wraps	X	
Fall Prevention: balance assessments	X	
Fall Prevention: exercise programs		
Fall Prevention: strength training	X	
Integrative Health Services: acupuncture		Can arrange for offsite
Integrative Health Services: aromatherapy	X	
Integrative Health Services: healing touch	X	
Integrative Health Services: massage	X	
Blood pressure checks	X	
Daily weight check	X	
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse	X	

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Service	Available	Comments
Straight (intermittent) catheter assistance	x	
Suprapubic catheter care	x	
Ostomy care	x	
Arrangements for and coordination with hospice care	x	
End-of-life palliative care	x	Can arrangement for hospice referral
Access to and training on use of automatic electronic defibrillators (AED)	x	
Training of and use of Cardiopulmonary Resuscitation (CPR)	x	
Other; specify in comments		n/a

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		Facilty has shower
Oral hygiene	x	
Denture care	x	
Cueing/reminders for self-care	x	

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

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	X	
Ceiling lift transfers		n/a
Non-mechanical transfers (trapeze)	X	
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	X	
Mechanical Stair Lift System		Facilty does not have
Handrails; in personal space	X	

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Service	Available	Comments
Elevators		n/a
Other; specify in comments		n/a

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	Depending on client's needs
Every 30-minutes safety checks	x	Depending on client's needs
Hourly safety checks	x	Clients checked hourly for 24 hours
Every two-hours safety checks		n/a
Daily safety checks		n/a
Emergency call system; specify type in comments		Call Bell
Non-emergency call system; specify type in comments		Call Bell
Digital wander alert device on resident		n/a
Wander alert system at facility exits	x	Security system installed . Loud alarms goes off when exit doors and windows
Staff monitoring at facility exits; specify method in comments	x	Security system installed . Loud alarms goes off when exit doors and windows ar
Visitor check-in/check-out at facility main entrance		Clients checked out and in. Visitors checked in and out
Bed alarms or movement sensing technology		n/a

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Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)	x	Security system installed with door and window sensors alarm
Security Guard		n/a
Security cameras in common spaces		Security system installed. Camera's in all common areas
Key card/fob access: specify locations (unit, resident room, exits, etc.)		n/a
Other lock systems: specify locations (unit, resident room, exits, etc.)		n/a
Emergency generator(s) to power the facility during power outages		n/a
Other; specify in comments		n/a

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, Lunch , Dinner & 3 snacks provided
Breakfast available in community space	x	
Breakfast available; delivered to apartment		n/a
Lunch available in community space	x	
Lunch available; delivered to apartment		n/a
Dinner available in community space	x	
Dinner available; delivered to apartment		n/a

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Service	Available	Comments
Meal tray delivery and pick-up from resident's unit		n/a
Meal preparation in resident's unit		n/a
Thickened Liquids; specify limits in comments	x	Per Doctor's orders
Modified Texture Diets; specify limits in comments	x	Per Doctor's orders
Therapeutic Diets: cardiac	x	Per Doctor's orders
Therapeutic Diets: diabetic or calorie controlled	x	Per Doctor's orders
Therapeutic Diets: gluten-free	x	Per Doctor's orders
Therapeutic Diets: high fiber	x	Per Doctor's orders
Therapeutic Diets: low fat/low cholesterol	x	Per Doctor's orders
Therapeutic Diets: low sodium	x	Per Doctor's orders
Therapeutic Diets: no added salt	x	Per Doctor's orders
Therapeutic Diets: renal diet	x	Per Doctor's orders
Other special diets: kosher	x	Per Doctor's orders
Other special diets: (vegetarian, vegan, etc.) specify in comments	x	Per Doctor's orders
Dietitian or Nutritionist Services	x	Per Doctor's orders
Carbohydrate intake/tracking	x	Per Doctor's orders
Meal consumption tracking	x	Per Doctor's orders
Other; specify in comments		n/a

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	Hourly rounding safety checks
Assistance with meals or food preparation	x	Breakfast, Lunch, Dinner and Snacks prepared by staff
Daily Social and Recreational Services	Required	Facility will provide daily social and recreational activities
Housekeeping: bed making	x	
Housekeeping: defrost and clean refrigerator	x	
Housekeeping: dusting	x	
Housekeeping: organize closets and drawers	x	
Housekeeping: trash removal; specify frequency in comments	x	
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	
Housekeeping: other; specify in comments	x	Facility's staff do all housekeeping chores
Laundry: linen (change bed, launder sheets, towels)	x	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	
Laundry: other; specify in comments	x	Staff will provide Services to client's as arranged in Home Care Contract
Schedule offsite social and recreational activities	x	REcreational and social activities will be provide both off site and onsite
Schedule medical and social service appointments	x	
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	Services provided by Facility
Provide transportation to social and recreational activities	x	
Provide transportation to medical and social service appointments	x	Services provided by Facility
Assistance accessing community resources and social services	Required	Services provided by Facility
Shopping: facility sponsored		Services provided by Facility
Spiritual Care/Religious Services; on-site		Clients can attend any offsite Religious service of thier choice
Assistance with bill paying/budgeting		Provided by Client's Court appoined Rep Payee
Communication boards or other supplemental communication devices	x	Per client's needs
Primary languages spoken by staff	x	English
Supervision of smoking	x	
Other; specify in comments		n/a

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	Depending on clien's needes and pre-arranged
One-to-One staffing for special circumstances	x	Depending on clien's needes and pre-arranged
Overnight companion	x	Depending on clien's needes and pre-arranged

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Staffing	Available	Comments
Registered Nurse: on-site “part time”	x	Facility has 2 part time RN's . RN on site part time and on 24 hours on call
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”	x	ALD on site part time but in office and on call 24 hours a day
Assisted Living Director: on site “full time”		n/a
Advanced Practice Registered Nurse: on-site “part time”		Psychaitric Mental Health NP on site part time and call during the day
Advanced Practice Registered Nurse: on site “full time”		n/a
Activities Director: Part Time	x	Activities director on site part time
Activities Director: Full Time		n/a
Dietician/Nutritionist consultant available or can be arranged	x	Service arranged through by Primary Care Provider/Clinic
Physical Therapist available or can be arranged	x	Service arranged through by Primary Care Provider/Clinic
Respiratory Therapist available or can be arranged	x	Service arranged through by Primary Care Provider/Clinic
Occupational Therapist available or can be arranged	x	Service arranged through by Primary Care Provider/Clinic
Speech Language Pathologist available or can be arranged	x	Service arranged through by Primary Care Provider/Clinic
Social Worker available or can be arranged	x	Service arranged through by Primary Care Provider/Clinic
Other Licensed Professional available; specify type in comments		n/a
Other; specify in comments		n/a

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		n/a
Studio/efficiency units		n/a
One-bedroom units		n/a
Two-bedroom units		n/a
Kitchen/Kitchenettes in units		n/a
Internet access		Facility has internet, cable and phone services access for all clients
Cable (television)		Facility has cable in all common areas and client's rooms
Pets allowed	x	
Pet care; specify in comments		Client responsible for pet care
Pool		n/a
Whirlpool		n/a
Exercise Room		n/a
Library		Maple grove/Osseo public library
Activity Room	x	

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Garden/outdoor spaces		
Chapel		Clients can go off site to any places of worship of their preference off site
Private entertaining space	x	Facilty has an activity room - prearranged for use
Communal Dining room	x	
Beauty/Barber Shop		n/a
Parking available for residents	x	
Parking available for guests	x	
Guest accommodations		n/a
Laundry Room accessible to Residents	x	
Washer-Dryer in units	x	
Central Air Conditioning	x	
Fully sprinklered building		na
Designated smoking area inside (not apartment space)		n/a
Designated smoking area outside	x	
Other amenity; specify in comments		n/a
Other amenity; specify in comments		n/a

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