

# 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): 09/01/2022

Name of Assisted Living: Timber Pines Assisted Living

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

Physical Address: 650 Northridge Drive, NW, Pine City, MN 55063

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: 2 MC, 1 AL

Evening Shift: 2 MC, 1 AL

Night shift: 1 MC, 1 AL

## 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	Only accepted in combination with EW payment for services. See addendum to contract for details and limitations.
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	EW accepted, limited # of apartment units available. Discuss with management staff or see contract addendum for specific policy information and limitations.
Private Pay	X	
Long Term Care Insurance	X	Community will assist resident and/or family in claims submission to LTC insurance carrier. Resident retains responsibility for payment of rent and services. Assistance with monthly claim documentation is at an additional charge.
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	Access controlled designated unit via keypad or fob/badge access.
Secured outdoor grounds on facility premises	X	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	X	Available per individual assessed need. Add'l costs may apply.
Prepared to manage challenging behaviors	X	Except where health/safety of other VA or staff are at risk & other interventions ineffective. Add'l costs may apply.

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Service	Available	Comments
Other; specify in comments	X	A variety of non-pharmacological therapeutic interventions are available to manage symptoms & enhance quality of life, such as Aromatherapy, massage, music therapy, pet therapy, etc.

## 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	Frequency of service will determine the level of care package.
Communication with physician/pharmacy about ordering or refill requests	X	Provided in basic Assisted Living packages.
Medication administration by licensed or unlicensed personnel	X	Frequency of service will determine the level of care package.
Delivery of medication to resident previously set up by the facility nurse		
Medications set up by nurse for resident to self-administer	X	Add'l fee may apply; must be assessed as competent to self-administer medications
Delivery of medication from the original containers to resident	X	All meds require bubble pack except VA. Frequency of service determines pkg level.
Delivery of liquid or food to resident if required to ingest medication	X	Frequency of service will determine the level of care package.
Delegation of medication management services by licensed health professional to unlicensed staff	X	Frequency of service will determine the level of care package.
Central storage of medication	X	Carts, locked refrigerator, or other locked area for overflow.
Diabetic Care: insulin pen dosing	X	Preferred dosing mechanism. Requires Diabetic Nurse Package.
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	Frequency of service will determine the level of care package.
Anticoagulant medication management	X	Requires Nurse Package.
B-12 injections	X	A la carte nurse charges will apply.
Nutritional supplement administration	X	Resident must purchase shakes/drinks. Frequency determines level of care package.
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Vaccines, tuberculin. IM & SQ. A la carte nurse charges will apply.
Nebulizers	X	Frequency of service will determine the level of care package.
Inhalers	X	Frequency of service will determine the level of care package.
Ear drops	X	Frequency of service will determine the level of care package.
Eye drops	X	Frequency of service will determine the level of care package.
Topicals	X	Frequency of service will determine the level of care package.
Patches	X	Frequency of service will determine the level of care package.
Medication delivery via enteral (feeding) tube		
Pain pump management		
Medical cannabis administration (pill form) for certified patients		Cannot store/administer due to being a Federally reimbursed provider. Resident self-store under double lock and self-administer or with family assistance.
Medical Cannabis storage for certified patients		Same as medical cannabis administration noted above.
Cannabidiol oil administration for certified patients		Will not store/administer due to lack of FDA approval or MD orders. Resident must self-store under double lock and self-administer or with family assistance.

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Service	Available	Comments
Other; specify in comments	X X	Suppositories & enemas. Frequency determines package level.

### 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	Coordination with outside providers as applicable. Frequency determines pkg level. Fitness Center add'l fees apply.
Wound care: basic	X	Coordination with outside providers. Requires Collaboration Care Package.
Wound care: complex		
Diabetic care: blood glucose monitoring	X	Frequency determines package level. Requires Diabetic Nurse Package.
Diabetic care: foot/nail care	X	Frequency determines package level. Requires Diabetic Nurse Package.
C-PAP	X	Frequency determines package level.
Bi-PAP	X	Frequency determines package level.
Oxygen Management; specify any delivery system limitations	X	O2 concentrator only. No O2 on hand for emergencies. Frequency determines cost.
Oxygen saturation checks	X	Frequency determines package level.
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	A la carte nurse charges will apply.
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Frequency of service will determine the level of care package.
Peritoneal Dialysis (on-site)		
Compression stockings	X	Frequency of service will determine the level of care package.
Lymphedema wraps	X	Coordinate with outside provider. Frequency determines package level.
Fall Prevention: balance assessments	X	Coordinate with outside provider. Charges may apply.
Fall Prevention: exercise programs	X	Coordinate w/outside provider. Frequency determines pkg level. Fitness Center fees apply.
Fall Prevention: strength training	X	Coordinate w/outside provider. Frequency determines pkg level. Fitness Center fees apply.
Integrative Health Services: acupuncture	X	Coordinate with outside provider. Frequency determines pkg level.
Integrative Health Services: aromatherapy	X	Utilized in common areas. Charges apply for private diffusers and essential oils.
Integrative Health Services: healing touch	X	Coordinate with outside provider. Frequency determines pkg level.
Integrative Health Services: massage	X	Coordinate with outside provider. Frequency determines pkg level.
Blood pressure checks	X	Frequency of service will determine the level of care package.
Daily weight check	X	If ordered by physician for specific clinical need. Frequency determines pkg level.
Indwelling urinary catheter care; emptying and bag changes	X	Coordinate with outside provider. Requires RN collaboration package.
Indwelling urinary catheter replacement by nurse		

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Service	Available	Comments
Straight (intermittent) catheter assistance		
Suprapubic catheter care		
Ostomy care		
Arrangements for and coordination with hospice care	X	Coordinate with outside provider. Requires Collaboration Care Package.
End-of-life palliative care	X	Coordinate with outside provider. Requires Collaboration Care Package.
Access to and training on use of automatic electronic defibrillators (AED)		
Training of and use of Cardiopulmonary Resuscitation (CPR)		RN/LPN certified. ULP not universally certified. Residents with Full Code/CPR order: staff will call 911. If a certified staff member is available that individual will perform CPR until relieved by paramedics.
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	Frequency of service will determine the level of care package.
Bathing: shower	X	Frequency of service will determine the level of care package.
Bathing: bathtub	X	Frequency of service will determine the level of care package.
Oral hygiene	X	Frequency of service will determine the level of care package.
Denture care	X	Frequency of service will determine the level of care package.
Cueing/reminders for self-care	X	Frequency of service will determine the level of care package.

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Service	Available	Comments
Use of special utensils	X	Resident provides or is responsible for purchase of utensils.
Feeding assistance for residents with complicated eating problems	X	Based on Res assessment & compliance. Add'l charges may apply.
Set-up and cut food at meals	X	Frequency of service will determine the level of care package.
Manual Feeding; specify limits in comments	X	Hand-over-hand, hand-to-mouth per assessment including physical, social, dignity factors. Frequency determines pkg level.
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.	X	Frequency of service will determine the level of care package.
Nail care: toenails, fingernails	X	Non-diabetic. Frequency determines package level.
Toileting: standby assistance/supervision	X	Frequency of service will determine the level of care package.
Changing incontinence products; perineal care	X	Frequency of service will determine the level of care package.
Ordering replacement incontinence products	X	Fees will apply for cost of products.
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	Frequency of service will determine the level of care package.
Transfers with assist of one staff	X	Frequency of service will determine the level of care package.
Transfers with assist of two staff	X	Frequency of service will determine the level of care package.
Transfers utilizing sit-to-stand lifts	X	Frequency of service will determine the level of care package (e.g. EZ Stand)
Transfers utilizing sliding boards	X	Frequency of service will determine the level of care package.
Transfers utilizing bariatric equipment	X	When apt. layout can accommodate use of appropriate equip., limit 350 pounds.
Ceiling lift transfers		
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	Frequency of service will determine the level of care package (e.g. Hoyer)
Ambulation with assist of 1	X	Frequency of service will determine the level of care package.
Bed mobility	X	Frequency of service will determine the level of care package.
Assistance with chair mobility	X	Frequency of service will determine the level of care package.
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		

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Service	Available	Comments
Elevators	X	
Other; specify in comments		No side rails attached to bed, please see restraint free policy. Only allow halo device or bed cane device for mobility with a proper assessment, measurement, consent, physician orders and monitoring. Must be removed if no longer able to use properly, either physically or cognitively. Lift recliners allowed if resident able to safely operate the chair per assessment.

## 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		Only on a short-term acute basis until add'l interventions put in place. Only done if staffing permits. Will not be done for more than 48 hours. Frequency determines fees.
Every two-hours safety checks	X	See Policy. Frequency of Service will determine the level of care package.
Daily safety checks	X	
Emergency call system; specify type in comments	X	Pull cord in apt bathrooms & pendant for em
Non-emergency call system; specify type in comments	X	Pendant for AL non-emergency use. Not for IL non-emergency use. Charges may apply.
Digital wander alert device on resident	X	Per assessed need. Does not replace assessed need for access controlled neighborhood.
Wander alert system at facility exits	X	At some doors. Does not replace assessed need for access-controlled neighborhood.
Staff monitoring at facility exits; specify method in comments	X	At front entrance during limited hours. All doors secure with badge access.
Visitor check-in/check-out at facility main entrance	X	All visitors required to use only main entrance; sign in/out required.
Bed alarms or movement sensing technology	X	Individualized intervention based on assessed need. May be add'l fees with usage/equip.

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Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Individualized intervention based on assessed need. May be add'l fees with usage/equip.
Security Guard		
Security cameras in common spaces	X	Recorded on a loop until overwritten. Video is not actively monitored.
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Badge access provided to each resident for exterior doors and Fitness Center
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	A key is provided to each resident for their apartment door unless assessed otherwise.
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	Available for fee; Dining Room open during posted or set hours.
Breakfast available in community space	X	Available in dining room for a per meal price or through a meal package.
Breakfast available; delivered to apartment	X	Additional fee for a delivery.
Lunch available in community space	X	Available in dining room for a per meal price or through a meal package.
Lunch available; delivered to apartment	X	Additional fee for a delivery.
Dinner available in community space	X	Available in dining room for a per meal price or through a meal package.
Dinner available; delivered to apartment	X	Additional fee for a delivery.

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Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	X	Additional fee for a delivery.
Meal preparation in resident's unit	X	Frequency of service will determine the level of care package.
Thickened Liquids; specify limits in comments	X	Available - pre-thickened product- additional fee may apply for these products.
Modified Texture Diets; specify limits in comments	X	Available - mechanical soft or pureed available only.
Therapeutic Diets: cardiac		Choices are provided, requires resident self-monitoring.
Therapeutic Diets: diabetic or calorie controlled	X	CCHO: available - requires doctor order. IL self monitor
Therapeutic Diets: gluten-free		Choices are provided, requires resident self-monitoring.
Therapeutic Diets: high fiber		Choices are provided, requires resident self-monitoring.
Therapeutic Diets: low fat/low cholesterol	X	Heart Healthy: available - requires doctor order. IL self monitor.
Therapeutic Diets: low sodium		Choices are provided, requires resident self-monitoring.
Therapeutic Diets: no added salt	X	Regular Diet is also no salt added - requires doctor order. IL self monitor.
Therapeutic Diets: renal diet		Choices are provided, requires resident self-monitoring.
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		Choices are provided, requires resident self-monitoring.
Dietitian or Nutritionist Services	X	Available for a virtual consult, after meeting community staff first. Add'l fees may apply.
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	Incl in base apt. fee; Resident can choose to opt out.
Assistance with meals or food preparation	X	Add'l fees for individual meals and food prep in apartment.
Daily Social and Recreational Services	Required	Included in base fee; Add'l cost for certain events and outings.
Housekeeping: bed making	X	Frequency of service will determine fees.
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	X	Frequency of service will determine fees. No large items or small intricate items moved.
Housekeeping: organize closets and drawers		
Housekeeping: trash removal; specify frequency in comments	X	Different frequency for diff levels of care. See exhibit A, B, and E of Contract for charges.
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Different frequency for diff levels of care. See exhibit A, B, and E of Contract for charges.
Housekeeping: other; specify in comments	X	Different frequency for diff levels of care. See exhibit A, B, and E of Contract for charges.
Laundry: linen (change bed, launder sheets, towels)	X	Different frequency for diff levels of care. See exhibit A, B, and E of Contract for charges.
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Different frequency for diff levels of care. See exhibit A, B, and E of Contract for charges.
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Group social/recreational events planned.
Schedule medical and social service appointments		
Assistance with arranging transportation for personal, social, and recreational activities	Required	Can assist to arrange for personal appts; add'l fees will apply

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Service	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	Can assist to arrange for personal appts; add'l fees will apply.
Provide transportation to social and recreational activities	x	Planned group activities & outings. Add'l fees may apply.
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	See Resident Services Manager for assistance
Shopping: facility sponsored	x	Resident input for planned group activities & outings. Add'l fees may apply.
Spiritual Care/Religious Services; on-site	x	Chaplain designated for community.
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	x	Monthly calendar distributed and posted in main lobby. Extra available.
Primary languages spoken by staff	x	English is primary. Translation available; fees may apply.
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	An RN avail to staff by phone 24/7; Generally RN is on site M-F; bus. hours may vary
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"		
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	Generally M-F business hours; varies w/ Manager on Duty sched; avail 24-7 by phone
Advanced Practice Registered Nurse: on-site "part time"	X	Outside provider has rounding Nurse Practitioner/M.D.; Need to select as primary.
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time		
Activities Director: Full Time	X	Arrange, coordinate and lead activities. Some activities led by ULP and volunteers.
Dietician/Nutritionist consultant available or can be arranged	X	As referred by Culinary Dir. Fees may apply for ongoing consultation after 1st mtg.
Physical Therapist available or can be arranged	X	Through outside agency.
Respiratory Therapist available or can be arranged	X	Through outside agency.
Occupational Therapist available or can be arranged	X	Through outside agency.
Speech Language Pathologist available or can be arranged	X	Through outside agency.
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments	X	Rounding outside Primary Care Doctors (must choose to be primary).
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	All public bathrooms and limited apartments
Private units	X	
Semi-private units		
Studio/efficiency units	X	
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	
Internet access	X	Complimentary access to secure WiFi. Add'l fee for apartment specific internet.
Cable (television)	X	One receiver box for complimentary basic cable included. Add'l fee for add'l receivers.
Pets allowed	X	Pet Fee and Agreement required prior to having a pet in apartment.
Pet care; specify in comments		Resident must be able to care for pet independently or with family assist.
Pool		
Whirlpool		
Exercise Room	X	Fitness center - membership based fee; many insurances accepted or private pay.
Library	X	
Activity Room	X	

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Garden/outdoor spaces		
Chapel		Worship held in community room.
Private entertaining space	X	No additional fee.
Communal Dining room	X	
Beauty/Barber Shop	X	Additional fee, paid directly to the Licensed Beautician.
Parking available for residents	X	Additional fee for indoor garage parking.
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	
Washer-Dryer in units	X	Available in most units.
Central Air Conditioning	X	Central Air in common areas; Apartments have individual temperature controls.
Fully sprinklered building	X	
Designated smoking area inside (not apartment space)		Non-smoking building.
Designated smoking area outside		Non-smoking campus. Must leave property to smoke.
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](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.

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Individual or Legal/Designated Representative