

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): 03/03/2024

Name of Assisted Living: Primetime Living

Unique building/unit descriptive (if applicable): 4 Bedrooms

Physical Address: 3870 Eastwood Rd SE Rochester Mn 55904

If the indicated services are provided for more than one building/unit (on the campus), list all additional buildings/units this applies to. Use additional pages if necessary.

No additional buildings/units

Additional Building:

Unique building/unit descriptive (if applicable): _____

Physical Address (if different than above): _____

Additional Building:

Unique building/unit descriptive (if applicable): _____

Physical Address (if different than above): _____

Additional Building:

Unique building/unit descriptive (if applicable): _____

Physical Address (if different than above): _____

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Facility/Campus listed above has the following license. Check one:

- Assisted Living Facility License
- Assisted Living Facility with Dementia Care License

Availability of Unlicensed Staff (ULP); check one:

- Unlicensed staff are in the building and available to respond to resident requests 24/7
- Unlicensed staff may either be in the building, in an attached building, or within the campus and available to respond to resident requests 24/7

Availability of Licensed (RN/LPN) Staff (in *addition* to an RN who is required to be accessible to the staff 24/7); check one if applicable:

- Licensed staff are on site 24/7
- Licensed staff are either in the building, an attached building, or within the campus and available to respond to resident requests 24/7

Number of unlicensed direct care staff typically scheduled per shift:

Day Shift: 1

Evening Shift: 1

Night shift: 1

Payment Options

The facility will indicate by placing an “X” in the “Available” column if the payment option is accepted (may check more than one). Please indicate in the “Comments” column below if a pre-determined length of private funds payment source is required before acceptance of Medicaid or waived service funds; and if yes, indicate the number of months required.

Payment Options for Housing Contract

Payment Option	Accepted	Comments
Private Pay	X	Only for 24-hour customized services
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	
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	Only for 24-hour customized services
Private Pay	X	Only 24-hour customized services
Long Term Care Insurance		
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	NO	
Secured outdoor grounds on facility premises	NO	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	NO	
Prepared to manage challenging behaviors	NO	

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	Per care plan
Communication with physician/pharmacy about ordering or refill requests	X	Per care plan
Medication administration by licensed or unlicensed personnel	X	Per care plan and MAR
Delivery of medication to resident previously set up by the facility nurse	X	Per care plan and MAR
Medications set up by nurse for resident to self-administer		
Delivery of medication from the original containers to resident	X	According to the care plan and MAR
Delivery of liquid or food to resident if required to ingest medication	X	Per care plan and MAR
Delegation of medication management services by licensed health professional to unlicensed staff	X	
Central storage of medication	X	Med-cart with double-lock
Diabetic Care: insulin pen dosing	X	According to the care plan and MAR
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing	X	According to the care plan and MAR
Diabetic Care: sliding scale insulin management	X	Per care plan and MAR

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Service	Available	Comments
Clinical monitoring of labs related to medications		
Anticoagulant medication management	X	According to the care plan and MAR
B-12 injections	X	According to the care plan and MAR
Nutritional supplement administration	X	Per care plan and MAR
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)		
Nebulizers	X	Per care plan and MAR
Inhalers	X	Per care plan and MAR
Ear drops	X	Per care plan and MAR
Eye drops	X	Per care plan and MAR
Topicals	X	Per care plan and MAR
Patches	X	Per care plan and MAR
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	Per care plan
Wound care: basic	X	Per care plan
Wound care: complex		
Diabetic care: blood glucose monitoring	X	Per care plan
Diabetic care: foot/nail care	X	Per care plan
C-PAP	X	Per care plan
Bi-PAP	X	Per care plan
Oxygen Management; specify any delivery system limitations	X	Per care plan
Oxygen saturation checks	X	Per care plan and as needed
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		
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Per care plan
Peritoneal Dialysis (on-site)		
Compression stockings	X	Per care plan
Lymphedema wraps	X	Per care plan
Fall Prevention: balance assessments	X	We can make arrangements to their doctor's for an evaluation.
Fall Prevention: exercise programs	X	Per doctor's and physical therapist recommendation in the care plan
Fall Prevention: strength training	X	Per doctor's and physical therapist recommendation plan.
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	Per care plan
Daily weight check	X	Per care plan
Indwelling urinary catheter care; emptying and bag changes	X	Per care plan
Indwelling urinary catheter replacement by nurse	X	Per care plan

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Service	Available	Comments
Straight (intermittent) catheter assistance		
Suprapubic catheter care	x	Per care plan
Ostomy care		
Arrangements for and coordination with hospice care	x	We can arrange and coordinate with hospice care
End-of-life palliative care	x	Per person and family choice, current resident
Access to and training on use of automatic electronic defibrillators (AED)		
Training of and use of Cardiopulmonary Resuscitation (CPR)		
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	Per care plan
Bathing: shower	x	Per care plan
Bathing: bathtub	x	Per care plan
Oral hygiene	x	Per care plan
Denture care	x	Per care plan
Cueing/reminders for self-care	x	Per care plan

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Service	Available	Comments
Use of special utensils	X	Will be available if a need be
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	X	Per care plan
Manual Feeding; specify limits in comments	X	If there is no swallowing problems with hard food
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	Per care plan
Nail care: toenails, fingernails		
Toileting: standby assistance/supervision	X	Per care plan
Changing incontinence products; perineal care	X	Per care plan if a need be
Ordering replacement incontinence products	X	Per care plan
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	Per care plan
Transfers with assist of one staff	X	Per care plan
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	X	Per care plan
Bed mobility	X	Per care plan
Assistance with chair mobility	X	Per care plan
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		

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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	X	As is in the care plan
Every 30-minutes safety checks	X	As is in the care plan
Hourly safety checks	X	As is in the care plan
Every two-hours safety checks	X	As is in the care plan
Daily safety checks	X	As is in the care plan
Emergency call system; specify type in comments	X	Call 911 and notify LALD or the Nurse for the emergency situation.
Non-emergency call system; specify type in comments	X	Call the LALD or the nurse 24/7 and notify them with the current situation.
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	X	Sign-In and Sign-out at office entrance
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.)		
Security Guard		
Security cameras in common spaces		
Key card/fob access: specify locations (unit, resident room, exits, etc.)		Private keys in Resident rooms
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Private keys in Resident rooms
Emergency generator(s) to power the facility during power outages		
Other; specify in comments	X	Flashlights

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	Daily
Breakfast available in community space	X	Daily
Breakfast available; delivered to apartment	X	Per care plan
Lunch available in community space	X	Daily
Lunch available; delivered to apartment	X	Per care plan
Dinner available in community space	X	Daily
Dinner available; delivered to apartment	X	Per care plan

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Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	X	Per care plan
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	x	Per care plan
Modified Texture Diets; specify limits in comments	X	Just thickened Liquids
Therapeutic Diets: cardiac		Per care plan
Therapeutic Diets: diabetic or calorie controlled	X	Per care plan
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol	X	Per care plan
Therapeutic Diets: low sodium	X	Per care plan
Therapeutic Diets: no added salt	X	Per care plan
Therapeutic Diets: renal diet	X	As is in the care plan
Other special diets: kosher	X	Per care plan
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	Per care plan
Dietitian or Nutritionist Services	X	Coordinated through primary physician
Carbohydrate intake/tracking	X	Per care plan
Meal consumption tracking	X	Per care plan
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	Person to person
Assistance with meals or food preparation	X	Per care plan
Daily Social and Recreational Services	Required	Per care plan
Housekeeping: bed making	X	Per care plan
Housekeeping: defrost and clean refrigerator	X	Per care plan if a need be
Housekeeping: dusting	X	Per care plan
Housekeeping: organize closets and drawers	X	Per care plan
Housekeeping: trash removal; specify frequency in comments	X	Per care plan
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Per care plan
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Per care plan
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Per care plan
Laundry: other; specify in comments	X	Per care plan
Schedule offsite social and recreational activities	X	Per care plan
Schedule medical and social service appointments	X	Per care plan
Assistance with arranging transportation for personal, social, and recreational activities	Required	Per care plan

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	Per care plan
Provide transportation to social and recreational activities		
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	Per care plan and as needed
Shopping: facility sponsored	X	Per care plan
Spiritual Care/Religious Services; on-site	X	Per care plan and as needed
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices		
Primary languages spoken by staff	X	English, Somali and Arabic
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	X	As an arrangement made in the care plan
One-to-One staffing for special circumstances	X	As an arrangement made in the care plan
Overnight companion	X	As an arrangement made in the care plan

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Staffing	Available	Comments
Registered Nurse: on-site "part time"	X	On-Call 24/7
Registered Nurse: on-site "full time"		
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	As needed and she is available 24/7 on call
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time		
Activities Director: Full Time		
Dietician/Nutritionist consultant available or can be arranged	X	We coordinate such services
Physical Therapist available or can be arranged	X	We coordinate such services
Respiratory Therapist available or can be arranged	X	We coordinate such services
Occupational Therapist available or can be arranged	X	We coordinate such services
Speech Language Pathologist available or can be arranged	X	We coordinate such services
Social Worker available or can be arranged	X	We coordinate such services
Other Licensed Professional available; specify type in comments	X	Counselors
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	grab bars
Private units	X	
Semi-private units	X	
Studio/efficiency units		
One-bedroom units	X	
Two-bedroom units		
Kitchen/Kitchenettes in units	X	
Internet access	X	
Cable (television)	X	
Pets allowed	X	Situation based
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room		
Library		
Activity Room		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Garden/outdoor spaces		
Chapel	X	We coordinate such services
Private entertaining space	x	
Communal Dining room	x	
Beauty/Barber Shop	X	
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations	X	
Laundry Room accessible to Residents	X	
Washer-Dryer in units	X	In the building
Central Air Conditioning	X	
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/>); 1-800-657-3591
- Office of Ombudsman for Mental Health and Developmental Disabilities (<https://mn.gov/omhdd/>); 1-800-657-3506
- Minnesota Directory for community resources: www.MinnesotaHelp.Info
- Minnesota Senior LinkAge Line (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