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) 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): 11/01/2026

Name of Assisted Living: CRYSTAL EDGE 2 LLC

Unique building/unit descriptive (if applicable): _____

Physical Address: 709 Oakdale Ave., St. Paul MN 55107

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): _____

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 waivered 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	CADI and EW. Will assist residents and families with needed information required for them to submit via County CM
Federal rent subsidy		

Payment Option	Accepted	Comments
Other; explain		

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	CADI and EW. Will assist residents and families with needed information required for them to submit via Waiver CM
Private Pay	X	
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		
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors		

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	Verbal medication reminders provided to residents who self-administer medications.
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	Besides nurse, contract with a preferred pharmacy for specific med packing
Medications set up by nurse for resident to self-administer	X	Besides nurse, contract with a preferred pharmacy for specific med packing
Delivery of medication from the original containers to resident	X	
Delivery of liquid or food to resident if required to ingest medication	X	assessed and based on resident's preference if applicable
Delegation of medication management services by licensed health professional to unlicensed staff	X	RNs on staff to delegate and supervise process of this set-vice
Central storage of medication	X	All meds are stored in locked containers in Nursing staff office.
Diabetic Care: insulin pen dosing	X	Performed by nurse or delegated to Unlicensed staff -comp. competencies;
Diabetic Care: insulin pump management	X	Performed by nursing staff
Diabetic Care: insulin syringe dosing	X	syringes are pre-drawn, labeled accord to regulations by license nurse & UP assist resident
Diabetic Care: sliding scale insulin management		Performed by nurse or delegated to Unlicensed staff -comp. competencies;

Service	Available	Comments
Clinical monitoring of labs related to medications	X	Facility will correspond with ICT for drawing and monitoring. Additional fees for drawing of blood for labs. Resident to consent for monitoring.
Anticoagulant medication management	X	
B-12 injections	X	
Nutritional supplement administration	X	
(IV) Intravenous management	X	Will coordinate for Skilled Home Health Care Agency to assist/administer/Manage IV
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Performed by licensed nurse
Nebulizers	X	Delegated to RA and supervised by RN
Inhalers	X	Delegated to RA and supervised by RN
Ear drops	X	Delegated to RA and supervised by RN
Eye drops	X	Delegated to RA and supervised by RN
Topicals	X	Delegated to RA and supervised by RN
Patches	X	Delegated to RA and supervised by RN
Medication delivery via enteral (feeding) tube	X	Performed by licensed Nurse
Pain pump management		Available to Resident. Monitored by Licensed Nurse and Will coordinate for Skilled Home Health Care Agency to assist/administer/manage if needed.
Medical cannabis administration (pill form) for certified patients	X	Performed by licensed nurse, double lock system and counted every shift
Medical Cannabis storage for certified patients	X	Performed by licensed nurse, double lock system and counted every shift
Cannabidiol oil administration for certified patients	X	Performed by licensed nurse, double lock system and counted every shift

Service	Available	Comments
Other; specify in comments		

Section 3: Treatments & Therapies

Check each service available at the location(s) listed above.

Treatments & Therapies Available

Service	Available	Comments
Verbal or visual reminders to perform regularly scheduled treatments or exercises	X	
Wound care: basic	X	
Wound care: complex	X	Will coordinate with skilled home health care agency to meet resident needs as needed
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care	X	Will also coordinate with resident's podiatrist
C-PAP	X	RN delegation to UP; RN supervision; will assess if resident's need can be met safely
Bi-PAP	X	RN delegation to UP; RN supervision; will assess if resident's need can be met safely
Oxygen Management; specify any delivery system limitations	X	RN monitoring and management. Will assist with oxygen nasal canula, WII! NOT do mech. ventilators of non-rebreathers mask
Oxygen saturation checks	X	RN delegation to UP; RN supervision; will assess if resident's need can be met safely
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		

Service	Available	Comments
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Performed by license nurse.
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	
Peritoneal Dialysis (on-site)		Resident must be capable of managing own peritoneal dialysis
Compression stockings	X	Facility staff to assist resident as needed
Lymphedema wraps	X	
Fall Prevention: balance assessments	X	Will coordinate with PCP and Physical Therapy; thru Home Health Care for skilled PT
Fall Prevention: exercise programs	X	Available through general activities or private sessions available
Fall Prevention: strength training	X	
Integrative Health Services: acupuncture		Will coordinate transport to resident's choice of provider
Integrative Health Services: aromatherapy		Will coordinate transport to resident's choice of provider
Integrative Health Services: healing touch		Will coordinate transport to resident's choice of provider
Integrative Health Services: massage		Will coordinate transport to resident's choice of provider
Blood pressure checks	X	Performed by ULP
Daily weight check	X	Performed by ULP
Indwelling urinary catheter care; emptying and bag changes	X	Delegated/Supervised by RN/LPN
Indwelling urinary catheter replacement by nurse	X	Performed by RN/LPN; Will coordinate with Urology Provider

Service	Available	Comments
Straight (intermittent) catheter assistance	X	Determination is based on assessment and if task is uncomplicated
Suprapubic catheter care	X	Determination is based on assessment and if task is uncomplicated
Ostomy care	X	Determination is based on assessment and if task is uncomplicated
Arrangements for and coordination with hospice care	x	
End-of-life palliative care	x	Assessed and coordinated with Hospice Agency
Access to and training on use of automatic electronic defibrillators (AED)		
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	
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	I-person assistance; assessment to determine if resident can safely be bathed in bathtub
Oral hygiene	x	
Denture care	x	
Cueing/reminders for self-care	x	

Service	Available	Comments
Use of special utensils	X	
Feeding assistance for residents with complicated eating problems	X	RN will assess and coordinate with Speech Therapy if feeding can be done safely
Set-up and cut food at meals	x	
Manual Feeding; specify limits in comments		Determination is based on assessment if it can be safely performed
Tube Feeding; specify limits in comments	X	If assessment determines needs may be met
Feeding in common area with one staff member per resident	X	
Feeding in resident's apartment with one staff member per resident	X	
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	Incontinent products are provided by resident or add. charges are billed for product
Ordering replacement incontinence products	x	Additional charges will be billed for products. Will coordinate with insurance for approval
Assistance with bowel and bladder control, devices, and training programs		Will coordinate thru Skilled Home Health Care for training
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		
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	
Bed mobility	X	
Assistance with chair mobility	X	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		

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	Only when initiated by provider
Every 30-minutes safety checks	X	Only when initiated by provider
Hourly safety checks	X	Only when initiated by provider
Every two-hours safety checks	x	
Daily safety checks	x	Noted during mealtime - if resident not present will go to room to check
Emergency call system; specify type in comments	x	Call buttons of ALF residents provided
Non-emergency call system; specify type in comments		Request residents to call nurse on call phone line. Residents are given phone #
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments	X	RA to monitor exit doors, cameras, and ring alarm system.
Visitor check-in/check-out at facility main entrance	x	Visitor log maintained. Additional COVID-19 screening is being performed - all visitors
Bed alarms or movement sensing technology		

Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)		
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	Residents are provided a single key to their private bedroom.
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	
Breakfast available in community space	x	
Breakfast available; delivered to apartment	x	Delivered to resident's room under special circumstances.
Lunch available in community space	x	
Lunch available; delivered to apartment	x	Delivered to resident's room under special circumstances.
Dinner available in community space	x	
Dinner available; delivered to apartment	x	Delivered to resident's room under special circumstances.

Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	x	Available under special circumstances.
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	
Modified Texture Diets; specify limits in comments		
Therapeutic Diets: cardiac		No- Resident selects appropriate menu choice
Therapeutic Diets: diabetic or calorie controlled		No- Resident selects appropriate menu choice
Therapeutic Diets: gluten-free		No- Resident selects appropriate menu choice
Therapeutic Diets: high fiber		No- Resident selects appropriate menu choice
Therapeutic Diets: low fat/low cholesterol		No- Resident selects appropriate menu choice
Therapeutic Diets: low sodium		No- Resident selects appropriate menu choice
Therapeutic Diets: no added salt		No- Resident selects appropriate menu choice
Therapeutic Diets: renal diet		No- Resident selects appropriate menu choice
Other special diets: kosher	X	Need to be pre- ordered
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	Need to be pre- ordered
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking	X	If requested of based on assessment
Meal consumption tracking	X	If requested of based on assessment
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	Performed at meals; if resident is not present ULP goes directly to resident's room to check
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	Movie and a popcorn, game night, bible studies and prayer time, Wednesdays shopping, etc.
Housekeeping: bed making	x	Provided with all AM Cares
Housekeeping: defrost and clean refrigerator	x	
Housekeeping: dusting	x	
Housekeeping: organize closets and drawers		
Housekeeping: trash removal; specify frequency in comments	x	Daily by ULP with am cares and after toileting service
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	
Housekeeping: other; specify in comments	x	ULP to remove trash daily
Laundry: linen (change bed, launder sheets, towels)	x	Weekly and PRN by ULP
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	Weekly and PRN by ULP
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	
Schedule medical and social service appointments	x	
Assistance with arranging transportation for personal, social, and recreational activities	Required	

Service	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	x	We have scheduled activities and a scheduled bus run, not per individual appointment.
Provide transportation to medical and social service appointments	x	We have a set schedule and route.
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	x	Performed by RA on Wednesdays
Spiritual Care/Religious Services; on-site		
Assistance with bill paying/budgeting	x	When requested
Communication boards or other supplemental communication devices		
Primary languages spoken by staff	x	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	x	Per provider request
One-to-One staffing for special circumstances		
Overnight companion		

Staffing	Available	Comments
Registered Nurse: on-site “part time”		
Registered Nurse: on-site “full time”	x	
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	
Advanced Practice Registered Nurse: on-site “part time”		
Advanced Practice Registered Nurse: on site “full time”		
Activities Director: Part Time	x	
Activities Director: Full Time		
Dietician/Nutritionist consultant available or can be arranged	x	Will coordinate with resident's provider of choice
Physical Therapist available or can be arranged	x	Will coordinate with resident's provider of choice
Respiratory Therapist available or can be arranged	x	Will coordinate with resident's provider of choice
Occupational Therapist available or can be arranged	x	Will coordinate with resident's provider of choice
Speech Language Pathologist available or can be arranged	x	Will coordinate with resident's provider of choice
Social Worker available or can be arranged	x	Will coordinate with resident's provider of choice
Other Licensed Professional available; specify type in comments	x	Psychiatry
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		
Semi-private units		
Studio/efficiency units		
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units	x	
Internet access	x	
Cable (television)	x	
Pets allowed	x	Dogs, Cats, fish, birds in resident's private room
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room		
Library		
Activity Room	x	

Garden/outdoor spaces	x	
Chapel		
Private entertaining space	x	
Communal Dining room	x	
Beauty/Barber Shop		In home access when requested
Parking available for residents	x	
Parking available for guests	x	
Guest accommodations		
Laundry Room accessible to Residents	x	
Washer-Dryer in units	x	
Central Air Conditioning	x	
Fully sprinklered building		
Designated smoking area inside (not apartment space)		
Designated smoking area outside	x	
Other amenity; specify in comments		
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