

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): 01/01/2024

Name of Assisted Living: Park View Assisted Living

Unique building/unit descriptive (if applicable): _____

Physical Address: 613 Montrose Blvd Buffalo, MN 55313

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: 4-5

Evening Shift: 4

Night shift: 2

Payment Options

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

Payment Options for Housing Contract

Payment Option	Accepted	Comments
Private Pay	X	
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	limited number
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	CADI not available/limited number EW
Private Pay	X	
Long Term Care Insurance	X	processing fee
Other; explain		

Services and Amenities Available

Below is a list of services that are available to assisted living residents. The facility will indicate by placing a “yes” or “X” in the “Available” column if the service is provided or available at/on the campus/unit of the location listed above. If the “Available” column is blank, the facility does **not** provide that service.

Section 1: Dementia Care (pertains only to an Assisted Living with Dementia Care license)

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

Dementia Care Services Available

Service	Available	Comments
Secured unit or building for wandering or exit-seeking behavior	X	
Secured outdoor grounds on facility premises	X	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors		

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Service	Available	Comments
Other; specify in comments		

Section 2: Medication Management

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

Medication Management Services Available

Service	Available	Comments
Verbal or visual reminders to take regularly scheduled medications; specify any limit to frequency in comments		
Communication with physician/pharmacy about ordering or refill requests	X	Available for an additional charge
Medication administration by licensed or unlicensed personnel	X	Available for an additional charge
Delivery of medication to resident previously set up by the facility nurse	X	Available for an additional charge
Medications set up by nurse for resident to self-administer	X	Available for an additional charge
Delivery of medication from the original containers to resident	X	Available for an additional charge
Delivery of liquid or food to resident if required to ingest medication	X	Available for an additional charge
Delegation of medication management services by licensed health professional to unlicensed staff	X	Available for an additional charge
Central storage of medication	X	Narcotics only
Diabetic Care: insulin pen dosing	X	Available for an additional charge
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	Available for additional charge
Anticoagulant medication management	X	Available for additional charge
B-12 injections	X	Licensed nurse to administer only for additional charge
Nutritional supplement administration	X	Available for additional charge
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Licensed nurse to administer IM only. ULP can do SQ. Available for additional charge
Nebulizers	X	Available for additional charge
Inhalers	X	Available for additional charge
Ear drops	X	Available for additional charge
Eye drops	X	Available for additional charge
Topicals	X	Available for additional charge
Patches	X	Available for additional charge
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	Available for an additional charge
Wound care: basic	X	Available for an additional charge
Wound care: complex		
Diabetic care: blood glucose monitoring	X	Available for an additional charge
Diabetic care: foot/nail care	X	Available for an additional charge
C-PAP	X	Available for an additional charge
Bi-PAP		
Oxygen Management; specify any delivery system limitations	X	Available for an additional charge
Oxygen saturation checks	X	Available for an additional charge
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	Available for additional charge
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis		
Peritoneal Dialysis (on-site)		
Compression stockings	X	Including ACE wraps. Available for an additional charge
Lymphedema wraps		
Fall Prevention: balance assessments		
Fall Prevention: exercise programs	X	Excercise program through activities
Fall Prevention: strength training		
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	Available for an additional charge
Daily weight check	X	Available for an additional charge
Indwelling urinary catheter care; emptying and bag changes	X	Available for an additional charge
Indwelling urinary catheter replacement by nurse		

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Service	Available	Comments
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Available for an additional charge
Ostomy care	X	Available for an additional charge
Arrangements for and coordination with hospice care	X	Available for an additional charge
End-of-life palliative care	X	Will help arrange with outside source. Available for additional charge
Access to and training on use of automatic electronic defibrillators (AED)	X	Available for additional charge
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	Available for additional charge
Bathing: shower	X	Available for additional charge
Bathing: bathtub	X	Available for additional charge
Oral hygiene	X	Available for additional charge
Denture care	X	Available for additional charge
Cueing/reminders for self-care	X	Available for additional charge

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Service	Available	Comments
Use of special utensils	X	
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	X	May be an additional charge
Manual Feeding; specify limits in comments	X	Memory care only. Cues, reminders, and hands on assistance.
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	Additional for additional charge
Nail care: toenails, fingernails	X	Additional for additional charge
Toileting: standby assistance/supervision	X	Additional for additional charge
Changing incontinence products; perineal care	X	Additional for additional charge
Ordering replacement incontinence products	X	Additional for additional charge
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	Available for additional charge
Transfers with assist of one staff	X	Available for additional charge
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	X	Raizer lift for lift assistance off the floor only
Mechanical lift: assist of 2 transfer		
Ambulation with assist of 1	X	Available for additional charge
Bed mobility		
Assistance with chair mobility		
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	Handrails in bathroom and shower

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Service	Available	Comments
Elevators	X	One available.
Other; specify in comments		

Section 6: Security & Monitoring

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

Security and Monitoring Services

Service	Available	Comments
Every 15-minutes safety checks		
Every 30-minutes safety checks		
Hourly safety checks		
Every two-hours safety checks	X	Available for additional charge
Daily safety checks	X	
Emergency call system; specify type in comments	X	Each resident has a pendant available to them to wear for emergencies
Non-emergency call system; specify type in comments		
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		
Bed alarms or movement sensing technology		

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Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces	X	one camera located on 1st & 2nd floor and memory care plus front entry, dining, outside
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	All apartments doors can lock
Emergency generator(s) to power the facility during power outages	X	Only in hallways/common area
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	2 meal plan options available.
Breakfast available in community space	X	Available for an additional charge
Breakfast available; delivered to apartment	X	Available for an additional charge
Lunch available in community space	X	Available for an additional charge
Lunch available; delivered to apartment	X	Available for an additional charge
Dinner available in community space	X	Available for an additional charge
Dinner available; delivered to apartment	X	Available for an additional charge

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Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	X	Available for an additional charge
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments		
Modified Texture Diets; specify limits in comments	X	Supervision not included
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		
Therapeutic Diets: gluten-free	X	Will accommodate for complex medical issue ie, celiac disease. Additional charge
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium		
Therapeutic Diets: no added salt		
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking		
Other; specify in comments		

Section 8: Supportive Services

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

Supportive Services Available

Service	Available	Comments
Daily "I'm okay" checks service; specify procedure in comments	X	
Assistance with meals or food preparation	X	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	Available for additional charge - included in memory care
Housekeeping: defrost and clean refrigerator	X	Available for additional charge
Housekeeping: dusting	X	Weekly but if more often may be available for additional charge
Housekeeping: organize closets and drawers		
Housekeeping: trash removal; specify frequency in comments	X	Weekly but if more often may be an additional charge
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Weekly but if more often may be available for additional charge
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Weekly but if more often may be available for additional charge
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Personal laundry provided at additional charge. Included in memory care 3 loads/wk.
Laundry: other; specify in comments	X	Extra loads for additional fee
Schedule offsite social and recreational activities	X	
Schedule medical and social service appointments		
Assistance with arranging transportation for personal, social, and recreational activities	Required	

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Service	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	X	If company bus is available at time of activity
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	
Spiritual Care/Religious Services; on-site	X	
Assistance with bill paying/budgeting		
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		
One-to-One staffing for special circumstances		
Overnight companion		

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Staffing	Available	Comments
Registered Nurse: on-site "part time"	X	
Registered Nurse: on-site "full time"	X	on-call 24 hours a day for unlicensed staff
Licensed Practical Nurse: on site "part time"	X	
Licensed Practical Nurse: on-site "full time"	X	
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		
Activities Director: Full Time	X	
Dietician/Nutritionist consultant available or can be arranged		
Physical Therapist available or can be arranged	X	Outside agency
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Outside agency
Speech Language Pathologist available or can be arranged	X	Outside agency
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments	X	Behavioral health for Bluestone clients -Outside agency
Other; specify in comments	X	Case Managers from outside agency assigned for EW residents

Section 10: Amenities

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

Amenities Available

Amenity	Available	Comments
Accessible bathrooms; specify limits in comments	X	
Private units	X	
Semi-private units		
Studio/efficiency units	X	One in memory care
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	
Internet access	X	
Cable (television)	X	
Pets allowed	X	Need approval from management
Pet care; specify in comments		
Pool		
Whirlpool	X	Additional charge
Exercise Room		
Library	X	
Activity Room	X	

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Garden/outdoor spaces	X	
Chapel	X	
Private entertaining space		
Communal Dining room	X	
Beauty/Barber Shop	X	
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	
Washer-Dryer in units		
Central Air Conditioning	X	Common areas
Fully sprinklered building	X	
Designated smoking area inside (not apartment space)		
Designated smoking area outside		
Other amenity; specify in comments	X	Window air conditioning units in each apartment
Other amenity; specify in comments		

Additional Information

Sixty days before the facility plans to reduce or eliminate one or more services for a particular resident, the facility must provide written notice of the reduction. Refer to [144G.55 Subd. 1\(d\) \(www.revisor.mn.gov/statutes/cite/144G.55\)](#).

Residents may choose to obtain services from an outside service provider at their own cost. Residents may also obtain services from an outside service provider if the resident's assessed needs exceed the scope of services the facility can provide as agreed upon in the contract and are not included in the checklist. If this occurs and the resident is not able to obtain services from an outside service provider, then the facility may require the resident move to another facility or care setting that is able to meet the resident's needs. In the event this occurs, the facility will assist in a coordinated move of the resident to a safe and appropriate location.

Prospective Residents need to call the Senior LinkAge Line to discuss their housing options before signing a contract with a licensed assisted living facility. The Senior LinkAge Line is available Monday through Friday from 8am to 4:30pm at 1-800-333-2433.

You can get further information, at no cost, about advocacy or care options from:

- [Office of Ombudsman for Long Term Care \(https://mn.gov/board-on-aging/direct-services/ombudsman/\)](https://mn.gov/board-on-aging/direct-services/ombudsman/); 1-800-657-3591
- [Office of Ombudsman for Mental Health and Developmental Disabilities \(https://mn.gov/omhdd/\)](https://mn.gov/omhdd/); 1-800-657-3506
- Minnesota Directory for community resources: www.MinnesotaHelp.Info
- [Minnesota Senior LinkAge Line \(www.seniorlinkageline.com/\)](http://www.seniorlinkageline.com/); 1-800-333-2433

By signing below, I acknowledge that I have reviewed this document. This is NOT a contract to receive services.

Date (MM/DD/YYYY)

Individual or Legal/Designated Representative