

# 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): 11/01/2023

Name of Assisted Living: Aviva River Bend

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

Physical Address: 30 Silver Lake Place NW, Rochester, MN, 55901

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: 5-7

Evening Shift: 5-7

Night shift: 3-4

**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		
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	EW only in very few AL designated apts. 2 years private pay. No guarentee of availability.
Private Pay	X	
Long Term Care Insurance	X	LTC 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 doors with key pads
Secured outdoor grounds on facility premises	X	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors		

**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	Verbal during medication administration.
Communication with physician/pharmacy about ordering or refill requests	x	Only if resident receives medication management from Community.
Medication administration by licensed or unlicensed personnel	x	Administration by ULP, occasionally by LP.
Delivery of medication to resident previously set up by the facility nurse	x	
Medications set up by nurse for resident to self-administer		
Delivery of medication from the original containers to resident	x	Bubble packs or medi-set by ULP.
Delivery of liquid or food to resident if required to ingest medication	x	Must have doctor's order. Crushed only medications, no liquid.
Delegation of medication management services by licensed health professional to unlicensed staff	x	
Central storage of medication	x	
Diabetic Care: insulin pen dosing	x	
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management		

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

<b>Service</b>	<b>Available</b>	<b>Comments</b>
Clinical monitoring of labs related to medications		
Anticoagulant medication management	<b>X</b>	warfarin changes made by lab ordered and by MD. INR by outside lab.
B-12 injections	<b>X</b>	Must receive medication management service level and given by licensed nurse.
Nutritional supplement administration	<b>X</b>	MC only with doctor order and supplied by resident.
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	<b>X</b>	LPN/RN does IM and SQ. ULP only SQ insulin pen form.
Nebulizers	<b>X</b>	
Inhalers	<b>X</b>	
Ear drops	<b>X</b>	
Eye drops	<b>X</b>	
Topicals	<b>X</b>	
Patches	<b>X</b>	
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		

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

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	<b>X</b>	
Wound care: basic	<b>X</b>	Doctor order& if requires LPN/RN must be scheduled weekdays, weekends as available.
Wound care: complex		
Diabetic care: blood glucose monitoring	<b>X</b>	resident to provide glucometer and lancets with retractable needle only
Diabetic care: foot/nail care		
C-PAP	<b>X</b>	unlicensed staff competency trained to assist resident with on / off
Bi-PAP		
Oxygen Management; specify any delivery system limitations	<b>X</b>	Doctor ordered. Oxygen tanks must be stored correctly.
Oxygen saturation checks	<b>X</b>	
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	<b>X</b>	
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis		
Peritoneal Dialysis (on-site)		
Compression stockings	<b>X</b>	
Lymphedema wraps		
Fall Prevention: balance assessments		
Fall Prevention: exercise programs	<b>X</b>	Group exercise.
Fall Prevention: strength training		
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	<b>X</b>	
Daily weight check	<b>X</b>	
Indwelling urinary catheter care; emptying and bag changes	<b>X</b>	
Indwelling urinary catheter replacement by nurse		

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<b>Service</b>	<b>Available</b>	<b>Comments</b>
Straight (intermittent) catheter assistance		
Suprapubic catheter care	x	
Ostomy care		
Arrangements for and coordination with hospice care	x	Resident choice of provider.
End-of-life palliative care	x	Resident choice of provider.
Access to and training on use of automatic electronic defibrillators (AED)	x	licensed staff only
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**

<b>Service</b>	<b>Available</b>	<b>Comments</b>
Dressing	x	
Bathing: shower	x	
Bathing: bathtub		
Oral hygiene	x	
Denture care	x	
Cueing/reminders for self-care	x	



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<b>Service</b>	<b>Available</b>	<b>Comments</b>
Use of special utensils	x	family or therapist provided
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	x	MC only
Manual Feeding; specify limits in comments	x	MC only
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	MC toiletries must be in a secure location when not in use.
Nail care: toenails, fingernails	x	ULP cannot clip nails.
Toileting: standby assistance/supervision	x	Must be weight bearing.
Changing incontinence products; perineal care	x	
Ordering replacement incontinence products	x	Only MC with fee.
Assistance with bowel and bladder control, devices, and training programs		
Other; specify in comments		

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**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	Must be weight bearing.
Transfers with assist of two staff	X	MC only. AL: must be enrolled on hospice with comfort care only.
Transfers utilizing sit-to-stand lifts	X	MC only
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		
Ceiling lift transfers		
Non-mechanical transfers (trapeze)	X	MC only. Must be hospice enrolled.
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	MC only. Must be hospice enrolled, end of life care.
Ambulation with assist of 1	X	Must be weight bearing
Bed mobility	X	
Assistance with chair mobility	X	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		

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<b>Service</b>	<b>Available</b>	<b>Comments</b>
Elevators	x	One elevator
Other; specify in comments	x	Community has stair climber for emergency use by trained ULP only.

**Section 6: Security & Monitoring**

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

**Security and Monitoring Services**

<b>Service</b>	<b>Available</b>	<b>Comments</b>
Every 15-minutes safety checks		
Every 30-minutes safety checks		
Hourly safety checks	x	MC only if requires intervention. AL must be enrolled on hospice, comfort care only.
Every two-hours safety checks	x	MC only. AL must be enrolled on hospice, comfort care only.
Daily safety checks	x	
Emergency call system; specify type in comments	x	Pendant provided to AL, MC as appropriate. Emergency pull cord in every apartment.
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	x	At set times a receptionist is at the main entry. MC key pads alarm staff when set off.
Visitor check-in/check-out at facility main entrance	x	
Bed alarms or movement sensing technology		

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

<b>Service</b>	<b>Available</b>	<b>Comments</b>
Door sensors: specify locations (unit, resident room, exits, etc.)	x	Key pad on MC entrance/exits will alarm when set off.
Security Guard		
Security cameras in common spaces	x	Only in specific common areas.
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)	x	Resident door, main entry, key pad after hours and at each entrance/exit in MC.
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**

<b>Service</b>	<b>Available</b>	<b>Comments</b>
Three meals available, plus snacks	Required	
Breakfast available in community space	x	
Breakfast available; delivered to apartment	x	with fee
Lunch available in community space	x	
Lunch available; delivered to apartment	x	with fee
Dinner available in community space	x	
Dinner available; delivered to apartment	x	with fee

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<b>Service</b>	<b>Available</b>	<b>Comments</b>
Meal tray delivery and pick-up from resident's unit	X	with fee
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments		
Modified Texture Diets; specify limits in comments	X	Must have doctor order. Puree or mechanical soft.
Therapeutic Diets: cardiac	X	meal option available - resident has option to choose
Therapeutic Diets: diabetic or calorie controlled	X	meal options available - resident has option to choose
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber	X	meal options available- resident has option to choose
Therapeutic Diets: low fat/low cholesterol	X	meal options available - resident has option to choose
Therapeutic Diets: low sodium	X	meal options available - resident has option to choose
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	X	Dietitian not located onsite only as scheduled.
Carbohydrate intake/tracking		
Meal consumption tracking		
Other; specify in comments		

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**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	AL 1x/day at noon meal unless otherwise specified in care plan
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	x	fee may be associated
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	x	light dusting performed 1x/wk with weekly housekeeping
Housekeeping: organize closets and drawers		
Housekeeping: trash removal; specify frequency in comments	x	AL: included in weekly housekeeping unless otherwise care planned, MC: daily as needed
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	Light housekeeping 1x/wk included in rent.
Housekeeping: other; specify in comments	x	additional housekeeping available for a fee
Laundry: linen (change bed, launder sheets, towels)	x	3 loads of laundry 1x/wk included in monthly rent.
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	3 loads of laundry 1x/wk included in monthly rent
Laundry: other; specify in comments	x	additional laundry with fee or resident may use community washer/dryer at no fee
Schedule offsite social and recreational activities	x	as scheduled
Schedule medical and social service appointments	x	as scheduled
Assistance with arranging transportation for personal, social, and recreational activities	Required	

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

<b>Service</b>	<b>Available</b>	<b>Comments</b>
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	x	As scheduled unless bus is inoperable to which it becomes resident responsibility.
Provide transportation to medical and social service appointments	x	AL only as scheduled unless bus is inoperable to which it becomes resident responsibility.
Assistance accessing community resources and social services	Required	
Shopping; facility sponsored	x	AL only as scheduled unless bus is inoperable to which it becomes resident responsibility.
Spiritual Care/Religious Services; on-site	x	By outside organizations and volunteers as requested. Some on monthly activity calendar
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	x	
Primary languages spoken by staff	x	English
Supervision of smoking		
Other; specify in comments	x	Smoking not allowed on property. Smoke free community.

**Section 9: Staffing**

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

**Staffing Available**

<b>Staffing</b>	<b>Available</b>	<b>Comments</b>
One-to-One staffing available		
One-to-One staffing for special circumstances	x	Only in emergency situation after 911 is called and first responders arrive.
Overnight companion		

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Staffing	Available	Comments
Registered Nurse: on-site "part time"	x	as needed/available
Registered Nurse: on-site "full time"	x	
Licensed Practical Nurse: on site "part time"	x	as needed/available
Licensed Practical Nurse: on-site "full time"	x	as needed/available
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	x	Licensed Assisted Living Director per state requirement
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time	x	as needed/available
Activities Director: Full Time	x	Have for both AL and MC.
Dietician/Nutritionist consultant available or can be arranged	X	
Physical Therapist available or can be arranged	X	Can assist resident with arranging with their choice of outside service provider.
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Can assist resident with arranging with their choice of outside service provider
Speech Language Pathologist available or can be arranged	X	Can assist resident with arranging with their choice of outside service provider.
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments		
Other; specify in comments		



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**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	in each apartment, near most common spaces, and on floors 1-4.
Private units	x	
Semi-private units	x	
Studio/efficiency units	x	
One-bedroom units	x	
Two-bedroom units	x	
Kitchen/Kitchenettes in units		
Internet access	x	Community WIFI included
Cable (television)	x	Basic cable only. Additional per provider cost.
Pets allowed	x	With fee, one dog or cat that meets community's guidelines and requirements.
Pet care; specify in comments	x	Resident must demonstrate ability to care for pet independently. Staff cannot care for pet.
Pool		
Whirlpool		
Exercise Room	x	
Library	x	
Activity Room	x	

**UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES**

Garden/outdoor spaces	x	
Chapel		
Private entertaining space	x	
Communal Dining room	x	
Beauty/Barber Shop	x	On-site Salon independently operated by outside service provider schedule and fees
Parking available for residents	x	
Parking available for guests	x	
Guest accommodations		
Laundry Room accessible to Residents	x	fire doors must stay closed, available 24/7 unless in use.
Washer-Dryer in units		
Central Air Conditioning	x	
Fully sprinklered building	X	
Designated smoking area inside (not apartment space)		
Designated smoking area outside		
Other amenity; specify in comments	x	outdoor gas firepit operated by staff as available
Other amenity; specify in comments	x	microwaves provided only in Assisted Living

## 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.

11.06.2023  
Date (MM/DD/YYYY)

Kathryn D. Hanson P.O.A.  
Individual or Legal/Designated Representative