

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): 05/12/2023

Name of Assisted Living: Okalee of Medina

Unique building/unit descriptive (if applicable): _____

Physical Address: 4350 Chippewa Court, Medina, MN, 55340

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: 3-4 depending on needs of residents and occupancy

Evening Shift: 3

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		
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	Limited to 4 housing units
Private Pay	X	
Long Term Care Insurance	X	
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		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Other; specify in comments	X	Motion sensors in each unit

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	
Medication administration by licensed or unlicensed personnel	X	
Delivery of medication to resident previously set up by the facility nurse	X	
Medications set up by nurse for resident to self-administer	X	
Delivery of medication from the original containers to resident		
Delivery of liquid or food to resident if required to ingest medication	X	
Delegation of medication management services by licensed health professional to unlicensed staff	X	
Central storage of medication	X	Only in memory care and care suites
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

Service	Available	Comments
Clinical monitoring of labs related to medications	X	
Anticoagulant medication management	X	
B-12 injections	X	
Nutritional supplement administration		
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)		
Nebulizers	X	
Inhalers	X	
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
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	X	
Wound care: basic	X	
Wound care: complex		
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care		
C-PAP	X	
Bi-PAP		
Oxygen Management; specify any delivery system limitations	X	
Oxygen saturation checks	X	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	
Arrange for On-Site Dialysis	X	
Arrange for/set-up Off-Site Dialysis	X	
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps		
Fall Prevention: balance assessments	X	
Fall Prevention: exercise programs	X	With order from therapist
Fall Prevention: strength training	X	
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	
Daily weight check	X	
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Straight (intermittent) catheter assistance		
Suprapubic catheter care		
Ostomy care	X	
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	
Access to and training on use of automatic electronic defibrillators (AED)	X	
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	Only licensed nursing staff are trained
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	
Oral hygiene	X	
Denture care	X	
Cueing/reminders for self-care	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Use of special utensils	X	Primarily in memory care
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	Primarily in memory care
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	Only in memory care
Feeding in resident's apartment with one staff member per resident		
Grooming: hair care, make-up, shaving, application of lotion, etc.	x	
Nail care: toenails, fingernails		
Toileting: standby assistance/supervision	X	
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	
Assistance with bowel and bladder control, devices, and training programs	X	Provide assistance with bowel and bladder control and devices
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	Only in memory care and care suites
Transfers utilizing sit-to-stand lifts	X	Only in memory care and care suites
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	X	Only in memory care and care suites
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		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Elevators	X	two in building
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	X	on a limited basis
Every two-hours safety checks	X	
Daily safety checks	X	I'm OK program
Emergency call system; specify type in comments	X	pendant
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	Receptionist at the front desk during scheduled hours
Visitor check-in/check-out at facility main entrance	X	Self-check station
Bed alarms or movement sensing technology	X	Only in memory care

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Memory care exits will sound if opened without a fob
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Main entrance and memory care entrance uses a key fob. Resident apartments use a key
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Underground parking has locked storage units for rent. All resident units have key lock
Emergency generator(s) to power the facility during power outages	X	
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	delivery fee
Lunch available in community space	X	
Lunch available; delivered to apartment	X	delivery fee
Dinner available in community space	X	
Dinner available; delivered to apartment	X	delivery fee

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	X	delivery fee
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Requires a doctors order. Resident responsible for cost of additives.
Modified Texture Diets; specify limits in comments	X	Requires a doctors order Resident responsible for cost of additives.
Therapeutic Diets: cardiac	X	a meal option will be available - resident has option to choose
Therapeutic Diets: diabetic or calorie controlled	X	a meal option will be available - resident has option to choose
Therapeutic Diets: gluten-free	X	Can offer substitutions for items containing gluten. No gluten specific area in kitchen
Therapeutic Diets: high fiber	X	a meal option will be available - resident has option to choose
Therapeutic Diets: low fat/low cholesterol	X	a meal option will be available - resident has option to choose
Therapeutic Diets: low sodium	X	a meal option will be available - resident has option to choose
Therapeutic Diets: no added salt		
Therapeutic Diets: renal diet	X	
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	Options available for vegetarian meals
Dietitian or Nutritionist Services	X	available as needed
Carbohydrate intake/tracking		
Meal consumption tracking		
Other; specify in comments	X	Special meals for holidays and activity events

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/IL residents press a button by 10am each day to state that they are ok.
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator	X	
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers	X	
Housekeeping: trash removal; specify frequency in comments	X	Weekly or more per resident needs
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments	X	Deep cleaning or special cleaning available for a fee
Laundry: linen (change bed, launder sheets, towels)	X	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Scheduled and provided by activities
Schedule medical and social service appointments	X	Have an on-site medical service
Assistance with arranging transportation for personal, social, and recreational activities	Required	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	X	set schedule though life enrichment program. see calendar
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	on a scheduled basis offered through life enrichment program.
Spiritual Care/Religious Services; on-site	X	on a scheduled basis offered through live enrichment program
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	life enrichment calendar
Primary languages spoken by staff		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	X	on a limited basis and if staff are available
Overnight companion		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

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”	X	
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	X	
Advanced Practice Registered Nurse: on-site “part time”	X	arranged through outside provider and available for residents receiving health serv.
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	X	arranged for residents receiving other health care services
Physical Therapist available or can be arranged	X	arranged for residents receiving other health care services
Respiratory Therapist available or can be arranged	X	arranged for residents receiving other health care services
Occupational Therapist available or can be arranged	X	arranged for residents receiving other health care services
Speech Language Pathologist available or can be arranged	X	arranged for residents receiving other health care services
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments		
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	X	
Semi-private units		
Studio/efficiency units	X	
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	in AL and IL units
Internet access	X	
Cable (television)	x	
Pets allowed	x	limit to number and size. Non-refundable pet fee
Pet care; specify in comments		
Pool		
Whirlpool	X	In tub room
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	
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations	X	
Laundry Room accessible to Residents		
Washer-Dryer in units	X	in AI and IL units only
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	Pub room, theatre, arts and craft room
Other amenity; specify in comments	X	beautiful walking paths

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