

# Uniform Consumer Information Guide

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|---|
| 1. Name of Establishment: BridgeWell Assisted Living                      |
| 2. Address, City, State, Zip: 410 West Main Street Osakis, MN 56360       |
| 3. Phone: 320-859-2142 4. Fax: 320-859-6293 5. Web Site: www.galeonmn.com |
| 6. Contact Person: Max Bogenrief, Housing Director                        |
| This information is current as of: 01/01/2020                             |

This Guide was developed to help consumers compare housing, services and costs to help you choose a Housing with Services Establishment that will best meet your needs. The intent is that each individual makes informed choices about where they live and what kind of help they need; and that each individual lives with their maximum independence, dignity, respect and privacy.

**Housing With Services:** In this setting, you are renting “housing” and buying health-related “services.” A single company may provide both the housing and the services, or the building may have an arrangement with home care agencies and other companies to provide some or all of the services. Please note that not all Housing With Services provide Assisted Living.

**Assisted Living:** The legal requirements for Assisted Living vary by state. Minnesota’s laws related to Assisted Living are based on the concept of “Housing With Services.” In Minnesota, Housing With Services providers may call themselves “Assisted Living” only when they meet additional basic requirements under Minnesota law [MN Statute 144G]. The rights you have as a tenant of the housing and a client of the services are listed on the last page of this Guide.

While this Guide is designed to help you find the Establishment that best matches your needs, no Guide can cover every detail. Housing With Services Establishments vary in size, services and costs so be sure to visit the places you are considering, and ask to meet with a staff person one-on-one to discuss your specific needs and preferences.

## Here are some things to consider during your visit:

- Ask to see a copy of their standard housing contract.
- What is the total amount it will cost to live and receive services at this building per month? Ask for specifics, including whether items are individually priced or packaged together.
- Why could the housing with services ask a tenant to move out?
- What are the limitations on services a client can receive from this provider? What are the reasons why the provider could stop providing services to a client?
- Does the provider offer opportunities for religious or spiritual practice?
- What opportunities and policies exist for tenants/clients and families to make recommendations about the building and services?

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

- Senior LinkAge Line at 1-800-333-2433; [www.mnaging.org/advisor/SLL.htm](http://www.mnaging.org/advisor/SLL.htm)
- County’s Long Term Care Consultation Telephone number: 320-763-6018
- Office of Ombudsman for Long Term Care at 1-800-657-3591; [www.mnaging.org](http://www.mnaging.org)
- Minnesota Directory to locate community resources: [www.MinnesotaHelp.Info](http://www.MinnesotaHelp.Info)

When you move into a building, you will sign a rental or residency agreement that covers your occupancy of an apartment or unit. Review this agreement carefully prior to signing because it will identify situations when the landlord could ask you to move out, such as non-payment, damage to the building, or other reasons.

**Home Care Provider:** In addition to a rental agreement, you will also sign a service agreement or service plan that covers services you will receive from the licensed home care provider. The building owner may be the home care provider and other times services may be provided by one or more outside home care providers. You have the right to choose freely among home care providers and to change providers after services have begun. This building has an arrangement with the following home care agency to provide services to its tenants:

| <b>Home Care Provider</b>  |
|--|
| 1. Name of home care provider: Community Memorial Home at Osakis, MN Inc.  |
| 2. Address, City, State, Zip: 410 West Main Street Osakis MN, 56360  |
| 3. Phone: 320-859-2142 4. Fax: 320-859-6292 5. Web Site: <a href="http://www.galeonmn.com">www.galeonmn.com</a>  |
| 6. Contact person: Angie Reinke, Administrator   |
| 7. Department of Health (MDH) home care license:<br><input checked="" type="checkbox"/> Comprehensive home care license <input type="checkbox"/> Basic home care license |
| 8. Medicare Certified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |

**\*Notes regarding MDH home care licenses.**

- A Comprehensive home care provider may provide medication administration and therapies such as physical and occupational therapy.
- A Basic home care provider may provide basic home care services. A Basic home care provider **cannot** provide health-related services, such as medication administration or therapies such as physical or occupational therapy.
- Only a Medicare-Certified home health agency eligible to receive Medicare payment. All Medicare-Certified home health agencies must be licensed as a Comprehensive home care provider.

## Building Details and Features

Total Number of Rental Units: 20

The following table includes information about the minimum amount it will cost you to live here, depending on the type of unit you choose. In addition to rent, the monthly base rate may include some services. Be sure to ask if there are other required fees or charges besides the base rate, such as security deposit, garage fee, charge for a registered nurse assessment or other additional fees.

| Size/Type of Unit           | Square Footage<br>(include range) | Check if<br>Private Bath            | Monthly Base Rate<br>(include cost range) |
|-----------------------------|-----------------------------------|-------------------------------------|---|
| Two-bedroom apartment       | Sq. ft.                           | <input type="checkbox"/>            | \$  |
| One-bedroom apartment       | Sq. ft.                           | <input type="checkbox"/>            | \$  |
| Studio/efficiency apartment | Sq. ft.                           | <input type="checkbox"/>            | \$  |
| Private room                | 197 Sq. ft.                       | <input checked="" type="checkbox"/> | \$1803                                    |
| Semi-private room           | 372 - 415 Sq. ft.                 | <input checked="" type="checkbox"/> | \$1228                                    |
| Other                       | Sq. ft.                           | <input type="checkbox"/>            | \$  |

Note: Monthly base rate may include some supportive and/or health-related services.

Monthly Base Rate includes the **utilities** checked below:

Heat       Electricity       Telephone       Cable or Satellite TV

Building features include the items checked below (additional fees may apply):

Community dining room       Chapel       Whirlpool  
 Private entertaining space       Exercise room       Garage parking  
 Beauty/barber shop       Activity room       Off street parking  
 Central air conditioning       Internet access       Guest accommodations  
 Window air conditioners       Laundry Room       Washer/dryer in unit  
 Other: Chapel, Garage Parking, Beauty Shop, Guest Accommodations available on campus

This building has the following **security** features and systems for controlling who enters and exits the building:

Security guard       Key card access       Other lock system  
 Additional security features: Intercom/camera system to monitor exits.

This building has the following **accessibility** features:

Elevator       Ramps       Accessible bathrooms  
 Additional accessibility features: See attached description.

Is smoking permitted in tenants' rooms/apartments?

Yes  No       Additional deposit required

Are pets permitted?

Yes  No       Additional Pet Fee required

Types or sizes of pets are limited: Pets may be permitted w/prior approval from the Director of Housing Services/and or the Director of Clinical Services. Each pet will be evaluated for appropriateness and whether or not the tenant can provide care for the pet. A \$400 pet fee is required in addition to the standard security deposit.

### Payment for Rent and Services

**Rent:** This building has or accepts the following forms of payment for rent:

- The building offers reduced rents for income-qualified persons or accepts federal rent subsidy
- The building accepts Minnesota Group Residential Housing payments for rent and included food costs for qualified, low-income persons
- Private pay / Co-pay
- Long Term Care Insurance

**Services:** This building's home care provider is eligible to receive and accepts the following types of payment for health-related services:

- Medicare reimbursement for Medicare-eligible services (See <http://www.cms.gov/center/PeopleWithMedicareCenter.asp> for general Medicare information)
- Medical Assistance (Medicaid) reimbursement for eligible services for qualified low-income persons (such as Elderly Waiver or CADI)
- Private pay / Co-pay
- Long Term Care Insurance

**General note about public assistance:** Be sure to ask about any limits that may apply if the provider accepts public funding for rents or services. If you need assistance in paying for your housing or your services, contact the county to determine if you are eligible for Medical Assistance or Group Residential Housing. For information on subsidized housing, contact Senior LinkAge Line at 1-800-333-2433.

### Assisted Living and/or Special Care Unit

**Assisted Living:** Assisted living services are available in this building:

- To all tenants of the building
- To tenants in a designated part of the building, which is:
- To a limited number of tenants. Our assisted living program can serve \_\_\_\_\_ tenants.

Minnesota law requires Establishments providing Assisted Living to make available an RN assessment at the time of or prior to move in. Contact Karen Roers, RN, Director of Clinical Services at 320-859-2142 to make arrangement for this assessment.

**Special Care Unit:** Does this building offer a specialized care program or special unit for Alzheimer's disease or related disorders?

Yes  No

If yes, a copy of the disclosure information required by Minnesota law (MN Statute §325F.72) is attached.

A description of other available specialized services is attached.

### Staff Availability

**Staff Availability:** Is there someone in this building awake at all times?  Yes  No

The following is additional information about the building's response system, such as how clients call for assistance, who responds, and where they are located: Awake staff round routinely to check on clients. This service is provided 24/7.

**Assisted Living Establishments Only:** Minnesota law requires establishments providing assisted living to have someone available 24 hours per day, 7 days per week, who is responsible for responding to client requests for assistance with health or safety needs. If "no" is checked above, the description of the system required by Minnesota law is attached.

**Daily Check:** Is there a system to check on each client at least daily?  Yes  No

This building's system is: On-site awake staff 24/7. Residents are checked frequently throughout the day and night.

**Assisted Living Establishments Only:** Minnesota law requires establishments providing assisted living to have a system to check on each client at least daily.

### Services Offered

**Basic Home Care Providers** can provide Supportive Services and Basic Home Care Services.

**Comprehensive Home Care Providers** can provide all services, including Supportive, Basic, and Comprehensive Home Care Services.

| Supportive Services                |                                     |                          |      |                                     |                                     |
|------------------------------------|-------------------------------------|--------------------------|------|-------------------------------------|-------------------------------------|
|                                    | Availability                        |                          |      | Pricing                             |                                     |
|                                    | Yes                                 | No                       | Days | In Base Rate                        | Additional Charge                   |
| Breakfast                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | All  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Lunch                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | All  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Evening Meal                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | All  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Snacks                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | All  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Meal Delivery                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | All  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Special diets – see below          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | All  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Personal Laundry                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | All  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Laundry Sheets and Towels          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | All  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Housekeeping                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | All  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assistance with Bills and Finances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | M-F  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| Supportive Services  |                                     |                                     |     |                                     |                          |
|--|-------------------------------------|-------------------------------------|-----|-------------------------------------|--------------------------|
| Activities & Socialization                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Reasonable Assistance with Arranging Transportation upon Request | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | M-F | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Transportation Provided  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | <input type="checkbox"/> |
| Reasonable Assistance Accessing Community Resources              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | M-F | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Note: Assisted Living Establishments must offer all of the following: (1) two meals per day, (2) weekly housekeeping and weekly laundry service, (3) a system for daily checks, and (4) “awake” staff 24/7 to respond to health and safety needs of clients.

The following special diets are available:  Diabetic  Low sodium  
 Other: Modified texture food/thickened fluids  
 available with an MD order. Specially ordered dietary supplements may be provided with MD order, for an additional charge.

| Basic Home Care Services   |                                     |                                     |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | Availability                        |                                     |                                     | Pricing                             |                                     |
|  | Days                                | Evenings                            | Night                               | Included in base rate               | Additional Charge                   |
| Dressing   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Self-feeding   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Oral Hygiene   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Hair Care (salon)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Grooming   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Toileting  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Bathing  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Standby Assistance   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Verbal or Visual Reminders to Take Regularly Scheduled Medication  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Treatment and/or Exercise Cues or Reminders                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Preparing Modified Diets Ordered by a Licensed Health Professional | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Laundry  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Housekeeping   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Meal Preparation   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Shopping   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other:   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other:   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note: Check with provider for how they define times for days, evenings and nights.

| <b>Health-Related Services – Comprehensive Home Care Providers Only</b> |                                     |                                     |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|   | <b>Availability</b>                 |                                     |                                     | <b>Price</b>                        |                                     |
|   | Day                                 | Evening                             | Night                               | Included in base rate               | Additional Charge                   |
| Registered Nurse Services   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Licensed Practical Nurse Services                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Trained Unlicensed Personnel  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Medication Administration   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Medication Set-ups by a Nurse   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Medication Cues and/or Reminders  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Assistance with Self-Administration of Medications                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Insulin Injections  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other Injections  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Wound Care  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Physical Therapy Services   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Occupational Therapy Services   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Speech Therapy Services   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Respiratory Therapy Services  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Hands-on Assistance with Transfers and Mobility                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Social Worker Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Dietitian/Nutritionist Services   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Eating Assistance with Complicating Eating Problems                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Complex or Specialty Healthcare Services                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Oxygen Management   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Blood Glucose (Staff observe client completing check)                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Routine Foot Care   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Nebulizer Treatments  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Blood Pressure Checks   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Overnight Companion or Respite  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other:  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other:  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Note: Check with provider for how they define times for days, evenings and nights.

See attached special notes for health-related services

## Your Legal Rights

A number of laws exist to protect those who choose Housing with Services Establishments. Here is a partial list of the laws and consumer rights that apply.

- Minnesota's Housing-with-Services Act requires housing with services establishments to include specific items in their contract. [MN Statute 144D]
- MN Statute 144G requires Assisted Living Establishments to have a minimum set of services available and to meet other legal standards.
- As a building tenant you will have rights under Minnesota's Landlord-Tenant law. For a summary of this law, you may call the Minnesota Attorney General at 651-296-3353 or 1-800-657-3787. [TTY: 651-297-7206 / 1-800-366-4812] Current tenants may ask their landlord for a summary. [MN Statute 504B]
- The federal Fair Housing Act and the Minnesota Human Rights Act make it illegal for a landlord to discriminate based on race, national origin, sex, disability, and other factors. The federal Americans with Disabilities Act provides additional protections for persons with disabilities. If you believe you have been discriminated against, call the Minnesota Department of Human Rights at 651-539-1100 or 1-800-657-3704. [TTY: 1-800-627-3529]
- Providers that offer a special program or setting for persons with Alzheimer's disease or related disorders must train staff in dementia care and provide information to consumers about that training. [MN Statute 144D.065]
- The Minnesota Home Care Bill of Rights lists specific rights for people who are served by a licensed home care provider. [MN Statutes 144A.44 to 144A.441]
- Minnesota's Vulnerable Adult Act lists the legal protections for vulnerable adults regardless of where they live. [MN Statutes 626.557 to 626.5572]
- You may contact the Office of Health Facility Complaints for concerns related to a home care provider at 651-201-4201 or e-mail at [health.ohfc-complaints@state.mn.us](mailto:health.ohfc-complaints@state.mn.us). Also, the Minnesota Adult Abuse Maltreatment Center (MAARC) is the state-wide common entry point for accepting reports of suspected maltreatment of vulnerable adults. The MAARC toll-free phone number is 844-880-1574 and is available 24/7 to accept reports from the general public.

For more information about your rights under any of these laws, you may call the Office of Ombudsman for Long Term Care at (toll free) 1-800-657-3591, TDD/TTY call 711.

*The template for this document was developed for use by Housing with Services Establishments as described in MN Statutes 144D and 144G. This is the end of the standard Uniform Consumer Information Guide. Any additional pages or addendums have been provided by the Housing with Services Establishment.*



# BridgeWell Memory Care Assisted Living

## Dementia Care Disclosure

**Philosophy** - Providing assistance for people who need memory care as well as promoting independence and functioning while maintaining a home like atmosphere.

**Criteria for Admission**- All prospective tenants will have an assessment completed by an RN to determine if they would benefit from a secure memory care environment. The tenant, if found appropriate for BridgeWell, would be re-assessed by a nurse 14 days after admission, and at least every 90 days thereafter. Changes in condition or increased need for services may also require tenant to be re-assessed. Service plans are established on admission, and are reviewed at least annually by a nurse.

**Fee Schedule**- Fee schedules are provided to tenants upon admission. Changes to fee schedules will be provided to tenants in writing 30 days prior to change.

**Staffing Credentials**- All staff, including resident assistants and supervisors, will be trained in house to meet at least the minimum requirements to provide competent care/assistance in this Memory Care setting. This training includes (1) an explanation of Alzheimer's disease and related disorders; (2) assistance with activities of daily living; (3) problem solving with challenging behaviors; and (4) communication skills. This initial training occurs upon hire, and continuing training is completed yearly. Job duties will include: laundry, cooking, cleaning, personal care, behavioral redirection, activities, exercise, and various related tasks. Staff will be trained and meet requirements required under a Comprehensive license. Staff will also complete a checklist to ensure basic competency of skills/knowledge pertaining to the duties/responsibilities of the job. Staff is supervised by the Director of Housing and Director of Clinical Services. An RN is available on call for consultation 24/7.

**Environment**- The environment at BridgeWell is set up as close to a home setting as can be safely provided with added attention to security for individuals with memory deficits. BridgeWell is divided into two units, North house and South house. The building is a secure unit with cameras at all exits and coded entrance/exit doors. Very close attention has been paid to the color schemes, lighting, and overall ambiance of the unit to provide a calming/tranquil environment. Both houses also have state of the art sound systems to help enhance a tranquil setting. The office is in a central location that allows staff to see the front entrance and into the main living areas of both houses. In the event of fire the lock mechanisms on the exit doors release to allow for a safe quick exit. In the event of a need to evacuate there are multiple safe areas to retreat to, both indoors and outdoors.

**Activities**- Activities are ongoing; they will be routine as well as spontaneous and resident specific. Residents are encouraged to go about their day as they wish and are encouraged to participate in life through performance of daily household tasks such as: laundry, light cleaning, etc... BridgeWell is their home.

**Family Involvement**- Families are encouraged to be active in the care and programming of their loved ones. Staff is to be supportive of families and their decisions as long as the benefit goes to the resident. Family support services are available through the Galeon Social Services Department.

Effective 6/08, updated 5/16 KR