

Uniform Consumer Information Guide

1. Name of Establishment: DIGNITY AND GRACE	
2. Address, City, State, Zip: 823 STATE HWY 371 NORTHWEST, BACKUS, MN - 56435	
3. Phone: 2189474445	4. Fax: 3203234455
5. Web Site:	
6. Contact Person: Job Title: owner First Name: Melanie Last Name: Burns	
This information is current as of: 08/06/2013	

The format for this Guide was developed to help you compare housing, services and costs. This Guide is designed to help you choose an Housing with Service Establishment, but you will need more information before you make a final decision. 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.

The legal requirements for Assisted Living vary by state. In Minnesota, providers may call themselves “Assisted Living” only when they meet basic requirements under Minnesota law [MN Statute 144G]. Minnesota’s laws related to Assisted Living are based on the concept of “housing with services.” In this setting, you are renting “housing” and buying assisted living “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. 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 Establishments vary in size, services and costs, they share a common philosophy: 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.

This Guide is designed to help you find the Establishment that best matches your needs, but no Guide can cover every detail. 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
- County's Long Term Care Consultation Telephone number:
218-547-1340
- Office of Health Facility Complaints for concerns related to Home Care Provider at 651-201-4201 or e-mail at ohfc-complaints@health.state.mn.us
- Office of Ombudsman for Long Term Care at 1-800-657-3591; www.mnaging.org
- Minnesota Directory to locate community resources: 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.

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.

Home Care Provider List			
Provider Name	Contact Information	Medicare Certified	License Type
DIGNITY AND GRACE	Address :823 STATE HWY 371 NORTHWEST,	No	Class F Home Care Provider

Contractor Provider List			
Provider Name	Contact Information	Medicare Certified	License Type

*Notes regarding MDH home care licenses.

- A Class F home care provider can only provide home care services in a housing with services setting and cannot provide therapies such as physical or occupational therapy.
- A Class A home care provider can provide home care services any place the client lives and may provide therapies including, but not limited to, physical and occupational therapy.
- Only a Medicare Certified Class A home health agency is eligible to receive Medicare payment.

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.

Does this building offer a specialized care program 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.

Building Features

Total Number of Rental Units:

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 (see pages 5 and 6). 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 fees.

Size/Type of Unit	Square Footage (include range in Sq. ft.)	Check if Private Bath	Monthly Base Rate (include cost range in \$)
Two-bedroom apartment	<input type="text"/> to <input type="text"/>	<input type="checkbox"/>	<input type="text"/> to <input type="text"/>
One-bedroom apartment	<input type="text"/> to <input type="text"/>	<input type="checkbox"/>	<input type="text"/> to <input type="text"/>
Studio/efficiency apartment	<input type="text"/> to <input type="text"/>	<input type="checkbox"/>	<input type="text"/> to <input type="text"/>
Private room	150 <input type="text"/> to 250 <input type="text"/>	<input checked="" type="checkbox"/>	867 <input type="text"/> to 4336 <input type="text"/>
Semi-private room	<input type="text"/> to <input type="text"/>	<input type="checkbox"/>	<input type="text"/> to <input type="text"/>
Other: <input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="checkbox"/>	<input type="text"/> to <input type="text"/>

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):

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Community dining room | <input type="checkbox"/> Chapel | <input type="checkbox"/> Whirlpool |
| <input type="checkbox"/> Private entertaining space | <input type="checkbox"/> Exercise room | <input type="checkbox"/> Garage parking |
| <input type="checkbox"/> Beauty/barber shop | <input checked="" type="checkbox"/> Activity room | <input checked="" type="checkbox"/> Off street parking |
| <input type="checkbox"/> Central air conditioning | <input checked="" type="checkbox"/> Internet access | <input checked="" type="checkbox"/> Guest accommodations |
| <input checked="" type="checkbox"/> Window air conditioners | <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Washer/dryer in unit |
| <input type="checkbox"/> Other: _____ | | |

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

- Security guard _____ Other lock system
 Additional security features: See attached description

This building has the following accessibility features:

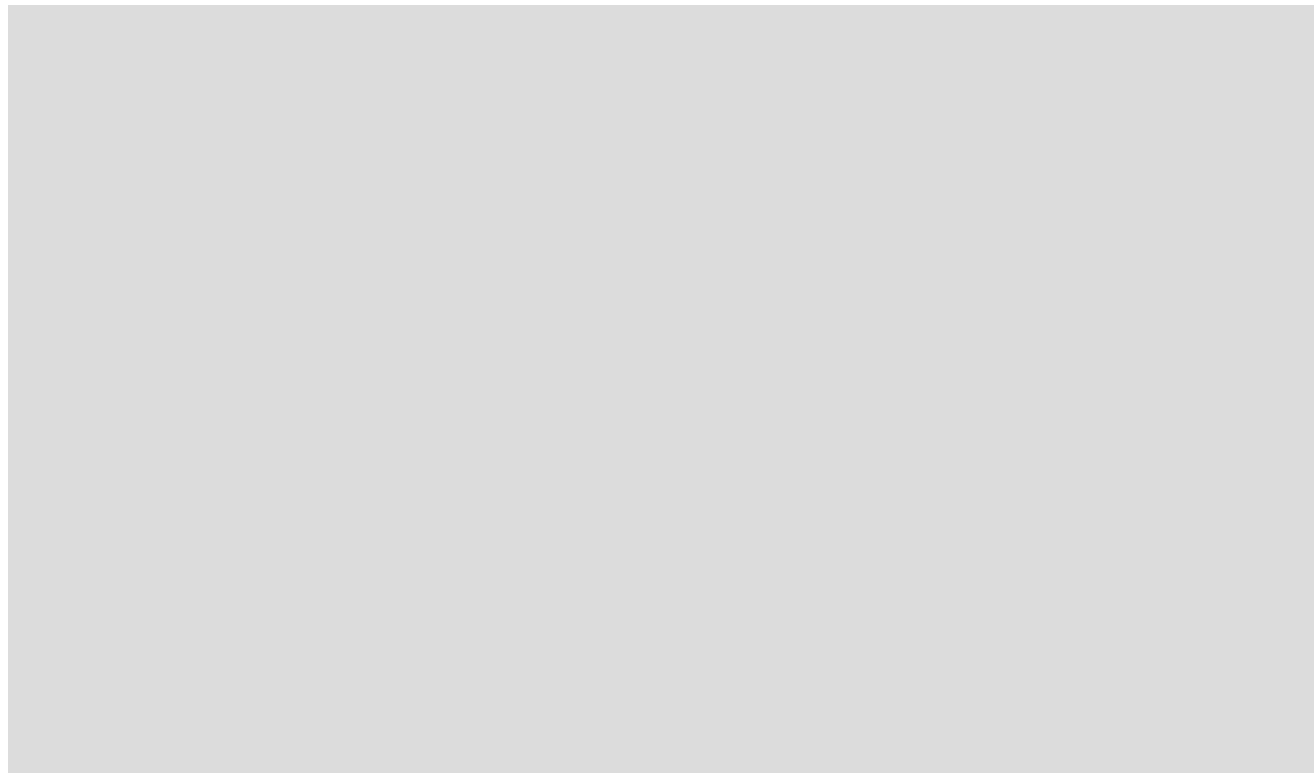
- Elevator Ramps Accessible bathrooms
 Additional accessibility features: See attached description.

Is smoking permitted in tenants' rooms/apartments?

- Yes No Additional deposit required

Are pets permitted?

- Yes No Additional deposit required
 Types or sizes of pets are limited: See attached description.



Staff Availability

Minnesota law requires establishments 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:

Is the responsible person(s) in this building awake at all times? Yes No

If "no" is checked, the description of the system required by Minnesota law is attached.

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:

Call light system by beds and in bathrooms. Staff in building 24 hours/day. Bed call tones are loud enough to wake up sleeping staff. Also, motion indicators are sometimes used.

Minnesota law requires establishments to have a system to check on each client at least daily. This building's system is:

Residents are checked on in the morning, bedtime, 3 mealtimes, and usually 2 snacktimes.

Payment for Rents 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.

Supportive Services					
	Availability			Pricing	
	Yes	No	Days	In Base Rate	Additional Charge
Breakfast	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evening meal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Snacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	twice daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Meal delivery	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Special diets – see below	<input checked="" type="checkbox"/>	<input type="checkbox"/>	as directed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Laundry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laundry sheets and towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assistance with bills and finances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	as needed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Activities & Socialization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	customized	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reasonable assistance with arranging transportation upon request	<input checked="" type="checkbox"/>	<input type="checkbox"/>	as needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transportation provided	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Reasonable assistance accessing community resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	as needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: Assisted Living Establishments must offer at least: (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 – see attached description

Personal Care (Activities of Daily Living) Assistance					
	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 type="checkbox"/>
Grooming	<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 type="checkbox"/>
Eating	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transferring	<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"/>
Incontinence Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exercises	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <input type="text"/>	<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.

Minnesota law requires establishments using the phrase Assisted Living to make available an RN assessment at the time of or prior to move in.

Contact **Melanie Burns**. at 218-947-4445 to make arrangement for this assessment.

Health Care Related Services					
	Availability			Price	
	Day	Evening	Night	Included in base rate	Additional Charge
Registered nurse on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensed practical nurse on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trained unlicensed person or home health aide on-site	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Central storage of medications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medication set-ups by nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with self-administration of meds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medication "cues"/reminders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medication administration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insulin injections	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other injections available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy services (Physical, Occupational and Speech)	<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 type="checkbox"/>
Blood pressure checks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood glucose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxygen management	<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"/>
Routine foot care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overnight companion or respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional counseling	<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 would apply.

- MN Statute 144G. requires Assisted Living Establishments to have a minimum set of services available and to meet other legal standards. [MN Statute 144G.]
- 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.]
- Minnesota's Housing-with-Services Act requires housing with services establishments to include specific items in their contract. [MN Statute 144D.]
- 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 Human Rights Commission at 651-296-5663 or 1-800-657-3704. [TTY: 651-296-1283.]

- 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 agency. [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]

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.

Here are some questions you could ask 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? 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?

The template for this document was developed for use by Establishments as described in MN Statute 144G and 144D. This is the end of the standard Uniform Consumer information guide. Any additional pages or addendums have been provided by the facility.