

# Consumer Information Guide to Assisted Living in Minnesota

| <b>Assisted Living Establishment /Housing with Services Building</b>  |
|---|
| 1. Name of Establishment: Grace Senior Services, Inc.   |
| 2. Address, City, State, Zip: 118 Raven Court, Mankato, MN 56001 - Autumn Grace1<br>110 Raven Court, Mankato, MN 56001 - Autumn Grace 2 |
| 3. Phone: 507-388-0640 4. Fax: 507-388-5412 5. Web Site: <a href="http://www.autumngraceal.com">www.autumngraceal.com</a>               |
| 6. Contact Person: Heather Bass, Administrator  |
| This information is current as of: 01/01/2010   |

The format for this Guide was developed by the Minnesota Department of Health to help you compare housing, services and costs when you are considering Assisted Living. This Guide is designed to help you choose an Assisted Living 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 Assisted Living 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 Assisted Living 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](http://www.mnaging.org/advisor/SLL.htm)
- County’s Long Term Care Consultation Telephone number: 507-389-8372
- 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](mailto:ohfc-complaints@health.state.mn.us)
- 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 that offers Assisted Living services, 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.

| <b>Home Care Provider</b>  |
|--|
| 1. Name of home care provider: Grace Senior Services, Inc.   |
| 3. Address, City, State, Zip: 118 Raven Court, Mankato, MN 56001 - Autumn Grace 1<br>110 Raven Court, Mankato, MN 56001 - Autumn Grace 2                           |
| 3. Phone: 507-388-0640 4. Fax: 507-388-5412 5. Web Site:   |
| 6. Contact person: Heather Bass, Administrator   |
| 7. *MN Department of Health home care license:<br><input checked="" type="checkbox"/> Class F home care license <input type="checkbox"/> Class A home care license |
| 8. Medicare Certified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |

\*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: 24 (8 - companion suites / 16 - private suites)

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<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                | 226 AG 1<br>224 AG 2 Sq. ft.      | <input type="checkbox"/> | \$171.00 per day                          |
| Semi-private room           | 291 AG 1 Sq. ft.                  | <input type="checkbox"/> | \$143.00 per day                          |
| Other                       | varies Sq. ft.                    | <input type="checkbox"/> | \$175.00 per day                          |

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:

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: 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 Assisted Living providers 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: Each bedroom and bathroom is equipped with a call light system. Pull cords are located next to the the bed and toilet. When pulled, a light above the room is lit and a buzzer sounds at the central call light system located at the nurses station (AG1) and in the dinning room (AG2). The central system displays which location the call light is going off.

Minnesota law requires Assisted Living providers to have a system to check on each client at least daily. This building's system is: Grace Senior Services, Inc. is staffed 24/7. Residents/Clients are toileted every 2 hours, receive personal cares as needed according to their care plan and are provided with 3 meals and snacks daily.

## 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
- 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 days week | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lunch  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 7 days week | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Evening meal   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 7 days week | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Snacks   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 7 days week | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Meal delivery  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Special diets – see below  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | as needed   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Personal Laundry   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | as needed   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Laundry sheets and towels  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | as needed   | <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 type="checkbox"/>            | <input checked="" type="checkbox"/> |             | <input type="checkbox"/>            | <input type="checkbox"/> |
| Activities & Socialization                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 7 days week | <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 checked="" type="checkbox"/> | <input type="checkbox"/>            | activities  | <input checked="" 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 type="checkbox"/>            | <input checked="" 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.

Minnesota law requires Assisted Living providers to make available an RN assessment at the time of or prior to move in. Contact Grace Senior Services, Inc. RN 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Licensed practical nurse on-site                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Assistance with self-administration of meds           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Medication "cues"/reminders                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input 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 type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 Assisted Living. Here is a partial list of the laws and consumer rights that would apply.

- A 2006 Minnesota law 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 by the Minnesota Dept. of Health for use by Assisted Living Establishments as described in MN Statute 144G. This is the end of the standard Uniform Consumer information guide. Any additional pages or addendums have been provided by the facility.***