



RESIDENT AGREEMENT
Assisted Living with Dementia Care

SUMMARY OF IMPORTANT TERMS

Resident(s): _____ Effective Date: _____

Occupancy Date: _____

Apartment No.: _____

Apartment Address (Check One):
 Mendota Manor - 659 Mulberry Lane, Mendota Heights
 Hilltop Manor - 595 Mendota Road, Mendota Heights
 Mendakota Manor - 2351 Pagel Road, Mendota Heights
 Lake Manor - 2370 Rogers Avenue, Mendota Heights

Designated Representative (Name/Contact) Legal Representative (Name/Contact)

If Resident declines to name a Designated Representative, Resident please initial here:

Term: Month-to-Month

Fees (Check All That Apply): **Monthly Amount:**
Private Suite Monthly Base Fee (Rent & Included Services): \$ 13,700
Shared Suites Monthly Base Fee (Rent & Included Services): \$ 11,700
Meal Plan Monthly: \$ 100
Medication Set Up Non-Preferred Pharmacy Monthly: \$ 300
Medication Set Up Preferred Pharmacy Monthly: Included

Total Monthly Fees: \$ _____

Monthly Fee First Due: _____, 20____
Late fees may apply

One-Time Community Fee (Due on Admission): \$850

[Office Use:] **Date Initial Service Plan finalized and placed in Resident file:** ____/____/____
Fill in date above or check here if receiving Included Services only:



1. PARTIES TO THE AGREEMENT

This Resident Agreement (the “**Agreement**”) is a contract between the Resident(s) named on the first page of the Agreement and Heart to Home Incorporated. Throughout this Agreement, the terms “**we**” and “**our**” refer to Heart to Home Incorporated and the terms “**you**” and “**your**” refer to the Resident(s) and the Designated Representative if one is named.

This Agreement describes the terms on which we will provide you with housing and services at Heart to Home Incorporated (the “**Community**”). Please read it carefully. It contains important information about our responsibilities and obligations to you, and your responsibilities and obligations to us and to other residents of the Community.

The Community is an equal opportunity provider of housing intended for and solely occupied by persons aged 65 and over in compliance with the Fair Housing Act and its implementing regulations.

2. IMPORTANT CONTACT INFORMATION

<p>Facility (Check One): <input type="checkbox"/> 659 Mulberry Lane, Mendota Heights, MN 55118. Tel 651-454-4550 <input type="checkbox"/> 595 Mendota Road, Mendota Heights, MN 55118. Tel 651-994-9191 <input type="checkbox"/> 2351 Pagel Road, Mendota Heights, MN 55120. Tel 651-994-2020 <input type="checkbox"/> 2370 Rogers Ave, Mendota Heights, MN 55120. Tel 651-528-7883</p> <p>Person authorized to accept service of notices and orders: Joshua Cesaro-Moxley, LALD 659 Mulberry Lane Mendota Heights, MN 55118</p>	<p>Assisted Living Licensee: Heart to Home Incorporated 659 Mulberry Lane Mendota Heights, Minnesota 55118 Tel. 651-454-5250 Fax 651-433-7117</p> <p>AL License No. (Check One): <input type="checkbox"/> 659 Mulberry Lane HFID 25756 <input type="checkbox"/> 595 Mendota Road HFID 31990 <input type="checkbox"/> 2351 Pagel Road HFID 26147 <input type="checkbox"/> 2370 Rogers Ave HFID 33531</p>

3. ACCOMMODATIONS

A. **Apartment.** Subject to the terms of this Agreement, you may occupy and use the apartment or suite identified on the first page of this Agreement (the “**Apartment**”).

B. **Furnishings.** Your Apartment will be provided furnished with a commode and twin hospital bed.



C. **Decorations.** You may furnish and decorate your Apartment as you please.

D. **Keys.** Each Apartment has an option for a lockable door. We will furnish all keys for your Apartment at the time you take occupancy should you request a lock on your door. This will include one set per Resident in the Apartment and, upon request, one set for your Designated Representative. You must return all Apartment keys to the Community upon termination of this Agreement.

4. INCLUDED SERVICES

All the services listed below are included in your Monthly Base Fee (“**Included Services**”):

- Utilities (heat, air conditioning, electricity, water, cable TV, WiFi, community telephone, and garbage / recycling)
- On-site staff accessible 24/7 to respond to requests for assistance with health and safety needs
- Registered nurse reachable by staff 24/7
- Resident specific care plans and registered nurse assessments
- Nurse on site 5 days per week
- Nurse on-site care coordination with Bluestone Physician Services, hospice, therapy services (PT, OT, ST), and other medical professionals
- 2 Person or mechanical lift transfers
- Nurse maintenance of clinical record information
- Nurse coordination of laboratory and physician requests
- Nursing Assistants or PCAs on-site and awake 24 hours per day
- Medication administration, central storage, and setup with Omnicare Pharmacy
- Insulin management including sliding scale or standing dose (does not include the cost of supplies)
- 24-hour assistance with bathing, dressing, and toileting
- Staff specially trained in dementia care
- Incontinence management and toileting programs
- Catheter care (does not include the cost of supplies)
- Oxygen management (does not include the cost of supplies)
- Daily cueing and redirection as needed
- Daily safety / comfort check
- Weekly housekeeping
- Social activities and recreational, wellness and educational programs as scheduled
- Assistance in coordination of appointments and transportation
- Assistance in securing additional supportive and home care services

5. ADDITIONAL SERVICES



In addition to the Included Services, certain other services are available at the Community for additional fees (“**Additional Services**”). Descriptions and pricing of Additional Services are included on Attachment A.

We have provided on Attachment B a Uniform Checklist Disclosure of Services, which discloses all the services we are licensed to provide and identifies which of those services we do provide (this disclosure is required by law for all licensed Assisted Living facilities in Minnesota).

6. MEAL PLANS

The Community offers the meal plans described on Attachment C. **You are not required to select a meal plan to live at the Community.** The cost of your meal plan, should you select one, is not included in your Monthly Base Fee. Meal plans are available for the additional fees listed on Attachment C. If you wish to change meal plans at any time, you may do so by signing and dating a new Meal Plan Options selection form (Attachment C), which will become part of this Agreement and placed in your resident file.

The Community provides specialized diets. Diets we provide include pureed, mechanical softened and thickened liquids.

7. SERVICE PLAN

If you require health or supportive services beyond those included in the Monthly Base Fee, a written service plan will be established for you and attached to this Agreement as Attachment D (the “**Service Plan**”). The Service Plan, as revised from time to time to remain consistent with periodic nursing assessments, is incorporated in and considered part of this Agreement. **It is important that you understand that if your needs change over time while you reside at the Community such that you require additional health or supportive services from us, the amount you are required to pay each month may increase see Attachment A.**

8. FEES



A. **Monthly Fees.** On or before the 1st day of each month, you agree to pay the rent for your Apartment plus the fee for Included Services (together, the “**Monthly Base Fee**”) and the fees for all Additional Services and Meal Plan(s) provided to you. If we do not receive your payment in our business office by the 5th day of the month in which it is due, we may assess a late charge of \$100. We may also assess a fee of \$35 for the return of any check(s) not paid by your bank for any reason. These late payment and returned check charges are service charges and not rent or interest. In the event any payment is more than 30 days overdue, we may charge interest at a rate not to exceed 8% percent per year or as otherwise allowed by Minnesota law.

B. **Monthly Bill.** We will provide you with a monthly bill showing charges for the Monthly Base Fee and the fees for any Additional Services and Meal Plan(s) we provide to you. You agree to pay the entire billed amount. If you receive services from service providers who are not affiliated with us and do not have a contract with the Community, you understand that such services will not be included on your monthly bill from the Community and that you are solely responsible for making separate financial and billing arrangements with those providers.

C. **Form of Payment.** Please pay by personal check, cashier’s check, money order payable to “Heart to Home Incorporated” or ACH auto-pay option (see attached enrollment form). If payments are received 15 days before their due date you will receive a \$100 discount. Credit card payments will not be accepted.

D. **Periodic Fee Increases.** Your Monthly Base Fees will increase annually. We will notify you in writing of the proposed fee changes at least 60 days in advance of any changes.

9. TERM AND TERMINATION

A. **Term.** This Agreement will be effective on a month-to-month basis and will automatically renew the first day of each month unless you or we terminate the Agreement as described below.

B. **Termination by Resident.** You have the right to terminate this Agreement by providing at least 30 days’ advance written notice to the person identified in Section 2 of this Agreement as authorized to accept service of notices and orders on behalf of the Community. The effective date of the termination must be the last day of a calendar month. In order to be effective, notice must be received by the last day prior to the beginning of the 30-day notice period.

If you terminate this Agreement for any reason (other than the ones described in the next paragraph) without giving 30 days’ advance written notice, you must pay the Monthly Base Fee to the Community for the entire 30-day notice period. If you vacate your Apartment, we are able to lease it to another resident, and the new resident moves in prior to the expiration of the



30-day notice period, we will refund to you a prorated amount based on the number of days the Apartment is occupied during this period.

In the event of your death or admission to a health care facility offering a higher level of care than what we provide at the Community, we will adjust the notice period and this Agreement will terminate 15 days after the death or admission occurs or when the Apartment is vacated, whichever occurs later.

C. **Termination by the Community.** We may terminate this Agreement by providing at least 30 days' advance written notice to you if you do not timely pay the fees owed to the Community or if you fail to comply with any other term or condition of this Agreement, and such failure continues after we provide you written notice of the failure. In certain cases, we may terminate this Agreement on an expedited basis by providing 15 days' advance written notice to you. Specifically, we may initiate an expedited termination in any of the following circumstances:

- (1) You have engaged in conduct that substantially interferes with the rights, health, or safety of other residents;
- (2) You have engaged in conduct that substantially and intentionally interferes with the safety or physical health of staff at the Community; or
- (3) You have committed an illegal act listed in Minnesota Statutes Section 504B.171 that substantially interferes with the rights, health, or safety of other residents.

In addition, we may initiate an expedited termination of services to you in any of the following circumstances:

- (1) You have engaged in conduct that substantially interferes with your own health or safety;
- (2) Your assessed needs exceed the scope of services agreed upon in this Agreement or offered at the Community as disclosed on the Uniform Checklist Disclosure of Services; or
- (3) Extraordinary circumstances exist, causing us to be unable to provide you with the services necessary to meet your needs, even though the services are disclosed on the Uniform Checklist as available through the Community.

D. **Resident's Right to Appeal Termination.** You have the right under Minnesota Statutes Section 144G.54 to appeal the termination of this Agreement on the grounds provided in the statute.



E. **Procedure Upon Termination.** Upon termination of this Agreement, you agree to vacate the Apartment no later than the last day on which this Agreement is effective. You must leave the Apartment in as good a state or condition as it was in at the commencement of this Agreement, reasonable wear and tear excepted. If we previously gave you permission to make alterations to the Apartment, you agree to restore the Apartment to its original condition at your expense. In the event you vacate the Apartment prior to termination of this Agreement, you will be responsible for paying the Monthly Base Fee for the remainder of the month in which you vacate the Apartment, as well as through the 30-day notice period discussed above.

F. **Abandonment of Personal Property.** If, after this Agreement is terminated, you fail to remove your personal property from the Apartment, you agree to continue paying the prorated portion of the Monthly Base Fee until such time as your personal property has been removed. We have sole discretion over whether to remove your abandoned personal property from the Apartment and store it elsewhere, and we reserve the right to sell or otherwise dispose of abandoned personal property as permitted by law. If we choose to do so, you agree to pay us for any costs we incur in storing and/or disposing of your abandoned personal property.

10. NONRENEWAL OF AGREEMENT

In addition to our right to terminate this Agreement or the services provided under this Agreement as described in Section 9, above, we may elect not to renew the Agreement by providing you with at least 60 days' advance written notice of our intent not to renew and assistance with relocation planning as described in Minnesota Statutes Section 144G.53.

11. EMERGENCY RELOCATION

We may remove you from the Community in an emergency if doing so is necessary to meet your urgent medical needs or if you pose an imminent risk to the health or safety of another resident or Community staff member. An emergency relocation is not a termination of this Agreement.

12. TRANSFERS WITHIN THE COMMUNITY

In some circumstances, we may ask you or require you to relocate from your Apartment to another unit within the Community. This Section explains those circumstances, and when you have the right to consent to such a transfer.

A. **When a Transfer May be Requested or Required.** You may be asked to or required to transfer to another unit within the Community due to:

- (1) Conditions that have made your Apartment uninhabitable;



- (2) Your urgent medical needs;
- (3) A risk to the health or safety of another resident;
- (4) The curtailment of or reduction in services provided through the Community;
- (5) A capital improvement project at the Community;
- (6) A change in how you pay for housing and services at the Community from private pay to housing support assistance under Minnesota Statutes Chapter 256I or medical assistance waivers under Chapter 256S.

B. **Notice of Proposed Transfer.** We will give you at least 30 days' advance written notice if we propose to transfer you to a different unit within the Community except in the following circumstances, when such notice may be shorter:

- (1) Your Apartment has become uninhabitable;
- (2) The transfer is necessary due to your urgent medical needs; or
- (3) The transfer is necessary due to a risk to the health or safety of another resident.

C. **Consent to Transfer.** We must obtain your consent to a transfer unless:

- (1) Your Apartment has become uninhabitable; or
- (2) The Community is undergoing a change in operations (i.e., a curtailment or reduction in services or a capital improvement project).

13. ABSENCES AND FINANCIAL OBLIGATIONS

In the event that you are absent from the facility for any amount of time you will continue to remain responsible for the base monthly fees during that time. There is no discount offered for absences.

14. RESIDENCY REQUIREMENTS

You must meet the following requirements at all times to be a resident of the Community:

- You must be able to live within the terms of this Agreement, either independently or with the assistance of supportive and/or health-related services.
- The staffing level required for your care cannot compromise or require changes to the overall staffing level at the Community.



- Your conduct while residing at the Community cannot create a danger to you, other residents, visitors, volunteers or staff.

Failure to meet any one or more of the above requirements is a default under this Agreement. Upon receipt of notice of default, you agree to obtain additional services or assistance as needed to meet the Community's residency requirements.

If you become incapacitated and you do not have a legal representative, you hereby grant authority to the Community to apply to a court of competent jurisdiction for the appointment of a conservator or guardian to act on your behalf.

15. OCCUPANCY AND USE OF THE APARTMENT

- A. **Occupancy and Use.** Only the person(s) listed as Resident on the first page of this Agreement may live in the Apartment. You may use the Apartment and utilities for residential purposes only.
- B. **Subletting.** You may not sublease the Apartment.
- C. **Visitors.** You are free to receive visitors at times of your choosing. The Community does not have restricted visiting hours. You are responsible for the behavior of your guests while at the Community. All visitors are expected to follow the Community's visitor policies.
- D. **Right of Entry.** We reserve the right to enter your Apartment for the purpose of providing the Included Services and any Additional Services you request; for maintenance and periodic inspections; for health, safety or security reasons; or for any other reason permitted by Minnesota law. We will attempt to provide you with reasonable notice prior to entering your Apartment for unscheduled service.

16. RESIDENT'S USE OF THE FACILITIES

While you are a Resident of the Community, you agree:

- A. Not to damage or misuse the Apartment or common areas, or to waste the utilities provided by the Community, or to allow your guest(s) to do so;
- B. Not to make any alterations or additions or remove any fixtures or to paint the Apartment without the written consent of the Community;
- C. To keep the Apartment clean and tidy;



- D. Not to disturb the rights of the other residents to peace and quiet or allow your guest(s) to do so;
- E. Not to interfere with the conduct of the Community's management or staff in the performance of their duties;
- F. To provide the Community with timely written notice of the need for any repairs to the Apartment or common areas;
- G. To immediately notify the Community of any conditions in the Apartment or common areas that are dangerous to human health or safety, or which may damage the Apartment or common areas, or waste utilities provided by the Community;
- H. To use the Apartment only as a private residence, and not in any way that is unlawful or dangerous or which would cause a cancellation, a restriction or increase the Community's insurance premium;
- I. Not to use or store in the Apartment or elsewhere on the Community's premises any flammable or explosive substance;
- J. Not to smoke in the Apartment, common areas or elsewhere on the Community's premises unless otherwise designated by the Community and not engage in smoking conduct that endangers people or property, even in designated areas;
- K. Not to make any copies of keys to the Apartment;
- L. Not to install or change locks in the Apartment;
- M. To notify the Community promptly of any known or suspected pest infestation, to cooperate at all times with the Community's efforts at pest control, and to refrain from treating pests except at the direction of the Community;
- N. To maintain at all times any vehicles that are parked on the Community property in good working order and in an operable status, including proper license, insurance and registration; and
- O. To pay the Community for any loss or damage to the Apartment, building or grounds caused by you or your guests, normal wear and tear excepted.

17. OUR RESPONSIBILITIES FOR THE FACILITIES



We promise:

- A. That the Apartment and all common areas are fit for use as residential premises;
- B. To keep the Apartment and all common areas in reasonable repair during the term of the Agreement, except when the disrepair has been caused by the willful or negligent conduct of you or your guests;
- C. To maintain the Apartment and all common areas in compliance with the applicable health and safety laws, except when violation of the health and safety laws has been caused by the willful or negligent conduct of you or your guests;
- D. To maintain the common areas in a state of repair and cleanliness;
- E. To make repairs to the Apartment as necessary;
- F. To maintain a record related to your tenancy and receipt of services and not to disclose any information regarding you without your written permission or that of your legal representative, except that such information may be disclosed as required by state or federal law; and
- G. If you pay all fees when due and perform your obligations under this Agreement, you shall peacefully and quietly have and occupy the Apartment for the agreed term of this Agreement.

18. RESIDENT POLICIES, RULES AND REGULATIONS

By signing this Agreement, you agree to abide by and comply with all of the Community's policies, rules and regulations, which have been provided to you in the Resident Handbook. The Resident Handbook is incorporated in and considered part of this Agreement. The Community reserves the right to adopt, amend and discontinue policies, rules and regulations. The Community will provide you with written notice of all such changes.

19. RESIDENT'S APPLICATION

Your application to reside at the Community and all the representations you made in the application are incorporated in and considered part of this Agreement. You promise that the information you provided in that application is true and correct and continues to be true and correct as of the date of this Agreement. You understand that we are relying on the information you provide, and that providing false or misleading information in the application is considered a breach of this Agreement.



20. COMPLAINT PROCEDURE

You may file a complaint with Heart to Home's business office (651) 454-5250 or 659 Mulberry Lane, Mendota Heights, Minnesota 55118.

A complaint is an oral or written statement concerning a matter that:

- we have the authority to resolve,
- concerns a Heart to Home policy, program, procedure, action or operation,
- concerns an action or operation of a Heart to Home employee or contractor,
- or requests or implies that we respond or take some action.

When you send a written complaint, we will:

- immediately review all complaints within our jurisdiction,
- reply to you in writing, advising of the actions we are taking to resolve your complaint,
- make every reasonable effort to resolve your complaint, and
- notify you of the status of your complaint at least quarterly until a resolution letter is provided to you.

Please include the following in your complaint:

- your name, mailing address and telephone number,
- a statement of your complaint, including any background information or underlying facts, and
- the specific action or measure you are requesting of us.

You may file an oral complaint by contacting Josh Cesaro-Moxley, LALD at Heart to Home's business office in person or by telephone at (651) 454-5250 between 8 a.m. and 5 p.m. weekdays, Central Standard Time. When you call, we will try to resolve your complaint immediately. If we need to research your concern, we will either call you back or reply by written means.

Heart to Home's staff and owners appreciate your concerns and feedback and have a strict policy ensuring there is never any retaliation because of a complaint.

21. ASSISTED LIVING RESIDENT BILL OF RIGHTS

You have all of the rights described in the Assisted Living Bill of Rights attached as Attachment E.

22. STATEMENT REGARDING SERVICES FROM OTHER PROVIDERS

You are free to make arrangements for services with the providers of your choice, regardless of whether the Community has an arrangement with the desired providers. You are responsible for



negotiating and paying for those services. Outside service providers are required to comply with the Community's visitor registration procedures when providing services at the Community.

23. STATEMENTS RELATED TO PUBLIC ASSISTANCE PROGRAMS

Heart to Home Incorporated has two locations: **2351 Pagel Road, Mendota Heights and 595 Mendota Road, Mendota Heights** that contract with medical assistance waivers and housing support programs.

- A. the facilities described above are enrolled with the commissioner of human services to provide customized living services under medical assistance waivers;
- B. the facilities described above have an agreement to provide housing support under the housing assistance program;
- C. there is a limit of 2 people residing in those facilities who can receive customized living services or participate in the housing support program at any point in time;
- D. the facility requires a resident to pay privately for 36 months prior to accepting payment under medical assistance waivers or the housing support program;
- E. medical assistance waivers provide payment for services but do not cover the cost of rent;
- F. residents may be eligible for assistance with rent through the housing support program;
- G. if a resident does not qualify for housing support programs they must pay for rent privately.

24. NOTICE OF AVAILABILITY OF ADVOCACY AND LEGAL SERVICES

Office of Ombudsman for Long-Term Care
P.O. Box 64971, St. Paul, MN 55164-0971
Tel: 651-431-2555 or 1-800-657-3591 or TDD/TTY call 711

Senior Linkage Line®

The Senior LinkAge Line® is Minnesota's one stop shop for seniors, connecting individuals throughout Minnesota with local services. Senior LinkAge Line information specialists help older adults: Evaluate complex living situations to determine the help each individual needs. Connect older adults and their caregivers to resources for housing, transportation, chore help, legal services, caregiver support and more. Answer Medicare and insurance questions and help persons of all ages access the prescriptions they need. Follow up to ensure needs are met The Senior Linkage Line can be reached at 1-800-333-2433.



Disability Hub MN

To learn about resources for Minnesotans with disabilities or chronic illnesses, visit the Disability Hub MN or, to talk one-on-one with a specialist, call 1-866-333-2466. The Disability Hub MN makes it easy to explore options and make decisions about services, benefits, employment, health care, and more.

MinnesotaHelp.info

The MinnesotaHelp.info website is a comprehensive database of community resources for individuals, caregivers, and service providers. Search for resources by keywords, topics, or geographic area.

Eldercare Locator

For Minnesota families who are seeking help for someone in another state, the Eldercare Locator is a public service of the U.S. Administration on Aging. It connects you to services for older adults and their families. Eldercare locator can also be reached at 1-800-677-1116.

Veterans Linkage Line

Visit the Veterans Linkage Line for information and service for Minnesota veterans. Call 1-888-LinkVet (1-888-546-5838).

25. LONG-TERM CARE CONSULTATION SERVICES

Long-term care options counseling is a free service delivered through a partnership between each Minnesota county and the Area Agencies on Aging. For more information and to get started, you or your designated or legal representative may call the Senior LinkAge Line toll-free at 1-800-333-2433.

26. STATEMENT REGARDING ATTORNEY GENERAL RESOURCES

For information about your rights and responsibilities as a tenant under Minnesota law, you may access a copy of *Landlords and Tenants' Rights and Responsibilities*, a publication of the Minnesota Attorney General's Office, through the Attorney General's website (www.ag.state.mn.us), or by calling one of the following numbers: (651) 296-3353 (Twin Cities Calling Area), (800) 657-3787 (Outside the Twin Cities), or through the Minnesota Relay Service at (800) 627-3529.

27. ADDITIONAL RESOURCES

Office of Ombudsman for Long-Term Care P.O. Box 64971 St. Paul, MN 55164-0971	Ombudsman for Mental Health and Developmental Disabilities 121 7 th Place East Suite 420 Metro Square Building
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<p>Tel: 651-431-2555 or 1-800-657-3591 TDD/TTY call 711</p>	<p>St. Paul, MN 55101-2117</p> <p>Tel: 651-757-1800 or 1-800-657-3506 TDD/TTY call 711</p> <p>Fax: 651-797-1950</p> <p>Email: ombudsman.mhdd@state.mn.us</p>
<p>Office of Health Facility Complaints <i>For questions about complaints:</i> 651-201-4200 or 1-800-369-7994 <i>For all other OHFC inquiries:</i> 651-201-4201</p>	<p>Minnesota Adult Abuse Reporting Center Toll-free: 1-844-880-1574</p>

28. MISCELLANEOUS PROVISIONS

We encourage you to obtain a renters insurance policy to cover personal possessions and liability.



The parties named below have executed this Agreement as of the date indicated.

HEART TO HOME INCORPORATED

RESIDENT

By: _____

(Printed Name)

Its: _____

(Signature)

(Signature)

(Date)

Date: _____

RESIDENT'S LEGAL REPRESENTATIVE

RESIDENT'S DESIGNATED REPRESENTATIVE

(Printed Name)

(Printed Name)

(Signature)

(Signature)

(Date)

(Date)

(Street Address)

(Street Address)

(City, State, Zip)

(City, State, Zip)

(Phone)

(Phone)

(Email)



ATTACHMENT A FEE SCHEDULE

Included in Base Fee:

Personal and Medical Care

- Resident specific care plans and registered nurse assessments
- Nurse on-call 24 hours a day
- Nurse on site 5 days per week
- Nurse on-site care coordination with Bluestone Physician Services, hospice, therapy services (PT, OT, ST), and other medical professionals
- 2 Person or mechanical lift transfers
- Nurse maintenance of clinical record information
- Nurse coordination of laboratory and physician requests
- Nursing Assistants or PCAs on-site and awake 24 hours per day
- Medication administration, central storage, and setup with Merwin Pharmacy
- Insulin management including sliding scale or standing dose (does not include the cost of supplies)
- 1:3 or 1:4 care ratios days and evenings
- 24-hour assistance with bathing, dressing, and toileting
- Staff specially trained in dementia care
- Incontinence management and toileting programs
- Catheter care (does not include the cost of supplies)
- Oxygen management (does not include the cost of supplies)
- Daily cueing and redirection as needed
- Frequent communication with resident's family

Room, Board and Supplies

- Private handicap accessible bathrooms
- Standard hospital bed and linens
- Over the toilet commode and shower chair
- All utilities included
- Cable and WiFi
- Mechanical lifts (hydraulic full body lift and sit-to-stand lift)
- Bathroom supplies; hand soap, toilet paper, wet wipes, gloves, towel service, most toiletries and standard incontinence products
- Weekly housekeeping and maintenance
- Laundry and linen service

Therapy and Spa Services

- Physical, Occupational and Speech therapy by referral
- Pet therapy
- Aroma therapy
- Manicures and pedicures

Spiritual and Emotional Care

- Daily reflections, prayer before bed / dinner, spiritual readings
- Friend and family support services



- Individual resident memory boards
- Spiritual coordination with local organizations

Safety and Home Environment

- Smoke detectors, carbon monoxide detectors and fire extinguishers
- Outdoor decks and patios (varies by location)
- Fully furnished common areas
- Personal gardening areas by request
- Private family visitation areas (varies by location)
- Fire sprinkler system

Meals and Snacks

- 3 wholesome meals daily; special dietary needs provided
- Breakfast made-to-order
- Monitored food and fluid intake
- Specialized diets as prescribed by physicians (pureed, mechanical soft, thickened liquids)
- Resident specific snacks
- One-on-one feeding assistance available

Programs and Activities for the Mind, Body & Soul

- “Cherished Moments” activity programming
- Professional music entertainment
- Activity plans specific to resident needs and abilities
- Activities that revolve around daily duties involved in a household
- Active community involvement opportunities
- Individual and group outings
- Local volunteer groups and school children visits
- Physical exercise programs
- Pet visits and bird feeders around the home for residents to enjoy
- Baking, cooking, crafts, memory boards
- Afternoon tea / coffee, happy hour, birthday parties
- Board games, bingo, checkers, trivia, movie night
- Reflections, prayer before bed / dinner, spiritual readings
- Hugs, hand-holding, positive interaction and support from caring staff

Additional Services Available for an Additional Fee:

Medication Set Up with Non-Preferred Pharmacy Vendor:	\$300 per month
Private Duty 1:1 Nursing Assistant*:	\$35 per hour
Private Duty 1:1 Registered Nurse*:	\$65 per hour
Guest Meals	\$10

* Private Duty Services Depends on Availability of Staffing

Supplies Available for Purchase

Personal Medical Supplies
Over the Counter Medications
Durable Medical Equipment
Prescription Co-Pays



ATTACHMENT B
UNIFORM CHECKLIST DISCLOSURE OF SERVICES (SEE ATTACHED)

ATTACHMENT C
MEAL PLAN OPTIONS

Please make your selection by checking one of the boxes below:

Option 1—Three Meals a Day Plus Snacks
Monthly Cost: \$100

No Meal Plan. I do not wish to participate in a meal plan through the Community at this time.

My selection of meal plan noted above revokes and replaces any prior meal plan selection. I understand that the fees associated with my selection will be added to my monthly fees.

Resident Signature: _____

Date: _____

ATTACHMENT D
SERVICE PLAN (SEE ATTACHED)

ATTACHMENT E
ASSISTED LIVING BILL OF RIGHTS (SEE ATTACHED)

ATTACHMENT F
DISCLOSURE OF SPECIAL CARE STATUS

1) The philosophy of Heart to Home is to care for those needing supervision and supportive services 24 hours a day while providing oversight to vulnerable areas in their day-to-day living. Residents who have dementia will be supported by our staff to ensure quality care for the needs and safety of these residents. .

Our Values:

- We believe in the inherent dignity and worth of the individual.
- We believe in the right of all people to live their lives to the fullest extent possible.
- We believe Heart to Home is responsible for assisting an individual to become aware of his/her potential by offering services for physical support and promoting psychological adjustments.
- We believe that Heart to Home has been established to promote an environment conducive to the health, safety and wellbeing of the Resident.
- We believe that employment in our Home can provide job satisfaction for the personnel.
- We believe Heart to Home is an integral part of the community.

Our Objectives:



- To provide an environment that promotes maximum independence, and at the same time provides a protective environment for each Resident.
- To provide the essentials of life for the Resident (shelter, food, security, recreational and health care).
- To promote continuation of a sense of worth and belonging of the Resident.
- To assist Residents to reach and attain optimal physical, emotional and spiritual goals
- To work cooperatively with other community agencies to provide services for the Resident.
- To promote outreach services to the community that Heart to Home serves.
- To encourage and enlist the help of volunteers from respective communities.
- To promote the positive values of the aged in our community.
- To provide a staff that is competent in the needs and care of those who qualify for our services.
- To maintain the dignity and well being of the Resident.
- To provide the means by which the Resident can continue the lifestyle to which he/she has spent their lifetime.
- To encourage the active participation of the Resident's family in the Resident's affairs.
- To encourage the Resident's participation in the daily living experiences within the home in order to fulfill that great need of the individual - "the need to be needed."

2) Residency Requirements

The following are residency requirements for Heart to Home:

The Resident....

- Must be 65 years of age or older unless special arrangements have been authorized by Heart to Home.
- Must be able to meet the financial obligations, pay the rent and other charges in a timely manner; must have 3 years of payments in available funds. If unable to afford a private suite may be given the option of a semi-private suite if available.
- Must maintain the apartment in a clean, safe and sanitary condition and must be able to use the common areas of the building and building equipment without causing damage
- Must not exhibit behavior that is verbally offensive or physically abusive to other residents, staff or visitors; must not disturb the quiet enjoyment of other tenants; must not disrupt the operation of the building
- Must follow the House rules spelled out in the resident handbook
- Must not smoke anywhere in or on the property
- Must provide sufficient financial information to assure ability to pay all applicable charges
- Those who may not meet residency requirements independently may be able to meet the residency requirements with assistance from family, friends, or other supportive services, such as the Heart to Home home care agency
- Has the right to decline to receive all or some of those services from Heart to Home; however, Residents will be charged for and expected to pay for the basic package of services as a condition of residency at Heart to Home.

3) RN Assessment & Service Plans

Assessments are conducted by a Registered Nurse prior to preparing our service plan agreement. The assessment can be arranged by contacting Heart to Home 651-454-5250. RN assessments



will then be conducted at a minimum of once every year or as needed due to changes in client conditions to keep service plans consistent with client needs.

Our service plan agreement describes in detail the services provided by Heart to Home and any fees that may apply. The service plan is reviewed by a Registered Nurse every 90 days in order to keep service plans consistent with client needs.

4) Staffing Credentials, Job Descriptions, Staff Duties, Availability & Training

Josh Cesaro-Moxley, LALD / Co-Owner

- Bachelor of Business Administration (Major: Marketing; Minor: Management)
- Licensed Assisted Living Director
- Certified Nursing Assistant
- Licensed food manager

Nick Cesaro-Moxley, Facilities Maintenance / Co-Owner

- Bachelor of Arts
- Licensed Contractor
- 30+ years experience in residential construction

Misty Burnette, Clinical Nurse Supervisor (South Campuses)

- Registered Nurse
- Licensed Assisted Living Director
- 15+ years experience managing memory care facilities

Priscilla Amankwah-Akuffo, Clinical Nurse Supervisor (North Campuses)

- Registered Nurse
- 10+ years experience in various long term care settings

Angie Burnette, Operations Manager

- Certified Dementia Educator
- Licensed Assisted Living Director
- 10+ years managing memory care facilities

Unlicensed Professionals Requirement & Job Description

- Licensed CNA or HHA with the State of Minnesota preferred and/or PCA
- Must pass a DHS criminal background check
- Minimum of 8 hours of required annual in-service training conducted by registered nurse
- 8 Hours of Dementia & Alzheimer's training (topics include: Explanation of Alzheimer's disease and related disorders, assistance with activities of daily living, problem solving with challenging behaviors and communication skills)
- Negative TB test

Unlicensed Professionals Job Summary:

This position is responsible for providing personal care and delegated nursing services designed to maintain the client's physical and emotional well-being. Assist the client with personal cares which



may include all or some of the following: shampooing of hair, assist with showering, rubbing with lotions, fingernail cares and foot cares if instructed to do so by an RN, medication administration, redirection of a confused client, and other cares as assigned. Assist with treatments as delegated by the Registered Nurse according to the client's individualized care plan. Observe clients and report changes in physical and emotional condition such as change in attitude, loss of appetite, weight, etc. Medication administration or assistance with self-administration of medications as delegated by RN. An expanded job description can be obtained by request.

Registered Nurse Requirements & Job Description

- Minimum of 1 year experience
- Must be licensed RN with the state of Minnesota
- Must pass a DHS criminal background check
- Minimum of 8 hours of required annual in-service training
- Dementia & Alzheimer's training (topics include: effectively dealing with challenging behavior, safety policies and procedures, infection control, safe food handling and many more)
- Negative TB skin test

Registered Nurse Job Summary:

The role of the RN includes assessment of the health and support needs of all clients, development and implementation of appropriate plans of care, supervision of clients' services, supervision of home care staff and on-going training of home care staff. The RN is responsible for staff training and for policies and procedures that are current and up to date. The RN is also responsible for compliance with current home care regulations and standards. Must be able to relate professionally with clients, staff and family members, display a positive work attitude and be able to work as a team with other staff members.

5) Physical Environment

All of our homes are built with a wander friendly and secure design that includes:

- The doors at Heart to Home can be locked to prevent unsafe elopement of residents
- Hardwood flooring or low pile carpeting to reduce tripping and falls by residents
- Doors and windows that chime when opened so that resident movement can be monitored
- Reduced visibility of the front door to discourage resident elopement
- Most resident suites can be viewed from the kitchen allowing for easier monitoring by staff
- Large open areas allowing for the staff to have good sight lines to monitor residents
- Residents are strongly encouraged to enroll in MedicAlert & Safe Return via the Alzheimer's Association. To enroll call 1-888-572-8566 or visit alz.org
- Smoke detectors and carbon monoxide detectors that automatically notify a call center when they sound an alarm
- Evacuation routes and severe weather evacuation routes are posted in the laundry room
- Fire drills and severe weather drills are regularly practiced with staff
- Fire extinguishers are located throughout the home

6) Programs and Activities for Residents with Dementia

Heart to Home has developed a program "Cherished Moments Memory Care". This program is specifically designed to help stimulate and engage residents with various levels of dementia on a



daily basis. The program includes engagement in daily-living activities (cooking, cleaning, ADLs, IADLs), music, arts, nature and physical activity.

7) Family Involvement & Family Support Groups

- Family and friends are encouraged to enjoy and participate in our activities and programs
- We offer support services which include monthly meetings with Bluestone doctors and Heart to Home staff
- Family and friend volunteer opportunities are also available

8) Fees for Additional Services

Please review the service agreement for additional fees and services available from us. In the event that you do not see a service listed please feel free to contact us at (651) 454-5250 to obtain a custom quote.

9) Changes in Fees

In the event that our fee schedule is going to change we will provide 60 days written notice of said fee changes. Our goal is to minimize any changes in costs regardless of level of care.



Resident Handbook & Admission Packet

Mendota Manor (651) 454-4550
mendota@hearttohomeinc.com
659 Mulberry Lane, Mendota Heights, MN 55118

Mendakota Manor (651) 994-2020
mendakota@hearttohomeinc.com
2351 Pagel Rd, Mendota Heights, MN 55120

Hilltop Manor (651) 994-9191
hilltop@hearttohomeinc.com
595 Mendota Road, Mendota Heights, MN 55118

Lake Manor (651) 528-7883
lake@hearttohomeinc.com
2370 Rogers Ave, Mendota Heights, MN 55120

WELCOME TO HEART TO HOME!

We, the staff of Heart to Home Incorporated bid you welcome to your new home. We hope your stay here will be pleasant, and that you will make many new friends, as well as renew some old and golden friendships.

Our staff is trained to respond to the needs of each individual. Please feel free to discuss any concerns you may have with us.

This handbook is designed to inform you about what to expect as a new Resident, as well as a reference for future use.

INTRODUCTION TO HEART TO HOME

Heart to Home operates residential senior care and memory care homes located in Mendota Heights, Minnesota, a first ring suburb of St. Paul. Our homes are located in Mendota Heights, Minnesota at 659 Mulberry Lane, 595 Mendota Road, 2351 Pagel Road and 2370 Rogers Avenue. Our homes are located in beautiful residential neighborhoods and boast expansive yards complete with outdoor areas for resident enjoyment, beautiful trees and lush gardens.

Our homes have a welcoming patio and outdoor seating for everyone to enjoy. The backyards offer enjoyment of the outside for Residents, families and friends.

Our homes are constructed as energy efficient/green built residences. They are handicap accessible and feature 6 suites and 8 bathrooms. Each suite has its own private bathroom. The one-level ramblers were custom built in 2007, 2008, 2015 and 2018.

All suites have a built in closet, space for a TV, bed, bedside table, and easy chairs. The suites are equipped with cable TV, Internet and phone access. Each bathroom suite has radiant in-floor heating. Each suite has a window view of the beautiful outdoors. There are both shared/couple suites and private suites in each home.

Outside each suite are memory boards for Resident's use. We encourage family members to bring pictures, treasured letters, and other mementos of the Resident's life to post on these boards.

MISSION STATEMENT

To provide a person-centered holistic approach to senior care and memory care. Our vision is to allow aging adults the opportunity to live in a residential home setting where they will be actively involved with the community and will receive the best 24 hour senior care and memory care available.

VALUES AND OBJECTIVES

VALUES:

We believe in the inherent dignity and worth of the individual.

We believe in the right of all people to live their lives to the fullest extent possible.

We believe Heart to Home is responsible for assisting an individual to become aware of his/her potential by offering services for physical support and promoting psychological adjustments.

We believe that Heart to Home has been established to promote an environment conducive to the health, safety and well-being of the Resident.

We believe that employment in our Home can provide job satisfaction for the personnel.

We believe Heart to Home is an integral part of the community.

OBJECTIVES:

To provide an environment that promotes maximum independence, and at the same time provides a protective environment for each Resident.

To provide the essentials of life for the Resident (shelter, food, security, recreational and health care).

To promote continuation of a sense of worth and belonging of the Resident.

To assist Residents to reach and attain optimal physical, emotional and spiritual support.

To work cooperatively with other community agencies to provide services for the Resident.

To promote outreach services to our community that Heart to Home serves.

To encourage and enlist the help of volunteers from respective communities.

To promote the positive values of the aged in our community.

To provide a staff that is competent in the needs and care of those who qualify for our services.

To maintain the dignity and well being of the Resident.

To provide the means by which the Resident can continue their preferred lifestyle.

To encourage the active participation of the Resident's family in the Resident's affairs.

To encourage the Resident's participation in the daily living experiences within the home in order to fulfill that great need of the individual - "the need to be needed."

CODE OF CONDUCT FOR VISITORS & RESIDENTS

Every individual has the right to freedom from harassment. This can be during visiting or living at Heart to Home as well as for staff members working at Heart to Home. It is expected that all visitors, family and residents who believe that there could be a violation to report it to the Manager so that the complaint can be responded to appropriately.

It is also expected that visitors, family members and residents treat each other and employees with respect. Concerns must be addressed in a confidential area that respects the privacy of all concerned. It is expected that the management team will be notified of any concern and will complete a full investigation. Results of the investigation will be evaluated and an individualized plan will be put into place to resolve the concern.

SAFETY & SECURITY

Medical Emergencies:

In the case of a life threatening medical emergency all staff and guests are instructed to call 911. All medical emergencies no matter how small will be recorded by Heart to Home's staff and communicated with the resident, their representative and the nurse manager as quickly as possible. Exceptions would be hospice care clients or those with a POLST instructing otherwise.

Fire:

Our homes are equipped with hardwired and battery operated fire alarms. In the event the alarms go off, the alarm system will automatically notify a call center. In the event the alarms go off, the call center will attempt to make contact with Heart to Home. If our staff does not answer this call, the call center will automatically call 911 and dispatch the fire department. In the event of a fire all staff and residents are instructed to meet at Heart to Home's mailbox across the street. Fire drills are periodically conducted to provide staff with the means to safely and quickly remove residents from the home and evacuation routes are posted in the laundry room. In the event of a fire all staff and residents are instructed to call 911 and immediately evacuate the home. The home is also equipped with fire extinguishers.

Severe Weather:

In the event that a severe storm warning or tornado warning is issued (via television, radio or siren), all residents will be taken into the laundry room of the home or will be evacuated to a safe location away from windows and exterior walls. All staff and residents will be required to perform periodic severe weather drills.

Carbon Monoxide:

Heart to Home has carbon monoxide detectors hardwired into the home. In the event the carbon monoxide detectors go off, all residents and staff need to immediately leave the home and will meet at Heart to Home's mailbox across the street. When the carbon monoxide detector goes off, it automatically notifies a call center. The call center will then attempt to contact the staff of Heart to Home, in the event that they are unable to reach a Heart to Home staff member, the call center will automatically call 911.

Intruders or Resident Elopement:

All windows and doors are alarmed and automatically chime every time they are opened and closed. It is also Heart to Home's policy to keep the doors locked during the evening and night. If you are visiting after dark, please call the home to inform them of your intentions to visit. Our staff are instructed to not answer the door after dark unless we are aware of incoming visitors or deliveries.

Residents are strongly encouraged to enroll in MedicAlert & Safe Return via the Alzheimer's Association. To enroll call 1-888-572-8566 or visit alz.org

SERVICES AND GENERAL INFORMATION

Bedroom Furnishings and Decor:

We encourage each Resident to bring their own furnishings; however, we will provide a hospital bed, bedside commode, shower chair and bedside table upon request. The following is a list of personal items that are not permitted; cooktops, burners, candles, out-of-date electronics / plugs or any items with open flames / produce heat, area rugs or other trip hazards. We encourage you to bring wall decor and we will hang and help arrange these items at no additional cost.

Cardiopulmonary Resuscitation (CPR):

CPR services will be discussed with the Resident and family upon admission with the Nurse Manager. Each Resident will be required to complete an "Advanced Directive" or similar document (POLST) outlining their wishes regarding CPR. The staff of Heart to Home are not required to be CPR certified.

Clothing:

All personal clothing is washed and dried on-site and returned to the Resident's room. Please label all items of clothing if possible. Clothes should be "wash and

wear". Dry cleaning is not available. Shoes, boots and slippers MUST have NON-SKID SOLES and provide proper support.

Dental, Eye Care and Hearing Services:

Appointments for such services may be coordinated through your family or Heart to Home staff. We encourage family members to accompany the Resident to these appointments. If a family is unable to accompany the resident, arrangements can be discussed with Heart to Home staff.

Prescription Drug Service:

The RN Nursing Staff will order and set up medications through our preferred pharmacy provider. The Residents will be given their medications as ordered by their physician by our trained staff members. We will reorder the Residents medications from the Pharmacy as needed. The Resident is responsible for the payment of medications. We strongly encourage the use of our on-site pharmacy provider as they are directly tied into our Electronic Medical Record System and staff training program. If you would like to use a different pharmacy provider we can set up those medications for a fee of \$300 per month.

Education and Training:

The RN staff will provide in-services for the training of the staff to ensure optimum care of our Residents. We will have frequent classes on dementia issues as required by state law, and we welcome family members to attend if they so desire.

Medical Equipment:

Residents requiring individual equipment for their sole use must purchase these items including walkers, canes, toileting aids and other self-help aids for activities of daily living. We can help your family in obtaining these items if requested. We provide electric sit-to-stand lifts and hydraulic full body lifts at no additional cost.

Family Conferences:

Our monthly doctor rounds are an on-going family conference and we encourage you to attend when possible. Residents and family members are encouraged and invited to participate actively in the continuing assessment, planning and evaluation of the individual resident's care. We also offer quarterly family council meetings which are announced via our newsletter.

Foot Care:

Routine trimming of fingernails and toenails is done when the Resident has a bath/shower. Specialized care of corns, calluses, ingrown nails and Diabetic nail care is provided by our staff when possible or we can help make a referral for these services when appropriate.

Gardening:

We have raised garden beds and planters on the patio. We encourage and will assist any Resident who would like to help with the planning, planting, and watering of these gardens. If you would like to donate a plant we will include it in our memorial garden.

Incontinent Products:

Family members may bring in these products or Heart to Home will provide. We provide standard incontinence products at no additional cost. Specialized incontinence products may result in additional costs. Our standard items include incontinence briefs, barrier creams and underwear pads / liners.

Mail:

Outgoing mail may be left with management to deposit in the mailbox. One newspaper is purchased by the Home and left in the lounge area. Fees incurred for personal subscriptions are a direct cost to the Resident. Incoming mail will be delivered to the resident unless otherwise specified by the POA.

Meal Services and Food:

Residents can elect to receive three (3) meals and unlimited snacks per day. Breakfasts are made to order and lunch and dinner are on a menu. Our dinners are provided by Let's Dish. Our meal plan costs \$100 per month.

Guest meals - reservations via email to the house manager are required 2 days in advance. Guest meals are \$10.

In order to prevent foodborne illness and allergic reactions, outside food may NOT be brought into the home by resident's family and friends unless the following conditions are met: The food is in its original packaging or it is going to be consumed by the resident (please label with their name) and not shared. As an alternative, we encourage friends and family to share favorite recipes with management so we can include those in our meal planning.

Medical Supplies:

Supplies and equipment for personal hygiene and grooming, including skin care lotions, shampoos, soap, deodorant, toothpaste, hair brushes, combs, manual shavers, shaving cream and feminine hygiene products are included with our base monthly fees. Products such as foley catheters and wound dressing supplies obtained for the Residents by Heart to Home staff will be billed to the Resident.

On-site Physicians:

Each Resident must have a physician. You may keep your current physician and/or specialists but we strongly encourage you to enlist the services of Bluestone Physician Services as your primary care doctor while staying with us. Bluestone is

on-call 24/7 for our nurses which allows us to proactively respond to your loved one's needs. Learn more at www.BluestoneMD.com

Private-Duty Nursing:

This is a service that is available for specialized medical treatments or procedures. The cost is \$65 per hour and can be discussed further with the nurse manager should it become necessary.

Recreation and Activities:

A variety of activities are planned for the Residents enjoyment. We adapt our activities to meet the needs and enjoyment of all residents. Special requests for activities can be directed to the house manager.

Smoking:

Heart to Home operates smoke-free facilities. Smoking is permitted in the street or in your car. Please do not discard cigarette butts in the yard.

Spiritual Services:

We welcome all faiths. Family members are encouraged to invite volunteers to visit the Resident for spiritual services.

Telephone:

There are telephones available in the Home for Resident use. Private telephones can be arranged, or you may provide your loved one with a cell phone when appropriate.

Television and Internet:

There is a television in the lounge area for Resident use. If you want to have a television in your room, it must be approved by our Maintenance department first, as size may make a difference. We will help set up the cable connection and will provide the cable box and remote at no additional cost. Internet service depends upon the service provider and may be connected to your room if desired. Wireless (WiFi) Internet is available free of charge.

Tips, Gratuities and Donations:

Resident comfort, happiness and safety are our concerns. Our employees strive to fulfill all Resident needs in a timely, compassionate, understanding and a safe manner. Staff is commended for their efforts in providing professional, compassionate, quality care and is indeed deserving of recognition. Heart to Home's policy concerning staff recognition prohibits direct tipping or gratuity. All gifts or donations to Heart to Home and its staff should first receive the approval of management. Items for the home and garden are always appreciated.

Transfers:

If a Resident desires a transfer to another care facility, please notify the Nurse Manager of your wishes. We will help facilitate your transfer with your family and staff members. Other reasons for transfer (i.e. incompatibility, staff unable to provide level of care needed, consistent aggressive and/or combative behaviors, etc) will be made by the Nursing and Administrative departments. All transfers will be coordinated with the Resident, family and other staff members whenever possible. If a transfer is requested by Heart to Home administration or by the Resident, a written notice must be provided.

Transportation:

Families are encouraged to provide their own transportation if possible for their loved one, however, if that is not practical then transportation can be arranged by our management staff.

Visiting Hours:

Heart to Home does not recognize specific visiting hours. However, if family members visit after dark please call ahead and forewarn the staff as they can watch for your arrival so the doorbell does not disturb other residents.

Volunteers:

We encourage and strive for an active volunteer program within Heart to Home. All unsupervised volunteers must undergo a criminal background check and orientation prior to volunteering at Heart to Home.

Washing Machine and Dryer:

Our staff will assist any Resident who wishes to launder their own clothes. All laundry soap and dryer sheets are included in the base price.

Our Linen Service Includes:

We encourage you to bring a familiar twin size quilt or comforter. We provide sheets, pillowcases, mattress pads, bath towels, hand towels, wash cloths and pillows.

Jewelry and Expensive Items:

Jewelry is welcome but please be aware that it is common for clients with dementia to misplace or lose these items. Please do not bring in sentimental or expensive jewelry or furnishings unless absolutely necessary. You may wish to consider a renters insurance policy to cover valuable items.

Other Items Included at No Additional Cost Include:

Laundry basket, bathroom garbage can, clothing hangers, hand soap, hand sanitizer, toilet paper, paper towels, all cleaning supplies, laundry soaps, disposable chux / bed liners.

CONTACT INFORMATION - Heart to Home Directory

Main Office - 651-454-5250
Mendota Manor (Ashley) - 651-454-4550 | mendota@hearttohomeinc.com
Mendakota Manor (Rane) - 651-994-2020 | mendakota@hearttohomeinc.com
Hilltop Manor (Minellie) - 651-994-9191 | hilltop@hearttohomeinc.com
Lake Manor (Abbey) - 651-528-7883 | lake@hearttohomeinc.com
Nurse Fax - 651-433-7117
Office Fax - 651-686-5295
General Email - team@hearttohomeinc.com

Administrator / Co Owner

Josh Cesaro-Moxley, LALD (Primary Licensed Assisted Living Director)
651-485-8738 (cell) (Available 24/7 in Emergency)
josh@hearttohomeinc.com

Clinical Nurse Supervisor (South Campuses - Mendakota Manor & Lake Manor)

Misty Burnette, RN, LALD
651-888-0573 (cell)
misty@hearttohomeinc.com

Clinical Nurse Supervisor (North Campuses - Mendota Manor & Hilltop Manor)

Priscilla Amankwah-Akuffo, RN
651-888-9364 (cell)
priscilla@hearttohomeinc.com

Operations Manager & Dementia Specialist

Angie Burnette, CAEd, CAC, CFM, LALD
651-888-0573 (cell)
angie@hearttohomeinc.com

Staffing Coordinator & Activities

Susan Heutmayer, LALD
651-888-9364 (cell)
susan@hearttohomeinc.com

Facilities Maintenance Manager

Robert Heutmayer
robert@hearttohomeinc.com

CONTACT INFORMATION - Ancillary Service Providers

Bluestone Physician Services (Visiting Doctor)
Cheryl Vukmanich, CNP
651-342-1039 (office)
info@bluestonemd.com / www.BluestoneMD.com

Thrifty White Pharmacy (Pharmacy Provider)
1-800-642-3275
www.thriftywhite.com

Minnesota Hospice
952-898-1022
www.minnesotahospice.com

Our Lady of Peace Hospice
651-789-5030
www.OurLadyOfPeaceMN.org

Brighton Hospice
651-731-7894
www.brightonhospice.com

Ecumen Hospice
1-877-311-4997
www.ecumenhospice.org

APA Medical Equipment (Equipment Provider)
(612) 722-9000

Midwest Medical Supply (Equipment Provider & O2)
(763) 780-0100

TLC Special Transportation (Wheelchair Van Transport)
(952) 882-0535

Assisted Transport (Wheelchair Van Transport)
(612) 729-1156

Allegiance Transportation (Wheelchair Van Transport)
(651) 207-5211

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): 04/01/2023

Name of Assisted Living: Heart to Home Incorporated

Unique building/unit descriptive (if applicable): Heart to Home Incorporated

Physical Address: 659 Mulberry Lane, Mendota Heights, MN 55118

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): Heart to Home Incorporated

Physical Address (if different than above): 2351 Pagel Road, Mendota Heights, MN 55120

Additional Building:

Unique building/unit descriptive (if applicable): Heart to Home Incorporated

Physical Address (if different than above): 595 Mendota Road, Mendota Heights, MN 55118

Additional Building:

Unique building/unit descriptive (if applicable): Heart to Home Incorporated

Physical Address (if different than above): 2370 Rogers Avenue, Mendota Heights, MN 55120

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: 2

Evening Shift: 2

Night shift: 1

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	X	24 months private pay required
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	24 months private pay required
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		
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Other; specify in comments		

Section 2: Medication Management

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

Medication Management Services Available

Service	Available	Comments
Verbal or visual reminders to take regularly scheduled medications; specify any limit to frequency in comments	X	
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	X	
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	
Diabetic Care: insulin pen dosing	X	
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing	X	
Diabetic Care: sliding scale insulin management	X	

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		
Nutritional supplement administration	X	
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	SQ Only
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	X	
Medical Cannabis storage for certified patients	X	
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	X	
C-PAP		
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		
Arrange for/set-up Off-Site Dialysis		
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps		
Fall Prevention: balance assessments		
Fall Prevention: exercise programs	X	
Fall Prevention: strength training	X	
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	
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	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	
Ostomy care		
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)		
Training of and use of Cardiopulmonary Resuscitation (CPR)		
Other; specify in comments		

Section 4: Assistance with Activities of Daily Living

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

Assistance with Daily Living Activities Available

Service	Available	Comments
Dressing	X	
Bathing: shower	X	
Bathing: bathtub		
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	
Feeding assistance for residents with complicated eating problems	X	
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	
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	X	
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	
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	
Transfers utilizing sit-to-stand lifts	X	
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		
Ceiling lift transfers		
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer	X	
Mechanical lift: assist of 2 transfer	X	
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	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Elevators		
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		
Every two-hours safety checks	X	
Daily safety checks	X	
Emergency call system; specify type in comments	X	bell or 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		
Visitor check-in/check-out at facility main entrance	X	check-in only
Bed alarms or movement sensing technology		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)	X	
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)		
Emergency generator(s) to power the facility during power outages		
Other; specify in comments		

Section 7: Dining and Nutrition

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

Dining and Nutrition Services

Service	Available	Comments
Three meals available, plus snacks	Required	
Breakfast available in community space	X	
Breakfast available; delivered to apartment	X	
Lunch available in community space	X	
Lunch available; delivered to apartment	X	
Dinner available in community space	X	
Dinner available; delivered to apartment	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	X	
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	
Modified Texture Diets; specify limits in comments	X	
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium		
Therapeutic Diets: no added salt		
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking	X	
Other; specify in comments		

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		
Assistance with meals or food preparation	X	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers	X	
Housekeeping: trash removal; specify frequency in comments	X	
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments		
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	occasional
Schedule medical and social service appointments		
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		
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored		
Spiritual Care/Religious Services; on-site		
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices		
Primary languages spoken by staff	X	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		
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"	X	
Licensed Practical Nurse: on-site "full time"		
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time		
Activities Director: Full Time		
Dietician/Nutritionist consultant available or can be arranged		
Physical Therapist available or can be arranged	X	Arranged via Outside Agency
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Arranged via Outside Agency
Speech Language Pathologist available or can be arranged	X	Arranged via Outside Agency
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments		
Other; specify in comments	X	Activity Aide

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	X	
Studio/efficiency units	X	Private Suites
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	X	Wi-Fi Only
Cable (television)	X	
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room		
Library		
Activity Room		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

Garden/outdoor spaces	X	
Chapel		
Private entertaining space		
Communal Dining room	X	
Beauty/Barber Shop		
Parking available for residents		
Parking available for guests	X	on-street
Guest accommodations		
Laundry Room accessible to Residents	X	
Washer-Dryer in units		
Central Air Conditioning	X	
Fully sprinklered building	X	
Designated smoking area inside (not apartment space)		
Designated smoking area outside		
Other amenity; specify in comments		
Other amenity; specify in comments	X	Residential Home Setting

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

Notice of Privacy Practices - HIPAA Attachment F

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), is a federal program that requires that all medical information and other individually identifiable health information used or disclosed by Heart to Home, Inc in any form, whether electronically, on paper, or orally, are kept confidential. We have prepared this 'Notice of Privacy Practices' to explain how we are required to maintain the privacy of your personal health information and how we may use or disclose your health information, as required by HIPAA.

We also describe your rights and certain obligations we have regarding the use and disclosure of medical information and who is responsible for following this notice. We reserve the right to change the terms of this notice and to make the new notice provisions effective for the personal information that we maintain.

Who is Responsible for Following this Notice?

- All health care personnel who are authorized to enter information into your Heart To Home, Inc medical record
- Any volunteer or student that is working with a Heart To Home staff member providing your care
- All Heart To Home employees

What is Personal Health Information?

"Personal Information" is information about you that relates to your past, present, or future physical or mental health, payment for health care services or the provision of health care service and treatment. Identifiable health information includes such information as your name, address, any identification number like a social security number or Medicare number, your date of birth or age.

We May Use and Disclose Medical Information About You for the Following Purposes:

- **Treatment:** We may use your information to provide, coordinate and manage your care. For example: your assigned Heart To Home nurse may share your medical information with another Heart To Home nurse for a consultation or to provide on-call coverage. We will get your written consent prior to making disclosures outside of Heart To Home for care purposes except in emergency circumstances when it is not possible to get your consent.
- **People Assisting in Your Care:** Heart To Home will only disclose medical information to those identified by you, those taking care of you, close family members or friends or those helping you pay your bills if these people need to know information that helps you, and then only to the extent permitted by law. This might also include your

Guardian, Conservator, Attorney, and Bank Trust Officer. Generally we will get your written consent prior to making disclosures about you to your family or friends. If you are unable to make your own health care decisions, Heart to Home will ask permission before using your medical information for these purposes.

- For Coordination of Your Care: At times Heart to Home must disclose your personal information for your treatment. For example, we may disclose information to Physical Therapists, Occupational Therapists, Counselors, Home Care Providers, Transportation Providers, Social Workers, Dieticians, and other ancillary professionals deemed appropriate to your needs. Generally we will get your written consent prior to making disclosures about you to these health care providers.
- For Payment Purposes: We may disclose your personal information to your health plan or other payer, but only with your consent. For example, we may disclose your personal information to a home care equipment supplier to provide your health plan information for payment for needed equipment, or to your Bank Trust Officer to obtain payment for services rendered.
- For Our Health Care Operations: Such as conducting staff training, quality review purposes and general administrative activities. We will do so only with your consent.
- For Appointment Reminders: We may contact you by telephone to remind you of appointments and if we have your permission we will leave a message about your appointment. We may also contact you regarding other health-related benefits and services that might be of interest to you.
- As Required by Law: We will disclose health information about you when required to do so by federal, state or local law.
- To Avert a Serious Threat to Health or Safety: We may disclose health information about you when necessary to prevent a serious threat to you health and safety or the health and safety of the public or another person. Any disclosure must be only to someone able to help prevent the threat.
- Research: Federal Law permits the use and disclosure of medical information for research purposes with your specific, written authorization.
- Other Special Situations: When required by law, we may use or disclose your personal information in special situations without your permission. When this occurs we limit the disclosure to the requirements of the law.
 - *To Public Health Authorities:*
 - To prevent, control and track certain diseases, injuries or other health conditions.
 - To report births or deaths.
 - To notify people of recalls of products they may be using

- To notify a person who may have been exposed to or may be at risk of contracting or spreading a disease or condition.
- To report victims of abuse, neglect or suspicious wounds
- *Organ and Tissue Donation*: If you are an organ or tissue donor, to aid in the donation or transplantation of organs or tissues.
- *To Health Oversight Agencies*, such as the Minnesota Departments of Health and Human Services, and the United States Department of Health and Human Services.
- *To law enforcement agencies.*
- *To medical directors or coroners* for identification purposes. This may be to identify a deceased person, determine cause of death or to allow them to perform their other legal duties. We may also disclose your personal information to funeral directors to allow them to carry out their duties.
- *In response to judicial or administrative bodies* under certain circumstances or in response to court orders. We will require you consent before we release your personal information in response to a subpoena or other lawful process.
- *To military or other governmental agencies* under certain circumstances.
- *For worker's compensation purposes* in order for the provision of worker compensation benefits.
- *To correctional institutions* if you are an inmate or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for:
 - The institution to provide you with health care
 - To protect your health and safety or the health and safety of others
 - To maintain the safety and security of the institution
- *For National Security and Intelligence Activities*, we may release personal information about you to authorized federal officials for national security activities authorized by law.

What are My Privacy Rights? You have the right to:

Review and copy your personal information that may be used to make decisions about your care, including medical and billing records.

- All requests to exercise your rights must be received in writing to: Josh Cesaro-Moxley, Administrator, Heart to Home, 659 Mulberry Lane, Mendota Heights, MN 55118
- We may impose a reasonable charge for copies of your personal information to cover the cost of copying, mailing and other supplies associated with your request.
- We must honor your request within thirty days (30) of the date your written request is received.

Federal law designates that some records may not be inspected or copied: Like psychotherapy notes, information compiled with reasonable anticipation of, or use in legal or administrative proceedings.

- We reserve the right to deny access to certain records based on concerns that access may be detrimental to you or another person. We will inform you of such a denial in writing and depending on the circumstances; a decision to deny access may be reviewable.

Ask us not to use or disclose any part of your personal information for the treatment, payment or healthcare operations.

- You have the right to ask that any part of your personal information not be disclosed to family members or friends who are involved in your care or for notification purposes described in the Notice of Privacy Practices. Your request must be specific as to the restriction requested and whom you want the restriction to apply. You must make this request in writing to: Office Manager, Heart to Home, 659 Mulberry Lane Mendota Heights, MN 55118
- We are not required to agree with a restriction that you may request if we believe that it is in your best interest to permit use and disclosure of your personal information. If we agree to your requested restriction, we must honor it and not use or disclose your personal information unless necessary for emergency treatment.

Receive Confidential Communications: You have the right to ask us to communicate with you by alternative means and you do not have to tell us why you are making this request. For example, you may request that we contact you at a telephone number or address that is different from the one that is on file.

- You must make this request in writing to: Office Manager, Heart to Home, 659 Mulberry Lane, Mendota Heights, MN 55118

Receive an Accounting Disclosure: You have the right to receive an accounting (a listing) of disclosures we made of medical information about you. You may request an accounting going back six (6) years or for a shorter time period, however, we are only obligated to track disclosures beginning December 1, 2007

- You must make this request in writing to: Office Manager, Heart to Home, 659 Mulberry Lane, Mendota Heights, MN 55118

Receive a Paper Copy of this Notice: You have the right to ask us to give you a paper copy of this notice at any time. Even if you have received this notice electronically you may request a paper copy of the notice. You may obtain a copy by contacting: Office Manager, Heart To Home, 659 Mulberry Lane, Mendota Heights, MN 55118

Revoke Authority: Heart to Home Inc. will not use or disclose your protected health information without a specific written authorization from you. If you provide a written authorization to see or disclose your health information, you may revoke that authorization, in writing, at any time. If you do revoke that authorization we will honor it, but are unable to take back disclosures that were already made with your permission prior to that date.

Complaint about Our Privacy Practices: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Department of Health and Human Services. You will not be penalized for filing a complaint.

To file a complaint with our office:

Josh Cesaro-Moxley, Administrator
659 Mulberry Lane
Mendota Heights, MN 55118
(651) 454-5250

Minnesota Bill of Rights for Assisted Living Residents

Effective 8-1-2022

Right to be Informed

Before receiving services, residents have the right to be informed by the facility of the rights granted and the recourse residents have if rights are violated. The information must be in plain language and in terms residents can understand. The facility must make reasonable accommodations for residents who have communication disabilities and those who speak a language other than English. When providers violate the rights in this section, they are subject to fines and license actions.

A written copy of the rights is being provided to you before initiation of services. All reasonable efforts will be made to provide notice of the rights in a language you can understand.

A written acknowledgement of your receipt of the Bill of Rights will be retained in your resident record. If a written acknowledgment cannot be obtained, the reason will be documented in the resident record.

Legislative intent

The rights established are for the benefit of residents and do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility.

Applicability

These rights apply to residents living in assisted living facilities:

1. Appropriate care and services.

Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.

Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan.

2. Refusal of care or services.

Residents have the right to refuse care or assisted living services and to be informed by the facility of the medical, health-related, or psychological consequences of refusing care or services.

3. Participation in care and service planning.

Residents have the right to actively participate in the planning, modification, and evaluation of their care and services. This right includes:

- the opportunity to discuss care, services, treatment, and alternatives with the appropriate caregivers;
- the right to include the resident's legal and designated representatives and persons of the resident's choosing; and
- the right to be told in advance of, and take an active part in decisions regarding, any recommended changes in the service plan.

4. Courteous treatment.

Residents have the right to be treated with courtesy and respect, and to have the resident's property treated with respect.

5. Freedom from maltreatment.

Residents have the right to be free from physical, sexual, and emotional abuse; neglect; financial exploitation; and all forms of maltreatment covered under the Vulnerable Adults Act.

6. Right to come and go freely.

Residents have the right to enter and leave the facility as they choose. This right may be restricted only as allowed by other law and consistent with a resident's service plan.

7. Individual autonomy.

Residents have the right to individual autonomy, initiative, and independence in making life choices, including establishing a daily schedule and choosing with whom to interact.

8. Right to control resources.

Residents have the right to control personal resources.

9. Visitors and social participation.

Residents have the right to meet with or receive visits at any time by the resident's family, guardian, conservator, health care agent, attorney, advocate, or religious or social work

counselor, or any person of the resident's choosing. This right may be restricted in certain circumstances if necessary for the resident's health and safety and if documented in the resident's service plan.

Residents have the right to engage in community life and in activities of their choice. This includes the right to participate in commercial, religious, social, community, and political activities without interference and at their discretion if the activities do not infringe on the rights of other residents.

10. Personal and treatment privacy.

Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan.

Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in the resident's service plan.

Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance.

11. Communication privacy.

Residents have the right to communicate privately with persons of their choice.

If an assisted living facility is sending or receiving mail on behalf of residents, the assisted living facility must do so without interference.

Residents must be provided access to a telephone to make and receive calls.

12. Confidentiality of records.

Residents have the right to have personal, financial, health, and medical information kept private, to approve or refuse release of information to any outside party, and to be advised of the assisted living facility's policies and procedures regarding disclosure of the information. Residents must be notified when personal records are requested by any outside party.

Residents have the right to access their own records.

13. Right to furnish and decorate.

Residents have the right to furnish and decorate the resident's unit within the terms of the assisted living contract.

14. Right to choose roommate.

Residents have the right to choose a roommate if sharing a unit.

15. Right to access food.

Residents have the right to access food at any time. This right may be restricted in certain circumstances if necessary for the resident's health and safety and if documented in the resident's service plan.

16. Access to technology.

Residents have the right to access Internet service at their expense.

17. Grievances and inquiries.

Residents have the right to make and receive a timely response to a complaint or inquiry, without limitation. Residents have the right to know and every facility must provide the name and contact information of the person representing the facility who is designated to handle and resolve complaints and inquiries.

18. Access to counsel and advocacy services.

Residents have the right to the immediate access by:

- the resident's legal counsel;
- any representative of the protection and advocacy system designated by the state under Code of Federal Regulations, title 45, section 1326.21; or
- any representative of the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities.

19. Information about charges.

Before services are initiated, residents have the right to be notified:

- of all charges for housing and assisted living services;
- of any limits on housing and assisted living services available;
- if known, whether and what amount of payment may be expected from health insurance,

- public programs, or other sources; and
- what charges the resident may be responsible for paying.

20. Information about individuals providing services.

Before receiving services identified in the service plan, residents have the right to be told the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, and other choices that are available for addressing the resident's needs.

21. Information about other providers and services.

Residents have the right to be informed by the assisted living facility, prior to executing an assisted living contract, that other public and private services may be available and that the resident has the right to purchase, contract for, or obtain services from a provider other than the assisted living facility.

22. Resident councils.

Residents have the right to organize and participate in resident councils as described in section [144G.41, subdivision 5](#).

23. Family councils.

Residents have the right to participate in family councils formed by families or residents as described in section [144G.41, subdivision 6](#).

Resources

You may contact your licensed provider as indicated below:

Licensee Name: **Heart to Home Incorporated**

Phone: **(651)454-5250**

Email: **josh@hearttohomeinc.com**

Address: **659 Mulberry Lane, Mendota Heights, MN 55118**

Name and title of person to whom problems or complaints may be directed:

Josh Cesaro-Moxley, LALD

Report suspected abuse, neglect, or financial exploitation of a vulnerable adult:

If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints, Minnesota Department of Health. If you would like to request advocacy services, you may contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities.

The facility or agent of this facility will not retaliate against a resident or employee if the resident, employee, or any person acting on behalf of the resident:

- (1) files a good faith complaint or grievance, makes a good faith inquiry, or asserts any right;
- (2) indicates a good faith intention to file a complaint or grievance, make an inquiry, or assert any right;
- (3) files, in good faith, or indicates an intention to file a maltreatment report, whether mandatory or voluntary, under section [626.557](#);
- (4) seeks assistance from or reports a reasonable suspicion of a crime or systemic problems or concerns to the director or manager of the facility, the Office of Ombudsman for Long-Term Care, the Office of Ombudsman for Mental Health and Developmental Disabilities, a regulatory or other government agency, or a legal or advocacy organization;
- (5) advocates or seeks advocacy assistance for necessary or improved care or services or enforcement of rights under this section or other law;
- (6) takes or indicates an intention to take civil action;
- (7) participates or indicates an intention to participate in any investigation or administrative or judicial proceeding;
- (8) contracts or indicates an intention to contract to receive services from a service provider of the resident's choice other than the facility; or
- (9) places or indicates an intention to place a camera or electronic monitoring device in the resident's private space as provided under section [144.6502](#).

MINNESOTA ADULT ABUSE REPORTING CENTER (MAARC)

Phone: 1-844-880-1574

For more information: <https://mn.gov/dhs/adult-protection/>

For all other complaints that are not suspected abuse, neglect, or financial exploitation of a vulnerable adult, please contact the Office of Health Facility Complaints at the Minnesota Department of Health:

MINNESOTA DEPARTMENT OF HEALTH
OFFICE OF HEALTH FACILITY COMPLAINTS

Mailing Address:

PO Box 64970

St. Paul, MN 55164-0971

Street Address:

85 7th Place E., #220

St. Paul, Minnesota 55101

Phone: 651-201-4200 or 1-800-369-7994 Fax: 651-281-9796

health.ohfc-complaints@state.mn.us

<https://www.health.state.mn.us/facilities/regulation/ohfc/index.html>

You may contact the Ombudsman for Long-Term Care for questions about your rights as an assisted living facility resident and to request advocacy services. As an assisted living facility resident, you may contact the Ombudsman for Mental Health and Developmental Disabilities to request advocacy regarding your rights, concerns, or questions on issues relating to services for mental health, developmental disabilities, or chemical dependency.

OFFICE OF OMBUDSMAN FOR LONG-TERM CARE

Mailing Address:

PO Box 64971

St. Paul, MN 55164-0971

Street Address:

540 Cedar Street

St. Paul, MN 55101

1-800-657-3591 or 651-431-2555

Email: MBA.OOLTC@state.mn.us

Web: <http://www.mnaging.org/Advocate/OLTC.aspx>

OFFICE OF OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL
DISABILITIES

121 7th Place East Metro Square Building St. Paul, MN 55101-2117

1-800-657-3506 or 651-757-1800

Email: Ombudsman.mhdd@state.mn.us

Web: <https://mn.gov/omhdd/>

MID-MINNESOTA LEGAL AID/MINNESOTA DISABILITY LAW CENTER

(Protection and Advocacy Systems)

430 First Avenue North, Suite 300 Minneapolis,

MN 55401-1780 1-800-292-4150
mandc@mylegalaid.org (<http://mylegalaid.org/>)

MINNESOTA DEPARTMENT OF HUMAN SERVICES
(Medicaid Fraud and Abuse-payment issues)
Surveillance and Integrity Review Services
PO Box 64982 St Paul, MN 55164-0982
1-800-657-3750 or 651-431-2650
DHS.SIRS@state.mn.us

SENIOR LINKAGE LINE (Aging and Disability Resource Center/Agency on Aging)
Minnesota Board on Aging
PO Box 64976 St. Paul, MN 55155
1-800-333-2433
senior.linkage@state.mn.us
www.SeniorLinkageLine.com

Individual or Legal/Designated Representative

Date Signed

RESIDENT ACKNOWLEDGEMENT & RELEASE FORM

Resident Name: _____ Room #: _____ Move In Date: _____

Please initial to acknowledge that you have received the following documents:

_____ I have received and signed the Resident Agreement for Heart to Home.

_____ I have received a copy of the Resident Handbook.

_____ I understand that if I am no longer able to meet the financial obligations for care and room/board that I may be given the option to move into a semi-private suite (if available) to continue to meet the Residency Requirements of Heart to Home.

_____ I have received a copy of the following: Uniform Checklist Disclosure of Services, Assisted Living Bill of Rights, Notice of Privacy Practices, Disclosure of Special Care Status and the following Policies and Procedures; Philosophy of Services, Evaluation of Behavioral Symptoms, Wandering and Egress Prevention, Medication Management, Staff Training on Dementia, Life Enrichment Programming, Family Support Programs, Transportation Coordination and Safe Keeping of Resident Possessions.

_____ I have received and signed a copy of the home care service plan/agreement.

_____ I have been shown the emergency exit map, the location of the emergency exits and where I can obtain a copy of Heart to Home's disaster plan.

_____ We understand that the care staff of Heart to Home are not trained in CPR and that in the event of an emergency "911" may be contacted to provide such services.

_____ We understand policies on absences and continued financial obligations from Heart to Home per the Resident Agreement.

_____ In the event a resident passes away they or their estate will remain financially obligated to pay for the Base Fee for a minimum of 15 days after their passing. If Heart to Home has rented the suite to another individual before the end of those 15 days the fees will be prorated to that date.

_____ I may request a copy of Medication and Side Effects and Adverse Effects and was informed that I can contact Misty Burnette, Clinical Nurse Supervisor with medication Questions.

_____ We operate a restraint free facility. This means we do not use bed rails, wheelchair seat belts, alarms that may restrict a residents movement or other such devices that may restrict the movement of a resident.

_____ You have the right to name anyone as your “Designated Representative.” A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney (“attorney-in-fact”), or health care power of attorney (“health care agent”), if applicable.

_____ We provide dementia care in a non-secured home environment that utilizes standard residential door locks.

Initial those that apply;

_____ I have received information about advance health care directives and a brief description of Heart to Home’s policy regarding advance health care directives.

_____ I have executed a Health Care Directive and have provided a copy to Heart to Home.

_____ I have executed a Health Care Directive and have not provided a copy to Heart to Home.

_____ I have not executed a Health Care Directive.

Photo release; I consent without consideration or compensation for the use (full or in part) of any photographs taken of me or statement made by me for the purpose of illustration on Heart to Home website, brochures, newsletters, or other printed materials, videotape, slides, computer digital presentations, or distribution in any manner with no restriction in time.

Yes No

Is it OK if Heart to Home posts your name on the memory board outside of your room?

Yes No

Is it OK if Heart to Home takes me on supervised walks in the neighborhood or on resident outings?

Yes No

Is it OK if Heart to Home posts your Birthday in the common areas for activity purposes?

Yes No

(Signature of Home Care Client or Responsible Party) (Date)

(Signature and Title of Heart to Home Staff) (Date)

Patient Enrollment Form

All information must be completed



Patient Information: Please use full legal name.

Memory Care Assisted Living Group Home Independent Living

First Name: _____ Last Name: _____ M.I.: _____

Date of Birth: ____/____/____ Social Security #: _____ Gender: M F Other

Facility Name: _____ Phone Number: _____ City/State: _____

Patient Room #: _____ Patient personal cell or direct phone only (if applicable): _____

Marital Status (choose one): Married Divorced Widowed Partnered Single

Race/Ethnicity: American Indian/Alaska Native Asian Black/African-American Hispanic/Latino
Choose one or more Native Hawaiian/Other Pacific Islander White Declined Unknown

Primary Language: _____ Country of Origin: _____ Interpreter Services Needed

Drug Allergies (required): _____

Insurance: Please submit a copy of insurance cards.

Medicare ID #: _____ (If on Medicare, ID **required** for enrollment.)

Primary Plan: _____ Policy ID #: _____ Group #: _____

Secondary Plan: _____ Policy ID #: _____ Group #: _____

Prescription Drug Coverage Name: _____ Plan ID #: _____

Legal Representative

I understand that a patient may voluntarily designate or appoint an individual other than the patient to make medical decisions on the patient's behalf. The individual may be referenced on the applicable authorizing paperwork using the following terms or other similar terms: Power of Attorney, Healthcare Surrogate, Healthcare Proxy, Healthcare Power of Attorney, Guardian, etc. (collectively referred to here as the "Legal Representative"). I acknowledge and agree that by signing this form as Legal Representative, I swear and attest that I am legally authorized to act and make decisions on the patient's behalf. I am required to provide a copy of valid and effective documentation outlining my role as Legal Representative in order to receive related communications, including verbally and via the Bridge. The Bridge is where you can electronically contact Bluestone's care team 24 hours a day, 7 days a week for questions, and is where the care team will connect with you about the patient's care. Upon signing this form or any other required documentation from Bluestone as a Legal Representative for the patient, I hereby release and hold harmless Bluestone Physician Services and its representatives from any claims or damages arising from Bluestone's reliance on my attestation that I am the patient's Legal Representative. If there is a/you are the Legal Representative, please provide their/your contact information below:



Name: _____ Relationship to Patient: _____

Mobile Phone #: _____ Secondary Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Billing Contact:

Same as Healthcare Decision Maker Self Other _____

Name: _____ Relationship to Patient: _____

Mobile Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Authorization for Release of Health Information



Patient Information: Please use full legal name.

First Name: _____ Last Name: _____ M.I.: _____ Date of Birth: ____/____/____

Community and Room #: _____

Release Information From (Required):

Clinic Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Release Information To:

Bluestone Physician Services
Attn: Medical Records Dept.
270 Main Street N., Suite 300
Stillwater, MN 55082

FAX: 855-490-4045 PHONE: 877-599-1039

Information To Be Released (Required): Indicate ONLY the information that you are authorizing to be released.

- Notes from **four** most recent provider visits Labs and imaging within last two years
 Hospital discharges within **last two years** Other: _____

By law, you must specifically request the following information for it to be released:

- Chemical dependency program: Yes No Behavioral health notes: Yes No

I hereby authorize the release of my individually identifiable health information described above for treatment and payment purposes. I understand that this authorization to release health information is voluntary. I understand that the information disclosed under this authorization may be redisclosed by the recipient and may no longer be protected by federal or state law.

I understand that my healthcare and the payment for my healthcare will not be affected by my signing of this form. I understand I may request a copy of this form after I sign it. I understand that this authorization may be revoked by me by written notice to Bluestone Physician Services. I understand that if I revoke this authorization it will not have any effect on any actions taken by Bluestone Physician Services before receiving my revocation. This release covers past, present and future encounters/visits unless I write in specific treatment dates here: _____ to _____. This consent does not expire unless I write in a specific expiration date here: _____.

I acknowledge and agree that by signing this form as a Legal Representative for the patient, I swear and attest that I am legally authorized to act and make decisions on behalf of the patient. I am required to provide a copy of valid and effective documentation outlining my role as Legal Representative in order to receive related communications. Upon signing the form or any other required documentation from Bluestone as a Legal Representative for the patient, I hereby release and hold harmless Bluestone Physician Services and its representatives from any claims or damages arising from Bluestone's reliance on my attestation that I am Legal Representative.

Patient or Legal Representative Signature

Date

Legal Representative Printed Name and Authority to sign for patient (i.e. Health Care Directive, Medical POA; must include documentation)

Consent for Services

Patient Full Name: _____ Date of Birth: ____/____/____

Community and Room #: _____ City/State: _____

Consent for Services and Disclosure of Information for Treatment: I consent to any and all medical evaluation and treatment, preventative care services and procedures which are deemed necessary or advisable by Bluestone medical providers and designees. I consent to the use of telemedicine services in the course of my diagnosis and treatment with my Bluestone Provider Team. Telemedicine involves the use of audio, video or other electronic communications to interact and consult with the healthcare provider(s). I also consent to the use and disclosure of my health information by Bluestone for my treatment, including disclosure of my health care information to health care providers and facilities unrelated to Bluestone that may be involved in care.

Health Information Exchange: Bluestone may disclose my health information to and access my health information from other providers using a record locator service or patient information service of a health information exchange unless I object by checking here:

This applies to health information Bluestone already has about me, information about future care I may receive from Bluestone and information Bluestone receives from third parties. This consent will continue unless I cancel by giving written notice to Bluestone or it expires as required by law. Cancellation will apply after the date when the notice to cancel is received. It will not affect information that is used or disclosed before cancellation.

Notice of Privacy Practices and Consent (Acknowledgment of Receipt): I received a copy of Bluestone's Privacy Practices and understand I have a right to review these before signing this consent form. I understand that Bluestone may change its privacy practices in the future, that any changes will be posted on Bluestone's website and that I may request a copy of the new privacy practices at any time. I understand I can contact Bluestone's Privacy Officer with any questions I may have about the Notice of Privacy Practices. In addition to the other uses and disclosures described in this document, I consent to the use and disclosure of my health information for the purposes described in the Notice of Privacy Practices, including Bluestone's health care operations.

Patient Financial Consent: I understand that it is my responsibility to know what the terms of my insurance are, and in compliance with those terms, I understand I will pay all applicable co-pays or co-insurance and outstanding account balances as they become due. I understand that it is my responsibility to read and review the Bluestone Physician Services (BPS) Patient Financial Consent policy located online at BluestoneMD.com and agree to be bound by its terms.

Use of Health Care Records in Program Evaluations and Training: I give Bluestone permission to use and disclose information gathered during the course of my treatment from Bluestone, including information from my treatment records, for the purposes of program evaluation and training and for overall quality review, including staff performance and outcomes at Bluestone.

Chronic Care Management: I give Bluestone permission to enroll me in the Bluestone program which includes chronic care management (CCM) when appropriate. The program and CCM include practitioner/ care management visits and activities, which will be billed to my insurance with normal deductibles and copays. I understand that only one practitioner may furnish and be paid for CCM services during a given calendar month and that I have the right to stop CCM services at any time. I understand information concerning this program is available on the website at BluestoneMD.com/forms.

Consent for Use of Medical Records in Academic Research: I authorize Bluestone Physician Services to use or disclose my health records for medical or academic research, including health records created at any time by Bluestone and records Bluestone received from other health care providers, unless I object by checking here: I request that Bluestone tell me the dates on which my health records are released for research and how to contact external researchers who have received my records.

Consent to Email or Text Usage: I authorize Bluestone to communicate with me, including potentially sensitive information about me like billing, payment, and appointment- related information, via text message (also known as SMS) and e-mail.

- I would like to opt-out of receiving text messages
- I would like to opt-out of receiving e-mails from Bluestone

If Legal Representative signing this form: I acknowledge and agree that by signing this form as a Legal Representative for the patient, I swear and attest that I am legally authorized to act and make decisions on behalf of the patient. I am required to provide a copy of valid and effective documentation outlining my role as Legal Representative in order to receive related communications. Upon signing the form or any other required documentation from Bluestone as a Legal Representative for the patient, I hereby release and hold harmless Bluestone Physician Services and its representatives from any claims or damages arising from Bluestone's reliance on my attestation that I am Legal Representative.

Patient signature: _____ Date: _____

Legal Representative signature (if authorized to sign for patient): _____ Date: _____

Legal Representative printed name: _____ Relationship to patient: _____

Consent for Access to Protected Health Information (PHI)



Patient Full Name: _____ Date of Birth: ____/____/____

The Bridge and the Patient Portal are HIPAA compliant communication and health record systems where you and/or people you authorize can stay updated or access important health information online and access the Bluestone care team anytime. Both are very important tools for delivering high quality healthcare and keeping everyone informed. The primary way to reach your provider team is through the Bridge!

If patient is signing this form: I can authorize a personal representative to access my health care information and communicate with my Bluestone Provider Team electronically through the Bluestone Bridge and/or the Bluestone Patient Portal by filling out the PHI form with the appropriate information.

If Legal Representative is signing this form: I acknowledge and agree that by signing this form as a Legal Representative for the patient, I swear and attest that I am legally authorized to act and make decisions on behalf of the patient. I am required to provide a copy of valid and effective documentation outlining my role as Legal Representative in order to receive related communications with the Bluestone Provider Team electronically through the Bluestone Bridge and/or the Bluestone Patient Portal. Upon signing the form or any other required documentation from Bluestone as a Legal Representative for the patient, I hereby release and hold harmless Bluestone Physician Services and its representatives from any claims or damages arising from Bluestone's reliance on my attestation that I am Legal Representative.

If you are the patient and have signed the Consent for Services form yourself, please complete the below section to consent to authorizing access to Protected Health Information for those who you want to have access to your medical information and care providers. Return via fax to the number listed below or use our secure upload feature.



If you are the Legal Representative for someone who is not able to consent themselves, you will need to fax or email this form **and the supporting legal documents** (Health Care Directive, Healthcare Power of Attorney forms, proof of guardianship, etc.) to our office as soon as possible. **Receiving this paperwork is the only way we can provide access to Protected Health Information to someone other than the patient.**

FAX: 855-306-1167 Secure Upload: bluestonemd.sharefile.com/filedrop

This consent applies to health information Bluestone already has about me, information about future care I may receive from Bluestone and information Bluestone receives from third parties. This consent will continue unless I cancel by giving written notice to Bluestone Physician Services or it expires as required by law. Cancellation will apply after the date when the notice to cancel is received. It will not affect information that used or disclosed before cancellation.

People who the signer of this consent grants access to Bridge and Patient Portal: please ensure accuracy of this info or there will be delays

Name: _____ Email: _____ Phone: _____
Name: _____ Email: _____ Phone: _____
Name: _____ Email: _____ Phone: _____
Name: _____ Email: _____ Phone: _____
Name: _____ Email: _____ Phone: _____

REQUIRED: By signing below, you acknowledge the above and that you are giving the following individuals access to your health care records maintained by Bluestone, including updates on your health care status.

Patient signature: _____ Date: _____
Legal Representative Signature (if authorized to sign for patient): _____ Date: _____
Legal Representative printed name: _____ Relationship to patient: _____

*For IT questions about Bridge or patient portal registration, please contact the IT Help-Desk Line: 855-794-9476
For questions about enrollment or about Legal Representative forms, please contact the Enrollment Team at: 877-599-1039*

MINNESOTA

Provider Orders for Life-Sustaining Treatment (POLST)

Follow these orders until orders change. These medical orders are based on the patient's current medical condition and preferences. With significant change of condition new orders may need to be written. Patients should always be treated with dignity and respect.

PATIENT LAST NAME FIRST NAME MIDDLE INITIAL

DATE OF BIRTH

PRIMARY MEDICAL CARE PROVIDER NAME PRIMARY MEDICAL CARE PROVIDER PHONE (WITH AREA CODE)

A

CARDIOPULMONARY RESUSCITATION (CPR) *Patient has no pulse and is not breathing.*

CHECK ONE

- Attempt** Resuscitation / CPR (Note: selecting this requires selecting "Full Treatment" in Section B).
- Do Not Attempt** Resuscitation / DNR (**Allow Natural Death**).

When not in cardiopulmonary arrest, follow orders in B.

B

MEDICAL TREATMENTS *Patient has pulse and/or is breathing.*

CHECK ONE
(NOTE REQUIREMENTS)

- Full Treatment.** Use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. All patients will receive comfort-focused treatments.
TREATMENT PLAN: Full treatment including life support measures in the intensive care unit.
- Selective Treatment.** Use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. All patients will receive comfort-focused treatments.
TREATMENT PLAN: Provide basic medical treatments aimed at treating new or reversible illness.
- Comfort-Focused Treatment (Allow Natural Death).** Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.
TREATMENT PLAN: Maximize comfort through symptom management.

C

DOCUMENTATION OF DISCUSSION

CHECK ALL THAT APPLY

- Patient** (*Patient has capacity*)
- Court-Appointed Guardian**
- Other Surrogate**
- Parent of Minor**
- Health Care Agent**
- Health Care Directive**

SIGNATURE OF PATIENT OR SURROGATE

SIGNATURE (**STRONGLY RECOMMENDED**) NAME (PRINT) DATE

RELATIONSHIP (IF YOU ARE THE PATIENT, WRITE "SELF") PHONE (WITH AREA CODE)

Signature acknowledges that these orders reflect the patient's treatment wishes. Absence of signature does not negate the above orders.

D

SIGNATURE OF PHYSICIAN / APRN / PA

ALL ITEMS REQUIRED

My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.

NAME (PRINT) CREDENTIALS (MD, DO, APRN, PA) PHONE (WITH AREA CODE)

SIGNATURE DATE

INFORMATION FOR

PATIENT NAMED ON THIS FORM

A POLST FORM MAY BE DISCLOSED IN A MEDICAL EMERGENCY WHEN PATIENT CONSENT CANNOT BE OBTAINED

E ADDITIONAL PATIENT PREFERENCES (OPTIONAL)

OPTIONAL SECTION. IF COMPLETED, CHECK ONE FROM EACH CATEGORY

ARTIFICIALLY ADMINISTERED NUTRITION *Offer food by mouth if feasible.*

- Long-term artificial nutrition by tube.
- Defined trial period of artificial nutrition by tube.
- No artificial nutrition by tube.

ANTIBIOTICS

- Use IV/IM antibiotic treatment.
- Oral antibiotics only (no IV/IM).
- No antibiotics. Use other methods to relieve symptoms when possible.

ADDITIONAL PATIENT PREFERENCES (e.g. dialysis, duration of intubation).

F HEALTH CARE PROFESSIONAL WHO PREPARED DOCUMENT

REQUIRED: CHECK BOX OR COMPLETE ALL ITEMS

- Same as signing provider (see Section D)

NAME (PRINT)

TITLE

PHONE (WITH AREA CODE)

SIGNATURE

DATE

NOTE TO PATIENTS AND SURROGATES

The POLST form is always voluntary and is for persons with advanced illness or frailty. POLST records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed

to reflect your new wishes at any time. However, no form can address all the medical treatment decisions that may need to be made. A Health Care Directive is recommended for all capable adults, regardless of their health status. A Health Care Directive allows you to document in detail your future health care instructions and/or name a health care agent to speak for you if you are unable to speak for yourself.

DIRECTIONS FOR HEALTH CARE PROVIDERS

Completing POLST

- Completing a POLST is always voluntary and cannot be mandated for a patient.
- POLST should reflect current preferences of persons with advanced illness or frailty. Also, encourage completion of a Health Care Directive.
- Verbal / phone orders are acceptable with follow-up signature by physician/ APRN/PA in accordance with facility/community policy.
- A surrogate may include a court appointed guardian, health care agent designated in a Health Care Directive, or a person who the patient's health care provider believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known, such as a spouse, domestic partner, adult child, sibling, parent of a minor, other relative or close friend, or closest available relative.

Reviewing POLST

This POLST should be reviewed periodically, and if:

- The patient is transferred from one care setting or care level to another, or
- There is a substantial change in the patient's health status, or
- The patient's treatment preferences change, or
- The patient's primary medical care provider changes.

Voiding POLST

- A person with capacity, or the valid surrogate of a person without capacity, can void the form and request alternative treatment.
- Draw line through sections A through F and write "VOID" in large letters if POLST is replaced or becomes invalid.
- If included in an electronic medical record, follow voiding procedures of facility/community.

GIVE POLST FORM TO PATIENT WHENEVER TRANSFERRED OR DISCHARGED. FAXED, PHOTOCOPIED OR ELECTRONIC VERSIONS OF THIS FORM ARE VALID.



Pharmacy Intake Fax Cover Sheet

Complete and fax one cover sheet per patient upon admission or readmission. Missing information may delay medication delivery.

Do NOT send prescription orders with this cover sheet.

Facility/Community Name	Name of Person Completing Form
-------------------------	--------------------------------

Check if a Face Sheet is attached. If ALL required information listed below is provided, STOP here. If required information is not included, fill in any fields below that are not included in the attachment.

Resident Name (FIRST and LAST)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Move-In/Admit Date	Select One: <input type="checkbox"/> New Admission <input type="checkbox"/> Re-Admission	
Nursing Station/Wing or Floor/Room Number/Bed Number	Prescriber/Primary Care Physician Name (FIRST and LAST)	
Allergies <input type="checkbox"/> NKDA		

Diagnoses

PAYOR INFORMATION

Copies of insurance card attached. **Please include copies of all applicable insurance cards (front and back).**

<input type="checkbox"/> Medicare Part A	<input type="checkbox"/> Medicaid Managed Care (specify state):	
<input type="checkbox"/> Medicare Advantage (MA Plan) Part C	<input type="checkbox"/> Medical Managed Care (specify):	
<input type="checkbox"/> Medicare Part D	<input type="checkbox"/> Private Health Insurance (specify):	
<input type="checkbox"/> Workers' Compensation/No Fault	<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Medicaid (specify state):	<input type="checkbox"/> Hospice Name:	Date Active:
Medicare (HICN/MBI) Number (if applicable)	Medicaid Number (if applicable)	
Other Insurance Plan Number (if applicable)		

Workers' Comp/No Fault Case #	Company	Injury Date	Phone Number
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REQUIRED FOR NON-SKILLED NURSING FACILITIES, PREFERRED FOR SKILLED

Select Pharmacy (select one): Uses Omnicare Uses Outside Pharmacy

Financially Responsible Party (FIRST and LAST Name)
(Person responsible for a portion or all of the patient's health care expenses, not a health insurance plan)

Address

Phone	Email	Relationship
-------	-------	--------------

Please provide as much of the following information as possible.
Do not delay fax submission if the information below is not immediately available.

Social Security Number (if available)	Facility Medical Record (if available)
---------------------------------------	--

To preserve fax quality and integrity, please DO NOT make copies of this sheet. Contact your account representative or local Omnicare pharmacy to order additional pads.

CONFIDENTIAL HEALTH INFORMATION ENCLOSED: Health information is personal and sensitive information related to a person's health care. You, the recipient, are required to maintain this information in a safe, secure and confidential manner. Re-disclosure without appropriate authorization or as permitted by law is prohibited.

This information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material, the disclosure of which is governed by applicable law. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this fax in error, please contact the facility or person who completed this form and destroy materials contained in this message.

AUGUST 2021 / 3804611322R1018

**HEART TO HOME INC.
AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS (ACH DEBITS)**

COMPANY NAME: HEART TO HOME INCORPORATED

I (we) authorize the COMPANY (named above) to initiate debit entries and, if necessary, to initiate any credit entries to correct an erroneous debit entry to my (our) account at the DEPOSITORY (identified below), for the purpose of automatically debiting funds from my (our) account. I (we) acknowledge that the origination of these transactions must comply with the provisions of U.S. Law.

DEPOSITORY / FINANCIAL INSTITUTION NAME _____

BRANCH _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ See Attached Voided Check _____

BENEFICIARY / ACCT HOLDER NAME _____

ACCOUNT NUMBER _____ Checking Savings

TRANSFER FREQUENCY: **Monthly** AMOUNT OF TRANSFER: **Per Monthly Mailed Invoice**

DATES OF TRANSFER (Circle One):

15th of the Month (\$100 Discount)

or

1st of the Month (No Discount)

New Authorization Change to Previous Termination

I (we) understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Print) _____

Signature

Date

Instructions for Minnesota Standard Consent Form to Release Health Information

Important: Please read all instructions and information before completing and signing the form.

An incomplete form might not be accepted. Please follow the directions carefully. If you have any questions about the release of your health information or this form, please contact the organization you will list in section 3.

This standard form was developed by the Minnesota Department of Health as required by the Minnesota Health Records Act of 2007, Minnesota Statutes, section 144.292, subdivision 8. The form must be accepted by a Minnesota provider as a legally enforceable request under the Minnesota Health Records Act. If completed properly, this form must be accepted by the health care organization(s), specific health care facility(ies), or specific professional(s) identified in section 3.

A fee may be charged for the release of the health information.

The following are instructions for each section. Please type or print as clearly and completely as possible.

1 Include your full and complete name. If you have a suffix after your last name (Sr., Jr., III), please provide it in the “last name” blank with your last name. If you used a previous name(s), please include that information. If you know your medical record or patient identification number, please include that information. All these items are used to identify your health information and to make certain that only your information is sent.

2 If there are questions about how this form was filled out, this section gives the organization that will provide the health information permission to speak to the person listed in this section.

Completing this section is optional.

3 In this section, state who is sending your health information. **Please be as specific as possible.** If you want to limit what is sent, you can name a specific facility, for example Main Street Clinic. Or name a specific professional, for example chiropractor John Jones. Please use the specific lines. Providing location information may help make your request more clear. Please print “All my health care providers” in this section if you want health information from all of your health care providers to be released.

4 Indicate where you would like the requested health information sent. It is best to provide a complete mailing address as not everyone will fax health information. A place has been provided to indicate a deadline for providing the health information.

Providing a date is optional.

5 Indicate what health information you want sent. If you want to limit the health information that is sent to a particular date(s) or year(s), indicate that on the line provided.

For your protection, it is recommended that you initial instead of check the requested categories of health information.

This helps prevent others from changing your form.

EXAMPLE:  All health information

If you select **all health information**, this will include any information about you related to mental health evaluation and treatment, concerns about drug and/or alcohol use, HIV/AIDS testing and treatment, sexually transmitted diseases and genetic information.

Important: There are certain types of health information that require special consent by law.

Chemical dependency program information comes from a program or provider that specifically assesses and treats alcohol or drug addictions and receives federal funding. This type of health information is different from notes about a conversation with your physician or therapist about alcohol or drug use. To have this type of health information sent, mark or initial on the line at the bottom of page 1.

Psychotherapy notes are kept by your psychiatrist, psychologist or other mental health professional in a separate filing system in their office and not with your other health information. **For the release of psychotherapy notes, you must complete a separate form noting only that category. You must also name the professional who will release the psychotherapy notes in section 3.**

6 Health information includes both written and oral information. If you do not want to give permission for persons in section 3 to talk with persons in section 4 about your health information, you need to indicate that in this section.

7 Please indicate the reason for releasing the health information. If you indicate marketing, please contact the organization in section 4 to determine if payment or compensation is involved. If payment or compensation to the organization is involved, indicate the amount.

8 This consent will expire one year from the date of your signature, unless you indicate a different date or event. Examples of an event are: “60 days after I leave the hospital,” or “once the health information is sent.”

9 Please sign and date this form. If you are a legally authorized representative of the patient, please sign, date and indicate your relationship to the patient. You may be asked to provide documents showing that you are the patient or the patient’s legally authorized representative.

Minnesota Standard Consent Form to Release Health Information

PAGE 1 OF 2

1 Patient information

First name _____ Middle name _____ Last name _____
Patient date of birth ____ / ____ / ____ Previous name(s) _____
MM DD YYYY
Home address _____
City _____ State _____ Zip code _____
Daytime phone _____ E-mail address (optional) _____
Medical Record/patient ID number (optional) _____

2 Contact for information about how this form was filled out (optional) :

I give permission for the organization(s) listed in section 3 permission to talk to

First name _____ Last name _____ about how this form was completed,
this person can be reached at: Daytime phone _____ E-mail address (optional) _____

3 I am requesting health information be released from at least one of the following:

Organization(s) name _____
Specific health care facility or location(s) _____
Specific health care professional's name(s) _____

4 I am requesting that health information be sent to:

Organization(s) name _____
And/or person: First name _____ Last name _____
Mailing address _____
City _____ State _____ Zip code _____
Phone (optional) _____ Fax (optional) _____
Information needed by (date) ____ / ____ / ____ (optional)
MM DD YYYY

5 Information to be released

IMPORTANT: indicate only the information that you are authorizing to be released.

Specific dates/years of treatment _____

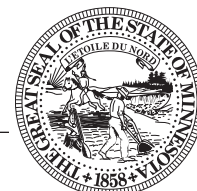
All health information (*see description in instructions for what is included*)

OR to only release specific portions of your health information, indicate the categories to be released:

- | | | |
|--|--|--|
| <input type="checkbox"/> History/Physical | <input type="checkbox"/> Mental health | <input type="checkbox"/> HIV/AIDS testing |
| <input type="checkbox"/> Laboratory report | <input type="checkbox"/> Discharge summary | <input type="checkbox"/> Radiology report |
| <input type="checkbox"/> Emergency room report | <input type="checkbox"/> Progress notes | <input type="checkbox"/> Radiology image(s) |
| <input type="checkbox"/> Surgical report | <input type="checkbox"/> Care plan | <input type="checkbox"/> Photographs, video, digital or other images |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Billing records |
| <input type="checkbox"/> Other information or instructions _____ | | |

The following information requires special consent by law. Even if you indicate **all health information**, you must specifically request the following information in order for it to be released:

- Chemical dependency program (*see definition in instructions*)
 Psychotherapy notes (*this consent cannot be combined with any other; see instructions*)



Minnesota Standard Consent Form to Release Health Information

Patient's name _____

PAGE 2 OF 2

6 Health information includes written and oral information

By indicating any of the categories in section 5, you are giving permission for written information to be released **and** for a person in section 3 to talk to a person in section 4 about your health information.

If you do not want to give your permission for a person in section 3 to talk to a person in section 4 about your health information, indicate that here (check mark or initials) _____

7 Reason(s) for releasing information

- Patient's request
- Review patient's current care
- Treatment/continued care
- Payment
- Insurance application
- Legal
- Appeal denial of Social Security Disability income or benefits
- Marketing purposes (payment or compensation involved? NO YES, amount _____)
- Sale (payment or compensation to entity maintaining the information? NO YES)
- Other (please explain) _____

8 I understand that by signing this form, I am requesting that the health information specified in Section 5 be sent to the third party named in section 4.

I may stop this consent at any time by writing to the organization(s), facility(ies) and/or professional(s) named in section 3.

If the organization, facility or professional named in section 3 has already released health information based on my consent, my request to stop will not work for that health information.

I understand that when the health information specified in section 5 is sent to the third party named in section 4, the information could be re-disclosed by the third party that receives it and may no longer be protected by federal or state privacy laws.

I understand that if the organization named in section 4 is a health care provider they will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign the consent form.

If I choose not to sign this form and the organization named in section 4 is an insurance company, my failure to sign will not impact my treatment; I may not be able to get new or different insurance; and/or I may not be able to get insurance payment for my care.

This consent will end one year from the date the form is signed unless I indicate an earlier date or event here:

Date / / Or specific event _____
MM DD YYYY

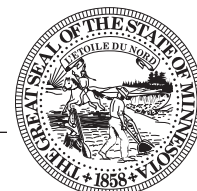
9 Patient's signature _____ Date / /

OR legally authorized representative's signature _____ Date / /

Representative's relationship to patient (parent, guardian, etc.) _____
MM DD YYYY

PRINT FORM

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of any individual or family member of the individual, except as specifically allowed by this law.



Resident History & Preferences

Heart to Home, Inc.

Resident Name: _____

Name of Person Completing Form: _____

Religion: _____

Hospital Preference: _____

Funeral Home: _____

Veteran Status: _____

Food Preferences

Birthday Cake or Pie? What kind? _____

Ok for Alcohol? Provided by family _____

Disliked Foods? _____

Favorite Food and Drinks? _____

Portion Size? Small, Regular or Large _____

Activities and Hobbies

Games? Card, Board, Puzzles, Bingo, Trivia, Word _____

Fine Arts and Hobbies? Painting, Flower Arranging, Crafting _____

TV or Movie Preferences? News, Sports, Musicals, etc. _____

Food Preparation? Cooking, Baking _____

Gardening? Houseplants, Vegetable, Flower _____

Musical Instruments? Piano, Guitar, Singing _____

Musical Preferences? Style or Favorite Singers/Bands _____

Pet Therapy? Dog and Cat Visits _____

Social Interests? Social Hours, Parties, Current Events _____

Resident History

Preferred Name of Resident? _____

Marital Status and Spouse/Significant Other's Name: _____

Names of Children: _____

Names and Relationships of anyone else important to that person: _____

What was their past occupation(s)? _____

Where was this person born or where did they grow up? _____

Describe the "home" they remember (small town, farm, city, white picket fence, large yard or garden): _____

What makes this person feel valued? Talents, Occupation, Accomplishments, Family, Hobbies _____

What is their exact or preferred morning and evening routine? _____

What is their exact or preferred bathing routine? _____

What are other "habits of a lifetime"? _____

What causes stress? Noise, People, Certain Subjects, Bathing _____

What calms this person down? Poetry, Favorite Song, Massage, Hug _____

What items are significant (familiar) to them? (Favorite Chari, Jewelry, Purse, Wallet, Family Photos, Heirlooms) _____

Describe a fond memory you have with this person: _____

Other information that would help us bring joy to this person:

COMPLAINT RESOLUTION PROCESS

You may file a complaint with Josh Cesaro-Moxley, LALD (651) 485-8738 or josh@hearttohomeinc.com or in writing to 659 Mulberry Lane, Mendota Heights, MN 55118. A complaint is an oral or written statement concerning a matter that:

- we have the authority to resolve,
- concerns a Heart to Home policy, program, procedure, action or operation,
- concerns an action or operation of a Heart to Home employee or contractor, or
- requests or implies that we respond or take some action.

When you send a written complaint, we will:

- immediately review all complaints within our jurisdiction,
- reply to you in writing, advising of the actions we are taking to resolve your complaint,
- make every reasonable effort to resolve your complaint, and
- notify you of the status of your complaint at least quarterly until a resolution letter is provided to you.

Please include the following in your complaint:

- your name, mailing address and telephone number,
- a statement of your complaint, including any background information or underlying facts, and
- the specific action or measure you are requesting of us.

You may file an oral complaint by contacting Josh Cesaro-Moxley, LALD at Heart to Home's business office in person or by telephone at (651) 485-8738. When you call, we will try to resolve your complaint immediately. If we need to research your concern, we will either call you back or reply by written means.

Heart to Home's staff and owners appreciate your concerns and feedback and have a strict policy ensuring there is never any retaliation as a result of a complaint.

To File a Complaint with a State Agency

OFFICE OF OMBUDSMAN FOR LONG-TERM CARE
PO Box 64971 St. Paul, MN 55164-0971
1-800-657-3591 or 651-431-2555
<http://www.mnaging.org/Advocate/OLTC.aspx>

OFFICE OF OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL
DISABILITIES
121 7th Place East Metro Square Building St. Paul, MN 55101-2117

1-800-657-3506 or 651-757-1800
Email: Ombudsman.mhdd@state.mn.us
<https://mn.gov/omhdd/>

OFFICE OF HEALTH FACILITY COMPLAINTS
Phone: 651-201-4200
Email: health.fpc-web@state.mn.us
<https://www.health.state.mn.us/facilities/regulation/ohfc/>

MINNESOTA ADULT ABUSE REPORTING CENTER (MAARC)
Phone: 1-844-880-1574
For more information: <https://mn.gov/dhs/adult-protection/>

Assisted Living License Resource Manual

POLICY AREA	Dementia License Policies
TITLE OF POLICY	3.01 ALDC Additional Dementia Staff Training
STATUE/RULE REFERENCE (if any)	144G.82 Subd. 2 and 144G.83 Subd. 1, 3 and 4 and 4659.0190
EFFECTIVE/REVISED DATE	08/01/2021

POLICY: It is the policy of Heart to Home, Inc. that staff who work with residents with Alzheimer’s disease and other dementias have proper training for the tasks assigned.

PROCEDURE:

1. Preservice and in-service trainings will be conducted using various training methods, as determined by the trainer. These may include classroom style, web-based, video, one-on-one training, etc.
2. Training will be documented and will indicate staff knowledge and understanding of such training.
3. Persons conducting such training will be qualified to train in the care of individuals with dementia. Qualification will include the following:
 - a. Two years or work experience related to Alzheimer’s disease or other dementias, or in other health care, gerontology, or another related field, and;
 - b. Has completed and passed training approved by MDH.
4. The Licensed Assisted Living Director (LALD) will complete at least ten hours of annual continuing education training related to the care of individuals with dementia. These ten hours of training are included in the Director’s annual required hours of training. Training must include medical management of dementia, creating and maintaining supportive and therapeutic environments for residents with dementia, and transitioning and coordinating services for residents with dementia.
5. Staff Training.
 - a. Staff will be trained to provide a person-centered care approach.
 - b. All direct care staff assigned to provide care for residents with dementia will be trained to work with residents with Alzheimer’s disease and other dementias.
 - c. Staff training will include the following topics:
 - i. Understanding cognitive impairment, and behavioral and psychological symptoms of dementia; and
 - ii. Standards of dementia care, including nonpharmacological dementia care practices that are person-centered and evidence informed.
6. The facility will conduct retraining of staff when it is determined a staff person is not demonstrating competency when performing assigned tasks. If retraining does not result in competency, the facility will identify additional steps it will follow to ensure the staff person achieves competency, the time frame for completing the additional steps, and the actions the facility will take to protect resident’s rights (when applicable) until competency is achieved.

Assisted Living License Resource Manual

POLICY AREA	Dementia License Policies
TITLE OF POLICY	3.02 ALDC Behavioral Symptoms, Interventions & Nonpharmacological Approaches
STATUE/RULE REFERENCE (if any)	144G.82 Subd. 3 (2), 144G.84 (e)
EFFECTIVE/REVISED DATE	08/01/2021

POLICY: As an Assisted Living with Dementia Care licensed facility, Heart to Home, Inc. supports person-centered and evidence-based evaluation of behavioral symptoms and design of supports for intervention plans; including nonpharmacological interventions or practices.

PROCEDURE:

Heart to Home, Inc. will identify behavioral symptoms that negatively impact other residents and others in the assisted living facility and evaluate to determine potential interventions to minimize such behaviors. Interventions will be identified on the care plan or service plan. Behavioral symptoms that require outside consultation or acute care placement will be identified and acted upon.

Assisted Living License Resource Manual

POLICY AREA	Dementia License Policies
TITLE OF POLICY	3.03 ALDC Dementia Care Philosophy
STATUE/RULE REFERENCE (if any)	144G.82 Subd. 3 (1)
EFFECTIVE/REVISED DATE	08/01/2021

POLICY: As an Assisted Living with Dementia Care licensed facility, Heart to Home, Inc. supports person-centered dementia services in the following manner:

1. Philosophy of dementia care services:

Our homes operate with a philosophy of care that allows aging-in-place, with more intensive services available on-site as needs progress. Our homes also offer a "hands-on" management approach, often having members of the management team available on-site daily.

We understand that successful senior care and memory care starts with the way the caregiver treats the resident. We always respect our resident's dignity by treating them with courtesy, patience and compassion. Enhancing our resident's quality of life is our number one priority.

2. Facility's Mission:

To provide a person-centered holistic approach to senior care and memory care. Our vision is to allow aging adults the opportunity to live in a residential home setting where they will be actively involved with the community and will receive the best 24 hour senior care and memory care available.

3. Facility's Values:

Excellence, Compassion, Respect, Integrity

4. Facility's Promotion of Person-Centered Services:

Heart to Home, Inc. promotes and supports a resident centered approach to care.

Heart to Home, Inc. strives to attain and maintain the highest practical level of well-being, implemented in accordance with a comprehensive assessment and care plan developed by the resident, multidisciplinary team, family, resident representatives and others.

Assisted Living License Resource Manual

POLICY AREA	Dementia License Policies
TITLE OF POLICY	3.04 ALDC Family Support
STATUE/RULE REFERENCE (if any)	144G.82 Subd. 3 (7) & 144G.84 (f)
EFFECTIVE/REVISED DATE	08/01/2021

POLICY: As an Assisted Living with Dementia Care licensed facility, Heart to Home, Inc. strives to provide family support programs and family engagement.

PROCEDURE:

1. Heart to Home, Inc. conducts Family Council to family members of residents with Alzheimer's disease or other dementias in order to keep family engaged and supported:
2. Support must be offered to family and other significant relationships on a regularly scheduled basis but not less than quarterly.

Assisted Living License Resource Manual

POLICY AREA	Dementia License Policies
TITLE OF POLICY	3.05 ALDC Life Enrichment Programs, Activities & Outdoor Space
STATUE/RULE REFERENCE (if any)	144G.82 Subd. 3 (6), 144G.84 (b-d) (f-g) 144G.45 Subd.1 (5)
EFFECTIVE/REVISED DATE	08/01/2021

POLICY: As an Assisted Living with Dementia Care licensed facility, Heart to Home, Inc. strives to provide valuable activities and life enrichment programs for residents with Alzheimer’s disease or other dementias.

PROCEDURE:

1. Activities and life enrichment programs are implemented in the following manner:
2. “Cherished Moments” is Heart to Home’s resident focused care program for seniors with progressive memory care needs and/or life limiting conditions. This program is a holistic approach to care which focuses on caring for the whole person (mind, body, soul). This program is overseen by members of our specially trained management team and implemented by our direct care staff. After a detailed resident assessment, we incorporate the following items into the resident care program.
3. Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following:
 - past and current interests
 - current abilities and skills
 - emotional and social needs and patterns
 - physical abilities and limitations
 - adaptations necessary for the resident to participate, and
 - identification of activities for behavioral interventions
4. An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs.
5. A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to:
 - occupation or chore related tasks
 - scheduled and planned events such as entertainment or outings
 - spontaneous activities for enjoyment or those that may help defuse a behavior
 - one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music
 - spiritual, creative, and intellectual activities
 - sensory stimulation activities
 - physical activities that enhance or maintain a resident's ability to ambulate or move, and
 - outdoor activities
6. Access to secured outdoor space and walkways that allow residents to enter and return without staff assistance must be provided.

Assisted Living License Resource Manual

7. Each resident with Alzheimer's disease or related dementias will be evaluated to determine the resident's desire to participate in outdoor activities or be outdoors. Such information will be incorporated into the resident's activity service or care plan.
8. When desired and appropriate for safety, residents will have regular access to outdoor space.

Assisted Living License Resource Manual

POLICY AREA	Dementia License Policies
TITLE OF POLICY	3.06 ALDC Medication Management
STATUE/RULE REFERENCE (if any)	144G.82 Subd. 3 (4)
EFFECTIVE/REVISED DATE	08/01/2021

POLICY: As an Assisted Living with Dementia Care licensed facility, Heart to Home, Inc. provides medication management for residents with Alzheimer’s disease or other dementias.

PROCEDURE:

1. Medication management for residents with Alzheimer’s disease or other dementias follows Heart to Home, Inc. standard medication management policies.
2. In addition, for residents with Alzheimer’s disease or other dementias, Heart to Home, Inc. includes, as part of the medication assessment, a focus on psychotropic medications and potential nonpharmacological plans if psychotropic medications are not beneficial, necessary, appropriate, or indicated.

Assisted Living License Resource Manual

POLICY AREA	Dementia License Policies
TITLE OF POLICY	3.07 ALDC Notice of Dementia Training
STATUE/RULE REFERENCE (if any)	144G.90 Subd. 3
EFFECTIVE/REVISED DATE	08/01/2021

POLICY: As an assisted living with dementia care license, Heart to Home, Inc. will make available in written or electronic form, to residents and families or other persons who request it, a description of the training program and related training it provides, including the categories of employees trained, the frequency of training, and the basic topics covered. A hard copy of this notice must be provided upon request.

PROCEDURE:

1. Preservice and in-service trainings will be conducted using various training methods, as determined by the trainer. These may include classroom style, web-based, video, one-on-one training, etc.
2. Training will be documented and will indicate staff knowledge and understanding of such training.
3. Persons conducting such training will be qualified to train in the care of individuals with dementia. Qualification will include the following:
 - a. Two years or work experience related to Alzheimer's disease or other dementias, or in other health care, gerontology, or another related field, and;
 - b. Has completed and passed training approved by MDH.
4. The Licensed Assisted Living Director (LALD) will complete at least ten hours of annual continuing education training related to the care of individuals with dementia. These ten hours of training are included in the Director's annual required hours of training. Training must include medical management of dementia, creating and maintaining supportive and therapeutic environments for residents with dementia, and transitioning and coordinating services for residents with dementia.
5. Staff Training.
 - a. Staff will be trained to provide a person-centered care approach.
 - b. All direct care staff assigned to provide care for residents with dementia will be trained to work with residents with Alzheimer's disease and other dementias.
 - c. Staff training will include the following topics:
 - i. Understanding cognitive impairment, and behavioral and psychological symptoms of dementia; and
 - ii. Standards of dementia care, including nonpharmacological dementia care practices that are person-centered and evidence informed.
6. The facility will conduct retraining of staff when it is determined a staff person is not demonstrating competency when performing assigned tasks. If retraining does not result in competency, the facility will identify additional steps it will follow to ensure the staff person achieves competency, the time frame for completing the additional steps, and the actions the facility will take to protect resident's rights (when applicable) until competency is achieved.

Assisted Living License Resource Manual

Assisted Living with Dementia Care licensed facilities:

1. Supervisors of direct care staff will complete eight (8) hours of initial training within 120 hours of the employment start date.
2. Direct care employees will complete eight (8) hours of initial training within 80 hours of the employment start date.
3. Employees may not provide direct care until the training is complete unless another employee who has completed the initial training is present to provide assistance.
4. A qualified trainer or supervisor must be available for consultation with new employees until training is complete.
5. Non-direct care staff will complete four (4) hours of initial training within 160 hours of the employment start date.
6. All staff will complete two (2) hours of additional training for each 12 months of work thereafter.
7. If an employee has written proof of completing the required training within the past 18 months this may satisfy the initial training requirements.
8. Required dementia training topics include:
 - An explanation of Alzheimer's disease and other dementias
 - Assistance with activities of daily living
 - Problem solving with challenging behaviors
 - Communication skills
 - Person centered planning and service delivery
9. Heart to Home, Inc. will provide consumers a written or electronic description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered.

Assisted Living License Resource Manual

POLICY AREA	Dementia License Policies
TITLE OF POLICY	3.08 ALDC Physical Environment, Fire Protection & Staffing
STATUE/RULE REFERENCE (if any)	144G.81 Subd. 1 (1-2), 144G.81 Subd. 2, 144G.81 Subd. 4, 144G.45 Subd. 2(b)(f)
EFFECTIVE/REVISED DATE	08/01/2021

POLICY: Heart to Home, Inc. will be in compliance with the additional requirements regarding for licensed assisted living facilities with secured dementia care units.

1. A hazard vulnerability assessment is on file for Heart to Home, Inc. Identified hazards are assessed with reasonable mitigation strategies employed to protect residents from harm.
2. Heart to Home, Inc. is protected by an approved supervised automatic sprinkler system at 595 Mendota Road, 2370 Rogers Ave, 2351 Pagel Road..
- or -
Heart to Home, Inc. is currently not protected at 659 Mulberry Lane by an approved supervised automatic sprinkler system, but intends to have such protection installed prior to August 1, 2029.
3. An awake staff person will be physically present within the secured unit at all times.
4. Fire drills will be conducted consistent with Heart to Home, Inc. Fire Drill Policy (6 per year, two for each shift, every-other month). Evacuation of residents is not required. Activation of fire alarm is not required to initiate the drill.

Assisted Living License Resource Manual

POLICY AREA	Dementia License Policies
TITLE OF POLICY	3.09 ALDC Safekeeping of Resident Possessions
STATUE/RULE REFERENCE (if any)	144G.82 Subd. 3 (10)
EFFECTIVE/REVISED DATE	08/01/2021

POLICY: As an Assisted Living with Dementia Care licensed facility, Heart to Home, Inc. has a variety of approaches in place to support the safekeeping of residents with Alzheimer's disease or other dementias possessions.

PROCEDURE:

1. Staff are trained on the importance of respecting residents' possessions
2. Staff are prohibited from borrowing money or possessions from residents
3. Staff are trained on exploitation as defined in the Minnesota Vulnerable Adults Act
4. All staff are trained as mandated reporters under the Minnesota Vulnerable Adults Act
5. Facility makes available a safe space to store residents' possessions (limited to space requirements)

Assisted Living License Resource Manual

POLICY AREA	Dementia License Policies
TITLE OF POLICY	3.10 ALDC Transportation Coordination
STATUE/RULE REFERENCE (if any)	144G.82 Subd. 3 (9)
EFFECTIVE/REVISED DATE	08/01/2021

POLICY: As an Assisted Living with Dementia Care licensed facility, Heart to Home, Inc. will help assist with, and coordinate, transportation to and from outside appointments for residents with Alzheimer's disease or other dementias.

PROCEDURE:

- 1. Heart to Home, Inc will coordinate any outside appointments with resident's family or designated representative**
- 2. Upon request a list of transportation vendors will be provided to designated representative**
- 3. Designated representative will be responsible for scheduling pick up and drop off times**
- 4. Heart to Home, Inc will provide any assistance requested in regards to scheduling and coordinating transportation**

Assisted Living License Resource Manual

POLICY AREA	Dementia License Policies
TITLE OF POLICY	3.11 ALDC Wandering and Elopement
STATUE/RULE REFERENCE (if any)	144G.82 Subd. 3 (3)
EFFECTIVE/REVISED DATE	08/01/2021

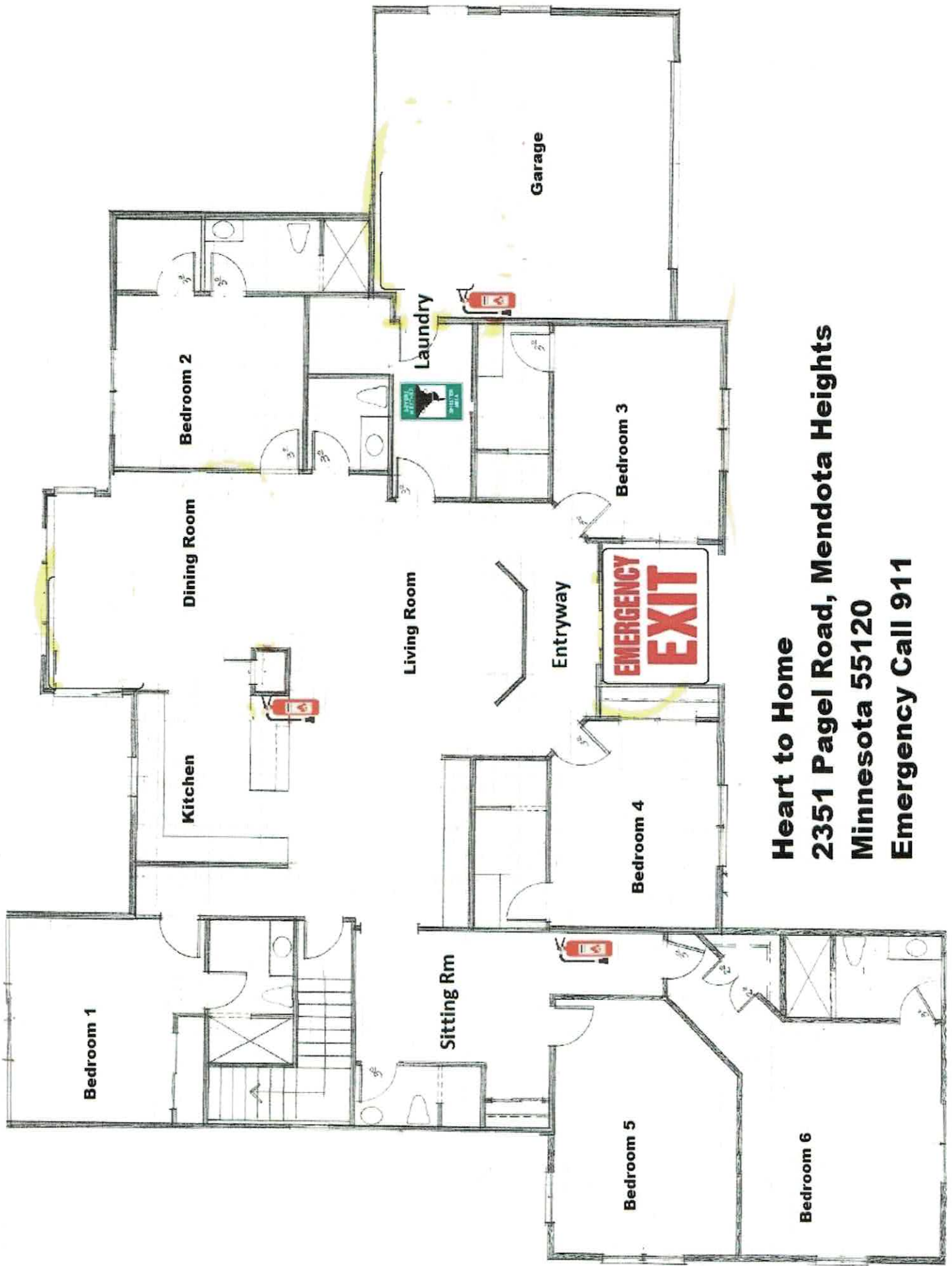
POLICY: As an Assisted Living with Dementia Care licensed facility, Heart to Home, Inc. has systems in place to manage wandering, minimize opportunities for elopement, and procedures in place to implement when a resident is missing or elopes.

PROCEDURE:

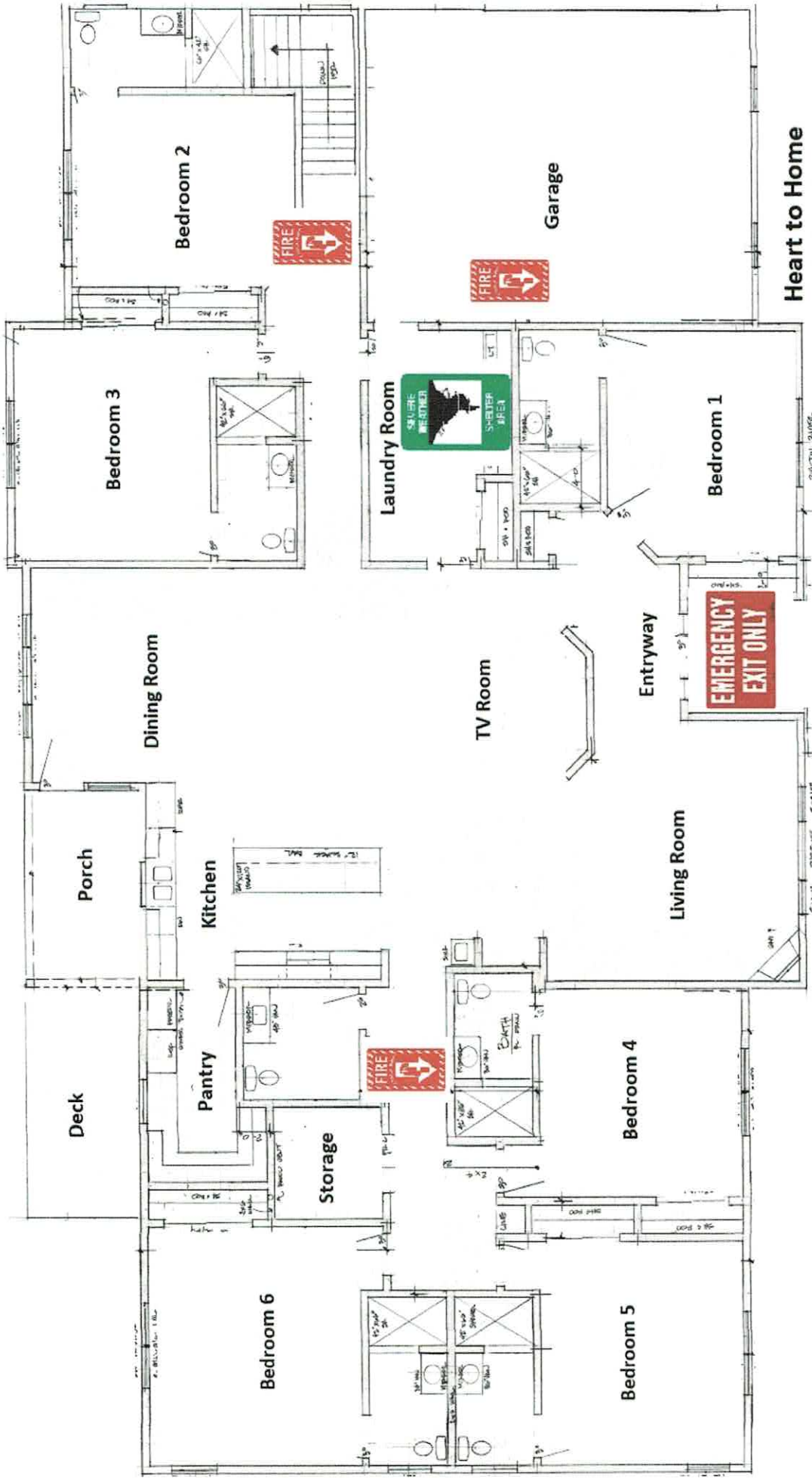
1. Systems in place to minimize opportunities for elopement include:
 - a. **Active Resident Schedule**
 - b. **Frequent Safety Checks**
 - c. **Alert Chime on all doors and windows**
2. See Policy **2.25 Missing Resident** for procedures to follow for missing residents.

Heart to Home
659 Mulberry Lane
Mendota Heights, MN 55118
Emergency Call 911

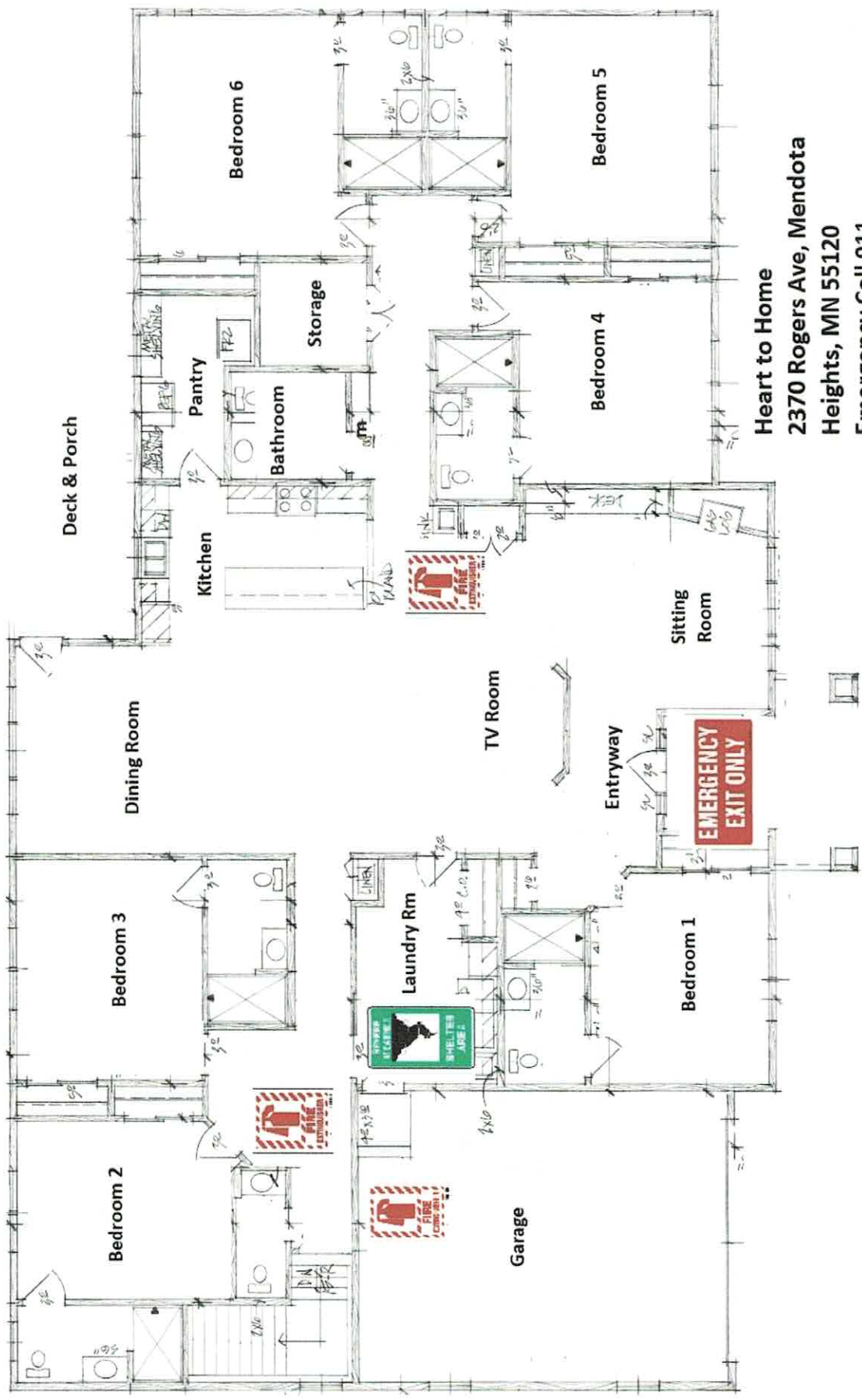




Heart to Home
2351 Pagel Road, Mendota Heights
Minnesota 55120
Emergency Call 911



Heart to Home
 595 Mendota Road
 Mendota Heights, MN 55118
 Emergency Call 911



Heart to Home
 2370 Rogers Ave, Mendota
 Heights, MN 55120
 Emergency Call 911