



RESIDENT AGREEMENT
Assisted Living with Dementia Care License# 403028
112 Iverson Ave
Ashby, MN 56309
218-747-2995

SUMMARY OF IMPORTANT TERMS

Resident(s): _____ **Effective Date:** _____
 _____ **Occupancy Date:** _____
 _____ **Apartment No.:** _____

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:	Initial Amount:
Monthly Base Fee (Rent & Included Services):	\$ _____
Second Resident:	\$ _____
Monthly Fee for Additional Services Selected by Resident(s):	\$ _____
Meal Plan:	\$ _____
Total Monthly Fees:	\$ _____

Rent First Due: _____, 20____
Late fees may apply

Additional Services & Meal Plan Fees First Due: _____, 20____
Late fees may apply]

One-Time Fees(due on signing):

Administrative Fee \$ 300

Total One-Time Fees: \$ _____ 300



[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 Ashby Holdings, LLC. Throughout this Agreement, the terms “**we**” and “**our**” refer to Ashby Holdings, LLC 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 Ashby Living Center (the “**Ashby Living Center**”). 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 Ashby Living Center.

The Ashby Living Center is an equal opportunity provider of housing intended and operated for occupancy by persons age 55 and over in compliance with the Fair Housing Act and its implementing regulations. **Note:** *Optional, but refers to available exemptions under the FHA from rules against discrimination based on familial status (i.e., because no children allowed at the Ashby Living Center).*

2. IMPORTANT CONTACT INFORMATION

<p>Facility: Ashby Living Center 112 Iverson Ave Ashby, Minnesota 56309 P: 218-747-2995 F: 218-747-2996</p> <p>Person authorized to accept service of notices and orders: Lori Risbrudt 112 Iverson Ave Ashby, MN 56309 P: 218-747-2995 F: 218-747-2996</p>	<p>Assisted Living Licensee: Ashby Holdings, LLC 112 Iverson Ave Ashby, MN 56309 P: 218-747-2995 F: 218-747-2996</p> <p>AL-DC License No.: ADS License No: 1065443</p>
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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**”). You are also entitled to use and enjoy all of the common areas of the residence, including both the interior and exterior of the facility property.

B. **Furnishings.** All furnishings are provided by resident

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

D. **Keys.** Each Apartment has a lockable door. We will furnish all keys for your Apartment at the time you take occupancy. 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 Ashby Living Center 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 and garbage removal)
- On-site staff accessible 24/7 to respond to requests for assistance with health and safety needs
- Registered nurse reachable by staff 24/7
- Daily safety / comfort check
- Ability to reserve designated common areas for private use
- Weekly housekeeping
- Parking
- 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
- Daily laundry service
- Local transportation

4. ADDITIONAL SERVICES

In addition to the Included Services, certain other services are available at the Ashby Living Center 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 Ashby Living Center offers the meal plans described on Attachment C. **You are not required to select a meal plan to live at the Ashby Living Center.** 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 Ashby Living Center provides specialized diets as ordered by physician or health official.

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 Ashby Living Center such that you require additional health or supportive services from us, the amount you are required to pay each month will increase.**

8. FEES

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 \$25 and if later than the 10th day of each month, a late charge of \$50 will be assessed. We may also assess a fee of \$30 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 percent per year or as otherwise allowed by Minnesota law. You are responsible for any collection costs incurred on past due rent payments, including reasonable attorney’s fees.

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 Ashby Living Center, you understand that such services will not be included on your monthly bill from the Ashby Living Center and that you are solely responsible for making separate financial and billing arrangements with those providers.

Your contract with Ashby Living Center may be modified, amended, or terminated using the procedures set forth in this contract. In summary, your contract may be modified or amended only upon 30 days' advance notice and must be signed by both you and an Ashby Living Center representative. Your contract may be terminated by you or Ashby Living Center only with advance notice, which differs according to the reason for termination.

B. **Form of Payment.** Please pay by personal check, cashier's check, or money order payable to "Ashby Living Center." Cash and credit card payments will not be accepted.

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 Ashby Living Center. 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 Ashby Living Center 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 pro-rated 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 Ashby Living Center, we will adjust the notice period and this

Agreement will terminate at the end of the month in which the death or admission occurs or when the Apartment is vacated, whichever occurs later.

C. **Termination by the Ashby Living Center.** 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 Ashby Living Center 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 Ashby Living Center;
- (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; or
- (4) You fail to pay fees and charges when due, or breach any representation, covenant, agreement, or obligation under this Agreement.

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 Ashby Living Center 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 Ashby Living Center.

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 accepted. 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 pro-rated 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. The death of a resident will automatically terminate this Agreement. Your Third Party Guarantor/Responsible Party, Agent, or Guardian or family shall have seven days after a death to remove all of your personal belongings from your apartment. The final removal of your personal belongings will terminate the accrual of on-going charges.

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 Ashby Living Center 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 Ashby Living Center staff member. An emergency relocation is not a termination of this Agreement.

12. TRANSFERS WITHIN THE ASHBY LIVING CENTER

In some circumstances, we may ask you or require you to relocate from your Apartment to another unit within the Ashby Living Center. 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 Ashby Living Center 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 Ashby Living Center;
- (5) A capital improvement project at the Ashby Living Center;
- (6) If your financial circumstances change and you will be unable to pay your rent in the future, we encourage you to contact the facility director as soon as possible. If you should need public assistance to help with your rent and services, it may be necessary for you to move into a shared apartment when one is available. The facility director can provide you with more information about your options if you are no longer able to pay the rent in your current apartment.

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 Ashby Living Center 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 Ashby Living Center is undergoing a change in operations (i.e., a curtailment or reduction in services or a capital improvement project).

13. RESIDENCY REQUIREMENTS

You must meet the following requirements at all times to be a resident of the Ashby Living Center:

- 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 Ashby Living Center.
- Your conduct while residing at the Ashby Living Center 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 Ashby Living Center's residency requirements.

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

14. 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 Ashby Living Center does not have restricted visiting hours. You are responsible for the behavior of your guests while at the Ashby Living Center. All visitors are expected to follow the Ashby Living Center'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.

15. RESIDENT'S USE OF THE FACILITIES

While you are a Resident of the Ashby Living Center, you agree:

- A. Not to damage or misuse the Apartment or common areas, or to waste the utilities provided by the Ashby Living Center, 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 Ashby Living Center;
- 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 Ashby Living Center's management or staff in the performance of their duties;
- F. To provide the Ashby Living Center with timely written notice of the need for any repairs to the Apartment or common areas;
- G. To immediately notify the Ashby Living Center 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 Ashby Living Center;
- 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 Ashby Living Center's insurance premium;
- I. Not to use or store in the Apartment or elsewhere on the Ashby Living Center's premises any flammable or explosive substance;
- J. Not to smoke in the Apartment, common areas or elsewhere on the Ashby Living Center's premises unless otherwise designated by the Ashby Living Center 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 Ashby Living Center promptly of any known or suspected pest infestation, to cooperate at all times with the Ashby Living Center's efforts at pest control, and to refrain from treating pests except at the direction of the Ashby Living Center;

- N. To maintain at all times any vehicles that are parked on the Ashby Living Center property in good working order and in an operable status, including proper license, insurance and registration; and
- O. To pay the Ashby Living Center for any loss or damage to the Apartment, building or grounds caused by you or your guests, normal wear and tear accepted.

16. 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 performs your obligations under this Agreement, you shall peacefully and quietly have and occupy the Apartment for the agreed term of this Agreement.

17. RESIDENT POLICIES, RULES AND REGULATIONS

By signing this Agreement, you agree to abide by and comply with all of the Ashby Living Center'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 Ashby

Living Center reserves the right to adopt, amend and discontinue policies, rules and regulations. The Ashby Living Center will provide you with written notice of all such changes.

18. RESIDENT'S APPLICATION

Your application to reside at the Ashby Living Center 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.

19. COMPLAINT PROCEDURE

- (1) All complaints, questions, or concerns should be promptly reported to the RN or the facility director for resolution. All residents have the right to complain regarding the services they are receiving.
- (2) The RN or facility director can be reached through the Ashby Living Center Business Office at 112 Iverson Ave, PO Box 147, Ashby, MN 56309 or by telephone at (218) 747-2995.

Each resident also has the right to complain about Ashby Living Center, LLC, the care RN provided, or other persons providing services. Each resident may call, write, or visit the office of MN Department of Health, Office of Health Facility Complaints, or the Ombudsman for Older Minnesotans. All addresses and numbers are given to the resident in their Bill of Rights or upon request at any time.

- (3) Method for submitting complaints may be made whether written, verbal, or by telephone.
- (4) Complaints will in no way affect resident care due to any complaint made by the resident or resident representative(s).

You also have the right to complain to the MN Department of Health or the Office of Health Facility Complaints. Again, there is no retaliation as a result of a complaint.

85 East 7th Place, Suite 300
P.O. Box 64970
St. Paul, MN 55164-0970

Inquiries or complaints about the Home Care Bill of Rights or home care services may also be directed to:

Office of Ombudsman for Older Minnesotans
P.O. Box 64971
St. Paul, MN 55164-0971
Phone: (651) 431-2555 OR (800) 657-3591
Fax: (651) 431-7452
Jean Wood, Acting Ombudsman for Older Minnesotans

20. ASSISTED LIVING RESIDENT BILL OF RIGHTS

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

21. STATEMENT REGARDING SERVICES FROM OTHER PROVIDERS

You are free to make arrangements for services with the providers of your choice, regardless of whether the Ashby Living Center 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 Ashby Living Center's visitor registration procedures when providing services at the Ashby Living Center.

22. STATEMENTS RELATED TO PUBLIC ASSISTANCE PROGRAMS

Ashby Living Center has a contract with Grant County which permits residents eligible for Group Residential Housing programs to receive subsidies to cover rent and raw food costs.

Ashby Living Center is an enrolled provider and can receive Elderly Waiver payment for services but not for rent for eligible residents. Limits on the availability for this assistance at Ashby Living Center are described in detail in the Resident Handbook. Residents eligible for Medicare may be able to access Medicare Reimbursement for certain portions of health-related services received through a Medicare-certified agency. More detailed information is available in the Business Office. You need a consultation in making decisions about long-term care. Before this contract is effective, you must call Senior LinkAge Line at 1-800-333-2433 for a consultation and verification number you submit to us. You can also receive assistance from Grant County Social Service Department, and they can determine

if you are eligible for financial assistance to help pay for any needed services. Grant County Social Service Department can be reached by phone at 320-208-6677 or 320-208-6671 or at:

Grant County Social Services
621 Pacific Ave
Morris, MN 55267

We do accept Elderly Waivers and CADI Waivers. However, we do limit numbers of residents on assistance to no higher than 45% of current resident population.

- a) A condition of admission if eligible for assistance is to agree to private pay for a year.
- b) A condition of admission is to be eligible for medical assistance but not eligible for assistance through the housing support program.

23. NOTICE OF AVAILABILITY OF ADVOCACY AND LEGAL SERVICES

Should you need advocacy or legal services contact:

Office of Ombudsman for Older Minnesotans
P.O. Box 64971
St. Paul, MN 55164-0971
Phone: (651) 431-2555 OR (800) 657-3591
Fax: (651) 431-7452
Jean Wood, Acting Ombudsman for Older Minnesotans.

24. 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 must call the Senior LinkAge Line toll-free at 1-800-333-2433. You will receive a verification number after your consultation. Please write that number here _____

25. 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.

26. ADDITIONAL RESOURCES

<p>Office of Ombudsman for Long-Term Care P.O. Box 64971 St. Paul, MN 55164-0971</p> <p>Tel: 651-431-2555 or 1-800-657-3591 TDD/TTY call 711</p>	<p>Ombudsman for Mental Health and Developmental Disabilities 121 7th Place East Suite 420 Metro Square Building 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</p> <p><i>For all other OHFC inquiries:</i> 651-201-4201</p>	<p>Minnesota Adult Abuse Reporting Center Toll-free: 1-844-880-1574</p>

*DESIGNATED REPRESENTATIVE REQUIREMENTS (see cover page)

- Notice to be provided outside the resident contract.** Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:

RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.

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.

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

Ashby Living Center

RESIDENT(S)

By: _____

(Printed Name)

Its: _____

(Signature)

Date: _____

(Date)

(Printed Name)

(Signature)

(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)

ATTACHMENT A FEE SCHEDULE

Included Services:

- At least three meals daily with snacks available seven days per week 24/7 (see Attachment C)*
- Weekly housekeeping*
- Weekly laundry service*
- Upon request of the resident, assist with arranging for transportation to medical and social service appointments, shopping, and other recreation (and identify the persons responsible for providing this assistance)*
- Upon request of the resident, assist with accessing Ashby Living Center resources and social services available in the Ashby Living Center (and identify the persons responsible for providing this assistance)*
- A daily program of social and recreational activities that are based on individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the Ashby Living Center at large (programs must be culturally sensitive)*

- Assistance with activities of daily living that address the needs of each resident with dementia due to cognitive or physical limitations; services must be provided in a person-centered manner that promotes resident choice and dignity and sustains the resident's abilities*
- Nonpharmacological practices that are person-centered and evidence-informed*
- Services to prepare and educate persons living with dementia and their legal and designated representatives about transitions in care and ensuring complete, timely communication between, across, and within settings*
- Services that provide residents with choices for meaningful engagement with other facility residents and the broader Ashby Living Center*
- A selection of daily structured and non-structured activities included on the resident's activity service or care plan as appropriate*

**ATTACHMENT B
UNIFORM CHECKLIST DISCLOSURE OF SERVICES**

**ATTACHMENT C
MEAL PLAN OPTIONS**

- Ashby Living Center offers at least three nutritious meals daily with snacks available seven days per week 24/7, in accordance with the recommended dietary allowances in the USDA guidelines, including seasonal fresh fruit and fresh vegetables.*
- Menus are prepared at least one week in advance and made available to all residents.*
- Ashby Living Center encourages residents' involvement in menu planning.*
- Meal substitutions will be of similar nutritional value if a resident refuses a food that is served.*
- Ashby Living Center will inform in advance of menu changes.*
- Food is prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.*
- Meal plan is an option for resident to enroll or refuse.*

Three Meals a Day/2 Snacks and access to food 24/7.

Monthly Cost: \$_____

No Meal Plan. I do not wish to participate in a meal plan through the Ashby Living Center 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

ATTACHMENT E
ASSISTED LIVING BILL OF RIGHTS