

Uniform Disclosure of Assisted Living Services & Amenities (UDALSA)

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): 07/01/2024

Name of Assisted Living: New Perspective - Mahtomedi

HFID: 20051

Unique building/unit description (if applicable): _____

Facility Address: 113 East Avenue, Mahtomedi, MN 55115

If services are provided at more than one building (on the assisted living campus), please list all locations below.

No additional buildings

Additional Building:

Building Name (if applicable): _____

Physical Address (if different than above): 111 East Avenue, Mahtomedi, MN 55115

Additional Building:

Building Name (if applicable): _____

Physical Address (if different than above): _____

Additional Building:

Building Name (if applicable): _____

Physical Address (if different than above): _____

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: Minimum of 1 in each cottage plus 1 float between cottages

Evening Shift: Minimum of 1 in each cottage plus 1 float between cottages

Night shift: Minimum of 1 in each cottage plus 1 float between cottages

Payment Options

The facility will indicate by placing an “X” in the “Accepted” column if the payment option is accepted (may check more than one). The facility may indicate in the “Comments” column if a pre-determined length of private funds payment source is required before acceptance of Medicaid or waived service funds as well as the number of months required.

Payment Options for Housing Contract

| Payment Option | Accepted | Comments |
|---|----------|--|
| Private Pay | X | Pursuant to payment terms of residency agreement |
| Sliding Scale | | Not accepted |
| Housing Support (formerly Minnesota Group Residential Housing) Payments | X | Pursuant to payment terms of residency agreement |
| Federal rent subsidy | | Not accepted |
| Other; explain: | | Not applicable |

Payment Options for Services

| Payment Option | Accepted | Comments |
|---|----------|---|
| Waivered Services (EW, CADI, BI); specify any limitations | x | EW, CADI. Pursuant to payment terms of residency agreement + |
| Private Pay | x | Pursuant to payment terms of residency agreement |
| Long Term Care Insurance | x | Resident responsible for payment processing |
| Other; explain: Not applicable | | |

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 facilities with 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 | x | |
| Secured outdoor grounds on facility premises | x | |
| Individualized digital/alarm monitoring for wandering or exit-seeking behavior | | Alarm monitoring is not a service provided or managed by the community + |
| Prepared to manage challenging behaviors | x | see comments in 'Other; specify:' area below. |
| Other; specify: Prepared to manage challenging behaviors: Situational, MC only. Will be assessed for mgmt abilities. N/A to aggressive behaviors | | |







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 | | Not available |
| Communication with physician/pharmacy about ordering or refill requests | x | If community manages medications (medication management required in MC)  |
| Medication administration by licensed or unlicensed personnel | x | If community manages medications (medication management required in MC)  |
| Delivery of medication to resident previously set up by the facility nurse | | Not available |
| Medications set up by nurse for resident to self-administer | | Not available |
| Delivery of medication from the original containers to resident | x | Medication administration from approved pharmacy-dispensed containers only  |
| Delivery of liquid or food to resident if required to ingest medication | x | Available only to residents receiving community medication management services  |
| Delegation of medication management services by licensed health professional to unlicensed staff | x | Available only to residents receiving community medication management services  |
| Central storage of medication | x | Med cart, refrigerators. Requires community medication management services  |
| Diabetic Care: insulin pen dosing | x | Available only to residents receiving community medication management services  |
| Diabetic Care: insulin pump management | | Not available |
| Diabetic Care: insulin syringe dosing | | Not available |
| Diabetic Care: sliding scale insulin management | x | Available only to residents receiving community medication management services  |
| Clinical monitoring of labs related to medications | x | Available only to residents receiving community medication management services  |
| Anticoagulant medication management | x | Oral only, for residents receiving community medication management services  |
| B-12 injections | x | Administered by licensed nurse only if community manages resident's medications  |

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| Service | Available | Comments |
|--|-----------|--|
| Nutritional supplement administration | X | Available only to residents receiving community medication management services  |
| (IV) Intravenous management | | Not available |
| PICC lines (Peripherally Inserted Central Catheter) | | Not available |
| Injections; specify types or limits in comments (IM, SQ) | X | IM, SQ for community approved medications |
| Nebulizers | X | Available only to residents receiving community medication management services  |
| Inhalers | X | see comments in 'Other; specify:' area below. |
| Ear drops | X | Available only to residents receiving community medication management services  |
| Eye drops | X | Available only to residents receiving community medication management services  |
| Topicals | X | Available only to residents receiving community medication management services  |
| Patches | X | Available only to residents receiving community medication management services  |
| Medication delivery via enteral (feeding) tube | | Not available |
| Pain pump management | | Not available |
| Medical cannabis administration (pill form) for certified patients | | Not available |
| Medical Cannabis storage for certified patients | | Not available |
| Cannabidiol oil administration for certified patients | | Not available |
| Other; specify: Inhalers: Available only to residents receiving community medication management services | | |

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 | | Not available |
| Wound care: basic | x | Such as band-aid, 2x2 gauze, non-stick pad, etc |
| Wound care: complex | | Not available; may be available through 3rd party provider + |
| Diabetic care: blood glucose monitoring | x | Available only to residents receiving community medication management services + |
| Diabetic care: foot/nail care | x | Available only to residents receiving med management services. Filing only + |
| C-PAP | x | Available only to residents receiving community medication management services + |
| Bi-PAP | | Not available |
| Oxygen Management; specify any delivery system limitations | x | NC; available only to residents receiving community medication management services + |
| Oxygen saturation checks | x | Available only to residents receiving community medication management services + |
| Ventilators | | Not available |
| Suctioning | | Not available |
| Tracheostomy Care: cleaning of site and tube | | Not available |
| Tracheostomy Care: showering assistance | | Not available |
| Tracheostomy Care: suctioning assistance | | Not available |
| Pacemaker Checks | x | Licensed nurse; available only to residents receiving community med mgmt services + |
| Arrange for On-Site Dialysis | | Not available |
| Arrange for/set-up Off-Site Dialysis | | Not available |

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| Service | Available | Comments |
|--|-----------|---|
| Peritoneal Dialysis (on-site) | | Not available |
| Compression stockings | X | No wraps of any kind; TEDs, zip up & Tubi- grips |
| Lymphedema wraps | | Not available |
| Fall Prevention: balance assessments | | Not available |
| Fall Prevention: exercise programs | | Not available |
| Fall Prevention: strength training | | Not available |
| Integrative Health Services: acupuncture | | Not available |
| Integrative Health Services: aromatherapy | | Not available |
| Integrative Health Services: healing touch | | Not available |
| Integrative Health Services: massage | | Not available |
| Blood pressure checks | X | Available for residents who elect AL services |
| Daily weight check | | Not available; monthly weights only |
| Indwelling urinary catheter care; emptying and bag changes | X | Available for residents who elect AL services |
| Indwelling urinary catheter replacement by nurse | | Not available. May be available through 3rd party. |
| Straight (intermittent) catheter assistance | | Not available. May be available through 3rd party. |
| Suprapubic catheter care | X | Available for residents who elect AL services |
| Ostomy care | X | Available for residents who elect AL services |
| Arrangements for and coordination with hospice care | X | Available for residents who elect AL services |
| End-of-life palliative care | X | In coordination with outside third party health care provider |



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| Service | Available | Comments |
|--|-----------|---------------|
| Access to and training on use of automatic electronic defibrillators (AED) | | Not available |
| Training of and use of Cardiopulmonary Resuscitation (CPR) | | Not available |
| Other; specify: Not applicable | | |

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 | Available for residents who elect AL services |
| Bathing: shower | X | Available for residents who elect AL services |
| Bathing: bathtub | | Not available |
| Oral hygiene | X | Available for residents who elect AL services |
| Denture care | X | Available for residents who elect AL services |
| Cuing/reminders for self-cares | X | Available for residents who elect AL services |
| Use of special utensils | X | Pursuant to health care provider order |
| Feeding assistance for residents with complicated eating problems | | Not available |
| Set-up and cut food at meals | X | Available for residents who elect AL services |
| Manual Feeding; specify limits in comments | X | Available for MC residents only |
| Tube Feeding; specify limits in comments | | Not available |
| Feeding in common area with one staff member per resident | | Not available |

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| Service | Available | Comments |
|---|-----------|---|
| Feeding in resident's apartment with one staff member per resident | | Available for MC residents only: isolation/ quarantine, acute illness or end of life + |
| Grooming: hair care, make-up, shaving, application of lotion, etc. | X | Available for residents who elect AL services |
| Nail care: toenails, fingernails | X | Available for residents who elect bathing asst. If diabetic filing only. + |
| Toileting: standby assistance/supervision | | Not available |
| Changing incontinence products; perineal care | X | Available if AL services elected |
| Ordering replacement incontinence products | X | Available for residents who elect AL services |
| Assistance with bowel and bladder control, devices, and training programs | | Not available |
| Other; specify: <i>Not available</i> | | |

Section 5: Mobility Support

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

Mobility Services Available

| Service | Available | Comments |
|---|-----------|--|
| Standby Assistance | | Not available |
| Transfers with assist of one staff | X | Available for residents who elect AL services. Gait belt transfers only + |
| Transfers with assist of two staff | X | If Res can bear wt at all times, w/gait belt. Avail based on current res acuity & staffing + |
| Transfers utilizing sit-to-stand lifts | X | If can bear wt & grip-hold on bars at all times. Avail based on current res acuity & staffing + |
| Transfers utilizing sliding boards | | Not available |
| Transfers utilizing bariatric equipment | | Not available |
| Ceiling lift transfers | | Not available |

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| Service | Available | Comments |
|---------------------------------------|-----------|---|
| Non-mechanical transfers (trapeze) | | Not available |
| Mechanical lift: assist of 1 transfer | | Not available |
| Mechanical lift: assist of 2 transfer | X | Available for residents who elect AL services |
| Ambulation with assist of 1 | X | Available for residents who elect AL services. Gait belt assist only + |
| Bed mobility | X | Available for residents who elect AL services |
| Assistance with chair mobility | X | Available for residents who elect AL services |
| Chair Glide System | | Not available |
| Mechanical Stair Lift System | | Not available |
| Handrails; in personal space | X | In bathrooms |
| Elevators | | Not available |
| Other; specify: Not applicable | | |

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 | | Not available |
| Every 30-minutes safety checks | | Not available |
| Hourly safety checks | | Not available |
| Every two-hours safety checks | | Not available |

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| Service | Available | Comments |
|---|-----------|---|
| Daily safety checks | | Not available |
| Emergency call system; specify type in comments | | Not available |
| Non-emergency call system; specify type in comments | X | Apartment and bathroom pull cords |
| Digital wander alert device on resident | | Not available |
| Wander alert system at facility exits | | Not available |
| Staff monitoring at facility exits; specify method in comments | | Not available |
| Visitor check-in/check-out at facility main entrance | X | |
| Bed alarms or movement sensing technology | | Not available |
| Door sensors: specify locations (unit, resident room, exits, etc.) | X | Alarmed emergency egress doors |
| Security Guard | | Not available |
| Security cameras in common spaces | | Not available |
| Key card/fob access: specify locations (unit, resident room, exits, etc.) | | Not available |
| Other lock systems: specify locations (unit, resident room, exits, etc.) | X | Apts have lockable door with key; community entrance/exit with keypads + |
| Emergency generator(s) to power the facility during power outages | | Not available |
| Other; specify: Not applicable | | |

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 | Meals provided based on resident meal plan election |
| Breakfast available in community space | X | |
| Breakfast available; delivered to apartment | X | Additional fee if not for acute illness; dependent on staffing availability |
| Lunch available in community space | X | |
| Lunch available; delivered to apartment | X | Additional fee if not for acute illness; dependent on staffing availability |
| Dinner available in community space | X | |
| Dinner available; delivered to apartment | X | Additional fee if not for acute illness; dependent on staffing availability |
| Meal tray delivery and pick-up from resident's unit | | Not available |
| Meal preparation in resident's unit | | Not available |
| Thickened Liquids; specify limits in comments | X | Available only to residents receiving community medication management services |
| Modified Texture Diets; specify limits in comments | X | X |
| Therapeutic Diets: cardiac | | Not available |
| Therapeutic Diets: diabetic or calorie controlled | | Not available |
| Therapeutic Diets: gluten-free | | Not available |
| Therapeutic Diets: high fiber | | Not available |
| Therapeutic Diets: low fat/low cholesterol | | Not available |
| Therapeutic Diets: low sodium | | Not available |

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| Service | Available | Comments |
|--|---|---------------|
| Therapeutic Diets: no added salt | X | |
| Therapeutic Diets: renal diet | | Not available |
| Other special diets: kosher | | Not available |
| Other special diets: (vegetarian, vegan, etc.) specify in comments | | Not available |
| Dietitian or Nutritionist Services | | Not available |
| Carbohydrate intake/tracking | | Not available |
| Meal consumption tracking | | Not available |
| Other; specify: | RE: Modified Texture Diets (page 12): Available only to residents receiving community medication management services. | |

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 | | Not available |
| Assistance with meals or food preparation | | Not available |
| Daily Social and Recreational Services | Required | |
| Housekeeping: bed making | X | Available for residents who elect AL services |
| Housekeeping: defrost and clean refrigerator | | Not available |
| Housekeeping: dusting | X | Light dusting |
| Housekeeping: organize closets and drawers | | Not available |

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| Service | Available | Comments |
|---|-----------|--|
| Housekeeping: trash removal; specify frequency in comments | X | Available for residents who elect AL services |
| Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum) | x | |
| Housekeeping: other; specify in comments | | Not applicable |
| Laundry: linen (change bed, launder sheets, towels) | X | Available for residents who elect AL services. 1 load per week. Add'l loads for a fee + |
| Laundry: wash, dry, and fold clothing; specify loads per week in comments | X | Available for residents who elect AL services. 2 load per week. Add'l loads for a fee + |
| Laundry: other; specify in comments | | Not applicable |
| Schedule offsite social and recreational activities | X | Activities scheduled by the community |
| Schedule medical and social service appointments | X | Assistance available upon request for residents who elect AL services + |
| Assistance with arranging transportation for personal, social, and recreational activities | Required | Assistance available upon request for residents who elect AL services |
| Assistance with arranging transportation to medical and social services appointments | Required | Assistance available upon request for residents who elect AL services |
| Provide transportation to social and recreational activities | X | Community scheduled outings |
| Provide transportation to medical and social service appointments | | Not available |
| Assistance accessing community resources and social services | Required | Assistance available upon request for residents who elect AL services |
| Shopping: facility sponsored | | Not available |
| Spiritual Care/Religious Services; on-site | | Not available |
| Assistance with bill paying/budgeting | | Not available; document production for LTC insurance processing by resident for a fee + |
| Communication boards or other supplemental communication devices | X | Available for residents who elect AL services at resident cost + |
| Primary languages spoken by staff | | English |
| Supervision of smoking | | Not available |

| Service | Available | Comments |
|--------------------------------|-----------|----------|
| Other; specify: Not applicable | | |

Section 9: Staffing

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

Staffing Available

| Staffing | Available | Comments |
|--|-----------|---------------|
| One-to-One staffing available | | Not available |
| One-to-One staffing for special circumstances | | Not available |
| Overnight companion | | Not available |
| Registered Nurse: on-site “part time” | X | |
| Registered Nurse: on-site “full time” | | Not available |
| Licensed Practical Nurse: on site “part time” | | Not available |
| Licensed Practical Nurse: on-site “full time” | | Not available |
| Assisted Living Director: on-site “part time” | X | |
| Assisted Living Director: on site “full time” | | Not available |
| Advanced Practice Registered Nurse: on-site “part time” | | Not available |
| Advanced Practice Registered Nurse: on site “full time” | | Not available |
| Activities Director: Part Time | | Not available |
| Activities Director: Full Time | | Not available |
| Dietician/Nutritionist consultant available or can be arranged | | Not available |

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| Staffing | Available | Comments |
|---|-----------|---|
| Physical Therapist available or can be arranged | X | Can be arranged with third party provider |
| Respiratory Therapist available or can be arranged | | Not available |
| Occupational Therapist available or can be arranged | X | Can be arranged with third party provider |
| Speech Language Pathologist available or can be arranged | X | Can be arranged with third party provider |
| Social Worker available or can be arranged | | Not available |
| Other Licensed Professional available; specify type in comments | | Not available |
| Other; specify: Not available | | |

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 | |
| One-bedroom units | | Not available |
| Two-bedroom units | | Not available |
| Kitchen/Kitchenettes in units | | Not available |
| Internet access | X | Available for additional fee |

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| Amenity | Available | Comments |
|--------------------------------------|-----------|------------------------------|
| Cable (television) | X | Available for additional fee |
| Pets allowed | | Not available |
| Pet care; specify in comments | | Not available |
| Pool | | Not available |
| Whirlpool | | Not available |
| Exercise Room | | Not available |
| Library | | Not available |
| Activity Room | | Not available |
| Garden/outdoor spaces | X | |
| Chapel | | Not available |
| Private entertaining space | | Not available |
| Communal Dining room | X | |
| Beauty/Barber Shop | X | |
| Parking available for residents | | Not available |
| Parking available for guests | X | |
| Guest accommodations | | Not available |
| Laundry Room accessible to Residents | | Not available |
| Washer-Dryer in units | | Not available |
| Central Air Conditioning | X | |
| Fully sprinklered building | X | |

| Amenity | Available | Comments |
|--|-----------|---------------|
| Designated smoking area inside (not apartment space) | | Not available |
| Designated smoking area outside | | Not available |
| Other; specify: Not applicable | | |

Additional Information

Sixty days before the facility plans to reduce or eliminate the availability of one or more services, 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](http://www.seniorlinkageline.com/) (www.seniorlinkageline.com/); 1-800-333-2433

(Optional) By signing below, I acknowledge that I have reviewed this document. This is NOT a contract to receive services.

Received Date

Individual or Legal/Designated Representative