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) 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): 01/29/2025

Name of Assisted Living: Arbor Terrace

HFID: 20146

Unique building/unit description (if applicable): _____

Facility Address: 700 2nd Ave NW, Rochester, MN 59901

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): _____

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: 6

Evening Shift: 7

Night shift: 2

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 waivered service funds as well as 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	Limited capacity for GRH
Federal rent subsidy		
Other; explain:		

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	x	Resident can support 2 yrs of private pay before allowing EW. ONLY EW accepted.
Private Pay	x	
Long Term Care Insurance	x	Dependent on resident's policy criteria.
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 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	Only in memory care courtyard
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	x	
Other; specify:	Challenging behaviors that disturb other residents or are harmful to others are not able to be met by facility.	

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	Must be enrolled into a service agreement
Medication administration by licensed or unlicensed personnel	x	Must be enrolled into a service agreement
Delivery of medication to resident previously set up by the facility nurse	x	Must be enrolled into a service agreement
Medications set up by nurse for resident to self-administer	x	Must be enrolled into a service agreement and self-admin order from provider on file
Delivery of medication from the original containers to resident	x	We deliver packages received via mail, otherwise pharmacy delivers to facility
Delivery of liquid or food to resident if required to ingest medication	x	Must be requested by resident, may incur charges
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		
Diabetic Care: sliding scale insulin management		
Clinical monitoring of labs related to medications	x	
Anticoagulant medication management	x	Nurses oversee
B-12 injections	x	Nurses perform injections

Service	Available	Comments
Nutritional supplement administration	x	Oral nutritional supplements only
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	x	(Influenza, TB, & B-12 only performed by a licensed professional)
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		
Medical Cannabis storage for certified patients		
Cannabidiol oil administration for certified patients		
Other; specify:		

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	Basic means: acute wound care or preventative skin care; may incur extra charges
Wound care: complex		
Diabetic care: blood glucose monitoring	x	Equipment and operating manual must be provided to facility by resident
Diabetic care: foot/nail care	x	Performed by a licensed professional or contracted vendor
C-PAP	x	Must be enrolled in service agreement.
Bi-PAP	x	Must be enrolled in service agreement.
Oxygen Management; specify any delivery system limitations	x	Must be enrolled in service agreement.
Oxygen saturation checks	x	Monthly unless ordered or requested in service agreement
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	x	If requested by resident's provider, my incur additional charges
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	x	Transportation must be within bus operating hours

Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	x	
Lymphedema wraps	x	
Fall Prevention: balance assessments	x	PT/OT subcontracted to perform task
Fall Prevention: exercise programs	x	Exercise activities available and exercise room open for resident use
Fall Prevention: strength training	x	PT/OT subcontracted to perform task
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	x	Monthly unless ordered or requested in service agreement
Daily weight check	x	Must be enrolled in service agreement
Indwelling urinary catheter care; emptying and bag changes	x	Based on nurse assessment or hospice based on resident condition or needs, may incur charges
Indwelling urinary catheter replacement by nurse		
Straight (intermittent) catheter assistance		
Suprapubic catheter care		
Ostomy care	x	Limitations based on nurse assessment and resident condition or needs, may incur charges
Arrangements for and coordination with hospice care	x	
End-of-life palliative care	x	Only in conjunction with Hospice

Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)	x	CPR trained individuals only, AED onsite
Training of and use of Cardiopulmonary Resuscitation (CPR)	x	Only certified staff can perform CPR Protocol is to call 911
Other; specify:		

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	Provided in Assisted Living and Memory Care IL -only on a short term basis
Bathing: shower	x	
Bathing: bathtub	x	
Oral hygiene	x	Only provided in Assisted Living and Memory Care
Denture care	x	Only provided in Assisted Living and Memory Care
Cuing/reminders for self-cares	x	Provided in Assisted Living and Memory Care IL - must be enrolled in service agreement
Use of special utensils	x	Utensils must be provided by resident for use
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	x	
Manual Feeding; specify limits in comments		
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident		

Service	Available	Comments
Feeding in resident's apartment with one staff member per resident		
Grooming: hair care, make-up, shaving, application of lotion, etc.	x	Only provided in Assisted Living and Memory Care
Nail care: toenails, fingernails	x	Must be requested by resident, may incur charges. If enrolled in bathing, fingers included.
Toileting: standby assistance/supervision	x	Provided in Memory Care.Assisted living accidents included; help daily enroll in service plan
Changing incontinence products; perineal care	x	Provided in Memory Care.Assisted living accidents included; help daily enroll in service plan
Ordering replacement incontinence products	x	Only performed for Assisted Living and Memory Care residents on Elderly Waiver
Assistance with bowel and bladder control, devices, and training programs		
Other; specify:		

Section 5: Mobility Support

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

Mobility Services Available

Service	Available	Comments
Standby Assistance	x	Only provided in Assisted Living and Memory Care
Transfers with assist of one staff	x	Only provided in Assisted Living and Memory Care
Transfers with assist of two staff		
Transfers utilizing sit-to-stand lifts		
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer		
Ambulation with assist of 1	x	Only provided in Assisted Living and Memory Care
Bed mobility	x	Only provided in Assisted Living and Memory Care (assist of 1)
Assistance with chair mobility	x	Only provided in Assisted Living and Memory Care (assist of 1)
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		
Elevators	x	2 available onsite
Other; specify:		

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	x	Only on a short term basis
Every two-hours safety checks	x	Only on a short term basis

Service	Available	Comments
Daily safety checks	x	
Emergency call system; specify type in comments	x	Pendants for residents and radios for staff to receive notification
Non-emergency call system; specify type in comments	x	Pendants for residents and radios for staff to receive notification, may incur charges
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments	x	When receptionist on duty front door is monitored otherwise all exits are locked afterhours.
Visitor check-in/check-out at facility main entrance	x	
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)	x	Egress exit alarms in memory care
Security Guard		
Security cameras in common spaces		
Key card/fob access: specify locations (unit, resident room, exits, etc.)	x	Badge for medication rooms Front door pin code access
Other lock systems: specify locations (unit, resident room, exits, etc.)	x	Resident rooms lock and keys assigned
Emergency generator(s) to power the facility during power outages	x	Limited capacity generators only certain items and outlets connected
Other; specify:		

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	When Ill or request at additional charge
Lunch available in community space	x	
Lunch available; delivered to apartment	x	When Ill or request at additional charge
Dinner available in community space	x	
Dinner available; delivered to apartment	x	When Ill or request at additional charge
Meal tray delivery and pick-up from resident's unit	x	Will incur additional charge
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments		
Modified Texture Diets; specify limits in comments		
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		

Service	Available	Comments
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		
Other; specify:		

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	x	We hear from or physically see each resident every day
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	x	Only provided in Assisted Living and Memory Care
Housekeeping: defrost and clean refrigerator	x	Only provided in Assisted Living and Memory Care IL - may incur charges
Housekeeping: dusting	x	Weekly
Housekeeping: organize closets and drawers	x	Only provided in Assisted Living and Memory Care

Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	x	Weekly in IL Daily in Assisted Living and Memory Care
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	Weekly
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	x	Weekly in Assisted Living and Memory Care Independent Living charged per occurrence
Laundry: wash, dry, and fold clothing; specify loads per week in comments		Weekly in Assisted Living and Memory Care Independent Living charged per occurrence
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	x	Limited based on bus availability and scheduled on activities calendar
Schedule medical and social service appointments	x	
Assistance with arranging transportation for personal, social, and recreational activities	Required	
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	x	Limited based on bus availability
Provide transportation to medical and social service appointments	x	
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	x	Weekly grocery trips
Spiritual Care/Religious Services; on-site	x	
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	x	
Primary languages spoken by staff	x	English
Supervision of smoking		

Service	Available	Comments
Other; specify:		

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		
Registered Nurse: on-site “part time”	x	
Registered Nurse: on-site “full time”	x	
Licensed Practical Nurse: on site “part time”		
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	x	
Dietician/Nutritionist consultant available or can be arranged		

Staffing	Available	Comments
Physical Therapist available or can be arranged	x	Subcontracted
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	x	Subcontracted
Speech Language Pathologist available or can be arranged	x	Subcontracted
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments		
Other; specify:		

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	In each resident room and 2 on each floor for visitors, 1 employee designated bathroom
Private units	x	
Semi-private units		
Studio/efficiency units	x	Assisted Living and Memory Care Rooms
One-bedroom units	x	Only in Independent Living
Two-bedroom units	x	Only in Independent Living
Kitchen/Kitchenettes in units	x	Only in Independent Living Community Kitchens in Assisted Living and Memory Care
Internet access	x	Monthly Charge

Amenity	Available	Comments
Cable (television)	x	Monthly Charge
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool	x	Whirlpool spa tub available for residents enrolled in service agreement
Exercise Room	x	
Library		
Activity Room		
Garden/outdoor spaces	x	Memory Care courtyard; front and back patios for Assisted Living & Independent Living
Chapel	x	
Private entertaining space	x	Community Room and Sun Rooms available
Communal Dining room	x	
Beauty/Barber Shop	x	
Parking available for residents	x	Limited parking spots
Parking available for guests	x	
Guest accommodations	x	2 guest suites with a nightly rate
Laundry Room accessible to Residents	x	Independent living has a laundry room on each floor
Washer-Dryer in units		
Central Air Conditioning	x	
Fully sprinklered building	x	

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside		
Other; specify:		

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 may 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/); 1-800-657-3591
- Office of Ombudsman for Mental Health and Developmental Disabilities (https://mn.gov/omhdd/); 1-800-657-3506
- Minnesota Directory for community resources: www.MinnesotaHelp.Info
- Minnesota Senior LinkAge Line (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