

# 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): 03/06/2026

Name of Assisted Living: Central Minnesota Senior Care, Inc. - Scandia

HFID: 20166

Unique building/unit description (if applicable): \_\_\_\_\_

Facility Address: 2323 Gorton Ave. NW., Willmar, MN 56201

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:

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- 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 Unlicensed Direct Care Staff

Evening Shift: 2 Unlicensed Direct Care Staff

Night shift: 1 Unlicensed Direct Care Staff

### 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	
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	
Federal rent subsidy		
Other; explain:		

**Payment Options for Services**

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	
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 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		
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors		

Other; specify:

## 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	May provide per assessment/requirement.
Communication with physician/pharmacy about ordering or refill requests	X	May provide per assessment/requirement.
Medication administration by licensed or unlicensed personnel	X	May provide per assessment/requirement.
Delivery of medication to resident previously set up by the facility nurse	X	May provide per assessment/requirement.
Medications set up by nurse for resident to self-administer	X	May provide per assessment/requirement.
Delivery of medication from the original containers to resident	X	May provide per assessment/requirement.
Delivery of liquid or food to resident if required to ingest medication	X	May provide per assessment/requirement.
Delegation of medication management services by licensed health professional to unlicensed staff	X	May provide per assessment/requirement.
Central storage of medication	X	May provide per assessment/requirement.
Diabetic Care: insulin pen dosing	X	May provide per assessment/requirement.
Diabetic Care: insulin pump management	X	May provide per assessment/requirement.
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	May provide per assessment/requirement.
Clinical monitoring of labs related to medications	X	May provide per assessment/requirement.
Anticoagulant medication management	X	May provide per assessment/requirement.
B-12 injections	X	May provide per assessment/requirement.

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Service	Available	Comments
Nutritional supplement administration	X	May provide per assessment/requirement.
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	IM - As available nursing allows. SQ - Unlicensed staff personnel available to assist.
Nebulizers	X	May provide per assessment/requirement.
Inhalers	X	
Ear drops	X	May provide per assessment/requirement.
Eye drops	X	May provide per assessment/requirement.
Topicals	X	May provide per assessment/requirement.
Patches	X	May provide per assessment/requirement.
Medication delivery via enteral (feeding) tube	X	May provide per assessment/requirement.
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	May provide per assessment/requirement.
Wound care: basic	X	May provide per assessment/requirement.
Wound care: complex	X	As nursing is available to meet needs.
Diabetic care: blood glucose monitoring	X	May provide per assessment/requirement.
Diabetic care: foot/nail care	X	May provide per assessment/requirement.
C-PAP	X	May provide per assessment/requirement.
Bi-PAP	X	May provide per assessment/requirement.
Oxygen Management; specify any delivery system limitations	X	May provide per assessment/requirement.
Oxygen saturation checks	X	May provide per assessment/requirement.
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	May provide per assessment/requirement.
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	May provide per assessment/requirement.

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	May provide per assessment/requirement.
Lymphedema wraps	X	May provide per assessment/requirement.
Fall Prevention: balance assessments	X	May provide per assessment/requirement.
Fall Prevention: exercise programs	X	May provide per assessment/requirement.
Fall Prevention: strength training	X	May provide per assessment/requirement.
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	May provide per assessment/requirement.
Daily weight check	X	May provide per assessment/requirement.
Indwelling urinary catheter care; emptying and bag changes	X	May provide per assessment/requirement.
Indwelling urinary catheter replacement by nurse	X	May provide based on nursing staff availability.
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	May provide per assessment/requirement.
Ostomy care	X	May provide per assessment/requirement.
Arrangements for and coordination with hospice care	X	May provide per assessment/requirement.
End-of-life palliative care	X	Will work with hospice and/or as we are able in the scope of our services.

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Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)	X	May provide per assessment/requirement.
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	May provide per assessment/requirement.
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	
Bathing: shower	X	
Bathing: bathtub	X	
Oral hygiene	X	
Denture care	X	May provide per assessment/requirement.
Cuing/reminders for self-cares	X	
Use of special utensils	X	May provide per assessment/requirement.
Feeding assistance for residents with complicated eating problems	X	May provide per assessment/requirement.
Set-up and cut food at meals	X	May provide per assessment/requirement.
Manual Feeding; specify limits in comments	X	May provide per assessment/requirement.
Tube Feeding; specify limits in comments	X	May provide per assessment/requirement.
Feeding in common area with one staff member per resident	X	May provide per assessment/requirement.

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	X	May provide per assessment/requirement.
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	
Nail care: toenails, fingernails	X	Diabetic nail trimming completed by nursing staff.
Toileting: standby assistance/supervision	X	May provide per assessment/requirement.
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	
Assistance with bowel and bladder control, devices, and training programs	X	May provide per assessment/requirement.
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	
Transfers with assist of one staff	X	
Transfers with assist of two staff	X	May provide per assessment/requirement.
Transfers utilizing sit-to-stand lifts	X	
Transfers utilizing sliding boards	X	May provide per assessment/requirement.
Transfers utilizing bariatric equipment	X	
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)	X	
Mechanical lift: assist of 1 transfer	X	May provide per assessment/requirement.
Mechanical lift: assist of 2 transfer	X	May provide per assessment/requirement.
Ambulation with assist of 1	X	
Bed mobility	X	
Assistance with chair mobility	X	
Chair Glide System	X	
Mechanical Stair Lift System		
Handrails; in personal space	X	May provide per assessment/requirement.
Elevators		

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	X	May provide per assessment/requirement.
Every 30-minutes safety checks	X	May provide per assessment/requirement.
Hourly safety checks	X	May provide per assessment/requirement.
Every two-hours safety checks	X	May provide per assessment/requirement.

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Service	Available	Comments
Daily safety checks	X	May provide per assessment/requirement.
Emergency call system; specify type in comments	X	Phone utilized for outside emergency calls and call buttons are available for in-facility.
Non-emergency call system; specify type in comments	X	Phones and call buttons
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments	X	Staff are available/awake 24/7 and have an awareness of who is entering/exiting the facility.
Visitor check-in/check-out at facility main entrance		
Bed alarms or movement sensing technology	X	May provide per assessment/requirement. (Ex. include bed alarms, motion detectors, etc.)
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces		
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	On resident rooms, outside doors, and rooms that may contain medication/client files.
Emergency generator(s) to power the facility during power outages		
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	
Lunch available in community space	X	
Lunch available; delivered to apartment	X	
Dinner available in community space	X	
Dinner available; delivered to apartment	X	
Meal tray delivery and pick-up from resident's unit	X	
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	May provide per assessment/requirement.
Modified Texture Diets; specify limits in comments	X	X
Therapeutic Diets: cardiac	X	May provide per assessment/requirement.
Therapeutic Diets: diabetic or calorie controlled	X	May provide per assessment/requirement.
Therapeutic Diets: gluten-free	X	May provide per assessment/requirement.
Therapeutic Diets: high fiber	X	May provide per assessment/requirement.
Therapeutic Diets: low fat/low cholesterol	X	May provide per assessment/requirement.
Therapeutic Diets: low sodium	X	May provide per assessment/requirement.

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Service	Available	Comments
Therapeutic Diets: no added salt	X	May provide per assessment/requirement.
Therapeutic Diets: renal diet	X	May provide per assessment/requirement.
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	Per her preference/physician's order
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking	X	May provide per assessment/requirement.
Meal consumption tracking	X	May provide per assessment/requirement.
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	
Assistance with meals or food preparation	X	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator	X	
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers	X	May provide per assessment/requirement.

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	May provide per assessment/requirement for residents room.
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	May provide per assessment/requirement for residents room.
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	May provide per assessment/requirement.
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	May provide per assessment/requirement.
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	May provide per assessment/requirement.
Schedule medical and social service appointments	X	May provide per assessment/requirement.
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	May provide per assessment/requirement.
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	X	May provide per assessment/requirement.
Communication boards or other supplemental communication devices		
Primary languages spoken by staff		
Supervision of smoking	X	May provider per assessment/requirement.

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Service	Available	Comments
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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	X	May provide per assessment/requirement.
One-to-One staffing for special circumstances	X	May provide per assessment/requirement.
Overnight companion		
Registered Nurse: on-site "part time"	X	
Registered Nurse: on-site "full time"		
Licensed Practical Nurse: on site "part time"	X	
Licensed Practical Nurse: on-site "full time"		
Assisted Living Director: on-site "part time"	X	
Assisted Living Director: on site "full time"		
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time	X	
Activities Director: Full Time		
Dietician/Nutritionist consultant available or can be arranged		

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Will help arrange as needed per assessment/requirement.
Respiratory Therapist available or can be arranged	X	Will help arrange as needed per assessment/requirement.
Occupational Therapist available or can be arranged	X	Will help arrange as needed per assessment/requirement.
Speech Language Pathologist available or can be arranged	X	Will help arrange as needed per assessment/requirement.
Social Worker available or can be arranged	X	Will help arrange as needed per assessment/requirement.
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	Accessible bathrooms available, may be shared bathrooms.
Private units	X	
Semi-private units		
Studio/efficiency units		
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	X	

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Amenity	Available	Comments
Cable (television)	X	
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room		
Library		
Activity Room		
Garden/outdoor spaces	X	
Chapel		
Private entertaining space		
Communal Dining room	X	
Beauty/Barber Shop		
Parking available for residents		
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	
Washer-Dryer in units		
Central Air Conditioning	X	
Fully sprinklered building		

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Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside	X	
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](http://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.

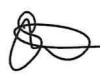
You can get further information, at no cost, about advocacy or care options from:

- Office of Ombudsman for Long Term Care (<https://mn.gov/board-on-aging/direct-services/ombudsman/>); 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](http://www.MinnesotaHelp.Info)
- Minnesota Senior LinkAge Line ([www.seniorlinkageline.com/](http://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

 LADL/DOR Reviewed on 3/6/2026