

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): 07/01/2024

Name of Assisted Living: Assisted Living at North Ridge (The Residence at North Ridge)

HFID: 20257

Unique building/unit description (if applicable): Assisted Living with Dementia Care

Facility Address: 5500 Boone Ave New Hope MN 55428

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: 10

Evening Shift: 10

Night shift: 4

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:		

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Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	No private pay length of stay required.
Private Pay	X	
Long Term Care Insurance	X	Business office to assist resident/families. Paperwork to be completed by responsible party. 

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 dementia care units on first floor. Delayed egress secure doors. 
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	Delegated to ULP, after completing competencies, and overseen by RN. 

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	Delegated to ULP and overseen by RN. Cues up to 3 times a day for AI +
Communication with physician/pharmacy about ordering or refill requests	X	Delegated to ULP and overseen by RN.
Medication administration by licensed or unlicensed personnel	X	Delegated to ULP and overseen by RN.
Delivery of medication to resident previously set up by the facility nurse		
Medications set up by nurse for resident to self-administer		
Delivery of medication from the original containers to resident	X	Delegated to ULP and overseen by RN.
Delivery of liquid or food to resident if required to ingest medication	X	Assessed and based on resident's preference if applicable +
Delegation of medication management services by licensed health professional to unlicensed staff	X	Delegated to ULP, after completing competencies, and overseen by RN +
Central storage of medication	X	Medications to be kept in locked medication carts.
Diabetic Care: insulin pen dosing	X	Delegated to ULP, after completing competencies, and overseen by RN +
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	Delegated to ULP, after completing competencies, and overseen by RN +
Clinical monitoring of labs related to medications	X	Physician to monitor. Community to coordinate between lab and physician +
Anticoagulant medication management	X	No injections, pill form only.
B-12 injections	X	

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Service	Available	Comments
Nutritional supplement administration		
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Intramuscular / Subcutaneous. Insulin and B12 only. Other types coordinated with pharmacy. +
Nebulizers	X	Delegated to ULP, after completing competencies, and overseen by RN. +
Inhalers	X	Delegated to ULP, after completing competencies, and overseen by RN. +
Ear drops	X	Delegated to ULP, after completing competencies, and overseen by RN. +
Eye drops	X	Delegated to ULP, after completing competencies, and overseen by RN. +
Topicals	X	Delegated to ULP, after completing competencies, and overseen by RN. +
Patches	X	Delegated to ULP, after completing competencies, and overseen by RN. +
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	Coordination with physician/outside agencies.
Wound care: basic	X	Community doesn't supply dressings of any kind. Basic cleaning with soap/water hand-aid +
Wound care: complex		Coordination with physician/outside agencies.
Diabetic care: blood glucose monitoring	X	Delegated to ULP after competencies completed. Up to 4 times daily +
Diabetic care: foot/nail care	X	Coordination with outside agencies to meet needs of resident +
C-PAP	X	Delegated to ULP after competencies completed. RN to assess if needs can be safely met +
Bi-PAP	X	Delegated to ULP after competencies completed. RN to assess if needs can be safely met +
Oxygen Management; specify any delivery system limitations	X	Delegated to ULP after competencies completed. Concentrators only Via NC +
Oxygen saturation checks	X	Delegated to ULP after competencies completed. Up to 2 times daily +
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Delegated to ULP, after completing competencies, and overseen by RN +
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Coordination with physician orders and based on resident safety +

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Delegated to ULP, after completing competencies, and overseen by RN. +
Lymphedema wraps	X	Coordination with and performed by outside agencies.
Fall Prevention: balance assessments	X	Coordination with and performed by outside agencies.
Fall Prevention: exercise programs	X	Coordination with and performed by outside agencies.
Fall Prevention: strength training	X	Coordination with and performed by outside agencies.
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	Performed by ULP, no more than once per day or based on safety needs of resident. +
Daily weight check		Performed by ULP. No more than twice weekly or monthly for monitoring. +
Indwelling urinary catheter care; emptying and bag changes	X	Delegated to ULP, after completing competencies, and overseen by RN. +
Indwelling urinary catheter replacement by nurse	X	Licensed Nursing Staff, as needed only. Coordinated with and performed by outside agencies. +
Straight (intermittent) catheter assistance	X	Licensed Nursing Staff, as needed only. No daily care
Suprapubic catheter care	X	Determination is based on assessment if task is uncomplicated. +
Ostomy care	X	Determination is based on assessment if task is uncomplicated. +
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	Assessed and coordinated with Hospice care agencies.

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Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)		
Training of and use of Cardiopulmonary Resuscitation (CPR)		

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	Delegated to ULP, 2 times weekly, or determined on care plan. +
Bathing: bathtub	X	Delegated to ULP, 2 times weekly, or determined on care plan. Given in shower/spa room. +
Oral hygiene	X	Delegated to ULP, up to 3 times daily.
Denture care	X	
Cuing/reminders for self-cares	X	Delegated to ULP, up to twice daily.
Use of special utensils	X	Provided by resident/families, case worker or care manager. +
Feeding assistance for residents with complicated eating problems	X	Assment to meet resident safety needs. Only performed in secure dementia care units. +
Set-up and cut food at meals	X	Provided only in secured dementia care units
Manual Feeding; specify limits in comments	X	Assment to meet resident safety needs. Only performed in secure dementia care units. +
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	Assment to meet resident safety needs. Only performed in secure dementia care units. +

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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	Delegated to ULP, after completing competencies, and overseen by RN. +
Nail care: toenails, fingernails	X	Non Diabetic residents only. Delegated to ULP, after completing competencies, overseen by RN +
Toileting: standby assistance/supervision	X	Minimum to moderate assist of 1 ULP or mechanical lift with assist of 2 ULP +
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	
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	
Transfers with assist of one staff	X	Assessment to determine safety.
Transfers with assist of two staff	X	Assessment to determine if 2 person transfer can be performed safely using a lift device. +
Transfers utilizing sit-to-stand lifts	X	Resident to have own device in apartment. Coordination with DME company. +
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment	X	Assessment to determine if it can be done safely.
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	Assesment to determine safety.
Ambulation with assist of 1	X	Wheel chair escorts.
Bed mobility	X	Assesment to determine safety.
Assistance with chair mobility	X	Chair equipment to be purchased and provided by resident. +
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	Located in restrooms and showers.
Elevators	X	Located in South, North and Middle of the building.

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		
Every two-hours safety checks	X	Offered in secure locked dementia units. Determined by assessment and hospice care plan. +

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Service	Available	Comments
Daily safety checks	X	Daily "I'm ok checks" residents must call #65 by 10am, or staff will check apartments. 
Emergency call system; specify type in comments	X	Pendants are to be worn by AL residents
Non-emergency call system; specify type in comments		
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	X	Vistors/vendors check in at front desk though Advance Scanning system 
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Alarms on Secured Dementia Care Units.
Security Guard		
Security cameras in common spaces	X	Camaras on exit doors at the North and South buliding and loading dock. 
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Key Cards garage for secure underground garage access.
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	All apartments have locking doors.
Emergency generator(s) to power the facility during power outages	X	Located at Skilled Nursing facility on campus and will power the Assisted Living 

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	Meals are purchased by meal package.
Breakfast available in community space	X	Second floor dining room and secured dementia care units.
Breakfast available; delivered to apartment	X	Extra fee applies
Lunch available in community space	X	Second floor dining room and secured dementia care units.
Lunch available; delivered to apartment	X	Extra fee applies
Dinner available in community space	X	Second floor dining room and secured dementia care units.
Dinner available; delivered to apartment	X	Extra fee applies
Meal tray delivery and pick-up from resident's unit	X	Extra fee applies.
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Preperation by kitchen staff only
Modified Texture Diets; specify limits in comments	X	Mechanical soft prepared by kitchen staff
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		

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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	X	Menu planning monthly.
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	Residents must call the #65 I'm ok check by 10am, or staff will do safety check on resident. 
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	Available at additional cost. See package.
Housekeeping: defrost and clean refrigerator	X	Available at additional cost. See package.
Housekeeping: dusting	X	Available at additional cost. See package.
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Available at additional cost. See package.
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Available at additional cost. See package.
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Available at additional cost. See package.
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Available at additional cost. See package.
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Available for additional cost.
Schedule medical and social service appointments	X	Coordination of services available for additional cost.
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	Wheel chair escorts inside community; bus provided for scheduled outside activities. 
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	Per scheduled days for outings.
Spiritual Care/Religious Services; on-site	X	Per scheduled availability per outside services certain day and times scheduled. 
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	Outside language line available.
Primary languages spoken by staff	X	English
Supervision of smoking		

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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		
One-to-One staffing for special circumstances		
Overnight companion		
Registered Nurse: on-site "part time"		
Registered Nurse: on-site "full time"	X	Monday thru Friday 6am to 5pm, RN oncall 24/7
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"	X	
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	Monday thru Friday on call 24/7
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	Monday to Friday 730am to 430pm
Dietician/Nutritionist consultant available or can be arranged		

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Coordination with out side agencies
Respiratory Therapist available or can be arranged	X	Coordination with out side agencies.
Occupational Therapist available or can be arranged	X	Coordination with out side agencies.
Speech Language Pathologist available or can be arranged	X	Coordination with out side agencies.
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments	X	Physican Assistant though Twin Cities Physicans.

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 in handicap accessible apartments
Private units	X	
Semi-private units	X	2 bed room per resident request.
Studio/efficiency units	X	
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	
Internet access	X	WIFI

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Amenity	Available	Comments
Cable (television)	X	
Pets allowed	X	Small pets cats and dogs under 20 pounds .
Pet care; specify in comments	X	Pet care must be provided by resident/responsible party. Staff do not provide pet care. +
Pool		
Whirlpool		
Exercise Room		
Library	X	Small area on 4th floor, Donated books.
Activity Room	X	Located on first floor
Garden/outdoor spaces	X	Patio located on the North facing part of the building.
Chapel		
Private entertaining space	X	May request through Activities Director.
Communal Dining room	X	Located on 2nd floor.
Beauty/Barber Shop	X	Located in skilled nursing facility, in attached building.
Parking available for residents	X	South parking lot free of charge, underground parking for additional fee per availability. +
Parking available for guests	X	Front of building.
Guest accommodations	X	Rental available, see front desk for details.
Laundry Room accessible to Residents	X	Located on North and South ends of the building with 2 rooms on each floor. +
Washer-Dryer in units		
Central Air Conditioning	X	Provided through P-Techs in each apartment.
Fully sprinklered building	X	

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Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside	X	
Other; specify:	x	Community Market located in attached building.

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/>); 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