

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: Sacred Heart Assisted Living

HFID: 20386

Unique building/unit description (if applicable): _____

Facility Address: 1202 12th st SW Austin MN 55912

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 _____
 Evening Shift:² _____
 Night shift:¹ _____


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 | Accept EW and CADI |
| Private Pay | X | |
| Long Term Care Insurance | X | Family/Resident is responsible for any payments not covered by insurance.  |

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 | | Available with RN MED Management services package |

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 | Service available for a fee: Based on RN Assessment |
| Communication with physician/pharmacy about ordering or refill requests | X | Available with RN Medication Management Services package  |
| Medication administration by licensed or unlicensed personnel | X | Available with RN Medication Management Services package  |
| Delivery of medication to resident previously set up by the facility nurse | X | For additional fee if using outside pharmacy, contract with Medicap Medication-Set up  |
| Medications set up by nurse for resident to self-administer | X | For additional fee. Based on RN Assessment |
| Delivery of medication from the original containers to resident | X | PRN Medications, only with RN Medication management service package  |
| Delivery of liquid or food to resident if required to ingest medication | X | Available with RN Medication Management Services Package  |
| Delegation of medication management services by licensed health professional to unlicensed staff | X | Available only with RN Medication Management Service Package  |
| Central storage of medication | X | For overstock and controlled substances as needed. |
| Diabetic Care: insulin pen dosing | X | Available only with RN Med Management services, based on RN Assessment.  |
| Diabetic Care: insulin pump management | X | Available only with RN Med Management services. Resident must handle Independently.  |
| Diabetic Care: insulin syringe dosing | X | Available only with RN Med Management services, based on RN Assessment.  |
| Diabetic Care: sliding scale insulin management | X | Available only with RN Med Management services, based on RN Assessment.  |
| Clinical monitoring of labs related to medications | X | Available only with RN Med Management services, based on RN Assessment, according to MD order  |
| Anticoagulant medication management | X | Available only with RN Med Management services, based on RN Assessment, according to MD order  |
| B-12 injections | X | RN Will set-up medication. Resident to administer with supervision from unlicensed staff.  |

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| Service | Available | Comments |
|--|-----------|--|
| Nutritional supplement administration | X | Oral Only |
| (IV) Intravenous management | | |
| PICC lines (Peripherally Inserted Central Catheter) | X | Not managed within facility. Would collaborate with outside sources |
| Injections; specify types or limits in comments (IM, SQ) | X | IM, SQ, based on RN Assessment. Available with RN MED Management services package. |
| Nebulizers | X | Available with RN MED Management services package |
| Inhalers | X | Available with RN MED Management services package |
| Ear drops | X | Available with RN MED Management services package |
| Eye drops | X | Available with RN MED Management services package |
| Topicals | X | Available with RN MED Management services package |
| Patches | X | Available with RN MED Management services package |
| 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 | Available with MD or therapy Orders |
| Wound care: basic | X | Based on RN Assessment |
| Wound care: complex | X | Based on RN Assessment. Will collaborate with outside services, wound clinic, homecare, etc |
| Diabetic care: blood glucose monitoring | X | Available with RN MED Package. Based on RN Assessment |
| Diabetic care: foot/nail care | X | Based on RN Assessment. Provided by nurse, may also require referral to podiatry. |
| C-PAP | X | |
| Bi-PAP | X | |
| Oxygen Management; specify any delivery system limitations | X | No Liquid Oxygen |
| Oxygen saturation checks | X | Per provider order |
| Ventilators | | |
| Suctioning | | |
| Tracheostomy Care: cleaning of site and tube | | |
| Tracheostomy Care: showering assistance | | |
| Tracheostomy Care: suctioning assistance | | |
| Pacemaker Checks | X | Based on RN Assessment for an extra fee. |
| Arrange for On-Site Dialysis | | |
| Arrange for/set-up Off-Site Dialysis | | |

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| Service | Available | Comments |
|--|-----------|--|
| Peritoneal Dialysis (on-site) | | |
| Compression stockings | X | |
| Lymphedema wraps | X | Based on RN Assessment; may require referral to therapy |
| Fall Prevention: balance assessments | X | Fall assessments done |
| Fall Prevention: exercise programs | X | Offered daily during the week |
| Fall Prevention: strength training | X | Offered daily during the week with exercise program |
| Integrative Health Services: acupuncture | | |
| Integrative Health Services: aromatherapy | | |
| Integrative Health Services: healing touch | | |
| Integrative Health Services: massage | | |
| Blood pressure checks | X | Monthly BP Checks, more often available as prescribed by provider  |
| Daily weight check | X | Monthly weight checks, more often available as prescribed by provider  |
| Indwelling urinary catheter care; emptying and bag changes | X | Based on RN Assessment |
| Indwelling urinary catheter replacement by nurse | X | Only available when RN on duty. In ER Situation, resident would be transferred to ER  |
| Straight (intermittent) catheter assistance | X | Resident must manage on own; Based on RN Assessment |
| Suprapubic catheter care | X | Resident must manage on own; Based on RN Assessment |
| Ostomy care | X | Based on RN Assessment. Must be established Ostomy |
| Arrangements for and coordination with hospice care | X | |
| End-of-life palliative care | X | May require family/support system and/or outside services  |

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| Service | Available | Comments |
|--|-----------|--|
| Access to and training on use of automatic electronic defibrillators (AED) | X | AED on site. Staff will summon EMS if AED is needed |
| Training of and use of Cardiopulmonary Resuscitation (CPR) | X | Only licensed professionals; unlicensed professionals summon EMS if CPR needed |

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 | Based on RN Assessment. Limited to minimal 1 assist. |
| Bathing: shower | X | |
| Bathing: bathtub | X | Whirlpool tub on site with staff supervision/set up |
| Oral hygiene | X | Limited to minimal 1 assist |
| Denture care | X | |
| Cuing/reminders for self-cares | X | |
| Use of special utensils | X | Per MD or Therapy recommendations. Resident must provide own. |
| 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 | X | Resident must manage. Established feeding tubes only, with RN Med Management package. |
| Feeding in common area with one staff member per resident | | |

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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 | |
| Nail care: toenails, fingernails | X | Based on RN Assessment; see Diabetic nail care. may require referral to podiatry |
| Toileting: standby assistance/supervision | X | Based on RN Assessment; limited to minimal assist of 1 |
| Changing incontinence products; perineal care | X | Must be on a PRN basis; based on RN Assessment |
| Ordering replacement incontinence products | X | |
| Assistance with bowel and bladder control, devices, and training programs | X | Based on RN Assessment; able to provide cues/reminders, toileting assist (Minimal assist, etc) |

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 | Based on RN Assessment |
| Transfers with assist of one staff | X | Based on RN Assessment; Must be minimal assist of 1 must be on a PRN basis |
| Transfers with assist of two staff | | |
| Transfers utilizing sit-to-stand lifts | | |
| Transfers utilizing sliding boards | | |
| Transfers utilizing bariatric equipment | | |
| Ceiling lift transfers | | |

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| Service | Available | Comments |
|---------------------------------------|-----------|--|
| Non-mechanical transfers (trapeze) | X | Based on RN Assessment; Resident must use independently with MD/Therapy orders |
| Mechanical lift: assist of 1 transfer | | |
| Mechanical lift: assist of 2 transfer | | |
| Ambulation with assist of 1 | X | Based on RN Assessment; Must be on a PRN basis not continuously |
| Bed mobility | X | Based on RN Assessment, Must be on a PRN basis not continuously |
| Assistance with chair mobility | X | Based on RN Assessment, Must be on a PRN basis not continuously |
| Chair Glide System | | |
| Mechanical Stair Lift System | | |
| Handrails; in personal space | X | Permanent handrails in bathrooms |
| Elevators | X | One central elevator for two-story 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 | In the event of an emergency: Limited basis only |

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| Service | Available | Comments |
|---|-----------|--|
| Daily safety checks | X | On 1st and 2nd shift. 3rd shift listens at apartment door but does not enter apartment. + |
| Emergency call system; specify type in comments | X | Call Pendants as well as pull cords in bathrooms |
| Non-emergency call system; specify type in comments | X | Residents are provided with the facility phone number upon admission + |
| 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 | After 8pm Entrance doors are locked. Check in with phone on wall, instructions provided + |
| Bed alarms or movement sensing technology | | |
| Door sensors: specify locations (unit, resident room, exits, etc.) | X | Exits are alarmed; dining room and main entrance are not alarmed from 7am-8pm + |
| 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 | Resident apartment doors. Only staff in building have access to rooms. + |
| Emergency generator(s) to power the facility during power outages | X | Generator only powers 3 emergency outlets and some lighting in facility. + |

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 | Only on a limited basis for additional fee |
| Dinner available in community space | X | |
| Dinner available; delivered to apartment | X | Only on a limited basis for additional fee |
| Meal tray delivery and pick-up from resident's unit | X | On a limited basis, for additional fee |
| Meal preparation in resident's unit | | |
| Thickened Liquids; specify limits in comments | X | Based on RN Assessment with MD order; Resident must supply Prethickened only + |
| Modified Texture Diets; specify limits in comments | X | Based on RN Assessment |
| Therapeutic Diets: cardiac | | |
| Therapeutic Diets: diabetic or calorie controlled | | |
| Therapeutic Diets: gluten-free | X | Options are limited |
| 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 | X | Per physician's orders. |
| Therapeutic Diets: renal diet | | |
| Other special diets: kosher | | |
| Other special diets: (vegetarian, vegan, etc.) specify in comments | | |
| Dietitian or Nutritionist Services | X | Limited Services. Menus are reviewed by Dietitian. + |
| Carbohydrate intake/tracking | | |
| Meal consumption tracking | X | Limited basis. During meal time only |

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 | Staff complete safety checks on everyone and check on everyone at meals. + |
| Assistance with meals or food preparation | | |
| Daily Social and Recreational Services | Required | |
| Housekeeping: bed making | X | Housekeeping provided weekly for a fee. Daily bed making is an additional fee + |
| Housekeeping: defrost and clean refrigerator | X | Monthly with room clean. |
| Housekeeping: dusting | X | Light dusting weekly with room clean |
| Housekeeping: organize closets and drawers | X | Upon request from resident for additional fee |

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| Service | Available | Comments |
|---|-----------|---|
| Housekeeping: trash removal; specify frequency in comments | X | Daily if using incontinent products. Otherwise weekly |
| Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum) | X | Weekly with room clean |
| Housekeeping: other; specify in comments | X | Light housekeeping weekly, extra tasks as requested if staff available for additional fee |
| Laundry: linen (change bed, launder sheets, towels) | X | Weekly, more often as requested for additional fee |
| Laundry: wash, dry, and fold clothing; specify loads per week in comments | X | Weekly 3 loads per week |
| Laundry: other; specify in comments | X | Ironing board available in laundry room for resident use |
| Schedule offsite social and recreational activities | X | Activity calendar with a variety of activities on and offsite |
| Schedule medical and social service appointments | X | Limited Services available. |
| 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 | For activities only. Set up by facility. |
| Provide transportation to medical and social service appointments | X | On a very limited basis. Additional fee |
| Assistance accessing community resources and social services | Required | |
| Shopping: facility sponsored | X | Available during warmer weather seasons |
| Spiritual Care/Religious Services; on-site | X | Catholic services available on site weekly, will assist if request for referral for other opt |
| Assistance with bill paying/budgeting | | |
| Communication boards or other supplemental communication devices | | |
| Primary languages spoken by staff | X | English |
| Supervision of smoking | | |

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| 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 | X | Per RN Assessment in Emergency Situation ONLY until family arrives or is transferred.  |
| Overnight companion | | |
| Registered Nurse: on-site "part time" | | |
| Registered Nurse: on-site "full time" | X | Monday-Friday On call 24/7 for staff |
| Licensed Practical Nurse: on site "part time" | | |
| Licensed Practical Nurse: on-site "full time" | X | Monday-Friday |
| Assisted Living Director: on-site "part time" | | |
| Assisted Living Director: on site "full time" | X | Monday-Friday. |
| 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 | Activities personnel available full time; Every effort is made to maintain.  |
| Dietician/Nutritionist consultant available or can be arranged | X | Arranged Service |

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| Staffing | Available | Comments |
|---|-----------|------------------|
| Physical Therapist available or can be arranged | X | Arranged Service |
| Respiratory Therapist available or can be arranged | | |
| Occupational Therapist available or can be arranged | X | Arranged Service |
| Speech Language Pathologist available or can be arranged | X | Arranged Service |
| Social Worker available or can be arranged | X | Arranged Service |
| 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 | Walk in showers with fold down seats, wheelchair accessible sink, bars in bathroom for safety |
| Private units | X | |
| Semi-private units | | |
| Studio/efficiency units | X | 400-440 square feet, 26 units |
| One-bedroom units | | |
| Two-bedroom units | | |
| Kitchen/Kitchenettes in units | X | No stove, has mini-fridge provided |
| Internet access | X | Included Wi-Fi |

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| Amenity | Available | Comments |
|--------------------------------------|-----------|---|
| Cable (television) | X | Antenna system with variety of programs included. Cable TV is available in Community Room |
| Pets allowed | | |
| Pet care; specify in comments | | |
| Pool | | |
| Whirlpool | X | Separate whirlpool room with staff supervision/set up |
| Exercise Room | | |
| Library | | |
| Activity Room | X | Large Dining room used for activities. Small game room available |
| Garden/outdoor spaces | X | Fenced in courtyard with gazebo, covered sitting area |
| Chapel | X | OnSite, in attached Long Term Care Facility. |
| Private entertaining space | X | |
| Communal Dining room | X | |
| Beauty/Barber Shop | X | On Site, in attached Long Term Care Facility. |
| Parking available for residents | X | |
| Parking available for guests | X | |
| Guest accommodations | X | No guest room. Allowed to stay with resident their apartment, time limited |
| Laundry Room accessible to Residents | X | |
| Washer-Dryer in units | | |
| Central Air Conditioning | X | |
| Fully sprinklered building | X | |

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| 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 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