

Uniform Disclosure of Assisted Living Services & Amenities (UDALSA)

This is a required document per [144G.40 Subd. 2 \(www.revisor.mn.gov/statutes/cite/144G.40\)](http://www.revisor.mn.gov/statutes/cite/144G.40) of all assisted living facilities to describe the services, supports, and amenities available at the assisted living facility. Prospective residents and their families can use this tool to determine if the assisted living facility can meet their needs, allow them to compare options among various settings, and make informed decisions about selecting an assisted living facility setting. The information presented here may be important for a resident’s ability to age in place. Assisted living facilities are not required to provide all the services listed, and available services are subject to change. The facility will indicate which services are provided and any limitations that may pertain to the service.

You are also encouraged to tour facilities, talk with other residents, residents’ family members, or meet one-on-one with facility staff during the selection process. The disclosure checklist is not a substitute for the assisted living contract, which is a separate document that will include the specific services to be provided to the individual resident and the fees per services.

General Information

This information is current as of (MM/DD/YYYY): 05/01/2023

Name of Assisted Living: Parkshore Senior Living Campus Assisted Living

HFID: 20427

Unique building/unit description (if applicable): _____

Facility Address: 3633 Park Center Boulevard, St. Louis Park, MN 55416

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: ⁸⁻⁹ _____

Evening Shift: ⁸ _____

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		
Federal rent subsidy		
Other; explain:		

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations		
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	X	
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	Medication management delegated to ULP and supervised 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	AL Skd up to 5x/day w/med management. Dementia Skd up to hourly PRN
Communication with physician/pharmacy about ordering or refill requests	X	Available to residents receiving medication management services
Medication administration by licensed or unlicensed personnel	X	Available to residents receiving medication management services
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		
Delivery of liquid or food to resident if required to ingest medication	X	Available to residents receiving medication management services
Delegation of medication management services by licensed health professional to unlicensed staff	X	RN deligation and supervision of ULP
Central storage of medication	X	Medication Carts
Diabetic Care: insulin pen dosing	X	
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing	X	Predose set up required by RN (syringes filled)
Diabetic Care: sliding scale insulin management		
Clinical monitoring of labs related to medications	X	Available to residents receving home care services for additional fee
Anticoagulant medication management	X	Available to residents receiving home care services for additional fee
B-12 injections	X	

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Service	Available	Comments
Nutritional supplement administration	X	
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)		
Nebulizers	X	Medication management delegated to ULP and supervised by RN
Inhalers	X	Medication management delegated to ULP and supervised by RN
Ear drops	X	Medication management delegated to ULP and supervised by RN
Eye drops	X	Medication management delegated to ULP and supervised by RN
Topicals	X	Medication management delegated to ULP and supervised by RN
Patches	X	Medication management delegated to ULP and supervised 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	Available to residents receiving home care services
Wound care: basic	X	Available to residents receiving home care services
Wound care: complex		
Diabetic care: blood glucose monitoring	X	Available to residents receiving home care services
Diabetic care: foot/nail care	X	Nurse service and on-site third party podiatry provider
C-PAP	X	Available to residents receiving home care services
Bi-PAP		
Oxygen Management; specify any delivery system limitations	X	Service available through nasal cannula or face masks, No high flow O2 or ventilator
Oxygen saturation checks	X	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Based on availability of RN, resident provides equipment to transmit
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Coordinate via on site nurse and center as needed

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps	X	Coordinate TX through on-site Medicare certified therapy team or provider of choice
Fall Prevention: balance assessments	X	Coordinate TX through on-site Medicare certified therapy team or provider of choice
Fall Prevention: exercise programs	X	Available through on site health club and Medicare certified therapy teams
Fall Prevention: strength training	X	Available through on site health club and Medicare certified therapy team
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	
Daily weight check	X	
Indwelling urinary catheter care; emptying and bag changes	X	Available to residents receiving home care services
Indwelling urinary catheter replacement by nurse		
Straight (intermittent) catheter assistance		
Suprapubic catheter care		
Ostomy care		
Arrangements for and coordination with hospice care		
End-of-life palliative care		

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Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)	X	Health club and health club staff only
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	Health club staff, LPN, and RN trained in 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	Available to residents receiving home care services delegated to ULP by RN
Bathing: shower	X	Available to residents receiving home care services delegated to ULP by RN
Bathing: bathtub		
Oral hygiene	X	Available to residents receiving home care services delegated to ULP by RN
Denture care	X	Available to residents receiving home care services delegated to ULP by RN
Cuing/reminders for self-cares	X	Available to residents receiving home care services delegated to ULP by RN
Use of special utensils	X	Recommendations through therapy services
Feeding assistance for residents with complicated eating problems	X	RN will coordinate with Speech Therapy and delegate to ULP if appropriate
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	Available to residents receiving home care services delegated to ULP by RN
Tube Feeding; specify limits in comments		
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	X	Services available in Dementia Care
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	
Nail care: toenails, fingernails	X	
Toileting: standby assistance/supervision	X	Available to residents receiving home care services delegated to ULP by RN
Changing incontinence products; perineal care	X	Available to residents receiving home care services delegated to ULP by RN
Ordering replacement incontinence products	X	Order for emergency supply only, billed to resident
Assistance with bowel and bladder control, devices, and training programs	X	Coordinate TX through on-site Medicare certified therapy team or pfovider of choice
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	Available to residents receiving home care services
Transfers with assist of one staff	X	Available to residents receiving home care services
Transfers with assist of two staff	X	Available to residents receiving home care services
Transfers utilizing sit-to-stand lifts	X	Available to residents receiving home care services
Transfers utilizing sliding boards	X	Available to residents receiving home care services
Transfers utilizing bariatric equipment		
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	Available to residents receiving home care services
Ambulation with assist of 1	X	Available to residents receiving home care services
Bed mobility	X	Available to residents receiving home care services
Assistance with chair mobility	X	Available to residents receiving home care services
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	Grab bars can be installed for an additional charge
Elevators	X	
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	

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Service	Available	Comments
Daily safety checks	X	Available to residents receiving home care services
Emergency call system; specify type in comments	X	RCare pendants available in AL and Memory Care
Non-emergency call system; specify type in comments	X	RCare pendants available in AL and Memory Care
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments	X	Camera located at exits
Visitor check-in/check-out at facility main entrance	X	Visitor log maintained
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Main entrance doors only
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Apartment doors and offices
Emergency generator(s) to power the facility during power outages	X	
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	Includes additional fees
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Includes additional fees
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Includes additional fees
Meal tray delivery and pick-up from resident's unit	X	Includes additional fees
Meal preparation in resident's unit	X	Kitchens available in resident apartments
Thickened Liquids; specify limits in comments	X	Thicken liquids upon request after safety evaluation by RN
Modified Texture Diets; specify limits in comments	Modified textures	Modified textures upon request after safety evaluation by RN
Therapeutic Diets: cardiac		Resident selects appropriate menu choice
Therapeutic Diets: diabetic or calorie controlled		Resident selects appropriate menu choice
Therapeutic Diets: gluten-free		Resident selects appropriate menu choice.
Therapeutic Diets: high fiber		Resident selects appropriate menu choice
Therapeutic Diets: low fat/low cholesterol		Resident selects appropriate menu choice
Therapeutic Diets: low sodium		Resident selects appropriate menu choice

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Service	Available	Comments
Therapeutic Diets: no added salt		Resident selects appropriate menu choice
Therapeutic Diets: renal diet		Resident selects appropriate menu choice
Other special diets: kosher		Resident selects appropriate menu choice
Other special diets: (vegetarian, vegan, etc.) specify in comments		Resident selects appropriate menu choice
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	Performed at meals; If resident is not present ULP requests a wellness check
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	Provided to residents receiving home care services upon request
Housekeeping: defrost and clean refrigerator	X	Upon request. Additional fees included
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers	X	Upon request. Additional fees included

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Weekly by housekeeping staff. More often as needed by home health staff
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Weekly by housekeeping staff.
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Memory Care weekly. ALweekly upon request
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Memory Care weekly. ALweekly upon request
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	
Schedule medical and social service appointments		
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	
Provide transportation to medical and social service appointments	X	Programming department has set schedule for facility bus transportation
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	Programming department has set schedule for facility bus transportation
Spiritual Care/Religious Services; on-site	X	
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices		
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”	X	
Licensed Practical Nurse: on-site “full time”	X	
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	X	
Advanced Practice Registered Nurse: on-site “part time”	X	
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		

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Third party arrangement with provider of choice
Respiratory Therapist available or can be arranged	X	Third party arrangement with provider of choice
Occupational Therapist available or can be arranged	X	Third party arrangement with provider of choice
Speech Language Pathologist available or can be arranged	X	Third party arrangement with provider of choice
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments	X	Psychology Clinic as a contracted service
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	
Private units	X	
Semi-private units		
Studio/efficiency units	X	
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	
Internet access	X	

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Amenity	Available	Comments
Cable (television)	X	
Pets allowed	X	Discretion of Management
Pet care; specify in comments		
Pool	X	
Whirlpool		
Exercise Room	X	
Library	X	
Activity Room	X	
Garden/outdoor spaces	X	
Chapel		
Private entertaining space	X	
Communal Dining room	X	
Beauty/Barber Shop	X	
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations	X	
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	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\(d\)](http://www.revisor.mn.gov/statutes/cite/144G.55) (www.revisor.mn.gov/statutes/cite/144G.55).

Residents may choose to obtain services from an outside service provider at their own cost. Residents may also obtain services from an outside service provider if the resident’s assessed needs exceed the scope of services the facility can provide as agreed upon in the contract and are not included in the checklist. If this occurs and the resident is not able to obtain services from an outside service provider, then the facility may require the resident move to another facility or care setting that is able to meet the resident’s needs. In the event this occurs, the facility will assist in a coordinated move of the resident to a safe and appropriate location.

Prospective Residents need to call the Senior LinkAge Line to discuss their housing options before signing a contract with a licensed assisted living facility. The Senior LinkAge Line is available Monday through Friday from 8am to 4:30pm at 1-800-333-2433.

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

- [Office of Ombudsman for Long Term Care \(https://mn.gov/board-on-aging/direct-services/ombudsman/\)](https://mn.gov/board-on-aging/direct-services/ombudsman/); 1-800-657-3591
- [Office of Ombudsman for Mental Health and Developmental Disabilities \(https://mn.gov/omhdd/\)](https://mn.gov/omhdd/); 1-800-657-3506
- Minnesota Directory for community resources: www.MinnesotaHelp.Info
- [Minnesota Senior LinkAge Line \(www.seniorlinkageline.com/\)](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