

# 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): 11/03/2025

Name of Assisted Living: Wedum Shorewood Campus, LLC DBA Shorewood Senior Campus

HFID: 20686

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

Facility Address: 2115 2nd Street SW Rochester, MN 55902

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: <sup>5</sup> \_\_\_\_\_

Evening Shift: <sup>4</sup> \_\_\_\_\_

Night shift: <sup>3</sup> \_\_\_\_\_


## 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	Upon request we will submit requested information to LTC 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	x	1st floor DC secured with non-delayed/egress controlled locks 
Secured outdoor grounds on facility premises	x	Attached to the 1st Floor DC unit off the common dining area 
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	x	Available to residents receiving medication management services 
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	
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	x	Available to residents receiving medication management services 
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 med management services. Resident/family supplies food/liquid 
Delegation of medication management services by licensed health professional to unlicensed staff	x	Nurse delegation and supervision of ULP.
Central storage of medication	x	Medications stored in locked containers in resident apartments. 
Diabetic Care: insulin pen dosing	x	Nurse delegation to ULP with supervision. ULP to assist with administration. 
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing	x	Syringed pre-drawn by nurse. Nurse delegation to ULP with supervision. ULP to assist w/ admin 
Diabetic Care: sliding scale insulin management	x	Nurse delegation to ULP with supervision. ULP to assist with administration. 
Clinical monitoring of labs related to medications	x	Available to residents receiving medication management services 
Anticoagulant medication management	x	Available to residents receiving medication management services 
B-12 injections	x	Administered by nurse









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Service	Available	Comments
Nutritional supplement administration	x	Resident/family to supply
(IV) Intravenous management	x	Case by case
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	x	Avail to residents receiving med management. IM performed by nurse. SQ delegated to ULP <span style="float: right;">+</span>
Nebulizers	x	Available to residents receiving medication management services <span style="float: right;">+</span>
Inhalers	x	Available to residents receiving medication management services <span style="float: right;">+</span>
Ear drops	x	Available to residents receiving medication management services <span style="float: right;">+</span>
Eye drops	x	Available to residents receiving medication management services <span style="float: right;">+</span>
Topicals	x	Available to residents receiving medication management services <span style="float: right;">+</span>
Patches	x	Available to residents receiving medication management services <span style="float: right;">+</span>
Medication delivery via enteral (feeding) tube	x	Based on resident assessment, will coordinate w/outside home health care agency <span style="float: right;">+</span>
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	Per provider/Therapy recommendation. Delegation to ULP with nurse Supervision 
Wound care: basic	x	Nurse to assess if needs can be met safely. Delegation to ULP with nurse supervision. 
Wound care: complex	x	Based on RN assessment, no sterile dressing, can coordinate w/ home care agency if needed 
Diabetic care: blood glucose monitoring	x	Provider orders required. Delegation to ULP with nurse supervision 
Diabetic care: foot/nail care	x	Will coordinate with visiting podiatrist
C-PAP	x	Nurse to assess if needs can be met safely. Delegation to ULP with nurse supervision. 
Bi-PAP	x	Nurse to assess if needs can be met safely. Delegation to ULP with nurse supervision. 
Oxygen Management; specify any delivery system limitations	x	Nurse to assess. No high flow/ventilators. Coordinate w/ provider of choice. ULP delegation. 
Oxygen saturation checks	x	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	x	Services provided based on availability of RN. Resident provides transmit equipment. 
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	Nurse to assess needs can be met safely. ULP delegation with nurse supervision. 
Lymphedema wraps	x	Nurse to assess needs can be met safely. ULP delegation with nurse supervision. 
Fall Prevention: balance assessments		
Fall Prevention: exercise programs	x	Available through on-site health club/enrichment
Fall Prevention: strength training		Available through on-site health club/enrichment. Will coordinate w/PT or outside home health 
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	x	Available through on-site health club and/or Nursing
Daily weight check	x	Per provider orders. Delegation to ULP with nurse supervision. 
Indwelling urinary catheter care; emptying and bag changes	x	RN delegates to ULP;RN supervision; will assess resident's needs can be safely met 
Indwelling urinary catheter replacement by nurse	x	Nurse to assess if task is complicated. Nurse to perform task. 
Straight (intermittent) catheter assistance	x	Nurse to assess if needs can be met safely. Stand by assistance. ULP delegation. 
Suprapubic catheter care	x	Nurse to assess needs can be met safely. Delegation to ULP with nurse supervision. 
Ostomy care	x	Nurse to assess if task is complicated. Delegation to ULP with nurse supervision. 
Arrangements for and coordination with hospice care	x	
End-of-life palliative care	x	Assessed and coordinated with a Hospice Agency




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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	
Bathing: bathtub		
Oral hygiene	x	
Denture care	x	
Cuing/reminders for self-cares	x	
Use of special utensils	x	Recommendation provided by therapy, Resident/family to supply utensils 
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	x	
Manual Feeding; specify limits in comments	x	Nurse to assess if needs can be met safely. Must be completed within 30 minutes. 
Tube Feeding; specify limits in comments	x	Nurse to assess if needs can be met safely. No nasal-gastric tubes. Delegated to ULP. 
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	Shaving with electric razors only
Nail care: toenails, fingernails	x	Monthly fingernail care with activities; scheduled visiting podiatrist available 
Toileting: standby assistance/supervision	x	
Changing incontinence products; perineal care	x	
Ordering replacement incontinence products	x	Resident/family supplies
Assistance with bowel and bladder control, devices, and training programs		Resident/Family can coordinate w/outside Home Health Care agency for training 
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		
Transfers utilizing sit-to-stand lifts	x	Nurse to assess if needs can be met safely. Resident to supply device. 2 staff required. 
Transfers utilizing sliding boards	x	Nurse to assess if needs can be met safely. Resident to supply device. 
Transfers utilizing bariatric equipment		
Ceiling lift transfers		



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Service	Available	Comments
Non-mechanical transfers (trapeze)	x	Nurse to assess if needs can be met safely. Resident/family to supply device. 
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	x	Nurse to assess if needs can be met safely. Resident/family to supply device. 
Ambulation with assist of 1	x	
Bed mobility	x	Nurse to assess needs can be met safely. Will provide recommendation for grab bar/bed rail. 
Assistance with chair mobility	x	Equip must be provided by resident/family
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	x	Can be installed for an additional fee
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	x	Available for a maximum of one day. Nurse to assess if needs can be met safely. 
Every two-hours safety checks	x	Every 2-3 hours in DC. Available in AL. Nurse to assess if needs can be met safely. 



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Service	Available	Comments
Daily safety checks	x	
Emergency call system; specify type in comments	x	Pendant/wrist button provided. DC based on RN assessment <span style="float: right;">+</span>
Non-emergency call system; specify type in comments	x	Pendant/wrist button provided. DC based on RN assessment <span style="float: right;">+</span>
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	
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces	x	Security cameras are located in some, not all common spaces, not monitored in real time <span style="float: right;">+</span>
Key card/fob access: specify locations (unit, resident room, exits, etc.)	x	
Other lock systems: specify locations (unit, resident room, exits, etc.)	x	
Emergency generator(s) to power the facility during power outages	x	Emergency generator avail to power equip, elevators and specific areas <span style="float: right;">+</span>
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	Additional Fee
Breakfast available; delivered to apartment	x	Additional fee for delivery, expect in DC
Lunch available in community space	x	Additional Fee
Lunch available; delivered to apartment	x	Additional fee for delivery, expect in DC
Dinner available in community space	x	Additional fee
Dinner available; delivered to apartment	x	Additional fee for delivery, expect in DC
Meal tray delivery and pick-up from resident's unit	x	Additional fee for delivery
Meal preparation in resident's unit	x	Nurse to assess residents needs to be met safely 
Thickened Liquids; specify limits in comments	x	Available to residents w/provider order. Family to provided product. 
Modified Texture Diets; specify limits in comments	x	Nurse to assess if needs can be met safely.
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		
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	Available to AL residents not receiving daily services
Assistance with meals or food preparation	x	Based on assessment and staffing
Daily Social and Recreational Services	Required	
Housekeeping: bed making	x	Daily bed making provided by nursing. Housekeeping services upon resident request. 
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	x	light dusting, staff do not move decor
Housekeeping: organize closets and drawers	x	Avail to resident upon request; may incur additional fee

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	x	Daily by ULP with cares. Weekly by housekeeping. Can receive more frequently if requested. 
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	Included in rent; staff do not move furniture
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	x	Avail to AL residents upon request; weekly and PRN in DC
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	Weekly in DC; Avail for an additional fee in AL upon request (up to 4 loads per week) 
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	x	per scheduled programming activities
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	Community has a set schedule and transportation route for resident shuttle service 
Provide transportation to medical and social service appointments	x	Community has a set schedule and transportation route for resident shuttle service 
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	x	Community has a set schedule and transportation route for resident shuttle service 
Spiritual Care/Religious Services; on-site	x	
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	x	
Primary languages spoken by staff	x	English
Supervision of smoking		

Service	Available	Comments
Other; specify:		

### Section 9: Staffing

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

#### Staffing Available

Staffing	Available	Comments
One-to-One staffing available		
One-to-One staffing for special circumstances		
Overnight companion		
Registered Nurse: on-site “part time”		
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”		
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	Can coordinate with resident's provider of choice
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	x	Can coordinate with resident's provider of choice
Speech Language Pathologist available or can be arranged	x	Can coordinate with resident's provider of choice
Social Worker available or can be arranged	x	Can coordinate with resident's provider of choice
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	
Private units	x	
Semi-private units	x	one shared apt in DC
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	Available for additional fee in AL. Not available in DC. Owner must be able to care for pet <span style="float: right;">+</span>
Pet care; specify in comments		
Pool	x	
Whirlpool	x	Hydroworx
Exercise Room	x	
Library	x	
Activity Room	x	
Garden/outdoor spaces		
Chapel		
Private entertaining space		
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	

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

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

- [Office of Ombudsman for Long Term Care \(https://mn.gov/board-on-aging/direct-services/ombudsman/\)](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](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