

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): 10/30/2025

Name of Assisted Living: Hinckley Assisted Living LLC. dba, Elderwood of Hinckley

HFID: 23986

Unique building/unit description (if applicable): _____

Facility Address: 710 Spring Lane Hinckley MN 55037

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: ⁴ _____

Evening Shift: ⁴ _____

Night shift: ² _____

Payment Options

The facility will indicate by placing an "X" in the "Accepted" column if the payment option is accepted (may check more than one). The facility may indicate in the "Comments" column if a pre-determined length of private funds payment source is required before acceptance of Medicaid or waived service funds as well as the number of months required.

Payment Options for Housing Contract

Payment Option	Accepted	Comments
Private Pay	X	
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	
Federal rent subsidy		
Other; explain:		

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	
Private Pay	X	
Long Term Care Insurance	X	

Other; explain:

Services and Amenities Available

Below is a list of services that are available to assisted living residents. The facility will indicate by placing a "yes" or "X" in the "Available" column if the service is provided or available at/on the campus/unit of the location listed above. If the "Available" column is blank, the facility does *not* provide that service.

Section 1: Dementia Care

Pertains only to facilities with an **Assisted Living with Dementia Care** license

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

Dementia Care Services Available


Service	Available	Comments
Secured unit or building for wandering or exit-seeking behavior	X	
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	Resident must be on services for management.

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

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Service	Available	Comments
Nutritional supplement administration	X	Resident must be on services for management. Resident/rep. responsible for cost +
(IV) Intravenous management	X	Resident must be on services for management. Case by case basis as determined by RN. +
PICC lines (Peripherally Inserted Central Catheter)	X	Resident must be on services for management. Case by case basis as determined by RN. +
Injections; specify types or limits in comments (IM, SQ)		
Nebulizers	X	Resident must be on services for management.
Inhalers	X	Resident must be on services for management.
Ear drops	X	Resident must be on services for management.
Eye drops	X	Resident must be on services for management.
Topicals	X	Resident must be on services for management.
Patches	X	Resident must be on services for management.
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	Resident must be on services for management. Case by case basis as determined by RN. 
Wound care: basic	X	Resident must be on services for Management. Case by case basis as determined by RN. 
Wound care: complex	X	Resident must be on services for management. Case by case basis as determined by RN. 
Diabetic care: blood glucose monitoring	X	Resident must be on services for management. Case by case basis as determined by RN. 
Diabetic care: foot/nail care	X	Resident must be on services for management. Resident/rep. responsible for cost. 
C-PAP		
Bi-PAP		
Oxygen Management; specify any delivery system limitations	X	Must be on services for management. Case by case basis as determined by RN. 
Oxygen saturation checks	X	Must be on services for management. Case by case basis as determined by RN. 
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Resident must be on services for management. Case by case basis as determined by RN. 
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Resident must be on services for management. Case by case basis as determined by RN. 

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Resident must be on services for management. Case by case basis as determined by RN. ☒
Lymphedema wraps		
Fall Prevention: balance assessments	X	Contracted with Skilled Therapy Agency.
Fall Prevention: exercise programs		
Fall Prevention: strength training	X	Contracted with Skilled Therapy Agency.
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	Resident must be on services for management.
Daily weight check	X	Resident must be on services for management.
Indwelling urinary catheter care; emptying and bag changes	X	Resident must be on services for management. Case by case basis as determined by RN. ☒
Indwelling urinary catheter replacement by nurse	X	Resident must be on services for management. Case by case basis as determined by RN. ☒
Straight (intermittent) catheter assistance	X	Resident must be on services for management. Case by case basis as determined by RN. ☒
Suprapubic catheter care	X	Resident must be on services for management. Case by case basis as determined by RN. ☒
Ostomy care	X	Resident must be on services for management. Case by case basis as determined by RN. ☒
Arrangements for and coordination with hospice care	X	Resident must be on services for management. Case by case basis as determined by RN. ☒
End-of-life palliative care	X	Resident must be on services for management. Case by case basis as determined by RN. ☒

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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	Resident must be on services for management. Cannot exceed assist of 2 staff. +
Bathing: shower	X	Resident must be on services for management. Cannot exceed assist of 2 staff. +
Bathing: bathtub	X	Resident must be on services for management. Cannot exceed assist of 2 staff. +
Oral hygiene	X	Resident must be on services for management.
Denture care	X	Resident must be on services for management.
Cuing/reminders for self-cares	X	Resident must be on services for management.
Use of special utensils	X	Resident must be on services for management. Case by case basis as determined by RN. +
Feeding assistance for residents with complicated eating problems	X	Resident must be on services for management. Case by case basis as determined by RN. +
Set-up and cut food at meals	X	Resident must be on services for management. Case by case basis as determined by RN. +
Manual Feeding; specify limits in comments	X	Resident must be on services for management. Case by case basis as determined by RN. +
Tube Feeding; specify limits in comments		Resident must be on services for management. Case by case basis as determined by RN. +
Feeding in common area with one staff member per resident	X	Resident must be on services for management.

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	X	Resident must be on services for management.
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	Resident must be on services for management.
Nail care: toenails, fingernails	X	Resident must be on services for management.
Toileting: standby assistance/supervision	X	Resident must be on services for management.
Changing incontinence products; perineal care	X	Resident must be on services for management.
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	Resident must be on services for management.
Transfers with assist of one staff	X	Resident must be on services for management.
Transfers with assist of two staff	X	Resident must be on services for management.
Transfers utilizing sit-to-stand lifts	X	Resident must be on services for management.
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer	X	Resident must be on services for management. Case by case basis as determined by RN. ⊕
Mechanical lift: assist of 2 transfer	X	Resident must be on services for management. Case by case basis as determined by RN. ⊕
Ambulation with assist of 1	X	Resident must be on services for management. Case by case basis as determined by RN. ⊕
Bed mobility	X	Resident must be on services for management. Cannot exceed assist of 2 staff. ⊕
Assistance with chair mobility	X	Resident must be on services for management. Cannot exceed assist of 2 staff. ⊕
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	Addition cost, evaluation recommended by contracted rehab/therapy services. ⊕
Elevators		

Other; specify:

Section 6: Security & Monitoring

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

Security and Monitoring Services

Service	Available	Comments
Every 15-minutes safety checks		
Every 30-minutes safety checks		
Hourly safety checks		
Every two-hours safety checks	X	Residents must be on services for management.

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Service	Available	Comments
Daily safety checks	X	Resident must be on services for management.
Emergency call system; specify type in comments		
Non-emergency call system; specify type in comments	X	Push Button Pendant to summon assistance
Digital wander alert device on resident		
Wander alert system at facility exits	X	Resident must be on services for management. Extra cost for Wander Alert. +
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	X	Visitor self sign in sign out upon arriving.
Bed alarms or movement sensing technology	X	Resident must be on services for management. Case by case basis as determined by RN. +
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces		
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)		
Emergency generator(s) to power the facility during power outages		

Other; specify:

Section 7: Dining and Nutrition

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

Dining and Nutrition Services

Service	Available	Comments
Three meals available, plus snacks	Required	
Breakfast available in community space	X	
Breakfast available; delivered to apartment	X	
Lunch available in community space	X	
Lunch available; delivered to apartment	X	
Dinner available in community space	X	
Dinner available; delivered to apartment	X	
Meal tray delivery and pick-up from resident's unit	X	
Meal preparation in resident's unit	X	
Thickened Liquids; specify limits in comments	X	Must be on services for management. Case by case basis as determined by RN. 
Modified Texture Diets; specify limits in comments		
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		
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator	X	
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers	X	

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Daily trash/garbage removal
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments	X	Make beds daily and tidy up room.
Laundry: linen (change bed, launder sheets, towels)	X	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	One Load per week standard, more as needed
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	
Schedule medical and social service appointments	X	
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	
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	
Spiritual Care/Religious Services; on-site	X	
Assistance with bill paying/budgeting	X	
Communication boards or other supplemental communication devices		
Primary languages spoken by staff	X	English
Supervision of smoking	X	

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Service	Available	Comments
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Other; specify:

Section 9: Staffing

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

Staffing Available

Staffing	Available	Comments
One-to-One staffing available	X	
One-to-One staffing for special circumstances	X	
Overnight companion		
Registered Nurse: on-site "part time"	X	
Registered Nurse: on-site "full time"		
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	
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time	X	
Activities Director: Full Time		
Dietician/Nutritionist consultant available or can be arranged		

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Through contracted services.
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Through contracted services.
Speech Language Pathologist available or can be arranged		
Social Worker available or can be arranged		
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	Common Bathrooms with walk-in shower and accessible whirlpool tub
Private units	X	
Semi-private units	X	
Studio/efficiency units	X	
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units		
Internet access	X	

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Amenity	Available	Comments
Cable (television)	X	Included at no extra cost
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool	X	
Exercise Room		
Library		
Activity Room		
Garden/outdoor spaces	X	
Chapel		
Private entertaining space		
Communal Dining room	X	
Beauty/Barber Shop	X	
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents		
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\(d\)](#) (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 \(https://mn.gov/board-on-aging/direct-services/ombudsman/\); 1-800-657-3591](https://mn.gov/board-on-aging/direct-services/ombudsman/)
- [Office of Ombudsman for Mental Health and Developmental Disabilities \(https://mn.gov/omhdd/\); 1-800-657-3506](https://mn.gov/omhdd/)
- Minnesota Directory for community resources: www.MinnesotaHelp.Info
- [Minnesota Senior LinkAge Line \(www.seniorlinkageline.com/\); 1-800-333-2433](http://www.seniorlinkageline.com/)

(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