

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): 02/05/2025

Name of Assisted Living: Sterling Park Senior Living

HFID: 24102

Unique building/unit description (if applicable): NA

Facility Address: 35 1st ave N, Waite Park, MN 56387

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): Park Gardens

Physical Address (if different than above): 114 1st Street N Waite Park MN, 56387

Additional Building:

Building Name (if applicable): Sterling Park Commons

Physical Address (if different than above): 35 1st ave N Waite Park MN, 56387

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: 2-5

Evening Shift: 2-4

Night shift: 1-4


Payment Options

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

Payment Options for Housing Contract

Payment Option	Accepted	Comments
Private Pay	X	
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	Only with approved waiver Service agreements.
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		Facility will comply with clinical documentation as needed 
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		Administration up to 6x daily only
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		
Communication with physician/pharmacy about ordering or refill requests	X	
Medication administration by licensed or unlicensed personnel	X	
Delivery of medication to resident previously set up by the facility nurse	X	
Medications set up by nurse for resident to self-administer		
Delivery of medication from the original containers to resident		Medications must be in Unit-Dose bubble packs per policy 
Delivery of liquid or food to resident if required to ingest medication		
Delegation of medication management services by licensed health professional to unlicensed staff	X	
Central storage of medication	X	
Diabetic Care: insulin pen dosing	X	
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management		
Clinical monitoring of labs related to medications	X	
Anticoagulant medication management	X	
B-12 injections		







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Service	Available	Comments
Nutritional supplement administration	X	Facility does not provide, must be stored in resident unit. +
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	SQ insulin pen injections only
Nebulizers	X	Administration up to 6x daily only
Inhalers	X	Administration up to 6x daily only
Ear drops	X	Administration up to 6x daily only
Eye drops	X	Administration up to 6x daily only
Topicals	X	Administration up to 6x daily only
Patches	X	+
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	Per service agreement and additional charges may apply 
Wound care: basic		Basic First Aid bandage placement available, continuing wound care management not available 
Wound care: complex		Secondary Service provider necessary for all wound care management 
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care		Outside Vendor available at additional cost for foot/nail care 
C-PAP	X	
Bi-PAP	X	
Oxygen Management; specify any delivery system limitations	X	Must be held in appropriate containers, Stored in resident's unit 
Oxygen saturation checks	X	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Able to assist electronic data transfer Monday - Friday only 
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps	X	
Fall Prevention: balance assessments		Able to coordinate Therapy provider
Fall Prevention: exercise programs		Able to coordinate Therapy provider
Fall Prevention: strength training		Able to coordinate Therapy provider
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	
Indwelling urinary catheter replacement by nurse		
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Emptying and bag changes, No replacement services available 
Ostomy care	X	Emptying bag assistance only, no bag change service available. 
Arrangements for and coordination with hospice care	X	Medication administration limits apply.
End-of-life palliative care		

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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)		Facility does not provide staff with CPR certification 24/7. No CPR Facility. +
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	X	Weight limit 400 lbs. +
Oral hygiene	X	
Denture care	X	
Cuing/reminders for self-cares	X	
Use of special utensils	X	Resident must supply, able to clean and store.
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		
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		Outside Vendor available at additional cost for foot/nail care. 
Toileting: standby assistance/supervision	X	
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	
Assistance with bowel and bladder control, devices, and training programs		
Other; specify:		

Section 5: Mobility Support

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

Mobility Services Available

Service	Available	Comments
Standby Assistance	X	
Transfers with assist of one staff	X	
Transfers with assist of two staff		
Transfers utilizing sit-to-stand lifts	X	Must supply own Equipment, 2 batteries, 2 of each sling.
Transfers utilizing sliding boards	X	Only available as assist of 1. Resident must provide slide board. 
Transfers utilizing bariatric equipment	X	Resident must supply own equipment. Only available as assist of 2. 
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)	X	Resident must supply equipment. Installation fee required
Mechanical lift: assist of 1 transfer		Not available. Only completed as assist of 2.
Mechanical lift: assist of 2 transfer	X	Must supply own Equipment, 2 batteries, and 2 of each sling. +
Ambulation with assist of 1	X	
Bed mobility	X	
Assistance with chair mobility	X	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	Grab bars located in apartment bathrooms. Installation fees required for additional handrails +
Elevators	X	2
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	For short periods of time due to safety (<48 hours).

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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	Pendant included for Emergency use only.
Non-emergency call system; specify type in comments		
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	X	Visitors Sign in and out self service.
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.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Secured entry at all doors. (Key or Buzz in required.)
Emergency generator(s) to power the facility during power outages	X	Partial Coverage.
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	1 snack included per day.
Breakfast available in community space	X	
Breakfast available; delivered to apartment		
Lunch available in community space	X	
Lunch available; delivered to apartment		
Dinner available in community space	X	
Dinner available; delivered to apartment		
Meal tray delivery and pick-up from resident's unit	X	Only when medically necessary, addt. fees may apply.
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments		
Modified Texture Diets; specify limits in comments	X	X
Therapeutic Diets: cardiac	X	
Therapeutic Diets: diabetic or calorie controlled	X	
Therapeutic Diets: gluten-free	X	
Therapeutic Diets: high fiber	X	
Therapeutic Diets: low fat/low cholesterol	X	
Therapeutic Diets: low sodium	X	

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Service	Available	Comments
Therapeutic Diets: no added salt	X	
Therapeutic Diets: renal diet	X	
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		
Dietitian or Nutritionist Services		Contracted Vendor at additional cost.
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	
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	(Min weekly with light housekeeping.)
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	(Min weekly with light housekeeping.)
Housekeeping: other; specify in comments	X	Carpet extraction additional charge per minute at resident expense. +
Laundry: linen (change bed, launder sheets, towels)	X	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	
Laundry: other; specify in comments	X	Laundry put-away service available.
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		
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	Service limits apply.
Communication boards or other supplemental communication devices		
Primary languages spoken by staff	X	English
Supervision of smoking		NON Smoking Campus.

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”		
Licensed Practical Nurse: on site “part time”	X	
Licensed Practical Nurse: on-site “full time”		
Assisted Living Director: on-site “part time”	X	
Assisted Living Director: on site “full time”		
Advanced Practice Registered Nurse: on-site “part time”		Contracted Vendor: Bluestone Physicians Services.
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	X	Contracted Vendor.


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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	BlueStone Therapy Services.
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	BlueStone Therapy Services.
Speech Language Pathologist available or can be arranged	X	BlueStone Therapy Services.
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments	X	Associated Clinic of Psychology, Bluestone Physician services, Preferred Podiatry 
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	In some units
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	Only in common area WIFI included. Resident room and streaming services are add charge. 

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Amenity	Available	Comments
Cable (television)	X	Additional charges apply.
Pets allowed	X	Must sign Pet agreement and additional initial fee and pet rent apply. +
Pet care; specify in comments		Staff do not Provide pet care.
Pool		
Whirlpool	X	2nd floor.
Exercise Room		
Library	X	3rd floor.
Activity Room	X	3rd floor.
Garden/outdoor spaces	X	Patio 1st Floor.
Chapel	X	2nd floor.
Private entertaining space	X	Spaces can be reserved at no charge.
Communal Dining room	X	3 rooms 1st floor.
Beauty/Barber Shop	X	2nd floor. Outside vendor.
Parking available for residents	X	Limited quantity. Additional charges may apply.
Parking available for guests	X	Limited Quantity.
Guest accommodations	X	Guest suite available for a additional nightly fee.
Laundry Room accessible to Residents	X	Multiple free to use.
Washer-Dryer in units		
Central Air Conditioning	X	Wall units through common areas and apartments.
Fully sprinklered building	X	

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Amenity	Available	Comments
Designated smoking area inside (not apartment space)		NON Smoking Campus.
Designated smoking area outside		Non Smoking Campus.
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