

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): 03/31/2025

Name of Assisted Living: Heritage Haven Inc

HFID: 25455

Unique building/unit description (if applicable): Heritage Haven II Center Building

Facility Address: 3042 Morris Thomas Road, Duluth, MN 55811

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): Heritage Haven I

Physical Address (if different than above): 3044 Morris Thomas Road, Duluth, MN 55811

Additional Building:

Building Name (if applicable): Heritage Haven III

Physical Address (if different than above): 3040 Morris Thomas Road, Duluth, MN 55811

Additional Building:

Building Name (if applicable): _____

Physical Address (if different than above): _____

Facility/Campus listed above has the following license; Check one:

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- Assisted Living Facility License
- Assisted Living Facility with Dementia Care License

Availability of Unlicensed Staff (ULP); check one:

- Unlicensed staff are in the building and available to respond to resident requests 24/7
- Unlicensed staff may either be in the building, in an attached building, or within the campus and available to respond to resident requests 24/7

Availability of Licensed (RN/LPN) Staff (in addition to an RN who is required to be accessible to the staff 24/7); check one if applicable:

- Licensed staff are on site 24/7
- Licensed staff are either in the building, an attached building, or within the campus and available to respond to resident requests 24/7

Number of unlicensed direct care staff typically scheduled per shift:

Day Shift: 2 Staff scheduled 6am-2pm, Staff Ratio is 1:5 at each Building
 Evening Shift: 2 Staff scheduled 1 Staff 2pm-10pm, 2pm-830pm, Staff Ratio is 1:5 During Awake Hours
 Night shift: 1 Awake staff during Overnights, On-site Manager to assist in emergencies

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	No Financial Information Required. No requirements for length of private pay status.
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	No Financial Information Required. No requirements for length of private pay status.
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		Heritage Haven is not a locked unit but an alarmed building.
Secured outdoor grounds on facility premises	X	Outside patio fenced at 3042 and 3040 Buildings
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	Per Doctors/Providers Orders Only
Other; specify: Motion Sensors used as needed.		

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	Based upon nursing assessment
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	X	Based upon nursing assessment
Delivery of medication from the original containers to resident		
Delivery of liquid or food to resident if required to ingest medication	X	
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		As needed single dose only.
Clinical monitoring of labs related to medications	X	Per Doctors/Providers Orders Only
Anticoagulant medication management	X	With Coumadin Clinics to schedule draws and monitoring and adjustment of dose when needed.
B-12 injections	X	RN/LPN Only

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Service	Available	Comments
Nutritional supplement administration	X	Per Doctors/Providers Orders Only
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	
Nebulizers	X	
Inhalers	X	Per Doctors/Providers Orders Only
Ear drops	X	Per Doctors/Providers Orders Only
Eye drops	X	Per Doctors/Providers Orders Only
Topicals	X	Per Doctors/Providers Orders Only
Patches	X	Per Doctors/Providers Orders Only
Medication delivery via enteral (feeding) tube		
Pain pump management		
Medical cannabis administration (pill form) for certified patients	X	Facility handles as controlled substance.
Medical Cannabis storage for certified patients	X	Facility handles as controlled substance.
Cannabidiol oil administration for certified patients	X	Facility handles as controlled substance.
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	
Wound care: basic	X	Per Doctors/Providers Orders Only
Wound care: complex	X	Outside Provider will be arranged.
Diabetic care: blood glucose monitoring	X	Per Doctors/Providers Orders Only
Diabetic care: foot/nail care	X	Licensed Nursing Staff Only
C-PAP	X	Per Doctors/Providers Orders Only
Bi-PAP	X	Per Doctors/Providers Orders Only
Oxygen Management; specify any delivery system limitations	X	Per Doctors/Providers Orders Only. No constructed or built in airflow systems.
Oxygen saturation checks	X	Per Doctors/Providers Orders Only
Ventilators		
Suctioning	X	Small Bulb Suctioning Only
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Resident has box of phone line set in room prior.
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	Per Doctors/Providers Orders Only
Lymphedema wraps	X	Homecare to provide
Fall Prevention: balance assessments	X	Outpatient Physical Therapy to provide
Fall Prevention: exercise programs	X	Reminders for Home exercise program ordered by Physical Therapist
Fall Prevention: strength training	X	Reminders for Home exercise program ordered by Physical Therapist
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	X	Outpatient Homecare to Provide
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	
Ostomy care	X	
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	

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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	X	
Oral hygiene	X	
Denture care	X	
Cuing/reminders for self-cares	X	
Use of special utensils	X	Provided by Provider or Designated Representative
Feeding assistance for residents with complicated eating problems	X	
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	Based upon available staffing.
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident		
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	
Nail care: toenails, fingernails	X	
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	X	
Transfers utilizing sit-to-stand lifts	X	
Transfers utilizing sliding boards	X	
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)	X	
Mechanical lift: assist of 1 transfer	X	
Mechanical lift: assist of 2 transfer	X	
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		
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	X	Short-term only. Two Weeks Maximum
Hourly safety checks	X	Short-term only. Two Weeks Maximum
Every two-hours safety checks	X	

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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	Call Pendant
Non-emergency call system; specify type in comments	X	Call Pendant
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments	X	Exit Alarms/Door Chimes When Opened
Visitor check-in/check-out at facility main entrance		
Bed alarms or movement sensing technology	X	Based upon Assessment and Provider Order
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Exit Alarms/Door Chimes When Opened
Security Guard		
Security cameras in common spaces		
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Resident Rooms have locked doors.
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	When resident is assessed safe to eat unsupervised.
Lunch available in community space	X	
Lunch available; delivered to apartment	X	When resident is assessed safe to eat unsupervised
Dinner available in community space	X	
Dinner available; delivered to apartment	X	When resident is assessed safe to eat unsupervised
Meal tray delivery and pick-up from resident's unit	X	
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	
Modified Texture Diets; specify limits in comments	X	
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	X	
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	Small setting residents are checked on twice during each shift.
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
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Two Loads per week
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		
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		
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	X	PRIVATE PAY ONLY: BASED ON AVAILABILITY AND SHORT TERM ONLY: 2 WEEKS MAXIMUM
One-to-One staffing for special circumstances	X	PRIVATE PAY ONLY: BASED ON AVAILABILITY AND SHORT TERM ONLY: 2 WEEKS MAXIMUM
Overnight companion	X	PRIVATE PAY ONLY: BASED ON AVAILABILITY AND SHORT TERM ONLY: 2 WEEKS MAXIMUM
Registered Nurse: on-site "part time"	X	
Registered Nurse: on-site "full time"	X	
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"	X	
Assisted Living Director: on-site "part time"	X	
Assisted Living Director: on site "full time"		
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	CAN BE ARRANGED THROUGH OUTSIDE AGENCY
Respiratory Therapist available or can be arranged	X	CAN BE ARRANGED THROUGH OUTSIDE AGENCY
Occupational Therapist available or can be arranged	X	CAN BE ARRANGED THROUGH OUTSIDE AGENCY
Speech Language Pathologist available or can be arranged	X	CAN BE ARRANGED THROUGH OUTSIDE AGENCY
Social Worker available or can be arranged	X	CAN BE ARRANGED THROUGH OUTSIDE AGENCY
Other Licensed Professional available; specify type in comments	X	ROUNDING DOCTORS FROM BOTH LOCAL HOSPITALS AND ROUNDING PSYCHOLOGIST
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	5 PER HOUSE
Private units	X	ALL PRIVATE ROOMS FOR PRIVATE PAY AND FOR MEDICAID RESIDENTS
Semi-private units		
Studio/efficiency units		
One-bedroom units	X	
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access		

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Amenity	Available	Comments
Cable (television)	X	
Pets allowed	X	SMALL CATS AND DOGS, RESIDENT MUST CARE FOR PETS INDEPENDENTLY
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room		
Library		
Activity Room		
Garden/outdoor spaces	X	
Chapel		
Private entertaining space		
Communal Dining room	X	
Beauty/Barber Shop	X	WEEKLY, PAID BY RESIDENT
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations		
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		
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 \(https://mn.gov/board-on-aging/direct-services/ombudsman/\)](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