

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): 03/20/2025

Name of Assisted Living: _____

Bentson Family Assisted Living Facility

HFID: 26406

Unique building/unit description (if applicable): _____

Facility Address: 730 Kay Avenue St. Paul, MN 55102

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 1
- 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: _____
 6

Evening Shift: _____
 _____⁶ 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		

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Housing Support (formerly Minnesota Group Residential Housing) Payments	x	Limited number of residents accepted
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	We supply necessary documents for submission; fee for administrative duties apply
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	x	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	x	

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Prepared to manage challenging behaviors	x	
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	
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	
Delivery of medication from the original containers to resident	x	
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		

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Diabetic Care: insulin syringe dosing	x	
Diabetic Care: sliding scale insulin management	x	
Clinical monitoring of labs related to medications	x	
Anticoagulant medication management	x	
B-12 injections	x	

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)	x	IM/SQ when licensed nurse on site, if not insulin
Nebulizers	x	
Inhalers	x	
Ear drops	x	
Eye drops	x	
Topicals	x	
Patches	x	

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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	
Wound care: basic	x	Extra cost may apply for supplies
Wound care: complex		Contract with Medicare Agency
Diabetic care: blood glucose monitoring	x	
Diabetic care: foot/nail care	x	On-site Podiatry, available at an additional cost
C-PAP	x	
Bi-PAP		
Oxygen Management; specify any delivery system limitations	x	Via nasal cannula only-no high flow or titration

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Oxygen saturation checks	x	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	x	
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	x	

Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	x	
Lymphedema wraps		
Fall Prevention: balance assessments	x	Therapy can provide
Fall Prevention: exercise programs	x	Therapy can provide
Fall Prevention: strength training	x	Therapy can provide

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	Resident to provide
Feeding assistance for residents with complicated eating problems	x	Memory Care only
Set-up and cut food at meals	x	Memory Care only
Manual Feeding; specify limits in comments	x	Memory Care only
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	x	Memory Care only

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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	Extra charge may apply
Toileting: standby assistance/supervision	x	
Changing incontinence products; perineal care	x	
Ordering replacement incontinence products	x	Extra charge will apply
Assistance with bowel and bladder control, devices, and training programs	x	Training programs only; no devices
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	Sit to stand only
Transfers with assist of two staff		
Transfers utilizing sit-to-stand lifts	x	
Transfers utilizing sliding boards		

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Transfers utilizing bariatric equipment		
Ceiling lift transfers		
Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer	x	
Mechanical lift: assist of 2 transfer	x	Memory Care only
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	Available in resident apartment; restroom and shower
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		

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Hourly safety checks		
Every two-hours safety checks	x	

Service	Available	Comments
Daily safety checks	x	
Emergency call system; specify type in comments	x	Pendant
Non-emergency call system; specify type in comments	x	
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.)	x	Extra charge will apply
Security Guard		
Security cameras in common spaces	x	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	x	
Other lock systems: specify locations (unit, resident room, exits, etc.)		

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Emergency generator(s) to power the facility during power outages	x	Limited capacity
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	Extra charge will apply
Lunch available in community space	x	
Lunch available; delivered to apartment	x	Extra charge will apply
Dinner available in community space	x	
Dinner available; delivered to apartment	x	Extra charge will apply
Meal tray delivery and pick-up from resident's unit	x	Extra charge will apply
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	x	Nectar and Honey Thick; extra charge will apply; Memory Care only
Modified Texture Diets; specify limits in comments	x	x
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		

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Therapeutic Diets: gluten-free	x	Extra charge will apply; Gluten sensitive
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium		
Service	Available	Comments
Therapeutic Diets: no added salt		
Therapeutic Diets: renal diet		
Other special diets: kosher	x	DR and Special Events; Non-kosher areas designated
Other special diets: (vegetarian, vegan, etc.) specify in comments		
Dietitian or Nutritionist Services	x	Extra charge will apply
Carbohydrate intake/tracking		
Meal consumption tracking	x	Memory Care only
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	Once daily included
Assistance with meals or food preparation		

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Daily Social and Recreational Services	Required	
Housekeeping: bed making	x	
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	x	
Housekeeping: organize closets and drawers		

Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	x	
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; additional loads extra charge will apply
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	Resident fee required
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	x	

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Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored		
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”		
Registered Nurse: on-site “full time”	x	

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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: onsite “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	x	
Staffing	Available	Comments
Physical Therapist available or can be arranged	x	
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	x	
Speech Language Pathologist available or can be arranged	x	
Social Worker available or can be arranged	x	
Other Licensed Professional available; specify type in comments	x	Psychology, Podiatry, Audiology, Optometry

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	
Studio/efficiency units	x	
One-bedroom units	x	
Two-bedroom units	x	
Kitchen/Kitchenettes in units	x	Kitchenettes in Assisted Living only
Internet access	x	

Amenity	Available	Comments
Cable (television)	x	

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Pets allowed	x	Assisted Living Only
Pet care; specify in comments		
Pool	x	
Whirlpool	x	
Exercise Room	x	
Library	x	
Activity Room	x	
Garden/outdoor spaces	x	
Chapel	x	
Private entertaining space	x	
Communal Dining room	x	
Beauty/Barber Shop	x	
Parking available for residents	x	Extra charge will apply
Parking available for guests	x	
Guest accommodations	x	Extra charge will apply
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 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/); 1-800657-3506
- 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