

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): 11/01/2025

Name of Assisted Living: Cherrywood Big Lake

HFID: 28114

Unique building/unit description (if applicable): _____

Facility Address: 171 and 177 Henry Rd, Big Lake MN 55309

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: ³ _____

Evening Shift: ³ _____

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	Elderly Waiver and CADI only
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	windows are not secured
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	Exceptions are abusive or violent behaviors, interference with the quiet enjoyment or safety
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		
Medications set up by nurse for resident to self-administer		
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	X	requires resident compliance with doctor's orders
Diabetic Care: insulin syringe dosing	X	requires resident compliance with doctor's orders
Diabetic Care: sliding scale insulin management	X	requires resident compliance with doctor's orders
Clinical monitoring of labs related to medications		
Anticoagulant medication management		
B-12 injections		

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Service	Available	Comments
Nutritional supplement administration	X	with MD order and resident supplies
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	IM, SQ, Intra dermal
Nebulizers	X	
Inhalers	X	Exceptions are abusive or violent behaviors, interference with the quiet enjoyment or safety
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
Medication delivery via enteral (feeding) tube		
Pain pump management	X	with support of resident supplied Home Care or Hospice Agency
Medical cannabis administration (pill form) for certified patients	X	
Medical Cannabis storage for certified patients	X	
Cannabidiol oil administration for certified patients	X	
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	
Wound care: complex	X	wound vac with support of resident supplied Home Care; resident provides supplies
Diabetic care: blood glucose monitoring	x	resident provides supplies
Diabetic care: foot/nail care	x	with support from resident contracted podiatry
C-PAP	x	Resident provides supplies
Bi-PAP	x	Resident provides supplies
Oxygen Management; specify any delivery system limitations	x	Resident provides supplies, oxygen concentrator or tank only
Oxygen saturation checks	x	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	x	resident provides machine
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	with MD order resident provides supplies
Lymphedema wraps	x	with PT/OT evaluation and support and resident provides supplies
Fall Prevention: balance assessments	x	with PT/OT evaluation and support and resident provides supplies
Fall Prevention: exercise programs	x	with PT/OT evaluation and support and resident provides supplies
Fall Prevention: strength training	x	with PT/OT evaluation and support and resident provides supplies
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	with MD order
Indwelling urinary catheter care; emptying and bag changes	x	resident provides all supplies
Indwelling urinary catheter replacement by nurse	x	resident provides all supplies
Straight (intermittent) catheter assistance	x	resident provides all supplies
Suprapubic catheter care	x	resident provides all supplies
Ostomy care	x	resident provides all supplies
Arrangements for and coordination with hospice care	x	
End-of-life palliative care	x	with 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)	x	
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	only if resident is deemed safe to use tub
Oral hygiene	x	
Denture care	x	
Cuing/reminders for self-cares	x	
Use of special utensils	x	Resident to provide supplies with PT/OT evaluation
Feeding assistance for residents with complicated eating problems	x	Resident to provide supplies with PT/OT evaluation
Set-up and cut food at meals	x	
Manual Feeding; specify limits in comments	x	Resident to provide supplies with PT/OT evaluation only in dining room
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	x	
Toileting: standby assistance/supervision	x	only one person standby assist, if more needed than mechanical stand or lift
Changing incontinence products; perineal care	x	Resident to provide all supplies including wipes
Ordering replacement incontinence products	x	Resident to provide but we can order from resident supplier
Assistance with bowel and bladder control, devices, and training programs	x	Resident to provide but we can order from resident supplier
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	with one staff only
Transfers with assist of one staff	x	Stand by, limited or mechanical assist with weight limit of 350 lbs
Transfers with assist of two staff	x	only with mechanical lift or stand with weight limit of 350 lbs
Transfers utilizing sit-to-stand lifts	x	only with mechanical stand with weight limit of 350 lbs
Transfers utilizing sliding boards	x	resident to provide with PT/OT evaluation with weight limit of 350 lbs
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)	x	resident to provide with PT/OT evaluation
Mechanical lift: assist of 1 transfer	x	only with Mechanical stand and weight limit of 350 lbs
Mechanical lift: assist of 2 transfer	x	only with Mechanical lift and weight limit of 350 lbs
Ambulation with assist of 1	x	
Bed mobility	x	excludes more than 2 person assist
Assistance with chair mobility	x	
Chair Glide System	x	
Mechanical Stair Lift System		
Handrails; in personal space	x	resident to provide with PT/OT evaluation
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	x	only for two weeks; longer may require resident to provide outside support
Every 30-minutes safety checks	x	only for two weeks; longer may require resident to provide outside support
Hourly safety checks	x	
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	wall mounted panels to call Fire, police and ambulance in common hallways
Non-emergency call system; specify type in comments	x	Resident pendant provided. Resident responsible for special pendant/replacement
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments	x	secured and alarmed doors. alarm to staff walkies. windows not secured
Visitor check-in/check-out at facility main entrance	x	secured doors with code access
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)	x	at all exit doors
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	
Emergency generator(s) to power the facility during power outages		
Other; specify: resident rooms have a keyed door handle		

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		
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		
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	x	Nectar, honey thick and pudding. Resident to provide supplies
Modified Texture Diets; specify limits in comments	x	Mechanical soft and puree
Therapeutic Diets: cardiac	x	
Therapeutic Diets: diabetic or calorie controlled	x	
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol	x	
Therapeutic Diets: low sodium		

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Service	Available	Comments
Therapeutic Diets: no added salt		
Therapeutic Diets: renal diet	x	
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking	x	
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	Residents are checked on for each meal and snack
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	x	

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	x	at least weekly or as needed
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	at least weekly or as needed
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	x	at least weekly or as needed
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	at least weekly or as needed
Laundry: other; specify in comments		
Schedule offsite social and recreational 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		
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	limited denominations
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	x	resident to provide supplies
Primary languages spoken by staff		
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	x	outside of normal service plan for only two weeks. Resident must then provide support
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"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time		
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	
Respiratory Therapist available or can be arranged	x	
Occupational Therapist available or can be arranged	x	
Speech Language Pathologist available or can be arranged	x	
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	only four ADA units in the building
Private units	x	
Semi-private units		
Studio/efficiency units		
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	x	not available for streaming services and not secured

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Amenity	Available	Comments
Cable (television)	x	direct tv
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool	x	
Exercise Room		
Library		
Activity Room	x	
Garden/outdoor spaces	x	
Chapel		
Private entertaining space	x	
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	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\(d\)](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 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