



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): 07/10/2023

Name of Assisted Living: The Glenn Minnetonka

HFID: 28261

Unique building/unit description (if applicable): _____

Facility Address: 5300 Woodhill Road, Minnetonka, MN 55345

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: ⁷ _____

Evening Shift: ⁷ _____

Night shift: ³ _____

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		
Federal rent subsidy		
Other; explain:		

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Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations		
Private Pay	x	
Long Term Care Insurance	x	Resident responsible for payments directly to The Glenn & receives own insurance reimbursmt.

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		
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	Not provided in Independent Living units.
Communication with physician/pharmacy about ordering or refill requests	X	Included with Medication Management service.
Medication administration by licensed or unlicensed personnel	X	Limit of 2 medication administrations per day in IL units.
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	Liquid provided by The Glenn; food required for meds is provided by the resident.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	X	At the discretion of the RN.
Clinical monitoring of labs related to medications	X	In coordination with resident's primary care physician.
Anticoagulant medication management	X	In coordination with resident's primary care physician.
B-12 injections	X	By licensed nurse.

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Service	Available	Comments
Nutritional supplement administration	X	Not provided in IL units. Oral supplements provided by residents for admin. in AL/MC/CS.
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	IM & SQ
Nebulizers	X	
Inhalers	X	
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
Medication delivery via enteral (feeding) tube	X	At the discretion of the RN.
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	Not provided in IL units.
Wound care: basic	X	
Wound care: complex	X	Must be provided by skilled nursing 3rd party provider.
Diabetic care: blood glucose monitoring	X	Equipment provided by resident.
Diabetic care: foot/nail care	X	3rd party provider.
C-PAP	X	Not provided in IL units. Equipment provided by residents for AL/CS/MC.
Bi-PAP		
Oxygen Management; specify any delivery system limitations	X	Via mask & nasal canula only. Not provided in IL units.
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		

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Not provided in IL units.
Lymphedema wraps	X	Not provided in IL units.
Fall Prevention: balance assessments	X	3rd party provider.
Fall Prevention: exercise programs	X	3rd party provider.
Fall Prevention: strength training	X	3rd party 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	Not provided in IL units.
Indwelling urinary catheter care; emptying and bag changes	X	Not provided in IL units. Catheter supplies provided by resident.
Indwelling urinary catheter replacement by nurse	X	Not provided in IL units. Catheter supplies provided by resident.
Straight (intermittent) catheter assistance	X	Not provided in IL units. if routinely necessary, resident provides supplies.
Suprapubic catheter care	X	Not provided in IL units. Catheter supplies provided by resident.
Ostomy care	X	Not provided in IL units. Ostomy supplies provided by resident.
Arrangements for and coordination with hospice care	X	3rd party provider.
End-of-life palliative care	X	3rd party provider.

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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	Not provided in IL units.
Bathing: shower	X	
Bathing: bathtub	X	In spa room in AI, MC & CS. In resident apartment in IL.
Oral hygiene	X	Not provided in IL units.
Denture care	X	Not provided in IL units.
Cuing/reminders for self-cares	X	Not provided in IL units.
Use of special utensils	X	For resident in AI/MC/CS only. Resident provides equipment.
Feeding assistance for residents with complicated eating problems	X	For residents in memory care and care suites only.
Set-up and cut food at meals	X	For residents in memory care and care suites only.
Manual Feeding; specify limits in comments	X	For residents in memory care and care suites only.
Tube Feeding; specify limits in comments	X	At the discretion of the RN.
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	Not provided in IL units.
Nail care: toenails, fingernails	X	Not provided in IL units. Diabetic nailcare provided by licensed staff/3rd party provider.
Toileting: standby assistance/supervision	X	Not provided in IL units.
Changing incontinence products; perineal care	X	Not provided in IL units.
Ordering replacement incontinence products		
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	Not provided in IL units.
Transfers with assist of one staff	X	Not provided in IL units.
Transfers with assist of two staff	X	Memory Care/Care Suites only. AL at discretion of RN.
Transfers utilizing sit-to-stand lifts	X	Memory Care/Care Suites only. AL at discretion of RN.
Transfers utilizing sliding boards	X	Not provided in IL units.
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	Memory Care/Care Suites only. AL at discretion of RN.
Mechanical lift: assist of 2 transfer	X	Memory Care/Care Suites only. AL at discretion of RN.
Ambulation with assist of 1	X	Not provided in IL units.
Bed mobility	X	Not provided in IL units.
Assistance with chair mobility	X	Not provided in IL units.
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	
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		
Hourly safety checks	X	Memory Care/Care Suites only.
Every two-hours safety checks	X	Not provided in IL units.

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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	Notify pendant-residents receiving AL services. Wall pull station in all IL units.
Non-emergency call system; specify type in comments	X	Telephone provided by resident.
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	MC/CS entrances are alarmed with sensors.
Security Guard		
Security cameras in common spaces	X	Specific locations only.
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Entrances/Exits
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Resident room keys.
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	Delivery fee applies except in Memory Care/Care Suites.
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Delivery fee applies except in Memory Care/Care Suites.
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Delivery fee applies except in Memory Care/Care Suites.
Meal tray delivery and pick-up from resident's unit	X	
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Available for residents who receive assisted living services. Addtl. Fee applies.
Modified Texture Diets; specify limits in comments	Available for residents	Available for residents who receive assisted living services. Addtl. Fee applies.
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		
Therapeutic Diets: gluten-free	X	
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	X	3rd party provider.
Carbohydrate intake/tracking		
Meal consumption tracking	X	As requested in Memory Care/Care suites 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	IL-Notify check-in buttons; AL, MC, CS-staff checks daily.
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	Available as a scheduled supportive service.
Housekeeping: defrost and clean refrigerator	X	Per resident request; additional fee applies
Housekeeping: dusting	X	Available as a scheduled supportive service.
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Per resident request; additional fee applies
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Additional fee applies for IL units.
Housekeeping: other; specify in comments		Carpet cleaning; additional fee applies.
Laundry: linen (change bed, launder sheets, towels)	X	Additional fee applies for IL units.
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	2 loads per week in AL, MC & C; additional loads for fee; additional fee in IL units.
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	
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	X	Available as a scheduled assisted living service. Not provided in IL units.
Provide transportation to medical and social service appointments	X	Available on a rotating schedule to specific clinic locations.
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	As scheduled to specific locations only.
Spiritual Care/Religious Services; on-site	X	
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	Resident provided.
Primary languages spoken by staff	X	English
Supervision of smoking		

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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		
One-to-One staffing for special circumstances		
Overnight companion		
Registered Nurse: on-site "part time"	X	
Registered Nurse: on-site "full time"	X	Full-time RN/Director of Nursing and RN on-call 24/7.
Licensed Practical Nurse: on site "part time"	X	
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		
Activities Director: Full Time	X	
Dietician/Nutritionist consultant available or can be arranged	X	3rd party provider.

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	3rd party provider.
Respiratory Therapist available or can be arranged	X	3rd party provider.
Occupational Therapist available or can be arranged	X	3rd party provider.
Speech Language Pathologist available or can be arranged	X	3rd party provider.
Social Worker available or can be arranged	X	3rd party provider.
Other Licensed Professional available; specify type in comments	X	3rd party provider. Podiatrist.

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	Safety grab bars. Walk in showers in AL, MC & CS.
Private units	X	
Semi-private units		
Studio/efficiency units	X	Memory care & Care Suites.
One-bedroom units	X	IL & AL
Two-bedroom units	X	IL & AL
Kitchen/Kitchenettes in units	X	All areas except Care Suites.
Internet access	X	Can be arranged by resident with 3rd party provider.

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Amenity	Available	Comments
Cable (television)	X	Provided in care suites only; in house Direct TV cable system available for fee in IL/AL/MC.
Pets allowed	X	Per pet policy.
Pet care; specify in comments		
Pool		
Whirlpool		
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	
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	
Washer-Dryer in units	X	Independent Living units only.
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		

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 \(https://mn.gov/board-on-aging/direct-services/ombudsman/\); 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