



# 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): 03/21/2025

Name of Assisted Living: Heritage Pointe Senior Living

HFID: 29446

Unique building/unit description (if applicable): \_\_\_\_\_

Facility Address: 207 North 4th Street, Marshall, MN 56258

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: 4 to 5 Home Health Aides

Evening Shift: 4 to 5 Home Health Aides

Night shift: 2 to 3 Home Health Aides

### 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	
Private Pay	X	
Long Term Care Insurance	X	Additional fee may 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	Memory Care Secured, Wander devices at Exits
Secured outdoor grounds on facility premises	X	Memory Care Courtyard Only
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	X	For those wearing wander devices
Prepared to manage challenging behaviors	X	Additional fee may apply based upon assessment
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	Minimum of Medication Management services must be provided.
Medication administration by licensed or unlicensed personnel	x	Fees based upon frequency and complexity
Delivery of medication to resident previously set up by the facility nurse	x	Provided in emergent or short term situations
Medications set up by nurse for resident to self-administer	x	For fee based upon assessment
Delivery of medication from the original containers to resident	x	For fee based upon assessment
Delivery of liquid or food to resident if required to ingest medication	x	Based upon assessment and only if we are doing med management
Delegation of medication management services by licensed health professional to unlicensed staff	x	Primary service delivery method
Central storage of medication	x	Med management weekly check for non-cycl to see if refills are needed
Diabetic Care: insulin pen dosing	x	Additional fee may apply for diabetic care based upon assessment
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing	x	Short term until we can administer via pen. Additional fees based upon assessment
Diabetic Care: sliding scale insulin management	x	Additional fee may apply for diabetic care based upon assessment and physician order
Clinical monitoring of labs related to medications	x	Additional fee may apply based upon assessment
Anticoagulant medication management	x	Additional fee may apply based upon assessment
B-12 injections	x	Per physician orders - fee based upon assessment

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Service	Available	Comments
Nutritional supplement administration	x	Per physician orders - fee based upon assessment
(IV) Intravenous management		Provided under client arrangement through third party
PICC lines (Peripherally Inserted Central Catheter)		Provided under client arrangement through third party
Injections; specify types or limits in comments (IM, SQ)	x	Per physician orders - fee based upon assessment
Nebulizers	x	Additional fee may apply based upon assessment
Inhalers	x	Additional fee may apply based upon assessment
Ear drops	x	Additional fee may apply based upon assessment
Eye drops	x	Additional fee may apply based upon assessment
Topicals	x	Additional fee may apply based upon assessment
Patches	x	Additional fee may apply based upon assessment
Medication delivery via enteral (feeding) tube	x	Additional fee may apply based upon assessment
Pain pump management		Provided under client arrangement through third party
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	Additional fee may apply based upon assessment
Wound care: basic	x	Additional fee may apply based upon assessment
Wound care: complex		Provided by client arrangement through third party
Diabetic care: blood glucose monitoring	x	Additional fee may apply based upon assessment
Diabetic care: foot/nail care	x	Additional fee may apply based upon assessment
C-PAP	x	Additional fee may apply based upon assessment
Bi-PAP	x	Additional fee may apply based upon assessment
Oxygen Management; specify any delivery system limitations	x	Additional fee may apply based upon assessment
Oxygen saturation checks	x	Additional fee may apply based upon assessment
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	x	Remote pacemaker checks. Fee based upon assessment
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	Fee based upon assessment
Lymphedema wraps	x	Fee based upon assessment
Fall Prevention: balance assessments		Provided by client arrangement through third party
Fall Prevention: exercise programs	x	Additional fee may apply based upon assessment
Fall Prevention: strength training	x	Maintenance programs only. Additional fee may apply based upon assessment
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	x	Additional fee may apply based upon assessment
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	x	Additional fee may apply based upon assessment
Daily weight check	x	Additional fee may apply based upon assessment
Indwelling urinary catheter care; emptying and bag changes	x	Additional fee may apply based upon assessment
Indwelling urinary catheter replacement by nurse		Additional fee may apply based upon assessment
Straight (intermittent) catheter assistance		
Suprapubic catheter care	x	Additional fee may apply based upon assessment
Ostomy care	x	Additional fee may apply based upon assessment
Arrangements for and coordination with hospice care	x	
End-of-life palliative care		Provided by client arrangement through third party

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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	Based upon assessment
Bathing: shower	x	Based upon assessment
Bathing: bathtub	x	Based upon assessment
Oral hygiene	x	Based upon assessment
Denture care	x	Based upon assessment
Cuing/reminders for self-cares	x	Based upon assessment
Use of special utensils	x	Based upon assessment
Feeding assistance for residents with complicated eating problems	x	Based upon assessment and for Urgent/temporary needs in MC
Set-up and cut food at meals	x	Based upon assessment and additional fees may apply
Manual Feeding; specify limits in comments	x	Based upon assessment and for MC. Only temporary/urgent needs for AL
Tube Feeding; specify limits in comments	x	Based upon assessment
Feeding in common area with one staff member per resident	x	Based upon assessment and for MC only.



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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	x	Short term emergent situations. Additional fee may apply. Based upon assessment
Grooming: hair care, make-up, shaving, application of lotion, etc.	x	Based upon assessment
Nail care: toenails, fingernails	x	Based upon assessment
Toileting: standby assistance/supervision	x	Based upon assessment
Changing incontinence products; perineal care	x	Based upon assessment
Ordering replacement incontinence products	x	As needed for those receiving services
Assistance with bowel and bladder control, devices, and training programs	x	Based upon assessment
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	Based upon assessment
Transfers with assist of one staff	x	Based upon assessment
Transfers with assist of two staff	x	Based upon assessment
Transfers utilizing sit-to-stand lifts	x	Based upon assessment
Transfers utilizing sliding boards	x	Based upon assessment
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)	x	Based on OT/PT assessment and provided by outside agency
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	x	Based upon assessment. Additional fees apply
Ambulation with assist of 1	x	Based upon assessment
Bed mobility	x	Based upon assessment
Assistance with chair mobility	x	Based upon assessment
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	x	Grab bars in bathrooms
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	x	Short term emergent situations. Additional fees may apply.
Every 30-minutes safety checks	x	Short term emergent situations. Additional fees may apply.
Hourly safety checks	x	Based upon assessment. Additional fees apply; enhanced
Every two-hours safety checks	x	Based upon assessment. Additional fees apply; enhanced

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Service	Available	Comments
Daily safety checks	x	Those with less than daily services may opt-in or out of a daily I'm OK check. Fees may apply
Emergency call system; specify type in comments	x	Arial system. All AL residents have a call button they wear
Non-emergency call system; specify type in comments		
Digital wander alert device on resident	x	Based upon assessment. Additional fees may apply
Wander alert system at facility exits	x	Applicable for those wearing a device
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	x	All visitors must sign in on our visitor log and sign out when they leave
Bed alarms or movement sensing technology	x	Motion Sensors in Memory Care bathrooms. Fall detection system in MC apartments.
Door sensors: specify locations (unit, resident room, exits, etc.)	x	All MC apartment doors have them. AL stairwell doors.
Security Guard		
Security cameras in common spaces	x	Cameras in hallways, main entrance and AL dining room.
Key card/fob access: specify locations (unit, resident room, exits, etc.)	x	Key fob for main entrance and back of the building entrance.
Other lock systems: specify locations (unit, resident room, exits, etc.)	x	Residents with a garage have access with a garage door opener.
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	Additional fees may apply
Breakfast available; delivered to apartment	x	Additional fees may apply
Lunch available in community space	x	Additional fees may apply
Lunch available; delivered to apartment	x	Additional fees may apply
Dinner available in community space	x	Additional fees may apply
Dinner available; delivered to apartment	x	Additional fees may apply
Meal tray delivery and pick-up from resident's unit	x	Additional fees may apply
Meal preparation in resident's unit	x	Based upon assessment and for a fee
Thickened Liquids; specify limits in comments	x	Additional fees may apply. Based upon assessment.
Modified Texture Diets; specify limits in comments	X	Additional fees may apply for modified or special diet. Mechanical soft and pureed.
Therapeutic Diets: cardiac		Alternative options available
Therapeutic Diets: diabetic or calorie controlled	x	Food items and portion control available upon request
Therapeutic Diets: gluten-free	x	Can do Gluten intolerant, not Gluten Free
Therapeutic Diets: high fiber		Alternative options available.
Therapeutic Diets: low fat/low cholesterol		Alternative options available
Therapeutic Diets: low sodium	x	Alternative options available. Additional fees may apply.

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Service	Available	Comments
Therapeutic Diets: no added salt		Alternative options available.
Therapeutic Diets: renal diet		Alternative menu options available following nutrition consult with third party vendor
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	x	Lactose Intolerant- additional fee may apply
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking	x	Additional fees may apply. For MC 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	Those with less than daily services may opt-in or out of a daily I'm OK check. Fees may apply
Assistance with meals or food preparation	x	Additional fees may apply. Assistance with feeding based upon assessment
Daily Social and Recreational Services	Required	
Housekeeping: bed making	x	Additional fees may apply
Housekeeping: defrost and clean refrigerator	x	Additional fees may apply
Housekeeping: dusting	x	Additional fees may apply
Housekeeping: organize closets and drawers	x	Additional fees may apply

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	x	Weekly or as needed. Additional fees apply for increased frequency
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	General cleaning is provided weekly or as needed and an additional fee may apply
Housekeeping: other; specify in comments	x	Additional fees may apply
Laundry: linen (change bed, launder sheets, towels)	x	Included for MC, additional fees may apply for AL
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	Included for MC, additional fees may apply for AL
Laundry: other; specify in comments	x	Additional fees may apply
Schedule offsite social and recreational activities	x	Additional fees may apply
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	Per community schedule
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	x	Per community schedule
Spiritual Care/Religious Services; on-site	x	Per community schedule
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices		Can be arranged thru third party
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"	x	
Registered Nurse: on-site "full time"	x	Primary Hours Mon. - Fri. 8am-4pm
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	Primary Hours Mon. - Fri. 8am-4pm
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time	x	Hours vary each week
Activities Director: Full Time	x	Primary Hours Mon. - Fri. 8am-4pm
Dietician/Nutritionist consultant available or can be arranged		

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Staffing	Available	Comments
Physical Therapist available or can be arranged	x	Arranged by client through third party
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	x	Arranged by client through third party
Speech Language Pathologist available or can be arranged	x	Arranged by client through third party
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	All
Private units	x	All
Semi-private units		
Studio/efficiency units	x	Memory Care - 20 studio apartments
One-bedroom units	x	28
Two-bedroom units	x	10
Kitchen/Kitchenettes in units	x	All
Internet access	x	Wifi password is available. Additional fees may apply



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Amenity	Available	Comments
Cable (television)	x	Basic cable included with rent
Pets allowed	x	Additional fee and application apply. Small domestic pets with proof of vaccination
Pet care; specify in comments		
Pool		
Whirlpool	x	with tub bath service.
Exercise Room	x	Located on the first floor
Library	x	Located on the first floor
Activity Room	x	Located on the first floor
Garden/outdoor spaces	x	Front of building and MC courtyard
Chapel	x	Located on the third floor
Private entertaining space	x	Located on the second floor
Communal Dining room	x	AL located on the second floor, MC located on the first floor.
Beauty/Barber Shop	x	Located on the first floor
Parking available for residents	x	Located in the front or back of the building
Parking available for guests	x	Located in the front of the building
Guest accommodations	x	For an additional cost
Laundry Room accessible to Residents	x	AL side has in room washer and dryers
Washer-Dryer in units	x	For all AL apartments
Central Air Conditioning	x	
Fully sprinklered building	x	

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside	x	
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](http://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](http://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