

# 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): 10/21/2024

Name of Assisted Living: Woodbury Villa

HFID: 30223

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

Facility Address: 7008 Lake Road Woodbury, MN 55125

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:<sup>3</sup> \_\_\_\_\_

Evening Shift:<sup>3</sup> \_\_\_\_\_

Night shift:<sup>2</sup> \_\_\_\_\_

### 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	Accept EW
Private Pay	X	
Long Term Care Insurance	X	Client responsible for payment as typically insurance payment is made to client directly

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		
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	Determined by RN assessment. Exceptions to those who pose risk of harm to self or others.

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 may vary based on RN assessment
Delivery of medication to resident previously set up by the facility nurse	X	Pertains to Veterans Assistance only
Medications set up by nurse for resident to self-administer	X	Fees may vary based on RN assessment
Delivery of medication from the original containers to resident		
Delivery of liquid or food to resident if required to ingest medication	X	Based on RN assessment and medication managed services
Delegation of medication management services by licensed health professional to unlicensed staff	X	Based on RN assessment
Central storage of medication		
Diabetic Care: insulin pen dosing	X	Fees may vary based on RN assessment
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	Fees may vary based on RN assessment
Clinical monitoring of labs related to medications	X	Fees may vary based on RN assessment
Anticoagulant medication management	X	Fees may vary based on RN assessment
B-12 injections	X	Fees may vary based on RN assessment

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Service	Available	Comments
Nutritional supplement administration	X	Per Physicans ordres - Fees vary based on RN assessment
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Per Physicans orders - Fees may vary based on RN assessment
Nebulizers	X	Fees may vary based on RN assessment
Inhalers	X	Determined by RN assessment. Exceptions to those who pose risk of harm to self or others.
Ear drops	X	Fees may vary based on RN assessment
Eye drops	X	Fees may vary based on RN assessment
Topicals	X	Fees may vary based on RN assessment
Patches	X	Fees may vary based on RN assessment
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	Fees may vary based on RN assessment
Wound care: basic	X	Fees may vary based on RN assessment
Wound care: complex		
Diabetic care: blood glucose monitoring	X	Fees may vary based on RN assessment
Diabetic care: foot/nail care	X	Fees may vary based on RN assessment
C-PAP	X	Fees may vary based on RN assessment
Bi-PAP		
Oxygen Management; specify any delivery system limitations	X	Fees may vary based on RN assessment
Oxygen saturation checks	X	Fees may vary based on RN assessment
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Fees may vary based on RN assessment
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Can provide resources for third party transportation

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Fees may vary based on RN assessment
Lymphedema wraps	X	Fees may vary based on RN assessment
Fall Prevention: balance assessments		
Fall Prevention: exercise programs		
Fall Prevention: strength training		
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	
Integrative Health Services: healing touch	X	
Integrative Health Services: massage	X	
Blood pressure checks	X	Fees may vary based on RN assessment
Daily weight check	X	Fees may vary based on RN assessment
Indwelling urinary catheter care; emptying and bag changes	X	Fees may vary based on RN assessment
Indwelling urinary catheter replacement by nurse		
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Fees may vary based on RN assessment
Ostomy care	X	Fees may vary based on RN assessment
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	Through third party vendor

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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 on RN assessment
Bathing: shower	X	Based on RN assessment
Bathing: bathtub	X	Based on RN assessment
Oral hygiene	X	Based on RN assessment
Denture care	X	Based on RN assessment
Cuing/reminders for self-cares	X	Based on RN assessment
Use of special utensils	X	Based on RN assessment
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	X	Based on RN assessment
Manual Feeding; specify limits in comments		
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident		

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<b>Service</b>	<b>Available</b>	<b>Comments</b>
Feeding in resident's apartment with one staff member per resident	X	Available in short term emergent situations
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	Based on RN assessment
Nail care: toenails, fingernails	X	Based on RN assessment
Toileting: standby assistance/supervision	X	Based on RN assessment
Changing incontinence products; perineal care	X	Based on RN assessment
Ordering replacement incontinence products	X	As needed for EW clients
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

<b>Service</b>	<b>Available</b>	<b>Comments</b>
Standby Assistance	X	Based on RN assessment
Transfers with assist of one staff	X	Based on RN assessment
Transfers with assist of two staff	X	Based on RN assessment
Transfers utilizing sit-to-stand lifts		
Transfers utilizing sliding boards	X	Based on RN assessment
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)	X	Based on RN assessment
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer		
Ambulation with assist of 1	X	Based on RN assessment
Bed mobility	X	Based on RN assessment
Assistance with chair mobility	X	Based on RN assessment
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	Can be installed based upon RN assessment. Cannot be installed in showers.
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	In emergent situations based on RN assessment
Every 30-minutes safety checks	X	In emergent situations based on RN assessment
Hourly safety checks	X	In emergent situations based on RN assessment
Every two-hours safety checks	X	Based on RN assessment

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Service	Available	Comments
Daily safety checks	X	Based on RN assessment
Emergency call system; specify type in comments	X	Pendants provided to residents based on RN assessment
Non-emergency call system; specify type in comments		
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		
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Front Entrance
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	All apartments have lockable doors
Emergency generator(s) to power the facility during power outages		

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	Additional fees may apply
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Additional fees may apply
Dinner available in community space	X	
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		
Thickened Liquids; specify limits in comments	X	Additional fees may apply
Modified Texture Diets; specify limits in comments	X	Additional fees may apply
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		
Therapeutic Diets: gluten-free	X	Can provide gluten intolerant, not 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		

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	Additional fee inquired. Tied to meal service
Assistance with meals or food preparation	X	Light meal set up
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	Additional fee may apply
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	X	Light dusting included in weekly housekeeping
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	As needed, additional fee may apply
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Included in weekly housekeeping
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Fees may vary based on RN assessment
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Fees frequency may vary based on RN assessment
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Offered through scheduled community life events
Schedule medical and social service appointments		
Assistance with arranging transportation for personal, social, and recreational activities	Required	Can provide resources for third party vendors.
Assistance with arranging transportation to medical and social services appointments	Required	Can provide resources for third party vendors.
Provide transportation to social and recreational activities	X	For community life scheduled events
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	Through scheduled community life events.
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		

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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"		
Registered Nurse: on-site "full time"	X	Primary Hours are Monday-Friday
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"	X	Primary Hours are Monday-Friday
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	Primary Hours are Monday-Friday
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	Can be arranged through third party vendor

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<b>Staffing</b>	<b>Available</b>	<b>Comments</b>
Physical Therapist available or can be arranged	X	Can be arranged through third party vendor
Respiratory Therapist available or can be arranged	X	Can be arranged through third party vendor
Occupational Therapist available or can be arranged	X	Can be arranged through third party vendor
Speech Language Pathologist available or can be arranged	X	Can be arranged through third party vendor
Social Worker available or can be arranged	X	Can be arranged through third party vendor
Other Licensed Professional available; specify type in comments	X	Psychology, Dental, and Podiatry are offered on campus through a third party vendor

Other; specify:

### Section 10: Amenities

Check each option available at the location(s) listed above.

#### Amenities Available

<b>Amenity</b>	<b>Available</b>	<b>Comments</b>
Accessible bathrooms; specify limits in comments	X	
Private units	X	
Semi-private units		
Studio/efficiency units	X	
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	
Internet access	X	

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Amenity	Available	Comments
Cable (television)	X	Cable connections available but service must be set up through outside provider
Pets allowed	X	Additional fees and documents required
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room	X	
Library		
Activity Room	X	
Garden/outdoor spaces		
Chapel	X	
Private entertaining space		
Communal Dining room	X	
Beauty/Barber Shop	X	
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations	X	Guest Suite available
Laundry Room accessible to Residents	X	
Washer-Dryer in units		
Central Air Conditioning		
Fully sprinklered building	X	

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Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside	X	Non-smoking campus, smoking must be done on sidewalk

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](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