

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): 08/28/2025

Name of Assisted Living: Birchwood Arbors

HFID: 30232

Unique building/unit description (if applicable): _____

Facility Address: 750 1st Street NE, Forest Lake, MN 55025

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:² _____

Evening Shift:² _____

Night shift:¹ _____

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	Only accpet EW
Private Pay	X	
Long Term Care Insurance	X	Resident Responsible for payment, insurance payment made to client, service fees 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		
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	X	Limited to residents with wander device in place based upon assessment. Add fees may apply
Prepared to manage challenging behaviors	X	Based upon assessment and provider orders. Additional fee may apply
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	Additional fee may apply based upon assessment
Communication with physician/pharmacy about ordering or refill requests	X	With medication management services, fee based on assessment and frequency
Medication administration by licensed or unlicensed personnel	X	With medication management services, fee based on assessment and frequency
Delivery of medication to resident previously set up by the facility nurse	X	With medication management services, fee based on assessment and frequency
Medications set up by nurse for resident to self-administer	X	With medication management services, fee based on assessment and frequency
Delivery of medication from the original containers to resident	X	
Delivery of liquid or food to resident if required to ingest medication	X	based upon assessment
Delegation of medication management services by licensed health professional to unlicensed staff	X	Primary method of delivery
Central storage of medication		
Diabetic Care: insulin pen dosing	X	Fee based on frequency and complexity as determined by assessment
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	based on frequency and complexity as determined by assessment. Additional fee may apply
Clinical monitoring of labs related to medications	X	Based on provider orders and availability of lab service, fee based upon assessment
Anticoagulant medication management	X	oral medications only. Fee based upon assessment
B-12 injections	X	Based upon assessment and frequency. Requires provider oral. Fee based upon assessment

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Service	Available	Comments
Nutritional supplement administration	X	ased upon assessment and provider orders. Additional fee may apply
(IV) Intravenous management		Available under resident agreement with 3rd pary
PICC lines (Peripherally Inserted Central Catheter)		Available under resident agreement with 3rd pary
Injections; specify types or limits in comments (IM, SQ)	X	IM, SQ, Based upon assessment, frequency and provider orders. Additional fee may apply
Nebulizers	X	Based upon assessment and provider orders. Additional fee may apply
Inhalers	X	Based upon assessment and provider orders. Additional fee may apply
Ear drops	X	Based upon assessment and provider orders. Additional fee may apply
Eye drops	X	Based upon assessment and provider orders. Additional fee may apply
Topicals	X	Based upon assessment and provider orders. Additional fee may apply
Patches	X	Based upon assessment and provider orders. Additional fee may apply
Medication delivery via enteral (feeding) tube		
Pain pump management		Available under resident agreement with 3rd pary
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	Fee based upon assessment
Wound care: basic	X	Based upon assessment and provider orders. Additional fee may apply
Wound care: complex		Available under resident arrangement with third party
Diabetic care: blood glucose monitoring	X	Based upon assessment and provider orders. Additional fee may apply
Diabetic care: foot/nail care	X	Based upon assessment and provider orders. Additional fee may apply
C-PAP	X	Based upon assessment and provider orders. Additional fee may apply
Bi-PAP	X	Based upon assessment and provider orders. Additional fee may apply
Oxygen Management; specify any delivery system limitations	X	Based upon assessment and provider orders. Additional fee may apply
Oxygen saturation checks	X	Based upon assessment and provider orders. Additional fee may apply
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	based on availability of completing remotely, and nursing assessment with provider orders
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	Based upon assessment and provider orders. Additional fee may apply
Lymphedema wraps		Provided under resident arrangement through third party
Fall Prevention: balance assessments		Available through third party service
Fall Prevention: exercise programs		Available under arrangemtn with third party
Fall Prevention: strength training		Available under arrangemtn with third party
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	limited based upon availibility and assessment
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	Based upon assessment and provider orders. Additional fee may apply
Daily weight check	X	Based upon assessment and provider orders. Additional fee may apply
Indwelling urinary catheter care; emptying and bag changes	X	Based upon assessment and provider orders. Additional fee may apply
Indwelling urinary catheter replacement by nurse		Available under arrangement with third party
Straight (intermittent) catheter assistance	X	Emergency situations only: Additional fee may apply based upon assessment
Suprapubic catheter care	X	Based upon assessment and provider orders. Additional fee may apply
Ostomy care	X	Based upon assessment and provider orders. Additional fee may apply
Arrangements for and coordination with hospice care	X	
End-of-life palliative care		Provided under resident 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	
Bathing: shower	X	
Bathing: bathtub	X	
Oral hygiene	X	
Denture care	X	
Cuing/reminders for self-cares	X	
Use of special utensils	X	
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	X	Additional fee may apply
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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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	
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	Additional fee may apply based on assessment and frequency
Assistance with bowel and bladder control, devices, and training programs	X	Based upon assessment. Additional fee may apply
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	
Transfers with assist of two staff	X	based on assessment. Additional fees may apply.
Transfers utilizing sit-to-stand lifts		
Transfers utilizing sliding boards	X	based on assessment. Additional fees may apply.
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	Based upon assessment. Additional fees may apply
Ambulation with assist of 1	X	Based upon assessment. Additional fees may apply
Bed mobility	X	Based upon assessment. Additional fees may apply
Assistance with chair mobility	X	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	Grab bars in bathroom. Additional devices based upon assessment
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	Short-term emergent situations: Additional fees may apply
Every two-hours safety checks	X	Based on assessment. Additional fee may apply

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Service	Available	Comments
Daily safety checks	X	available to all residents. Additional fee may apply
Emergency call system; specify type in comments	X	Emergency Pendants
Non-emergency call system; specify type in comments	X	Staff carry phones residents are provided phone number ot call from own phone for assistance
Digital wander alert device on resident	X	Additional fee may apply based upon assessment
Wander alert system at facility exits	X	Wanderguard devices available based on resident assessment. Additional fee may apply
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	Exits that are only for WaunderGuards
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Fob access on front door
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Standard Key locks on resident apartments
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	Fees apply
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Fees apply
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Fees apply
Meal tray delivery and pick-up from resident's unit	X	Fees apply
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments		
Modified Texture Diets; specify limits in comments		
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled	X	Menu items and portion control available upon request
Therapeutic Diets: gluten-free	X	Gluten sensitive menu items available upon request
Therapeutic Diets: high fiber		Menu items available upon request
Therapeutic Diets: low fat/low cholesterol		Alternative menu options available upon request
Therapeutic Diets: low sodium		Alternative menu options available upon request

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Service	Available	Comments
Therapeutic Diets: no added salt		Alternative menu options available upon request
Therapeutic Diets: renal diet		Alternative menu options available upon request
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	x	Vegetarian available upon request
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking	x	Based upon assessment . Additional Fee may apply
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	Available for resident choice to opt in/out of program. Additional fee may apply
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	x	Additional Fee may apply
Housekeeping: defrost and clean refrigerator	x	Additional Fee may apply
Housekeeping: dusting	x	With weekly housekeeping services
Housekeeping: organize closets and drawers	x	Additional Fee may apply

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Additional fee may apply
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Additional fee may apply
Housekeeping: other; specify in comments		Carpet and upholstery deep cleaning available through third party at additional fee
Laundry: linen (change bed, launder sheets, towels)	X	Additional fees may apply
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Additional fees may apply
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Based on community calendar
Schedule medical and social service appointments		Additional fee may apply
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	based upon community calendar
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	based on community calendar
Spiritual Care/Religious Services; on-site	X	based upon community calendar
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
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 8-5p M-F
Licensed Practical Nurse: on site “part time”		
Licensed Practical Nurse: on-site “full time”	X	primary hours 8-4p M-F
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	X	primary hours 8-5p M-F
Advanced Practice Registered Nurse: on-site “part time”	X	Nurse Practitioner through third party available onsite
Advanced Practice Registered Nurse: on site “full time”		
Activities Director: Part Time		
Activities Director: Full Time	X	primary hours 9-5p M-F
Dietician/Nutritionist consultant available or can be arranged	X	Available services arranged through contracted staff

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Staffing	Available	Comments
Physical Therapist available or can be arranged		Provided under resident agreement through third party
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged		Provided under resident agreement through third party
Speech Language Pathologist available or can be arranged		Provided under resident agreement through third party
Social Worker available or can be arranged		Provided under resident agreement through third party
Other Licensed Professional available; specify type in comments		Provided under resident agreement through third party
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		
Studio/efficiency units		
One-bedroom units	X	
Two-bedroom units		
Kitchen/Kitchenettes in units	X	Kitchenettes includes refridgerator/freezer, microwave, and sink
Internet access	X	Guest WIFI network

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Amenity	Available	Comments
Cable (television)	X	Basic Cable package available
Pets allowed	X	Additional fee applied
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room	X	Communal area on 1st floor in TV room
Library	X	2nd Floor Activity Room
Activity Room	X	
Garden/outdoor spaces	X	
Chapel	X	Located on Campus
Private entertaining space	X	
Communal Dining room	X	
Beauty/Barber Shop	X	Available - Additional fees may apply
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	Centralized laundry room on 1st floor with Washer/Dryers
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		
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 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