

# 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): 10/17/2025

Name of Assisted Living: Cornerstone Residence of Fosston

HFID: 30360

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

Facility Address: 115 1st Street E, Fosston MN 56542

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): Cornerstone Residence of Fosston Memory Care

Physical Address (if different than above): 114 2nd Street NE, Fosston MN 56542

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	Assisted Living and Memory Care service packages offered with additional services options
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	App's must be completed/submitted by res. or res. rep.
Federal rent subsidy		
Other; explain:		

### Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	Resident must be assessed and determined to be eligible prior to admission
Private Pay	X	Assisted Living and Memory Care service package offered with additional service options
Long Term Care Insurance	X	Resident must set up and payment must be made on time as indicated in contract
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 Memory care unit
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	X	Individualized alarm monitoring for those at risk for wandering or elopement
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	
Communication with physician/pharmacy about ordering or refill requests	X	
Medication administration by licensed or unlicensed personnel	X	
Delivery of medication to resident previously set up by the facility nurse	X	
Medications set up by nurse for resident to self-administer	X	Weekly set up by licensed nurse
Delivery of medication from the original containers to resident	X	
Delivery of liquid or food to resident if required to ingest medication	X	Medication can be placed in food or liquid as ordered by licensed nurse or provider
Delegation of medication management services by licensed health professional to unlicensed staff	X	ULP are trained by RN to administer medications as ordered by Physician
Central storage of medication	X	Secure Medication Cart, Medication room
Diabetic Care: insulin pen dosing	X	
Diabetic Care: insulin pump management	X	Changing of the pump needs to be completed at Physician's office/clinic
Diabetic Care: insulin syringe dosing	X	Set up by licensed nurse
Diabetic Care: sliding scale insulin management	X	Per Physician's order
Clinical monitoring of labs related to medications	X	Reporting results, no lab draws
Anticoagulant medication management	X	
B-12 injections	X	Licensed nurse per Physician's order Monday-Friday

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Service	Available	Comments
Nutritional supplement administration	X	Resident must supply
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	IM medications during business hours M-F by licensed nurse. SQ injections by ULP 24/7
Nebulizers	X	Resident must supply individual equipment
Inhalers	X	
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
Medication delivery via enteral (feeding) tube		
Pain pump management	X	Monitoring only
Medical cannabis administration (pill form) for certified patients	X	
Medical Cannabis storage for certified patients	X	Resident/Rep. responsible for providing secure storage per mft recommendations
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	
Wound care: basic	X	Per type, availability and frequency based on RN discretion
Wound care: complex	X	Per type, availability and frequency based on RN discretion
Diabetic care: blood glucose monitoring	X	Resident must supply individual equipment
Diabetic care: foot/nail care	X	Available monthly by licensed nurse
C-PAP	X	
Bi-PAP	X	
Oxygen Management; specify any delivery system limitations	X	No high flow O2
Oxygen saturation checks	X	Per nursing or Physician's order
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	X	

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps	X	
Fall Prevention: balance assessments		
Fall Prevention: exercise programs		
Fall Prevention: strength training		
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	
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse	X	
Straight (intermittent) catheter assistance	X	Licensed nurse only when available
Suprapubic catheter care	X	
Ostomy care	X	
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	

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Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)		
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	Offered to staff but not required of all unlicensed staff
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	Storage by resident/representative and labeled properly
Cuing/reminders for self-cares	X	
Use of special utensils	X	
Feeding assistance for residents with complicated eating problems	X	
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments		
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	

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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	
Assistance with bowel and bladder control, devices, and training programs	X	
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	ONLY available in MCU
Transfers utilizing sit-to-stand lifts	X	ONLY available in MCU
Transfers utilizing sliding boards	X	
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)	X	
Mechanical lift: assist of 1 transfer	X	Sit to stand lift ONLY available in MCU
Mechanical lift: assist of 2 transfer	X	Hoyer lift ONLY available in MCU
Ambulation with assist of 1	X	
Bed mobility	X	
Assistance with chair mobility	X	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		
Elevators	X	On AL side
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	X	If assessed as necessary by RN
Hourly safety checks	X	If assessed as necessary by RN, Hourly checks completed in MCU for all residents
Every two-hours safety checks	X	If assessed as necessary by RN

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Service	Available	Comments
Daily safety checks	X	If assessed as necessary by RN
Emergency call system; specify type in comments	X	Call pendant to residents capable of use. Replacement cost applies if lost/damaged
Non-emergency call system; specify type in comments		
Digital wander alert device on resident	X	If assessed as necessary by RN Replacement cost applies if lost/damaged
Wander alert system at facility exits	X	ONLY applies to AL side as MCU is secured
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	X	Bed/chair alarms in MCU
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Available as needed by RN assessment
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Facility entry doors are secure during select hours, key provided to resident if requested
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	3 Meal and 2 Meal plans available
Breakfast available in community space	X	
Breakfast available; delivered to apartment	X	Additional charge for private pay
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Additional charge for private pay
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Additional charge for private pay
Meal tray delivery and pick-up from resident's unit	X	Additional charge for private pay
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Facility does not provide thickening agents and does require Physician's order
Modified Texture Diets; specify limits in comments		
Therapeutic Diets: cardiac	X	Per Physician's Order
Therapeutic Diets: diabetic or calorie controlled	X	Diabetic or consistent carbohydrate per Physician Order. No calorie controlled diet.
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol	X	Heart Helathy per Physician's Order
Therapeutic Diets: low sodium	X	No added salt during meal preparation. Resident responsible for not adding table salt

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Service	Available	Comments
Therapeutic Diets: no added salt	X	No added salt during meal preparation. Resident responsible for not adding table salt
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		
Dietitian or Nutritionist Services	X	Available for consultation
Carbohydrate intake/tracking		
Meal consumption tracking	X	% of Meal Intake can be monitored by staff during facility provided meals
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	Daily wellness checks available
Assistance with meals or food preparation	X	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Daily and weekly available
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments	X	Daily light housekeeping available
Laundry: linen (change bed, launder sheets, towels)	X	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	
Laundry: other; specify in comments		
Schedule offsite social and recreational activities		
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		
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	
Spiritual Care/Religious Services; on-site	X	Per Activity schedule
Assistance with bill paying/budgeting	X	Additional service available
Communication boards or other supplemental communication devices	X	Communication board in commons area
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	RN rotation on site Monday-Friday, as available.
Registered Nurse: on-site “full time”		
Licensed Practical Nurse: on site “part time”		
Licensed Practical Nurse: on-site “full time”	X	Monday-Friday, as available
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	X	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		
Dietician/Nutritionist consultant available or can be arranged	X	

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Arranged per Physician's order with outside provider
Respiratory Therapist available or can be arranged	X	Arranged per Physician's order with outside provider
Occupational Therapist available or can be arranged	X	Arranged per Physician's order with outside provider
Speech Language Pathologist available or can be arranged	X	Arranged per Physician's order with outside provider
Social Worker available or can be arranged	X	Can arrange with county social worker
Other Licensed Professional available; specify type in comments	X	Psychiatry via telemed or on-site as available
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	Bathrooms in each unit and in commons area
Private units	X	
Semi-private units		
Studio/efficiency units	X	
One-bedroom units	X	ONLY available on AL side
Two-bedroom units	X	ONLY available on AL side
Kitchen/Kitchenettes in units	X	Full kitchens in 1 & 2 bedroom apartments, kitchenettes in studio apartments
Internet access	X	WIFI

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Amenity	Available	Comments
Cable (television)	X	Additional fee
Pets allowed	X	Additional non-refundable fee if not medically necessary
Pet care; specify in comments		
Pool		
Whirlpool	X	
Exercise Room		
Library	X	
Activity Room	X	Common areas available for activities
Garden/outdoor spaces	X	
Chapel		
Private entertaining space	X	
Communal Dining room	X	
Beauty/Barber Shop	X	
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	
Washer-Dryer in units		
Central Air Conditioning	X	Central air in commons area, window units available & wall units in memory care
Fully sprinklered building	X	

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside		
Other; specify:		

## Additional Information

Sixty days before the facility plans to reduce or eliminate the availability of one or more services, the facility must provide written notice of the reduction. Refer to [144G.55 Subd. 1\(d\)](http://www.revisor.mn.gov/statutes/cite/144G.55) ([www.revisor.mn.gov/statutes/cite/144G.55](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