

# 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): 02/15/2024

Name of Assisted Living: Vista Prairie at Garnette Gardens

HFID: 30391

Unique building/unit description (if applicable): In a residential neighborhood setting.

Facility Address: 511 South Dekalb Street, Redwood Falls, MN 56283

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>8</sup> \_\_\_\_\_

Evening Shift: <sup>7</sup> \_\_\_\_\_

Night shift: <sup>4</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:	x	VA CONTACT YOUR LOCAL VETERAN SERVICE OFFICER

**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	CONTRACT BETWEEN RESIDENT AND INSURANCE COMPANY. RESIDENT IS PAYER FOR THE COST OF RENT.

Other; explain:

**Services and Amenities Available**

Below is a list of services that are available to assisted living residents. The facility will indicate by placing a “yes” or “X” in the “Available” column if the service is provided or available at/on the campus/unit of the location listed above. If the “Available” column is blank, the facility does **not** provide that service.

**Section 1: Dementia Care**

Pertains only to facilities with an **Assisted Living with Dementia Care** license

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

**Dementia Care Services Available**

Service	Available	Comments
Secured unit or building for wandering or exit-seeking behavior	X	
Secured outdoor grounds on facility premises	X	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	UNABLE TO MANAGE BEHAVIORS THAT POSE A THREAT TO SELF, OTHER RESIDENTS OR STAFF SAFETY.

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	MEDICATION SET UP IN CADDY
Medications set up by nurse for resident to self-administer		
Delivery of medication from the original containers to resident	X	TRANSITIONAL PURPOSE ONLY - SHORT TERM.
Delivery of liquid or food to resident if required to ingest medication	X	
Delegation of medication management services by licensed health professional to unlicensed staff	X	
Central storage of medication	X	
Diabetic Care: insulin pen dosing	X	
Diabetic Care: insulin pump management	X	LIMITED TO RESIDENT PHYSICALLY AND COGNITIVELY ABLE TO SELF MANAGE WITH LITTLE RN DIRECTION**
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	
Clinical monitoring of labs related to medications	X	
Anticoagulant medication management	X	
B-12 injections	X	

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Service	Available	Comments
Nutritional supplement administration	X	
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	WHEN LICENSED NURSE IS ON SITE M-F.
Nebulizers	X	
Inhalers	X	
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
Medication delivery via enteral (feeding) tube		
Pain pump management		
Medical cannabis administration (pill form) for certified patients	X	STORED IN SECURED AREA IN RESIDENT APARTMENT. WILL NOT PROCURE MEDICAL CANNABIS FOR RESIDENTS
Medical Cannabis storage for certified patients	X	STORED IN SECURED AREA IN RESIDENT APARTMENT. WILL NOT PROCURE MEDICAL CANNABIS FOR RESIDENTS
Cannabidiol oil administration for certified patients	X	STORED IN SECURED AREA IN RESIDENT APARTMENT. WILL NOT PROCURE MEDICAL CANNABIS FOR RESIDENTS

Other; specify: \*\*WHEN LICENSED NURSE IS ON SITE M-F.

### 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	
Wound care: complex	X	WHEN LICENSED NURSE IS ON SITE M-F.
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care	X	
C-PAP	X	
Bi-PAP	X	
Oxygen Management; specify any delivery system limitations	X	
Oxygen saturation checks	X	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	
Arrange for On-Site Dialysis	X	AS AVAILABLE THROUGH DIALYSIS VENDOR
Arrange for/set-up Off-Site Dialysis	X	

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Service	Available	Comments
Peritoneal Dialysis (on-site)	X	RESIDENT MANAGES INDEPENDENTLY.
Compression stockings	X	
Lymphedema wraps	X	IN COORDINATION WITH HOME CARE PROVIDER.
Fall Prevention: balance assessments	X	
Fall Prevention: exercise programs	X	
Fall Prevention: strength training	X	
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		
Straight (intermittent) catheter assistance		
Suprapubic catheter care		
Ostomy care	X	
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	IN COORDINATION WITH HOSPICE.

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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	WHIRLPOOL
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	X	MEMORY CARE AND CARE SUITES ONLY.
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	MEMORY CARE AND CARE SUITES ONLY.
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	MEMORY CARE AND CARE SUITES ONLY.

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	X	MEMORY CARE AND CARE SUITES ONLY.
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	MEMORY CARE AND CARE SUITES. ASSISTED LIVING, TRANSITIONAL SHORT TERM ONLY
Transfers with assist of one staff	X	MEMORY CARE AND CARE SUITES. ASSISTED LIVING, TRANSITIONAL SHORT TERM ONLY
Transfers with assist of two staff	X	MEMORY CARE AND CARE SUITES. ASSISTED LIVING, TRANSITIONAL SHORT TERM ONLY
Transfers utilizing sit-to-stand lifts	X	AS ASSESSED APPROPRIATE PER FACILITY GUIDELINES MEMORY CARE AND CARE SUITES ONLY.
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer	X	AS ASSESSED APPROPRIATE PER FACILITY GUIDELINES MEMORY CARE AND CARE SUITES ONLY.
Mechanical lift: assist of 2 transfer	X	AS ASSESSED APPROPRIATE PER FACILITY GUIDELINES MEMORY CARE AND CARE SUITES ONLY.
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	X	
Elevators	X	

Other; specify:

### Section 6: Security & Monitoring

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

#### Security and Monitoring Services

Service	Available	Comments
Every 15-minutes safety checks		
Every 30-minutes safety checks		
Hourly safety checks	X	TRANSITIONAL SHORT TERM ONLY
Every two-hours safety checks	X	

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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	PERSONAL EMERGENCY RESPONSE PENDANT
Non-emergency call system; specify type in comments	X	ON SITE STAFF PHONE
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	X	IN COORDINATION WITH HOSPICE
Door sensors: specify locations (unit, resident room, exits, etc.)	X	MEMORY CARE ONLY, KEY CODE MAG LOCK SYSTEM.
Security Guard		
Security cameras in common spaces		
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	INDIVIDUAL APARTMENT KEY DOOR LOCK AND KEY PAD CODED EXTERIOR BUILDING DOOR LOCKS.
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	FEE APPLICABLE
Lunch available in community space	X	
Lunch available; delivered to apartment	X	FEE APPLICABLE
Dinner available in community space	X	
Dinner available; delivered to apartment	X	FEE APPLICABLE
Meal tray delivery and pick-up from resident's unit	X	FEE APPLICABLE
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	WITH PRESCRIBERS ORDER
Modified Texture Diets; specify limits in comments	X	WITH PRESCRIBERS ORDER CUT UP, GROUND AND PUREE
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		
Therapeutic Diets: 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	X	ALTERNATIVE MENU ITEMS TO MANAGE OWN DIET.
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	DAILY NOON CHECKS
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator	X	FEE APPLICABLE
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers	X	FEE APPLICABLE

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	DAILY
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	WEEKLY
Housekeeping: other; specify in comments	X	AS NEEDED SERVICE AVAILABLE IN ADDITION TO ROUTINE HOUSEKEEPING SERVICES, FEE APPLICABLE
Laundry: linen (change bed, launder sheets, towels)	X	WEEKLY WASH AND WEAR ITEMS AND LINENS. NO IRONING
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	3 LOADS PER WEEK (LIGHT, DARK AND LINENS)
Laundry: other; specify in comments	X	AS NEEDED SERVICE IS AVAILABLE IN ADDITION TO ROUTINE LAUNDRY SERVICES, FEE APPLICABLE
Schedule offsite social and recreational activities	X	
Schedule medical and social service appointments	X	
Assistance with arranging transportation for personal, social, and recreational activities	Required	GARNETTE HANDICAP BUS OR OPTIONAL CITY BUS
Assistance with arranging transportation to medical and social services appointments	Required	GARNETTE HANDICAP BUS OR OPTIONAL CITY BUS
Provide transportation to social and recreational activities	X	TUESDAY AND THURSDAY 8:30 - 4:30
Provide transportation to medical and social service appointments	S	TUESDAY AND THURSDAY 8:30 - 4:30
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	S	TUESDAY
Spiritual Care/Religious Services; on-site	X	
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	
Primary languages spoken by staff	X	ENGLISH
Supervision of smoking		

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Service	Available	Comments
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Other; specify: WE ARE A TOBACCO FREE CAMPUS

### 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	X	EMERGENCY AND TRANSITIONAL PERIOD ONLY. MAY BE IN COORDINATION WITH AN AGENCY OR FAMILY.
Overnight companion		
Registered Nurse: on-site "part time"	X	NORMAL BUSINESS HOURS M-F
Registered Nurse: on-site "full time"	X	NORMAL BUSINESS HOURS M-F
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"	X	NORMAL BUSINESS HOURS M-F
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	NORMAL BUSINESS HOURS M-F
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time	X	NORMAL BUSINESS HOURS M-F
Activities Director: Full Time	X	NORMAL BUSINESS HOURS M-F HOURS VARY BASED ON PLANNED ACTIVITIES.
Dietician/Nutritionist consultant available or can be arranged	X	AVAILABLE THROUGH OUTSIDE AGENCY

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	AVAILABLE THROUGH OUTSIDE AGENCY
Respiratory Therapist available or can be arranged	X	AVAILABLE THROUGH OUTSIDE AGENCY
Occupational Therapist available or can be arranged	X	AVAILABLE THROUGH OUTSIDE AGENCY
Speech Language Pathologist available or can be arranged	X	AVAILABLE THROUGH OUTSIDE AGENCY
Social Worker available or can be arranged	X	AVAILABLE THROUGH OUTSIDE AGENCY
Other Licensed Professional available; specify type in comments	X	MD OR NP AND LAB ON SITE ONCE PER MONTH, HEARING AID MONTHLY, PODIATRY EVERY 4 MONTHS.

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	LIMITED NUMBER OF UNITS AVAILABLE.
Private units	X	87 TOTAL UNITS 62 ASSISTED LIVING 16 MEMORY CARE AND 9 CARE SUITES
Semi-private units	X	2 MEMORY CARE COMPANION SUITES
Studio/efficiency units	X	9 CARE SUITES STUDIO APARTMENTS WITH PRIVATE BATHROOM
One-bedroom units	X	45 APARTMENTS
Two-bedroom units	X	17 APARTMENTS
Kitchen/Kitchenettes in units	X	62 APARTMENTS
Internet access	X	RESIDENT AND GUEST WI FI

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Amenity	Available	Comments
Cable (television)	X	BASIC CABLE
Pets allowed	X	UNDER 20 POUNDS NON REFUNDABLE DEPOSIT REQUIRED
Pet care; specify in comments	X	EMERGENCY ONLY BASED ON PET CARE NEEDS.
Pool		
Whirlpool	X	
Exercise Room	X	PT APPROVED NU STEP
Library	X	BOOKS AND COMMUNITY COMPUTER AVAILABLE
Activity Room	X	
Garden/outdoor spaces	X	
Chapel	X	
Private entertaining space	X	
Communal Dining room	X	
Beauty/Barber Shop	X	THROUGH INDEPENDENT LICENSED COSMETOLOGIST FEE APPLICABLE
Parking available for residents	X	GENERAL AND RENTABLE GARAGES
Parking available for guests	X	
Guest accommodations	X	ONE BEDROOM APARTMENT WITH 2 DOUBLE BEDS AVAILABLE FOR RENT.
Laundry Room accessible to Residents	X	SATURDAY ONLY
Washer-Dryer in units	X	2 UNITS HAVE THE HOOK UPS. WE DO NOT PROVIDE WASHER OR DRYER.
Central Air Conditioning	X	CENTRAL IN ALL COMMON AREAS, ALL APARTMENTS HAVE A WALL UNIT INCLUDED WITH THE APARTMENT.
Fully sprinklered building	X	

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Amenity	Available	Comments
Designated smoking area inside (not apartment space)		SMOKE FREE CAMPUS
Designated smoking area outside		TOBACCO FREE, NO SMOKING ON THE GARNETTE GARDENS GROUNDS.

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/>); 1-800-657-3591
- Office of Ombudsman for Mental Health and Developmental Disabilities (<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