

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): 09/26/2023

Name of Assisted Living: Thorne Crest Retirement Center

HFID: 30418

Unique building/unit description (if applicable): _____

Facility Address: 1201 Garfield Ave, Albert Lea, MN 56007

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:

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

- 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: 5

Evening Shift: 5

Night shift: 2

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	Only accept in combination with EW payment for services. See page 16, #22(c)(e) of Resident
Federal rent subsidy		
Other; explain:		

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	EW accepted, see page 16, #22(c)(e) for specific information and limitations.
Private Pay	X	
Long Term Care Insurance	X	Resident retains responsibility for payment of rent and services.

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	Access controlled designated unit via keypad.
Secured outdoor grounds on facility premises	X	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	Except where health/safety of other VA or staff are at risk & other interventions ineffective

Other; specify: Non-pharmacological interventions, such as Aromatherapy, music therapy, pet therapy

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	Frequency of service will determine the level of care package.
Communication with physician/pharmacy about ordering or refill requests	X	
Medication administration by licensed or unlicensed personnel	X	Frequency of service will determine the level of care package.
Delivery of medication to resident previously set up by the facility nurse	X	Frequency of service will determine the level of care package.
Medications set up by nurse for resident to self-administer	X	Frequency of service will determine the level of care package.
Delivery of medication from the original containers to resident		
Delivery of liquid or food to resident if required to ingest medication	X	Frequency of service will determine the level of care package.
Delegation of medication management services by licensed health professional to unlicensed staff	X	Frequency of service will determine the level of care package.
Central storage of medication	X	
Diabetic Care: insulin pen dosing	X	Frequency of service will determine the level of care package.
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	Frequency of service will determine the level of care package.
Clinical monitoring of labs related to medications	X	Frequency of service will determine the level of care package.
Anticoagulant medication management	X	Frequency of service will determine the level of care package.
B-12 injections	X	Frequency of service will determine the level of care package.

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Nutritional supplement administration	X	Frequency of service will determine the level of care package.
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	IM & SQ vaccines, tuberculin. Frequency determines pkg level.
Nebulizers	X	Frequency of service will determine the level of care package.
Inhalers	X	Except where health/safety of other VA or staff are at risk & other interventions ineffective
Ear drops	X	Frequency of service will determine the level of care package.
Eye drops	X	Frequency of service will determine the level of care package.
Topicals	X	Frequency of service will determine the level of care package.
Patches	X	Frequency of service will determine the level of care package.
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: Suppositories & enemas. Frequency determines package level.

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	Frequency of service will determine the level of care package.
Wound care: basic	X	Frequency of service will determine the level of care package.
Wound care: complex		
Diabetic care: blood glucose monitoring	X	Frequency of service will determine the level of care package.
Diabetic care: foot/nail care	X	Frequency of service will determine the level of care package.
C-PAP	X	Frequency of service will determine the level of care package.
Bi-PAP	X	Frequency of service will determine the level of care package.
Oxygen Management; specify any delivery system limitations	X	Frequency of service will determine the level of care package.
Oxygen saturation checks	X	Frequency of service will determine the level of care package.
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Frequency of service will determine the level of care package.
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Frequency of service will determine the level of care package.
Lymphedema wraps	X	Frequency of service will determine the level of care package.
Fall Prevention: balance assessments	X	Frequency of service will determine the level of care package.
Fall Prevention: exercise programs	X	Provided by Wellness Director
Fall Prevention: strength training	X	Provided by Wellness Director
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	
Integrative Health Services: healing touch		
Integrative Health Services: massage	X	
Blood pressure checks	X	Frequency of service will determine the level of care package.
Daily weight check	X	If ordered by physician for specific clinical need. Frequency determines pkg level.
Indwelling urinary catheter care; emptying and bag changes	X	Frequency of service will determine the level of care package.
Indwelling urinary catheter replacement by nurse	X	Frequency of service will determine the level of care package.
Straight (intermittent) catheter assistance	X	Frequency of service will determine the level of care package.
Suprapubic catheter care		
Ostomy care	X	Frequency of service will determine the level of care package.
Arrangements for and coordination with hospice care	X	Coordinate with outside provider.
End-of-life palliative care	X	Coordinate with outside provider.

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)	X	
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	RN/LPN certified.

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	Frequency of service will determine the level of care package.
Bathing: shower	X	Frequency of service will determine the level of care package.
Bathing: bathtub	X	Frequency of service will determine the level of care package.
Oral hygiene	X	Frequency of service will determine the level of care package.
Denture care	X	Frequency of service will determine the level of care package.
Cuing/reminders for self-cares	X	Frequency of service will determine the level of care package.
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		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

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	Frequency of service will determine the level of care package.
Nail care: toenails, fingernails	X	Frequency of service will determine the level of care package.
Toileting: standby assistance/supervision	X	Frequency of service will determine the level of care package.
Changing incontinence products; perineal care	X	Frequency of service will determine the level of care package.
Ordering replacement incontinence products	X	
Assistance with bowel and bladder control, devices, and training programs	X	Frequency of service will determine the level of care package.

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	Frequency of service will determine the level of care package.
Transfers with assist of one staff	X	Frequency of service will determine the level of care package.
Transfers with assist of two staff		
Transfers utilizing sit-to-stand lifts		
Transfers utilizing sliding boards	X	Frequency of service will determine the level of care package.
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer		
Ambulation with assist of 1	X	Frequency of service will determine the level of care package.
Bed mobility	X	Frequency of service will determine the level of care package.
Assistance with chair mobility	X	Frequency of service will determine the level of care package.
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	X	Only on short-term acute basis until add'l interventions are put in place.
Every 30-minutes safety checks	X	Only on short-term acute basis until add'l interventions are put in place.
Hourly safety checks	X	Only on short-term acute basis until add'l interventions are put in place.
Every two-hours safety checks	X	AL non-memory care/Short-term

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	Pull cords in bathroom. Pendent/bracelets.
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	X	AL - Cameras in halls by exit doors. All doors secure with fob access.
Visitor check-in/check-out at facility main entrance	X	All visitors required to use only main entrance; sign in/out required.
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Memory care exit doors only. All other doors secured with fob access.
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	MC: Staff issued passcode for entry and exit. Staff assist visitors entrance/exit.
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	AL: A key and fob are provided to each resident for apartment door & exit doors.
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	Available at a fee; Dining Room open during posted or set hours.
Breakfast available in community space	X	Available in dining room or communal dining space.
Breakfast available; delivered to apartment	X	
Lunch available in community space	X	Available in dining room or communal dining space.
Lunch available; delivered to apartment	X	
Dinner available in community space	X	Available in dining room or communal dining space.
Dinner available; delivered to apartment	X	
Meal tray delivery and pick-up from resident's unit	X	
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Available, must have physician order.
Modified Texture Diets; specify limits in comments	X	Available - mechanical soft or pureed available only.
Therapeutic Diets: cardiac		Choices are provided, requires resident self-monitoring.
Therapeutic Diets: diabetic or calorie controlled	X	
Therapeutic Diets: gluten-free		Choices are provided, requires resident self-monitoring.
Therapeutic Diets: high fiber		Choices are provided, requires resident self-monitoring.
Therapeutic Diets: low fat/low cholesterol		Choices are provided, requires resident self-monitoring.
Therapeutic Diets: low sodium		Choices are provided, requires resident self-monitoring.

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Therapeutic Diets: no added salt	X	Regular Diet - is also no added salt. Choices are provided, requires res. self-monitoring.
Therapeutic Diets: renal diet		Choices are provided, requires resident self-monitoring.
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		Choices are provided, requires resident self-monitoring.
Dietitian or Nutritionist Services	X	
Carbohydrate intake/tracking		
Meal consumption tracking	X	Only if physician ordered for a specific reason.

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	
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator	X	
Housekeeping: dusting		
Housekeeping: organize closets and drawers	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments		
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	X	
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	Planned group activities & outings.
Provide transportation to medical and social service appointments	X	
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	
Spiritual Care/Religious Services; on-site	X	Chaplain designated for community.
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	
Primary languages spoken by staff	X	English is primary. Translation available electronically.
Supervision of smoking		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

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	X	
Overnight companion		
Registered Nurse: on-site "part time"		
Registered Nurse: on-site "full time"	X	RN available to staff by phone 24/7; generally RN onsite M-F busnss hours.
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"		
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	Generally M-F business hours; LALD available to staff 24/7 by phone.
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	Arranges, coordinates and leads activities. Some activities led by ULP and volunteers.
Dietician/Nutritionist consultant available or can be arranged	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Through outside agency. Offered onsite.
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Through outside agency. Offered onsite.
Speech Language Pathologist available or can be arranged	X	Through outside agency. Offered onsite.
Social Worker available or can be arranged	X	
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		
Private units	X	
Semi-private units	X	
Studio/efficiency units	X	
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	
Internet access	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Amenity	Available	Comments
Cable (television)	X	
Pets allowed	X	
Pet care; specify in comments		
Pool	X	
Whirlpool	X	
Exercise Room	X	
Library	X	
Activity Room	X	
Garden/outdoor spaces	X	
Chapel	X	
Private entertaining space	X	
Communal Dining room	X	
Beauty/Barber Shop	X	Additional fee, paid directly to the Licensd Beautician.
Parking available for residents	X	Indoor parking. Additional fee for this amenity.
Parking available for guests	X	Outside parking
Guest accommodations	X	
Laundry Room accessible to Residents	X	
Washer-Dryer in units		
Central Air Conditioning	X	
Fully sprinklered building	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		We are a smoke free campus.
Designated smoking area outside		We are a smoke free campus.

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 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
- [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