

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): 03/01/2026

Name of Assisted Living: The James Inc Assisted Living

HFID: 30485

Unique building/unit description (if applicable): _____

Facility Address: 4533 Normandale Highlands Drive, Bloomington MN 55437

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	No predetermined payment source is required for acceptance +
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	Housing support payment accepted
Federal rent subsidy		
Other; explain:		

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	None
Private Pay	X	Private pay accepted
Long Term Care Insurance		

Other; explain:

Services and Amenities Available

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

Section 1: Dementia Care

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

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

Dementia Care Services Available

Service	Available	Comments
Secured unit or building for wandering or exit-seeking behavior		
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors		Staff assist

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	Staff to remind resident to take their regularly scheduled and as needed medication per MD +
Communication with physician/pharmacy about ordering or refill requests	X	RN supervision communicate MD and pharmacist with refill request +
Medication administration by licensed or unlicensed personnel	X	RN set up medications wkly to be administer by nursing by nursing assistant as directed RN +
Delivery of medication to resident previously set up by the facility nurse	X	Medication to be administer by Nursing Assistant as set up and directed by RN +
Medications set up by nurse for resident to self-administer	X	Self administration is monitor and supervise by RN
Delivery of medication from the original containers to resident	X	Staff assist
Delivery of liquid or food to resident if required to ingest medication	X	Staff assist
Delegation of medication management services by licensed health professional to unlicensed staff	X	RN supervise and delegates medications administration to Nursing Assistant +
Central storage of medication	X	Resident's medication are stored in a secured central storage +
Diabetic Care: insulin pen dosing	X	Staff to draw and administer as order by a physician
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing	X	Rn assist with insulin syringe dosing
Diabetic Care: sliding scale insulin management	X	Staff do sliding and report high or low BS to RN
Clinical monitoring of labs related to medications	X	RN monitor lab work
Anticoagulant medication management	X	Monitor by RN
B-12 injections	X	RN to administer B - 12 injection as ordered.

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Service	Available	Comments
Nutritional supplement administration	X	Staff assist as ordee
(IV) Intravenous management	X	Done by RN
PICC lines (Peripherally Inserted Central Catheter)	X	By RN
Injections; specify types or limits in comments (IM, SQ)	X	No limitation as long there is MD order
Nebulizers	X	Staff assist
Inhalers	X	Staff assist
Ear drops	X	Staff assist
Eye drops	X	Staff assist
Topicals	X	Staff assist
Patches	X	Staff assist
Medication delivery via enteral (feeding) tube	X	Staff assist as directed
Pain pump management		
Medical cannabis administration (pill form) for certified patients		
Medical Cannabis storage for certified patients		
Cannabidiol oil administration for certified patients		

Other; specify:

Section 3: Treatments & Therapies

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

Treatments & Therapies Available

Service	Available	Comments
Verbal or visual reminders to perform regularly scheduled treatments or exercises	X	Staff to remind resident verbally and visually to perform scheduled treatment and exercise +
Wound care: basic	X	RN to do wound treatment
Wound care: complex	X	By RN
Diabetic care: blood glucose monitoring	X	Staff assist
Diabetic care: foot/nail care	X	Done by podiatry by appointment only
C-PAP	X	Staff assist
Bi-PAP	X	Staff assist
Oxygen Management; specify any delivery system limitations	X	Staff assist as ordered
Oxygen saturation checks	X	Staff assist under the direct supervision of RN
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube	X	RN assist in Trach site cleaning and tube
Tracheostomy Care: showering assistance	X	Staff assist as directed
Tracheostomy Care: suctioning assistance	X	RN assist with suctioning
Pacemaker Checks	X	RN to monitor pacemaker as ordered
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis		

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Staff assist
Lymphedema wraps		
Fall Prevention: balance assessments	X	Done by RN
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	Staff assist
Daily weight check		
Indwelling urinary catheter care; emptying and bag changes	X	Staff assist
Indwelling urinary catheter replacement by nurse	X	Done by RN
Straight (intermittent) catheter assistance	X	Done by RN
Suprapubic catheter care	X	Done by RN
Ostomy care	X	Done by RN
Arrangements for and coordination with hospice care		
End-of-life palliative care		

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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	Staff assist
Bathing: shower	X	Staff assist
Bathing: bathtub	X	Staff assist
Oral hygiene	X	Staff assist
Denture care	X	Staff assist
Cuing/reminders for self-cares	S	Staff assist
Use of special utensils		
Feeding assistance for residents with complicated eating problems	X	Staff will assist resident
Set-up and cut food at meals	X	Staff assist
Manual Feeding; specify limits in comments	X	Staff assist
Tube Feeding; specify limits in comments	X	
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	Staff assist
Nail care: toenails, fingernails	X	Staff assist
Toileting: standby assistance/supervision	X	Staff assist
Changing incontinence products; perineal care	X	Staff assist
Ordering replacement incontinence products	X	Supervisor to order incontinent products monthly supply
Assistance with bowel and bladder control, devices, and training programs	X	Staff assist

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	Staff assist
Transfers with assist of one staff	X	Staff assist
Transfers with assist of two staff		
Transfers utilizing sit-to-stand lifts	X	Staff assist
Transfers utilizing sliding boards	X	Staff assist
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	Staff assist
Mechanical lift: assist of 2 transfer		Staff assist
Ambulation with assist of 1	X	Staff assist
Bed mobility	X	Staff assist
Assistance with chair mobility	X	Staff assist
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		
Elevators		

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		
Every two-hours safety checks	X	Staff to every 2 hours safety check and needed

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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	Call light in place in all resident room
Non-emergency call system; specify type in comments	X	Call light in place in all resident room
Digital wander alert device on resident		
Wander alert system at facility exits	X	Wandering alert on exit door
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	X	Visitor signed in and out log book at entrance door
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)		
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.)		
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	
Lunch available in community space	X	
Lunch available; delivered to apartment	X	
Dinner available in community space	X	
Dinner available; delivered to apartment		
Meal tray delivery and pick-up from resident's unit	X	
Meal preparation in resident's unit	X	
Thickened Liquids; specify limits in comments	X	
Modified Texture Diets; specify limits in comments		
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	X	
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking	X	

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		
Assistance with meals or food preparation	X	
Daily Social and Recreational Services	Required	Social and daily activities as needed for all residents
Housekeeping: bed making	X	Staff assist
Housekeeping: defrost and clean refrigerator	X	Staff assist
Housekeeping: dusting	X	Staff assist
Housekeeping: organize closets and drawers		Staff assist

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Staff assist
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Staff assist
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Staff assist
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Staff assist
Laundry: other; specify in comments		
Schedule offsite social and recreational activities		
Schedule medical and social service appointments	X	Staff assist
Assistance with arranging transportation for personal, social, and recreational activities	Required	Staff arrange medical and non medical transportation
Assistance with arranging transportation to medical and social services appointments	Required	Staff arrange medical and non medical transportation
Provide transportation to social and recreational activities		
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	Staff assist
Shopping: facility sponsored	X	Staff assist
Spiritual Care/Religious Services; on-site		
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices		
Primary languages spoken by staff	X	English
Supervision of smoking		

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Service	Available	Comments
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Other; specify:

Section 9: Staffing

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

Staffing Available

Staffing	Available	Comments
One-to-One staffing available		
One-to-One staffing for special circumstances		
Overnight companion		
Registered Nurse: on-site "part time"	X	part time
Registered Nurse: on-site "full time"	X	full time
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	On site
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		

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Staffing	Available	Comments
Physical Therapist available or can be arranged		
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged		
Speech Language Pathologist available or can be arranged		
Social Worker available or can be arranged		
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	X	No limitation
Private units		
Semi-private units		
Studio/efficiency units		
One-bedroom units	X	Available
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	X	Available

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Amenity	Available	Comments
Cable (television)	X	Available
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room		
Library		
Activity Room		
Garden/outdoor spaces		
Chapel		
Private entertaining space		
Communal Dining room		
Beauty/Barber Shop		
Parking available for residents		
Parking available for guests	X	Available
Guest accommodations		
Laundry Room accessible to Residents	X	Accessible to all residents
Washer-Dryer in units	X	Available
Central Air Conditioning	X	Available
Fully sprinklered building		

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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\(d\)](http://www.revisor.mn.gov/statutes/cite/144G.55) (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