

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): 02/12/2026

Name of Assisted Living: Glenn West St Paul

HFID: 30488

Unique building/unit description (if applicable): 90 Units within a 4 story building

Facility Address: 1984 Oakdale Ave, West St Paul, MN 55118

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:

- 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: ³ _____

Evening Shift: ³ _____

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	
Federal rent subsidy		
Other; explain:		

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	x	See AL Contract for Details
Private Pay	x	
Long Term Care Insurance	x	Resident to make payments to the Glenn for services LTC to make payments to resident directly 
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	Memory Care Only
Secured outdoor grounds on facility premises	x	Memory Care Only
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	x	Resident must be on services for management.
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	Resident must be on services for management.
Communication with physician/pharmacy about ordering or refill requests	x	Resident must be on services for management.
Medication administration by licensed or unlicensed personnel	x	Resident must be on services for management.
Delivery of medication to resident previously set up by the facility nurse	x	Resident must be on services for management.
Medications set up by nurse for resident to self-administer	x	Resident must be on services for management.
Delivery of medication from the original containers to resident	x	Resident must be on services for management.
Delivery of liquid or food to resident if required to ingest medication	x	Resident must be on services for management.
Delegation of medication management services by licensed health professional to unlicensed staff	x	Resident must be on services for management.
Central storage of medication	x	Resident must be on services for management.
Diabetic Care: insulin pen dosing	x	Resident must be on services for management.
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management		
Clinical monitoring of labs related to medications	x	Resident must be on services for management.
Anticoagulant medication management	x	Resident must be on services for management.
B-12 injections	x	Resident must be on services for management. Case by case basis as determined by the RN. 


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Service	Available	Comments
Nutritional supplement administration	x	Resident must be on services for management. Additional cost to resident. 
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	x	SQ. Resident must be on services for management.
Nebulizers	x	Resident must be on services for management.
Inhalers	x	Resident must be on services for management.
Ear drops	x	Resident must be on services for management.
Eye drops	x	Resident must be on services for management.
Topicals	x	Resident must be on services for management.
Patches	x	Resident must be on services for management.
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:		

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	Resident must be on services for management.
Wound care: basic	x	Resident must be on services for management.
Wound care: complex	x	Case by case basis determine by RN in conjunction with skilled nursing. 
Diabetic care: blood glucose monitoring	x	Resident must be on services for management.
Diabetic care: foot/nail care	x	Resident must be on services for management.
C-PAP	x	Resident must be on services for management.
Bi-PAP		
Oxygen Management; specify any delivery system limitations	x	Resident must be on services for management.
Oxygen saturation checks	x	Resident must be on services for management.
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	x	Resident must be on services for management.
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	Resident must be on services for management.
Lymphedema wraps		Coordination with Home Care
Fall Prevention: balance assessments		Coordination with Home Care
Fall Prevention: exercise programs		Coordination with Home Care
Fall Prevention: strength training		Coordination with Home Care
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	x	Must be on services for management.
Daily weight check	x	Must be on services for management.
Indwelling urinary catheter care; emptying and bag changes	x	Must be on services for management.
Indwelling urinary catheter replacement by nurse		
Straight (intermittent) catheter assistance		
Suprapubic catheter care	x	Must be on services for management.
Ostomy care	x	Must be on services for management.
Arrangements for and coordination with hospice care	x	Must be on services for management.
End-of-life palliative care	x	Must be on services for management.





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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	A licensed nurse may provide services when on site. Task may be delegated to ULP by EMT. 
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	Must be on services for management.
Bathing: shower	x	Must be on services for management.
Bathing: bathtub	x	Must be on services for management.
Oral hygiene	x	Must be on services for management.
Denture care	x	Must be on services for management.
Cuing/reminders for self-cares	x	Must be on services for management.
Use of special utensils	x	Assistance available. Must be on services for management and offered only in Memory Care. 
Feeding assistance for residents with complicated eating problems	x	Memory Care Only- Resident must be on services for management. 
Set-up and cut food at meals	x	Must be on services for management.
Manual Feeding; specify limits in comments	x	Must be on services for management. Service only available in Memory Care. 
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	x	Must be on services for management-case by case basis. Service only available in Memory Care. 

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	x	Must be on services for management. Case by case basis as determined by RN. 
Grooming: hair care, make-up, shaving, application of lotion, etc.	x	Must be on services for management.
Nail care: toenails, fingernails	x	Must be on services for management.
Toileting: standby assistance/supervision	x	Must be on services for management.
Changing incontinence products; perineal care	x	Must be on services for management.
Ordering replacement incontinence products	x	Must be on services for management.
Assistance with bowel and bladder control, devices, and training programs	x	Must be on services for management.
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	Must be on services for management.
Transfers with assist of one staff	x	Must be on services for management.
Transfers with assist of two staff	x	Must be on services for management.
Transfers utilizing sit-to-stand lifts	x	Must be on services for management.
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	Must be on services for management.
Mechanical lift: assist of 2 transfer	x	Must be on services for management.
Ambulation with assist of 1	x	Must be on services for management.
Bed mobility	x	Must be on services for management.
Assistance with chair mobility	x	Must be on services for management.
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	x	Must be on services for management.
Elevators	x	Must be on services for management.
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	Must be on services for management. Case by case basis as determined by the RN. 
Every two-hours safety checks	x	Must be on services for management.


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Service	Available	Comments
Daily safety checks	x	Must be on services for management.
Emergency call system; specify type in comments	x	Notify
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		
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	Memory Care
Security Guard		
Security cameras in common spaces	x	In common spaces near exit doors.
Key card/fob access: specify locations (unit, resident room, exits, etc.)	x	Entrance/Exit door and Memory Care
Other lock systems: specify locations (unit, resident room, exits, etc.)	x	All units and Entrance/Exit Doors
Emergency generator(s) to power the facility during power outages		Contracted for emergency basis
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	See Exhibit C
Breakfast available; delivered to apartment	x	See Exhibit C
Lunch available in community space	x	See Exhibit C
Lunch available; delivered to apartment	x	See Exhibit C
Dinner available in community space	x	See Exhibit C
Dinner available; delivered to apartment	x	See Exhibit C
Meal tray delivery and pick-up from resident's unit	x	See Exhibit C
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	x	Memory Care Only. Additional Fee.
Modified Texture Diets; specify limits in comments	x	Memory Care Only. Additional Fee.
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		
Therapeutic Diets: gluten-free	x	See Exhibit C
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium	x	Heart healthy options available as listed on menu. 


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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	Vegetarian options available must be selected by resident 
Dietitian or Nutritionist Services	x	Contracted through Unidine
Carbohydrate intake/tracking		
Meal consumption tracking	x	Memory Care Only. Case by case basis.
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	As indicated by the AL contract.
Assistance with meals or food preparation	x	Meals prepared through dining services. Not available in individual unit. 
Daily Social and Recreational Services	Required	
Housekeeping: bed making	x	Must be on services for management.
Housekeeping: defrost and clean refrigerator	x	See Exhibit C
Housekeeping: dusting	x	See Exhibit C
Housekeeping: organize closets and drawers		

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

Service	Available	Comments
Other; specify:	Designated smoking area available	

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	per staffing plan
Registered Nurse: on-site “full time”	x	
Licensed Practical Nurse: on site “part time”		
Licensed Practical Nurse: on-site “full time”	x	per staffing plan
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	x	
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	
Dietician/Nutritionist consultant available or can be arranged	x	Can be arrange with outside agency

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Staffing	Available	Comments
Physical Therapist available or can be arranged	x	Can be arranged with outside agency
Respiratory Therapist available or can be arranged	x	Can be arranged with outside agency
Occupational Therapist available or can be arranged	x	Can be arranged with outside agency
Speech Language Pathologist available or can be arranged	x	Can be arranged with outside agency
Social Worker available or can be arranged	x	Can be arranged with outside agency
Other Licensed Professional available; specify type in comments	x	Can be arranged with outside agency
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	Common area bathrooms and specific apartments
Private units	x	All units
Semi-private units		
Studio/efficiency units	x	
One-bedroom units	x	
Two-bedroom units	x	
Kitchen/Kitchenettes in units	x	
Internet access	x	Communal Wi-Fi available

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Amenity	Available	Comments
Cable (television)	x	See exhibit c
Pets allowed	x	See pet policy
Pet care; specify in comments		
Pool		
Whirlpool	x	Must be on services for management.
Exercise Room	x	
Library	x	
Activity Room	x	
Garden/outdoor spaces	x	
Chapel	x	Provided in community space
Private entertaining space	x	
Communal Dining room	x	
Beauty/Barber Shop	x	
Parking available for residents	x	
Parking available for guests	x	
Guest accommodations	x	
Laundry Room accessible to Residents	x	Communal and in-unit laundry available in select units
Washer-Dryer in units	x	Communal and in-unit laundry available in select units
Central Air Conditioning	x	
Fully sprinklered building	x	

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Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside	x	Designated smoking area available
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