

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): 1/17/2025

Name of Assisted Living: Brookdale Eden Prairie

HFID: 30691

Unique building/unit description (if applicable): _____

Facility Address: 7513 Mitchell Rd Eden Prairie MN 55344

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: 4 _____

Night shift: 3 _____

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	X	
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	Elderly waiver available after 24 months of private pay Shared suites when available
Private Pay	X	
Long Term Care Insurance	X	
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	Exits are 15-second egress doors; not locked by keypad or key-fob entry/exit
Secured outdoor grounds on facility premises	X	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	Excluding verbally or physically aggressive behaviors towards staff, visitors and/or other residents, drug seeking, suicidal ideations, active alcoholics or drug users, hoarding, continuous self-neglect
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		
Communication with physician/pharmacy about ordering or refill requests	X	
Medication administration by licensed or unlicensed personnel	X	Delivery of medications from preferred pharmacy, Charge will be assessed if use of outside pharmacy, except VA Medications
Delivery of medication to resident previously set up by the facility nurse		
Medications set up by nurse for resident to self-administer		
Delivery of medication from the original containers to resident		Emergency only, prefer bubble pack
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		
Diabetic Care: insulin syringe dosing	X	
Diabetic Care: sliding scale insulin management	X	
Clinical monitoring of labs related to medications	X	Physician/3 rd party manages lab results; facility staff coordinates only
Anticoagulant medication management	X	Physician/3 rd Party manages lab results; facility staff coordinates only
B-12 injections		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Nutritional supplement administration	X	Physician ordered
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	IM injections by licensed nurse or 3 rd party only
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	Edible Gummies allowed, physician order required
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	
Wound care: basic	X	First aid only
Wound care: complex		Requires 3 rd party, wound vacs must be managed by 3 rd party
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care		3 rd party podiatrist visits community with enrollment
C-PAP	X	
Bi-PAP	X	
Oxygen Management; specify any delivery system limitations	X	No liquid oxygen, no in-wall oxygen. Concentrators and portable tanks only
Oxygen saturation checks	X	SpO2 only with detailed specified ranges in a physician's order
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	If able to complete remotely
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Maintenance only, will place on and off per detailed physician order
Lymphedema wraps		Completed by 3 rd party home health nurse
Fall Prevention: balance assessments		Completed by 3 rd party therapy
Fall Prevention: exercise programs		Completed by 3 rd party therapy
Fall Prevention: strength training		Completed by 3 rd party therapy.
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	Per specific physician's orders
Daily weight check	X	Per specific physician's orders
Indwelling urinary catheter care; emptying and bag changes	X	Uncomplicated indwelling catheter care only empty only; complex done by 3 rd party provider
Indwelling urinary catheter replacement by nurse		Completed and oversight by 3 rd party
Straight (intermittent) catheter assistance		
Suprapubic catheter care		Completed and oversight by 3 rd party
Ostomy care	X	Uncomplicated care; staff will empty colostomy bag, complex care must be completed by 3 rd party provider
Arrangements for and coordination with hospice care	X	Collaborate with 3 rd party hospice provider
End-of-life palliative care	X	Collaborate 3 rd party palliative care provider

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)		
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	Hands only 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	
Oral hygiene	X	
Denture care	X	
Cuing/reminders for self-cares	X	
Use of special utensils	X	Per therapy recommendation and physician order. Utensils supplied by resident/3 rd party
Feeding assistance for residents with complicated eating problems	X	Support from family and 3 rd party therapy if necessary. On a limited basis.
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	Hand over hand on a limited basis, for end-of-life care
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	Resident provides all grooming products
Nail care: toenails, fingernails	X	Toenail care provided by 3 rd party with enrollment
Toileting: standby assistance/supervision	X	
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	Personal solutions program and Medicaid clients only. Family orders if not Medicaid or enrolled in personal solutions. Family provides wipes for Medicaid
Assistance with bowel and bladder control, devices, and training programs		
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	
Transfers utilizing sit-to-stand lifts	X	As recommended by therapy and ordered by a physician
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Non-mechanical transfers (trapeze)		Only Halo bed mobility device
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	
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	Handrails in resident bathroom and hallways
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	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	Pull cord in Resident room and bathrooms
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.)		
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	X	Common areas, kitchen
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	At additional cost. Assessed for safety
Lunch available in community space	X	
Lunch available; delivered to apartment	X	At additional cost. Assessed for safety
Dinner available in community space	X	
Dinner available; delivered to apartment	X	At additional cost. Assessed for safety
Meal tray delivery and pick-up from resident's unit	X	At additional cost. Assessed for safety
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Pre-thickened liquids only, no powders or mixes
Modified Texture Diets; specify limits in comments	X	Mechanical soft and pureed
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	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

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		
Dietitian or Nutritionist Services	X	Menu program overseen by nutritionist
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	
Assistance with meals or food preparation	X	Dining program enrollment required
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting		
Housekeeping: organize closets and drawers		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Daily by care staff
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments	X	Increased required housekeeping will be included in service plan or charged at an additional cost
Laundry: linen (change bed, launder sheets, towels)	X	Weekly
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	One load included in monthly room rate
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Shared bus with Brookdale Plymouth location
Schedule medical and social service appointments		
Assistance with arranging transportation for personal, social, and recreational activities	Required	Family must accompany resident
Assistance with arranging transportation to medical and social services appointments	Required	Family must accompany resident
Provide transportation to social and recreational activities	X	Group outings, bus shared with Brookdale Plymouth location
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored		
Spiritual Care/Religious Services; on-site	X	Based on availability of outside volunteers and churches, streaming services available
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	As ordered by physician and/or therapy, equipment provided by family
Primary languages spoken by staff	X	English
Supervision of smoking		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

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”		
Registered Nurse: on-site “full time”	X	Weekday office hours, 24 hour on call
Licensed Practical Nurse: on site “part time”		Based on occupancy
Licensed Practical Nurse: on-site “full time”		Based on occupancy
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	X	Weekday office hours, 24 hour on call
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		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Arranged with 3 rd party with physician's order
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Arranged with 3 rd party with physician's order
Speech Language Pathologist available or can be arranged	X	Arranged with 3 rd party with physician's order
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	
Private units	X	
Semi-private units	X	
Studio/efficiency units	X	
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	X	Family provides own internet for excessive streaming

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Amenity	Available	Comments
Cable (television)		
Pets allowed	X	Cats only, up to 15 pounds. One pet only. All pets must remain in resident rooms at all times. Extra fees apply
Pet care; specify in comments	X	Additional fee
Pool		
Whirlpool		
Exercise Room		
Library	X	
Activity Room	X	Craft room
Garden/outdoor spaces	X	
Chapel		
Private entertaining space	X	Indoor up to 6 people, and outdoor patio available
Communal Dining room	X	
Beauty/Barber Shop	X	3 RD Party
Parking available for residents		
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents		
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)		
Designated smoking area outside	X	For staff and visitors only, resident smoking assistance or oversight not 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 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