

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): 08/15/2024

Name of Assisted Living: Wildwood Grove, INC

HFID: 30710

Unique building/unit description (if applicable): _____

Facility Address: 410 East Main Street LeRoy MN, 55951

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 | Waivered services capped at 30% occupancy or higher when 3 or more units are not rented. + |
| Private Pay | X | |
| Long Term Care Insurance | X | Will assist with submitting required forms provided by the resident or insurance company. + |
| 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 | First and second floor memory care units with secure exits. + |
| Secured outdoor grounds on facility premises | X | Attached to first floor memory care unit only. |
| Individualized digital/alarm monitoring for wandering or exit-seeking behavior | | |
| Prepared to manage challenging behaviors | X | Delegated to unlicensed personnel. Supervised by RN. |
| 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 | In addition to nurse, contract with a preferred pharmacy for specific medication packing.  |
| Medications set up by nurse for resident to self-administer | X | In addition to nurse, contract with a preferred pharmacy for specific medication packing.  |
| Delivery of medication from the original containers to resident | X | Will coordinate the delivery of medications for direct delivery from preferred pharmacy.  |
| 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 | RN to delegate and supervise process of this service. |
| Central storage of medication | | |
| Diabetic Care: insulin pen dosing | X | Delegated to unlicensed personnel, supervised by RN. |
| Diabetic Care: insulin pump management | | |
| Diabetic Care: insulin syringe dosing | | |
| Diabetic Care: sliding scale insulin management | | |
| Clinical monitoring of labs related to medications | | |
| Anticoagulant medication management | X | |
| B-12 injections | X | Administered by licensed nurse. |


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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 | SQ delegated to unlicensed personnel, IM by licensed nurse.  |
| Nebulizers | X | Delegated to unlicensed personnel. Supervised by RN. |
| Inhalers | X | Delegated to unlicensed personnel. Supervised by RN. |
| Ear drops | X | Delegated to unlicensed personnel. Supervised by RN. |
| Eye drops | X | Delegated to unlicensed personnel. Supervised by RN. |
| Topicals | X | Delegated to unlicensed personnel. Supervised by RN. |
| Patches | X | Delegated to unlicensed personnel. Supervised by RN. |
| 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 | |
| Wound care: basic | X | Delegated to unlicensed personnel. Supervised by RN. |
| Wound care: complex | | |
| Diabetic care: blood glucose monitoring | X | Delegated to unlicensed personnel. Supervised by RN. |
| Diabetic care: foot/nail care | X | Will coordinate with resident's podiatrist. |
| C-PAP | X | Delegated to unlicensed personnel. Supervised by RN. |
| Bi-PAP | | |
| Oxygen Management; specify any delivery system limitations | X | Will assist with nasal canula only. |
| Oxygen saturation checks | X | Performed by unlicensed personnel. |
| Ventilators | | |
| Suctioning | | |
| Tracheostomy Care: cleaning of site and tube | | |
| Tracheostomy Care: showering assistance | | |
| Tracheostomy Care: suctioning assistance | | |
| Pacemaker Checks | X | Will assist resident if proper equipment/information/orders are provided.  |
| Arrange for On-Site Dialysis | | |
| Arrange for/set-up Off-Site Dialysis | X | |

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| Service | Available | Comments |
|--|-----------|---|
| Peritoneal Dialysis (on-site) | | |
| Compression stockings | X | Delegated to unlicensed personnel. Supervised by RN. |
| Lymphedema wraps | X | Delegated to unlicensed personnel. Supervised by RN. |
| Fall Prevention: balance assessments | | |
| Fall Prevention: exercise programs | X | Available through general activities program. |
| Fall Prevention: strength training | X | Available through general activities program. |
| Integrative Health Services: acupuncture | | |
| Integrative Health Services: aromatherapy | | |
| Integrative Health Services: healing touch | | |
| Integrative Health Services: massage | | |
| Blood pressure checks | X | Monthly, preformed by unlicensed personnel. |
| Daily weight check | X | Monthly provided, Daily with MD order. preformed by unlicensed personnel.  |
| Indwelling urinary catheter care; emptying and bag changes | X | Delegated to unlicensed personnel. Supervised by RN. |
| Indwelling urinary catheter replacement by nurse | | |
| Straight (intermittent) catheter assistance | | |
| Suprapubic catheter care | | |
| Ostomy care | | |
| Arrangements for and coordination with hospice care | X | Will coordinate with agency of choice. |
| End-of-life palliative care | X | Will coordinate with hospice agency. |

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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 | All licensed nurses have training. Unlicensed personnel encouraged to be trained in 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 | Only 1 apartment with tub. 1 person assist only. |
| Oral hygiene | X | |
| Denture care | X | |
| Cuing/reminders for self-cares | X | |
| Use of special utensils | X | Utensils provided by family. |
| Feeding assistance for residents with complicated eating problems | X | |
| Set-up and cut food at meals | X | Assessment determines need. |
| Manual Feeding; specify limits in comments | X | Assessment determines safety of and need for. |
| Tube Feeding; specify limits in comments | | |
| 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 | |
| Nail care: toenails, fingernails | X | Non-diabetic residents. Will coordinate with podiatry. |
| Toileting: standby assistance/supervision | X | |
| Changing incontinence products; perineal care | X | Incontinence products provided by resident. |
| Ordering replacement incontinence products | X | Upon request. |
| 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 | In Memory care units only. |
| Transfers utilizing sit-to-stand lifts | X | In Memory care units 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 | | |
| Mechanical lift: assist of 2 transfer | X | In MC ONLY- resident provides lift, assessment to determine safety of use, MD order for use. + |
| Ambulation with assist of 1 | X | |
| Bed mobility | X | Assist of one, partial assist. |
| Assistance with chair mobility | X | Assist of one, partial assist. |
| Chair Glide System | | |
| Mechanical Stair Lift System | | |
| Handrails; in personal space | X | In resident's bathroom. |
| 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 | Short duration only. |
| Every 30-minutes safety checks | X | Short duration only. |
| Hourly safety checks | X | Short duration only. |
| Every two-hours safety checks | X | Provided in MC units. Assisted living for Short duration only. + |


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| Service | Available | Comments |
|---|-----------|---|
| Daily safety checks | X | All residents are checked on by staff at least 1 time daily. |
| Emergency call system; specify type in comments | X | Pendant/wrist button for all AL residents. Upon request and ability to use for MC residents. + |
| Non-emergency call system; specify type in comments | X | Resident may call facility phone number provided to them for non-emergent assistance. + |
| Digital wander alert device on resident | | |
| Wander alert system at facility exits | | |
| Staff monitoring at facility exits; specify method in comments | X | All exit doors are alarmed from 8pm to 8am. Cameras at all exits. + |
| Visitor check-in/check-out at facility main entrance | X | Visitor log maintained at front door. Visitors are asked to check in and out. + |
| Bed alarms or movement sensing technology | | |
| Door sensors: specify locations (unit, resident room, exits, etc.) | X | All exterior doors are alarmed from 8pm to 8am. |
| Security Guard | | |
| Security cameras in common spaces | X | |
| Key card/fob access: specify locations (unit, resident room, exits, etc.) | | Key code is provided at main entrance, employee entrance, and MC entrances. + |
| Other lock systems: specify locations (unit, resident room, exits, etc.) | X | Audible alarms on exterior hallway doors with emergency designation. + |
| 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 | |
| Breakfast available in community space | X | |
| Breakfast available; delivered to apartment | X | Assessment determines safety of meal delivery to apartment.  |
| Lunch available in community space | X | |
| Lunch available; delivered to apartment | X | Assessment determines safety of meal delivery to apartment.  |
| Dinner available in community space | X | |
| Dinner available; delivered to apartment | X | Assessment determines safety of meal delivery to apartment.  |
| Meal tray delivery and pick-up from resident's unit | X | Assessment determines safety of meal delivery to apartment.  |
| Meal preparation in resident's unit | | |
| Thickened Liquids; specify limits in comments | X | With MD order, signed Risk ID, and assessment completed for safety.  |
| Modified Texture Diets; specify limits in comments | X | Soft diets only. |
| 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 | No salt added to meals by staff. |
| Therapeutic Diets: renal diet | | |
| Other special diets: kosher | | |
| Other special diets: (vegetarian, vegan, etc.) specify in comments | | |
| Dietitian or Nutritionist Services | X | Menus created by off site dietitian. |
| Carbohydrate intake/tracking | | |
| Meal consumption tracking | X | If requested, based on assessment and need. |
| 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 | Staff to check on each resident at least one time daily. |
| Assistance with meals or food preparation | X | 3 meals provided daily plus snacks. |
| Daily Social and Recreational Services | Required | |
| Housekeeping: bed making | X | Performed by unlicensed personnel, as requested and as scheduled.  |
| Housekeeping: defrost and clean refrigerator | X | Based on need and request. |
| Housekeeping: dusting | X | Light dusting by housekeeping weekly. |
| Housekeeping: organize closets and drawers | | |

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| Service | Available | Comments |
|---|-----------|---|
| Housekeeping: trash removal; specify frequency in comments | X | Daily by unlicensed personnel. |
| 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 | Weekly as scheduled. |
| Laundry: wash, dry, and fold clothing; specify loads per week in comments | X | 2 loads per week provided. |
| Laundry: other; specify in comments | | |
| Schedule offsite social and recreational activities | | |
| Schedule medical and social service appointments | X | Upon request. |
| 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 | When available. Additional cost if outside city limits. |
| Provide transportation to medical and social service appointments | X | When available. Additional cost if outside city limits. |
| Assistance accessing community resources and social services | Required | |
| Shopping: facility sponsored | | |
| Spiritual Care/Religious Services; on-site | X | Weekly rotation of multiple denominations in the area. |
| Assistance with bill paying/budgeting | | |
| Communication boards or other supplemental communication devices | | |
| Primary languages spoken by staff | | English. |
| Supervision of smoking | | |

| 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” | X | |
| Registered Nurse: on-site “full time” | | |
| Licensed Practical Nurse: on site “part time” | X | |
| Licensed Practical Nurse: on-site “full time” | | |
| 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 | X | |
| Activities Director: Full Time | | |
| Dietician/Nutritionist consultant available or can be arranged | X | Will coordinate with resident's provider of choice. |


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| Staffing | Available | Comments |
|---|-----------|---|
| Physical Therapist available or can be arranged | X | Will coordinate with resident's provider of choice. |
| Respiratory Therapist available or can be arranged | X | Will coordinate with resident's provider of choice. |
| Occupational Therapist available or can be arranged | X | Will coordinate with resident's provider of choice. |
| Speech Language Pathologist available or can be arranged | X | Will coordinate with resident's provider of choice. |
| Social Worker available or can be arranged | X | Will coordinate with resident's provider of choice. |
| 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 | In each unit, 1 in public area as well. |
| Private units | X | |
| Semi-private units | | |
| Studio/efficiency units | X | |
| One-bedroom units | X | |
| Two-bedroom units | X | Select assisted living units. |
| Kitchen/Kitchenettes in units | X | In assisted living units only. |
| Internet access | X | Will provide name and number of provider for resident to begin services as requested.  |

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| Amenity | Available | Comments |
|--------------------------------------|-----------|--|
| Cable (television) | X | Will provide name and number of provider for resident to begin services as requested. + |
| Pets allowed | X | With Mgt. approval. Assessed for safety and ability to care for pet, No new pets. + |
| Pet care; specify in comments | | Vaccinations and current check up required. Must be able to care for pet independently. + |
| Pool | | |
| Whirlpool | | |
| Exercise Room | | |
| Library | X | Bookcase at the end of each hallway of assisted living areas. |
| Activity Room | X | |
| Garden/outdoor spaces | X | |
| Chapel | | |
| Private entertaining space | X | 1st and 2nd floor community room. |
| Communal Dining room | X | |
| Beauty/Barber Shop | X | By appointment. |
| Parking available for residents | X | |
| Parking available for guests | X | |
| Guest accommodations | X | Resident invite only in resident unit, length & number of stay limited. mgt. approval needed. + |
| Laundry Room accessible to Residents | X | In assisted living area. |
| Washer-Dryer in units | X | In select assisted living units only. |
| 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 | |
| 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