

# 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) 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): 02/23/2026

Name of Assisted Living: Highland Senior Living, LLC

HFID: 30739

Unique building/unit description (if applicable): \_\_\_\_\_

Facility Address: 1012 3rd Avenue NE, Little Falls MN 56345

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: <sup>5</sup> \_\_\_\_\_

Evening Shift: <sup>5</sup> \_\_\_\_\_

Night shift: <sup>3-4</sup> \_\_\_\_\_

### 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:		

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**Payment Options for Services**

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	
Private Pay	X	
Long Term Care Insurance	X	Additional Fee May Apply

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 Secured Wadner Devises at Exits
Secured outdoor grounds on facility premises	X	Memory Care Courtyard only
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	X	For Residents that wear wandering devices
Prepared to manage challenging behaviors	X	Additional Fee may apply based upon assessment

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	Minimum of Medication setup by facility licensed staff
Communication with physician/pharmacy about ordering or refill requests	X	Minimum of Medication Management
Medication administration by licensed or unlicensed personnel	X	Fee base upon frequency and complexity
Delivery of medication to resident previously set up by the facility nurse	X	fee based on assessment
Medications set up by nurse for resident to self-administer	X	Fee based on assessment
Delivery of medication from the original containers to resident	X	emergent, shortterm with exception of VA <span style="float: right;">+</span>
Delivery of liquid or food to resident if required to ingest medication	X	Fee based upon assessment <span style="float: right;">+</span>
Delegation of medication management services by licensed health professional to unlicensed staff	X	Primary service delivery method
Central storage of medication		
Diabetic Care: insulin pen dosing	X	Additional fee may apply for diabetic care based upon assessment <span style="float: right;">+</span>
Diabetic Care: insulin pump management		Provided under Resident arrangement through third party
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	Additional fee may apply based upon assessment
Clinical monitoring of labs related to medications	X	Additional fee may apply based upon assessment
Anticoagulant medication management	X	Additional fee may apply based upon assessment
B-12 injections	X	Additional fee may apply based upon assessment

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Service	Available	Comments
Nutritional supplement administration	X	Per Physician orders additional fee may apply based upon assessment <span style="float: right;">+</span>
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Per Physician orders fee based upon assessment
Nebulizers	X	Additional Fee may apply based upon assessment
Inhalers	X	Additional Fee may apply based upon assessment
Ear drops	X	Additional Fee may apply based upon assessment
Eye drops	X	Additional Fee may apply based upon assessment
Topicals	X	Additional Fee may apply based upon assessment
Patches	X	Additional Fee may apply based upon assessment
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	Additional Fee may apply based upon assessment
Wound care: basic	X	Additional Fee may apply based upon assessment
Wound care: complex		Provided by Resident arrangement through third party
Diabetic care: blood glucose monitoring	X	Additional Fee may apply based upon assessment
Diabetic care: foot/nail care	X	Additional Fee may apply based upon assessment
C-PAP	X	Additional Fee may apply based upon assessment
Bi-PAP	X	Additional Fee may apply based upon assessment
Oxygen Management; specify any delivery system limitations	X	Additional Fee may apply based upon assessment
Oxygen saturation checks	X	Additional Fee may apply based upon assessment
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Provided by Resident arrangement through third party; based on assessment 
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Additional Fee may apply based upon assessment

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Additional Fee may apply based upon assessment
Lymphedema wraps	X	Provided by Resident arrangement through third party
Fall Prevention: balance assessments	X	Provided by Resident arrangement through third party
Fall Prevention: exercise programs	X	Provided by Resident arrangement through third party; Additional fee may apply <span style="float: right;">+</span>
Fall Prevention: strength training		Provided by Resident arrangement through third party
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	Additional fee may apply based upon assessment
Daily weight check	X	Additional Fee may apply based upon assessment
Indwelling urinary catheter care; emptying and bag changes	X	Additional Fee may apply based upon assessment
Indwelling urinary catheter replacement by nurse		Provided by Resident arrangement through third party
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Additional Fee may apply based upon assessment
Ostomy care	X	Additional Fee may apply based upon assessment
Arrangements for and coordination with hospice care	X	Provided by Resident arrangement through third party
End-of-life palliative care	X	Provided by Resident arrangement through third party

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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	Based upon assessment
Bathing: shower	X	Based upon assessment
Bathing: bathtub	X	Based upon assessment
Oral hygiene	X	Based upon assessment
Denture care	X	Based upon assessment
Cuing/reminders for self-cares	X	Based upon assessment
Use of special utensils	X	Based upon assessment
Feeding assistance for residents with complicated eating problems	X	Based upon assessment
Set-up and cut food at meals	X	Based upon assessment
Manual Feeding; specify limits in comments	X	Based upon assessment
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident		Emergent or short-term only

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	X	Short-term emergent situations; Additional fee may apply; Based upon assessment <span style="float: right;">+</span>
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	Based upon assessment
Nail care: toenails, fingernails	X	Based upon assessment
Toileting: standby assistance/supervision	X	Based upon assessment
Changing incontinence products; perineal care	X	Based upon assessment
Ordering replacement incontinence products	X	Based upon assessment
Assistance with bowel and bladder control, devices, and training programs	X	Based upon assessment

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	Based upon assessment
Transfers with assist of one staff	X	Based upon assessment
Transfers with assist of two staff	X	Based upon assessment
Transfers utilizing sit-to-stand lifts	X	Based upon assessment
Transfers utilizing sliding boards	X	Based upon assessment
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	Based upon assessment
Ambulation with assist of 1	X	Based upon assessment
Bed mobility	X	Based upon assessment
Assistance with chair mobility	X	Based upon assessment
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		
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-term emergent situation; Additional fee may apply
Every 30-minutes safety checks	X	Short-term emergent situation; Additional fee may apply
Hourly safety checks	X	Additional fee may apply
Every two-hours safety checks	X	Based upon assessment

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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	Ariel
Non-emergency call system; specify type in comments		
Digital wander alert device on resident	X	Based upon assessment; use of device
Wander alert system at facility exits	X	Based upon assessment; use of device
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance		
Bed alarms or movement sensing technology	X	Memory Care Sensors; Safely You Fall detection
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Courtland Square; Memory Care
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Standard Key system
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Standard Key system
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	Additional fee may apply
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Additional fee may apply
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Additional fee may apply
Meal tray delivery and pick-up from resident's unit	X	Additional fee may apply
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Additional fee may apply
Modified Texture Diets; specify limits in comments	X	Puree Diet, Honey liquids, Nectar Liquids, Mechanical Soft Diet, Soft Foods
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled	X	Food items and portion control available upon request
Therapeutic Diets: gluten-free	X	Gluten intolerant not free
Therapeutic Diets: high fiber	X	Food Items available upon request
Therapeutic Diets: low fat/low cholesterol	X	Food items available upon request
Therapeutic Diets: low sodium	X	Food items available upon request

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Service	Available	Comments
Therapeutic Diets: no added salt	X	Food items available upon request
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	Food items available upon request
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking	X	Additional fees may apply

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	I'm Okay Service involves Home Health Aides or designees conducting a physical check Resident 
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	Additional fees may apply
Housekeeping: defrost and clean refrigerator	X	Additional fees may apply
Housekeeping: dusting	X	Additional fees may apply
Housekeeping: organize closets and drawers	X	Additional fees may apply

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Additional fees may apply
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	ALF- Additional Fee May apply Courtland square included in rent +
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	ALF- Additional Fee may apply Courland square included in rent +
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Community Life offsite activities
Schedule medical and social service appointments	X	Additional fee may apply
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	Community Life organized activities and social events
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	Per Community Schedule
Spiritual Care/Religious Services; on-site	X	Per Community Schedule
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	
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"		
Registered Nurse: on-site "full time"	X	Primary Hours Monday- Friday
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"	X	7 days a week
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	Primary Hours Monday- Friday
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	Primary Hours Monday- Friday
Dietician/Nutritionist consultant available or can be arranged	X	Arranged by Resident through third party

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Arranged by Resident through third party
Respiratory Therapist available or can be arranged	X	Arranged by Resident through third party
Occupational Therapist available or can be arranged	X	Arranged by Resident through third party
Speech Language Pathologist available or can be arranged	X	Arranged by Resident through third party
Social Worker available or can be arranged	X	Arranged by Resident through third party
Other Licensed Professional available; specify type in comments	X	Physician Services NP/PA, Psychiatrist, Psychologist arranged by Resident through thid party <span style="float: right;">+</span>

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	All
Private units	X	All
Semi-private units		
Studio/efficiency units	X	Courtland Sqaure
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	All
Internet access	X	Base service included in rent

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Amenity	Available	Comments
Cable (television)	X	Base service included in rent
Pets allowed	X	Additional fee and arrangement required
Pet care; specify in comments		
Pool		
Whirlpool	X	
Exercise Room	X	
Library	X	
Activity Room	X	
Garden/outdoor spaces	X	
Chapel	X	
Private entertaining space	X	
Communal Dining room	X	
Beauty/Barber Shop	X	
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations	X	
Laundry Room accessible to Residents	X	
Washer-Dryer in units	X	
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) ([www.revisor.mn.gov/statutes/cite/144G.55](http://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/>); 1-800-657-3591
- Office of Ombudsman for Mental Health and Developmental Disabilities (<https://mn.gov/omhdd/>); 1-800-657-3506
- Minnesota Directory for community resources: [www.MinnesotaHelp.Info](http://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