

# 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): 08/28/2025

Name of Assisted Living: Minnehaha Senior Living

HFID: 30780

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

Facility Address: 3733 23rd Ave South, Minneapolis, MN 55407

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: <sup>8</sup> \_\_\_\_\_

Evening Shift: <sup>7</sup> \_\_\_\_\_

Night shift: <sup>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:		

### 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	
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	
Secured outdoor grounds on facility premises	x	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	x	Available based off assessment and fees may apply.
Prepared to manage challenging behaviors	x	Fees based on frequent and complex as determined by 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	Fees based on frequency and complexity.
Communication with physician/pharmacy about ordering or refill requests	x	Minimum of medication management services must be provided.
Medication administration by licensed or unlicensed personnel	x	Fees based on frequency and complexity.
Delivery of medication to resident previously set up by the facility nurse	x	Fees based on frequency and complexity.
Medications set up by nurse for resident to self-administer	x	Fees based on frequent and complex as determined by assessment.
Delivery of medication from the original containers to resident	x	Fees based on frequent and complex as determined y assessment.
Delivery of liquid or food to resident if required to ingest medication	x	Based on assessment
Delegation of medication management services by licensed health professional to unlicensed staff	x	
Central storage of medication	x	Narcotics only.
Diabetic Care: insulin pen dosing	x	Fees based on frequent and complex as determined by assessment.
Diabetic Care: insulin pump management	x	Fees based on frequent and complex as determined by assessment.
Diabetic Care: insulin syringe dosing	x	Fees based on frequent on frequent and complex as determined by assessment
Diabetic Care: sliding scale insulin management		
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	Per physician orders fee based upon assessment thjrough 3rd party

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Service	Available	Comments
Nutritional supplement administration	x	Fees based on frequent and complex as determined by assessment
(IV) Intravenous management	x	Provided under client arrangement through 3rd party
PICC lines (Peripherally Inserted Central Catheter)	x	Provided under client arrangement through 3rd party
Injections; specify types or limits in comments (IM, SQ)	x	Per physicians orders fee based upon assessment through third party
Nebulizers	x	Fees based on frequent and complex as determined by assessment
Inhalers	x	Fees based on frequent and complex as determined by assessment
Ear drops	x	Fees based on frequent and complex as determined by assessment
Eye drops	x	Fees based on frequent and complex as determined by assessment
Topicals	x	Fees based on frequent and complex as determined by assessment
Patches	x	Fees based on frequent and complex as determined by assessment
Medication delivery via enteral (feeding) tube	x	Fees based on frequent and complex as determined by assessment
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	Fees based on frequent and complex as determined by assessment
Wound care: basic	x	Fees based on frequent and complex as determined by assessment
Wound care: complex	x	Provided by client arrangement through 3rd party
Diabetic care: blood glucose monitoring	x	Fees based on frequent and complex as determined by assessment
Diabetic care: foot/nail care	x	Fees based on frequent and complex as determined by assessment
C-PAP	x	Fees based on frequent and complex as determined by assessment
Bi-PAP	x	Fees based on frequent and complex as determined by assessment
Oxygen Management; specify any delivery system limitations	x	Fees based on frequent and complex as determined by assessment
Oxygen saturation checks	x	Fees based on frequent and complex as determined by assessment
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	x	Remote pacemaker check through third party
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	Fee based upon assessment
Lymphedema wraps	x	Provided by client arrangement through third party
Fall Prevention: balance assessments	x	Provided by client arrangement through third party
Fall Prevention: exercise programs	x	Additional fee may apply based upon assessment
Fall Prevention: strength training	x	Additional fee may apply based upon assessment
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	x	
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	x	Fees based on frequent and complex as determined by assessment
Daily weight check	x	Fees based on frequent and complex as determined by assessment
Indwelling urinary catheter care; emptying and bag changes	x	Fees based on frequent and complex as determined by assessment
Indwelling urinary catheter replacement by nurse	x	Provided by client arrangement through third party
Straight (intermittent) catheter assistance	x	Fees based on frequent and complex as determined by assessment through 3rd party
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	
End-of-life palliative care	x	Provided by client 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	
Bathing: shower	x	
Bathing: bathtub	x	
Oral hygiene	x	
Denture care	x	
Cuing/reminders for self-cares	x	
Use of special utensils	x	Based upon assessment
Feeding assistance for residents with complicated eating problems	x	Fees based on frequent and complex as determined by assessment.
Set-up and cut food at meals	x	Fees based on frequent and complex as determined by assessment.
Manual Feeding; specify limits in comments	x	Fees based on frequent and complex as determined by assessment.
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	x	Fees based on frequent and complex as determined by assessment.

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	x	Short term emergent situations. Fees based on frequent and complex as determined by assessment
Grooming: hair care, make-up, shaving, application of lotion, etc.	x	
Nail care: toenails, fingernails	x	
Toileting: standby assistance/supervision	x	Fees based on frequent and complex as determined by assessment.
Changing incontinence products; perineal care	x	
Ordering replacement incontinence products	x	As needed
Assistance with bowel and bladder control, devices, and training programs	x	Fees based on frequent and complex as determined by 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	
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)	x	Based upon assessment
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 situations. Additional fees may apply
Every 30-minutes safety checks	x	Short term emergent situations. Additional fees may apply
Hourly safety checks	x	Based upon assessment
Every two-hours safety checks	x	Based upon assessment

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Service	Available	Comments
Daily safety checks	x	All
Emergency call system; specify type in comments	x	Ariel System- Residents have individual pendants. Fees may apply.
Non-emergency call system; specify type in comments	x	Telephone available for a fee
Digital wander alert device on resident	x	Based upon assessment. Additional fees may apply
Wander alert system at facility exits	x	
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	x	Visitors sign in at reception area in the binder.
Bed alarms or movement sensing technology	x	Memory Care bathrooms have movement sensors
Door sensors: specify locations (unit, resident room, exits, etc.)	x	Memory care room doors
Security Guard		
Security cameras in common spaces	x	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	x	Exterior doors of building
Other lock systems: specify locations (unit, resident room, exits, etc.)	x	Standard key locks on apartments
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 Fees apply
Lunch available in community space	x	
Lunch available; delivered to apartment	x	Additional Fees apply
Dinner available in community space	x	
Dinner available; delivered to apartment	x	Additional Fees apply
Meal tray delivery and pick-up from resident's unit	x	Additional Fees apply and/or if medically necessary
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	x	Additional Fees apply
Modified Texture Diets; specify limits in comments	x	Mechanical soft and puree available
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	Additional fees may apply
Therapeutic Diets: renal diet	x	Food items available upon request
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking	x	Additional fees may apply Memory Care Only
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	Check on Resident agreed upon time
Assistance with meals or food preparation	x	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	x	
Housekeeping: defrost and clean refrigerator	x	
Housekeeping: dusting	x	
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	x	as needed
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	as needed
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	x	Additional fees may apply in AL, included in MC
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	Additional fees may apply in AL, included in MC
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	x	
Schedule medical and social service appointments	x	
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	
Provide transportation to medical and social service appointments	x	apply third party
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	x	
Spiritual Care/Religious Services; on-site	x	
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	x	
Primary languages spoken by staff	x	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”		
Registered Nurse: on-site “full time”	x	
Licensed Practical Nurse: on site “part time”		
Licensed Practical Nurse: on-site “full time”	x	
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	Through third party

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Staffing	Available	Comments
Physical Therapist available or can be arranged	x	Arranged by client through third party
Respiratory Therapist available or can be arranged	x	Arranged by client through third party
Occupational Therapist available or can be arranged	x	Arranged by client through third party
Speech Language Pathologist available or can be arranged	x	Arranged by client through third party
Social Worker available or can be arranged	x	
Other Licensed Professional available; specify type in comments	x	Podiatry, Optometry, Audiology
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		
Studio/efficiency units	x	
One-bedroom units	x	
Two-bedroom units	x	
Kitchen/Kitchenettes in units	x	
Internet access	x	

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Amenity	Available	Comments
Cable (television)	x	
Pets allowed	x	Additional fee and agreement. Pets must be under 25 pounds. No fish or water tanks allowed.
Pet care; specify in comments		
Pool		
Whirlpool	x	
Exercise Room	x	
Library	x	
Activity Room	x	
Garden/outdoor spaces	x	
Chapel		
Private entertaining space	x	
Communal Dining room	x	
Beauty/Barber Shop	x	
Parking available for residents	x	
Parking available for guests	x	
Guest accommodations		
Laundry Room accessible to Residents	x	
Washer-Dryer in units	x	Some units include this amenity
Central Air Conditioning	x	Each apartment has thermostat controlled air conditioning and heat
Fully sprinklered building	x	

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside		
Other; specify:		

## Additional Information

Sixty days before the facility plans to reduce or eliminate the availability of one or more services, the facility must provide written notice of the reduction. Refer to [144G.55 Subd. 1\(d\)](#) ([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 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](http://www.MinnesotaHelp.Info)
- [Minnesota Senior LinkAge Line](http://www.seniorlinkageline.com/) ([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