

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): 08/01/2023

Name of Assisted Living: Engel Haus

HFID: 30893

Unique building/unit description (if applicable): _____

Facility Address: 5101 Kassel Ave NE, Albertville, MN 55301

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: 4.5

Evening Shift: 4.5

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		
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	EW and CADI only
Private Pay	X	
Long Term Care Insurance	X	Payment is made directly to resident for reimbursement.
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 Unit only. Secured unit available with limited apartment capacity. 
Secured outdoor grounds on facility premises	X	Memory Care Unit only.
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors		
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	Limited to four times per day
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	
Medications set up by nurse for resident to self-administer	X	
Delivery of medication from the original containers to resident	X	
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	Central storage of controlled substances and refrigerated medications only. 
Diabetic Care: insulin pen dosing	X	
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management		
Clinical monitoring of labs related to medications	X	Additional fees may apply.
Anticoagulant medication management	X	
B-12 injections	X	Additional fees may apply. May be offered by outside provider. 



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Service	Available	Comments
Nutritional supplement administration	X	Physician ordered supplements must be provided by resident. 
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Insulin administration (SQ) and other (IM)
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		
Medical Cannabis storage for certified patients		
Cannabidiol oil administration for certified patients		
Other; specify: Additional fee will be applied for non-contracted pharmacy.		

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	
Wound care: complex		Monitoring of wound and treatment in conjunction with outside provider. 
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care	X	Services provided by licensed staff or contracted podiatrist dependent on need. 
C-PAP	X	
Bi-PAP		
Oxygen Management; specify any delivery system limitations	X	Liquid, tank or concentrator
Oxygen saturation checks	X	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	
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	Additional fees may apply.
Lymphedema wraps	X	Monitoring of wrap and treatment in conjunction with outside provider. 
Fall Prevention: balance assessments	X	Contracted therapy service provider.
Fall Prevention: exercise programs	X	Group activity programs, restorative nursing programs, contracted therapy services. 
Fall Prevention: strength training	X	Group activity programs, restorative nursing programs, contracted therapy services. 
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		Activities/nursing may incorporate this as an intervention/activity. 
Integrative Health Services: healing touch		
Integrative Health Services: massage		Activities/nursing may incorporate this as an intervention/activity. 
Blood pressure checks	X	
Daily weight check	X	
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse	X	Managed in conjunction with outside provider. Emergent replacement only. 
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Routine cares available. Replacement of suprapubic catheter not available. 
Ostomy care	X	
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	

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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	Licensed nurses only, not on duty 24 hours per day.
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	Special utensils must be provided by resident.
Feeding assistance for residents with complicated eating problems	X	Memory Care only.
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	Memory Care only.
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	X	End of life service only.
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	
Nail care: toenails, fingernails	X	Podiatry available routinely on-site by outside provider.
Toileting: standby assistance/supervision	X	
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	Memory Care units only.
Assistance with bowel and bladder control, devices, and training programs	X	No training programs. Device must be provided by resident. 
Other; specify:	Limitations may be placed on service acuity due to staffing and current resident need.	

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	May be available based on service acuity due to staffing and current resident need. 
Transfers utilizing sit-to-stand lifts	X	
Transfers utilizing sliding boards	X	Sliding boards must be provided by resident.
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)	X	Trapeze must be provided by resident.
Mechanical lift: assist of 1 transfer	X	
Mechanical lift: assist of 2 transfer	X	May be available based on service acuity due to staffing and current resident need. +
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	Bathroom rails only.
Elevators	X	One elevator in the community.
Other; specify:	Limitations may be placed on service acuity due to staffing and current resident need.	


Section 6: Security & Monitoring

Check each service/option available at the location(s) listed above.

Security and Monitoring Services

Service	Available	Comments
Every 15-minutes safety checks		
Every 30-minutes safety checks		
Hourly safety checks	X	Available for limited emergent need only.
Every two-hours safety checks	X	Available for limited emergent need only.



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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	Pendant and pull cord.
Non-emergency call system; specify type in comments	X	Pendant and pull cord.
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	X	
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Available for time limited emergency use on unit doors.
Security Guard		
Security cameras in common spaces	X	Cameras are not monitored continuously and limited recording visibility. 
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Entrance Doors
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Keys for resident apartments
Emergency generator(s) to power the facility during power outages		
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.
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Additional fees may apply.
Modified Texture Diets; specify limits in comments	X	X
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		Liberalized diabetic options may be made available. 
Therapeutic Diets: gluten-free		Gluten sensitive options may be available, additional fees may apply. 
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		
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking	X	Intake Monitoring in 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	Residents without services or meals will receive a daily call from the front desk. 
Assistance with meals or food preparation		Meal assistance available only. Additional fees may apply.
Daily Social and Recreational Services	Required	
Housekeeping: bed making		
Housekeeping: defrost and clean refrigerator	X	Additional fees may apply.
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Weekly
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments	X	Carpet cleaning available for additional fee
Laundry: linen (change bed, launder sheets, towels)	X	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Two loads per week
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Facility coordinated events/outings only.
Schedule medical and social service appointments		
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	Facility coordinated events and outings only.
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	Facility coordinated outings only.
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"	X	Outside provider.
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	Outside provider may be arranged.


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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Outside provider may be arranged.
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Outside provider may be arranged.
Speech Language Pathologist available or can be arranged	X	Outside provider may be arranged.
Social Worker available or can be arranged	X	Outside provider may be arranged.
Other Licensed Professional available; specify type in comments	X	Podiatry contracted services
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	Personal internet service available for resident purchase, complimentary Wi-Fi only. 

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Amenity	Available	Comments
Cable (television)	X	Satalite TV package included.
Pets allowed	X	Deposit required; restrictions will apply.
Pet care; specify in comments	X	Pets must be vaccinated. Must be able to provide cares to own pet.
Pool		
Whirlpool	X	Tub bath available for use. Additional fee may apply.
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		
Laundry Room accessible to Residents	X	
Washer-Dryer in units	X	Available in limited units only.
Central Air Conditioning	X	Wall units in apartments, central AC in community spaces.
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).

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