

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): 02/01/2026

Name of Assisted Living: Marywood

HFID: 31068

Unique building/unit description (if applicable): _____

Facility Address: 915 Kenwood Avenue Duluth, MN 55811

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:⁸ _____

Evening Shift:⁸ _____

Night shift:⁴ _____

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 | | |
| Federal rent subsidy | | |
| Other; explain: | | |

Payment Options for Services

| Payment Option | Accepted | Comments |
|---|----------|--|
| Waivered Services (EW, CADI, BI); specify any limitations | | |
| Private Pay | X | Resident and/or resident representative responsible for alerting facility when funds low. + |
| Long Term Care Insurance | X | Additional charges may incur for facility assistance in submitting claims. + |
| 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 (1st Floor) has secure doors to each household unit - key fob required. + |
| Secured outdoor grounds on facility premises | | |
| Individualized digital/alarm monitoring for wandering or exit-seeking behavior | | |
| Prepared to manage challenging behaviors | X | Unless conduct substantially interferes with the rights, health, or safety of residents... + |
| Other; specify: ...or staff at the Community. [continued from "Prepared to Manage Challenging Behaviors"]* | | |

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 | Additional charges may incur. |
| 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 | |
| Diabetic Care: insulin pen dosing | X | |
| Diabetic Care: insulin pump management | | |
| Diabetic Care: insulin syringe dosing | X | |
| Diabetic Care: sliding scale insulin management | | |
| Clinical monitoring of labs related to medications | X | Additional charges may incur. |
| Anticoagulant medication management | X | Additional charges may incur. |
| B-12 injections | X | Provided by licensed nurse only. |



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| Service | Available | Comments |
|--|-----------|---|
| Nutritional supplement administration | X | Facility can order, but resident and/or representative billed for product cost. + |
| (IV) Intravenous management | | |
| PICC lines (Peripherally Inserted Central Catheter) | | |
| Injections; specify types or limits in comments (IM, SQ) | X | Provided by Licensed Nurse only. |
| Nebulizers | X | |
| Inhalers | X | Unless conduct substantially interferes with the rights, health, or safety of residents... + |
| Ear drops | X | |
| Eye drops | X | |
| Topicals | X | |
| Patches | X | |
| Medication delivery via enteral (feeding) tube | | |
| Pain pump management | | |
| Medical cannabis administration (pill form) for certified patients | X | Residents will be required to inform community and comply with medical cannabis law. + |
| Medical Cannabis storage for certified patients | | Facility will NOT administer or centrally store any medical cannabis for residents. + |
| Cannabidiol oil administration for certified patients | X | Residents will be required to inform community and comply with medical cannabis law. + |
| 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 | |
| Wound care: complex | | |
| Diabetic care: blood glucose monitoring | X | |
| Diabetic care: foot/nail care | X | Diabetic foot/nail care provided by outside Podiatrist only. |
| C-PAP | X | |
| Bi-PAP | | |
| Oxygen Management; specify any delivery system limitations | X | |
| Oxygen saturation checks | X | |
| Ventilators | | |
| Suctioning | | |
| Tracheostomy Care: cleaning of site and tube | | |
| Tracheostomy Care: showering assistance | | |
| Tracheostomy Care: suctioning assistance | | |
| Pacemaker Checks | X | Facility provides coordination and transmission only. Additional charges may incur.  |
| Arrange for On-Site Dialysis | | |
| Arrange for/set-up Off-Site Dialysis | X | On-site facility transportation available, based on availability (cannot guarantee).  |

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| Service | Available | Comments |
|--|-----------|---|
| Peritoneal Dialysis (on-site) | | |
| Compression stockings | X | |
| Lymphedema wraps | X | Provided by Licensed Nurse only. |
| Fall Prevention: balance assessments | X | |
| Fall Prevention: exercise programs | X | Therapy referral and/or Stay-Fit Program on Campus. |
| Fall Prevention: strength training | X | Therapy referral and/or Stay-Fit Program on Campus. |
| Integrative Health Services: acupuncture | | |
| Integrative Health Services: aromatherapy | X | Provided by facility Wellness staff. |
| Integrative Health Services: healing touch | X | Provided by facility Wellness staff. |
| Integrative Health Services: massage | | |
| Blood pressure checks | X | |
| Daily weight check | X | Must be ordered by Provider d/t medical need. Additional charges may incur.  |
| Indwelling urinary catheter care; emptying and bag changes | X | Facility does not provide catheter supplies, but can order. Additional charges may incur.  |
| Indwelling urinary catheter replacement by nurse | X | Home Care Service only. Licensed Nurse can replace in emergent situation when on duty.  |
| Straight (intermittent) catheter assistance | | |
| Suprapubic catheter care | | |
| Ostomy care | X | Facility does not provide ostomy supplies, but can order. Additional charges may incur.  |
| Arrangements for and coordination with hospice care | X | Additional charges may incur. |
| End-of-life palliative care | X | |

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| Service | Available | Comments |
|--|-----------|----------------------------------|
| Access to and training on use of automatic electronic defibrillators (AED) | X | Provided by Licensed Nurse only. |
| Training of and use of Cardiopulmonary Resuscitation (CPR) | X | Provided by Licensed Nurse only. |
| 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 | Facility Whirlpool tubs available in Spa Room's located on 1st and 2nd floor (shared). + |
| Oral hygiene | X | |
| Denture care | X | |
| Cuing/reminders for self-cares | X | |
| Use of special utensils | X | Facility does not provide special utensils, but can order with Therapy referral. + |
| Feeding assistance for residents with complicated eating problems | X | Director of Nurse approval required. Limited on facility staff ratios (cannot guarantee). + |
| Set-up and cut food at meals | X | |
| Manual Feeding; specify limits in comments | X | Director of Nurse approval required. Limited on facility staff ratios (cannot guarantee). + |
| 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 | Diabetic foot/nail care provided by outside Podiatrist only. |
| Toileting: standby assistance/supervision | X | |
| Changing incontinence products; perineal care | X | |
| Ordering replacement incontinence products | X | Facility can order and provide, but resident and/or representative billed for product cost.  |
| Assistance with bowel and bladder control, devices, and training programs | | |
| Other; specify: | | |

Section 5: Mobility Support

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

Mobility Services Available

| Service | Available | Comments |
|---|-----------|---|
| Standby Assistance | X | |
| Transfers with assist of one staff | X | |
| Transfers with assist of two staff | X | |
| Transfers utilizing sit-to-stand lifts | X | |
| Transfers utilizing sliding boards | X | |
| Transfers utilizing bariatric equipment | X | Director of Nurse approval required. Weight limitations exist, d/t saefty concerns.  |
| Ceiling lift transfers | X | |



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| Service | Available | Comments |
|---------------------------------------|-----------|--------------------------------------|
| Non-mechanical transfers (trapeze) | | |
| Mechanical lift: assist of 1 transfer | X | |
| Mechanical lift: assist of 2 transfer | X | |
| Ambulation with assist of 1 | X | |
| Bed mobility | X | |
| Assistance with chair mobility | X | |
| Chair Glide System | | |
| Mechanical Stair Lift System | | |
| Handrails; in personal space | X | Located in resident bathroom's only. |
| 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 | | |
| Every 30-minutes safety checks | X | Director of Nurse approval required. Facility only provides on emergent, as needed basis.  |
| Hourly safety checks | X | Director of Nurse approval required. Facility only provides on emergent, as needed basis.  |
| Every two-hours safety checks | X | Additional charges may incur for increased safety checks. |


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| Service | Available | Comments |
|---|-----------|--|
| Daily safety checks | X | 3 daily safety checks included. |
| Emergency call system; specify type in comments | X | Facility provided pendant (necklace/watch), call-light in apartment, pull-cord in bathroom. + |
| Non-emergency call system; specify type in comments | X | Facility provided pendant (necklace/watch), call-light in apartment, pull-cord in bathroom. + |
| 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 | Resident and/or resident representative responsible for signing in & out. + |
| Bed alarms or movement sensing technology | | |
| Door sensors: specify locations (unit, resident room, exits, etc.) | | |
| Security Guard | | |
| Security cameras in common spaces | X | |
| Key card/fob access: specify locations (unit, resident room, exits, etc.) | | |
| Other lock systems: specify locations (unit, resident room, exits, etc.) | X | Memory Care (1st Floor) has secure doors to each household unit - key fob required. + |
| 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 | |
| Lunch available in community space | X | |
| Lunch available; delivered to apartment | X | |
| Dinner available in community space | X | |
| Dinner available; delivered to apartment | X | |
| Meal tray delivery and pick-up from resident's unit | X | |
| Meal preparation in resident's unit | | |
| Thickened Liquids; specify limits in comments | X | Must be ordered by Provider. Additional charges may incur.  |
| Modified Texture Diets; specify limits in comments | X Physician | X Physician-Ordered |
| 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 | | |
| Therapeutic Diets: renal diet | | |
| Other special diets: kosher | | |
| Other special diets: (vegetarian, vegan, etc.) specify in comments | X | Alternative diet options available upon request. Additional charges may incur. + |
| Dietitian or Nutritionist Services | X | Facility may coordinate referral to outside dietitian or nutritionist service. + |
| Carbohydrate intake/tracking | | |
| Meal consumption tracking | | |
| Other; specify: | Altered textures and/or thickened liquids available with provider order, for additional charge. Providers orders must meet the IDDSI guidelines. | |

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 | | |
| Assistance with meals or food preparation | | |
| Daily Social and Recreational Services | Required | |
| Housekeeping: bed making | X | |
| Housekeeping: defrost and clean refrigerator | | |
| Housekeeping: dusting | X | Weekly housekeeping included, light dusting only. |
| Housekeeping: organize closets and drawers | | |

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| Service | Available | Comments |
|---|-----------|--|
| Housekeeping: trash removal; specify frequency in comments | X | Weekly housekeeping included. Trash removal included on as needed basis.  |
| Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum) | X | Weekly housekeeping included (30-minutes). Additional charges may incur for additional time.  |
| Housekeeping: other; specify in comments | X | If additional housekeeping and cleaning services needed, additional charges may incur.  |
| Laundry: linen (change bed, launder sheets, towels) | X | Linen services included. Minimum standard is once a week, or on as needed basis.  |
| Laundry: wash, dry, and fold clothing; specify loads per week in comments | X | Laundry services included. Minimum standard is two loads a week, or on as needed basis.  |
| 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 | Transportation fees may incur. |
| Provide transportation to medical and social service appointments | X | Transportation fees may incur. |
| Assistance accessing community resources and social services | Required | |
| Shopping: facility sponsored | X | Occasionally offered by Wellness department as part of daily programming.  |
| Spiritual Care/Religious Services; on-site | X | Facility dedicated Spiritual Care department on-site. |
| 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 |
|-----------------|-----------|----------|
| 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” | X | |
| Licensed Practical Nurse: on site “part time” | X | |
| 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 | Outside provider. Not facility staff. |

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| Staffing | Available | Comments |
|--|-----------|---|
| Physical Therapist available or can be arranged | X | Outside provider. Not facility staff. |
| Respiratory Therapist available or can be arranged | X | Outside provider. Not facility staff. |
| Occupational Therapist available or can be arranged | X | Outside provider. Not facility staff. |
| Speech Language Pathologist available or can be arranged | X | Outside provider. Not facility staff. |
| Social Worker available or can be arranged | X | |
| Other Licensed Professional available; specify type in comments | X | Outside providers available (NP, PA, MD) on scheduled or as needed basis (varies). + |
| Other; specify: Outside Providers: Essentia (Elder Care), St. Luke's (Community Care), Twin Cities Physicians, In-House Senior Services. Not Facility Staff* | | |

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 bathrooms in each apartment. Public bathrooms available, per household (2 per floor). |
| Private units | X | |
| Semi-private units | | |
| Studio/efficiency units | X | |
| One-bedroom units | | |
| Two-bedroom units | | |
| Kitchen/Kitchenettes in units | | |
| Internet access | X | Guest WiFi available (limited bandwidth). |

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| Amenity | Available | Comments |
|--------------------------------------|-----------|--|
| Cable (television) | X | Television provided. Basic cable included. |
| Pets allowed | | Only pet visits, with prior approval and vaccination records on file. |
| Pet care; specify in comments | | |
| Pool | | |
| Whirlpool | X | Facility Whirlpool tubs available in Spa Room's located on 1st and 2nd floor (shared). + |
| Exercise Room | X | Stay-Fit Program on Benedictine Duluth Campus (not located in Marvwood). + |
| Library | | |
| Activity Room | X | Activity Room(s) available on Benedictine Duluth Campus (not located in Marvwood). + |
| Garden/outdoor spaces | X | Community Garden located on Benedictine Duluth Campus (not located in Marvwood). + |
| Chapel | X | Community Chapel located on Benedictine Duluth Campus (not located in Marvwood). + |
| Private entertaining space | X | Private entertaining space available to rent (by request) on Benedictine Duluth Campus. + |
| Communal Dining room | X | |
| Beauty/Barber Shop | X | Beauty Shop located on Benedictine Duluth Campus (not located in Marvwood). + |
| Parking available for residents | X | Outdoor parking only. |
| Parking available for guests | X | Outdoor parking only. |
| Guest accommodations | | |
| Laundry Room accessible to Residents | X | Shared laundry units available in each household of Marywood. |
| Washer-Dryer in units | | |
| 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 | | |
| 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