

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): 02/21/2025

Name of Assisted Living: PolarRidge Senior Living

HFID: 31249

Unique building/unit description (if applicable): _____

Facility Address: 2365 Helen Street North

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): 2345 Helen Street

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: ⁶ _____

Evening Shift: ⁶ _____

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	X	
Private Pay	X	
Long Term Care Insurance	X	Client responsible for payment as typically insurance payment is made to client directly
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, Wander Devices at Exit
Secured outdoor grounds on facility premises	X	Memory Care Courtyard Only
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	X	For Those Wearing Wander Devices
Prepared to manage challenging behaviors	X	Additional Fees 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		
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	Fee based upon frequency and complexity
Delivery of medication to resident previously set up by the facility nurse	X	Provided in an emergent or short term situation
Medications set up by nurse for resident to self-administer	X	For a fee based upon assessment
Delivery of medication from the original containers to resident	X	For a fee based upon assessment
Delivery of liquid or food to resident if required to ingest medication	X	Available for those on medication management services
Delegation of medication management services by licensed health professional to unlicensed staff	X	Primary Service Delivery Method
Central storage of medication	X	Provided in emergent or short term situations
Diabetic Care: insulin pen dosing	X	Additional fee may apply for diabetic care based upon assessment
Diabetic Care: insulin pump management		Provided by client under arrangement through third party
Diabetic Care: insulin syringe dosing	X	Short term until insulin pen dosing is available only
Diabetic Care: sliding scale insulin management	X	Available for those using insulin pens, Additional Fees may apply
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

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Service	Available	Comments
Nutritional supplement administration	X	Per physician orders - fee based upon assessment
(IV) Intravenous management		Provided under client arrangement through third party
PICC lines (Peripherally Inserted Central Catheter)		Provided under client arrangement through third party
Injections; specify types or limits in comments (IM, SQ)	X	per physician orders - Fee based upon assessment
Nebulizers	X	Additional Fees may apply based upon assessment
Inhalers	X	Additional Fees may apply based upon assessment
Ear drops	X	Additional Fees may apply based upon assessment
Eye drops	X	Additional fees may apply based upon assessment
Topicals	X	Additional fees may apply based upon assessment
Patches	X	Additional fees may apply based upon assessment
Medication delivery via enteral (feeding) tube	X	Additional Fees may apply
Pain pump management		Provided under client arrangement through third party
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 fees may apply based upon assessment
Wound care: basic	X	Additional fees may apply based upon assessment
Wound care: complex		Provided by client arrangement through third party
Diabetic care: blood glucose monitoring	X	Additional fees may apply based upon assessment
Diabetic care: foot/nail care	X	Additional fees may apply based upon assessment
C-PAP	X	Additional fees may apply based upon assessment
Bi-PAP	X	Additional fees may apply based upon assessment
Oxygen Management; specify any delivery system limitations	X	Additional fees may apply based upon assessment
Oxygen saturation checks	X	Additional fees 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	Remote pacemaker checks are available 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		Provided by client arrangement through third party
Fall Prevention: balance assessments		Provided by client arrangement through third party
Fall Prevention: exercise programs	X	Additional fees may apply based upon assessment
Fall Prevention: strength training	X	Additional fees may apply based upon assessment
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	Additional fees may apply based upon assessment
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	Additional fees may apply based upon assessment
Daily weight check	X	Additional fees may apply based upon assessment
Indwelling urinary catheter care; emptying and bag changes	X	Additional fees may apply based upon assessment
Indwelling urinary catheter replacement by nurse		Provided by client arrangement through third party
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Additional fees may apply based upon assessment
Ostomy care	X	Additional fees may apply based upon assessment
Arrangements for and coordination with hospice care	X	
End-of-life palliative care		

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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, Memory Care Neighborhood only
Set-up and cut food at meals	X	Based upon assessment
Manual Feeding; specify limits in comments	X	Temporary in AL, Available in MC only, Based upon assessment
Tube Feeding; specify limits in comments	X	Based upon assessment, Additional fees may apply
Feeding in common area with one staff member per resident	X	Based upon assessment, Memory Care Neighborhood 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 fees may apply, based upon assessment
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	As needed/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	Two person only, 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)	X	Based on OT/PT assessment and provided through third party
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	X	Located in Memory Care bathrooms
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	Assisted Living and Memory Care Residents
Emergency call system; specify type in comments	X	Ariel Pendant system
Non-emergency call system; specify type in comments	X	Telephone services 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	Applicable for those wearing device
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	X	Visitor sign in and out at reception area in visitor log
Bed alarms or movement sensing technology	X	Movement sensor in Memory Care apartments
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Memory Care neighborhood only
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Key fob entrance for tenants at main entry and some exit doors
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Standard key locks on apartments, garage door openers for those with rented garage stalls
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	Based upon assessment
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Based upon assessment
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Based upon assessment
Meal tray delivery and pick-up from resident's unit	X	Based upon assessment
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Honey, Pudding, and Nectar Available, Additional Fees may apply
Modified Texture Diets; specify limits in comments	X	NDD3 and NDD1 available, additional fees apply
Therapeutic Diets: cardiac		Alternative options available
Therapeutic Diets: diabetic or calorie controlled	X	Menu items and portion control available upon request
Therapeutic Diets: gluten-free	X	Gluten free and/or Gluten - Sensitive menu items available
Therapeutic Diets: high fiber	X	Menu items available upon request
Therapeutic Diets: low fat/low cholesterol		Alternative options available
Therapeutic Diets: low sodium	X	Alternative menu items available following nutritional consult with third party vendor

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Service	Available	Comments
Therapeutic Diets: no added salt	X	Menu items available upon request
Therapeutic Diets: renal diet	X	Alternative menu items available following nutrition consult with third party
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	Vegetarian diet available upon request, Lactose free
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking	X	Available for Memory Care residents only, 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	Available through Arial call system for IL residents, Staff services for AL
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	See monthly activity calendar for further details
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		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Trash removal during weekly housekeeping for AL/MC, IL additional fees may apply
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Light housekeeping included with AL/MC, available to IL for an additional fee
Housekeeping: other; specify in comments	X	Additional fee may apply
Laundry: linen (change bed, launder sheets, towels)	X	Additional Fees may Apply, Included in MC
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Included in MC rent up to 3 loads
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	
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	Per community schedule
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	Chapel on 3rd floor, Part time chaplain 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	X	Located on the patio between AL and IL, MC patio for residents admitted prior to 1/1/24

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	8:00am - 4:30pm M-F
Licensed Practical Nurse: on site “part time”		
Licensed Practical Nurse: on-site “full time”	X	Daily During Business Hours
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	X	Primary Hours M-F
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 Business Hours M-F
Dietician/Nutritionist consultant available or can be arranged		

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Staffing	Available	Comments
Physical Therapist available or can be arranged		Arranged by client through third party
Respiratory Therapist available or can be arranged		Arranged by client through third party
Occupational Therapist available or can be arranged		Arranged by client through third party
Speech Language Pathologist available or can be arranged		Arranged by client through third party
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments		Podiatry, audiology, Optometry available through a third party vendor, additional fees
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	ADA units for increased accessibility
Private units	X	All
Semi-private units		
Studio/efficiency units	X	21 Memory Care units, 4 Assisted Living units
One-bedroom units	X	27 1BR Independent Living, 36 1BR Assisted Living
Two-bedroom units	X	12 2BR/2BA units in Independent Living, 14 2BA/1BA units in Assisted Living
Kitchen/Kitchenettes in units	X	Kitchenettes in all studio apartments, Full kitchen in 1BR and 2BR units
Internet access	X	Guest network available, additional fees apply

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Amenity	Available	Comments
Cable (television)	X	Based service included in rent
Pets allowed	X	Additional fee and agreement, not allowed in MC
Pet care; specify in comments		Tenant is responsible to care for own pet. Must have dsignated responsible person
Pool		
Whirlpool	X	Spa tub available upon assessment
Exercise Room	X	Located on 1st floor of Independent Living and 2nd floor on Assisted Living
Library	X	Located on 2nd floor independent living and 1st floor assisted living
Activity Room	X	Located on 2nd floor assisted living
Garden/outdoor spaces	X	Raised garden boxes and courtyard seating area, common area deck with pond view
Chapel	X	Located on 3rd floor
Private entertaining space	X	By reservation only
Communal Dining room	X	
Beauty/Barber Shop	X	By appointment only, additional fees may apply
Parking available for residents	X	Parking in front of building, additional fees may apply for underground heated parking
Parking available for guests	X	Located in front and side of building
Guest accommodations		
Laundry Room accessible to Residents		Centralized laundry located on 3rd/4th floor of assisted living and in Memory care on 1st flo
Washer-Dryer in units	X	No in unit washer/dryers for Memory care units or studio apartments
Central Air Conditioning	X	Memory Care has wall units for air conditioning
Fully sprinklered building	X	

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside	X	Located on patio between AL and IL, MC patio for residents admitted prior to 1/1/24
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 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/) (<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](http://www.seniorlinkageline.com/) (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