

# 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): 01/01/2026

Name of Assisted Living: Rosemount Senior Living

HFID: 32151

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

Facility Address: 14344 Cameo Avenue, Rosemount, MN 55068

If services are provided at more than one building (on the assisted living campus), please list all locations below.

No additional buildings

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Facility/Campus listed above has the following license; Check one:

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- Assisted Living Facility License
- Assisted Living Facility with Dementia Care License

Availability of Unlicensed Staff (ULP); check one:

- Unlicensed staff are in the building and available to respond to resident requests 24/7
- Unlicensed staff may either be in the building, in an attached building, or within the campus and available to respond to resident requests 24/7

Availability of Licensed (RN/LPN) Staff (in addition to an RN who is required to be accessible to the staff 24/7); check one if applicable:

- Licensed staff are on site 24/7
- Licensed staff are either in the building, an attached building, or within the campus and available to respond to resident requests 24/7

Number of unlicensed direct care staff typically scheduled per shift:

Day Shift: <sup>6</sup> \_\_\_\_\_

Evening Shift: <sup>6</sup> \_\_\_\_\_

Night shift: <sup>3</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		
Federal rent subsidy		
Other; explain:		

### Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations		
Private Pay	X	
Long Term Care Insurance	X	Resident responsible for payment, insurance payment made to client, service fees may apply 
Other; explain:		

### Services and Amenities Available


Below is a list of services that are available to assisted living residents. The facility will indicate by placing a “yes” or “X” in the “Available” column if the service is provided or available at/on the campus/unit of the location listed above. If the “Available” column is blank, the facility does **not** provide that service.

#### Section 1: Dementia Care

Pertains only to facilities with an **Assisted Living with Dementia Care** license

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

#### Dementia Care Services Available

Service	Available	Comments
Secured unit or building for wandering or exit-seeking behavior	X	Memory Care
Secured outdoor grounds on facility premises	X	Enclosed Secure patio in Memory Care
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors		Based upon assessment and provider orders. Additional fee may apply. 
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	With medication management services, fee based on assessment and frequency <span style="float: right;">+</span>
Medication administration by licensed or unlicensed personnel	X	With medication management services, fee based on assessment and frequency <span style="float: right;">+</span>
Delivery of medication to resident previously set up by the facility nurse	X	With medication management services, fee based on assessment and frequency <span style="float: right;">+</span>
Medications set up by nurse for resident to self-administer	X	With medication management services, fee based on assessment and frequency <span style="float: right;">+</span>
Delivery of medication from the original containers to resident		
Delivery of liquid or food to resident if required to ingest medication	X	based upon assessment
Delegation of medication management services by licensed health professional to unlicensed staff	X	Primary method of delivery
Central storage of medication	X	Centralized storage of controlled substances. overflow medications for short-term only. <span style="float: right;">+</span>
Diabetic Care: insulin pen dosing	X	Fee based on frequency and complexity as determined by assessment <span style="float: right;">+</span>
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	based on frequency and complexity as determined by assessment. Additional fee may apply <span style="float: right;">+</span>
Clinical monitoring of labs related to medications	X	Based on provider orders and availability of lab service. fee based upon assessment <span style="float: right;">+</span>
Anticoagulant medication management	X	Oral medications only. Fee based upon assessment
B-12 injections	X	Based upon assessment and frequency. Requires provider oral. Fee based upon assessment. <span style="float: right;">+</span>

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Service	Available	Comments
Nutritional supplement administration	X	Based upon assessment and provider orders. Additional fee may apply <span style="float: right;">+</span>
(IV) Intravenous management		Available under client arrangement with third party.
PICC lines (Peripherally Inserted Central Catheter)		Available under client arrangement with third party.
Injections; specify types or limits in comments (IM, SQ)	X	IM, SQ. Based upon assessment, frequency and provider orders. Additional fee may apply <span style="float: right;">+</span>
Nebulizers	X	Based upon assessment and provider orders. Additional fee may apply. <span style="float: right;">+</span>
Inhalers	X	Based upon assessment and provider orders. Additional fee may apply. <span style="float: right;">+</span>
Ear drops	X	Based upon assessment and provider orders. Additional fee may apply. <span style="float: right;">+</span>
Eye drops	X	Based upon assessment and provider orders. Additional fee may apply. <span style="float: right;">+</span>
Topicals	X	Based upon assessment and provider orders. Additional fee may apply. <span style="float: right;">+</span>
Patches	X	Based upon assessment and provider orders. Additional fee may apply. <span style="float: right;">+</span>
Medication delivery via enteral (feeding) tube		
Pain pump management		Available under resident agreement with 3rd 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	Fee based upon assessment
Wound care: basic	X	Based upon assessment and provider orders. Additional fee may apply. <b>+</b>
Wound care: complex		Available under resident arrangement with third party.
Diabetic care: blood glucose monitoring	X	Based upon assessment and provider orders. Additional fee may apply. <b>+</b>
Diabetic care: foot/nail care	X	Based upon assessment. Additional fee may apply.
C-PAP	X	Based upon assessment and provider orders. Additional fee may apply. <b>+</b>
Bi-PAP	X	Based upon assessment and provider orders. Additional fee may apply. <b>+</b>
Oxygen Management; specify any delivery system limitations	X	Based upon assessment and provider orders. Additional fee may apply. <b>+</b>
Oxygen saturation checks	X	Based upon assessment and provider orders. Additional fee may apply. <b>+</b>
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Based upon availability of completing remotely, and nursing assessment with provider orders. <b>+</b>
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	Based upon assessment and provider orders. Additional fee may apply. 
Lymphedema wraps	X	Based on provider order, complexity, nursing assessment. Add fee may apply or use of 3rd part 
Fall Prevention: balance assessments		Available through third party service.
Fall Prevention: exercise programs		Available under arrangement with third party.
Fall Prevention: strength training		Available under arrangement with third party.
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	Limited based upon availability and assessment
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	Based upon assessment and provider orders. Additional fee may apply. 
Daily weight check	X	Based upon assessment and provider orders. Additional fee may apply. 
Indwelling urinary catheter care; emptying and bag changes	X	Based upon assessment and provider orders. Additional fee may apply. 
Indwelling urinary catheter replacement by nurse		Available under arrangement with third party.
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Based upon assessment and provider orders. Additional fee may apply. 
Ostomy care	X	Based upon assessment and provider orders. Additional fee may apply. 
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)		
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	
Feeding assistance for residents with complicated eating problems	X	Limited to Memory Care only. Additional fee may apply.
Set-up and cut food at meals	X	Additional fee may apply.
Manual Feeding; specify limits in comments	X	Limited to Memory Care only. Additional fee may apply.
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	Limited to Memory Care only, short term. Additional fee may apply. 

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	X	Short-term emergent situations only. Limited to Memory Care. 
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	
Nail care: toenails, fingernails	X	
Toileting: standby assistance/supervision	X	
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	Additional fee may apply based on assessment and frequency. 
Assistance with bowel and bladder control, devices, and training programs	X	Based upon assessment. Additional fee may apply.
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	based upon assessment. Additional fee may apply.
Transfers utilizing sit-to-stand lifts	X	based upon assessment. Additional fee may apply.
Transfers utilizing sliding boards	X	based upon assessment. Additional fee may apply.
Transfers utilizing bariatric equipment		
Ceiling lift transfers		



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Service	Available	Comments
Non-mechanical transfers (trapeze)	X	Based upon assessment. Additional fee may apply.
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	Based upon assessment. Additional fee may apply.
Ambulation with assist of 1	X	Based upon assessment. Additional fee may apply.
Bed mobility	X	Based upon assessment. Additional fee may apply.
Assistance with chair mobility	X	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	Grab bars in bathrooms. Additional devices based upon assessment. 
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	Short-term emergent situations only. Additional fees will apply. 
Hourly safety checks	X	Short-term emergent situations only. Additional fees will apply. 
Every two-hours safety checks	X	Based upon assessment. Additional fee may apply.

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Service	Available	Comments
Daily safety checks	X	Available to all residents. Additional fee may apply
Emergency call system; specify type in comments	X	AL- emergency pendant and bathroom pull cord. <span style="float: right;">+</span>
Non-emergency call system; specify type in comments		
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.)		
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Key Fobs on exterior doors
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Standard keys 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	Fees apply
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Fees apply
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Fees apply
Meal tray delivery and pick-up from resident's unit	X	Fees apply
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Honey, pudding and nectar thick liquids, based upon assessment and provider orders <sup>+</sup>
Modified Texture Diets; specify limits in comments	X	Mechanical soft and pureed, based on assess
Therapeutic Diets: cardiac		Alternative menu options available upon request. <sup>+</sup>
Therapeutic Diets: diabetic or calorie controlled	X	Menu items and portion control available upon request. <sup>+</sup>
Therapeutic Diets: gluten-free	X	Gluten sensitive menu items available upon request. <sup>+</sup>
Therapeutic Diets: high fiber		Menu items available upon request.
Therapeutic Diets: low fat/low cholesterol		Alternative menu options available upon request. <sup>+</sup>
Therapeutic Diets: low sodium		Alternative menu options available upon request. <sup>+</sup>


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Service	Available	Comments
Therapeutic Diets: no added salt		Alternative menu options available upon request. 
Therapeutic Diets: renal diet		Alternative menu options available upon request. 
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	Vegetarian available upon request
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking	X	Limited to Memory Care. Based upon assessment. Additional fee 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 for resident choice to opt in/out of program. Additional fee may apply. 
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	Additional fee may apply
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	X	With weekly housekeeping services.
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Additional fee may apply
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Additional fee may apply
Housekeeping: other; specify in comments		Carpet and upholstery deep cleaning available through third party at an additional fee <span style="float: right;">+</span>
Laundry: linen (change bed, launder sheets, towels)	X	Additional fee may apply
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Additional fee may apply
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Based on community calendar
Schedule medical and social service appointments	X	Additional fee may apply
Assistance with arranging transportation for personal, social, and recreational activities	Required	
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	X	Based upon community calendar
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	Based upon community calendar
Spiritual Care/Religious Services; on-site	X	Based upon community calendar
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”	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”	X	Nurse Practitioner through third party available onsite
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		

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Arranged through third party provider.
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Arranged through third party provider.
Speech Language Pathologist available or can be arranged	X	Arranged through third party provider.
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments	X	Podiatry, Audiology, and Advanced Clinical Psychology arrangements for onsite support. 
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	Basic cable/satelite package available.
Pets allowed	X	Additional fee applied
Pet care; specify in comments		
Pool		
Whirlpool	X	Spa whirlpool tub
Exercise Room	X	
Library	X	
Activity Room	X	
Garden/outdoor spaces	X	
Chapel		
Private entertaining space	X	Available - Additional fees may apply.
Communal Dining room	X	
Beauty/Barber Shop	X	3rd party vendor- additional fees apply
Parking available for residents	X	Additional fees may apply
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	Centralized laundry room for any resident without in unit laundry.
Washer-Dryer in units	X	Excluding memory care and care suites
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\(d\)](http://www.revisor.mn.gov/statutes/cite/144G.55) ([www.revisor.mn.gov/statutes/cite/144G.55](http://www.revisor.mn.gov/statutes/cite/144G.55)).

Residents may choose to obtain services from an outside service provider at their own cost. Residents may also obtain services from an outside service provider if the resident’s assessed needs exceed the scope of services the facility can provide as agreed upon in the contract and are not included in the checklist. If this occurs and the resident is not able to obtain services from an outside service provider, then the facility may require the resident move to another facility or care setting that is able to meet the resident’s needs. In the event this occurs, the facility will assist in a coordinated move of the resident to a safe and appropriate location.

Prospective Residents **may** call the Senior LinkAge Line to discuss their housing options before signing a contract with a licensed assisted living facility. The Senior LinkAge Line is available Monday through Friday from 8am to 4:30pm at 1-800-333-2433.

You can get further information, at no cost, about advocacy or care options from:

- [Office of Ombudsman for Long Term Care \(https://mn.gov/board-on-aging/direct-services/ombudsman/\)](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 \(www.seniorlinkageline.com/\)](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