

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): 07/02/2025

Name of Assisted Living: Chaska Heights Senior Living

HFID: 32539

Unique building/unit description (if applicable): Independent Living, Assisted Living, Memory Care

Facility Address: 3120 N. Chestnut Street Chaska, MN 55318

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:

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

- 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: ⁵ _____

Evening Shift: 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:		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	Limited availability
Private Pay	X	
Long Term Care Insurance	X	Additional processing fee 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	Legacy Court- Memory Care
Secured outdoor grounds on facility premises	X	Enclosed patio in Legacy Court-Memory Care
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	X	For those wearing wander devices. Additional fee may apply.
Prepared to manage challenging behaviors	x	Additional fee 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	Fees based upon frequency and complexity.
Delivery of medication to resident previously set up by the facility nurse	X	Provided in emergent or short term situations, exception of VA.
Medications set up by nurse for resident to self-administer	X	For a fee and based upon assessment, exception of VA.
Delivery of medication from the original containers to resident		Blister packs preferred. Emergent situations upon assessment.
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	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 upon assessment.
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	Additional fee may apply based upon assessment.
Clinical monitoring of labs related to medications	X	Additional fee may apply based upon assessment, provider orders, and availability of labs.
Anticoagulant medication management	X	Additional fee may apply based upon assessment (oral medications only).
B-12 injections	X	Per physician orders, additional fee based upon assessment.

Comments	Available	Service
Additional fee may apply based upon assessment.	X	Nutritional supplement administration
Provided under client arrangement through third party.		(IV) Intravenous management
Provided under client arrangement through third party.		PICC lines (Peripherally Inserted Central Catheter)
Additional fee may apply based upon assessment, frequency, and nurse availability.	X	Injections; specify types or limits in comments (IM, SQ)
Additional fee may apply based upon assessment.	X	Nebulizers
Additional fee may apply based upon assessment.	X	Inhalers
Additional fee may apply based upon assessment.	X	Ear drops
Additional fee may apply based upon assessment.	X	Eye drops
Additional fee may apply based upon assessment.	X	Topicals
Additional fee may apply based upon assessment.	X	Patches
		Medication delivery via enteral (feeding) tube
Provided under client arrangement through third party.		Pain pump management
		Medical cannabis administration (pill form) for certified patients
		Medical Cannabis storage for certified patients
		Cannabidiol oil administration for certified patients

Other, specify:

Section 3: Treatments & Therapies

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

Treatments & Therapies Available

Service	Available	Comments
Verbal or visual reminders to perform regularly scheduled treatments or exercises	X	Additional fee may apply based upon assessment.
Wound care: basic	X	Additional fee may apply based upon assessment and provider orders.
Wound care: complex		Arranged through a third party.
Diabetic care: blood glucose monitoring	X	Additional fee may apply based upon assessment
Diabetic care: foot/nail care	X	Additional fee may apply based upon assessment and provider orders.
C-PAP	X	Additional fee may apply based upon assessment and provider orders.
Bi-PAP	X	Additional fee may apply based upon assessment and provider orders.
Oxygen Management; specify any delivery system limitations	X	Additional fee may apply based upon assessment and provider orders.
Oxygen saturation checks	X	Additional fee 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	Additional fee may apply based upon assessment and availability to complete remotely.
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Additional fee may apply based upon assessment.

Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Additional fee may apply based upon assessment.
Lymphedema wraps	X	Based on provider's orders, complexity, assessment, and additional fee may apply.
Fall Prevention: balance assessments		Available through third party.
Fall Prevention: exercise programs		Available through third party.
Fall Prevention: strength training		Available through 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	Additional fee may apply based upon assessment.
Daily weight check	X	Additional fee may apply based upon assessment.
Indwelling urinary catheter care; emptying and bag changes	X	Additional fee may apply based upon assessment.
Indwelling urinary catheter replacement by nurse		Available through third party.
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Additional fee may apply based upon assessment.
Ostomy care	X	Additional fee may apply based upon assessment.
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	

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. Limited to Memory Care, additional fee may apply.
Set-up and cut food at meals	X	Based upon assessment.
Manual Feeding; specify limits in comments		
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	Limited to Memory care, short term. Additional fee may apply.

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	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	Additional fee may apply based on assessment & frequency.
Assistance with bowel and bladder control, devices, and training programs	X	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	Based upon assessment.
Transfers with assist of one staff	X	Based upon assessment.
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		

Service	Available	Comments
Non-mechanical transfers (trapeze)	X	Based upon assessment.
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	Based upon assessment. Additional fee may apply.
Ambulation with assist of 1	X	Based upon assessment.
Bed mobility	X	Based upon assessment.
Assistance with chair mobility	X	Based upon assessment.
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		
Elevators	X	

Other; specify:

Section 6: Security & Monitoring

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

Security and Monitoring Services

Service	Available	Comments
Every 15-minutes safety checks		
Every 30-minutes safety checks	X	Short term emergenciesituations. Additional fees may apply.
Hourly safety checks	X	Short term emergenciesituations. Additional fees may apply.
Every two-hours safety checks	X	Short term emergenciesituations. Additional fees may apply.

Service	Available	Comments
Daily safety checks	X	Additional fee may apply.
Emergency call system; specify type in comments	X	Emergency pendants and bathroom pull cord.
Non-emergency call system; specify type in comments	X	Call front desk/nurse on duty
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 a device.
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	X	Motion detectors in Memory Care bathrooms and Safely
Door sensors; specify locations (unit, resident room, exits, etc.)	X	Memory Care
Security Guard		
Security cameras in common spaces	X	
Key card/fob access; specify locations (unit, resident room, exits, etc.)	X	Front entrances, garage, patio doors.
Other lock systems; specify locations (unit, resident room, exits, etc.)	X	Standard key locks on apartment doors.
Emergency generator(s) to power the facility during power outages	X	
Other; specify:		

Section 7: Dining and Nutrition

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

Dining and Nutrition Services

Service	Available	Comments
Three meals available, plus snacks	Required	
Breakfast available in community space	X	
Breakfast available; delivered to apartment	X	Additional fee may apply.
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Additional fee may apply.
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Additional fee may apply.
Meal tray delivery and pick-up from resident's unit	X	Additional fee may apply.
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Nectar, honey, pudding based on provider's orders. Additional fee may apply.
Modified Texture Diets; specify limits in comments	X	Mechanical soft, pureed, cut up based on provider's orders. Additional fee may apply.
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled	X	Food items and portion control available upon request.
Therapeutic Diets: gluten-free	X	Gluten intolerant items available on menu.
Therapeutic Diets: high fiber	X	Food items available upon request.
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium		

Service	Available	Comments
Therapeutic Diets: no added salt		
Therapeutic Diets: renal diet	X	Food items available upon request.
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	Available upon request.
Dietitian or Nutritionist Services	X	Available through third party.
Carbohydrate intake/tracking		
Meal consumption tracking	X	Limited to MC based on assessment. 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	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	Additional fee may apply.
Housekeeping: organize closets and drawers		

Comments	Available	Service
Additional fee may apply.	X	Housekeeping: trash removal; specify frequency in comments
General 20 - 30 minute cleaning included.	X	Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)
		Housekeeping: other; specify in comments
Additional fee may apply.	X	Laundry: linen (change bed, launder sheets, towels)
Additional fee may apply.	X	Laundry: wash, dry, and fold clothing; specify loads per week in comments
		Laundry: other; specify in comments
Per community schedule. Additional fee may apply.	X	Schedule offsite social and recreational activities
		Schedule medical and social service appointments
	Required	Assistance with arranging transportation for personal, social, and recreational activities
	Required	Assistance with arranging transportation to medical and social services appointments
Based on community calendar.	X	Provide transportation to social and recreational activities
		Provide transportation to medical and social service appointments
Per community schedule.	X	Assistance accessing community resources and social services
Per community schedule.	X	Shopping: facility sponsored
Per community schedule.	X	Spiritual Care/Religious Services; on-site
		Assistance with bill paying/budgeting
		Communication boards or other devices
English	X	Primary languages spoken by staff
		Supervision of smoking

Other, specify:

Service	Available	Comments
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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	Primary business hours Monday - Friday
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	Primary business hours Monday - Friday
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 Monday - Friday
Dietician/Nutritionist consultant available or can be arranged		

Staffing		Available	Comments
Physical Therapist available or can be arranged	X		Arranged by client through third party.
Respiratory Therapist available or can be arranged			
Occupational Therapist available or can be arranged	X		Arranged by client through third party.
Speech Language Pathologist available or can be arranged	X		Arranged by client through third party.
Social Worker available or can be arranged			Arranged by client through third party.
Other Licensed Professional available; specify type in comments	X		Arranged through third party: podiatry, audiology

Other; specify:

Section 10: Amenities

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

Amenities Available

Amenity		Available	Comments
Accessible bathrooms; specify limits in comments	X	All	
Private units	X	All	
Semi-private units			
Studio/efficiency units	X	Number: 24	
One-bedroom units	X	Number: 82	
Two-bedroom units	X	Number: 32	
Kitchen/Kitchenettes in units	X	All	
Internet access	X	All - additional fee may apply.	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Amenity	Available	Comments
Cable (television)	X	Basic service included.
Pets allowed	X	Additional fee applies along with agreement.
Pet care; specify in comments		
Pool		
Whirlpool	X	Available with tub in spa room.
Exercise Room	X	
Library		
Activity Room	X	
Garden/outdoor spaces	X	
Chapel	X	Located in Community Room
Private entertaining space	X	
Communal Dining room	X	
Beauty/Barber Shop	X	
Parking available for residents	X	Additional fee may apply.
Parking available for guests	X	
Guest accommodations	X	Pending availability and additional fee may apply.
Laundry Room accessible to Residents	X	
Washer-Dryer in units	X	Independent Living and Assisted Living units.
Central Air Conditioning	X	
Fully sprinklered building	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside		non smoking campus

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/>); 1-800-657-3591
- Office of Ombudsman for Mental Health and Developmental Disabilities (<https://mn.gov/omhdd/>); 1-800-657-3506
- Minnesota Directory for community resources: www.MinnesotaHelp.Info
- Minnesota Senior LinkAge Line (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