

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): 7-30-25

Name of Assisted Living: Dis - Generation Group INC

HFID: 33047

Unique building/unit description (if applicable): _____

Facility Address: 6617 Quebec Ave N, Brooklyn Park MN 55443

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: 1 1/2

Evening Shift: 1 1/2

Night shift: 1

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	✗	
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments		
Federal rent subsidy		
Other; explain: <u>SSI</u>	✗	

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	*	
Private Pay	*	
Long Term Care Insurance		

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		
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors		

Other; specify:

Section 2: Medication Management

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

Medication Management Services Available

Service	Available	Comments
Verbal or visual reminders to take regularly scheduled medications; specify any limit to frequency in comments	<input checked="" type="checkbox"/>	
Communication with physician/pharmacy about ordering or refill requests	<input checked="" type="checkbox"/>	
Medication administration by licensed or unlicensed personnel	<input checked="" type="checkbox"/>	
Delivery of medication to resident previously set up by the facility nurse	<input checked="" type="checkbox"/>	
Medications set up by nurse for resident to self-administer	<input checked="" type="checkbox"/>	
Delivery of medication from the original containers to resident	<input checked="" type="checkbox"/>	
Delivery of liquid or food to resident if required to ingest medication	<input checked="" type="checkbox"/>	
Delegation of medication management services by licensed health professional to unlicensed staff	<input checked="" type="checkbox"/>	
Central storage of medication	<input checked="" type="checkbox"/>	
Diabetic Care: insulin pen dosing	<input checked="" type="checkbox"/>	
Diabetic Care: insulin pump management	<input checked="" type="checkbox"/>	
Diabetic Care: insulin syringe dosing	<input checked="" type="checkbox"/>	
Diabetic Care: sliding scale insulin management	<input checked="" type="checkbox"/>	
Clinical monitoring of labs related to medications	<input checked="" type="checkbox"/>	
Anticoagulant medication management	<input checked="" type="checkbox"/>	
B-12 injections	<input checked="" type="checkbox"/>	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Nutritional supplement administration	↓	
(IV) Intravenous management	↓	
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	✗	
Nebulizers	✗	
Inhalers	✗	
Ear drops	✗	
Eye drops	✗	
Topicals	✗	
Patches	✗	
Medication delivery via enteral (feeding) tube	✗	
Pain pump management	✗	
Medical cannabis administration (pill form) for certified patients	✗	
Medical Cannabis storage for certified patients	✗	
Cannabidiol oil administration for certified patients	✗	

Other; specify:

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	<input checked="" type="checkbox"/>	
Wound care: basic	<input checked="" type="checkbox"/>	
Wound care: complex	<input type="checkbox"/>	
Diabetic care: blood glucose monitoring	<input checked="" type="checkbox"/>	
Diabetic care: foot/nail care	<input type="checkbox"/>	
C-PAP	<input type="checkbox"/>	
Bi-PAP	<input checked="" type="checkbox"/>	
Oxygen Management; specify any delivery system limitations	<input checked="" type="checkbox"/>	
Oxygen saturation checks	<input checked="" type="checkbox"/>	
Ventilators	<input type="checkbox"/>	
Suctioning	<input checked="" type="checkbox"/>	
Tracheostomy Care: cleaning of site and tube	<input type="checkbox"/>	
Tracheostomy Care: showering assistance	<input type="checkbox"/>	
Tracheostomy Care: suctioning assistance	<input type="checkbox"/>	
Pacemaker Checks	<input type="checkbox"/>	
Arrange for On-Site Dialysis	<input type="checkbox"/>	
Arrange for/set-up Off-Site Dialysis	<input type="checkbox"/>	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings		
Lymphedema wraps		
Fall Prevention: balance assessments	✗	
Fall Prevention: exercise programs	✗	
Fall Prevention: strength training	✗	
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	✗	
Daily weight check	✗	
Indwelling urinary catheter care; emptying and bag changes	✗	
Indwelling urinary catheter replacement by nurse	✗	
Straight (intermittent) catheter assistance	✗	
Suprapubic catheter care	✗	
Ostomy care		
Arrangements for and coordination with hospice care	✗	
End-of-life palliative care		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

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	✓	
Bathing: shower	✓	
Bathing: bathtub	✓	
Oral hygiene	✓	
Denture care	✓	
Cuing/reminders for self-cares	✓	
Use of special utensils	✓	
Feeding assistance for residents with complicated eating problems	✓	
Set-up and cut food at meals	✓	
Manual Feeding; specify limits in comments	✓	
Tube Feeding; specify limits in comments	✓	
Feeding in common area with one staff member per resident	⊘	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	<input checked="" type="checkbox"/>	
Grooming: hair care, make-up, shaving, application of lotion, etc.	<input checked="" type="checkbox"/>	
Nail care: toenails, fingernails	<input checked="" type="checkbox"/>	
Toileting: standby assistance/supervision	<input checked="" type="checkbox"/>	
Changing incontinence products; perineal care	<input checked="" type="checkbox"/>	
Ordering replacement incontinence products	<input checked="" type="checkbox"/>	
Assistance with bowel and bladder control, devices, and training programs	<input checked="" type="checkbox"/>	

Other; specify:

Section 5: Mobility Support

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

Mobility Services Available

Service	Available	Comments
Standby Assistance	<input checked="" type="checkbox"/>	
Transfers with assist of one staff	<input checked="" type="checkbox"/>	
Transfers with assist of two staff	<input checked="" type="checkbox"/>	
Transfers utilizing sit-to-stand lifts	<input checked="" type="checkbox"/>	
Transfers utilizing sliding boards	<input checked="" type="checkbox"/>	
Transfers utilizing bariatric equipment	<input checked="" type="checkbox"/>	
Ceiling lift transfers	<input type="checkbox"/>	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Non-mechanical transfers (trapeze)	<input checked="" type="checkbox"/>	
Mechanical lift: assist of 1 transfer	<input checked="" type="checkbox"/>	
Mechanical lift: assist of 2 transfer	<input checked="" type="checkbox"/>	
Ambulation with assist of 1	<input checked="" type="checkbox"/>	
Bed mobility	<input checked="" type="checkbox"/>	
Assistance with chair mobility	<input checked="" type="checkbox"/>	
Chair Glide System	<input checked="" type="checkbox"/>	
Mechanical Stair Lift System	<input checked="" type="checkbox"/>	
Handrails; in personal space	<input checked="" type="checkbox"/>	
Elevators	<input type="checkbox"/>	

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		
Hourly safety checks	<input checked="" type="checkbox"/>	
Every two-hours safety checks	<input checked="" type="checkbox"/>	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Daily safety checks	☑	
Emergency call system; specify type in comments	☑	
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	☑	
Bed alarms or movement sensing technology	☑	
Door sensors: specify locations (unit, resident room, exits, etc.)	☑	
Security Guard		
Security cameras in common spaces	☑	
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)		
Emergency generator(s) to power the facility during power outages		

Other; specify:

Section 7: Dining and Nutrition

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

Dining and Nutrition Services

Service	Available	Comments
Three meals available, plus snacks	Required	
Breakfast available in community space	<input checked="" type="checkbox"/>	
Breakfast available; delivered to apartment	<input type="checkbox"/>	
Lunch available in community space	<input checked="" type="checkbox"/>	
Lunch available; delivered to apartment	<input type="checkbox"/>	
Dinner available in community space	<input checked="" type="checkbox"/>	
Dinner available; delivered to apartment	<input type="checkbox"/>	
Meal tray delivery and pick-up from resident's unit	<input checked="" type="checkbox"/>	
Meal preparation in resident's unit	<input type="checkbox"/>	
Thickened Liquids; specify limits in comments	<input checked="" type="checkbox"/>	
Modified Texture Diets; specify limits in comments	<input checked="" type="checkbox"/>	
Therapeutic Diets: cardiac	<input checked="" type="checkbox"/>	
Therapeutic Diets: diabetic or calorie controlled	<input checked="" type="checkbox"/>	
Therapeutic Diets: gluten-free	<input checked="" type="checkbox"/>	
Therapeutic Diets: high fiber	<input checked="" type="checkbox"/>	
Therapeutic Diets: low fat/low cholesterol	<input checked="" type="checkbox"/>	
Therapeutic Diets: low sodium	<input checked="" type="checkbox"/>	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Therapeutic Diets: no added salt	*	
Therapeutic Diets: renal diet	*	
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	*	
Dietitian or Nutritionist Services	*	
Carbohydrate intake/tracking	*	
Meal consumption tracking	*	

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	*	
Assistance with meals or food preparation	*	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	*	
Housekeeping: defrost and clean refrigerator	*	
Housekeeping: dusting	*	
Housekeeping: organize closets and drawers	*	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments	X	
Laundry: linen (change bed, launder sheets, towels)	X	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	
Laundry: other; specify in comments	X	
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	
Provide transportation to medical and social service appointments	X	
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	
Spiritual Care/Religious Services; on-site	X	
Assistance with bill paying/budgeting	X	
Communication boards or other supplemental communication devices	X	
Primary languages spoken by staff	X	
Supervision of smoking	X	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

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	<input checked="" type="checkbox"/>	
One-to-One staffing for special circumstances	<input type="checkbox"/>	
Overnight companion	<input checked="" type="checkbox"/>	
Registered Nurse: on-site "part time"	<input checked="" type="checkbox"/>	
Registered Nurse: on-site "full time"	<input type="checkbox"/>	
Licensed Practical Nurse: on site "part time"	<input type="checkbox"/>	
Licensed Practical Nurse: on-site "full time"	<input type="checkbox"/>	
Assisted Living Director: on-site "part time"	<input checked="" type="checkbox"/>	
Assisted Living Director: on site "full time"	<input type="checkbox"/>	
Advanced Practice Registered Nurse: on-site "part time"	<input type="checkbox"/>	
Advanced Practice Registered Nurse: on site "full time"	<input type="checkbox"/>	
Activities Director: Part Time	<input checked="" type="checkbox"/>	
Activities Director: Full Time	<input type="checkbox"/>	
Dietician/Nutritionist consultant available or can be arranged	<input type="checkbox"/>	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Staffing	Available	Comments
Physical Therapist available or can be arranged	✖	
Respiratory Therapist available or can be arranged	✖	
Occupational Therapist available or can be arranged	✖	
Speech Language Pathologist available or can be arranged	✖	
Social Worker available or can be arranged	✖	
Other Licensed Professional available; specify type in comments	✖	

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	✖	
Private units	✖	
Semi-private units	✖	
Studio/efficiency units	✖	
One-bedroom units	✖	
Two-bedroom units	✖	
Kitchen/Kitchenettes in units	✖	
Internet access	✖	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Amenity	Available	Comments
Cable (television)	↓	
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room		
Library		
Activity Room	↓	
Garden/outdoor spaces		
Chapel		
Private entertaining space	↓	
Communal Dining room	↓	
Beauty/Barber Shop		
Parking available for residents		
Parking available for guests		
Guest accommodations		
Laundry Room accessible to Residents	↓	
Washer-Dryer in units	↓	
Central Air Conditioning	↓	
Fully sprinklered building		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Amenity	Available	Comments
Designated smoking area inside (not apartment space)	.	
Designated smoking area outside	K	

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/>); 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