

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): 12/14/2023

Name of Assisted Living: The Legacy of Farmington

HFID: 33271

Unique building/unit description (if applicable): _____

Facility Address: 22300 Denmark Ave Farmington, MN 55024

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:

- 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: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: | | |

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 exits |
| 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 | exceptions to those who pose risk of harm to self or others |
| 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 | x | fees based upon frequency. Limited to medications setup by facility nurse |
| 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 on upon frequency and complexity |
| Delivery of medication to resident previously set up by the facility nurse | x | provided in emergent or short term situations |
| Medications set up by nurse for resident to self-administer | x | for a fee and based upon assessment |
| 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 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 | | through 3rd party vendor. Facility does not provide assistance |
| Diabetic Care: insulin syringe dosing | | |
| Diabetic Care: sliding scale insulin management | x | additional fee may apply for diabetic care based upon assessment |
| 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 | | |
| PICC lines (Peripherally Inserted Central Catheter) | | |
| Injections; specify types or limits in comments (IM, SQ) | x | per physicians orders - fee based upon assessment |
| Nebulizers | x | additional fee may apply based upon assessment |
| Inhalers | x | exceptions to those who pose risk of harm to self or others |
| Ear drops | x | additional fee may apply based upon assessment |
| Eye drops | x | additional fee may apply based upon assessment |
| Topicals | x | additional fee may apply based upon assessment |
| Patches | x | additional fee may apply based upon assessment |
| Medication delivery via enteral (feeding) tube | | |
| Pain pump management | | provided under client arrangement through 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 | additional fee may apply based upon assessment |
| Wound care: basic | x | additional fee may apply based upon assessment |
| Wound care: complex | X | Provided for emergent/short term. provided by client arrangement through 3rd 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 |
| C-PAP | x | additional fee may apply based upon assessment |
| Bi-PAP | x | additional fee may apply based upon assessment |
| Oxygen Management; specify any delivery system limitations | x | additional fee may apply based upon assessment |
| 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 | telephone pacemaker checks - resident to provide equipment |
| Arrange for On-Site Dialysis | | |
| Arrange for/set-up Off-Site Dialysis | X | additional fee may apply based upon assessment |

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| Service | Available | Comments |
|--|-----------|--|
| Peritoneal Dialysis (on-site) | | |
| Compression stockings | x | fee based upon assessment |
| Lymphedema wraps | x | provided by client arrangement through 3rd party |
| Fall Prevention: balance assessments | x | provided by client arrangements through 3rd party |
| Fall Prevention: exercise programs | x | additional fee may apply based upon assessment |
| Fall Prevention: strength training | x | additional fee may apply based upon assessment |
| Integrative Health Services: acupuncture | | |
| Integrative Health Services: aromatherapy | | |
| 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 | | provided by client arrangement 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 | provided by client arrangement through 3rd party |
| End-of-life palliative care | x | provided by client arrangement through 3rd party |

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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, limited to memory care |
| Set-up and cut food at meals | x | based upon assessment |
| Manual Feeding; specify limits in comments | x | based upon assessment, limited to memory care |
| Tube Feeding; specify limits in comments | | |
| Feeding in common area with one staff member per resident | x | based upon assessment, limited to memory care |

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| Service | Available | Comments |
|---|-----------|--|
| Feeding in resident's apartment with one staff member per resident | x | short term emergent situations, additional fee may apply based on 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 |
| 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 | 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 upon assessment |
| 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 | | |
| 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 - short term emergent situations additional fees may apply |
| Every two-hours safety checks | x | based upon assessment |

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| Service | Available | Comments |
|---|-----------|---|
| Daily safety checks | x | available for all |
| Emergency call system; specify type in comments | x | all |
| Non-emergency call system; specify type in comments | x | front desk number: 651-463-2933 |
| 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 | | |
| Bed alarms or movement sensing technology | x | memory care bathrooms and SafelyYou fall technology |
| 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 entrance, back entrance |
| Other lock systems: specify locations (unit, resident room, exits, etc.) | x | standard key locks on apartments and garage entrances |
| 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 fees may apply |
| Lunch available in community space | x | |
| Lunch available; delivered to apartment | x | additional fees may apply |
| Dinner available in community space | x | |
| Dinner available; delivered to apartment | x | additional fees may apply |
| Meal tray delivery and pick-up from resident's unit | x | additional fees may apply |
| Meal preparation in resident's unit | | |
| Thickened Liquids; specify limits in comments | x | additional fees may apply |
| Modified Texture Diets; specify limits in comments | x | additional fees may apply |
| Therapeutic Diets: cardiac | | |
| Therapeutic Diets: diabetic or calorie controlled | x | food items and portion control available upon request - libral diabetic diet offered |
| Therapeutic Diets: gluten-free | x | gluten intolerance items available upon request, additional fee may apply |
| Therapeutic Diets: high fiber | x | food items avaiable upon request |
| Therapeutic Diets: low fat/low cholesterol | | |
| Therapeutic Diets: low sodium | | |

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| Service | Available | Comments |
|--|-----------|--|
| Therapeutic Diets: no added salt | x | additional fees may apply |
| Therapeutic Diets: renal diet | x | food items available upon request - additional charges may apply |
| Other special diets: kosher | | |
| Other special diets: (vegetarian, vegan, etc.) specify in comments | | |
| Dietitian or Nutritionist Services | | |
| Carbohydrate intake/tracking | | |
| Meal consumption tracking | x | based upon 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 | check mark in bathroom to push; dining staff confirming at breakfast and lunch as well |
| Assistance with meals or food preparation | | |
| Daily Social and Recreational Services | Required | |
| 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 | 1x per week; additional fees may apply for more frequent |
| Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum) | x | 1x per week; additional fees may apply for more frequent |
| Housekeeping: other; specify in comments | | |
| Laundry: linen (change bed, launder sheets, towels) | x | ALF additional fees may apply, included in MC |
| Laundry: wash, dry, and fold clothing; specify loads per week in comments | x | ALF additional fees may apply, included in MC |
| 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 | per community schedule |
| Assistance with bill paying/budgeting | | |
| Communication boards or other supplemental communication devices | | |
| Primary languages spoken by staff | x | English |
| Supervision of smoking | | |

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| Service | Available | Comments |
|-----------------|-----------|----------|
| Other; specify: | | |

Section 9: Staffing

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

Staffing Available

| Staffing | Available | Comments |
|--|-----------|-------------------------------|
| One-to-One staffing available | | |
| One-to-One staffing for special circumstances | | |
| Overnight companion | | |
| Registered Nurse: on-site “part time” | | |
| Registered Nurse: on-site “full time” | x | primary 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 | |
| Advanced Practice Registered Nurse: on-site “part time” | | |
| Advanced Practice Registered Nurse: on site “full time” | | |
| Activities Director: Part Time | | |
| Activities Director: Full Time | x | |
| Dietician/Nutritionist consultant available or can be arranged | | |

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| Staffing | Available | Comments |
|---|-----------|--------------------------------------|
| Physical Therapist available or can be arranged | x | arranged by client through 3rd party |
| Respiratory Therapist available or can be arranged | | |
| Occupational Therapist available or can be arranged | x | arranged by client through 3rd party |
| Speech Language Pathologist available or can be arranged | x | arranged by client through 3rd party |
| 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 | x | all |
| Private units | x | all |
| Semi-private units | | |
| Studio/efficiency units | x | memory care - 21 apartments |
| One-bedroom units | x | 44 apartments |
| Two-bedroom units | x | 6 apartments |
| Kitchen/Kitchenettes in units | x | all |
| Internet access | x | all |

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| Amenity | Available | Comments |
|--------------------------------------|-----------|-------------------------------------|
| Cable (television) | x | all - base service included |
| Pets allowed | x | additional fee and agreement |
| Pet care; specify in comments | | |
| Pool | | |
| Whirlpool | x | available in spa room in ALF and MC |
| Exercise Room | x | |
| Library | x | |
| Activity Room | x | |
| Garden/outdoor spaces | x | |
| Chapel | | |
| Private entertaining space | x | |
| Communal Dining room | x | |
| Beauty/Barber Shop | x | |
| Parking available for residents | x | |
| Parking available for guests | x | |
| Guest accommodations | x | |
| Laundry Room accessible to Residents | x | |
| Washer-Dryer in units | x | |
| 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 | x | |
| Other; specify: | | |

Additional Information

Sixty days before the facility plans to reduce or eliminate the availability of one or more services, the facility must provide written notice of the reduction. Refer to [144G.55 Subd. 1\(d\)](#) (www.revisor.mn.gov/statutes/cite/144G.55).

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

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

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

- [Office of Ombudsman for Long Term Care \(https://mn.gov/board-on-aging/direct-services/ombudsman/\)](https://mn.gov/board-on-aging/direct-services/ombudsman/); 1-800-657-3591
- [Office of Ombudsman for Mental Health and Developmental Disabilities \(https://mn.gov/omhdd/\)](https://mn.gov/omhdd/); 1-800-657-3506
- Minnesota Directory for community resources: www.MinnesotaHelp.Info
- [Minnesota Senior LinkAge Line \(www.seniorlinkageline.com/\)](http://www.seniorlinkageline.com/); 1-800-333-2433

(Optional) By signing below, I acknowledge that I have reviewed this document. This is NOT a contract to receive services.

Received Date

Individual or Legal/Designated Representative