

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): 10/30/2023

Name of Assisted Living: HARMONY VIEW ASSISTED LIVING

HFID: 33426

Unique building/unit description (if applicable): _____

Facility Address: 1420 2ND STREET NORTH, SAUK RAPIDS, MN 56379

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: ² _____

Evening Shift: ² _____

Night shift: ² _____

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	RESIDENT RESPONSIBLE FOR COMMUNICATION WITH INSURANCE COMPANY.
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	X	MAX FREQUENCY: EVERY 4 HOURS FOR SCHEDULED MEDICATIONS OR UP TO X6 DAILY PASSES
Communication with physician/pharmacy about ordering or refill requests	X	
Medication administration by licensed or unlicensed personnel	X	MAX FREQUENCY: EVERY 4 HOURS FOR SCHEDULED OR AS NEEDED MEDICATIONS. OR UP TO X6 DAILY PASSES
Delivery of medication to resident previously set up by the facility nurse	X	WEEKLY SET-UP SERVICES AVAILABLE PER PROVIDER ORDERS.
Medications set up by nurse for resident to self-administer	X	PER RN ASSESSMENT
Delivery of medication from the original containers to resident	X	WHEN PROVIDED WITH PROPER LABELING. OTC & ORAL SUPPLEMENTS.
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	FACILITY DESIGNATED MEDICATION PASS TIMES.
Central storage of medication	X	
Diabetic Care: insulin pen dosing	X	
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management		
Clinical monitoring of labs related to medications	X	LAB COMMUNICATION SERVICES PER PROVIDER ORDERS, SECONDARY LAB SERVICES AVAILABLE.
Anticoagulant medication management	X	COORDINATE WITH LAB AND ANTICOAG CLINIC/ PROVIDER.
B-12 injections		

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)	X	SQ INSULIN PEN ONLY.
Nebulizers	X	
Inhalers	X	
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
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	X	WHEN PROVIDED VIA PT/OT/ST SERVICES. CAN REMIND UP TO X3 DAILY
Wound care: basic	X	
Wound care: complex	X	PER RN ASSESSMENT, FACILITY LIMITS ON ACUITY. RESIDENT SUPPLIED DRESSINGS/SUPPLIES/MEDS
Diabetic care: blood glucose monitoring	X	PER PROVIDER ORDERS, RESIDENT TO SUPPLY MONITOR AND SUPPLIES.
Diabetic care: foot/nail care		FINGERNAILS ONLY. WILL SET UP WITH IN-HOUSE PODIATRY SERVICES TO MANAGE DIABETIC FOOT CARE.
C-PAP	X	RESIDENT SUPPLIES DISTILLED WATER IF NECESSARY
Bi-PAP	X	RESIDENT SUPPLIES DISTILLED WATER IF NECESSARY
Oxygen Management; specify any delivery system limitations	X	CONCENTRATORS, PRE-FILLED PORTABLE UNITS, CENTRAL STORAGE OR IN UNIT.
Oxygen saturation checks	X	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube	X	CLEANSE AROUND TRACHEOSTOMY SITE, APPLY DRY DRESSING IF ORDERED. CHANGE INNER CANULA AND TIES
Tracheostomy Care: showering assistance	X	
Tracheostomy Care: suctioning assistance		
Pacemaker Checks		
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	WILL COMMUNICATE WITH DIALYSIS SITE AND ASSIST WITH RIDE COORDINATOR.

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps	X	WRAPS ONLY, NO PUMP MANAGEMENT SERVICES AVAILABLE.
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	X	PER PROVIDER ORDERS.
Daily weight check	X	WEIGHTS COMMUNICATED TO ORDERING PROVIDER X2 WEEKLY FOR MANAGEMENT.
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse	X	WILL ASSIST WHEN MEDICALLY NECESSARY PER RN. WILL NOT MANAGE ROUTINE REPLACEMENTS.
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	CLEANSE SITE, REPLACE DRESSING ONLY FOR SITE CARE. EMPTY AND BAG CHANGE. NO REPLACEMENT.
Ostomy care	X	EMPTY BAG AND RINSE ASSISTANCE. SCHEDULED APPLIANCE CHANGE.
Arrangements for and coordination with hospice care	X	MANAGE HOSPICE COMFORT MEDICATIONS: ONLY SCHEDULED EVERY 4 HOURS MAX FREQUENCY.
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	X	AM/PM SCHEDULED SERVICE AVAILABLE
Bathing: shower	X	IN UNIT SHOWER ASSISTANCE AVAILABLE. CENTRAL SHOWER AREA AVAILABLE.
Bathing: bathtub	X	AVAILABLE FOR RESIDENTS WITH INTACT SKIN
Oral hygiene	X	
Denture care	X	
Cuing/reminders for self-cares	X	
Use of special utensils	X	RESIDENT TO SUPPLY, CAN STORE IN CENTRAL AREA FOR MEALS.
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	X	
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		
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	AM/PM SCHEDULED SERVICE AVAILABLE
Nail care: toenails, fingernails	X	FINGERNAILS. WILL COORDINATE PODIATRY REFERRALS FOR TOENAILS
Toileting: standby assistance/supervision	X	SCHEDULED TOILETING ROUNDS. NO AD-LIB SERVICE AVAILABLE.
Changing incontinence products; perineal care	X	SCHEDULED TOILETING ROUNDS. NO AD-LIB SERVICE AVAILABLE.
Ordering replacement incontinence products	X	ASSISTANCE ORDERING THRU SUPPLY COMPANY AND INSURANCE/ PROVIDER ORDERS.
Assistance with bowel and bladder control, devices, and training programs		
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	ESCORT TO AND FROM MEALS/ ACTIVITIES/LONG DIST. RESIDENT TO BE INDEPENDENTLY MOBILE IN UNIT.
Transfers with assist of one staff	X	
Transfers with assist of two staff	X	FACILITY ACUITY LIMITS: ONLY 5 RESIDENTS @ TWO ASSIST IN TOTAL.
Transfers utilizing sit-to-stand lifts	X	RESIDENT SUPPLIED LIFT, FACILITY DOES NOT MAINTAIN. FACILITY ACUITY LIMITS: 5 @ TWO ASSIST
Transfers utilizing sliding boards	X	RESIDENT SUPPLIED, FACILITY DOES NOT MAINTAIN. FACILITY ACUITY LIMITS: 5 @ TWO ASSIST
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	RESIDENT SUPPLIED LIFT, FACILITY DOES NOT MAINTAIN FACILITY ACUITY LIMITS: 5 @ TWO ASSIST
Ambulation with assist of 1	X	ESCORT TO AND FROM MEALS/ ACTIVITIES/LONG DIST. RESIDENT TO BE INDEPENDENTLY MOBILE IN UNIT.
Bed mobility	X	TURN & REPOSITIONING SERVICE AVAILABLE. MAX LIMITS EVERY 4 HOURS.
Assistance with chair mobility	X	ESCORT TO AND FROM MEALS/ ACTIVITIES/LONG DIST. RESIDENT TO BE INDEPENDENTLY MOBILE IN UNIT.
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	
Elevators	X	
Other; specify:	NO COMMERCIAL/CONSUMER BEDRAILS DUE TO SAFETY. WILL ALLOW HALO TYPE BED MOBILITY DEVICE.	

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		
Every two-hours safety checks		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Daily safety checks		
Emergency call system; specify type in comments	X	CALL PENDANT SYSTEM
Non-emergency call system; specify type in comments		ADDITIONAL CHARGE FOR NON-EMERGENCY USE OF EMERGENCY CALL SYSTEM
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	SIGN-IN / SIGN-OUT BOOK AT MAIN DESK.
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	MAIN ENTRANCE
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	RESIDENT UNITS
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	X	
Breakfast available; delivered to apartment		
Lunch available in community space	X	
Lunch available; delivered to apartment		
Dinner available in community space	X	
Dinner available; delivered to apartment		
Meal tray delivery and pick-up from resident's unit	X	FOR ILLNESS.
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments		
Modified Texture Diets; specify limits in comments		
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium		

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	X	STAFF CHECK ON WELLBEING OF RESIDENTS WHEN IN FACILITY ONE TIME DAILY. NOT AVAILABLE ON LOA
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	AVAILABLE AS AN ADD-ON SERVICE.
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	WEEKLY REMOVAL, DAILY REMOVAL WHEN SET OUTSIDE OF UNIT. FURTHER TRASH SERVICE UPON NECESSITY.
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	WEEKLY SERVICE. FACILITY SCHEDULED.
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	1 LOAD WEEKLY. FURTHER SERVICE ADD-ON AVAILABLE UPON NECESSITY WITH LIMITS.
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	1 LOAD WEEKLY. FURTHER SERVICE ADD-ON AVAILABLE UPON NECESSITY WITH LIMITS.
Laundry: other; specify in comments		
Schedule offsite social and recreational activities		
Schedule medical and social service appointments	X	COMMUNICATION WITH PROVIDERS OR IN-HOUSE SERVICES.
Assistance with arranging transportation for personal, social, and recreational activities	Required	PRIOR NOTICE REQUIRED PER LIVERY SERVICE GUIDELINES
Assistance with arranging transportation to medical and social services appointments	Required	PRIOR NOTICE REQUIRED PER LIVERY SERVICE GUIDELINES
Provide transportation to social and recreational activities		
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored		
Spiritual Care/Religious Services; on-site		
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices		
Primary languages spoken by staff	X	ENGLISH
Supervision of smoking		COVERED SMOKING AREA PROVIDED, NO SUPERVISION OF ACTIVITY PROVIDED.

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		
One-to-One staffing for special circumstances	X	FACILITY MAX LIMIT: 1 RESIDENT ON SCHEDULED SUPPORT. NO EMERGENCY SERVICES AVAILABLE
Overnight companion		
Registered Nurse: on-site "part time"	X	
Registered Nurse: on-site "full time"		
Licensed Practical Nurse: on site "part time"	X	
Licensed Practical Nurse: on-site "full time"		
Assisted Living Director: on-site "part time"	X	
Assisted Living Director: on site "full time"		
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time	X	
Activities Director: Full Time		
Dietician/Nutritionist consultant available or can be arranged		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Staffing	Available	Comments
Physical Therapist available or can be arranged	X	CAN BE ARRANGED VIA SECONDARY SERVICE PROVIDER
Respiratory Therapist available or can be arranged	X	CAN BE ARRANGED VIA SECONDARY SERVICE PROVIDER
Occupational Therapist available or can be arranged	X	CAN BE ARRANGED VIA SECONDARY SERVICE PROVIDER
Speech Language Pathologist available or can be arranged	X	CAN BE ARRANGED VIA SECONDARY SERVICE PROVIDER
Social Worker available or can be arranged	X	CAN BE ARRANGED VIA SECONDARY SERVICE PROVIDER
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	
Private units	X	
Semi-private units	X	
Studio/efficiency units	X	
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units	X	KITCHENETTE: MICROWAVE, SINK, MINI-FRIDGE
Internet access	X	LIMITATIONS DUE TO BUILDING AGE/ CONSTRUCTION

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Amenity	Available	Comments
Cable (television)	X	BASIC ONLY INCLUDED. ADDITIONAL CHANNELS/ SERVICES AT RESIDENT EXPENSE.
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool	X	
Exercise Room		
Library		
Activity Room	X	
Garden/outdoor spaces	X	
Chapel		
Private entertaining space	X	AVAILABLE UPON REQUEST/ AVAILABILITY
Communal Dining room	X	
Beauty/Barber Shop	X	WHEN AVAILABLE
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	SECOND FLOOR LAUNDRY ROOM.
Washer-Dryer in 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	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\(d\)](http://www.revisor.mn.gov/statutes/cite/144G.55) (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