

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): 1/2/2025

Name of Assisted Living: Heritage Maples LLC D/B/A BeeHive Homes of Elk River

HFID: 33602

Unique building/unit description (if applicable): Secured Memory Care

Facility Address: 14282 Business Center Drive NW Elk River, MN 55330

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

No additional buildings

Additional Building:

Building Name (if applicable):

Physical Address (if different than above):

Additional Building:

Building Name (if applicable):

Physical Address (if different than above):

Additional Building:

Building Name (if applicable):

Physical Address (if different than above):

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

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

Availability of Unlicensed Staff (ULP); check one:

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

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

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

Number of unlicensed direct care staff typically scheduled per shift:

- Day Shift: 2-4
- Evening Shift: 2-4
- 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	EW after 12 mo of private pay; may have to share a suite with another EW eligible resident
Private Pay	X	
Long Term Care Insurance	X	
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	
Secured outdoor grounds on facility premises	X	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	
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	All medications are administered by a trained staff.
Communication with physician/pharmacy about ordering or refill requests	X	
Medication administration by licensed or unlicensed personnel	X	
Delivery of medication to resident previously set up by the facility nurse	X	
Medications set up by nurse for resident to self-administer		
Delivery of medication from the original containers to resident	X	
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	
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	
Anticoagulant medication management	X	
B-12 injections	X	

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Service	Available	Comments
Nutritional supplement administration	X	The facility does not supply but will assist in administering. Family to provide.
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	If regularly scheduled, Only SQ injections. RN to administer any IM injections
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		On a case by case basis

Medical Cannabis storage for certified patients		On a case by case basis
Cannabidiol oil administration for certified patients		On a case by case basis
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	
Wound care: basic	X	
Wound care: complex		Offered through partnership with home health care agency or hospice providers.
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care	X	Offered via scheduled on-site podiatry provider via AHI outside provider, RN able to provide nail care.
C-PAP	X	
Bi-PAP	X	
Oxygen Management; specify any delivery system limitations	X	No liquid Oxygen
Oxygen saturation checks	X	
Ventilators		

Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Will coordinate with family and/or provider

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps		Offered through partnership with home health care providers
Fall Prevention: balance assessments		Offered through partnership with home health care providers
Fall Prevention: exercise programs	X	Offered through partnership with home health care providers. Limited exercise offered through activities
Fall Prevention: strength training		Offered through partnership with home health care providers
Integrative Health Services: acupuncture		Will coordinate with outside agency
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		Will coordinate with outside agency

Integrative Health Services: massage		Will coordinate with outside agency
Blood pressure checks	X	Monitored monthly and/or as needed, Per doctor's order.
Daily weight check	X	Monitored monthly and/or as needed, Per doctor's order.
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse	X	Coordinated with home care agency
Straight (intermittent) catheter assistance		On case by case basis
Suprapubic catheter care	X	Home health care agency
Ostomy care	X	With support from home health care agency
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	With support from hospice agency

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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)		Nurses are CPR certified
Other; specify:		

Section 4: Assistance with Activities of Daily Living

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

Assistance with Daily Living Activities Available

Service	Available	Comments
Dressing	X	
Bathing: shower	X	
Bathing: bathtub		
Oral hygiene	X	
Denture care	X	
Cuing/reminders for self-cares	X	
Use of special utensils	X	Would coordinate with PT/OT
Feeding assistance for residents with complicated eating problems	X	
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	We do not accept tube feedings
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident		

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	X	As needed
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	
Nail care: toenails, fingernails	X	Toenail care provided by a podiatrist. PRN with nurse

Toileting: standby assistance/supervision	X	
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	Facility does not provide. Family, hospice, or VA to supply.
Assistance with bowel and bladder control, devices, and training programs	X	B&B training programs as needed
Other; specify:		

Section 5: Mobility Support

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

Mobility Services Available

Service	Available	Comments
Standby Assistance	X	
Transfers with assist of one staff	X	
Transfers with assist of two staff	X	
Transfers utilizing sit-to-stand lifts	X	Facility does not provide equipment
Transfers utilizing sliding boards	X	Facility does not provide equipment. Case by case basis
Transfers utilizing bariatric equipment	X	Facility does not provide equipment. Case by case basis
Ceiling lift transfers		

Service	Available	Comments
Non-mechanical transfers (trapeze)	X	Hospice/Therapy will supply

Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	
Ambulation with assist of 1	X	
Bed mobility	X	
Assistance with chair mobility	X	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	
Elevators		One-level building
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		Used for short term interventions only
Every 30-minutes safety checks		Used for short term interventions only
Hourly safety checks	X	
Every two-hours safety checks	X	

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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments		
Non-emergency call system; specify type in comments	X	Pendant Style
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments	X	All entrances/exits are locked at all times with security code.
Visitor check-in/check-out at facility main entrance	X	
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Resident rooms lock, offices lock.
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	X	As needed or requested
Lunch available in community space	X	
Lunch available; delivered to apartment	X	As needed or requested
Dinner available in community space	X	
Dinner available; delivered to apartment	X	As needed or requested
Meal tray delivery and pick-up from resident's unit	X	As needed or requested
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Per doctor's order
Modified Texture Diets; specify limits in comments	X	Per doctor's order
Therapeutic Diets: cardiac		We will attempt to meet individualized preferences
Therapeutic Diets: diabetic or calorie controlled		We will attempt to meet individualized preferences
Therapeutic Diets: gluten-free		We will attempt to meet individualized preferences
Therapeutic Diets: high fiber		We will attempt to meet individualized preferences

Therapeutic Diets: low fat/low cholesterol		We will attempt to meet individualized preferences
Therapeutic Diets: low sodium		We will attempt to meet individualized preferences

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Service	Available	Comments
Therapeutic Diets: no added salt		We will attempt to meet individualized preferences
Therapeutic Diets: renal diet		We will attempt to meet individualized preferences
Other special diets: kosher		We will attempt to meet individualized preferences
Other special diets: (vegetarian, vegan, etc.) specify in comments		We will attempt to meet individualized preferences
Dietitian or Nutritionist Services	X	Would coordinate with outside provider, Off-site review of facility menus
Carbohydrate intake/tracking		
Meal consumption tracking	X	
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	BeeHive makes sure we do eye to eye contact
Assistance with meals or food preparation	X	All food prepared by staff

Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator	X	
Housekeeping: dusting	X	
Housekeeping: organize closets & drawers	X	

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Daily and as needed
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Weekly & as needed
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	2 loads per week and as needed
Laundry: other; specify in comments		
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		BeeHive coordinates with outside agency with transportation
Provide transportation to medical and social service appointments		Will help arrange
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		Assist with use if outside agency supplies
Primary languages spoken by staff		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		Family and/or private pay company to provide.
One-to-One staffing for special circumstances		Family and/or private pay company to provide.
Overnight companion		Family and/or private pay company to provide.

Registered Nurse: on-site “part time”		
Registered Nurse: on-site “full time”	X	
Licensed Practical Nurse: on site “part time”		
Licensed Practical Nurse: on-site “full time”		
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	X	Can be arranged with outside agency

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Can be arranged
Respiratory Therapist available or can be arranged	X	Can be arranged
Occupational Therapist available or can be arranged	X	Can be arranged
Speech Language Pathologist available or can be arranged	X	Can be arranged
Social Worker available or can be arranged	X	Can be arranged

Other Licensed Professional available; specify type in comments	X	Bluestone physicians, AHI, and other specialized/individualized as needed.
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	Shared Bathroom
Studio/efficiency units		
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	X	WIFI

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Amenity	Available	Comments
Cable (television)	X	Basic
Pets allowed	X	Service animals are always allowed to visit and others are ok to visit upon approval of management
Pet care; specify in comments		

Pool		
Whirlpool		
Exercise Room		
Library		
Activity Room		
Garden/outdoor spaces	X	
Chapel		
Private entertaining space		
Communal Dining room	X	
Beauty/Barber Shop	X	Use outside agency for beauty services.
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents		Facility provides laundry services
Washer-Dryer in units		
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 may call the Senior LinkAge Line to discuss their housing options before signing a contract with a licensed assisted living facility. The Senior LinkAge Line is available Monday through Friday from 8am to 4:30pm at 1-800-333-2433.

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

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