

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): 09/16/2024

Name of Assisted Living: Boden Senior Living - Maplewood

HFID: 34426

Unique building/unit description (if applicable): _____

Facility Address: 1700 Beam Avenue, Maplewood, MN 55109

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: 4-5

Evening Shift: 3-4

Night shift: 3-4

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:		

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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 payment as insurance payment is typically made to resident.
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	Entire building is Memory Care and secure.
Secured outdoor grounds on facility premises	X	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	X	
Prepared to manage challenging behaviors	X	Fees based on assessment
Other; specify: Fall detection cameras in individual units with permission.		

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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	Fees based on assessment
Medication administration by licensed or unlicensed personnel	x	Fees based on assessment
Delivery of medication to resident previously set up by the facility nurse		
Medications set up by nurse for resident to self-administer		
Delivery of medication from the original containers to resident		Pharmacy packaged medications for safety.
Delivery of liquid or food to resident if required to ingest medication	x	Fees based on assessment
Delegation of medication management services by licensed health professional to unlicensed staff	x	Fees based on assessment
Central storage of medication		
Diabetic Care: insulin pen dosing	x	Fees based on assessment
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing	x	Fees based on assessment
Diabetic Care: sliding scale insulin management		
Clinical monitoring of labs related to medications	x	Fees based on assessment
Anticoagulant medication management	x	Fees based on assessment
B-12 injections	x	Fees based on assessment

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Service	Available	Comments
Nutritional supplement administration	X	Fees based on assessment
(IV) Intravenous management		Provided through resident setup with third party
PICC lines (Peripherally Inserted Central Catheter)		Provided through resident setup with third party
Injections; specify types or limits in comments (IM, SQ)		Based on assessment and frequency; additional fee applied
Nebulizers	X	Fees based on assessment
Inhalers	X	Fees based on assessment
Ear drops	X	Fees based on assessment
Eye drops	X	Fees based on assessment
Topicals	X	Fees based on assessment
Patches	X	Fees based on assessment
Medication delivery via enteral (feeding) tube		
Pain pump management		Provided through resident setup with third party
Medical cannabis administration (pill form) for certified patients	X	Only with prescription and signed orders
Medical Cannabis storage for certified patients	X	Only with prescription and signed orders
Cannabidiol oil administration for certified patients	X	Only with prescription and signed orders
Other; specify:		

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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		
Wound care: basic	X	Fees based on assessment
Wound care: complex		Provided through resident setup with third party
Diabetic care: blood glucose monitoring	X	Fees based on assessment
Diabetic care: foot/nail care	X	Fees based on assessment
C-PAP	X	Fees based on assessment
Bi-PAP		
Oxygen Management; specify any delivery system limitations	X	Fees based on assessment
Oxygen saturation checks	X	Fees based on assessment
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Fees based on assessment
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Fees based on assessment

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

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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	Fees based on assessment
Bathing: shower	X	Fees based on assessment
Bathing: bathtub	X	Fees based on assessment
Oral hygiene	X	Fees based on assessment
Denture care	X	Fees based on assessment
Cuing/reminders for self-cares	X	Fees based on assessment
Use of special utensils	X	Fees based on assessment
Feeding assistance for residents with complicated eating problems	X	Fees based on assessment
Set-up and cut food at meals	X	Fees based on assessment
Manual Feeding; specify limits in comments	X	Fees based on assessment
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	Emergent/Short term only
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	Fees based on assessment
Nail care: toenails, fingernails	X	Fees based on assessment
Toileting: standby assistance/supervision	X	Fees based on assessment
Changing incontinence products; perineal care	X	Fees based on assessment
Ordering replacement incontinence products	X	Fees based on assessment
Assistance with bowel and bladder control, devices, and training programs	X	Fees based on 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	Fees based on assessment
Transfers with assist of one staff	X	Fees based on assessment
Transfers with assist of two staff	X	Fees based on assessment
Transfers utilizing sit-to-stand lifts	X	Fees based on assessment
Transfers utilizing sliding boards	X	Fees based on assessment
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	Fees based on assessment
Ambulation with assist of 1	X	Fees based on assessment
Bed mobility	X	Fees based on assessment
Assistance with chair mobility	X	Fees based on assessment
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		
Elevators		
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	Emergent and Short Term only
Hourly safety checks	X	Emergent and Short Term only
Every two-hours safety checks	X	Fees based on assessment

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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	
Non-emergency call system; specify type in comments		
Digital wander alert device on resident	X	Based on assessment
Wander alert system at facility exits	X	
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	X	Secure front door
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)	X	
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Manual keys for resident apartments
Emergency generator(s) to power the facility during power outages	X	
Other; specify:		

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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	Fees based on assessment
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Fees based on assessment
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Fees based on assessment
Meal tray delivery and pick-up from resident's unit	X	Fees based on assessment
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Fees based on assessment
Modified Texture Diets; specify limits in comments	X	Fees based on assessment
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		
Therapeutic Diets: gluten-free		Gluten intolerance items available for resident selection
Therapeutic Diets: high fiber		Food items available for resident selection
Therapeutic Diets: low fat/low cholesterol		Food items available for resident selection
Therapeutic Diets: low sodium		

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Service	Available	Comments
Therapeutic Diets: no added salt		Food items available for resident selection
Therapeutic Diets: renal diet		Food items available for resident selection
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		Food items available for resident selection
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	
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	Fees based on assessment
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	X	Fees based on assessment
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Fees based on assessment
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Fees based on assessment
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Fees based on assessment
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Fees based on assessment
Laundry: other; specify in comments		
Schedule offsite social and recreational activities		
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		
Spiritual Care/Religious Services; on-site	X	Per community schedule
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	
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		
One-to-One staffing for special circumstances		
Overnight companion		
Registered Nurse: on-site "part time"		
Registered Nurse: on-site "full time"	X	Primary hours: 8am-5pm Monday through Friday
Licensed Practical Nurse: on site "part time"	X	Primary hours: 8am-5pm Monday through Friday
Licensed Practical Nurse: on-site "full time"		
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	Primary hours: 8am-5pm Monday through 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 hours: 8am-5pm Monday through Friday
Dietician/Nutritionist consultant available or can be arranged		

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Staffing	Available	Comments
Physical Therapist available or can be arranged		Available through outside agency
Respiratory Therapist available or can be arranged		Available through outside agency
Occupational Therapist available or can be arranged		Available through outside agency
Speech Language Pathologist available or can be arranged		Available through outside agency
Social Worker available or can be arranged		Available through outside agency
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		
Studio/efficiency units	X	
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	X	

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

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Amenity	Available	Comments
Designated smoking area inside (not apartment space)		No smoking on property
Designated smoking area outside		No smoking on property
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