

# 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): 11/04/2025

Name of Assisted Living: Elysian Senior Homes of Northfield

HFID: 34667

Unique building/unit description (if applicable): 1

Facility Address: 2501 Jefferson Road Northfield, MN 55057

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: <sup>2</sup> \_\_\_\_\_

Evening Shift: <sup>2</sup> \_\_\_\_\_

Night shift: <sup>1</sup> \_\_\_\_\_

## 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		
Federal rent subsidy		
Other; explain:		

### Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations		
Private Pay	X	
Long Term Care Insurance	X	Responsible for payment in full regardless of reimbursement scheduled from LTC 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	X	Entire building secure, code in and out of building.
Secured outdoor grounds on facility premises	X	Secure patio.
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		
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	X	When self-administration is ordered appropriate by licensed physician.
Delivery of medication from the original containers to resident	X	When self-administration is ordered appropriate by licensed physician.
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	Medication cart
Diabetic Care: insulin pen dosing	X	
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	
Clinical monitoring of labs related to medications	X	
Anticoagulant medication management	X	
B-12 injections	X	By licensed nurse; M-F daytime hours only.

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Service	Available	Comments
Nutritional supplement administration	X	Oral supplements only
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	IM/SQ by licensed nurse; M-F daytime hours only.
Nebulizers	X	
Inhalers	X	
Ear drops	X	
Eye drops	X	Includes ointments
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:	X	Suppositories: Vaginal and rectal

### 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	As ordered by licensed professional.
Wound care: basic	X	
Wound care: complex		
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care		AHI Podiatry available on-site for diabetic foot/nail care.
C-PAP	X	
Bi-PAP		
Oxygen Management; specify any delivery system limitations	X	Excluding liquid oxygen management. Compressed air & concentrators only.
Oxygen saturation checks	X	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	By licensed nurse; M-F daytime hours only.
Arrange for On-Site Dialysis	X	Assistance with setting up-third party only.
Arrange for/set-up Off-Site Dialysis		

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	
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	X	
Daily weight check	X	
Indwelling urinary catheter care; emptying and bag changes	X	Client must be contracted with licensed 3rd party agency for management of placement/changes.
Indwelling urinary catheter replacement by nurse		
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Client must be contracted with licensed 3rd party agency for management of placement/changes.
Ostomy care	X	Includes colostomy, illeostomy, and urostomy.
Arrangements for and coordination with hospice care	X	Assistance in arranging care coordination with licensed hospice agency of client choice.
End-of-life palliative care	X	When client is contracted with a licesned 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)	X	Performed by licensed nurse only: LPN/RN.
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	X	Whirlpool tub requires staff operation.
Oral hygiene	X	
Denture care	X	
Cuing/reminders for self-cares	X	
Use of special utensils	X	
Feeding assistance for residents with complicated eating problems	X	
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	May be multiple residents at one time by staff.
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	May be multiple residents at one time by staff.

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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	
Nail care: toenails, fingernails	X	Non-complex: non-diabetic, non-anticoagulant therapy.
Toileting: standby assistance/supervision	X	
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	Assistance to order: Client/family/agency responsible for payment of products.
Assistance with bowel and bladder control, devices, and training programs	X	Including use of purewick when appropriate.
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	Equipment provided by client.
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer	X	For EZ-Stand/Sit-to-stand lift only when used appropriately, equipment provided by client.
Mechanical lift: assist of 2 transfer	X	Applicable for use of Hoyer/Universal mechanical lift. Equipment provided by client.
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		
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		
Hourly safety checks	X	During end-of-life situations only.
Every two-hours safety checks	X	During end-of-life situations only.

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Service	Available	Comments
Daily safety checks	X	All clients scheduled for daily safety check included in base service package.
Emergency call system; specify type in comments	X	PALCARE
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	X	Assigned through task sheet for checks once/shift (every 8 hours).
Visitor check-in/check-out at facility main entrance	X	
Bed alarms or movement sensing technology	X	PALCARE- need assessed by licensed nurse.
Door sensors: specify locations (unit, resident room, exits, etc.)	X	PALCARE- need assessed by licensed nurse.
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	Mag-lock entrances/exit with keypad & emergency release. Standard key locks on apartments.
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	Client must be able to eat unsupervised - no assistance available.
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Client must be able to eat unsupervised - no assistance available.
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Client must be able to eat unsupervised - no assistance available.
Meal tray delivery and pick-up from resident's unit	X	
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Nectar, honey at meals, snacks, med admin. Physician order needed.
Modified Texture Diets; specify limits in comments	X	Physician order needed.
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		

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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	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	All clients are scheduled for daily safety check included in base service package.
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers	X	

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Daily & 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	Weekly & as needed.
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		
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	As available in person & television streaming.
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	
Primary languages spoken by staff	X	English
Supervision of smoking		

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	Clinical Supervisor RN, is also LALD for building
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	LALD is also clinical director, RN for building
Advanced Practice Registered Nurse: on-site “part time”		
Advanced Practice Registered Nurse: on site “full time”	x	Curana Health Services for in house APRN services - weekly visits based on client needs.
Activities Director: Part Time		
Activities Director: Full Time		
Dietician/Nutritionist consultant available or can be arranged	x	Through food vendor US Foods & PDN difference dining.

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Assistance with setting up - third party only.
Respiratory Therapist available or can be arranged	X	Assistance with setting up - third party only.
Occupational Therapist available or can be arranged	X	Assistance with setting up - third party only.
Speech Language Pathologist available or can be arranged	X	Assistance with setting up - third party only.
Social Worker available or can be arranged	X	Assistance with setting up - third party only.
Other Licensed Professional available; specify type in comments	X	Licensed hospice and homecare agency coordination.
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	2 public bathrooms accessible in common spaces.
Private units	X	No showers in units.
Semi-private units		
Studio/efficiency units	X	4 units with attached bathroom; remainder require use of shared bathrooms (2 available).
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	X	In common spaces only.

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Amenity	Available	Comments
Cable (television)	X	In common spaces only.
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool	X	Whirlpool requires staff operation.
Exercise Room		
Library		
Activity Room	X	Combination with dining room.
Garden/outdoor spaces	X	Secure patio with garden and sitting area outside.
Chapel		
Private entertaining space		
Communal Dining room	X	
Beauty/Barber Shop		
Parking available for residents		
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents		
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		
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](http://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](http://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