

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): 06/01/2023

Name of Assisted Living: Sabahah Healthcare Inc

HFID: 34953

Unique building/unit description (if applicable): _____

Facility Address: 1816 Yellowstone Trail Brooklyn park mn 55444

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: 1

Evening Shift: 1

Night shift: 1

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	X	
Other; explain:		

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	as needed
Private Pay	X	as needed
Long Term Care Insurance	X	as needed
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	AS needed
Communication with physician/pharmacy about ordering or refill requests	X	AS needed
Medication administration by licensed or unlicensed personnel	X	AS needed
Delivery of medication to resident previously set up by the facility nurse	X	AS needed
Medications set up by nurse for resident to self-administer	X	AS needed
Delivery of medication from the original containers to resident	X	AS needed
Delivery of liquid or food to resident if required to ingest medication	X	AS needed
Delegation of medication management services by licensed health professional to unlicensed staff	X	AS needed
Central storage of medication	X	AS needed
Diabetic Care: insulin pen dosing	X	AS needed
Diabetic Care: insulin pump management	X	AS needed
Diabetic Care: insulin syringe dosing	X	AS needed
Diabetic Care: sliding scale insulin management	X	AS needed
Clinical monitoring of labs related to medications	X	AS needed
Anticoagulant medication management	X	AS needed
B-12 injections	X	AS needed

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Service	Available	Comments
Nutritional supplement administration	X	AS needed
(IV) Intravenous management	X	AS needed
PICC lines (Peripherally Inserted Central Catheter)	X	AS needed
Injections; specify types or limits in comments (IM, SQ)	X	AS needed
Nebulizers	X	AS needed
Inhalers	X	AS needed
Ear drops	X	AS needed
Eye drops	X	AS needed
Topicals	X	AS needed
Patches	X	AS needed
Medication delivery via enteral (feeding) tube	X	AS needed
Pain pump management	X	AS needed
Medical cannabis administration (pill form) for certified patients	X	AS needed
Medical Cannabis storage for certified patients	X	AS needed
Cannabidiol oil administration for certified patients	X	AS needed
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	AS needed
Wound care: basic	X	AS needed
Wound care: complex	X	AS needed
Diabetic care: blood glucose monitoring	X	AS needed
Diabetic care: foot/nail care	X	AS needed
C-PAP	X	AS needed
Bi-PAP	X	AS needed
Oxygen Management; specify any delivery system limitations	X	AS needed
Oxygen saturation checks	X	AS needed
Ventilators	X	AS needed
Suctioning	X	AS needed
Tracheostomy Care: cleaning of site and tube	X	AS needed
Tracheostomy Care: showering assistance	X	AS needed
Tracheostomy Care: suctioning assistance	X	AS needed
Pacemaker Checks	X	AS needed
Arrange for On-Site Dialysis	X	AS needed
Arrange for/set-up Off-Site Dialysis	X	AS needed

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

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Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)	f	
Training of and use of Cardiopulmonary Resuscitation (CPR)	f	Contract others outside providers
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	f	as needed
Bathing: shower	f	as needed
Bathing: bathtub	f	as needed
Oral hygiene	f	as needed
Denture care	f	as needed
Cuing/reminders for self-cares	f	as needed
Use of special utensils	f	as needed
Feeding assistance for residents with complicated eating problems	f	as needed
Set-up and cut food at meals	f	as needed
Manual Feeding; specify limits in comments	f	as needed
Tube Feeding; specify limits in comments	f	as needed
Feeding in common area with one staff member per resident	f	as needed

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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	as needed
Nail care: toenails, fingernails	X	as needed
Toileting: standby assistance/supervision	X	as needed
Changing incontinence products; perineal care	X	as needed
Ordering replacement incontinence products	X	as needed
Assistance with bowel and bladder control, devices, and training programs	X	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	as needed
Transfers with assist of one staff	X	as needed
Transfers with assist of two staff	X	as needed
Transfers utilizing sit-to-stand lifts	X	as needed
Transfers utilizing sliding boards	X	as needed
Transfers utilizing bariatric equipment	X	as needed
Ceiling lift transfers	X	as needed

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Service	Available	Comments
Non-mechanical transfers (trapeze)	+	as needed
Mechanical lift: assist of 1 transfer	+	as needed
Mechanical lift: assist of 2 transfer	+	as needed
Ambulation with assist of 1	+	as needed
Bed mobility	+	as needed
Assistance with chair mobility	+	as needed
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	x	as needed
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	+	
Every two-hours safety checks		

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Service	Available	Comments
Daily safety checks	x	
Emergency call system; specify type in comments	x	Call 911 as needed
Non-emergency call system; specify type in comments	x	Contact RN on phone
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	as needed
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces	x	as needed
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)		
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	as needed
Breakfast available; delivered to apartment		
Lunch available in community space	X	as needed
Lunch available; delivered to apartment		
Dinner available in community space	X	as needed
Dinner available; delivered to apartment		
Meal tray delivery and pick-up from resident's unit		
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	as needed
Modified Texture Diets; specify limits in comments	X	as needed
Therapeutic Diets: cardiac	X	as needed
Therapeutic Diets: diabetic or calorie controlled	X	as needed
Therapeutic Diets: gluten-free	X	as needed
Therapeutic Diets: high fiber	X	as needed
Therapeutic Diets: low fat/low cholesterol	X	as needed
Therapeutic Diets: low sodium	X	as needed

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Service	Available	Comments
Therapeutic Diets: no added salt	X	as needed
Therapeutic Diets: renal diet	X	as needed
Other special diets: kosher	X	as needed
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	as needed
Dietitian or Nutritionist Services	X	as needed
Carbohydrate intake/tracking	X	as needed
Meal consumption tracking	X	as needed
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	as needed
Assistance with meals or food preparation	X	as needed
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	as needed
Housekeeping: defrost and clean refrigerator	X	as needed
Housekeeping: dusting	X	as needed
Housekeeping: organize closets and drawers	X	as needed

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	as needed
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	as needed
Housekeeping: other; specify in comments	X	as needed
Laundry: linen (change bed, launder sheets, towels)	X	as needed
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	as needed
Laundry: other; specify in comments	X	as needed
Schedule offsite social and recreational activities	X	as needed
Schedule medical and social service appointments	X	as needed
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	as needed
Provide transportation to medical and social service appointments	X	as needed
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	as needed
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	X	as needed

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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	<input checked="" type="checkbox"/>	as needed
One-to-One staffing for special circumstances	<input checked="" type="checkbox"/>	as needed
Overnight companion	<input checked="" type="checkbox"/>	as needed
Registered Nurse: on-site "part time"	<input checked="" type="checkbox"/>	as needed
Registered Nurse: on-site "full time"	<input type="checkbox"/>	
Licensed Practical Nurse: on site "part time"	<input type="checkbox"/>	
Licensed Practical Nurse: on-site "full time"	<input type="checkbox"/>	
Assisted Living Director: on-site "part time"	<input type="checkbox"/>	
Assisted Living Director: on site "full time"	<input checked="" type="checkbox"/>	as needed
Advanced Practice Registered Nurse: on-site "part time"	<input type="checkbox"/>	
Advanced Practice Registered Nurse: on site "full time"	<input type="checkbox"/>	
Activities Director: Part Time	<input type="checkbox"/>	
Activities Director: Full Time	<input type="checkbox"/>	
Dietician/Nutritionist consultant available or can be arranged	<input checked="" type="checkbox"/>	as needed

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	as needed
Respiratory Therapist available or can be arranged	X	as needed
Occupational Therapist available or can be arranged	X	as needed
Speech Language Pathologist available or can be arranged	X	as needed
Social Worker available or can be arranged	X	as needed
Other Licensed Professional available; specify type in comments RN, LPN	X	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		
Private units		
Semi-private units		
Studio/efficiency units		
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units	X	as needed
Internet access	X	as needed

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

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Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside	X	as needed
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.

06/01/2023

Jne

Received Date

Individual or Legal/Designated Representative