

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): 02/25/2025

Name of Assisted Living: Urbana Place Senior Living

HFID: 32530

Unique building/unit description (if applicable): _____

Facility Address: 5601 94th Ave N Brooklyn Park, MN 55443

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:⁸ _____

Evening Shift:⁸ _____

Night shift:³ _____

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	
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	X	
Prepared to manage challenging behaviors	X	Per physician order fee based upon assessment.
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	Fees based on frequency.
Communication with physician/pharmacy about ordering or refill requests	X	Minimum of medication management services must be provided. 
Medication administration by licensed or unlicensed personnel	X	Fees based on frequency and complexity.
Delivery of medication to resident previously set up by the facility nurse	X	Provided in an emergent or short term situation. Varies case to case. 
Medications set up by nurse for resident to self-administer		
Delivery of medication from the original containers to resident	X	Fees may apply.
Delivery of liquid or food to resident if required to ingest medication	X	Based upon assessment.
Delegation of medication management services by licensed health professional to unlicensed staff	X	Primary service delivery method.
Central storage of medication	X	Provided in an emergent or short term situation.
Diabetic Care: insulin pen dosing	X	Additional fee may apply for diabetic care based upon assessment. 
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management		
Clinical monitoring of labs related to medications	X	Additional fee may apply based upon assessment.
Anticoagulant medication management	X	Additional fee may apply based upon assessment.
B-12 injections	X	Per physician order fee based upon assessment.








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Service	Available	Comments
Nutritional supplement administration	X	Per physician order fee based upon assessment.
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Per physician order fee based upon assessment.
Nebulizers	X	Per physician order fee based upon assessment.
Inhalers	X	Per physician order fee based upon assessment.
Ear drops	X	Per physician order fee based upon assessment.
Eye drops	X	Per physician order fee based upon assessment.
Topicals	X	Per physician order fee based upon assessment.
Patches	X	Per physician order fee based upon assessment.
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	Additional fee may apply based upon assessment. 
Wound care: basic	X	Per physician order fee based upon assessment.
Wound care: complex	X	Provided by client through 3rd party arrangement.
Diabetic care: blood glucose monitoring	X	Additional fee may apply based upon assessment. 
Diabetic care: foot/nail care	X	Additional fee may apply based upon assessment. 
C-PAP	X	Additional fee may apply based upon assessment. 
Bi-PAP	X	Additional fee may apply based upon assessment. 
Oxygen Management; specify any delivery system limitations	X	Additional fee may apply based upon assessment. 
Oxygen saturation checks	X	Additional fee may apply based upon assessment. 
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Additional fee may apply based upon assessment. 
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis		

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




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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	Fee based upon assessment.
Bathing: shower	X	Fee based upon assessment.
Bathing: bathtub	X	Fee based upon assessment.
Oral hygiene	X	Fee based upon assessment.
Denture care	X	Fee based upon assessment.
Cuing/reminders for self-cares	X	Fee based upon assessment.
Use of special utensils	X	Fee based upon assessment.
Feeding assistance for residents with complicated eating problems	X	Provided in an emergent or short term situation only. Fee based upon assessment. 
Set-up and cut food at meals	X	Fee based upon assessment.
Manual Feeding; specify limits in comments	X	Provided in an emergent or short term situation only. Fee based upon assessment. 
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	Provided in an emergent or short term situation only. Fee based upon assessment. 

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	X	Provided in an emergent or short term situation only. Fee based upon assessment. 
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	Fee based upon assessment.
Nail care: toenails, fingernails	X	Fee based upon assessment.
Toileting: standby assistance/supervision	X	Fee based upon assessment.
Changing incontinence products; perineal care	X	Fee based upon assessment.
Ordering replacement incontinence products	X	As needed; based on situation.
Assistance with bowel and bladder control, devices, and training programs	X	Fee based upon 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	Fee based upon assessment.
Transfers with assist of one staff	X	Fee based upon assessment.
Transfers with assist of two staff	X	Fee based upon assessment.
Transfers utilizing sit-to-stand lifts	X	Fee based upon assessment.
Transfers utilizing sliding boards	X	Fee based upon 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	Fee based upon assessment.
Ambulation with assist of 1	X	Fee based upon assessment.
Bed mobility	X	Fee based upon assessment.
Assistance with chair mobility	X	Fee based upon assessment.
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		
Elevators	X	Fee based upon assessment.
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	X	Provided in an emergent or short term situation only. Fee based upon assessment. 
Every 30-minutes safety checks	X	Provided in an emergent or short term situation only. Fee based upon assessment. 
Hourly safety checks	X	Provided in an emergent or short term situation only. Fee based upon assessment. 
Every two-hours safety checks	X	Provided in an emergent or short term situation only. Fee based upon assessment. 



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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	Aerial call system. Wearable and bathroom pendants in AL. MC pendants are based upon assessment +
Non-emergency call system; specify type in comments		
Digital wander alert device on resident	X	Provided in an emergent or short term situation only. Fee based upon assessment. +
Wander alert system at facility exits	X	Applicable for those wearing that device.
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	X	
Bed alarms or movement sensing technology	X	MC has the movement sensing technology.
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Exit doors and MC units.
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Fob access to building entrance doors.
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Standard key locks on apartments.
Emergency generator(s) to power the facility during power outages	X	
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	Additional fees may apply.
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Additional fees may apply.
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Additional fees may apply.
Meal tray delivery and pick-up from resident's unit	X	Additional fees may apply.
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Additional fees may apply.
Modified Texture Diets; specify limits in comments	X	Additional fees may apply.
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled	X	Food items and portion control available upon request. 
Therapeutic Diets: gluten-free	X	Gluten intolerant only not gluten free. Additional fees may apply. 
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	Document percentages in MC.
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	Additional fees may apply.
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	Additional fees may apply.
Housekeeping: defrost and clean refrigerator	X	Additional fees may apply.
Housekeeping: dusting	X	Additional fees may apply.
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Weekly and as needed.
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Apartments; floors, sink, bathroom and vaccum.
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Additional fees may apply.
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Additional fees may apply.
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	X	Per community schedule.
Spiritual Care/Religious Services; on-site	X	Per community schedule.
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices		
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	Primary hours are Monday through Friday.
Licensed Practical Nurse: on site “part time”	X	
Licensed Practical Nurse: on-site “full time”	X	
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	X	Primary hours are 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 are Monday through Friday.
Dietician/Nutritionist consultant available or can be arranged	X	Arranged through third party.

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Arranged through third party.
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Arranged through third party.
Speech Language Pathologist available or can be arranged	X	Arranged through third party.
Social Worker available or can be arranged		
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	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	
Internet access	X	

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

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\(d\)](#) (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