

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): 04/02/2025

Name of Assisted Living: Prairie Bluffs Senior Living

HFID: 35561

Unique building/unit description (if applicable): _____

Facility Address: 10300 Hennepin Town Road, Eden Prairie

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: ⁹ _____

Evening Shift: ⁹ _____

Night shift: ⁵ _____

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 and GRH Accept EW after 2 years of private pay EW limited on Enhanced Care to 3 residents
Private Pay	X	
Long Term Care Insurance	X	Facility will file for reimbursement for a fee. See additional Fee Service Schedule.
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	Locked memory care units.
Secured outdoor grounds on facility premises	X	Memory care has secure outdoor space attached to unit.
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	Does not include staff watching/confirming resident taking medications.
Communication with physician/pharmacy about ordering or refill requests	X	With Medication Management Services. Communicate with physician and pharmacist.
Medication administration by licensed or unlicensed personnel	X	ULP, RN, LPN (when in building)
Delivery of medication to resident previously set up by the facility nurse	X	
Medications set up by nurse for resident to self-administer	X	
Delivery of medication from the original containers to resident	X	Only medications with manufacturer's directions. Limitations apply see nurse for details.
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	Speak to nursing for specifics.
Anticoagulant medication management	X	Additional fee applies.
B-12 injections	X	Administered by licensed nurse M-F business hours.

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Service	Available	Comments
Nutritional supplement administration	X	Oral only facility does not supply.
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	IM cannot be daily or prn; No injectible anticoagulants. SQ
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		
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	ULP do not participate.
Wound care: basic	X	Simple dressing or bandaid.
Wound care: complex		
Diabetic care: blood glucose monitoring	X	May include continuous monitoring devices (not insulin pump).
Diabetic care: foot/nail care	X	Licensed nurse or outside podiatry.
C-PAP	X	Facility does not supply, mask, tubing, filter, or maintenance of equipment.
Bi-PAP	X	No continuous. Reminders to don and doff. Facility does not supply mask, tubing, filter.
Oxygen Management; specify any delivery system limitations	X	No liquid oxygen. Tanks must be stored upright in rack. MDH storage requirements apply.
Oxygen saturation checks	X	No continuous monitoring.
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	

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	No ace wraps. TEDS or compression stockings (facility does not supply).
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	For limited duration only for assessment.
Indwelling urinary catheter care; emptying and bag changes	X	Facility does not supply.
Indwelling urinary catheter replacement by nurse		
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Facility does not supply or change.
Ostomy care	X	Emptying bag, changing bag .Facility approves appliance used. Facility does not supply.
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	Limitation apply. Speak to nursing for specifics.

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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	
Bathing: shower	X	Resident must be willing.
Bathing: bathtub	X	Must be able to bear weight, stand and step into "walk in " tub.
Oral hygiene	X	
Denture care	X	
Cuing/reminders for self-cares	X	Staff does not remain to ensure self cares are completed.
Use of special utensils	X	MC and EC only. Special utensils not provided by facility.
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	X	MC and EC only.
Manual Feeding; specify limits in comments	X	MC cannot exceed 2 residents per unit. EC cannot exceed 3 residents.
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	MC only not more than 2 residents.

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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	
Toileting: standby assistance/supervision	X	
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	EC only.
Assistance with bowel and bladder control, devices, and training programs		
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	Resident must bear weight and participate. MC and EC only.
Transfers utilizing sit-to-stand lifts	X	EC only. Resident must bear weight and be evaluated by PT/OT.
Transfers utilizing sliding boards	X	
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	Can accommodate 2 in designated MC unit if enrolled with hospice. Able to manage in EC.
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	In bathrooms and showers.
Elevators	X	3 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	Limited to EC based on assessed need . These are visual checks.
Every two-hours safety checks	X	Limited to EC and MC based on assessment. These are visual checks.

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Service	Available	Comments
Daily safety checks	X	Specified in sevice plan.
Emergency call system; specify type in comments	X	Notify pendant system for urgent, emergent calls.
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		
Visitor check-in/check-out at facility main entrance	X	Standard business hours.
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces	X	Throughout community in common spaces.
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Main entrance and MC.
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Main entrance, all exterior doors, and resident rooms.
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	7:30a - 9a daily
Breakfast available; delivered to apartment	X	See additional service list
Lunch available in community space	X	11:30a - 12:30p daily
Lunch available; delivered to apartment	X	See additional service list
Dinner available in community space	X	4:30p - 5:30p daily
Dinner available; delivered to apartment	X	See additional service list
Meal tray delivery and pick-up from resident's unit	X	See additional service list
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Regular, pudding, nectar, and honey thick on MC and EC only pre-made only
Modified Texture Diets; specify limits in comments	X	Cut up, mechanical soft or puree. MC and EC
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		
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	Daily at lunch.
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	Scheduled through Life Enrichment Director.
Housekeeping: bed making	X	Specified in service plan.
Housekeeping: defrost and clean refrigerator	X	Scheduled through housekeeping for an additional fee.
Housekeeping: dusting		
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Done daily as needed.
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Weekly general housekeeping.
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Specified in service plan.
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Specified in service plan.
Laundry: other; specify in comments	X	Specified in service plan.
Schedule offsite social and recreational activities	X	Scheduled through Life Enrichment Director.
Schedule medical and social service appointments	X	Specified in service plan.
Assistance with arranging transportation for personal, social, and recreational activities	Required	Scheduled through Life Enrichment Director.
Assistance with arranging transportation to medical and social services appointments	Required	Scheduled through nursing.
Provide transportation to social and recreational activities	X	Scheduled through Life Enrichment Director.
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	Scheduled through LALD.
Shopping: facility sponsored		
Spiritual Care/Religious Services; on-site	X	Scheduled through Life Enrichment Director.
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	Nursing on-site M - F
Licensed Practical Nurse: on site “part time”	X	Intermittently scheduled.
Licensed Practical Nurse: on-site “full time”		
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	X	LALD on-site M - F
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	On-site M - F
Dietician/Nutritionist consultant available or can be arranged		

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Outside agency.
Respiratory Therapist available or can be arranged	X	Outside agency.
Occupational Therapist available or can be arranged	X	Outside agency.
Speech Language Pathologist available or can be arranged	X	Outside agency.
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	All units are private units.
Semi-private units		
Studio/efficiency units	X	Apartments available in specified layout.
One-bedroom units	X	Apartments available in specified layout.
Two-bedroom units	X	Apartments available in specified layout.
Kitchen/Kitchenettes in units	X	Multiple options available.
Internet access	X	WI-FI available in all common area and apartments.

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Amenity	Available	Comments
Cable (television)	X	
Pets allowed	X	Lease agreement addendum.
Pet care; specify in comments		
Pool		
Whirlpool	X	Must be able to bear weight and step into tub.
Exercise Room	X	
Library	X	
Activity Room	X	
Garden/outdoor spaces	X	
Chapel		
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	Available for additional fee.
Laundry Room accessible to Residents	X	
Washer-Dryer in units	X	Available in specific apartments.
Central Air Conditioning	X	
Fully sprinklered building	X	

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside		Smoke free campus.
Other; specify: Under ground parking available.		

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](http://www.seniorlinkageline.com/) (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