

# 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): 1/27/26

Name of Assisted Living: The Preserve of Roseville

HFID: 36021

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Unique building/unit description (if applicable):

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Facility Address: 2600 Dale Street N Roseville, MN 55113

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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: 6
- Evening Shift: 6
- 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 |          |          |
| Federal rent subsidy  |          |          |
| Other; explain:   |          |          |

### Payment Options for Services

| Payment Option  | Accepted | Comments  |
|---|----------|---|
| Waivered Services (EW, CADI, BI); specify any limitations | x        | EW is accepted after 2 years of private pay. Only certain apartments qualify for EW reduced rental rate.  |
| Private Pay   | x        | We accept private pay for a minimum of 2 years.   |
| Long Term Care Insurance                                  | X        | We will work with your long-term care insurance company to coordinate your access to benefits. Additional processing fees apply. Resident is responsible to pay facility; LTC reimburses policy holder. |
| 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                | Yes       | We offer 1 secure memory care unit within our community.  |
| Secured outdoor grounds on facility premises                                   | No        |   |
| Individualized digital/alarm monitoring for wandering or exit-seeking behavior | No        |   |
| Prepared to manage challenging behaviors                                       | Yes       | We are willing to work with the resident and families regarding challenging behaviors by implementing |

|  |  |   |
|--|--|---|
|  |  | specialized interventions until behaviors pose a safety risk to self or others. |
|--|--|---|

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 | No        | Due to the importance of safe medication management and follow up we do not offer medication reminders.   |
| Communication with physician/pharmacy about ordering or refill requests  | Yes       | Our facility nursing software is interfaced with Guardian pharmacy. You have a choice in pharmacy, but if you choose to not use the interfaced pharmacy there is an additional fee for additional steps needed when processing orders and managing medications. |
| Medication administration by licensed or unlicensed personnel  | Yes       | Unlicensed staff are trained by our facility RN(s) on how to administer medications properly and safely. All medications including over the counter require a provider order prior to facility staff administering.   |
| Delivery of medication to resident previously set up by the facility nurse                                     | Yes       | Required for all controlled/narcotic medications not in a unit-dose form.   |
| Medications set up by nurse for resident to self-administer  | No        | This is not a service we offer due to the importance of safe medication administration.   |
| Delivery of medication from the original containers to resident  | Yes       | Medications managed by this facility must come in original containers or packaging from pharmacy.   |
| Delivery of liquid or food to resident if required to ingest medication  | Yes       | Water, applesauce or pudding will be provided as needed for oral medication administration.   |
| Delegation of medication management services by licensed health professional to unlicensed staff               | Yes       | Medications may be delegated to and administered by trained, unlicensed staff.  |

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|--|-----|---|
| Central storage of medication                      | Yes | We use central storage of medications in med carts within our secured memory care and enhanced care units. Non-narcotic medications for AL residents that are administered by staff, are stored in a locked drawer/cabinet within the resident apartment. Narcotic medications are stored in Nursing Office under a double locking system for AL residents. |
| Diabetic Care: insulin pen dosing                  | Yes | Unlicensed staff are trained by our facility RN(s) on how to administer insulin properly and safely from a pen per provider order.  |
| Diabetic Care: insulin pump management             | No  | Self-managed pumps are accepted.  |
| Diabetic Care: insulin syringe dosing              | Yes | Insulin syringes are prepared by our licensed nursing staff for later administration by unlicensed staff per provider order.  |
| Diabetic Care: sliding scale insulin management    | Yes | Unlicensed staff are trained by our facility RN(s) on how to properly and safely administer sliding scale insulin per provider order.   |
| Clinical monitoring of labs related to medications | Yes | Unlicensed staff trained how to perform blood sugar checks. Our facility coordinates with residents preferred clinic lab and Hospital for all other lab work.   |
| Anticoagulant medication management                | Yes | Anticoagulant medications administered by trained, unlicensed staff.  |
| B-12 injections                                    | Yes | B12 injection administration available from licensed staff.   |

| Service   | Available | Comments   |
|---|-----------|--|
| Nutritional supplement administration               | Yes       | Must have provider order. Nutritional supplements must be purchased and supplied by resident/family. |
| (IV) Intravenous management                         | No        |  |
| PICC lines (Peripherally Inserted Central Catheter) | No        |  |

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|--|-----|--|
| Injections; specify types or limits in comments (IM, SQ)           | Yes | IM and SQ (other than insulin) is limited to when licensed staff are on duty.  |
| Nebulizers   | Yes | Unlicensed staff are trained by our facility RN(s) on how to administer nebulizer treatments properly and safely per provider order. |
| Inhalers   | Yes | Unlicensed staff are trained by our facility RN(s) on how to administer inhaler treatments properly and safely per provider order.   |
| Ear drops  | Yes | Unlicensed staff are trained by our facility RN(s) on how to administer ear drop treatments properly and safely per provider order.  |
| Eye drops  | Yes | Unlicensed staff are trained by our facility RN(s) on how to administer eye drop treatments properly and safely per provider order.  |
| Topicals   | Yes | Unlicensed staff are trained by our facility RN(s) on how to administer topical treatments properly and safely per provider order.   |
| Patches  | Yes | Unlicensed staff are trained by our facility RN(s) on how to administer patch treatments properly and safely per provider order.     |
| Medication delivery via enteral (feeding) tube                     | No  |  |
| Pain pump management   | No  |  |
| Medical cannabis administration (pill form) for certified patients | No  |  |
| Medical Cannabis storage for certified patients                    | No  |  |
| Cannabidiol oil administration for certified patients              | No  | CBD products can be self-managed. We are unable to manage these medications due to not being FDA approved.                           |
| 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 | Yes       | Reminders are an available service provided by unlicensed staff.   |
| Wound care: basic   | Yes       | Basic wound care includes basic skin cleaning with application of topical antibiotic ointment with or without simple dressings such as band aids or gauze. An RN will assess and determine if wound care can be delegated to unlicensed staff based on the complexity of wound care. |
| Wound care: complex   | No        | We can coordinate with skilled Home Care providers to deliver this service.  |
| Diabetic care: blood glucose monitoring   | Yes       | Unlicensed staff are trained by our facility RN(s) on how to perform this task properly and safely per provider order. We coordinate with pharmacy to provide a meter that staff have received thorough training with.   |
| Diabetic care: foot/nail care   | Yes       | This service can be provided by a licensed nurse or we can coordinate with podiatry to perform this service.   |
| C-PAP   | Yes       | Unlicensed staff trained in how to assist with application and management of CPAP. CPAP, including supplies such as distilled water, must be supplied by resident and include a provider order.  |
| Bi-PAP  | No        |  |
| Oxygen Management; specify any delivery system limitations                        | Yes       | This includes coordination with the oxygen provider for ordering of oxygen tanks and tubing. A provider order is required. We do not offer support of high flow oxygen.  |
| Oxygen saturation checks  | Yes       | Unlicensed staff trained how to perform oxygen saturation checks.  |

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|  |     |   |
|--|-----|---|
| Ventilators                                  | No  |   |
| Suctioning                                   | No  |   |
| Tracheostomy Care: cleaning of site and tube | No  |   |
| Tracheostomy Care: showering assistance      | No  |   |
| Tracheostomy Care: suctioning assistance     | No  |   |
| Pacemaker Checks                             | Yes | Licensed staff available to assist with pacemaker checks. Pacemaker check machine must be supplied by resident. |
| Arrange for On-Site Dialysis                 | No  |   |
| Arrange for/set-up Off-Site Dialysis         | Yes | Licensed staff available to coordinate off-site dialysis appointments.  |

| Service                              | Available | Comments   |
|--------------------------------------|-----------|--|
| Peritoneal Dialysis (on-site)        | No        |  |
| Compression stockings                | Yes       | Applied/removed by trained, unlicensed staff. Must have provider order for use.  |
| Lymphedema wraps                     | Yes       | Includes basic lymphedema wraps such as ace wraps, farrow, and circaid wraps. Applied/removed by trained unlicensed staff. Must have provider order for use. |
| Fall Prevention: balance assessments | No        | We will coordinate with your provider to receive an order for a therapy referral. You can choose a therapy or home care provider of your choice.             |

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| Fall Prevention: exercise programs                         | Yes | Exercise group are offered 5 days per week through our activity department. Licensed staff can assist to coordinate PT/OT per request.  |
| Fall Prevention: strength training                         | Yes | Exercise group are offered 5 days per week through our activity department. Licensed staff can assist to coordinate PT/OT per request.  |
| Integrative Health Services: acupuncture                   | No  |   |
| Integrative Health Services: aromatherapy                  | No  |   |
| Integrative Health Services: healing touch                 | No  |   |
| Integrative Health Services: massage                       | No  |   |
| Blood pressure checks                                      | Yes | Blood pressure checks are included in the monthly vitals check for residents paying a base or care level package. Additional blood pressure checks may be implemented per provider order. |
| Daily weight check   | Yes | Daily weights can be provided with a provider order.  |
| Indwelling urinary catheter care; emptying and bag changes | Yes | Performed by trained, unlicensed staff. Supplies including cleaning supplies for catheter care are provided by the resident.  |
| Indwelling urinary catheter replacement by nurse           | No  |   |
| Straight (intermittent) catheter assistance                | No  |   |
| Suprapubic catheter care                                   | No  |   |
| Ostomy care  | Yes | Performed by trained unlicensed staff. Ostomy supplies must be provided by the resident.  |
| Arrangements for and coordination with hospice care        | Yes | You can choose the hospice agency of your choice.   |

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| End-of-life palliative care  | Yes       |  |
|--|-----------|--|
| Service  | Available | Comments   |
| Access to and training on use of automatic electronic defibrillators (AED) | No        | We do not have an AED onsite   |
| Training of and use of Cardiopulmonary Resuscitation (CPR)                 | No        | Staff are not trained in CPR. 911 would be called and treatment would be implemented based on your advanced directive. |
| 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                       | Yes       | Assistance with dressing is offered based on RN assessment and your preferences.   |
| Bathing: shower                | Yes       | Shower assistance is available. Our showers are walk-in showers with grab bars.  |
| Bathing: bathtub               | Yes       | Our facility offers a spa tub as an option.  |
| Oral hygiene                   | Yes       | Assistance with oral care available based on assessed need or request.   |
| Denture care                   | Yes       | Assistance with denture care available based on assessed need or request. Denture care supplies, including denture adhesive and soaking tabs must be provided by resident. |
| Cuing/reminders for self-cares | Yes       | Verbal cues and reminders for self-care offered based on assessed need or resident request.  |

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|---|------------------|---|
| Use of special utensils   | Yes              | We can coordinate with your provider for an order for occupational therapy evaluation to help guide decisions on special utensil needs. The resident is responsible for supplying any special utensils. |
| Feeding assistance for residents with complicated eating problems         | No               |   |
| Set-up and cut meals  | Yes              | Assistance with meal set-up and cutting food available.   |
| Manual Feeding; specify limits in comments                                | Yes              | This service is only offered in our memory care units.  |
| Tube Feeding; specify limits in comments                                  | No               |   |
| Feeding in common area with one staff member per resident                 | No               |   |
| <b>Service</b>  | <b>Available</b> | <b>Comments</b>   |
| Feeding in resident's apartment with one staff member per resident        | No               |   |
| Grooming: hair care, make-up, shaving, application of lotion, etc.        | Yes              | Assistance with grooming is available. Resident responsible to provide personal grooming supplies.  |
| Nail care: toenails, fingernails  | Yes              | This can be provided as a service or we can coordinate with podiatry for toenail care.  |
| Toileting: standby assistance/supervision                                 | Yes              | Assistance with toileting is available. All bathrooms are equipped with grab bars to assist with safe toileting.  |
| Changing incontinence products; perineal care                             | Yes              | Assistance with changing incontinence products and providing perineal care is available in our facility.  |
| Ordering replacement incontinence products                                | Yes              | Assistance ordering incontinence supplies is available upon request.  |
| Assistance with bowel and bladder control, devices, and training programs | No               |   |
| Other; specify:   |                  |   |

## Section 5: Mobility Support

Check each service available at the location(s) listed above.

### Mobility Services Available

| Service                                 | Available | Comments  |
|---|-----------|---|
| Standby Assistance                      | Yes       | Unlicensed staff are trained by our facility RN(s) on how to perform this task properly and safely.   |
| Transfers with assist of one staff      | Yes       | Unlicensed staff are trained by our facility RN(s) on how to perform this task properly and safely.   |
| Transfers with assist of two staff      | Yes       | Unlicensed staff are trained by our facility RN(s) on how to perform this task properly and safely. This service is available in our Enhanced Care and Memory Care Units. |
| Transfers utilizing sit-to-stand lifts  | Yes       | Unlicensed staff are trained by our facility RN(s) on how to perform this task properly and safely. This service is available in our Enhanced Care and Memory Care Units. |
| Transfers utilizing sliding boards      | Yes       | This service would only be provided under therapy recommendation and requires additional staff training prior to providing this service.                                  |
| Transfers utilizing bariatric equipment | No        |   |
| Ceiling lift transfers                  | No        |   |
| Service                                 | Available | Comments  |
| Non-mechanical transfers (trapeze)      | No        |   |
| Mechanical lift: assist of 1 transfer   | No        |   |
| Mechanical lift: assist of 2 transfer   | Yes       | Sit to stand and full patient lifts available. Staff trained on mechanical lift transfers. All mechanical lifts require two staff to operate.                             |
| Ambulation with assist of 1             | Yes       | Unlicensed staff are trained by our facility RN(s) on how to perform this task properly and safely.   |
| Bed mobility                            | Yes       | Staff can assist with getting in and out of bed and repositioning as needed. Bedrails are strongly  |

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|                                |     |  |
|--------------------------------|-----|--|
|                                |     | discouraged due to safety risks. Any bedrails must be assessed by the RN prior to use. Family is responsible for installation and maintenance. |
| Assistance with chair mobility | Yes |  |
| Chair Glide System             | No  |  |
| Mechanical Stair Lift System   | No  |  |
| Handrails; in personal space   | Yes | Our site is equipped with grab bars in our bathrooms and in the shower.  |
| Elevators                      | Yes | Our facility has 1 elevator.   |
| 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 | No        |  |
| Every 30-minutes safety checks | No        |  |
| Hourly safety checks           | No        |  |
| Every two-hours safety checks  | Yes       | May be implemented based on RN assessment. |

| Service   | Available | Comments   |
|---|-----------|--|
| Daily safety checks                             | Yes       | Available based on assessed need or resident/family request.   |
| Emergency call system; specify type in comments | Yes       | Our emergency call system uses pendants to alert staff of emergent needs. Pendants are included with being |

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|   |     |  |
|---|-----|--|
|   |     | an assisted living resident and included in the base and care level fees.                                      |
| Non-emergency call system; specify type in comments                       | No  |  |
| Digital wander alert device on resident                                   | No  |  |
| Wander alert system at facility exits                                     | No  |  |
| Staff monitoring at facility exits; specify method in comments            | No  |  |
| Visitor check-in/check-out at facility main entrance                      | Yes |  |
| Bed alarms or movement sensing technology                                 | No  | This facility does not utilize mobility alarms   |
| Door sensors: specify locations (unit, resident room, exits, etc.)        | No  |  |
| Security Guard  | No  |  |
| Security cameras in common spaces   | Yes |  |
| Key card/fob access: specify locations (unit, resident room, exits, etc.) | Yes | Main Entrance, Memory Care Entrance, Garage Entrance   |
| Other lock systems: specify locations (unit, resident room, exits, etc.)  | Yes | All resident apartments have lockable doors. The building is secured at night and a key fob required to enter. |
| Emergency generator(s) to power the facility during power outages         | No  |  |
| 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                  | Yes       | Variety of meal packages available, including ala carte.   |
| Breakfast available in community space              | Yes       | Breakfast is available in our dining room daily.   |
| Breakfast available; delivered to apartment         | Yes       | Breakfast is available in your apartment with an additional meal delivery service. We do encourage you to participate in community dining to experience socialization with your neighbors. |
| Lunch available in community space                  | Yes       | Lunch is available in our dining room daily.   |
| Lunch available; delivered to apartment             | Yes       | Lunch is available in your apartment with an additional meal delivery service. We do encourage you to participate in community dining to experience socialization with your neighbors.     |
| Dinner available in community space                 | Yes       | Dinner is available in our dining room daily.  |
| Dinner available; delivered to apartment            | Yes       | Dinner is available in your apartment with an additional meal delivery service. We do encourage you to participate in community dining to experience socialization with your neighbors.    |
| Meal tray delivery and pick-up from resident's unit | Yes       | Meal tray delivery and pick-up is available for an additional meal delivery service.   |
| Meal preparation in resident's unit                 | No        |  |
| Thickened Liquids; specify limits in comments       | Yes       | Requires MD orders; family is responsible to provide thickening product. Requires added service.   |

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|  |                  |  |
|--|------------------|--|
| Modified Texture Diets; specify limits in comments                 | Yes              | We can provide mechanical soft and pureed diets with provider order. Requires added service. |
| Therapeutic Diets: cardiac   | No               |  |
| Therapeutic Diets: diabetic or calorie controlled                  | No               |  |
| Therapeutic Diets: gluten-free                                     | No               |  |
| Therapeutic Diets: high fiber                                      | No               |  |
| Therapeutic Diets: low fat/low cholesterol                         | No               |  |
| Therapeutic Diets: low sodium                                      | No               |  |
| <b>Service</b>   | <b>Available</b> | <b>Comments</b>  |
| Therapeutic Diets: no added salt                                   | No               |  |
| Therapeutic Diets: renal diet                                      | No               |  |
| Other special diets: kosher  | No               |  |
| Other special diets: (vegetarian, vegan, etc.) specify in comments | No               |  |
| Dietitian or Nutritionist Services                                 | No               |  |
| Carbohydrate intake/tracking                                       | No               |  |
| Meal consumption tracking  | Yes              | This service can be offered based on RN assessment.  |
| 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 | Yes       | Residents who do not have daily scheduled services will receive one daily I’m Okay check to ensure wellbeing.              |
| Assistance with meals or food preparation                      | No        | We do not offer food or meal preparation outside of the meals purchased through the facility meal plan/ala carte.          |
| Daily Social and Recreational Services                         | Required  | A variety of socialization activities is available 7 days per week in each unit. See our monthly activity calendar.        |
| Housekeeping: bed making                                       | Yes       | Weekly bed making is included in the weekly linen laundry service. Daily bed making is available as an additional service. |
| Housekeeping: defrost and clean refrigerator                   | Yes       | Available as an additional housekeeping service.   |
| Housekeeping: dusting  | Yes       | Available as an additional housekeeping service.   |
| Housekeeping: organize closets and drawers                     | No        |  |

| Service   | Available | Comments  |
|---|-----------|---|
| Housekeeping: trash removal; specify frequency in comments                                  | Yes       | Weekly trash removal is included in your weekly housekeeping service.   |
| Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum) | Yes       | Included in your rent is 30 min. of light housekeeping service per week. Additional housekeeping may be purchased.  |
| Housekeeping: other; specify in comments  | Yes       | Common areas are cleaned on a scheduled basis.  |
| Laundry: linen (change bed, launder sheets, towels)   | Yes       | Up to 2 loads of laundry per week is included in your base service package. Laundry soap is provided by the facility. Additional laundry service is available for a per load fee. |
| Laundry: wash, dry, and fold clothing; specify loads per week in comments                   | Yes       | Up to 2 loads of laundry per week is included in your base service package. Laundry soap is provided by the   |

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|  |          |   |
|--|----------|---|
|  |          | facility. Additional laundry service is available for a per load fee.   |
| Laundry: other; specify in comments  | No       |   |
| Schedule offsite social and recreational activities  | Yes      | Completed by Activity department  |
| Schedule medical and social service appointments   | Yes      | Our nursing team can assist with coordination of medical and social service appointments.   |
| Assistance with arranging transportation for personal, social, and recreational activities | Required | The front desk can assist with arranging transportation for any of your personal needs.   |
| Assistance with arranging transportation to medical and social services appointments       | Required | Our nursing team can assist with coordination of medical and social service appointment transportation.   |
| Provide transportation to social and recreational activities                               | No       |   |
| Provide transportation to medical and social service appointments                          | No       |   |
| Assistance accessing community resources and social services                               | Required | The Executive Director will assist with accessing community resources and social services if needed.  |
| Shopping: facility sponsored   | No       |   |
| Spiritual Care/Religious Services; on-site   | Yes      | Spiritual and religious services are coordinated through our activities department. See the activity calendar for scheduled onsite services offered contact activities. |
| Assistance with bill paying/budgeting  | No       |   |
| Communication boards or other supplemental communication devices                           | Yes      | Staff can support the use of communication boards or other communication devices. Devices must be provided by resident. Additional staff training is required.          |
| Primary languages spoken by staff  | English  | Accommodation for additional languages may be requested for written materials. Translation devices may be provided by residents. Additional staff training is required. |

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|                        |                  |                 |
|------------------------|------------------|-----------------|
| Supervision of smoking | No               |                 |
| <b>Service</b>         | <b>Available</b> | <b>Comments</b> |
| 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                           | No        |  |
| One-to-One staffing for special circumstances           | No        | Only in emergent situations, such as awaiting EMS, when other support including family is not available. |
| Overnight companion                                     | No        |  |
| Registered Nurse: on-site "part time"                   | No        |  |
| Registered Nurse: on-site "full time"                   | Yes       |  |
| Licensed Practical Nurse: on site "part time"           | No        |  |
| Licensed Practical Nurse: on-site "full time"           | No        |  |
| Assisted Living Director: on-site "part time"           | No        |  |
| Assisted Living Director: on site "full time"           | Yes       |  |
| Advanced Practice Registered Nurse: onsite "part time"  | No        |  |
| Advanced Practice Registered Nurse: on site "full time" | No        |  |

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|   |                  |   |
|---|------------------|---|
| Activities Director: Part Time                                  | No               |   |
| Activities Director: Full Time                                  | Yes              |   |
| Dietician/Nutritionist consultant available or can be arranged  | No               |   |
| <b>Staffing</b>   | <b>Available</b> | <b>Comments</b>   |
| Physical Therapist available or can be arranged                 | Yes              | This can be coordinated with an outside provider.   |
| Respiratory Therapist available or can be arranged              | No               |   |
| Occupational Therapist available or can be arranged             | Yes              | This can be coordinated with an outside provider.   |
| Speech Language Pathologist available or can be arranged        | Yes              | This can be coordinated with an outside provider.   |
| Social Worker available or can be arranged                      | Yes              | This can be coordinated with an outside provider.   |
| Other Licensed Professional available; specify type in comments | Yes              | Our site offers rounding providers provided by our local healthcare facilities and onsite podiatry services. Additional fees apply. |
| 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 | Yes       | All showers are walk-in and equipped with grab bars |
| Private units                                    | Yes       |   |

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

|                               |     |  |
|-------------------------------|-----|--|
| Semi-private units            | No  |  |
| Studio/efficiency units       | Yes |  |
| One-bedroom units             | Yes |  |
| Two-bedroom units             | Yes |  |
| Kitchen/Kitchenettes in units | Yes |  |
| Internet access               | Yes |  |

| Amenity                       | Available | Comments   |
|-------------------------------|-----------|--|
| Cable (television)            | Yes       |  |
| Pets allowed                  | Yes       | 1 cat or dog is allowed with proof of the animal's good health and suitability. The pet must weigh less than 40 pounds and must be housebroken or litterbox trained. All pets must be registered. Additional pet fee applies. Residents are responsible for pet care and clean-up. |
| Pet care; specify in comments | No        |  |
| Pool                          | No        |  |
| Whirlpool                     | No        |  |
| Exercise Room                 | Yes       | Fitness center is available for resident use. Safe equipment use training is available.  |
| Library                       | Yes       |  |
| Activity Room                 | Yes       | Activity room available in community room for large and small group gatherings.  |
| Garden/outdoor spaces         | Yes       | We offer a back deck and patio area with seating areas.  |
| Chapel                        | No        |  |

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

|  |                  |  |
|--|------------------|--|
| Private entertaining space                           | No               |  |
| Communal Dining room                                 | Yes              | All meals are served in our main dining room in each unit (AL, enhanced and memory care units).                                    |
| Beauty/Barber Shop                                   | Yes              | We offer an onsite beauty/barber shop. This service is provided by a third party and fees are payable directly to the third party. |
| Parking available for residents                      | Yes              | Parking lot with handicapped accessible spaces are also available.   |
| Parking available for guests                         | Yes              | Parking lot with handicapped accessible spaces are available for guest parking.  |
| Guest accommodations                                 | No               |  |
| Laundry Room accessible to Residents                 | Yes              |  |
| Washer-Dryer in units                                | Yes              | Washers/dryers in some AL apartments. Memory care units have a central laundry room.   |
| Central Air Conditioning                             | Yes              | Our facility offers central air throughout community areas of the building and temperature control units in every apartment        |
| Fully sprinklered building                           | Yes              |  |
| <b>Amenity</b>                                       | <b>Available</b> | <b>Comments</b>  |
| Designated smoking area inside (not apartment space) | No               |  |
| Designated smoking area outside                      | No               | Smoke-free facility  |
| 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](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 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/); 1-800657-3506
  - 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