

# Uniform Disclosure of Assisted Living Services & Amenities (UDALSA)

This is a required document per [144G.40 Subd. 2 \(www.revisor.mn.gov/statutes/cite/144G.40\)](http://www.revisor.mn.gov/statutes/cite/144G.40) of all assisted living facilities to describe the services, supports, and amenities available at the assisted living facility. Prospective residents and their families can use this tool to determine if the assisted living facility can meet their needs, allow them to compare options among various settings, and make informed decisions about selecting an assisted living facility setting. The information presented here may be important for a resident’s ability to age in place. Assisted living facilities are not required to provide all the services listed, and available services are subject to change. The facility will indicate which services are provided and any limitations that may pertain to the service.

You are also encouraged to tour facilities, talk with other residents, residents’ family members, or meet one-on-one with facility staff during the selection process. The disclosure checklist is not a substitute for the assisted living contract, which is a separate document that will include the specific services to be provided to the individual resident and the fees per services.

## General Information

This information is current as of (MM/DD/YYYY): 11/14/2024

Name of Assisted Living: Rushseba Assisted Living

HFID: 36306

Unique building/unit description (if applicable): \_\_\_\_\_

Facility Address: 700 West 14th Street, Rush City, MN 55069

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: 2 MC, 2 AL

Evening Shift: 2 MC, 1.5 AL

Night shift: 1 MC, 1 AL

### 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	In combination with EW for services; see contract exhibit
Federal rent subsidy		
Other; explain:		

**Payment Options for Services**

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	EW; ltd availability detailed in contract exhibit. Discuss with management staff.
Private Pay	X	
Long Term Care Insurance	X	Assistance provided in claims filing at added fee. Resident resp. for payment.
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	access controlled designated unit via keypad or fob/badge access.
Secured outdoor grounds on facility premises	X	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	X	Available per individualized assessed need. Add'l costs may apply.
Prepared to manage challenging behaviors	X	frequency of service affects care pkg level
Other; specify:	Behaviors cannot risk the health and safety of other VA or staff. Non pharmacologic interventions used to enhance quality of life & manage sympt	

## 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	frequency of service affects care pkg level
Communication with physician/pharmacy about ordering or refill requests	X	
Medication administration by licensed or unlicensed personnel	X	frequency of service affects care pkg level
Delivery of medication to resident previously set up by the facility nurse		
Medications set up by nurse for resident to self-administer	X	If assessed competent to self-administer medications. Added fee may apply.
Delivery of medication from the original containers to resident	X	all meds require bubble pack except VA. frequency of service affects care pkg level.
Delivery of liquid or food to resident if required to ingest medication	X	frequency of service affects care pkg level
Delegation of medication management services by licensed health professional to unlicensed staff	X	frequency of service affects care pkg level
Central storage of medication	X	carts, locked refrigerator, or other locked area for overflow.
Diabetic Care: insulin pen dosing	X	Preferred dosing mechanism. Requires Diabetic Nurse Package.
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management		
Clinical monitoring of labs related to medications	X	frequency of service affects care pkg level
Anticoagulant medication management	X	Requires Nurse Pkg.
B-12 injections	X	A la carte nurse charges apply.

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Service	Available	Comments
Nutritional supplement administration	X	frequency of service affects care pkg level. Resident must purchase products.
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Vaccines, Tuberculin. IM/SQ. A la carte nurse charges will be assessed.
Nebulizers	X	frequency of service affects care pkg level
Inhalers	X	frequency of service affects care pkg level
Ear drops	X	frequency of service affects care pkg level
Eye drops	X	frequency of service affects care pkg level
Topicals	X	frequency of service affects care pkg level
Patches	X	frequency of service affects care pkg level
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:		Residents who self administer medical cannabis or cannabidiol oil responsible for storage under double lock.

### 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	frequency of service affects care pkg level; coordinate with outside provider
Wound care: basic	X	coordinate with outside provider; requires nurse package
Wound care: complex		
Diabetic care: blood glucose monitoring	X	frequency of service affects care pkg level; requires nurse package
Diabetic care: foot/nail care	X	frequency of service affects care pkg level; requires nurse package
C-PAP	X	frequency of service affects care pkg level
Bi-PAP	X	frequency of service affects care pkg level
Oxygen Management; specify any delivery system limitations	X	O2 concentrator only, no O2 on hand for emergencies. frequency of service affects care pkg le
Oxygen saturation checks	X	frequency of service affects care pkg level
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	a la carte nurse charges will apply
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	frequency of service affects care pkg level

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	frequency of service affects care pkg level
Lymphedema wraps	X	coordinate with outside provider; frequency of service affects care pkg level
Fall Prevention: balance assessments	X	Coordination with outside provider; may be additional fee.
Fall Prevention: exercise programs	X	Fitness center available for a fee or coordinate with outside provider; added fees apply.
Fall Prevention: strength training	X	Fitness center available for a fee or coordinate with outside provider; added fees apply.
Integrative Health Services: acupuncture	X	Coordinate with outside provider; frequency of service affects care pkg level
Integrative Health Services: aromatherapy	X	Utilized in common areas; charges apply for private diffusers and essential oils.
Integrative Health Services: healing touch	X	coordinate with outside provider; frequency of service affects care pkg level
Integrative Health Services: massage	X	coordinate with outside provider; frequency of service affects care pkg level
Blood pressure checks	X	frequency of service affects care pkg level
Daily weight check	X	If ordered by physician for specific clinical need; frequency of service affects care pkg lev
Indwelling urinary catheter care; emptying and bag changes	X	Coordinate with outside provider; requires nurse package
Indwelling urinary catheter replacement by nurse		
Straight (intermittent) catheter assistance		
Suprapubic catheter care		
Ostomy care		
Arrangements for and coordination with hospice care	X	Coordinate with outside provider; requires nurse package
End-of-life palliative care	X	Coordinate with outside provider; requires nurse package

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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)		CPR: RN/LPN certified. ULP not universally certified. Residents with (cont. below)
Other; specify:	(CPR cont) Full Code/CRP order: staff calls 911. If a certified staff available: perform CPR until relieved by paramedics.	

### 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	Frequency of service affects care package level.
Bathing: shower	X	Frequency of service affects care package level.
Bathing: bathtub	X	Frequency of service affects care package level.
Oral hygiene	X	Frequency of service affects care package level.
Denture care	X	Frequency of service affects care package level.
Cuing/reminders for self-cares	X	Frequency of service affects care package level.
Use of special utensils	X	resident responsible for purchase of utensils
Feeding assistance for residents with complicated eating problems	X	based on resident assessment compliance; added fees apply
Set-up and cut food at meals	X	Frequency of service affects care package level.
Manual Feeding; specify limits in comments	X	Frequency affects pkg fees; per assessment: hand-over-hand, hand-to-mouth
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident		

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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	Frequency of service affects care package level.
Nail care: toenails, fingernails	X	Frequency of service affects care package level; non diabetic.
Toileting: standby assistance/supervision	X	Frequency of service affects care package level.
Changing incontinence products; perineal care	X	Frequency of service affects care package level.
Ordering replacement incontinence products	X	resident responsible for purchase of products
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	Frequency of service affects care package level.
Transfers with assist of one staff	X	Frequency of service affects care package level.
Transfers with assist of two staff	X	Frequency of service affects care package level. Available in MC, not in AL
Transfers utilizing sit-to-stand lifts	X	Frequency of service affects care package level.
Transfers utilizing sliding boards	X	Frequency of service affects care package level.
Transfers utilizing bariatric equipment	X	When apt layout can accommodate use of equip; limit 350 pounds.
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer	X	Frequency of service affects care package level (e.g. EZ stand)
Mechanical lift: assist of 2 transfer	X	Available in MC, not available in AL; added fees apply.
Ambulation with assist of 1	X	Frequency of service affects care package level.
Bed mobility	X	Frequency of service affects care package level.
Assistance with chair mobility	X	Frequency of service affects care package level.
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		
Elevators	X	
Other; specify: No restraints allowed; Refer to Restraint Free Policy. Residents and devices must be assessed for safety and need. No 2 person transfers in AL.		

## 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	X	Frequency of service affects care package level.

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Service	Available	Comments
Daily safety checks	X	Frequency of service affects care package level.
Emergency call system; specify type in comments	X	Pull cord in apt bathrooms & pendant for emergency; Frequency of usage affects care package
Non-emergency call system; specify type in comments	X	Pendant for AL (not IL) non-emergency use. Frequency of usage affects care package.
Digital wander alert device on resident	X	Per assessed need; does not replace assessed need for access-controlled unit.
Wander alert system at facility exits	X	Not at all doors; does not replace assessed need for access-controlled unit.
Staff monitoring at facility exits; specify method in comments	X	At front entrance during limited hours.
Visitor check-in/check-out at facility main entrance	X	All visitors required to use main entrance only; sign in and sign out required.
Bed alarms or movement sensing technology	X	Individualized intervention based on assessed need. Add'l fees with usage.
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Individualized intervention based on assessed need. Add'l fees with usage.
Security Guard		
Security cameras in common spaces	X	Video not actively monitored; recorded on loop until overwritten.
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Badge access provided to each resident for exterior doors and Fitness Center.
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	A key is provided to each resident for their apt unless assessed otherwise.
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	Fees apply; dining room open during posted hours.
Breakfast available in community space	X	Fees apply
Breakfast available; delivered to apartment	X	Fees apply
Lunch available in community space	X	Fees apply; dining room open during posted hours.
Lunch available; delivered to apartment	X	Fees apply
Dinner available in community space	X	Fees apply; dining room open during posted hours.
Dinner available; delivered to apartment	X	Fees apply
Meal tray delivery and pick-up from resident's unit	X	Fees apply
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	prethickened products; resident responsible for added fees.
Modified Texture Diets; specify limits in comments	mechanical soft	mechanical soft or pureed only
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled	X	CCHO available; requires physician order; IL self monitor
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol	X	Heart healthy available; requires MD order; IL self monitor
Therapeutic Diets: low sodium		

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Service	Available	Comments
Therapeutic Diets: no added salt	X	regular diet is no salt added. Requires physician order; IL self monitor
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:	Meal choices are provided for all residents to accommodate preference; resident rights for food preference upheld; may opt out of included meals	

### 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		
Assistance with meals or food preparation	X	Added fees apply
Daily Social and Recreational Services	Required	Added cost for certain events and outings
Housekeeping: bed making	X	Refer to contract exhibits A, B, and E for inclusions and fees.
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	X	Frequency of service affects care pkg level; will not move large or small, intricate items.
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Refer to contract exhibits A, B, and E for inclusions and fees.
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Refer to contract exhibits A, B, and E for inclusions and fees.
Housekeeping: other; specify in comments	X	Refer to contract exhibits A, B, and E for inclusions and fees.
Laundry: linen (change bed, launder sheets, towels)	X	Refer to contract exhibits A, B, and E for inclusions and fees.
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Refer to contract exhibits A, B, and E for inclusions and fees.
Laundry: other; specify in comments	X	Refer to contract exhibits A, B, and E for inclusions and fees.
Schedule offsite social and recreational activities	X	Group outings scheduled; added fees apply.
Schedule medical and social service appointments		
Assistance with arranging transportation for personal, social, and recreational activities	Required	added fees will apply
Assistance with arranging transportation to medical and social services appointments	Required	added fees will apply
Provide transportation to social and recreational activities	X	group outings scheduled; added fees apply
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	see Resident Services Manager for assistance; added fees may apply.
Shopping: facility sponsored	X	
Spiritual Care/Religious Services; on-site	X	Chaplian designated for community.
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	
Primary languages spoken by staff	X	English; translation available at an added fee.
Supervision of smoking		No smoking allowed anywhere on campus.

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	Available to staff by phone 24/7; Office hours generally M-F days
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"	X	Office hours generally M-F days
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	Available to staff by phone 24/7; Office hours generally M-F days
Advanced Practice Registered Nurse: on-site "part time"	X	Outside provider has rounding RNP/MD; resident must select as primary physician
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time		
Activities Director: Full Time	X	
Dietician/Nutritionist consultant available or can be arranged		

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Arranged through outside agency
Respiratory Therapist available or can be arranged	X	Arranged through outside agency
Occupational Therapist available or can be arranged	X	Arranged through outside agency
Speech Language Pathologist available or can be arranged	X	Arranged through outside agency
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments	X	Outside provider has rounding RNP/MD; resident must select as primary physician; Podiatry
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	All public bathrooms and apartments 116, 210, and 310.
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	limitations outlined in Resident Handbook

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Amenity	Available	Comments
Cable (television)	X	basic service in rent; added fees for upgraded pkg or add'l receivers.
Pets allowed	X	Pet fees and agreement required
Pet care; specify in comments		
Pool		
Whirlpool	X	
Exercise Room	X	Fitness Center; membership based fee; insurance may cover base fee or private pay
Library	X	
Activity Room	X	
Garden/outdoor spaces	X	
Chapel		Worship held in community room.
Private entertaining space	X	
Communal Dining room	X	
Beauty/Barber Shop	X	Payment made directly to beautician.
Parking available for residents	X	added fee for indoor assigned parking space
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	
Washer-Dryer in units	X	available in some apartments
Central Air Conditioning	X	central air in common spaces; apts have have individual temperature controls.
Fully sprinklered building	X	

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		No smoking allowed anywhere on the property
Designated smoking area outside		No smoking allowed anywhere on the property
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/); 1-800-657-3506
- Minnesota Directory for community resources: [www.MinnesotaHelp.Info](http://www.MinnesotaHelp.Info)
- [Minnesota Senior LinkAge Line \(www.seniorlinkageline.com/\)](http://www.seniorlinkageline.com/); 1-800-333-2433

(Optional) By signing below, I acknowledge that I have reviewed this document. This is NOT a contract to receive services.

\_\_\_\_\_  
Received Date

\_\_\_\_\_  
Individual or Legal/Designated Representative