

# 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): 04/30/2024

Name of Assisted Living: Healing Homes Living Services

HFID: 36561

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

Facility Address: 83 Cook Ave W, Saint Paul, MN 55117

If services are provided at more than one building (on the assisted living campus), please list all locations below.

No additional buildings

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Facility/Campus listed above has the following license; Check one:

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- Assisted Living Facility License
- Assisted Living Facility with Dementia Care License

Availability of Unlicensed Staff (ULP); check one:

- Unlicensed staff are in the building and available to respond to resident requests 24/7
- Unlicensed staff may either be in the building, in an attached building, or within the campus and available to respond to resident requests 24/7

Availability of Licensed (RN/LPN) Staff (in *addition* to an RN who is required to be accessible to the staff 24/7); check one if applicable:

- Licensed staff are on site 24/7
- Licensed staff are either in the building, an attached building, or within the campus and available to respond to resident requests 24/7

Number of unlicensed direct care staff typically scheduled per shift:

Day Shift: 1 to 2

Evening Shift: 1 to 2

Night shift: 1

### Payment Options

The facility will indicate by placing an “X” in the “Accepted” column if the payment option is accepted (may check more than one). The facility may indicate in the “Comments” column if a pre-determined length of private funds payment source is required before acceptance of Medicaid or waived service funds as well as the number of months required.

#### Payment Options for Housing Contract

Payment Option	Accepted	Comments
Private Pay	X	request confirmation of payment
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments		
Federal rent subsidy	X	Depending on the type of funding, needs to be reviewed.
Other; explain:		

**Payment Options for Services**

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	We accept EW, CADI, and BI Waivered Services
Private Pay	X	We require confirmation of payment of 6 months of services prior to service
Long Term Care Insurance		
Other; explain:		

**Services and Amenities Available**

Below is a list of services that are available to assisted living residents. The facility will indicate by placing a “yes” or “X” in the “Available” column if the service is provided or available at/on the campus/unit of the location listed above. If the “Available” column is blank, the facility does **not** provide that service.

**Section 1: Dementia Care**

Pertains only to facilities with an **Assisted Living with Dementia Care** license

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

**Dementia Care Services Available**

Service	Available	Comments
Secured unit or building for wandering or exit-seeking behavior		
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors		
Other; specify:		

## Section 2: Medication Management

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

### Medication Management Services Available

Service	Available	Comments
Verbal or visual reminders to take regularly scheduled medications; specify any limit to frequency in comments	X	Staff is to follow client service plan
Communication with physician/pharmacy about ordering or refill requests	X	Service provided by lincensed RN
Medication administration by licensed or unlicensed personnel	X	Service provided by lincensed RN
Delivery of medication to resident previously set up by the facility nurse	X	License RN sets up medication as we get a refill
Medications set up by nurse for resident to self-administer	X	All medication plans established by resident RN.
Delivery of medication from the original containers to resident	X	
Delivery of liquid or food to resident if required to ingest medication	X	We provide liquid or food if require to ingest with medication
Delegation of medication management services by licensed health professional to unlicensed staff	X	Supervise by Licensed RN
Central storage of medication	X	All medications are stored behind locked cabinets
Diabetic Care: insulin pen dosing	X	Service Available by Licensed RN
Diabetic Care: insulin pump management	X	Service administered by Licensed RN
Diabetic Care: insulin syringe dosing	X	Service Available by Licensed RN
Diabetic Care: sliding scale insulin management	X	Provided as a part of Service Plan administered by RN
Clinical monitoring of labs related to medications		
Anticoagulant medication management	X	Administered by Licensed RN
B-12 injections	X	Administered by Licensed RN

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Service	Available	Comments
Nutritional supplement administration	X	Administered by Licensed RN
(IV) Intravenous management	X	Administered by Licensed RN
PICC lines (Peripherally Inserted Central Catheter)	X	We do not perform insertion but will provide management
Injections; specify types or limits in comments (IM, SQ)	X	RN will perform IM, SQ, IV
Nebulizers	X	Administered/Supervised by Licensed RN
Inhalers	X	
Ear drops	X	Administered/Supervised by Licensed RN
Eye drops	X	Administered/Supervised by Licensed RN
Topicals	X	Administered/Supervised by Licensed RN
Patches	X	Administered/Supervised by Licensed RN
Medication delivery via enteral (feeding) tube	X	Services are available management overseen by Nurse
Pain pump management	X	Administered/Supervised by Licensed RN
Medical cannabis administration (pill form) for certified patients	X	Stored and Administered by Nurse
Medical Cannabis storage for certified patients	X	Treated same as Narcotics. Stored in additional Locked Box
Cannabidiol oil administration for certified patients	X	Double Locked, Treated as Narcotics
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	Staff provides verbal and visual reminders for morning treatment
Wound care: basic	X	License RN will provide wound care on site
Wound care: complex	X	License RN will provide wound care on site
Diabetic care: blood glucose monitoring	X	Provide as directed by RN
Diabetic care: foot/nail care	X	Provide standard care, any speciality conditions must be reviewed
C-PAP	X	Service available under Licensed RN
Bi-PAP	X	Service available under Licensed RN
Oxygen Management; specify any delivery system limitations	X	Performed by RN, does not include ventilators
Oxygen saturation checks	X	Performed by DSP under Lincensed RN
Ventilators		
Suctioning	X	Administered by RN
Tracheostomy Care: cleaning of site and tube	X	Administered by RN
Tracheostomy Care: showering assistance	X	DSP will provide under supervision of Nurse
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	By Licensed RN
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Staff will work with clients provider to schedule appointments

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Supervised under Licensed RN
Lymphedema wraps	X	Supervised/Administered by Licensed RN
Fall Prevention: balance assessments	X	RN will provide assessment as needed
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	Provided by DSP under Licensed RN
Daily weight check	X	If required by Physician, staff will complete weigh checks
Indwelling urinary catheter care; emptying and bag changes	X	Will be provided by RN
Indwelling urinary catheter replacement by nurse	X	Provided by RN
Straight (intermittent) catheter assistance	X	Will be inserted and managed directly by RN
Suprapubic catheter care		
Ostomy care		
Arrangements for and coordination with hospice care	X	Will provide support and resources to coordinated care
End-of-life palliative care		

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Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)	X	Staff completes training provided by Healing Homes prior to hiring
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	Staff completes training provided by Healing Homes upon start date
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	Provided by Employee (DSP)
Bathing: shower	X	Provided by Employee (DSP)
Bathing: bathtub	X	Provided by Employee (DSP)
Oral hygiene	X	Provided by Employee (DSP)
Denture care	x	Provided by Employee(DSP)
Cuing/reminders for self-cares	X	Provided by Employee (DSP)
Use of special utensils	x	Provided by Employee (DSP)
Feeding assistance for residents with complicated eating problems	x	Provided by Employee (DSP)
Set-up and cut food at meals	X	Provided by Employee (DSP)
Manual Feeding; specify limits in comments	X	We will prepare cut or puree if needed
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	Healing Homes offers companionship

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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	Assistance provided by Healing Homes staff
Nail care: toenails, fingernails	X	Provided by RN
Toileting: standby assistance/supervision	X	Supervise under Licensed RN
Changing incontinence products; perineal care	X	Will provide incontinence are and provide products
Ordering replacement incontinence products	X	Will Manage and Order as needed
Assistance with bowel and bladder control, devices, and training programs	X	Assistance provided by Healing Homes Staff
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	we provide 1:1 standby assistance
Transfers with assist of one staff	X	situational for existing residents who've sustain an injury
Transfers with assist of two staff		
Transfers utilizing sit-to-stand lifts	X	Staff will provide 1:1 sit to stands
Transfers utilizing sliding boards	X	Staff will provide 1:1 sliding boards
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		
Ambulation with assist of 1	x	Assistance of 1 (DSP)
Bed mobility	x	Assist with scooting, rolling over, twisting etc
Assistance with chair mobility	x	Assist with lifting, repositioning and sitting
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	x	Located in hallways, not bedrooms
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	x	As directed by the care plan.
Every 30-minutes safety checks	x	Safety checks provided as directive in care plan
Hourly safety checks	x	Available upon request as a directive in the care plan
Every two-hours safety checks	x	Available upon request as a directive in the care plan

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Service	Available	Comments
Daily safety checks	x	Available upon request as a directive in the care plan
Emergency call system; specify type in comments		
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	Visitor check in/out located at main entrance
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces	x	Two; Kitchen common area, Living room common area
Key card/fob access: specify locations (unit, resident room, exits, etc.)	x	Code entry lock at main entrance
Other lock systems: specify locations (unit, resident room, exits, etc.)	x	Each clients romm is equiped with a code entry option
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	8am, 1pm, 6pm. Snacks 3pm 8pm
Breakfast available in community space	X	Client have the option to eat on their rooms or common area
Breakfast available; delivered to apartment		
Lunch available in community space	X	Client have the option to eat on their rooms or common area
Lunch available; delivered to apartment		
Dinner available in community space	X	Client have the option to eat on their rooms or common area
Dinner available; delivered to apartment		
Meal tray delivery and pick-up from resident's unit	X	This service is available upon request
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Staff provide administration per licensed RN
Modified Texture Diets; specify limits in comments	Staff provide	Staff provide administration per licensed RN
Therapeutic Diets: cardiac	X	Do not asses but will deliver meals based on nutritionist recommendation
Therapeutic Diets: diabetic or calorie controlled	X	Will create plan based on doctors orders
Therapeutic Diets: gluten-free	X	Will design meal based on doctors orders
Therapeutic Diets: high fiber	X	Will design and administered based on doctors orders
Therapeutic Diets: low fat/low cholesterol	X	Can be administered onsite in accordance with doctors orders
Therapeutic Diets: low sodium	X	Administered in accordance with physician orders

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Service	Available	Comments
Therapeutic Diets: no added salt	X	Food will be provided and administered on doctors orders
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	Can be added into care plan based on client needs
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	Every shift change and hourly safety checks
Assistance with meals or food preparation	X	3 meals provided. Staff assist with personal food
Daily Social and Recreational Services	Required	Provided scheduled activity assistance every order
Housekeeping: bed making	X	provided every morning
Housekeeping: defrost and clean refrigerator	X	performed by employees
Housekeeping: dusting	X	performed by employees
Housekeeping: organize closets and drawers	X	Provided by Healing Homes Staff as needed

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Provided AM, PM and NIGHT
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Provided AM, PM and NIGHT
Housekeeping: other; specify in comments	X	Bathrooms
Laundry: linen (change bed, launder sheets, towels)	X	Provided as a part of daily cleaning
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Each client is provided with 2 laundry does per week unless care plans calls for more often.
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Summer Activities are provided by facility home
Schedule medical and social service appointments	X	Scheduled appointments and send referrals
Assistance with arranging transportation for personal, social, and recreational activities	Required	Assist by Healing Home employees
Assistance with arranging transportation to medical and social services appointments	Required	Assist by supervisor and employees
Provide transportation to social and recreational activities	X	Supervisor provides transportation
Provide transportation to medical and social service appointments	X	Supervisor/Director provides transportation
Assistance accessing community resources and social services	Required	We've library close by. Clients like to walk to, internet services are also a component
Shopping: facility sponsored	x	Facilitated
Spiritual Care/Religious Services; on-site		
Assistance with bill paying/budgeting	X	Provided at the clients request
Communication boards or other supplemental communication devices	X	Communication board available at primary entrance
Primary languages spoken by staff	X	English only
Supervision of smoking	X	We provide an outside designated smoking area

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Service	Available	Comments
Other; specify:		

### Section 9: Staffing

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

#### Staffing Available

Staffing	Available	Comments
One-to-One staffing available	X	8 hrs - 1:1
One-to-One staffing for special circumstances	X	Will accomodate based on clients core level
Overnight companion	X	8 hrs - 1:1
Registered Nurse: on-site "part time"	X	our registered nurse is onsite to provide assistance and services to clients and staff
Registered Nurse: on-site "full time"		
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"		
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	Our director is onsite to provide management concerns
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time		
Activities Director: Full Time		
Dietician/Nutritionist consultant available or can be arranged	X	Can be arranged

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Staffing	Available	Comments
Physical Therapist available or can be arranged	x	Can be arranged
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	x	Can be arranged
Speech Language Pathologist available or can be arranged	x	Can be arranged
Social Worker available or can be arranged	x	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	1 person accesible bathroom
Private units	x	3 private units
Semi-private units		
Studio/efficiency units		
One-bedroom units	x	We have 3 one-bedroom units
Two-bedroom units	x	Available upon request
Kitchen/Kitchenettes in units	x	We have 1 kitchen located on our main level
Internet access	x	Access to the WIFI is available located in living room common

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Amenity	Available	Comments
Cable (television)	X	Available in common area
Pets allowed	X	Small cats - up to 15 lbs No dogs
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room		
Library		
Activity Room		
Garden/outdoor spaces		
Chapel		
Private entertaining space		
Communal Dining room	X	Our communal dining area is located between our kitchen and living room
Beauty/Barber Shop		
Parking available for residents	X	We do have 2 garrages available
Parking available for guests	X	We have on the street parking available
Guest accommodations		
Laundry Room accessible to Residents	X	Laundry room is located on our lower level
Washer-Dryer in units	X	We have 1 washer and 1 dryer in our unit
Central Air Conditioning	X	central AC is provided
Fully sprinklered building		

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside	x	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](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](http://www.seniorlinkageline.com/) ([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