

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

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

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

## General Information

This information is current as of (MM/DD/YYYY): 02/23/2023

Name of Assisted Living: STONEBAY SENIOR LIVING

HFID: 36734

Unique building/unit description (if applicable): INDEPENDENT LIVING, ASSISTED LIVING AND MEMORY CARE

Facility Address: 2635 KELLEY PARKWAY, ORONO, MN 55356

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): N/A

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

Additional Building:

Building Name (if applicable): N/A

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

Additional Building:

Building Name (if applicable): N/A

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: 4

Evening Shift: 4

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		NOT ACCEPTED
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	
Federal rent subsidy		NOT ACCEPTED
Other; explain:		

### Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	EW ACCEPTED
Private Pay	X	
Long Term Care Insurance	X	WILL FILE DOCUMENTS, RESIDENT RESPONSIBLE FOR PAYMENT IF INSURANCE DOES NOT PAY
Other; explain:		

### Services and Amenities Available

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

#### Section 1: Dementia Care

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

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

#### Dementia Care Services Available

Service	Available	Comments
Secured unit or building for wandering or exit-seeking behavior	X	
Secured outdoor grounds on facility premises	X	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		NOT AVAILABLE
Prepared to manage challenging behaviors	X	NOT A DANGER TO SELF OR OTHERS; MUST BE ABLE TO ADHERE TO INFECTION CONTROL PRACTICE
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	
Communication with physician/pharmacy about ordering or refill requests	X	
Medication administration by licensed or unlicensed personnel	X	EXCLUDES INTRAVENOUS MEDICATION OR MEDS VIA SPECIALTY IV PUMPS
Delivery of medication to resident previously set up by the facility nurse	X	
Medications set up by nurse for resident to self-administer	X	
Delivery of medication from the original containers to resident	X	
Delivery of liquid or food to resident if required to ingest medication	X	
Delegation of medication management services by licensed health professional to unlicensed staff	X	
Central storage of medication	X	
Diabetic Care: insulin pen dosing	X	
Diabetic Care: insulin pump management		NOT PROVIDED
Diabetic Care: insulin syringe dosing		NOT PROVIDED
Diabetic Care: sliding scale insulin management	X	IF RESIDENT IS STABLE AND NOT A BRITAL DIABETIC WITH SIGNIFICANT LOW BLOOD SUGAR EPISODES
Clinical monitoring of labs related to medications	X	WILL COORDINATE WITH LAB AND PRIMARY CARE PROVIDER OF CHOICE. RESIDENT PAYS FOR TESTS
Anticoagulant medication management	X	WILL COORDINATE WITH LAB AND PRIMARY CARE PROVIDER OF CHOICE. RESIDENT PAYS FOR TESTS
B-12 injections	X	

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Service	Available	Comments
Nutritional supplement administration	X	ORAL NUTRITIONAL SUPPLEMENT ADMINISTRATION ONLY
(IV) Intravenous management		NOT PROVIDED
PICC lines (Peripherally Inserted Central Catheter)		NOT PROVIDED
Injections; specify types or limits in comments (IM, SQ)	X	ROUTINE SCHEDULED MEDS AND NOT AS NEEDED (PRN); SUBCUTANEOUS, INTRAMUSCULAR
Nebulizers	X	
Inhalers	X	NOT A DANGER TO SELF OR OTHERS; MUST BE ABLE TO ADHERE TO INFECTION CONTROL PRACTICE
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
Medication delivery via enteral (feeding) tube		
Pain pump management		
Medical cannabis administration (pill form) for certified patients		
Medical Cannabis storage for certified patients		
Cannabidiol oil administration for certified patients		
Other; specify:		

### Section 3: Treatments & Therapies

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

#### Treatments & Therapies Available

Service	Available	Comments
Verbal or visual reminders to perform regularly scheduled treatments or exercises	X	
Wound care: basic	X	DRY DRESSING
Wound care: complex		
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care		PROVIDED BY PODIATRY SERVICE
C-PAP	X	ASSISTANCE WITH CLEANING
Bi-PAP		
Oxygen Management; specify any delivery system limitations	X	
Oxygen saturation checks	X	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	
Lymphedema wraps		
Fall Prevention: balance assessments	X	COORDINATED WITH A THIRD PARTY THERAPY VENDOR; SEPARATE BILLING
Fall Prevention: exercise programs	X	COORDINATED WITH WITH A THIRD PARTY THERPAY VENDOR; SEPARATE BILLING
Fall Prevention: strength training	X	COORDINATED WITH A THIRD PARTY THERAPY VENDOR; SEPARTE BILLING
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	
Daily weight check	X	
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse		
Straight (intermittent) catheter assistance		
Suprapubic catheter care		
Ostomy care		
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	

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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)		STAFF CALLS 911
Other; specify:		

### Section 4: Assistance with Activities of Daily Living

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

#### Assistance with Daily Living Activities Available

Service	Available	Comments
Dressing	X	
Bathing: shower	X	
Bathing: bathtub	X	
Oral hygiene	X	
Denture care	X	
Cuing/reminders for self-cares	X	
Use of special utensils	X	
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	IF RESIDENT HAS NO SWALLOWING DIFFICULTIES AND IS NOT AT RISK OF ASPIRATION
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident		
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	
Nail care: toenails, fingernails	X	
Toileting: standby assistance/supervision	X	
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	
Assistance with bowel and bladder control, devices, and training programs		
Other; specify:		

### Section 5: Mobility Support

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

#### Mobility Services Available

Service	Available	Comments
Standby Assistance	X	
Transfers with assist of one staff	X	
Transfers with assist of two staff	X	
Transfers utilizing sit-to-stand lifts	X	
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)	X	
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	2 PERSON ASSIST IS REQUIRED WITH THE USE OF A MECHANICAL LIFT
Ambulation with assist of 1	X	
Bed mobility	X	
Assistance with chair mobility	X	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	
Elevators		
Other; specify:		

## Section 6: Security & Monitoring

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

### Security and Monitoring Services

Service	Available	Comments
Every 15-minutes safety checks		
Every 30-minutes safety checks		
Hourly safety checks	X	AVAILABLE FOR MEMORY CARE RESIDENTS
Every two-hours safety checks	X	AVAILABLE FOR ASSISTED LIVING AND MEMORY CARE RESIDENTS

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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	PULL CORD IN RESIDENT'S BR; & COMMON AREAS; WIRELESS NECKLACE PENDANT OR WRIST (ELDER SOLUTIO
Non-emergency call system; specify type in comments	X	PULL CORD IN RESIDENT'S BR; & COMMON AREAS; WIRELESS NECKLACE PENDANT OR WRIST (ELDER SOLUTIO
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments	X	IN MEMORY CARE EXISTS ARE ALARMED; IF OPENED SOUND OFF LOUD NOISE; DOORS CHECKED EVERY SHIFT.
Visitor check-in/check-out at facility main entrance	X	
Bed alarms or movement sensing technology	X	TECHNOLOGY IS TO BE PROVIDED BY RESIDENT/FAMILY
Door sensors: specify locations (unit, resident room, exits, etc.)	X	ENTRANCE TO MEMORY CARE - EACH TIME DOOR IS OPENED IT SENDS SIGNAL TO STAFF PHONE. NEED CODE
Security Guard		
Security cameras in common spaces	X	MULTIPLE COMMON SPACE LOCATIONS
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	ENTRANCE INTO THE BUILDING
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	MEMORY CARE; MEMORY CARE IS LOCKED AND HAS KEY PADS TO ENTER EXIT
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	
Breakfast available in community space	X	
Breakfast available; delivered to apartment	X	EXTRA CHARGE; WAIVED IF QUARANTINED
Lunch available in community space	X	
Lunch available; delivered to apartment	X	EXTRA CHARGE; WAIVED IF QUARANTINED
Dinner available in community space	X	
Dinner available; delivered to apartment	X	EXTRA CHARGE; WAIVED IF QUARANTINED
Meal tray delivery and pick-up from resident's unit	X	
Meal preparation in resident's unit		ALF UNITS HAVE THE ABILITY TO HEAT UP FOOD/PREPARE SIMPLE FOODS
Thickened Liquids; specify limits in comments	X	REQUIRES MD ORDER; THICK-IT TO BE PROVIDED BY RESIDENT
Modified Texture Diets; specify limits in comments		
Therapeutic Diets: cardiac		RESIDENT HAS HEALTHY CHOICES ON MENU
Therapeutic Diets: diabetic or calorie controlled		RESIDENT HAS HEALTHY CHOICES ON MENU
Therapeutic Diets: gluten-free	X	RESIDENT CAN SELECT GLUTEN FREE OPTIONS
Therapeutic Diets: high fiber		RESIDENT HAS HEALTHY CHOICES ON MENU
Therapeutic Diets: low fat/low cholesterol		RESIDENT HAS HEALTHY CHOICES ON MENU
Therapeutic Diets: low sodium		RESIDENT HAS HEALTHY CHOICES ON MENU

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Service	Available	Comments
Therapeutic Diets: no added salt	X	MEALS ARE PREPARED WITH NO-ADDED SALT. SALT IS AVAILABLE
Therapeutic Diets: renal diet		RESIDENT HAS HEALTHY CHOICES ON MENU
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		
Dietitian or Nutritionist Services	X	ALL MEALS/MENUS SERVED REVIEWED BY DIETICIAN
Carbohydrate intake/tracking		
Meal consumption tracking	X	TRACKED IN GENERAL TERMS OF FOOD CONSUMPTION; PARTIAL, ATE ALL, ETC.
Other; specify:	MODIFIED TEXTURE: MD/ARNP/PA ORDERS REQUIRED FOR CHOPPED, MECHANICAL SOFT AND PUREED	

## 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	RESIDENTS ARE CHECKED AT LUNCH MEAL TIME.
Assistance with meals or food preparation	X	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator		WILL PROVIDE FOR AN ADDITIONAL FEE AND ON MUTUAL SCHEDULED TIME
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers		WILL PROVIDE FOR AN ADDITIONAL FEE AND ON MUTUAL SCHEDULED TIME

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	ASSISTED LIVING - WEEKLY AND AS REQUESTED MEMORY CARE - DAILY
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	WEEKLY
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	2 LOADS OF PERSONAL CLOTHING PER WEEK; BEDDING WASHED WEEKLY FOR ALF & MC.
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	
Schedule medical and social service appointments	X	
Assistance with arranging transportation for personal, social, and recreational activities	Required	
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities		AS PART OF THE MONTHLY SCHEDULED ACTIVITY EVENT COORDINATED BY STONEBAY
Provide transportation to medical and social service appointments		STONEBAY WILL ASSIST IN COORDINATING MEDICAL / SOCIAL TRANSPORT OF RESIDENT'S CHOICE
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	AS PART OF THE MONTHLY SCHEDULED ACTIVITY EVENT COORDINATED BY STONEBAY
Spiritual Care/Religious Services; on-site	X	VARIOUS SPIRITUAL/RELIGIOUS INDIVIDUALS COME TO THE COMMUNITY MONTHLY
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	INFORMATIVE TVs LOCATED IN THE DINNING ROOM, LOBBY; MONTHLY NEWSLETTER/CALENDAR; BOARD
Primary languages spoken by staff	X	ENGLISH;
Supervision of smoking		NO SMOKING ON SITE

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	
Licensed Practical Nurse: on site “part time”	X	
Licensed Practical Nurse: on-site “full time”		
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	X	
Advanced Practice Registered Nurse: on-site “part time”		TWIN CITIES PROVIDER - COME WEEKLY TO SEE RESIDENTS WHO SIGN UP FOR THEIR MEDICAL SERVICE
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		FOR QUARTERLY REVIEW OF MENUS

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	CAN BE ARRANGED BASEED ON RESIODENT CHOICE OF PROVIDER
Respiratory Therapist available or can be arranged	X	CAN BE ARRANGED BASEED ON RESIODENT CHOICE OF PROVIDER
Occupational Therapist available or can be arranged	X	CAN BE ARRANGED BASEED ON RESIODENT CHOICE OF PROVIDER
Speech Language Pathologist available or can be arranged	X	CAN BE ARRANGED BASEED ON RESIODENT CHOICE OF PROVIDER
Social Worker available or can be arranged	X	CAN BE ARRANGED BASEED ON RESIODENT CHOICE OF PROVIDER
Other Licensed Professional available; specify type in comments	X	MEDICAL SERVICES; CAN BE ARRANGED BASEED ON RESIODENT CHOICE OF PROVIDER
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	IN EACH APARTMENT
Private units	X	
Semi-private units		SHARED UNITS FOR SPOUSES/SIGNIFICANT OTHERS
Studio/efficiency units	X	
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	HOUSING ONLY (IL) FULL KITCHENS, ASSISTED LIVING KITCHENETTES, NONE IN MEMORY CARE UNITS
Internet access	X	

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Amenity	Available	Comments
Cable (television)	X	INCLUDED IN RENT
Pets allowed		SERVICE ANIMALS ONLY
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room	X	
Library	X	
Activity Room	X	
Garden/outdoor spaces	X	
Chapel		
Private entertaining space	X	NEED TO RESERVE SPACE
Communal Dining room	X	
Beauty/Barber Shop	X	PERFORMED BY PARTY VENDOR; BILLED SEPARATELY FOR SERVICE
Parking available for residents	X	LIMITED SPACE; ADDITIONAL FEE FOR UNDERGROUND PARKING
Parking available for guests	X	OUTDOOR
Guest accommodations		
Laundry Room accessible to Residents	X	
Washer-Dryer in units	X	HOUSING (IL) UNITS ONLY
Central Air Conditioning	X	
Fully sprinklered building	X	

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Amenity	Available	Comments
Designated smoking area inside (not apartment space)		NO SMOKING IN BUILDING OR ON THE PREMISES
Designated smoking area outside		NO SMOKING IN BUILDING OR ON THE PREMISES
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\(d\)](http://www.revisor.mn.gov/statutes/cite/144G.55) ([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