# 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) 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): 01/05/2026

Name of Assisted Living: BERKELEY HEIGHTS HOMES OF MINNESOTA LLC

HFID: 36852

Unique building/unit description (if applicable): _____

Facility Address: 1509 SUGARLOAF TRAIL, BROOKLYN PARK, MN 55444

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: 1-2 DEPENDING ON CLIENT(S) SERVICE NEEDS

Evening Shift: 1-2 DEPENDING ON CLIENT(S) SERVICE NEEDS

Night shift: 1-2 DEPENDING ON CLIENT(S) SERVICE NEEDS

## 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 waivered 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 | |
| Private Pay | X | |
| 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 | |
| Communication with physician/pharmacy about ordering or refill requests | X | |
| Medication administration by licensed or unlicensed personnel | X | |
| Delivery of medication to resident previously set up by the facility nurse | X | |
| Medications set up by nurse for resident to self-administer | X | CLIENT WILL SELF-ADMINISTER MEDICATIONS SET UP BY RN WHEN CLIENT IS ON LOA |
| 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 | X | |
| Diabetic Care: insulin syringe dosing | X | |
| Diabetic Care: sliding scale insulin management | X | |
| Clinical monitoring of labs related to medications | X | ULPs to take blood pressure before giving blood pressure medications. |
| Anticoagulant medication management | X | |
| B-12 injections | X | |

| Service | Available | Comments |
|---|---|---|
| Nutritional supplement administration | X | |
| (IV) Intravenous management | | |
| PICC lines (Peripherally Inserted Central Catheter) | | |
| Injections; specify types or limits in comments (IM, SQ) | X | INJECTABLES ARE ONLY ADMINISTER BY RN PER MD ORDER. |
| Nebulizers | X | |
| Inhalers | X | |
| Ear drops | X | |
| Eye drops | X | |
| Topicals | X | |
| Patches | X | |
| Medication delivery via enteral (feeding) tube | X | RN ONLY |
| Pain pump management | | |
| Medical cannabis administration (pill form) for certified patients | X | |
| Medical Cannabis storage for certified patients | X | |
| Cannabidiol oil administration for certified patients | X | |
| 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 | |
| Wound care: complex | | |
| Diabetic care: blood glucose monitoring | X | |
| Diabetic care: foot/nail care | X | |
| C-PAP | X | |
| Bi-PAP | X | |
| 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 | | |
| Arrange for On-Site Dialysis | | |
| Arrange for/set-up Off-Site Dialysis | X | SET UP APPOINTMENTS AND PROVIDE RIDES TO. |

| Service | Available | Comments |
|---|---|---|
| Peritoneal Dialysis (on-site) | | |
| Compression stockings | X | |
| Lymphedema wraps | X | |
| Fall Prevention: balance assessments | X | |
| Fall Prevention: exercise programs | X | LIGHT EXERCISE AROUND HOME AND WALKING TRAILS. |
| Fall Prevention: strength training | X | |
| 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 | | |
| Indwelling urinary catheter replacement by nurse | X | |
| Straight (intermittent) catheter assistance | X | |
| Suprapubic catheter care | X | |
| Ostomy care | X | |
| Arrangements for and coordination with hospice care | | |
| End-of-life palliative care | | |

| Service | Available | Comments |
|---|---|---|
| Access to and training on use of automatic electronic defibrillators (AED) | | |
| Training of and use of Cardiopulmonary Resuscitation (CPR) | X | STAFF RECEIVED CPR TRAINING (BLS) FROM 3RD PARTY PROVIDERS. |
| 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 | X | STAFF WILL PROVIDE PREPARED MEALS AND LIQUIDS ACCORDING TO ORDER AND ASSIST WITH FEEDING. |
| Set-up and cut food at meals | X | |
| Manual Feeding; specify limits in comments | | |
| Tube Feeding; specify limits in comments | | |
| Feeding in common area with one staff member per resident | | |

| 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 | | |
| Transfers utilizing sliding boards | X | |
| Transfers utilizing bariatric equipment | | |
| Ceiling lift transfers | | |

| 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 | |
| Bed mobility | X | |
| Assistance with chair mobility | X | |
| Chair Glide System | | |
| Mechanical Stair Lift System | | |
| Handrails; in personal space | X | HANDRAILS ON STAIRS |
| 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 | CONSTANT DAILY MONITORING AND EVERY 2-HOUR AT NIGHT. |
| Every 30-minutes safety checks | X | CONSTANT DAILY MONITORING AND EVERY 2-HOUR AT NIGHT. |
| Hourly safety checks | X | CONSTANT DAILY MONITORING AND EVERY 2-HOUR AT NIGHT. |
| Every two-hours safety checks | X | CONSTANT DAILY MONITORING AND EVERY 2-HOUR AT NIGHT. |

| Service | Available | Comments |
|---|---|---|
| Daily safety checks | X | CONSTANT DAILY MONITORING AND EVERY 2-HOUR AT NIGHT. |
| Emergency call system; specify type in comments | X | STAFF WILL CALL 911 DURING EMERGENCIES. |
| Non-emergency call system; specify type in comments | X | STAFF AND MANAGEMENT CONTACT POSTED THROUGH OUT FACILITY. |
| Digital wander alert device on resident | | |
| Wander alert system at facility exits | | |
| Staff monitoring at facility exits; specify method in comments | X | FACILITY IS LOCKED BUT RESIDENTS CAN LEAVE BY SIGNING LOA. |
| Visitor check-in/check-out at facility main entrance | X | VISITORS ARE REQUIRED TO SIGN IN AND OUT OF THE FACILITY. |
| Bed alarms or movement sensing technology | | |
| Door sensors: specify locations (unit, resident room, exits, etc.) | | |
| Security Guard | | |
| Security cameras in common spaces | X | |
| Key card/fob access: specify locations (unit, resident room, exits, etc.) | | |
| Other lock systems: specify locations (unit, resident room, exits, etc.) | X | EACH RESIDENT'S ROOM HAS A LOCK FOR THEIR PRIVACY. |
| Emergency generator(s) to power the facility during power outages | | UTILIZE EMERGENCY PLAN DURING OUTAGE |
| 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 | YES, PROVIDED |
| Breakfast available in community space | X | DINING AREA |
| Breakfast available; delivered to apartment | | |
| Lunch available in community space | X | DINING AREA |
| Lunch available; delivered to apartment | | |
| Dinner available in community space | X | DINING AREA |
| Dinner available; delivered to apartment | | |
| Meal tray delivery and pick-up from resident's unit | | |
| Meal preparation in resident's unit | | |
| Thickened Liquids; specify limits in comments | X | PROVIDED BASED ON CLIENT'S DIETICIAN ORDER. |
| Modified Texture Diets; specify limits in comments | X | PROVIDED BASED ON CLIENT'S DIETICIAN OR |
| Therapeutic Diets: cardiac | X | ALL SPECIAL DIET WILL BE PREPARED PER PROVIDER'S ORDER. |
| Therapeutic Diets: diabetic or calorie controlled | X | ALL SPECIAL DIET WILL BE PREPARED PER PROVIDER'S ORDER. |
| Therapeutic Diets: gluten-free | X | ALL SPECIAL DIET WILL BE PREPARED PER PROVIDER'S ORDER. |
| Therapeutic Diets: high fiber | X | ALL SPECIAL DIET WILL BE PREPARED PER PROVIDER'S ORDER. |
| Therapeutic Diets: low fat/low cholesterol | X | ALL SPECIAL DIET WILL BE PREPARED PER PROVIDER'S ORDER. |
| Therapeutic Diets: low sodium | X | ALL SPECIAL DIET WILL BE PREPARED PER PROVIDER'S ORDER. |

| Service | Available | Comments |
|---|---|---|
| Therapeutic Diets: no added salt | X | ALL SPECIAL DIET WILL BE PREPARED PER PROVIDER'S ORDER. |
| Therapeutic Diets: renal diet | X | ALL SPECIAL DIET WILL BE PREPARED PER PROVIDER'S ORDER. |
| Other special diets: kosher | | |
| Other special diets: (vegetarian, vegan, etc.) specify in comments | | |
| Dietitian or Nutritionist Services | | |
| Carbohydrate intake/tracking | | |
| Meal consumption tracking | X | DAILY MEALS ARE TRACKED ON ADL'S LOG. |
| 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 | | |
| Assistance with meals or food preparation | X | STAFF PREPARES ALL MEALS AND ASSIST RESIDENT THAT PREFERS MAKING OWN MEAN. |
| Daily Social and Recreational Services | Required | OUTING TO ZOO, MALL, MOVIE THEATERS AND OTHER PLACES OF RESIDENT'S CHOOSING. |
| Housekeeping: bed making | X | |
| Housekeeping: defrost and clean refrigerator | X | |
| Housekeeping: dusting | X | |
| Housekeeping: organize closets and drawers | X | |

| Service | Available | Comments |
|---|---|---|
| Housekeeping: trash removal; specify frequency in comments | X | STAFF CLEAN RESIDENTS ROOM AND REMOVE TRASH. |
| Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum) | X | STAFF PERFORMS TASK DAILY. |
| Housekeeping: other; specify in comments | | |
| Laundry: linen (change bed, launder sheets, towels) | X | STAFF DOES LAUNDRY WEEKLY AND AS NEEDED BY RESIDENT. |
| Laundry: wash, dry, and fold clothing; specify loads per week in comments | X | STAFF DOES LAUNDRY WEEKLY AND AS NEEDED BY RESIDENT. |
| Laundry: other; specify in comments | | |
| Schedule offsite social and recreational activities | X | ACTIVITY STAFF PROVIDE SUPPORT IN THESE AREAS AND PLAN EVENTS WITH RESIDENTS. |
| Schedule medical and social service appointments | X | NURSING STAFF THESE APPOINTMENTS WITH RESIDENTS. |
| 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 | X | ACTIVITY COORDINATOR OVERSEES ACTIVITIES WITH CLIENTS |
| Provide transportation to medical and social service appointments | X | ACTIVITY COORDINATOR OVERSEES ACTIVITIES WITH CLIENTS |
| Assistance accessing community resources and social services | Required | |
| Shopping: facility sponsored | X | ACTIVITY COORDINATOR AND PROGRAM MANAGERS TAKE CLIENTS TO SHOP. |
| Spiritual Care/Religious Services; on-site | | |
| Assistance with bill paying/budgeting | X | STAFF PROVIDE BUDGETING TIPS. |
| Communication boards or other supplemental communication devices | | |
| Primary languages spoken by staff | X | ENGLISH |
| Supervision of smoking | X | SMOKING ONLY IN DESIGNATED AREAS |

| 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 | SERVICE IS BASED ON CLIENT'S NEED |
| One-to-One staffing for special circumstances | X | SERVICE IS BASED ON CLIENT'S NEED |
| Overnight companion | | |
| Registered Nurse: on-site “part time” | X | |
| Registered Nurse: on-site “full time” | X | |
| Licensed Practical Nurse: on site “part time” | X | |
| Licensed Practical Nurse: on-site “full time” | X | |
| Assisted Living Director: on-site “part time” | X | |
| Assisted Living Director: on site “full time” | X | |
| Advanced Practice Registered Nurse: on-site “part time” | | |
| Advanced Practice Registered Nurse: on site “full time” | | |
| Activities Director: Part Time | X | |
| Activities Director: Full Time | X | |
| Dietician/Nutritionist consultant available or can be arranged | | |

| Staffing | Available | Comments |
|---|---|---|
| Physical Therapist available or can be arranged | | |
| Respiratory Therapist available or can be arranged | | |
| Occupational Therapist available or can be arranged | | |
| Speech Language Pathologist available or can be arranged | | |
| Social Worker available or can be arranged | | |
| Other Licensed Professional available; specify type in comments | | |
| Other; specify: | | |

## Section 10: Amenities

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

### Amenities Available

| Amenity | Available | Comments |
|---|---|---|
| Accessible bathrooms; specify limits in comments | X | 2 BATHROOMS. DESIGNATED HOMES HAVE ACCESSIBLE ROOM. |
| Private units | X | EACH RESIDENT HAS A PRIVATE BEDROOM |
| Semi-private units | | |
| Studio/efficiency units | | |
| One-bedroom units | | |
| Two-bedroom units | | |
| Kitchen/Kitchenettes in units | | |
| Internet access | X | |

| Amenity | Available | Comments |
|---|---|---|
| Cable (television) | X | |
| Pets allowed | | |
| Pet care; specify in comments | | |
| Pool | | |
| Whirlpool | | |
| Exercise Room | | |
| Library | | |
| Activity Room | | |
| Garden/outdoor spaces | | |
| Chapel | | |
| Private entertaining space | | |
| Communal Dining room | | |
| Beauty/Barber Shop | | |
| Parking available for residents | X | |
| Parking available for guests | X | |
| Guest accommodations | | |
| Laundry Room accessible to Residents | X | |
| Washer-Dryer in units | X | |
| Central Air Conditioning | X | |
| Fully sprinklered building | | |

| Amenity | Available | Comments |
|---|---|---|
| Designated smoking area inside (not apartment space) | | |
| Designated smoking area outside | X | |
| 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).

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/); 1-800-657-3591
- Office of Ombudsman for Mental Health and Developmental Disabilities (https://mn.gov/omhdd/); 1-800-657-3506
- Minnesota Directory for community resources: www.MinnesotaHelp.Info
- Minnesota Senior LinkAge Line (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.

_____01/05/2026_____ Received _____

Date Individual or Legal/Designated Representative