

# 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): 09/13/2023

Name of Assisted Living: New Hope Care, LLC

HFID: 36973

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

Facility Address: 7949 Orchared Avenue N. Brooklyn Park, MN. 55443

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

Evening Shift: 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	Yes	
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments		
Federal rent subsidy	Yes	
Other; explain:		

**Payment Options for Services**

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	Yes	
Private Pay	Yes	
Long Term Care Insurance	Yes	
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	Yes	
Communication with physician/pharmacy about ordering or refill requests	Yes	
Medication administration by licensed or unlicensed personnel	Yes	
Delivery of medication to resident previously set up by the facility nurse	Yes	
Medications set up by nurse for resident to self-administer	Yes	
Delivery of medication from the original containers to resident	Yes	
Delivery of liquid or food to resident if required to ingest medication	Yes	
Delegation of medication management services by licensed health professional to unlicensed staff	Yes	
Central storage of medication	Yes	
Diabetic Care: insulin pen dosing	Yes	
Diabetic Care: insulin pump management	Yes	
Diabetic Care: insulin syringe dosing	Yes	
Diabetic Care: sliding scale insulin management	Yes	
Clinical monitoring of labs related to medications	Yes	
Anticoagulant medication management	Yes	
B-12 injections	Yes	

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Service	Available	Comments
Nutritional supplement administration	Yes	
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	yes	
Nebulizers	yes	
Inhalers	yes	
Ear drops	yes	
Eye drops	yes	
Topicals	Yes	
Patches	Yes	
Medication delivery via enteral (feeding) tube		
Pain pump management		
Medical cannabis administration (pill form) for certified patients	Yes	
Medical Cannabis storage for certified patients	Yes	
Cannabidiol oil administration for certified patients	Yes	
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		
Wound care: basic	Yes	
Wound care: complex		
Diabetic care: blood glucose monitoring	Yes	
Diabetic care: foot/nail care	Yes	
C-PAP	Yes	
Bi-PAP	Yes	
Oxygen Management; specify any delivery system limitations	Yes	
Oxygen saturation checks	Yes	
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		

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	Yes	
Lymphedema wraps		
Fall Prevention: balance assessments		
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	Yes	
Daily weight check	Yes	
Indwelling urinary catheter care; emptying and bag changes		
Indwelling urinary catheter replacement by nurse		
Straight (intermittent) catheter assistance		
Suprapubic catheter care		
Ostomy care		
Arrangements for and coordination with hospice care		
End-of-life palliative care		

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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)		
Other; specify:		

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

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

#### Assistance with Daily Living Activities Available

Service	Available	Comments
Dressing	Yes	
Bathing: shower	Yes	
Bathing: bathtub	Yes	
Oral hygiene	Yes	
Denture care	Yes	
Cuing/reminders for self-cares	Yes	
Use of special utensils	Yes	
Feeding assistance for residents with complicated eating problems	Yes	
Set-up and cut food at meals	Yes	
Manual Feeding; specify limits in comments	Yes	
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.	Yes	
Nail care: toenails, fingernails	Yes	
Toileting: standby assistance/supervision	Yes	
Changing incontinence products; perineal care	Yes	
Ordering replacement incontinence 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	Yes	
Transfers with assist of one staff	Yes	
Transfers with assist of two staff		
Transfers utilizing sit-to-stand lifts		
Transfers utilizing 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	Yes	
Bed mobility	Yes	
Assistance with chair mobility		
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		
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	Yes	
Every 30-minutes safety checks	Yes	
Hourly safety checks	Yes	
Every two-hours safety checks	yes	

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Service	Available	Comments
Daily safety checks	Yes	
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	Yes	
Visitor check-in/check-out at facility main entrance	Yes	
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces	Yes	
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)		
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	Yes	
Breakfast available; delivered to apartment	Yes	
Lunch available in community space	Yes	
Lunch available; delivered to apartment		
Dinner available in community space	Yes	
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	Yes	
Modified Texture Diets; specify limits in comments	Yes	
Therapeutic Diets: cardiac	Yes	
Therapeutic Diets: diabetic or calorie controlled	Yes	
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium	Yes	

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Service	Available	Comments
Therapeutic Diets: no added salt		
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:		

**Section 8: Supportive Services**

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

**Supportive Services Available**

Service	Available	Comments
Daily “I’m okay” checks service; specify procedure in comments	Yes	
Assistance with meals or food preparation	Yes	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	Yes	
Housekeeping: defrost and clean refrigerator	Yes	
Housekeeping: dusting	Yes	
Housekeeping: organize closets and drawers	Yes	

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	Yes	
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	Yes	
Housekeeping: other; specify in comments	Yes	
Laundry: linen (change bed, launder sheets, towels)	Yes	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	Yes	
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	Yes	
Schedule medical and social service appointments	Yes	
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	Yes	
Provide transportation to medical and social service appointments	Yes	
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	Yes	
Spiritual Care/Religious Services; on-site		
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	Yes	
Primary languages spoken by staff	Yes	English
Supervision of smoking	Yes	

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	Yes	
One-to-One staffing for special circumstances		
Overnight companion	Yes	
Registered Nurse: on-site “part time”		
Registered Nurse: on-site “full time”	Yes	
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”	Yes	
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	Yes	

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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		
Private units	Yes	
Semi-private units		
Studio/efficiency units		
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	Yes	

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

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside	Yes	
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 \(https://mn.gov/board-on-aging/direct-services/ombudsman/\); 1-800-657-3591](https://mn.gov/board-on-aging/direct-services/ombudsman/)
- [Office of Ombudsman for Mental Health and Developmental Disabilities \(https://mn.gov/omhdd/\); 1-800-657-3506](https://mn.gov/omhdd/)
- Minnesota Directory for community resources: [www.MinnesotaHelp.Info](http://www.MinnesotaHelp.Info)
- [Minnesota Senior LinkAge Line \(www.seniorlinkageline.com/\); 1-800-333-2433](http://www.seniorlinkageline.com/)

(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