

# 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): 10/15/2025

Name of Assisted Living: Boulder Ponds Senior Living

HFID: 37071

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

Facility Address: 192 Jade Trail N, Lake Elmo, MN 55042

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: 7.5

Evening Shift: 6

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		
Housing Support (formerly Minnesota Group Residential Housing) Payments	X	
Federal rent subsidy		
Other; explain:		

### Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	EW/CADI
Private Pay	X	
Long Term Care Insurance	X	
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	X	Stanley Health Systems
Prepared to manage challenging behaviors	X	Additional fee may apply based on assessment
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	Fee based upon Frequency
Communication with physician/pharmacy about ordering or refill requests	X	With Medication management package
Medication administration by licensed or unlicensed personnel	X	With Medication Management package
Delivery of medication to resident previously set up by the facility nurse	X	With Medication Management package
Medications set up by nurse for resident to self-administer	X	With Medication Management Package
Delivery of medication from the original containers to resident	X	
Delivery of liquid or food to resident if required to ingest medication	X	Based upon assessment
Delegation of medication management services by licensed health professional to unlicensed staff	X	Primary service delivery method
Central storage of medication	X	Narcotics stored in clinical office in medication care
Diabetic Care: insulin pen dosing	X	Additional fee may apply for diabetic care based upon assessment, client self injects <span style="float: right;">+</span>
Diabetic Care: insulin pump management		Provided under client arrangement through third party or client independent with pump <span style="float: right;">+</span>
Diabetic Care: insulin syringe dosing		Additional fee may apply for diabetic care based upon assessment; client self injects <span style="float: right;">+</span>
Diabetic Care: sliding scale insulin management		
Clinical monitoring of labs related to medications	X	Additional fee may apply based on assessment
Anticoagulant medication management	X	Additional fee may apply based on assessment
B-12 injections	X	Per physician orders- fee based upon assessment

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Service	Available	Comments
Nutritional supplement administration	X	Per Physican orders- fee based upon assessment
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Scheduled Medications only in coordination with nursing schedule 
Nebulizers	X	Additional fee may apply based on assessment
Inhalers	X	Additional fee may apply based on assessment
Ear drops	X	Additional fee may apply based on assessment
Eye drops	X	Additional fee may apply based on assessment
Topicals	X	Additional fee may apply based on assessment
Patches	X	Additional fee may apply based on assessment
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	X	Requires Physican order for Administration
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	Additional fee may apply based on assessment
Wound care: basic	X	Additional fee may apply based on assessment
Wound care: complex	X	In coordination with skilled nursing
Diabetic care: blood glucose monitoring	X	Additional fee may apply based on assessment
Diabetic care: foot/nail care	X	Additional fee may apply based on assessment
C-PAP	X	Additional fee may apply based on assessment
Bi-PAP	X	Additional fee may apply based on assessment
Oxygen Management; specify any delivery system limitations	X	Additional fee may apply based on assessment
Oxygen saturation checks	X	Additional fee may apply based on assessment
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	In coordination with primary cardiology physician
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	Additional fee may apply based on assessment
Lymphedema wraps	X	Additional fee may apply based on assessment
Fall Prevention: balance assessments	X	In coordination with skilled nursing or physical therapy
Fall Prevention: exercise programs	X	In coordination with physical therapy
Fall Prevention: strength training	X	In coordination with physical therapy
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	Additional fee may apply based on assessment
Daily weight check	X	Additional fee may apply based on assessment
Indwelling urinary catheter care; emptying and bag changes	X	Additional fee may apply based on assessment
Indwelling urinary catheter replacement by nurse	X	In coordination with skilled nursing
Straight (intermittent) catheter assistance	X	In coordination with skilled nursing
Suprapubic catheter care	X	In coordination with skilled nursing; Additional fee may apply based on assessment 
Ostomy care	X	Additional fee may apply based on assessment
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	Provided by client arrangement through third party





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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	X	Based on assessment
Bathing: shower	X	Based on assessment
Bathing: bathtub	X	Based on assessment
Oral hygiene	X	Based on assessment
Denture care	X	Based on assessment
Cuing/reminders for self-cares	X	Based on assessment
Use of special utensils	X	
Feeding assistance for residents with complicated eating problems	X	In MC setting, intermittent pre scheduled assistance in AL, based on assessment 
Set-up and cut food at meals	X	In MC setting, intermittent pre scheduled assistance in AL, based on assessment 
Manual Feeding; specify limits in comments	X	In MC setting, intermittent pre scheduled assistance in AL, based on assessment 
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	In MC setting, intermittent pre scheduled assistance in AL, based on assessment 


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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	X	Based upon assessment
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	Based upon assessment
Nail care: toenails, fingernails	X	Based upon assessment
Toileting: standby assistance/supervision	X	Based upon assessment
Changing incontinence products; perineal care	X	Based upon assessment
Ordering replacement incontinence products		
Assistance with bowel and bladder control, devices, and training programs	X	Scheduled- OT through HH if client qualifies for Medicare HH services and assesment 
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	Based upon assessment
Transfers with assist of one staff	X	Based upon assessment
Transfers with assist of two staff	X	Additional cost/factors into MC level based upon assessment 
Transfers utilizing sit-to-stand lifts	X	Based upon assessment
Transfers utilizing sliding boards	X	Based upon assessment
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	X	Based upon assessment
Ambulation with assist of 1	X	Based upon assessment
Bed mobility	X	Based upon assessment
Assistance with chair mobility	X	Based upon assessment
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	Based upon assessment
Elevators	X	
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		Provided by client arrangement through third party
Every 30-minutes safety checks		Provided by client arrangement through third party
Hourly safety checks	X	Factors into memory care level based upon assessment. Available for AL at an additional fee 
Every two-hours safety checks	X	At an additional cost in AL. Factors into memory care level. Based upon assessment 




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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	AL- pendant and bathroom call system; MC - Bathroom call system 
Non-emergency call system; specify type in comments	X	Same as listed above
Digital wander alert device on resident	X	Stanley Health Systems
Wander alert system at facility exits	X	Stanley Health Systems
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	X	Visitors must be buzzed in at main entrance and then sign in/sign out in visitor log 
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Ariel System in memory care unit - unit doors and bathroom 
Security Guard		
Security cameras in common spaces	X	Cameras throughout community common areas and hallways 
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Units, outside doors
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Keyed storage
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	At an additional cost
Lunch available in community space	X	
Lunch available; delivered to apartment	X	At an additional cost
Dinner available in community space	X	
Dinner available; delivered to apartment	X	At an additional cost
Meal tray delivery and pick-up from resident's unit	X	At an additional cost
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Honey, pudding and nectar thick available
Modified Texture Diets; specify limits in comments	X	NDD3 and NDD1 available
Therapeutic Diets: cardiac	X	
Therapeutic Diets: diabetic or calorie controlled	X	Menu items and portion control available upon request 
Therapeutic Diets: gluten-free	X	Gluten free and/or gluten sensitive menu items available 
Therapeutic Diets: high fiber	X	Menu items available upon request
Therapeutic Diets: low fat/low cholesterol	X	
Therapeutic Diets: low sodium	X	Alternative menu options available following consult with third party vendor 

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Service	Available	Comments
Therapeutic Diets: no added salt	X	Menu items available upon request
Therapeutic Diets: renal diet	X	Alternative menu options available following nutrition consult with third party vendor +
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	Vegatarian options available upon request
Dietitian or Nutritionist Services	X	Registered Dietitian available with third part vendor. Additional fees may apply +
Carbohydrate intake/tracking		
Meal consumption tracking	X	Available for Memory Care residents only
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	Available to all residents. IL residents have the option to opt in for an additional fee. +
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator	X	Annual and PRN- additional costs may apply
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers	X	Upon request with additional cost

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Weekly removal and PRN as requested at an additional fee 
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Weekly light housekeeping scheduled, additional can be added at an additional cost 
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Available at an additional cost
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	X	Availability may vary and additional costs may apply
Provide transportation to medical and social service appointments	X	Availability may vary and additional costs may apply
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored		
Spiritual Care/Religious Services; on-site	X	
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	Announcements on common area televisions as well as the community channel. 
Primary languages spoken by staff	X	English
Supervision of smoking		

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		Available through outside resources and can be arranged by facility 
One-to-One staffing for special circumstances		Available through outside resources and can be arranged by facility 
Overnight companion		Available through outside resources and can be arranged by facility 
Registered Nurse: on-site “part time”	X	
Registered Nurse: on-site “full time”	X	
Licensed Practical Nurse: on site “part time”		
Licensed Practical Nurse: on-site “full time”	X	2 LPN's on staff
Assisted Living Director: on-site “part time”		
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		
Activities Director: Full Time	X	
Dietician/Nutritionist consultant available or can be arranged	X	Contract with New Horizons foods

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Will assist with coordination with an outside agency
Respiratory Therapist available or can be arranged		Will assist with coordination with an outside agency
Occupational Therapist available or can be arranged	X	Will assist with coordination with an outside agency
Speech Language Pathologist available or can be arranged	X	Will assist with coordination with an outside agency
Social Worker available or can be arranged	X	Will assist with coordination with an outside agency
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	
Private units	X	
Semi-private units		
Studio/efficiency units	X	Memory Care- 28 units
One-bedroom units	X	AL- 52 units
Two-bedroom units	X	AL- 15 units
Kitchen/Kitchenettes in units	X	
Internet access	X	Included in contract

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Amenity	Available	Comments
Cable (television)	X	Included in contract
Pets allowed	X	Pet deposit required upon move in
Pet care; specify in comments	X	Pet care available for additional charge
Pool		
Whirlpool	X	
Exercise Room	X	
Library		
Activity Room	X	
Garden/outdoor spaces	X	
Chapel		
Private entertaining space	X	Bistro/Community room available to reserve for an additional cost
Communal Dining room	X	
Beauty/Barber Shop	X	Contracted services from outside beautician
Parking available for residents	X	Underground parking/garage spots available at an additional cost
Parking available for guests	X	
Guest accommodations	X	Guest suite available to reserve at an additional cost
Laundry Room accessible to Residents	X	Laundry located in resident apartments and on the 3rd floor
Washer-Dryer in units	X	
Central Air Conditioning	X	
Fully sprinklered building	X	

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
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 may 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