DEPARTMENT OF HEALTH

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): 06/01/2026

Name of Assisted Living: BETHEL PAVILION HOMECARE LLC

HFID: 37682

Unique building/unit description (if applicable): ASSISTED LIVING LICENSE

Facility Address: 7535 DOUGLAD DR NORTH 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): ASSISTED LIVING LICENSE

Physical Address (if different than above):

Additional Building:

Building Name (if applicable): ASSISSTED LIVING LICENSE

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 or in another betehl Pavilion Facility and are available to respond to residents requests 24/7 via phone call, text, email, and would come on-site when needed

Number of unlicensed direct care staff typically scheduled per shift:

Day Shift: 1

Evening Shift: 1

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 waivered service funds as well as the number of months required.

Payment Options for Housing Contract

Payment Option	Accepted	Comments
Private Pay	Y	
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	Y	
Private Pay	Y	
Long Term Care Insurance		
Other; explain: YES, Accepts waivers		

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	Y	
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	Y	
Communication with physician/pharmacy about ordering or refill requests	Y	
Medication administration by licensed or unlicensed personnel	Y	
Delivery of medication to resident previously set up by the facility nurse	Y	
Medications set up by nurse for resident to self-administer	Y	
Delivery of medication from the original containers to resident	Y	
Delivery of liquid or food to resident if required to ingest medication	Y	
Delegation of medication management services by licensed health professional to unlicensed staff	Y	
Central storage of medication	Y	
Diabetic Care: insulin pen dosing	Y	
Diabetic Care: insulin pump management	Y	
Diabetic Care: insulin syringe dosing	Y	
Diabetic Care: sliding scale insulin management	Y	
Clinical monitoring of labs related to medications	Y	
Anticoagulant medication management	Y	
B-12 injections	Y	

Service	Available	Comments
Nutritional supplement administration	Y	
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	Y	
Nebulizers	Y	
Inhalers	Y	
Ear drops	Y	
Eye drops	Y	
Topicals	Y	
Patches	Y	
Medication delivery via enteral (feeding) tube	Y	
Pain pump management	Y	
Medical cannabis administration (pill form) for certified patients	Y	
Medical Cannabis storage for certified patients	Y	
Cannabidiol oil administration for certified patients	Y	
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	Y	
Wound care: basic	Y	
Wound care: complex		
Diabetic care: blood glucose monitoring	Y	
Diabetic care: foot/nail care	Y	
C-PAP	Y	
Bi-PAP	Y	
Oxygen Management; specify any delivery system limitations	Y	
Oxygen saturation checks	Y	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	Y	
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	Y	

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

Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)		
Training of and use of Cardiopulmonary Resuscitation (CPR)	Y	We test out unlicensed Personal and they can test out.
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	y	
Bathing: shower	y	
Bathing: bathtub	y	
Oral hygiene	y	
Denture care	y	
Cuing/reminders for self-cares	y	
Use of special utensils	y	
Feeding assistance for residents with complicated eating problems	y	
Set-up and cut food at meals	y	
Manual Feeding; specify limits in comments	y	
Tube Feeding; specify limits in comments	y	
Feeding in common area with one staff member per resident	y	

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

Section 5: Mobility Support

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

Mobility Services Available

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

Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer	Y	
Mechanical lift: assist of 2 transfer	Y	
Ambulation with assist of 1	Y	
Bed mobility	Y	
Assistance with chair mobility	Y	
Chair Glide System		
Mechanical Stair Lift System	Y	
Handrails; in personal space	Y	
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	Y	
Every 30-minutes safety checks	Y	
Hourly safety checks	Y	
Every two-hours safety checks	Y	

Service	Available	Comments
Daily safety checks	Y	
Emergency call system; specify type in comments	Y	
Non-emergency call system; specify type in comments	Y	
Digital wander alert device on resident		
Wander alert system at facility exits	Y	
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	Y	
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)	Y	Exit doors have sensors for safety.
Security Guard		
Security cameras in common spaces	y	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	y	each bedroom door has locked key system, and the office has an electronic keypad.
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	y	
Breakfast available; delivered to apartment	y	
Lunch available in community space	y	
Lunch available; delivered to apartment	y	
Dinner available in community space	y	
Dinner available; delivered to apartment	y	
Meal tray delivery and pick-up from resident's unit	y	
Meal preparation in resident's unit	y	
Thickened Liquids; specify limits in comments	y	Per doctor's orders
Modified Texture Diets; specify limits in comments	y	Per doctor's orders
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled	y	
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium	y	

Service	Available	Comments
Therapeutic Diets: no added salt	y	
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	y	
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	Y	We check on each resident daily every shift and as needed.
Assistance with meals or food preparation	Y	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	Y	
Housekeeping: defrost and clean refrigerator	Y	
Housekeeping: dusting	Y	
Housekeeping: organize closets and drawers	Y	

Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	Y	
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	Y	
Housekeeping: other; specify in comments	Y	Each shift
Laundry: linen (change bed, launder sheets, towels)	Y	Once a week, daily and as needed
Laundry: wash, dry, and fold clothing; specify loads per week in comments	Y	once a week and as needed
Laundry: other; specify in comments	Y	Staff will transport w/c residents to local laundry mart if they want to do own laundry
Schedule offsite social and recreational activities	Y	
Schedule medical and social service appointments	Y	
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	Y	
Provide transportation to medical and social service appointments	Y	
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	Y	
Spiritual Care/Religious Services; on-site	Y	Offer bible conversation and set up Chaplin of choice as needed
Assistance with bill paying/budgeting	y	
Communication boards or other supplemental communication devices		
Primary languages spoken by staff	Y	English
Supervision of smoking	Y	Outside in designated smoking 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	y	
One-to-One staffing for special circumstances	y	
Overnight companion		
Registered Nurse: on-site “part time”	Y	On call and available via, phone, text, email, and would come on-site when needed 24/7
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”	y	On call and available via, phone, text, email, and would come on-site when needed 24/7
Assisted Living Director: on site “full time”		
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	Y	Can be arranged

Staffing	Available	Comments
Physical Therapist available or can be arranged	Y	Can be arranged
Respiratory Therapist available or can be arranged	Y	Can be arranged through Respiratory company
Occupational Therapist available or can be arranged	Y	Can be arranged
Speech Language Pathologist available or can be arranged	Y	Can be arranged
Social Worker available or can be arranged	Y	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	Y	Two bathrooms in the house wheelchair residents use upstairs bathroom.
Private units		
Semi-private units		
Studio/efficiency units		
One-bedroom units	Y	Five bedrooms in the house
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access		Residents get on their own

Amenity	Available	Comments
Cable (television)	Y	We have basic cable shows. However, Residents can add their own shows like HBO
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room		
Library		
Activity Room	Y	Family room in house
Garden/outdoor spaces	Y	
Chapel		
Private entertaining space		
Communal Dining room	Y	
Beauty/Barber Shop		
Parking available for residents	Y	
Parking available for guests		
Guest accommodations	Y	
Laundry Room accessible to Residents	Y	
Washer-Dryer in units		
Central Air Conditioning	Y	
Fully sprinklered building		

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside	Y	
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 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/); 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.

_____ _____

Received Date Individual or Legal/Designated Representative