

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): 04/28/2025

Name of Assisted Living: Broadwell Plymouth Senior Living

HFID: 37869

Unique building/unit description (if applicable): _____

Facility Address: 3025 Harbor Lane North, Plymouth MN 55447

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:

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

- 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 _____

Evening Shift: ⁷ _____

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		
Federal rent subsidy		
Other; explain:		

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations		
Private Pay	x	
Long Term Care Insurance	x	Additional charges apply.
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		
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		
Communication with physician/pharmacy about ordering or refill requests	x	For those receiving medication management services.
Medication administration by licensed or unlicensed personnel	x	For those receiving medication management services. Not to exceed every 2 hours.
Delivery of medication to resident previously set up by the facility nurse		
Medications set up by nurse for resident to self-administer	x	For those receiving medication set up.
Delivery of medication from the original containers to resident	x	Requires pharmacy label. Excludes narcotics.
Delivery of liquid or food to resident if required to ingest medication	x	For those receiving medication management services.
Delegation of medication management services by licensed health professional to unlicensed staff	x	For those receiving medication management services.
Central storage of medication	x	In medication carts.
Diabetic Care: insulin pen dosing	x	For those receiving medication management services/ Diabetic management services.
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management		
Clinical monitoring of labs related to medications	x	For those receiving medication management services.
Anticoagulant medication management	x	For those receiving medication management services.
B-12 injections	x	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Nutritional supplement administration	x	Not supplied by The Waters.
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	x	Per nursing availability. Limitations include daily injections (IM), behavioral intervention.
Nebulizers	x	For those receiving medication management services.
Inhalers	x	
Ear drops	x	For those receiving medication management services.
Eye drops	x	For those receiving medication management services.
Topicals	x	For those receiving medication management services.
Patches	x	For those receiving medication management services.
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		
Wound care: basic	x	Simple non-complex
Wound care: complex		
Diabetic care: blood glucose monitoring	x	For those receiving Diabetic Management Services.
Diabetic care: foot/nail care	x	May require 3rd party provider.
C-PAP	x	With provider order.
Bi-PAP	x	With provider order.
Oxygen Management; specify any delivery system limitations	x	With provider order; up to 5L via nasal cannula.
Oxygen saturation checks	x	With provider order.
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	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	x	
Lymphedema wraps	x	Simple only; including Ace, Farrow and Circaid wraps.
Fall Prevention: balance assessments		
Fall Prevention: exercise programs		
Fall Prevention: strength training		
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	x	Requires a provider order.
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	x	Requires a provider order.
Daily weight check	x	Requires a provider order.
Indwelling urinary catheter care; emptying and bag changes	x	
Indwelling urinary catheter replacement by nurse		
Straight (intermittent) catheter assistance		
Suprapubic catheter care	x	Care only; excludes flushing/irrigation/replacement.
Ostomy care	x	Excludes challenging behaviors associated with ostomy.
Arrangements for and coordination with hospice care	x	
End-of-life palliative care	x	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)		
Training of and use of Cardiopulmonary Resuscitation (CPR)		
Other; specify: External catheters allowed		

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	Dates and hours may be restricted.
Bathing: bathtub	x	Dates and hours may be restricted ; requires staff supervision at all times.
Oral hygiene	x	
Denture care	x	
Cuing/reminders for self-cares	x	
Use of special utensils	x	Not supplied by The Waters.
Feeding assistance for residents with complicated eating problems	x	For those within a MC unit. For those on IDDSI diet; see dining and nutrition services.
Set-up and cut food at meals	x	For those within a MC unit.
Manual Feeding; specify limits in comments	x	For those within a MC unit; requires supervision within common dining space.
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

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	May require 3rd party podiatry services.
Toileting: standby assistance/supervision	x	MC included max 2 hours; AL max up to 6x daily.
Changing incontinence products; perineal care	x	MC included max 2 hours; AL max up to 6x daily.
Ordering replacement incontinence products	x	Within MC unit only.
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	Included in MC; AL requires scheduled intervals with associated cares.
Transfers with assist of one staff	x	Included in MC; AL requires scheduled intervals up to 6x daily.
Transfers with assist of two staff	x	In MC only; requires a mechanical lift.
Transfers utilizing sit-to-stand lifts	x	In MC only; requires two staff to operate lift.
Transfers utilizing sliding boards	x	Must be able to assist with transfer, maintain upper body support and trunk control.
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	x	In MC unit only: cannot exceed 2 hour increment.
Ambulation with assist of 1	x	Included in MC. Allowed at scheduled intervals in AL, up to 6x daily.
Bed mobility	x	
Assistance with chair mobility	x	Included in MC. Allowed at scheduled intervals in AL.
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	x	Supplied in resident bathroom; additional per request and professional install with fee.
Elevators	x	
Other; specify: Ambulation/mobility is subject to cognition/comprehension of scheduled times in AL. The Waters does not provide as needed support for this area.		

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		
Every two-hours safety checks	x	MC only; intervals determined based off clinical assessed need.

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Daily safety checks	x	Daily "I'm Okay Check"
Emergency call system; specify type in comments	x	Notify emergency call system
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		
Visitor check-in/check-out at facility main entrance	x	
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces	x	Located throughout the community in various common space locations.
Key card/fob access: specify locations (unit, resident room, exits, etc.)	x	Key fob are used for main entrances.
Other lock systems: specify locations (unit, resident room, exits, etc.)	x	Key for entering resident apartments. Mag Locks on entrance/exits in MC unit.
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	For an additional fee in Assisted Living
Lunch available in community space	x	
Lunch available; delivered to apartment	x	For an additional fee in Assisted Living
Dinner available in community space	x	
Dinner available; delivered to apartment	x	For an additional fee in Assisted Living
Meal tray delivery and pick-up from resident's unit	x	For an additional fee in Assisted Living
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	x	IDDSI diets; MC unit, requires supervision
Modified Texture Diets; specify limits in comments	x	IDDSI diets; MC unit, requires supervision
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

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	x	Visual check for those receiving services
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	x	Bed making at an additional charge in Assisted Living.
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	x	Light dusting
Housekeeping: organize closets and drawers		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	x	Weekly in AL, additional charge if requested more in AL. Daily in MC.
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	
Housekeeping: other; specify in comments	x	Additional Support Services for housekeeping available at an additional cost.
Laundry: linen (change bed, launder sheets, towels)	x	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	
Laundry: other; specify in comments	x	Additional Support Services for laundry per load, available at an additional cost.
Schedule offsite social and recreational activities	x	
Schedule medical and social service appointments		
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	Based on bus availability and assessed capacity to utilize lift appropriately.
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	x	Based on bus availability and assessed capacity to utilize lift appropriately
Spiritual Care/Religious Services; on-site	x	
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	x	Not supplied by The Waters.
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		
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”	x	
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		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Staffing	Available	Comments
Physical Therapist available or can be arranged	x	3rd Party therapy can be arranged; collaboration for residents on services only.
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	x	3rd Party therapy can be arranged; collaboration for residents on services only.
Speech Language Pathologist available or can be arranged	x	3rd Party therapy can be arranged; collaboration for residents on services only.
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments	x	Contracted in-house rounding primary provider available for residents on services.
Other; specify: The Waters will collaborate with outside therapy providers of resident choice; requires providers orders		

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

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Amenity	Available	Comments
Cable (television)	x	Basic package
Pets allowed	x	Excludes Memory Care. Additional charge applies.
Pet care; specify in comments	x	Must be able to ind. care for pet/needs. Not allowed in dining areas.
Pool		
Whirlpool		
Exercise Room	x	
Library	x	
Activity Room	x	
Garden/outdoor spaces	x	
Chapel		
Private entertaining space	x	
Communal Dining room	x	
Beauty/Barber Shop	x	
Parking available for residents	x	
Parking available for guests	x	
Guest accommodations	x	At an additional fee. Reservations required.
Laundry Room accessible to Residents		
Washer-Dryer in units	x	Excludes Memory Care.
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\(d\)](http://www.revisor.mn.gov/statutes/cite/144G.55) (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
- [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