

# 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): 01/06/2026

Name of Assisted Living: Bimsol Care LLC

HFID: 0A  
~~3826638266~~ 38266

Unique building/unit description (if applicable):  
Facility Address: 2551 115th Ave NW Coon Rapids MN 55435

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 at

Additional Building:  
Building Name (if applicable):  
Physical Address (if different than above):

Additional Building:

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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: 2

Evening Shift: 2

Night shift: 2

### Payment Options

The facility will indicate by placing an "X" in the "Available" column if the payment option is accepted (may check more than one). Please indicate in the "Comments" column below if a pre-determined length of private funds payment source is required before acceptance of Medicaid or waived service funds; and if yes, indicate the number of months required.

#### Payment Options for Housing Contract

Payment Option	Accepted	Comments
Private Pay		
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments		
Federal rent subsidy		
Payment Option	Accepted	Comments

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Other; explain

Payment Options for Services		
Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations		
Private Pay		
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 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		
Service	Available	Comments
Other; specify in comments		

## 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	✓	
Medication administration by licensed or unlicensed personnel	✓	
Delivery of medication to resident previously set up by the facility nurse	✓	
Medications set up by nurse for resident to self-administer	✓	
Delivery of medication from the original containers to resident	✓	
Delivery of liquid or food to resident if required to ingest medication	✓	
Delegation of medication management services by licensed health professional to unlicensed staff	✓	
Central storage of medication	✓	
Diabetic Care: insulin pen dosing	✓	
Diabetic Care: insulin pump management	✓	
Diabetic Care: insulin syringe dosing	✓	
Diabetic Care: sliding scale insulin management	✓	

Service	Available	Comments
Clinical monitoring of labs related to medications	✓	

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Anticoagulant medication management		
B-12 injections		
Nutritional supplement administration		
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	✓	
Nebulizers		
Inhalers	✓	
Ear drops		
Eye drops	✓	
Topicals	✓	
Patches	✓	
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		
	<b>Service</b>	<b>Available</b>
		<b>Comments</b>
Other; specify in comments		

### 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	<input checked="" type="checkbox"/>	
Wound care: basic	<input checked="" type="checkbox"/>	
Wound care: complex	<input type="checkbox"/>	
Diabetic care: blood glucose monitoring	<input checked="" type="checkbox"/>	
Diabetic care: foot/nail care	<input type="checkbox"/>	
C-PAP	<input checked="" type="checkbox"/>	
Bi-PAP	<input type="checkbox"/>	
Oxygen Management; specify any delivery system limitations	<input checked="" type="checkbox"/>	
Oxygen saturation checks	<input type="checkbox"/>	
Ventilators	<input checked="" type="checkbox"/>	
Suctioning	<input type="checkbox"/>	
Tracheostomy Care: cleaning of site and tube	<input type="checkbox"/>	
Tracheostomy Care: showering assistance	<input checked="" type="checkbox"/>	
Tracheostomy Care: suctioning assistance	<input checked="" type="checkbox"/>	

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Pacemaker Checks		
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis		
Peritoneal Dialysis (on-site)		
Compression stockings		
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		
Daily weight check		
Indwelling urinary catheter care; emptying and bag changes		
Indwelling urinary catheter replacement by nurse		
<b>Service</b>	<b>Available</b>	<b>Comments</b>

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Straight (intermittent) catheter assistance	<input checked="" type="checkbox"/>	
Suprapubic catheter care	<input checked="" type="checkbox"/>	
Ostomy care	<input type="checkbox"/>	
Arrangements for and coordination with hospice care	<input type="checkbox"/>	
End-of-life palliative care	<input type="checkbox"/>	
Access to and training on use of automatic electronic defibrillators (AED)	<input type="checkbox"/>	
Training of and use of Cardiopulmonary Resuscitation (CPR)	<input type="checkbox"/>	
Other; specify in comments	<input type="checkbox"/>	

**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	<input checked="" type="checkbox"/>	
Bathing: shower	<input checked="" type="checkbox"/>	
Bathing: bathtub	<input type="checkbox"/>	
Oral hygiene	<input checked="" type="checkbox"/>	
Denture care	<input checked="" type="checkbox"/>	
Cueing/reminders for self-care	<input checked="" type="checkbox"/>	
Service	Available	Comments

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Use of special utensils		
Feeding assistance for residents with complicated eating problems	✓	
Set-up and cut food at meals		
Manual Feeding; specify limits in comments	✓	
Tube Feeding; specify limits in comments	✓	
Feeding in common area with one staff member per resident	✓	
Feeding in resident's apartment with one staff member per resident	✓	
Grooming: hair care, make-up, shaving, application of lotion, etc.	✓	
Nail care: toenails, fingernails	✓	
Toileting: standby assistance/supervision	✓	
Changing incontinence products; perineal care	✓	
Ordering replacement incontinence products	✓	
Assistance with bowel and bladder control, devices, and training programs	✓	
Other; specify in comments		

**Section 5: Mobility Support**

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

**Mobility Services Available**

Service	Available	Comments
Standby Assistance	✓	
Transfers with assist of one staff	✓	

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Transfers with assist of two staff	<input checked="" type="checkbox"/>	
Transfers utilizing sit-to-stand lifts	<input checked="" type="checkbox"/>	
Transfers utilizing sliding boards	<input checked="" type="checkbox"/>	
Transfers utilizing bariatric equipment	<input checked="" type="checkbox"/>	
Ceiling lift transfers	<input checked="" type="checkbox"/>	
Non-mechanical transfers (trapeze)	<input checked="" type="checkbox"/>	
Mechanical lift: assist of 1 transfer	<input checked="" type="checkbox"/>	
Mechanical lift: assist of 2 transfer	<input checked="" type="checkbox"/>	
Ambulation with assist of 1	<input checked="" type="checkbox"/>	
Bed mobility	<input checked="" type="checkbox"/>	
Assistance with chair mobility	<input checked="" type="checkbox"/>	
Chair Glide System	<input checked="" type="checkbox"/>	
Mechanical Stair Lift System	<input checked="" type="checkbox"/>	
Handrails; in personal space	<input checked="" type="checkbox"/>	
<b>Service</b>	<b>Available</b>	<b>Comments</b>
Elevators	<input checked="" type="checkbox"/>	
Other; specify in comments	<input type="checkbox"/>	

### 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	✓	
Daily safety checks		
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	✓	
Visitor check-in/check-out at facility main entrance		
Bed alarms or movement sensing technology		
Service	Available	Comments
Door sensors: specify locations (unit, resident room, exits, etc.)	✓	
Security Guard	✓	
Security cameras in common spaces		
Key card/fob access: specify locations (unit, resident room, exits, etc.)		

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Other lock systems: specify locations (unit, resident room, exits, etc.)

Emergency generator(s) to power the facility during power outages

Other; specify in comments

**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	<input checked="" type="checkbox"/>	
Breakfast available; delivered to apartment	<input type="checkbox"/>	
Lunch available in community space	<input checked="" type="checkbox"/>	
Lunch available; delivered to apartment	<input type="checkbox"/>	
Dinner available in community space	<input checked="" type="checkbox"/>	
Dinner available; delivered to apartment	<input type="checkbox"/>	

Service	Available	Comments
Meal tray delivery and pick-up from resident's unit	<input checked="" type="checkbox"/>	
Meal preparation in resident's unit	<input type="checkbox"/>	
Thickened Liquids; specify limits in comments	<input checked="" type="checkbox"/>	
Modified Texture Diets; specify limits in comments	<input type="checkbox"/>	

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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	✓	
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 in comments		

**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	✓	

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Daily Social and Recreational Services	Required	
Housekeeping: bed making	<input checked="" type="checkbox"/>	
Housekeeping: defrost and clean refrigerator	<input checked="" type="checkbox"/>	
Housekeeping: dusting	<input checked="" type="checkbox"/>	
Housekeeping: organize closets and drawers	<input checked="" type="checkbox"/>	
Housekeeping: trash removal; specify frequency in comments	<input checked="" type="checkbox"/>	
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	<input checked="" type="checkbox"/>	
Housekeeping: other; specify in comments	<input checked="" type="checkbox"/>	
Laundry: linen (change bed, launder sheets, towels)	<input checked="" type="checkbox"/>	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	<input checked="" type="checkbox"/>	
Laundry: other; specify in comments	<input checked="" type="checkbox"/>	
Schedule offsite social and recreational activities	<input checked="" type="checkbox"/>	
Schedule medical and social service appointments	<input checked="" type="checkbox"/>	
Assistance with arranging transportation for personal, social, and recreational activities	Required	
	Available	Comments
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	<input checked="" type="checkbox"/>	
Provide transportation to medical and social service appointments	<input checked="" type="checkbox"/>	
Assistance accessing community resources and social services	Required	

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Shopping: facility sponsored	<input checked="" type="checkbox"/>	
Spiritual Care/Religious Services; on-site	<input checked="" type="checkbox"/>	
Assistance with bill paying/budgeting	<input checked="" type="checkbox"/>	
Communication boards or other supplemental communication devices	<input checked="" type="checkbox"/>	
Primary languages spoken by staff	<input type="checkbox"/>	
Supervision of smoking	<input checked="" type="checkbox"/>	
Other; specify in comments	<input type="checkbox"/>	

**Section 9: Staffing**

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

**Staffing Available**

Staffing	Available	Comments
One-to-One staffing available	<input type="checkbox"/>	
One-to-One staffing for special circumstances	<input type="checkbox"/>	
Overnight companion	<input type="checkbox"/>	

Staffing	Available	Comments
Registered Nurse: on-site "part time"	<input checked="" type="checkbox"/>	
Registered Nurse: on-site "full time"	<input type="checkbox"/>	
Licensed Practical Nurse: on site "part time"	<input checked="" type="checkbox"/>	
Licensed Practical Nurse: on-site "full time"	<input type="checkbox"/>	

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Assisted Living Director: on-site "part time"	<input type="checkbox"/>	
Assisted Living Director: on site "full time"	<input checked="" type="checkbox"/>	
Advanced Practice Registered Nurse: on-site "part time"	<input checked="" type="checkbox"/>	
Advanced Practice Registered Nurse: on site "full time"	<input type="checkbox"/>	
Activities Director: Part Time	<input checked="" type="checkbox"/>	
Activities Director: Full Time	<input checked="" type="checkbox"/>	
Dietician/Nutritionist consultant available or can be arranged	<input checked="" type="checkbox"/>	
Physical Therapist available or can be arranged	<input type="checkbox"/>	
Respiratory Therapist available or can be arranged	<input checked="" type="checkbox"/>	
Occupational Therapist available or can be arranged	<input type="checkbox"/>	
Speech Language Pathologist available or can be arranged	<input checked="" type="checkbox"/>	
Social Worker available or can be arranged	<input checked="" type="checkbox"/>	
Other Licensed Professional available; specify type in comments	<input type="checkbox"/>	
Other; specify in comments	<input type="checkbox"/>	

**Section 10: Amenities**

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

**Amenities Available**

Amenity	Available	Comments
Accessible bathrooms; specify limits in comments	<input type="checkbox"/>	
Private units	<input type="checkbox"/>	

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Semi-private units		
Studio/efficiency units		
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access		
Cable (television)		
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		

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Parking available for residents		
Parking available for guests		
Guest accommodations		
Laundry Room accessible to Residents		
Washer-Dryer in units		
Central Air Conditioning		
Fully sprinklered building		
Designated smoking area inside (not apartment space)		
Designated smoking area outside		5/10/20
Other amenity; specify in comments		
Other amenity; specify in comments		

**Additional Information**

Sixty days before the facility plans to reduce or eliminate one or more services for a particular resident, 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](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.

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- 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](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