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): 03/01/2025

Name of Assisted Living: Noble Residential Living LLC

HFID: 38348

Unique building/unit description (if applicable): _____

Facility Address: 179 POTTOK LN, SHAKOPEE MN 55379

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:

☉ 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: 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	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	
Private Pay	X	
Long Term Care Insurance	X	Resident Responsibility
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	X	
Communication with physician/pharmacy about ordering or refill requests	X	
Medication administration by licensed or unlicensed personnel	X	
Delivery of medication to resident previously set up by the facility nurse	X	
Medications set up by nurse for resident to self-administer	X	
Delivery of medication from the original containers to resident	X	follwing training and monitoring of registred rurse
Delivery of liquid or food to resident if required to ingest medication	X	
Delegation of medication management services by licensed health professional to unlicensed staff	X	
Central storage of medication	X	
Diabetic Care: insulin pen dosing	X	
Diabetic Care: insulin pump management	X	
Diabetic Care: insulin syringe dosing	X	
Diabetic Care: sliding scale insulin management	X	
Clinical monitoring of labs related to medications	X	
Anticoagulant medication management	X	
B-12 injections	X	non-daily

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

Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	x	
Lymphedema wraps		
Fall Prevention: balance assessments	x	RN will monitor
Fall Prevention: exercise programs	x	available outside providers - staff will monitor
Fall Prevention: strength training	x	available outside providers - staff will monitor
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	x	
Daily weight check	x	
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	x	staff will make arrangement accordingly
End-of-life palliative care		

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	
Bathing: shower	x	
Bathing: bathtub	x	
Oral hygiene	x	
Denture care	x	
Cuing/reminders for self-cares	x	
Use of special utensils	x	resident is responsible to provide their own special utensils
Feeding assistance for residents with complicated eating problems	x	With RN guidance
Set-up and cut food at meals	x	
Manual Feeding; specify limits in comments	X	to the extent allowed by resident's physician and with the guidance of nurse
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident		

Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	x	if necessary per resident's health conditions
Grooming: hair care, make-up, shaving, application of lotion, etc.	x	
Nail care: toenails, fingernails	x	
Toileting: standby assistance/supervision	x	
Changing incontinence products; perineal care	x	
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	x	
Transfers with assist of one staff	x	
Transfers with assist of two staff	x	
Transfers utilizing sit-to-stand lifts	x	
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer		
Ambulation with assist of 1	x	
Bed mobility		
Assistance with chair mobility	x	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space		
Elevators		
Other; specify: hand rails in restrooms and stairs		

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	x	
Every 30-minutes safety checks	x	
Hourly safety checks	x	
Every two-hours safety checks	x	

Service	Available	Comments
Daily safety checks	x	
Emergency call system; specify type in comments	x	pager system available to all residents
Non-emergency call system; specify type in comments	x	pager system available to all residents
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	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	x	
Other lock systems: specify locations (unit, resident room, exits, etc.)		
Emergency generator(s) to power the facility during power outages	x	
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		
Lunch available in community space	x	
Lunch available; delivered to apartment		
Dinner available in community space	x	
Dinner available; delivered to apartment		
Meal tray delivery and pick-up from resident's unit	x	
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	x	
Modified Texture Diets; specify limits in comments	x	
Therapeutic Diets: cardiac	x	resident to self manage
Therapeutic Diets: diabetic or calorie controlled	x	resident to self manage
Therapeutic Diets: gluten-free	x	resident to self manage
Therapeutic Diets: high fiber	x	resident to self manage
Therapeutic Diets: low fat/low cholesterol	x	resident to self manage
Therapeutic Diets: low sodium	x	resident to self manage

Service	Available	Comments
Therapeutic Diets: no added salt	x	resident to self manage
Therapeutic Diets: renal diet	x	resident to self manage
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	x	resident to self manage
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	checks performed at medications deliveries and during meals
Assistance with meals or food preparation	x	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	x	
Housekeeping: defrost and clean refrigerator	x	
Housekeeping: dusting	x	
Housekeeping: organize closets and drawers	x	

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

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

Staffing	Available	Comments
Physical Therapist available or can be arranged	x	Third party provider
Respiratory Therapist available or can be arranged	x	Third party provider
Occupational Therapist available or can be arranged	x	Third party provider
Speech Language Pathologist available or can be arranged	x	Third party provider
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	x	
Private units	x	
Semi-private units		
Studio/efficiency units		
One-bedroom units	x	
Two-bedroom units		
Kitchen/Kitchenettes in units	x	
Internet access	x	

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

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