

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): 10/29/2024

Name of Assisted Living: Norbella of Champlin

HFID: _____

Unique building/unit description (if applicable): 40 studio apartments: 16 memory care, 24 assisted living

Facility Address: 8700 Emery Parkway N Champlin MN 55316

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:⁵ _____

Evening Shift:⁵ _____

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	X	EW only
Private Pay	X	
Long Term Care Insurance	X	Client responsible for payment. Additional fees may 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	Memory Care only
Secured outdoor grounds on facility premises	X	Memory Care courtyard only
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	Based on RN assessment, fees may vary
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	Fees may vary
Communication with physician/pharmacy about ordering or refill requests	X	Minimum of Medication management services must be provided
Medication administration by licensed or unlicensed personnel	X	Based on RN assessment, fees may vary
Delivery of medication to resident previously set up by the facility nurse	X	Additional fees may apply
Medications set up by nurse for resident to self-administer	X	Based on RN assessment, fees may vary
Delivery of medication from the original containers to resident	X	Additional Fee may apply based on assessment. Must have prescription label.
Delivery of liquid or food to resident if required to ingest medication	X	Minimum of Medication management services must be provided
Delegation of medication management services by licensed health professional to unlicensed staff	X	Primary service method
Central storage of medication	X	Locked medication cart
Diabetic Care: insulin pen dosing	X	Based on RN assessment, fees may vary
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	Additional fees may apply based on assessment on a case by case basis
Clinical monitoring of labs related to medications	X	Based on assessment, additional fees may apply
Anticoagulant medication management	X	Based on assessment, additional fees may apply
B-12 injections	X	Based on assessment, additional fees may apply

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Service	Available	Comments
Nutritional supplement administration	X	Per physician orders-Fee based upon assessment. Oral administration only.
(IV) Intravenous management	X	Provided ONLY under client arrangement through third party
PICC lines (Peripherally Inserted Central Catheter)	X	Provided ONLY under client arrangement through third party
Injections; specify types or limits in comments (IM, SQ)	X	Per physician orders-Fee based upon assessment IM&SQ
Nebulizers	X	Based on RN assessment, fees may vary
Inhalers	X	Based on RN assessment, fees may vary
Ear drops	X	Based on RN assessment, fees may vary
Eye drops	X	Based on RN assessment, fees may vary
Topicals	X	Based on RN assessment, fees may vary
Patches	X	Based on RN assessment, fees may vary
Medication delivery via enteral (feeding) tube		
Pain pump management	X	Provided ONLY under client arrangement through third party
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	X	Based on RN assessment, fees may vary
Wound care: basic	X	Based on RN assessment, fees may vary
Wound care: complex	X	Provided ONLY under client arrangement through third party.
Diabetic care: blood glucose monitoring	X	Based on RN assessment, fees may vary
Diabetic care: foot/nail care	X	Based on RN assessment, fees may vary
C-PAP	X	Based on RN assessment, fees may vary
Bi-PAP	X	Based on RN assessment, fees may vary
Oxygen Management; specify any delivery system limitations	X	Based on RN assessment, fees may vary
Oxygen saturation checks	X	Based on RN assessment, fees may vary
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Based on RN assessment, fees may vary
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Can provide resources for third party transportation

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Based on RN assessment, fees may vary
Lymphedema wraps	X	Provided ONLY under client arrangement through third party if Complex. Stable tx only onsite.
Fall Prevention: balance assessments	X	Provided ONLY under client arrangement through third party
Fall Prevention: exercise programs	X	Additional fees may apply based on assessment
Fall Prevention: strength training	X	Provided ONLY under client arrangement through third party
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	Arrangement through third party vendor
Integrative Health Services: healing touch	X	Arrangement through third party vendor
Integrative Health Services: massage	X	Arrangement through third party vendor
Blood pressure checks	X	Based on RN assessment, fees may vary
Daily weight check	X	Based on RN assessment, fees may vary
Indwelling urinary catheter care; emptying and bag changes	X	Based on RN assessment, fees may vary
Indwelling urinary catheter replacement by nurse	X	Provided ONLY under client arrangement through third party
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Additional fee may apply based upon assessment. Placement by third party.
Ostomy care	X	Based on RN assessment, fees may vary
Arrangements for and coordination with hospice care	X	Provided through arrangement with third party
End-of-life palliative care	X	Provided through arrangement with 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 RN assessment, fees may vary
Bathing: shower	X	Based on RN assessment, fees may vary
Bathing: bathtub	X	Based on RN assessment, fees may vary
Oral hygiene	X	Based on RN assessment, fees may vary
Denture care	X	Based on RN assessment, fees may vary
Cuing/reminders for self-cares	X	Based on RN assessment, fees may vary
Use of special utensils	X	Based on RN assessment, fees may vary
Feeding assistance for residents with complicated eating problems	X	Based upon assessment; in MC only and emergent situations
Set-up and cut food at meals	X	Based on RN assessment, fees may vary
Manual Feeding; specify limits in comments	X	Based upon assessment; in MC Feeding in AL is only available on urgent short term basis
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	Available in MC setting, additional fees may apply based upon assessment.

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	X	Available in MC setting, urgent short term basis in AL ONLY.
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	Based on RN assessment, fees may vary
Nail care: toenails, fingernails	X	Based on RN assessment, fees may vary
Toileting: standby assistance/supervision	X	Based on RN assessment, fees may vary
Changing incontinence products; perineal care	X	Based on RN assessment, fees may vary
Ordering replacement incontinence products	X	As needed for EW clients
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	Based on RN assessment, fees may vary
Transfers with assist of one staff	X	Based on RN assessment, fees may vary
Transfers with assist of two staff	X	Based on RN assessment, fees may vary
Transfers utilizing sit-to-stand lifts	X	1-2 person assist: based upon assessment, additional fees apply
Transfers utilizing sliding boards	X	Based on RN assessment, fees may vary
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)	X	Based on RN assessment, fees may vary
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	Based on RN assessment, fees may vary
Ambulation with assist of 1	X	Based on RN assessment, fees may vary
Bed mobility	X	Based on RN assessment, fees may vary
Assistance with chair mobility	X	Based on RN assessment, fees may vary
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	Grab bars in bathroom
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	X	Short term emergent situations Additional fees may apply
Every 30-minutes safety checks	X	Short term emergent situations Additional fees may apply
Hourly safety checks	X	Based on RN assessment, fees may vary
Every two-hours safety checks	X	Based on RN assessment, fees may vary

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Service	Available	Comments
Daily safety checks	X	Based on RN assessment, fees may vary
Emergency call system; specify type in comments	X	Emergency pendants provided to residents based on RN assessment
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	Visitors buzzed in at main entrance after hours. All visitors sign in/sign out in visitor log
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	Key fobs available
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	X	Additional fees may apply
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Additional fees may apply
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Additional fees may apply
Meal tray delivery and pick-up from resident's unit	X	
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Additional fees may apply
Modified Texture Diets; specify limits in comments	X	Additional fees may apply
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled	X	Additional fees may apply
Therapeutic Diets: gluten-free	X	Additional fees may apply
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium	X	Additional fees may apply

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Service	Available	Comments
Therapeutic Diets: no added salt	X	
Therapeutic Diets: renal diet	X	
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	
Dietitian or Nutritionist Services	X	
Carbohydrate intake/tracking		
Meal consumption tracking	X	Additional fees may apply
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	
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator	X	Additional fees may apply
Housekeeping: dusting	X	Additional fees may apply
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Daily
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments	X	Resident can request additional services. Additional fees may apply
Laundry: linen (change bed, launder sheets, towels)	X	Weekly
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Weekly
Laundry: other; specify in comments	X	Extra loads additional fees may apply
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	Based on Community Life Calendar/schedule
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	Based on Community Life schedule/calendar
Spiritual Care/Religious Services; on-site	X	Based on Community Life Calendar/arrangement
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	
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	X	Short term emergent situations Additional fees may apply
Overnight companion		
Registered Nurse: on-site "part time"		
Registered Nurse: on-site "full time"	X	Weekdays, primary hours
Licensed Practical Nurse: on site "part time"	X	Weekdays, primary hours
Licensed Practical Nurse: on-site "full time"		
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	X	Weekdays, primary hours
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		

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Provided ONLY under client arrangement through third party
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Provided ONLY under client arrangement through third party
Speech Language Pathologist available or can be arranged	X	Provided ONLY under client arrangement through third party
Social Worker available or can be arranged	X	Provided ONLY under client arrangement through third party
Other Licensed Professional available; specify type in comments	X	Provided ONLY under client arrangement through third party
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	
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units	X	Minimal appliances: sink, refrigerator, microwave (AL only)
Internet access	X	

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Amenity	Available	Comments
Cable (television)	X	
Pets allowed	X	Additional fees and agreements
Pet care; specify in comments		
Pool		
Whirlpool	X	
Exercise Room		
Library		
Activity Room	X	
Garden/outdoor spaces	X	
Chapel		
Private entertaining space		
Communal Dining room	X	
Beauty/Barber Shop	X	
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents		
Washer-Dryer in units		
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).

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](https://mn.gov/board-on-aging/direct-services/ombudsman/)
- [Office of Ombudsman for Mental Health and Developmental Disabilities \(https://mn.gov/omhdd/\); 1-800-657-3506](https://mn.gov/omhdd/)
- Minnesota Directory for community resources: www.MinnesotaHelp.Info
- [Minnesota Senior LinkAge Line \(www.seniorlinkageline.com/\); 1-800-333-2433](http://www.seniorlinkageline.com/)

(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