

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): 10/24/2025

Name of Assisted Living: Round Lake Senior Living

HFID: 39081

Unique building/unit description (if applicable): _____

Facility Address: 1740 Parkshore Dr, Arden Hills MN 55112

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:

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- 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 HHA

Evening Shift: 5 HHA

Night shift: 3 HHA

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 & Cadi, up to 20% of building occupancy
Private Pay	X	
Long Term Care Insurance	X	Client responsible for payment, typical insurance payment make to client directly.
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 secured.
Secured outdoor grounds on facility premises	X	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	X	limited to resident with wander device in place. Additional fee may apply.
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	with medication management services, fee based on assessment and frequency
Medication administration by licensed or unlicensed personnel	X	with medication management services, fee based on assessment and frequency
Delivery of medication to resident previously set up by the facility nurse	X	with medication management services, fee based on assessment and frequency. Limited to VA/hospice
Medications set up by nurse for resident to self-administer	X	with medication management services, fee based on assessment and frequency
Delivery of medication from the original containers to resident		blister packs supplied by pharmacy
Delivery of liquid or food to resident if required to ingest medication	X	Based on provider orders
Delegation of medication management services by licensed health professional to unlicensed staff	X	Primary method of delivery
Central storage of medication		
Diabetic Care: insulin pen dosing	X	fees based on frequency and complexity as determined by assessment
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	based on frequency and complexity as determined by assessment, additional fee may apply
Clinical monitoring of labs related to medications	X	fees based upon assessment
Anticoagulant medication management	X	fees based upon assessment
B-12 injections	X	based upon assessment and frequency. Requires provider order. additional fee may apply

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Service	Available	Comments
Nutritional supplement administration	X	based upon assessment and provider orders. Additional fee may apply
(IV) Intravenous management		Provided under resident agreement with 3rd party.
PICC lines (Peripherally Inserted Central Catheter)		Provided under resident agreement with 3rd party.
Injections; specify types or limits in comments (IM, SQ)	X	based upon assessment, frequency and provider orders. Additional fee may apply.
Nebulizers	X	fee based upon assessment, minimum of medication management services
Inhalers	X	
Ear drops	X	fee based upon assessment, minimum of medication management services
Eye drops	X	fee based upon assessment, minimum of medication management services
Topicals	X	fee based upon assessment, minimum of medication management services
Patches	X	fee based upon assessment, minimum of medication management services
Medication delivery via enteral (feeding) tube		
Pain pump management		resident 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	Fees based on frequency and complexity as determined by assessment.
Wound care: basic	X	Fees based on frequency and complexity as determined by assessment.
Wound care: complex		resident arrangement through third party
Diabetic care: blood glucose monitoring	X	additional fees may apply
Diabetic care: foot/nail care	X	additional fees may apply
C-PAP	X	Based on provider order, complexity and nursing assessment. Additional fee may apply.
Bi-PAP	X	Based on provider order, complexity and nursing assessment. Additional fee may apply.
Oxygen Management; specify any delivery system limitations	X	Based on provider order, complexity and nursing assessment. Additional fee may apply.
Oxygen saturation checks	X	Based on provider order and nursing assessment. Additional fee may apply.
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	based on availability of completing remotely, and nursing assessment.
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Based on provider order and nursing assessment. Additional fee may apply.
Lymphedema wraps	X	Based on provider order, complexity and nursing assessment. Additional fee may apply.
Fall Prevention: balance assessments		Provided through arrangement with third party
Fall Prevention: exercise programs		Provided through arrangement with third party
Fall Prevention: strength training		Provided through arrangement with third party
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	limited based on availability
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	Based on provider order and nursing assessment. Additional fee may apply.
Daily weight check	X	Based on provider order and nursing assessment. Additional fee may apply.
Indwelling urinary catheter care; emptying and bag changes	X	Based on provider order and nursing assessment. Additional fee may apply.
Indwelling urinary catheter replacement by nurse		resident arrangement through third party
Straight (intermittent) catheter assistance		resident arrangement through third party
Suprapubic catheter care	X	Based on provider order and nursing assessment. Additional fee may apply.
Ostomy care	X	Based on provider order and nursing assessment. Additional fee may apply.
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	based upon assessment

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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	
Bathing: shower	X	
Bathing: bathtub	X	
Oral hygiene	X	
Denture care	X	
Cuing/reminders for self-cares	X	
Use of special utensils	X	
Feeding assistance for residents with complicated eating problems	X	Limited to residents in memory care and care suites based upon assessment. Fees may apply
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	Limited to residents in memory care and Care Suites based upon assessment. Fees may apply
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	Limited to residents in MC, short term, and based upon assessment. Additional fee may apply

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	X	short term urgent situations only. Additional fee apply
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	electric shavers only
Nail care: toenails, fingernails	X	
Toileting: standby assistance/supervision	X	
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	additional fee may apply based on assessment and frequency, included in Care Suites.
Assistance with bowel and bladder control, devices, and training programs	X	based upon assessment
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	based on assessment, additional fees apply
Transfers utilizing sit-to-stand lifts	X	based on assessment, additional fees apply
Transfers utilizing sliding boards	X	based on assessment, additional fee may apply
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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

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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	AL- emergency pendant and bathroom pull cord. MC- bathroom pull cord
Non-emergency call system; specify type in comments		
Digital wander alert device on resident	X	based upon assessment, use of device. Additional fee may apply
Wander alert system at facility exits	X	based upon assessment, use of device. Additional fee may apply
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance		
Bed alarms or movement sensing technology	X	limited to Memory care units with Safely You technology.
Door sensors: specify locations (unit, resident room, exits, etc.)	X	memory care
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Entrance/exit.
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Keyed storage units, garage door opener
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 apply
Lunch available in community space	X	
Lunch available; delivered to apartment	X	additional fees apply
Dinner available in community space	X	
Dinner available; delivered to apartment	X	additional fees apply
Meal tray delivery and pick-up from resident's unit	X	additional fees apply
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	based upon assessment. Additional fee may apply
Modified Texture Diets; specify limits in comments	X	based upon assessment. Additional fee may apply
Therapeutic Diets: cardiac		food options available for resident's to select from
Therapeutic Diets: diabetic or calorie controlled	X	food options available for resident's to select from
Therapeutic Diets: gluten-free		food options available for resident's to select from
Therapeutic Diets: high fiber		food options available for resident's to select from
Therapeutic Diets: low fat/low cholesterol		food options available for resident's to select from
Therapeutic Diets: low sodium	X	food options available for resident's to select from

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Service	Available	Comments
Therapeutic Diets: no added salt		
Therapeutic Diets: renal diet		food options available for resident's to select from
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		food options available for resident's to select from
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking	X	Limited to memory care and based upon assessment. Additional fee 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	Resident choose to opt in or out of program. Additional fee may apply
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	additional fee may apply
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	X	with weekly housekeeping service
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	additional fee may apply
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	additional fee may apply
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Included for MC and CS(once weekly). Additional fee for AL
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Included for MC and CS(one load weekly). Additional fee for AL
Laundry: other; specify in comments	X	Additional fee for extra loads
Schedule offsite social and recreational activities	X	based on community calendar
Schedule medical and social service appointments	X	additional fee may apply
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	limited and based on community life calendar
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored		
Spiritual Care/Religious Services; on-site	X	Chaplain available. Available see community life schedule
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		
Overnight companion		
Registered Nurse: on-site “part time”		
Registered Nurse: on-site “full time”	X	Primary hours Monday-Friday 8-5p
Licensed Practical Nurse: on site “part time”	X	
Licensed Practical Nurse: on-site “full time”		
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	X	Primary hours Monday- Friday 8-5p
Advanced Practice Registered Nurse: on-site “part time”		
Advanced Practice Registered Nurse: on site “full time”		
Activities Director: Part Time	X	
Activities Director: Full Time	X	
Dietician/Nutritionist consultant available or can be arranged	X	arranged through third party

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	arranged through third party
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	arranged through third party
Speech Language Pathologist available or can be arranged	X	arranged through third party
Social Worker available or can be arranged	X	arranged through third party
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	X	
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	
Internet access	X	

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Amenity	Available	Comments
Cable (television)	X	
Pets allowed	X	Deposit required prior to move in for AL or IL only, limited on size and type of pet.
Pet care; specify in comments		
Pool		
Whirlpool	X	available in MC and on third floor
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	rental fee applies
Laundry Room accessible to Residents	X	
Washer-Dryer in units	X	In Assisted living and Independent living apartments. Not in 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