

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): 06/10/2024

Name of Assisted Living: NorBella Senior Living Centerville

HFID: 39268

Unique building/unit description (if applicable): _____

Facility Address: 2025 Michaud Way Centerville, MN 55038

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: ⁴ _____

Evening Shift: ⁴ _____

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-Limitations apply. See AL contract for details.
Private Pay	X	
Long Term Care Insurance	X	Resident to pay Norbella directly. LTC Ins will reimburse resident.
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 unit only.
Secured outdoor grounds on facility premises	X	Memory Care unit only.
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	X	Resident must be on services for management. Case by case basis determined by RN
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	Resident must be on services for management
Communication with physician/pharmacy about ordering or refill requests	X	Resident must be on services for management. Additional fees for outside pharmacy
Medication administration by licensed or unlicensed personnel	X	Resident must be on services for management.
Delivery of medication to resident previously set up by the facility nurse	X	Resident must be on services for management.
Medications set up by nurse for resident to self-administer	X	Resident must be on services for management.
Delivery of medication from the original containers to resident	X	Resident must be on services for management.
Delivery of liquid or food to resident if required to ingest medication	X	Resident must be on services for management.
Delegation of medication management services by licensed health professional to unlicensed staff	X	Resident must be on services for management.
Central storage of medication	X	Resident must be on services for management.
Diabetic Care: insulin pen dosing	X	Resident must be on services for management. For scheduled insulin only.
Diabetic Care: insulin pump management	X	Resident must be on services for management. Case by case basis determined by RN
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	Resident must be on services for management. Case by case basis determined by RN
Clinical monitoring of labs related to medications	X	Resident must be on services for management. Processed and communicated per physician order.
Anticoagulant medication management	X	Resident must be on services for management.
B-12 injections	X	Resident must be on services for management. Case by case basis determined by RN

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Service	Available	Comments
Nutritional supplement administration	X	Resident must be on services. Resident/Representative responsible for costs and supply.
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Resident must be on services for management. Case by case basis determined by RN
Nebulizers	X	Resident must be on services for management. Case by case basis determined by RN
Inhalers	X	Resident must be on services for management. Case by case basis determined by RN
Ear drops	X	Resident must be on services for management. Case by case basis determined by RN
Eye drops	X	Resident must be on services for management. Case by case basis determined by RN
Topicals	X	Resident must be on services for management. Case by case basis determined by RN
Patches	X	Resident must be on services for management. Case by case basis determined by RN
Medication delivery via enteral (feeding) tube		
Pain pump management		
Medical cannabis administration (pill form) for certified patients	X	Per facility policy and in conjunction with I44G
Medical Cannabis storage for certified patients	X	Per facility policy and in conjunction with I44G
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	Resident must be on services for management. Case by case basis determined by RN
Wound care: basic	X	Resident must be on services for management. Case by case basis determined by RN
Wound care: complex	X	Resident must be on services for management. Case by case basis determined by RN
Diabetic care: blood glucose monitoring	X	Resident must be on services for management. Case by case basis determined by RN
Diabetic care: foot/nail care	X	Resident must be on services for managing. Contracted provider available for non-services.
C-PAP	X	Must be on services for managing. Not life sustaining- case by case basis determined by RN.
Bi-PAP	X	Must be on services for managing. Not life sustaining- case by case basis determined by RN.
Oxygen Management; specify any delivery system limitations	X	Case by case basis determined by RN in conjunction with home health for order/supply.
Oxygen saturation checks	X	Resident must be on services for management. Case by case basis and determined by RN
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Resident must be on services for management. Case by case basis determined by RN
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Must be on services for management. Case by case basis determined by RN. Fee may apply.

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Resident must be on services for management. Case by case basis determined by RN.
Lymphedema wraps		
Fall Prevention: balance assessments	X	Contracted with skilled therapy agency.
Fall Prevention: exercise programs	X	Contracted with skilled therapy agency
Fall Prevention: strength training	X	Contracted with skilled therapy agency
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	Resident must be on services for management. Case by case basis determined by RN
Daily weight check	X	Resident must be on services for management. Case by case basis determined by RN
Indwelling urinary catheter care; emptying and bag changes	X	Resident must be on services for management. Case by case basis determined by RN
Indwelling urinary catheter replacement by nurse		
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Resident must be on services for management. Case by case basis determined by RN.
Ostomy care	X	Resident must be on services for management. Case by case basis determined by RN.
Arrangements for and coordination with hospice care	X	Resident must be on services for management. Case by case basis determined by RN.
End-of-life palliative care	X	Resident must be on services for management. Case by case basis determined by RN.

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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	Resident must be on services for management. Cannot exceed assist of 2 staff
Bathing: shower	X	Resident must be on services for management. Cannot exceed assist of 2 staff
Bathing: bathtub	X	Resident must be on services for management. Cannot exceed assist of 2 staff
Oral hygiene	X	Resident must be on services for management.
Denture care	X	Resident must be on services for management.
Cuing/reminders for self-cares	X	Resident must be on services for management.
Use of special utensils	X	Resident must be on services for management. Memory and Enhanced Care only. Resident supplies
Feeding assistance for residents with complicated eating problems	X	Resident must be on services for management. Memory and Enhanced Care only.
Set-up and cut food at meals	X	Resident must be on services for management. Memory and Enhanced Care only.
Manual Feeding; specify limits in comments	X	Resident must be on services for management. Memory and Enhanced Care only.
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident		

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	X	Resident must be on services for management. Case by case basis determined by RN.
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	Resident must be on services for management.
Nail care: toenails, fingernails	X	Resident must be on services for management.
Toileting: standby assistance/supervision	X	Resident must be on services for management. Must not exceed assist of 2 staff.
Changing incontinence products; perineal care	X	Resident must be on services for management. Resident responsible for supplies.
Ordering replacement incontinence products	X	Applicable to residents on services for management and in accordance with CL Tool per EW.
Assistance with bowel and bladder control, devices, and training programs	X	Resident must be on services for management. Case by case basis determined by RN.
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	Resident must be on services for management. Cannot exceed assist of 2 staff
Transfers with assist of one staff	X	Resident must be on services for management.
Transfers with assist of two staff	X	Resident must be on services for management.
Transfers utilizing sit-to-stand lifts	X	Resident must be on services for management. Case by case basis determined by RN.
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer	X	Resident must be on services for management. Case by case basis determined by RN.
Mechanical lift: assist of 2 transfer	X	Resident must be on services for management. Case by case basis determined by RN.
Ambulation with assist of 1	X	Resident must be on services for management.
Bed mobility	X	Resident must be on services for management. Cannot exceed assist of 2 staff.
Assistance with chair mobility	X	Resident must be on services for management. Cannot exceed assist of 1 staff.
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	Additional cost. Evaluation recommendation needed by contracted rehab therapy services.
Elevators		
Other; specify:	Any modification of apartment would require approval from Management.	

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	Resident must be on services for management. Case by case basis determined by RN.

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Service	Available	Comments
Daily safety checks	X	Resident must be on services for management.
Emergency call system; specify type in comments	X	Notify pendant and pull cord 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	In accordance with Bill of Rights.
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Resident must be on services for management. Case by case basis determined by RN.
Security Guard		
Security cameras in common spaces	X	Electronic monitoring notice posted.
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Main Entrance, Memory Care
Other lock systems: specify locations (unit, resident room, exits, etc.)		
Emergency generator(s) to power the facility during power outages	X	Hallway lights, hallway outlets, kitchen freezer and fridge
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	Individualized meal plan. Additional fee may apply.
Breakfast available in community space	X	
Breakfast available; delivered to apartment	X	Additional fee may apply.
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Additional fee may apply.
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Additional fee may apply.
Meal tray delivery and pick-up from resident's unit	X	Additional fee may apply.
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Nectar & honey thick liquids. Case by case determined by RN. Additional fee may apply
Modified Texture Diets; specify limits in comments	X	Mechanical soft, puree. Case by case determined by RN. Additional fee may apply
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled	X	Additional fee may apply. Case by case in consultation with RN and contracted dining.
Therapeutic Diets: gluten-free	X	Additional fee may apply. Case by case in consultation with RN and contracted dining
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium		

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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	X	Vegetarian. Additional fee may apply. Case by case in consultation with RN and
Dietitian or Nutritionist Services	X	Dietitian provided by contracted dining
Carbohydrate intake/tracking		
Meal consumption tracking	X	In Memory Care only and case by case basis in consultation with RN.
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 must be on services for management.
Assistance with meals or food preparation		Prepared in facility kitchen.
Daily Social and Recreational Services	Required	Per facility calendar
Housekeeping: bed making	X	Resident must be on services for management.
Housekeeping: defrost and clean refrigerator	X	Additional fee may apply
Housekeeping: dusting	X	Light dusting with routine cleaning
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	No more than twice a week. Scheduled on a case by case basis. Fee may apply if additional.
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	No more than twice a week. Scheduled on a case by case basis. Fee may apply if additional.
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	No more than twice a week. Fee may apply if additional. Scheduled on a case by case basis.
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	No more than twice a week. Fee may apply if additional. Scheduled on a case by case basis.
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Case by case basis and availability based on facility calendar.
Schedule medical and social service appointments	X	Must be on services for management. Case by case basis determined by RN. Fee may apply.
Assistance with arranging transportation for personal, social, and recreational activities	Required	Additional fee may apply
Assistance with arranging transportation to medical and social services appointments	Required	Additional fee may apply
Provide transportation to social and recreational activities	X	Case by case basis and availability based on facility calendar.
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored		See facility calendar for details.
Spiritual Care/Religious Services; on-site	X	Pending faith base availability by vendor/volunteer.
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	Resident must be on services for managing & supply. Case by case basis by Registered Nurse.
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”	X	Per facility staffing plan.
Registered Nurse: on-site “full time”	X	Per facility staffing plan.
Licensed Practical Nurse: on site “part time”		
Licensed Practical Nurse: on-site “full time”		
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	X	Per facility staffing plan.
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	Per facility staffing plan.
Dietician/Nutritionist consultant available or can be arranged	X	Through contracted services.

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Through contracted services.
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Through contracted services.
Speech Language Pathologist available or can be arranged	X	Through contracted services.
Social Worker available or can be arranged	X	Through contracted services.
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	Some ADA apartments
Private units	X	
Semi-private units		
Studio/efficiency units	X	
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units	X	
Internet access	X	Guest network provided.

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Amenity	Available	Comments
Cable (television)	X	
Pets allowed	X	See Pet Policy for further details. Resident is responsible for pet and all cares.
Pet care; specify in comments		
Pool		
Whirlpool	X	
Exercise Room		
Library		
Activity Room	X	
Garden/outdoor spaces	X	
Chapel		
Private entertaining space	X	
Communal Dining room	X	
Beauty/Barber Shop	X	Contracted with outside provider. Additional fee may apply.
Parking available for residents	X	Additional fee may apply. Based on availability.
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	
Washer-Dryer in units		
Central Air Conditioning		
Fully sprinklered building	X	

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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 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.

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