

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): 03/10/2025

Name of Assisted Living: NorBella Senior Living - Rogers

HFID: 39481

Unique building/unit description (if applicable): _____

Facility Address: 21900 South Diamond Lake Road, Rogers, MN 55374

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:³ _____

Evening Shift:³ _____

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	X	
Federal rent subsidy		
Other; explain:		

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	Accept EW
Private Pay	X	
Long Term Care Insurance	X	Client responsible for payment as typically insurance payment is made 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	Secured memory unit, enclosed memory care fence
Secured outdoor grounds on facility premises		
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	Fees may vary based on RN assessment
Delivery of medication from the original containers to resident		
Delivery of liquid or food to resident if required to ingest medication	X	Based on RN assessment and medication managed services
Delegation of medication management services by licensed health professional to unlicensed staff	X	Based on RN assessment
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	Based on RN assessment, fees may vary
Clinical monitoring of labs related to medications	X	Based on RN assessment, fees may vary
Anticoagulant medication management	X	Based on RN assessment, fees may vary
B-12 injections	X	Based on RN assessment, fees may vary

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Service	Available	Comments
Nutritional supplement administration	X	Per Physicans ordres - Fees vary based on RN assessment
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Per Physicans orders - Fees may vary based on RN assessment
Nebulizers	X	Fees may vary based on RN assessment
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		
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 may vary based on RN assessment
Wound care: basic	X	Based on RN assessment, fees may vary
Wound care: complex	X	Available through third party vendor
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	Fees may vary based on RN assessment
Lymphedema wraps	X	Based on RN assessment, fees may vary
Fall Prevention: balance assessments	X	Available through third party vendor
Fall Prevention: exercise programs	X	Available through third party vendor
Fall Prevention: strength training	X	Available through third party vendor
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	Available through third party vendor
Integrative Health Services: healing touch	X	Available through third party vendor
Integrative Health Services: massage	X	Available 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		
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	Based on RN assessment, fees may vary
Ostomy care	X	Based on RN assessment, fees may vary
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	Available through third party vendor

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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 on RN assessment, fees may vary
Set-up and cut food at meals	X	Based on RN assessment, fees may vary
Manual Feeding; specify limits in comments	X	Based on RN assessment, fees may vary
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	Available in short term emergent situations
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	Based on RN assessment, fees may vary
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
Mechanical lift: assist of 1 transfer	X	Based on RN assessment, fees may vary
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	Can be installed based upon RN assessment. Cannot be installed in showers.
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	X	In emergent situations based on RN assessment
Every 30-minutes safety checks	X	In emergent situations based on RN assessment
Hourly safety checks	X	In emergent situations based on RN assessment
Every two-hours safety checks	X	Based on RN assessment

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Service	Available	Comments
Daily safety checks	X	Based on RN assessment
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 sign independent check-in at entrance
Bed alarms or movement sensing technology	X	Movement sensing technology based on RN assessment.
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	Common area cameras, fobs for memory entrance/exit
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	All apartments have lockable doors
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	Additional fees may apply
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		
Therapeutic Diets: gluten-free	X	Can provide gluten intolerant, not gluten-free
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		
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking	X	Available for short term situations. Based on RN assessment, fees may vary
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	Additional fee inquired. Tied to meal service
Assistance with meals or food preparation	X	Light meal set up
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	Additional fee may apply
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	X	Light dusting included in weekly housekeeping
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	As needed, additional fee may apply
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Included in weekly housekeeping
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Fees may vary based on RN assessment
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Fees frequency may vary based on RN assessment
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	Offered through scheduled community life events
Schedule medical and social service appointments		
Assistance with arranging transportation for personal, social, and recreational activities	Required	Can provide resources for third party vendors.
Assistance with arranging transportation to medical and social services appointments	Required	Can provide resources for third party vendors.
Provide transportation to social and recreational activities	X	For community life scheduled events
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	Through scheduled community life events.
Spiritual Care/Religious Services; on-site	X	On an as needed basis
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices		
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 are Monday-Friday
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	Primary Hours are Monday-Friday
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	X	Can be arranged through third party vendor

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Can be arranged through third party vendor
Respiratory Therapist available or can be arranged	X	Can be arranged through third party vendor
Occupational Therapist available or can be arranged	X	Can be arranged through third party vendor
Speech Language Pathologist available or can be arranged	X	Can be arranged through third party vendor
Social Worker available or can be arranged	X	Can be arranged through third party vendor
Other Licensed Professional available; specify type in comments	X	Psychology, Dental, and Podiatry are offered on site through a third party vendor
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	Refrigerator and Microwave in assisted living. Refrigerator in memory care.
Internet access	X	

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Amenity	Available	Comments
Cable (television)	X	Cable connections available but service must be set up through outside provider
Pets allowed	X	Additional fees and documents required. Pet's allowed in assisted living only.
Pet care; specify in comments		
Pool		
Whirlpool	X	
Exercise Room	X	
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 based on availability
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	Available upon request
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 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