

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): 07/01/2025

Name of Assisted Living: Passion Care Homes

HFID: 40401

Unique building/unit description (if applicable): n/a

Facility Address: 2701 9th Ave. E. North Saint Paul, MN 55109

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): n/a

Physical Address (if different than above): n/a

Additional Building:

Building Name (if applicable): n/a

Physical Address (if different than above): n/a

Additional Building:

Building Name (if applicable): n/a

Physical Address (if different than above): n/a

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: 1

Evening Shift: 1

Night shift: 1

Payment Options

The facility will indicate by placing an “X” in the “Accepted” column if the payment option is accepted (may check more than one). The facility may indicate in the “Comments” column if a pre-determined length of private funds payment source is required before acceptance of Medicaid or 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	
Private Pay	x	
Long Term Care Insurance	x	
Other; explain:		

Services and Amenities Available

Below is a list of services that are available to assisted living residents. The facility will indicate by placing a “yes” or “X” in the “Available” column if the service is provided or available at/on the campus/unit of the location listed above. If the “Available” column is blank, the facility does **not** provide that service.

Section 1: Dementia Care

Pertains only to facilities with an **Assisted Living with Dementia Care** license

Check each service available at the location(s) listed above.

Dementia Care Services Available

Service	Available	Comments
Secured unit or building for wandering or exit-seeking behavior		
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors		
Other; specify:		

Section 2: Medication Management

Check each service available at the location(s) listed above.

Medication Management Services Available

Service	Available	Comments
Verbal or visual reminders to take regularly scheduled medications; specify any limit to frequency in comments	x	
Communication with physician/pharmacy about ordering or refill requests	x	
Medication administration by licensed or unlicensed personnel	x	Medications will be administered by unlicensed HHA/RA trained and supervised by facility RN
Delivery of medication to resident previously set up by the facility nurse	x	Unlicensed HHA/RA will deliver and administer meds set up by LTC pharmacy/RN
Medications set up by nurse for resident to self-administer	x	Unlicensed HHA/RA will deliver and administer meds set up by LTC pharmacy/RN
Delivery of medication from the original containers to resident	x	Contracted LTC pharmacy will deliver pre-packaged medications to our facility
Delivery of liquid or food to resident if required to ingest medication	x	assessed and based on resident's preferences and needs
Delegation of medication management services by licensed health professional to unlicensed staff	x	
Central storage of medication	x	All medications are stored in locked med cart
Diabetic Care: insulin pen dosing	x	delegated to unlicensed staff per nursing
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing	x	delegated to unlicensed staff per nursing
Diabetic Care: sliding scale insulin management	x	delegated to unlicensed staff per nursing
Clinical monitoring of labs related to medications	x	Per Provider orders
Anticoagulant medication management	x	
B-12 injections	x	Administered by RN as prescribed by Provider

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Service	Available	Comments
Nutritional supplement administration	X	
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	IM and Sub-Q injections performed by RN except for insulin injections- delegated to UP
Nebulizers	X	
Inhalers	X	
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
Medication delivery via enteral (feeding) tube	X	Based on resident's assessment will coordinate w/ Skilled Home Health Care
Pain pump management		
Medical cannabis administration (pill form) for certified patients	X	Supervised by RN, double med lock system and counted every shift
Medical Cannabis storage for certified patients	X	Supervised by RN, double med lock system and counted every shift
Cannabidiol oil administration for certified patients	X	
Other; specify:		

Section 3: Treatments & Therapies

Check each service available at the location(s) listed above.

Treatments & Therapies Available

Service	Available	Comments
Verbal or visual reminders to perform regularly scheduled treatments or exercises	x	
Wound care: basic	x	
Wound care: complex	x	Through skilled nursing home care agency
Diabetic care: blood glucose monitoring	x	
Diabetic care: foot/nail care	x	external provider to provide diabetic foot/nail care
C-PAP	x	
Bi-PAP		
Oxygen Management; specify any delivery system limitations	x	via nasal cannula or oxymask per provider order
Oxygen saturation checks	x	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube	x	Assessed and performed by RN
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks		
Arrange for On-Site Dialysis	x	Per provider order and through external agency
Arrange for/set-up Off-Site Dialysis	x	

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Service	Available	Comments
Peritoneal Dialysis (on-site)	X	Resident must be capable of managing own peritoneal dialysis
Compression stockings	X	
Lymphedema wraps		
Fall Prevention: balance assessments		
Fall Prevention: exercise programs	x	Per physical therapy assessment and orders
Fall Prevention: strength training	x	Per physical therapy assessment and orders
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	As scheduled and as needed
Daily weight check	X	As scheduled and as needed
Indwelling urinary catheter care; emptying and bag changes	X	Per provider order
Indwelling urinary catheter replacement by nurse	X	Per provider order, resident responsible for supplies through insurance
Straight (intermittent) catheter assistance	X	Per provider order, resident responsible for supplies through insurance
Suprapubic catheter care	X	Per provider order, resident responsible for supplies through insurance
Ostomy care	X	Per provider order, resident responsible for supplies through insurance
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	Assessed and coordinated with Hospice Agency, per provider orders

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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	1-person assist, shower chair as needed
Bathing: bathtub	X	1-person assistance; assessment to determine if resident can safely be bathed in tub
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	
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	Determination is based on assessment if it can be safely performed and within 1/2 hour
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident		
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	
Nail care: toenails, fingernails	X	
Toileting: standby assistance/supervision	X	1-person assist or stand by assist
Changing incontinence products; perineal care	X	Incontinent products are provided by resident/insurance or add. charges billed for product
Ordering replacement incontinence products	X	provided by resident or insurance
Assistance with bowel and bladder control, devices, and training programs	X	Work with skilled agency as needed
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		
Transfers utilizing sit-to-stand lifts	X	Residents to have own devices, will coordinate with DME company/insurance
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	
Mechanical lift: assist of 2 transfer		
Ambulation with assist of 1	X	
Bed mobility	X	
Assistance with chair mobility	X	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	As needed per assessment (bed rail, etc)
Elevators		
Other; specify:	Assistance with cane and walker	

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	x	If indicated in care plan and as needed due to safety
Every two-hours safety checks	X	

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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	Staff will have access to telephone to call 911 in an emergency, bell/call light for residents
Non-emergency call system; specify type in comments	X	Each resident will have a personal bell or call light within reach. On call RN 24/7.
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	Visitor log maintained. Additional COVID-19 screening performed on all visitors
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Sensors or entry/exit codes can be implemented in facility exits based on resident need and safety upon assessment
Security Guard		
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	All exit doors will have locked doors. Residents may request for a lock +key for their private room door by notifying management. Staff/management will have a copy of key for safety reasons.
Emergency generator(s) to power the facility during power outages		
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	delivered to resident room upon request, resident must be able to self-feed and not a choking/aspiration risk
Lunch available in community space	X	
Lunch available; delivered to apartment	X	delivered to resident room upon request, resident must be able to self-feed and not a choking/aspiration risk
Dinner available in community space	X	
Dinner available; delivered to apartment	X	delivered to resident room upon request, resident must be able to self-feed and not a choking/aspiration risk
Meal tray delivery and pick-up from resident's unit	X	upon request
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	per provider order
Modified Texture Diets; specify limits in comments		
Therapeutic Diets: cardiac	X	
Therapeutic Diets: diabetic or calorie controlled	X	
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber	X	

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Therapeutic Diets: low fat/low cholesterol	X	
Therapeutic Diets: low sodium	X	

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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	Vegetarian
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking	X	
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	X	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator	x	
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers	X	

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	weekly
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	
Housekeeping: other; specify in comments	X	weekly and as needed
Laundry: linen (change bed, launder sheets, towels)	X	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	2 loads/wash per week max
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	occasional
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	As needed and able by staff availability. Facility currently only able to provide non-wheelchair bound client social and recreational transportations.
Provide transportation to medical and social service appointments	x	Facility currently only able to provide non-wheelchair bound client transportation on an as needed and as available basis.
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored		
Spiritual Care/Religious Services; on-site		
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices		
Primary languages spoken by staff	X	English, Hmong
Supervision of smoking		

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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	RN may not always be physically present on site but available via phone/email/messaging during standard business hours.
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	ALD may not always be physically present on site but available via phone/email/messaging during standard business hours.
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		
Dietician/Nutritionist consultant available or can be arranged	X	can be arranged with external provider/agency

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	can be arranged with external provider/agency
Respiratory Therapist available or can be arranged	X	can be arranged with external provider/agency
Occupational Therapist available or can be arranged	X	can be arranged with external provider/agency
Speech Language Pathologist available or can be arranged	X	can be arranged with external provider/agency
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments		
Other; specify:		

Section 10: Amenities

Check each option available at the location(s) listed above.

Amenities Available

Amenity	Available	Comments
Accessible bathrooms; specify limits in comments	X	grab bars
Private units	X	
Semi-private units	X	
Studio/efficiency units		
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	X	wifi

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Amenity	Available	Comments
Cable (television)	X	
Pets allowed	X	Fish- residents must be able to care for them. No larger than 2.5 gallon tank.
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room		
Library		
Activity Room	X	
Garden/outdoor spaces	X	
Chapel		
Private entertaining space		
Communal Dining room		
Beauty/Barber Shop		
Parking available for residents		
Parking available for guests	X	on street
Guest accommodations		
Laundry Room accessible to Residents	X	Residents will have access to laundry on main level
Washer-Dryer in units		
Central Air Conditioning	X	Central AC in the home
Fully sprinklered building		

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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\(d\)](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 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