

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): 11/27/2024

Name of Assisted Living: Wholesome Senior Living LLC

HFID: 41253

Unique building/unit description (if applicable): single family home

Facility Address: 8409 33rd Ave N Crystal, MN 55427

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: ¹⁻² _____

Evening Shift: ¹⁻² _____

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	x	
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	resident or representative to make arrangements from LTC insurance and pay for services
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	
Delivery of medication to resident previously set up by the facility nurse	x	
Medications set up by nurse for resident to self-administer	x	
Delivery of medication from the original containers to resident	x	
Delivery of liquid or food to resident if required to ingest medication	x	
Delegation of medication management services by licensed health professional to unlicensed staff	x	
Central storage of medication	x	
Diabetic Care: insulin pen dosing	x	No sliding scale, for scheduled insulin only.
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	x	Rtasks charting system will prompt HHA on amount of insulin to give per provider orders
Clinical monitoring of labs related to medications	x	per provider orders only
Anticoagulant medication management	x	outside lab required, per provider orders
B-12 injections	x	RN/LPN discretion, injection by RN/LPN only

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Nutritional supplement administration	x	by mouth only
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	x	non-insulin by RN/LPN only
Nebulizers	x	
Inhalers	x	
Ear drops	x	
Eye drops	x	
Topicals	x	
Patches	x	
Medication delivery via enteral (feeding) tube		
Pain pump management		
Medical cannabis administration (pill form) for certified patients	x	per provider orders
Medical Cannabis storage for certified patients	x	
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	
Wound care: basic	x	per providers order and RN/LPN discretion
Wound care: complex		
Diabetic care: blood glucose monitoring	x	
Diabetic care: foot/nail care	x	simple care only per RN discretion
C-PAP	x	non-life sustaining with RN discretion
Bi-PAP	x	non-life sustaining with RN discretion
Oxygen Management; specify any delivery system limitations	x	RN discretion, in conjunction with home health for order/supply.
Oxygen saturation checks	x	per RN discretion
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	x	per provider orders
Arrange for On-Site Dialysis	x	outside provider responsible for any hazardous waste disposal
Arrange for/set-up Off-Site Dialysis	x	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Peritoneal Dialysis (on-site)	x	outside provider responsible for any hazardous waste disposal
Compression stockings	x	
Lymphedema wraps	x	RN discretion
Fall Prevention: balance assessments	x	RN discretion
Fall Prevention: exercise programs	x	RN discretion
Fall Prevention: strength training	x	RN discretion
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	x	with provider clearance or signed waiver of risk
Integrative Health Services: healing touch	x	
Integrative Health Services: massage		
Blood pressure checks	x	RN discretion
Daily weight check	x	RN discretion
Indwelling urinary catheter care; emptying and bag changes	x	
Indwelling urinary catheter replacement by nurse	x	
Straight (intermittent) catheter assistance	x	supply set up and verbal cueing only, per RN discretion
Suprapubic catheter care		
Ostomy care	x	emptying by trained staff, bag change supply set up and verbal cueing only, per RN discretion
Arrangements for and coordination with hospice care	x	
End-of-life palliative care	x	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

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	per RN discretion
Bathing: shower	x	per RN discretion
Bathing: bathtub	x	per RN discretion
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	per provider orders
Set-up and cut food at meals	x	
Manual Feeding; specify limits in comments	x	RN/LPN discretion of safety
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	x	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Feeding in resident's apartment with one staff member per resident		accomodation may be available depending on staffing level and safety
Grooming: hair care, make-up, shaving, application of lotion, etc.	x	facial shaving only
Nail care: toenails, fingernails	x	simple care per RN/LPN discretion
Toileting: standby assistance/supervision	x	
Changing incontinence products; perineal care	x	
Ordering replacement incontinence products	x	additional fees may apply and in accordance with CL Tool per EW.
Assistance with bowel and bladder control, devices, and training programs	x	RN discretion
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	RN discretion
Transfers with assist of one staff	x	
Transfers with assist of two staff		accomodation may be available dependent on staffing level and safety
Transfers utilizing sit-to-stand lifts	x	RN discretion of safety and ability to maneuver home
Transfers utilizing sliding boards	x	RN discretion of safety
Transfers utilizing bariatric equipment	x	max of 1 staff assist, RN discretion of safety
Ceiling lift transfers		accomodation may be available with installation cost reimbursed by resident or insurance

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Non-mechanical transfers (trapeze)	x	per provider orders
Mechanical lift: assist of 1 transfer	x	
Mechanical lift: assist of 2 transfer		
Ambulation with assist of 1	x	
Bed mobility	x	1 staff assist with RN discretion
Assistance with chair mobility	x	1 staff assist with RN discretion
Chair Glide System		
Mechanical Stair Lift System		accomodation may be available with installation cost reimbursed by resident or insurance
Handrails; in personal space		accomodation may be available with installation cost reimbursed by resident or insurance
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	x	RN discretion of duration
Hourly safety checks	x	RN discretion of duration
Every two-hours safety checks	x	

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Daily safety checks	x	
Emergency call system; specify type in comments	x	Reteless system, on call nurse, home phone
Non-emergency call system; specify type in comments	x	Reteless system
Digital wander alert device on resident		
Wander alert system at facility exits	x	door exit camera alert, may be periodically unmonitored
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		accommodation may be available with installation cost reimbursed by resident or insurance
Door sensors: specify locations (unit, resident room, exits, etc.)		accommodation may be available with installation cost reimbursed by resident or insurance
Security Guard		
Security cameras in common spaces	x	Electronic monitoring notice posted.
Key card/fob access: specify locations (unit, resident room, exits, etc.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)	x	front door access code and key lock
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	
Lunch available in community space	x	
Lunch available; delivered to apartment	x	
Dinner available in community space	x	
Dinner available; delivered to apartment	x	
Meal tray delivery and pick-up from resident's unit	x	
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		
Therapeutic Diets: gluten-free		Additional fee may apply. With RN discretion and provider order.
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium		

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Therapeutic Diets: no added salt	x	Additional fee may apply. With RN discretion and provider order.
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	x	Additional fee may apply. With RN discretion and provider order.
Dietitian or Nutritionist Services	x	coordination with outside provider
Carbohydrate intake/tracking		
Meal consumption tracking	x	25%, 50%, 75%, and 100% estimates only
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	AM shift to check in with each resident daily
Assistance with meals or food preparation	x	staff to prepare non-specialized diets
Daily Social and Recreational Services	Required	
Housekeeping: bed making	x	
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	x	
Housekeeping: organize closets and drawers	x	Management discretion.

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	x	twice a day and as needed for odorous trash
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	x	Additional fee may apply to more than 2 occurrences, on-site laundry completed by staff only
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	Additional fee may apply to more than 2 occurrences, on-site laundry completed by staff only
Laundry: other; specify in comments		no resident or family member access to on-site laundry
Schedule offsite social and recreational activities	x	transportation coordinated, no on-site vehicle for residents provided
Schedule medical and social service appointments	x	
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		
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	x	transportation coordinated, no on-site vehicle for residents provided
Spiritual Care/Religious Services; on-site		
Assistance with bill paying/budgeting	x	only small petty cash
Communication boards or other supplemental communication devices	x	
Primary languages spoken by staff	x	English
Supervision of smoking		

Service	Available	Comments
Other; specify: No Smoking on Property		

Section 9: Staffing

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

Staffing Available

Staffing	Available	Comments
One-to-One staffing available		
One-to-One staffing for special circumstances	x	per RN discretion, additional fees may apply
Overnight companion		
Registered Nurse: on-site “part time”	x	
Registered Nurse: on-site “full time”	x	
Licensed Practical Nurse: on site “part time”	x	with heavy caseload
Licensed Practical Nurse: on-site “full time”		
Assisted Living Director: on-site “part time”	x	
Assisted Living Director: on site “full time”	x	
Advanced Practice Registered Nurse: on-site “part time”		
Advanced Practice Registered Nurse: on site “full time”		
Activities Director: Part Time		
Activities Director: Full Time		
Dietician/Nutritionist consultant available or can be arranged	x	arranged

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Staffing	Available	Comments
Physical Therapist available or can be arranged	x	arranged
Respiratory Therapist available or can be arranged	x	arranged
Occupational Therapist available or can be arranged	x	arranged
Speech Language Pathologist available or can be arranged	x	arranged
Social Worker available or can be arranged	x	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		wheelchair, walker, or cane may be able to access bathroom
Private units	x	
Semi-private units		
Studio/efficiency units		
One-bedroom units	x	
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	x	guest network provided

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES (UDALSA)

Amenity	Available	Comments
Cable (television)	x	streaming service and local channels
Pets allowed	<input type="checkbox"/>	
Pet care; specify in comments		resident must be capable of caring for pet, may need to keep pet in personal room only
Pool		
Whirlpool		
Exercise Room		
Library	x	
Activity Room	x	
Garden/outdoor spaces	x	
Chapel		
Private entertaining space		
Communal Dining room	x	
Beauty/Barber Shop		
Parking available for residents	x	limited, additional fee may apply, no street parking 2am-5am
Parking available for guests	x	no street parking 2am-5am
Guest accommodations	x	limited, additional fee may apply
Laundry Room accessible to Residents		
Washer-Dryer in units		
Central Air Conditioning	x	
Fully sprinklered building		

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