

# 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): 07/24/2024

Name of Assisted Living: 1 on 1 Comprehensive Healthcare Solution LLC

HFID: \_\_\_\_\_

Unique building/unit description (if applicable): \_\_\_\_\_

Facility Address: 8017 Van Buren Street NE, Spring Lake Park, MN 55432

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:<sup>1</sup> \_\_\_\_\_

Evening Shift:<sup>1</sup> \_\_\_\_\_

Night shift:<sup>1</sup> \_\_\_\_\_

## 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		Not currently
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	
Delivery of medication to resident previously set up by the facility nurse	X	
Medications set up by nurse for resident to self-administer	X	Provider has to give specific order that it is ok for client to self administer 
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	
Diabetic Care: insulin pump management	X	For residents alert and oriented and with specific MD/NP/PA order 
Diabetic Care: insulin syringe dosing	X	
Diabetic Care: sliding scale insulin management	X	
Clinical monitoring of labs related to medications	X	
Anticoagulant medication management	X	
B-12 injections	X	By RN or license staff

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Service	Available	Comments
Nutritional supplement administration	X	
(IV) Intravenous management	X	BY LICENSED STAFF ONLY
PICC lines (Peripherally Inserted Central Catheter)	X	BY LICENSED STAFF ONLY
Injections; specify types or limits in comments (IM, SQ)	X	
Nebulizers	X	
Inhalers	X	
Ear drops	X	
Eye drops	X	
Topicals	X	
Patches	X	
Medication delivery via enteral (feeding) tube	X	
Pain pump management		
Medical cannabis administration (pill form) for certified patients	X	
Medical Cannabis storage for certified patients	X	
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	
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care	X	
C-PAP	X	
Bi-PAP	X	
Oxygen Management; specify any delivery system limitations	X	
Oxygen saturation checks	X	
Ventilators	X	
Suctioning	X	
Tracheostomy Care: cleaning of site and tube	X	
Tracheostomy Care: showering assistance	X	
Tracheostomy Care: suctioning assistance	X	
Pacemaker Checks	X	
Arrange for On-Site Dialysis	X	
Arrange for/set-up Off-Site Dialysis	X	

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Service	Available	Comments
Peritoneal Dialysis (on-site)	X	
Compression stockings	X	
Lymphedema wraps	X	
Fall Prevention: balance assessments	X	
Fall Prevention: exercise programs	X	
Fall Prevention: strength training	X	
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	
Daily weight check	X	
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse	X	
Straight (intermittent) catheter assistance	X	BY RN OR LICENSE PROVIDED
Suprapubic catheter care	X	
Ostomy care	X	
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	

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Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)		ONLY IF CARE PLANNED FOR PATIENTS
Training of and use of Cardiopulmonary Resuscitation (CPR)		
Other; specify:		

### Section 4: Assistance with Activities of Daily Living

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

#### Assistance with Daily Living Activities Available

Service	Available	Comments
Dressing	X	
Bathing: shower	X	
Bathing: bathtub	X	
Oral hygiene	X	
Denture care	X	
Cuing/reminders for self-cares	X	
Use of special utensils	X	EQUIPMNT NOT PROVIDED BY THE SITE
Feeding assistance for residents with complicated eating problems	X	BASE ON INDIVIDUAL REVIEW/CARE PLAN
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	
Tube Feeding; specify limits in comments	X	LIMITED TO G/J/PEG TUBE ONLY, NO NASAL TUBE
Feeding in common area with one staff member per resident	X	AS PER CARE PLAN

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident	X	AS PER CARE PLAN
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	
Nail care: toenails, fingernails	X	
Toileting: standby assistance/supervision	X	
Changing incontinence products; perineal care	X	
Ordering replacement incontinence products	X	
Assistance with bowel and bladder control, devices, and training programs	X	
Other; specify:		

## Section 5: Mobility Support

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

### Mobility Services Available

Service	Available	Comments
Standby Assistance	X	
Transfers with assist of one staff	X	
Transfers with assist of two staff	X	
Transfers utilizing sit-to-stand lifts	X	
Transfers utilizing sliding boards	X	
Transfers utilizing bariatric equipment	X	
Ceiling lift transfers	X	AS PER CARE PLAN

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Service	Available	Comments
Non-mechanical transfers (trapeze)	X	
Mechanical lift: assist of 1 transfer	X	
Mechanical lift: assist of 2 transfer	X	
Ambulation with assist of 1	X	
Bed mobility	X	
Assistance with chair mobility	X	
Chair Glide System	X	
Mechanical Stair Lift System		
Handrails; in personal space	X	GRAB BARS INSTALLED IN ALL RESTROOMS
Elevators		
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	AS PER CARE PLAN
Every 30-minutes safety checks	X	AS PER CARE PLAN
Hourly safety checks	X	AS PER CARE PLAN
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	CALL SYSTEM
Non-emergency call system; specify type in comments		CALL SYSTEM/CALL BELL
Digital wander alert device on resident		
Wander alert system at facility exits		
Staff monitoring at facility exits; specify method in comments	X	SECURITY CAMERA
Visitor check-in/check-out at facility main entrance	X	CHECK IN WITH STAFF
Bed alarms or movement sensing technology		
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.)		
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	SAFETY LOCK ON ALL RESIDENT DOORS
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	THIS IS 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	AS PER CARE PLAN
Meal tray delivery and pick-up from resident's unit	X	AS PER CARE PLAN
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	PER ORDER; NECTAR (MILD THICK), HONEY (MODERATELY THICK), AND PUDDING THICK <b>+</b>
Modified Texture Diets; specify limits in comments	X	PER MD ORDER
Therapeutic Diets: cardiac	X	
Therapeutic Diets: diabetic or calorie controlled	X	PER MD ORDER, AS PER CARE PLAN
Therapeutic Diets: gluten-free	X	LIMITED GLUTEN FREE DIET AVAILABLE PER CLIENT SELECTION AND PHYSICIAN ORDER <b>+</b>
Therapeutic Diets: high fiber	X	PER CLIENT SELECTION AND PHYSICIAN ORDER-- CARE PLAN <b>+</b>
Therapeutic Diets: low fat/low cholesterol	X	PER CARE PLAN/PER MD ORDER/PER CLIENT
Therapeutic Diets: low sodium	X	2 GM SODIUM DIET AVAILABLE PER CLIENT SELECTION/ MD ORDER <b>+</b>


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Service	Available	Comments
Therapeutic Diets: no added salt	X	PER MD ORDER AND CLIENT PREFERENCE
Therapeutic Diets: renal diet	X	AVAILALE PER MD ORDER AND CLIENT SELECTION 
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		
Dietitian or Nutritionist Services		OUTSIDE PROVIDER CAN BE CONSULTED
Carbohydrate intake/tracking	X	MAY BE ACCOMMODATED FOR A SHORT AND LIMITED DURATION 
Meal consumption tracking	X	MAY BE ACCOMMODATED FOR A SHORT AND LIMITED DURATION 
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	STAFF PHYSICALLY GO TO RESIDENT'S ROOM TO INQUIRE IF HE/SHE IS OKAY 
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	
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments	X	DEEP HOUSE CLEANING
Laundry: linen (change bed, launder sheets, towels)	X	
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	UP TO DAILY OR AS PER CARE PLAN
Laundry: other; specify in comments	X	
Schedule offsite social and recreational activities	X	
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 PER CARE PLAN
Provide transportation to medical and social service appointments	X	AS PER CARE PLAN
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	
Spiritual Care/Religious Services; on-site	X	PART OF ACTIVITIES AND AS PER RESIDENT RELIGION
Assistance with bill paying/budgeting	X	
Communication boards or other supplemental communication devices	X	EQUIPMENT AD DEVICES NOT PROVIDED BY THE SITE
Primary languages spoken by staff		
Supervision of smoking	X	AS PER CARE PLAN

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	X	AS PER CARE PLAN, FOR A SHORT TIME
Overnight companion	X	
Registered Nurse: on-site “part time”	X	
Registered Nurse: on-site “full time”		
Licensed Practical Nurse: on site “part time”	X	
Licensed Practical Nurse: on-site “full time”		
Assisted Living Director: on-site “part time”	x	
Assisted Living Director: on site “full time”		
Advanced Practice Registered Nurse: on-site “part time”	X	
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	CAN BE ARRANGED WITH OUTSIDE AGENCY

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	CAN BE ARRANGED WITH OUTSIDE AGENCY
Respiratory Therapist available or can be arranged	X	CAN BE ARRANGED WITH OUTSIDE AGENCY
Occupational Therapist available or can be arranged	X	CAN BE ARRANGED WITH OUTSIDE AGENCY
Speech Language Pathologist available or can be arranged	X	CAN BE ARRANGED WITH OUTSIDE AGENCY
Social Worker available or can be arranged	X	CAN BE ARRANGED WITH OUTSIDE AGENCY
Other Licensed Professional available; specify type in comments	X	PSYCHOLOGY, PODIATRY, DENTAL, AUDIOLOGY, OPTOMETRY CAN ALL BE ARRANGED <span style="float: right;">+</span>
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	BATHROOM ACCESSIBLE
Private units		
Semi-private units		
Studio/efficiency units		
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		SHARE KITCHEN
Internet access	X	

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Amenity	Available	Comments
Cable (television)	X	
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room		
Library		
Activity Room		
Garden/outdoor spaces		
Chapel		
Private entertaining space		
Communal Dining room	X	
Beauty/Barber Shop		
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	
Washer-Dryer in units		SHARE WASHER/DRYER IN HOUSE
Central Air Conditioning	X	
Fully sprinklered building		

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside	X	OUTSIDE OF BUILDING ONLY, AS ASSIGNED BY FACILITY
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](http://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](http://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