

# 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) 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): 05/28/2024

Name of Assisted Living: Bright Home ALC LLP

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

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

Facility Address: 6512 Indiana Ave, Brooklyn Center, MN 55429

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: <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	x	
Federal rent subsidy		
Other; explain:		

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**Payment Options for Services**

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	x	
Private Pay	x	
Long Term Care Insurance		

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 outdoor grounds on facility premises	x	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors	x	

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	Client will self-administer medications set up by the nurse when client is on leave of abse 
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	
Diabetic Care: insulin syringe dosing	x	
Diabetic Care: sliding scale insulin management	x	
Clinical monitoring of labs related to medications	x	Taking blood pressure before administering blood pressure meds 
Anticoagulant medication management	x	
B-12 injections	x	

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<b>Service</b>	<b>Available</b>	<b>Comments</b>
Nutritional supplement administration	x	
(iv) intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	x	iM, SQ only nurses administer as ordered.
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	
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		
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	Nasal cannula, oxygen face mask connected to O2 conister/ O2 Concentrator. 
Oxygen saturation checks	x	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks		
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	x	

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	x	
Lymphedema wraps	x	
Fall Prevention: balance assessments	x	
Fall Prevention: exercise programs	x	Light exercise around the house
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	
Suprapubic catheter care	x	
Ostomy care	x	
Arrangements for and coordination with hospice care	x	
End-of-life palliative care		

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<b>Service</b>	<b>Available</b>	<b>Comments</b>
Access to and training on use of automatic electronic defibrillators (AED)	x	will train staff nurse how to use it and will provide in the building <span style="float: right;">+</span>
Training of and use of Cardiopulmonary Resuscitation (CPR)	x	Staff received CPR training (BLS) from third party provider

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

<b>Service</b>	<b>Available</b>	<b>Comments</b>
Dressing	x	
Bathing: shower	x	
Bathing: bathtub	x	
Oral hygiene	x	
Denture care	x	
Cuing/reminders for self-care	x	
Use of special utensils	x	
Feeding assistance for residents with complicated eating problems	x	Staff will prepare meals and liquids according to dietitian order and assist with oral feeding <span style="float: right;">+</span>
Set-up and cut food at meals	x	
Manual Feeding; specify limits in comments	x	Will provide manual feeding per MD order
Tube Feeding; specify limits in comments	x	will take clients with Tube feeding according to MD order
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	
Changing incontinence products; perineal care	x	
Ordering replacement incontinence products	x	
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	
Transfers with assist of one staff	x	
Transfers with assist of two staff	x	
Transfers utilizing sit-to-stand lifts	x	Per physical therapy and MD orders
Transfers utilizing sliding boards	x	
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
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	Handrails on stairs
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	Staff constantly monitors the residents every two hours at night for their safety 
Every 30-minutes safety checks	x	Staff constantly monitors the residents every two hours at night for their safety 
Hourly safety checks	x	Staff constantly monitors the residents every two hours at night for their safety 
Every two-hours safety checks	x	Staff constantly monitors the residents every two hours at night for their safety 

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Service	Available	Comments
Daily safety checks	x	Staff constantly monitors the residents every two hours at night for their safety <span style="float: right;">+</span>
Emergency call system; specify type in comments	x	Staff constantly monitors the residents every two hours at night for their safety <span style="float: right;">+</span>
Non-emergency call system; specify type in comments	x	Staff constantly monitors the residents every two hours at night for their safety <span style="float: right;">+</span>
Digital wander alert device on resident		
Wander alert system at facility exits	x	
Staff monitoring at facility exits; specify method in comments	x	Outside door will have an alarm when door is opened
Visitor check-in/check-out at facility main entrance	::	Visitor Check-in/ Check-out book located at the front door
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)	x	Door alarm on to the outside of the facility
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	
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		
Lunch available in community space	x	
Lunch available; delivered to apartment		
Dinner available in community space	x	
Dinner available; delivered to apartment		
Meal tray delivery and pick-up from resident's unit		
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	x	Will be prepared according to specific dietitian order <b>+</b>
Modified Texture Diets; specify limits in comments	x	Will be prepared based on dietitian order
Therapeutic Diets: cardiac	x	Will be prepared according to provider's order/ recommendation <b>+</b>
Therapeutic Diets: diabetic or calorie controlled	x	All special oral diets will be prepared according to provider's order. <b>+</b>
Therapeutic Diets: gluten-free	x	All special oral diets will be prepared according to provider's order. <b>+</b>
Therapeutic Diets: high fiber	x	All special oral diets will be prepared according to provider's order. <b>+</b>
Therapeutic Diets: low fat/low cholesterol	x	All special oral diets will be prepared according to provider's order. <b>+</b>
Therapeutic Diets: low sodium	x	All special oral diets will be prepared according to provider's order. <b>+</b>

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Service	Available	Comments
Therapeutic Diets: no added salt	x	All special oral diets will be prepared according to provider's order. <span style="float:right">+</span>
Therapeutic Diets: renal diet	x	All special oral diets will be prepared according to provider's order. <span style="float:right">+</span>
Other special diets: kosher	x	
Other special diets: (vegetarian, vegan, etc.) specify in comments	x	wiii prepare per request
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking	x	Per provider's order
Meal consumption tracking	x	Breakfast, lunch, dinner and snacks consumptions are tracked on client's ADL <span style="float:right">+</span>

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	Morning rounds
Assistance with meals or food preparation	x	Staff helps residents that would like to prepare their own meal/ snacks <span style="float:right">+</span>
Daily Social and Recreational Services	Required	Yes
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	Staff to assist cleaning residents rooms daily and as needed and takes out trash when full <span style="float:right">+</span>
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	Staff to perform these tasks daily
Housekeeping: other; specify in comments	x	Staff to assist cleaning resident's rooms daily and as needed and takes out trash when full <span style="float:right">+</span>
Laundry: linen (change bed, launder sheets, towels)	x	Laundry are done weekly and as needed by staff
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	Laundry are done weekly and as needed, no specific limit. Folding clothes are done daily <span style="float:right">+</span>
Laundry: other; specify in comments	x	Will send clothes to dry clean per request
Schedule offsite social and recreational activities	x	Residents may go out for a walk/ therapeutic rides as needed <span style="float:right">+</span>
Schedule medical and social service appointments	x	Nursing staff schedule medical appointments along with residents <span style="float:right">+</span>
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	
Provide transportation to medical and social service appointments	x	
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	x	
Spiritual Care/Religious Services; on-site		
Assistance with bill paying/budgeting	x	Staff to assist as needed per residents request
Communication boards or other supplemental communication devices	x	will have it in the common area
Primary languages spoken by staff	x	English
Supervision of smoking	x	Supervision is provided for fire safety and to those needing smoking supervision <span style="float:right">+</span>

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Service	Available	Comments
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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	x	1:1 Staffing is provided only to resident needing this service and if being paid for. <span style="float: right;">+</span>
One-to-One staffing for special circumstances	x	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	
Licensed Practical Nurse: on-site "full time"	x	
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	x	
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		

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<b>Staffing</b>	<b>Available</b>	<b>Comments</b>
Physical Therapist available or can be arranged	x	as needed
Respiratory Therapist available or can be arranged	x	as needed
Occupational Therapist available or can be arranged	x	as needed
Speech Language Pathologist available or can be arranged	x	as needed
Social Worker available or can be arranged	x	as needed
Other Licensed Professional available; specify type in comments		

Other; specify: All therapies will be arranged per provider's order

**Section 10: Amenities**

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

**Amenities Available**

<b>Amenity</b>	<b>Available</b>	<b>Comments</b>
Accessible bathrooms; specify limits in comments	x	2 bathrooms in the house
Private units	x	
Semi-private units		
Studio/efficiency units		
One-bedroom units	x	
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	x	

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<b>Amenity</b>	<b>Available</b>	<b>Comments</b>
Cable (television)	x	
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room	x	
Library		
Activity Room	x	
Garden/outdoor spaces		
Chapel		
Private entertaining space		
Communal Dining room		
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	x	
Central Air Conditioning	x	
Fully sprinklered building		

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside	x	
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](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/>); 1-800-657-3591
- Office of Ombudsman for Mental Health and Developmental Disabilities (<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