

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): 05/16/2025

Name of Assisted Living: ABUYA SOLUTION LLC

HFID: 42473

Unique building/unit description (if applicable): NA

Facility Address: 6412 MAJOR AVE N 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: ³ _____

Evening Shift: ³ _____

Night shift: ² _____

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 | | NOT ACCEPTED PRIVATE PAY |
| Sliding Scale | | N/A |
| Housing Support (formerly Minnesota Group Residential Housing) Payments | X | yes housing support |
| Federal rent subsidy | | N/A |
| Other; explain: | X | ASSISTED LIVING |

Payment Options for Services

| Payment Option | Accepted | Comments |
|---|----------|----------|
| Waivered Services (EW, CADI, BI); specify any limitations | | N/A |
| Private Pay | | N/A |
| Long Term Care Insurance | | N/A |
| 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 | SECURE |
| Secured outdoor grounds on facility premises | X | SECURE |
| Individualized digital/alarm monitoring for wandering or exit-seeking behavior | | N/A |
| Prepared to manage challenging behaviors | X | RN Management team |
| 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 | RN Management team |
| Communication with physician/pharmacy about ordering or refill requests | x | RN Management team |
| Medication administration by licensed or unlicensed personnel | x | RN Management team |
| Delivery of medication to resident previously set up by the facility nurse | x | RN Management team |
| Medications set up by nurse for resident to self-administer | x | RN Management team |
| Delivery of medication from the original containers to resident | x | RN Management team |
| Delivery of liquid or food to resident if required to ingest medication | x | RN Management team |
| Delegation of medication management services by licensed health professional to unlicensed staff | x | RN Management team |
| Central storage of medication | x | RN Management team |
| Diabetic Care: insulin pen dosing | x | RN Management team |
| Diabetic Care: insulin pump management | x | RN Management team |
| Diabetic Care: insulin syringe dosing | x | RN Management team |
| Diabetic Care: sliding scale insulin management | x | RN Management team |
| Clinical monitoring of labs related to medications | x | RN Management team |
| Anticoagulant medication management | x | RN Management team |
| B-12 injections | x | RN Management team |

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

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| Service | Available | Comments |
|--|-----------|--|
| Peritoneal Dialysis (on-site) | x | resident must be capable doing he/his own |
| Compression stockings | x | RN Management team |
| Lymphedema wraps | x | RN Management team |
| Fall Prevention: balance assessments | x | RN Management team will coordinate with physical therapy |
| Fall Prevention: exercise programs | x | available general activities or private sessions |
| Fall Prevention: strength training | x | RN Management team |
| Integrative Health Services: acupuncture | x | RN Management team |
| Integrative Health Services: aromatherapy | x | RN Management team with health care/private sec |
| Integrative Health Services: healing touch | x | will coordinate residents choice |
| Integrative Health Services: massage | x | will coordinate residents choice |
| Blood pressure checks | x | RN Management team |
| Daily weight check | x | RN Management team |
| Indwelling urinary catheter care; emptying and bag changes | x | RN Management team |
| Indwelling urinary catheter replacement by nurse | x | RN Management team |
| Straight (intermittent) catheter assistance | x | RN Management team |
| Suprapubic catheter care | x | RN Management team |
| Ostomy care | x | determination based on assessment RN team |
| Arrangements for and coordination with hospice care | x | RN Management team |
| End-of-life palliative care | x | determination based on assessment RN team |




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| Service | Available | Comments |
|--|-----------|-----------------------------------|
| Access to and training on use of automatic electronic defibrillators (AED) | | determination based on assessment |
| Training of and use of Cardiopulmonary Resuscitation (CPR) | | determination based on assessment |
| 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 | staff if resident can not do safely |
| Bathing: shower | X | staff if resident can not do safely |
| Bathing: bathtub | X | staff if resident can not do safely |
| Oral hygiene | X | staff if resident can not do safely |
| Denture care | X | staff if resident can not do safely |
| Cuing/reminders for self-cares | X | staff if resident can not do safely |
| Use of special utensils | x | staff if resident can not do safely |
| Feeding assistance for residents with complicated eating problems | X | RN MANAGMENT TEAM will asses coordinate with therapy  |
| Set-up and cut food at meals | x | staff if resident can not do safely |
| Manual Feeding; specify limits in comments | x | staff if resident can not do safely |
| Tube Feeding; specify limits in comments | x | RN MANAGMENT TEAM will asses coordinate with therapy  |
| Feeding in common area with one staff member per resident | x | RN MANAGMENT TEAM will asses coordinate with therapy  |

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| Service | Available | Comments |
|---|-----------|-----------------------------------|
| Feeding in resident's apartment with one staff member per resident | x | determination based on assessment |
| Grooming: hair care, make-up, shaving, application of lotion, etc. | x | determination based on assessment |
| Nail care: toenails, fingernails | x | determination based on assessment |
| Toileting: standby assistance/supervision | x | determination based on assessment |
| Changing incontinence products; perineal care | x | determination based on assessment |
| Ordering replacement incontinence products | x | determination based on assessment |
| Assistance with bowel and bladder control, devices, and training programs | x | determination based on assessment |
| 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 | determination based on assessment |
| Transfers with assist of one staff | x | determination based on assessment |
| Transfers with assist of two staff | x | determination based on assessment |
| Transfers utilizing sit-to-stand lifts | x | determination based on assessment |
| Transfers utilizing sliding boards | x | determination based on assessment |
| Transfers utilizing bariatric equipment | x | determination based on assessment |
| Ceiling lift transfers | x | determination based on assessment |

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| Service | Available | Comments |
|---------------------------------------|-----------|--|
| Non-mechanical transfers (trapeze) | x | determination based on assessment |
| Mechanical lift: assist of 1 transfer | x | must be with performed 2 person |
| Mechanical lift: assist of 2 transfer | x | determination based on assessment |
| Ambulation with assist of 1 | x | determination based on assessment |
| Bed mobility | x | determination based on assessment |
| Assistance with chair mobility | x | determination based on assessment |
| Chair Glide System | x | determination based on assessment |
| Mechanical Stair Lift System | x | determination based on assessment |
| Handrails; in personal space | x | determination based on assessment |
| Elevators | x | will be installed an additional charge |
| 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 |
| Every 30-minutes safety checks | x | STAFF |
| Hourly safety checks | x | STAFF |
| Every two-hours safety checks | x | STAFF |

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| Service | Available | Comments |
|---|-----------|-----------------------------------|
| Daily safety checks | X | STAFF AND SECURITY SYSTEM |
| Emergency call system; specify type in comments | X | STAFF AND SECURITY SYSTEM |
| Non-emergency call system; specify type in comments | X | STAFF AND SECURITY SYSTEM |
| Digital wander alert device on resident | X | STAFF AND SECURITY SYSTEM |
| Wander alert system at facility exits | X | STAFF AND SECURITY SYSTEM |
| Staff monitoring at facility exits; specify method in comments | X | STAFF AND SECURITY SYSTEM |
| Visitor check-in/check-out at facility main entrance | X | STAFF AND SECURITY SYSTEM |
| Bed alarms or movement sensing technology | X | STAFF AND SECURITY SYSTEM |
| Door sensors: specify locations (unit, resident room, exits, etc.) | X | STAFF AND SECURITY SYSTEM |
| Security Guard | X | STAFF AND SECURITY SYSTEM |
| Security cameras in common spaces | X | STAFF AND SECURITY SYSTEM |
| Key card/fob access: specify locations (unit, resident room, exits, etc.) | X | STAFF AND SECURITY SYSTEM |
| Other lock systems: specify locations (unit, resident room, exits, etc.) | X | STAFF AND SECURITY SYSTEM |
| Emergency generator(s) to power the facility during power outages | X | determination based on assessment |
| 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 | determination based on assesment |
| Breakfast available; delivered to apartment | x | determination based on assesment |
| Lunch available in community space | x | determination based on assesment |
| Lunch available; delivered to apartment | x | determination based on assesment |
| Dinner available in community space | x | determination based on assesment |
| Dinner available; delivered to apartment | x | determination based on assesment |
| Meal tray delivery and pick-up from resident's unit | x | determination based on assesment |
| Meal preparation in resident's unit | x | determination based on assesment |
| Thickened Liquids; specify limits in comments | x | determination based on assesment |
| Modified Texture Diets; specify limits in comments | x | Residents choice MENU |
| Therapeutic Diets: cardiac | x | Residents choice MENU |
| Therapeutic Diets: diabetic or calorie controlled | x | Residents choice MENU |
| Therapeutic Diets: gluten-free | x | Residents choice MENU |
| Therapeutic Diets: high fiber | x | Residents choice MENU |
| Therapeutic Diets: low fat/low cholesterol | x | Residents choice MENU |
| Therapeutic Diets: low sodium | x | Residents choice MENU |

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| Service | Available | Comments |
|--|-----------|-----------------------|
| Therapeutic Diets: no added salt | X | Residents choice MENU |
| Therapeutic Diets: renal diet | X | Residents choice MENU |
| Other special diets: kosher | X | Residents choice MENU |
| Other special diets: (vegetarian, vegan, etc.) specify in comments | X | Residents choice MENU |
| Dietitian or Nutritionist Services | X | Residents choice MENU |
| Carbohydrate intake/tracking | X | Residents choice MENU |
| Meal consumption tracking | X | Residents choice MENU |
| 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 Management |
| Assistance with meals or food preparation | x | Staff Management |
| Daily Social and Recreational Services | Required | Staff Management |
| Housekeeping: bed making | x | Staff Management |
| Housekeeping: defrost and clean refrigerator | x | Staff Management |
| Housekeeping: dusting | x | Staff Management |
| Housekeeping: organize closets and drawers | x | Staff Management |

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| Service | Available | Comments |
|---|-----------|---|
| Housekeeping: trash removal; specify frequency in comments | x | Staff Management |
| Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum) | x | Staff Management |
| Housekeeping: other; specify in comments | x | Staff Management |
| Laundry: linen (change bed, launder sheets, towels) | x | Staff Management |
| Laundry: wash, dry, and fold clothing; specify loads per week in comments | x | Staff Management |
| Laundry: other; specify in comments | x | Staff Management |
| Schedule offsite social and recreational activities | x | Staff Management |
| Schedule medical and social service appointments | x | Staff Management |
| Assistance with arranging transportation for personal, social, and recreational activities | Required | Staff Management |
| Assistance with arranging transportation to medical and social services appointments | Required | Staff Management |
| Provide transportation to social and recreational activities | x | Staff Management |
| Provide transportation to medical and social service appointments | x | Staff Management |
| Assistance accessing community resources and social services | Required | Staff Management |
| Shopping: facility sponsored | x | Staff Management |
| Spiritual Care/Religious Services; on-site | x | Staff Management |
| Assistance with bill paying/budgeting | x | Staff Management coordinate with resident |
| Communication boards or other supplemental communication devices | x | Staff Management |
| Primary languages spoken by staff | x | English |
| Supervision of smoking | x | Staff Management |

| 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 | x | yes Staff Management |
| One-to-One staffing for special circumstances | x | Staff Management |
| Overnight companion | x | Staff Management coordinated with home care agency |
| Registered Nurse: on-site “part time” | x | RN Management team |
| Registered Nurse: on-site “full time” | x | RN Management team |
| Licensed Practical Nurse: on site “part time” | x | RN Management team |
| Licensed Practical Nurse: on-site “full time” | x | RN Management team |
| Assisted Living Director: on-site “part time” | x | Yes management team |
| Assisted Living Director: on site “full time” | x | Yes management team |
| Advanced Practice Registered Nurse: on-site “part time” | x | Yes management team |
| Advanced Practice Registered Nurse: on site “full time” | x | Yes management team |
| Activities Director: Part Time | x | Yes management team |
| Activities Director: Full Time | x | Yes management team |
| Dietician/Nutritionist consultant available or can be arranged | x | will coordinate with resident choice |

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| Staffing | Available | Comments |
|---|-----------|--------------------------------------|
| Physical Therapist available or can be arranged | x | will coordinate with resident choice |
| Respiratory Therapist available or can be arranged | x | will coordinate with resident choice |
| Occupational Therapist available or can be arranged | x | will coordinate with resident choice |
| Speech Language Pathologist available or can be arranged | x | will coordinate with resident choice |
| Social Worker available or can be arranged | x | will coordinate with resident choice |
| Other Licensed Professional available; specify type in comments | x | based on assessment |
| 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 | Staff managment |
| Private units | x | based on assesment |
| Semi-private units | x | WILL BE PROVIDED |
| Studio/efficiency units | x | WILL BE PROVIDED |
| One-bedroom units | x | WILL BE PROVIDED |
| Two-bedroom units | x | WILL BE PROVIDED |
| Kitchen/Kitchenettes in units | x | WILL BE PROVIDED |
| Internet access | x | WILL BE PROVIDED |

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| Amenity | Available | Comments |
|--------------------------------------|-----------|--|
| Cable (television) | x | yes TV and cable will be provided |
| Pets allowed | x | Cats, fish, birds |
| Pet care; specify in comments | x | Cats, fish, birds |
| Pool | | NO POOL |
| Whirlpool | | N/A |
| Exercise Room | x | WILL BE PROVIDED COORDINATED WITH RESIDENTS CHOICE |
| Library | | N/A BOOKS WILL BE AVAILABLE |
| Activity Room | x | WILL COORDINATED RESIDENTS CHOICE |
| Garden/outdoor spaces | x | YES |
| Chapel | | N/A |
| Private entertaining space | | N/A |
| Communal Dining room | x | YES |
| Beauty/Barber Shop | | N/A |
| Parking available for residents | x | YES PARKIGN WILL BE AVAILABLE |
| Parking available for guests | x | YES PARKIGN WILL BE AVAILABLE |
| Guest accommodations | | BASED ON ASSESSEMENT |
| Laundry Room accessible to Residents | x | YES AVAILABLE |
| Washer-Dryer in units | x | YES AVAILABLE |
| Central Air Conditioning | x | YES CENTRAL AIR |
| Fully sprinklered building | | N/A |

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| Amenity | Available | Comments |
|--|-----------|---|
| Designated smoking area inside (not apartment space) | X | BASED ON ASSESSMENT |
| Designated smoking area outside | X | YES SMOKING AREA WILL BE AVAILABE 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 may 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