

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): 08/07/2025

Name of Assisted Living: Abode Care LLC

HFID: _____

Unique building/unit description (if applicable): _____

Facility Address: 1005 Honeysuckle Ln Farmington Mn 55024

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: 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		
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	AS DIRECTED BY RN
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		
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	

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Service	Available	Comments
Nutritional supplement administration	x	If prescribed or part of care plan; may be administered by unlicensed staff if delegated
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)		
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	NURSE ONLY
C-PAP	x	
Bi-PAP		
Oxygen Management; specify any delivery system limitations	x	
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		
Fall Prevention: balance assessments	x	Observational by staff or contracted therapist; not clinical diagnostics
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		
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	
Ostomy care		
Arrangements for and coordination with hospice care	x	
End-of-life palliative care		

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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	Provided daily by caregivers based on resident needs
Bathing: shower	x	Assistance provided with adaptive equipment and privacy
Bathing: bathtub	x	Available if facility has a bathtub and resident requires it; safety assessed individually
Oral hygiene	x	Staff assist or cue residents based on cognitive/physical needs
Denture care	x	Daily cleaning support and storage provided
Cuing/reminders for self-cares	x	Verbal and visual prompts offered to promote independence
Use of special utensils	x	Adaptive utensils offered as needed; caregivers assist with setup
Feeding assistance for residents with complicated eating problems	x	Based on individual needs and training; must be delegated by RN if choking risk is present
Set-up and cut food at meals	x	Standard support during meals
Manual Feeding; specify limits in comments	X	
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	x	Staff monitor and assist during meals in shared dining spaces

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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	Basic grooming assistance provided daily by staff
Nail care: toenails, fingernails	x	Fingernail care provided; toenail care provided unless resident is diabetic or has circulator
Toileting: standby assistance/supervision	x	Staff assist with reminders, transfers, and hygiene
Changing incontinence products; perineal care	x	Provided by trained staff as part of daily personal care
Ordering replacement incontinence products	x	Staff assist residents/families in ordering or may manage supply directly
Assistance with bowel and bladder control, devices, and training programs	x	Support provided under care plan includes timed toileting, verbal cues, and hygiene assistance
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	Provided by trained staff to promote safe independence
Transfers with assist of one staff	x	Common support for residents needing minimal to moderate assistance
Transfers with assist of two staff	x	Provided when resident safety requires extra support AND STAFF AVAILABLE
Transfers utilizing sit-to-stand lifts	x	Available if equipment is in use and staff are trained; often used for weight-bearing support
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	Standard service provided daily by caregivers
Bed mobility	x	Staff assist with turning, repositioning, and movement in bed
Assistance with chair mobility	X	
Chair Glide System		
Mechanical Stair Lift System		
Handrails; in personal space	X	
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		
Every 30-minutes safety checks		
Hourly safety checks		
Every two-hours safety checks	x	For low-risk residents or overnight checks

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Service	Available	Comments
Daily safety checks	x	Baseline for all residents; includes wellness checks and environmental scans
Emergency call system; specify type in comments	x	Wireless call buttons/pendants or pull cords available in resident rooms and bathrooms
Non-emergency call system; specify type in comments	x	Verbal requests or call bell for general assistance; intercom or caregiver bell used
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	Manual sign-in sheet or digital visitor log maintained
Bed alarms or movement sensing technology		Used based on resident care needs (e.g., fall risk)
Door sensors: specify locations (unit, resident room, exits, etc.)		Door sensors installed at exits and optionally at resident rooms for safety monitoring
Security Guard		
Security cameras in common spaces	x	Installed in shared areas (e.g., living room, entrance) for safety—not in private areas
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: x Exterior security cameras		

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	Served in shared dining area or kitchen
Breakfast available; delivered to apartment		
Lunch available in community space	x	Standard meal service
Lunch available; delivered to apartment		
Dinner available in community space	x	Shared mealtime
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		
Modified Texture Diets; specify limits in comments	x	Includes chopped, ground, or pureed diets as ordered
Therapeutic Diets: cardiac	x	Low-sodium, low-fat meals offered per dietary guidelines
Therapeutic Diets: diabetic or calorie controlled	x	Controlled carb and sugar intake as directed by care plan
Therapeutic Diets: gluten-free	x	Offered as needed; may require label reading and ingredient management
Therapeutic Diets: high fiber	x	Can be accommodated through menu options
Therapeutic Diets: low fat/low cholesterol	x	Aligned with heart-healthy/cardiac diets
Therapeutic Diets: low sodium	x	Used for cardiac or renal support

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Service	Available	Comments
Therapeutic Diets: no added salt	x	Offered as part of low-sodium or heart-healthy/cardiac diet plans
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	x	No alcohol, non prescribed drugs
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking	x	For diabetic residents; monitored by staff under care plan and nurse guidance
Meal consumption tracking	x	Staff document and report intake patterns, especially for residents at risk of weight loss
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 check in with residents visually and verbally during morning rounds and routine care
Assistance with meals or food preparation	x	Meals are prepared by staff; residents may assist in light prep for engagement if appropriate
Daily Social and Recreational Services	Required	Small group or 1:1 activities provided daily games, music, walks, crafts, conversation
Housekeeping: bed making	x	Beds made daily by staff or with resident participation
Housekeeping: defrost and clean refrigerator	x	Staff regularly clean and maintain any in-room or shared refrigerators
Housekeeping: dusting	x	Dusting done as part of weekly or bi-weekly cleaning routines
Housekeeping: organize closets and drawers	x	Staff assist with organizing closets, drawers, and personal items as needed

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	x	Trash removed daily from resident rooms and bathrooms; kitchen and shared areas as needed
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	Includes cleaning of floors, sinks, toilet, shower/tub, dusting, and vacuuming
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	x	Weekly or more often if soiled; staff handle all laundering tasks
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	2 loads per week, or more as needed; staff launder, fold, and return clothing
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	x	Small outings scheduled (e.g., parks, restaurants, events) as appropriate for resident group
Schedule medical and social service appointments	x	Staff coordinate doctor visits, therapy, home health, or case manager appointments
Assistance with arranging transportation for personal, social, and recreational activities	Required	Staff help schedule rides with family, non-emergency trans
Assistance with arranging transportation to medical and social services appointments	Required	Staff schedule and coordinate medical transport, family, or
Provide transportation to social and recreational activities		
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	Staff assist residents/families with Medicaid, county services, veterans' benefits, etc
Shopping: facility sponsored	x	Group shopping trips or staff shop on behalf of residents if needed
Spiritual Care/Religious Services; on-site	x	May include visits from clergy, prayer groups, or spiritual materials on-site
Assistance with bill paying/budgeting	x	Provided only with resident or legal rep authorization; staff help manage small budgets
Communication boards or other supplemental communication devices		
Primary languages spoken by staff	x	English
Supervision of smoking	x	Smoking allowed in designated outdoor area; staff supervise per facility policy and 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	x	Provided as needed, such as for high-acuity or behavior-related support; documented in care p
One-to-One staffing for special circumstances		Available during hospital returns, hospice care, elopement risk, etc.
Overnight companion	x	Must be ordered and facility must have adequate staff
Registered Nurse: on-site "part time"	x	RN is on-site part time and available 24/7 by phone per MN licensing requirement
Registered Nurse: on-site "full time"		
Licensed Practical Nurse: on site "part time"		May be used as needed to support the RN or for delegated care
Licensed Practical Nurse: on-site "full time"		
Assisted Living Director: on-site "part time"		
Assisted Living Director: on site "full time"	x	Director is on-site regularly for operations and compliance
Advanced Practice Registered Nurse: on-site "part time"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time		Role typically handled by trained caregiver or part-time staff member with activity oversight
Activities Director: Full Time		
Dietician/Nutritionist consultant available or can be arranged		Available via consultation or referral as needed for therapeutic diets or weight management

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Staffing	Available	Comments
Physical Therapist available or can be arranged		
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged		
Speech Language Pathologist available or can be arranged		
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	Fully accessible with grab bars, raised toilets, roll-in shower or shower chairs as needed
Private units	x	Each resident has a private bedroom
Semi-private units		
Studio/efficiency units		
One-bedroom units		
Two-bedroom units		
Kitchen/Kitchenettes in units		
Internet access	x	Wi-Fi available throughout the home

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Amenity	Available	Comments
Cable (television)	x	Cable or streaming available in shared living area; optional in resident rooms (by request/se
Pets allowed		
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room		
Library		
Activity Room		
Garden/outdoor spaces	x	Yard or patio space available for walking, gardening, and outdoor seating
Chapel		
Private entertaining space		
Communal Dining room	x	All meals are served in a shared dining/living 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		
Central Air Conditioning	x	Facility is climate-controlled with central HVAC
Fully sprinklered building		Required by MN assisted living licensing

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside	x	Outdoor smoking area designated with proper seating and ashtrays; supervised per facility pol
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