

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): 08/23/2024

Name of Assisted Living: P.S.A. Housing & Assisted Living

HFID: 21177

Unique building/unit description (if applicable): _____

Facility Address: 220 East Avenue, Mahtomedi, MN, 55115

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: ⁷ _____

Evening Shift: ⁷ _____

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	X	Private Pay for those on MA waivers, but not qualified for housing support.
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments		
Federal rent subsidy	X	This site works with each resident to address the circumstances of their situation.
Other; explain:		

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	Limited availability, minimum of 2 years notice.
Private Pay	X	
Long Term Care Insurance	X	This site works with each resident to address the circumstances of their situation.
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	This applies to the Arbor only.
Secured outdoor grounds on facility premises	X	This applies to the Arbor only.
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		
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	May set up medications per policy, charges apply.
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		
Diabetic Care: insulin pen dosing	X	
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing	X	For scheduled insulin only.
Diabetic Care: sliding scale insulin management	X	With insulin pens only.
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	
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	IM and SQ- Available when unit is staffed with a nurse (except insulin)
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		
Medical Cannabis storage for certified patients		
Cannabidiol oil administration for certified patients		
Other; specify:		

Section 3: Treatments & Therapies

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

Treatments & Therapies Available

Service	Available	Comments
Verbal or visual reminders to perform regularly scheduled treatments or exercises	X	
Wound care: basic	X	
Wound care: complex	X	Individualized by resident, may require referral to outside agency.
Diabetic care: blood glucose monitoring	X	
Diabetic care: foot/nail care	X	
C-PAP	X	Not life sustaining.
Bi-PAP	X	Not life sustaining.
Oxygen Management; specify any delivery system limitations	X	Up to 5L/ min and determined stable by provider/ site RN. (exception: hospice)
Oxygen saturation checks	X	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	
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	Unable to apply wraps, but able to monitor and observe. May be offered through therapy.
Fall Prevention: balance assessments	X	Offered through therapy or wellness programs (additional charges may apply).
Fall Prevention: exercise programs	X	Offered through therapy or wellness programs (additional charges may apply).
Fall Prevention: strength training	X	Offered through therapy or wellness programs (additional charges may apply).
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	Available when unit is staffed with a nurse and catheter is stable.
Straight (intermittent) catheter assistance	X	Individualized based on frequency required when unit is staffed with a nurse.
Suprapubic catheter care	X	Based on individual review. Includes daily care (dressing change, emptying cath bag).
Ostomy care	X	Based on individual review.
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)	X	Trained staff available when unit is staffed with a nurse.
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	Trained staff available when unit is staffed with a nurse.
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	Cannot exceed assist of 2 in the Arbor. Cannot exceed assist of 1 in the Commons.
Bathing: shower	X	Cannot exceed assist of 2 in the Arbor. Cannot exceed assist of 1 in the Commons.
Bathing: bathtub	X	Cannot exceed assist of 2 in the Arbor. Cannot exceed assist of 1 in the Commons.
Oral hygiene	X	
Denture care	X	
Cuing/reminders for self-cares	X	
Use of special utensils	X	Equipment not provided by the site.
Feeding assistance for residents with complicated eating problems	X	Based on individual review, only available in the Arbor.
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	Hands on assistance available only in the Arbor.
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident		

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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	Cannot exceed assist of 2 in the Arbor. Cannot exceed assist of 1 in the Commons.
Ordering replacement incontinence products	X	Charges may apply.
Assistance with bowel and bladder control, devices, and training programs	X	Dependant on the device and training program.
Other; specify:	Toileting assistance cannot exceed assist of 2 in the Arbor. Cannot exceed assist of 1 in the Commons.	

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		
Transfers utilizing sit-to-stand lifts	X	PHS provides the equipment, slings, and staff for full lift transfers.
Transfers utilizing sliding boards	X	Cannot exceed assist of 1.
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

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Service	Available	Comments
Non-mechanical transfers (trapeze)	X	
Mechanical lift: assist of 1 transfer	X	PHS provides the equipment, slings, and staff for full lift transfers.
Mechanical lift: assist of 2 transfer	X	PHS provides the equipment, slings, and staff for full lift transfers, only during emergency.
Ambulation with assist of 1	X	
Bed mobility	X	Cannot exceed assist of 2 in the Arbor. Cannot exceed assist of 1 in the Commons.
Assistance with chair mobility	X	
Chair Glide System		Available in the Apollo tub.
Mechanical Stair Lift System		
Handrails; in personal space	X	Grab bars installed in all restrooms.
Elevators	X	
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	X	May be accommodated for a short duration in certain situations.
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	Urgent call system.
Non-emergency call system; specify type in comments		
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	
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)	X	Arbor and exit secured doors.
Security Guard		
Security cameras in common spaces	X	Arbor and selected corridors and vestibules.
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Wellness Center, and primary exterior entrances.
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Resident rooms, storage lockers, and exterior doors.
Emergency generator(s) to power the facility during power outages	X	60% life safety generator. This powers life safety function of building.
Other; specify:		

Section 7: Dining and Nutrition

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

Dining and Nutrition Services

Service	Available	Comments
Three meals available, plus snacks	Required	
Breakfast available in community space	X	
Breakfast available; delivered to apartment	X	Additional charges may apply.
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Additional charges may apply.
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Additional charges may apply.
Meal tray delivery and pick-up from resident's unit	X	Additional charges may apply.
Meal preparation in resident's unit	X	Light Breakfast only. Charges may apply.
Thickened Liquids; specify limits in comments	X	Per MD Order; mildly thick, moderately thick, extremely thick
Modified Texture Diets; specify limits in comments	X	Per request/ MD order; EC7, SB6, MM5, PU4
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled	X	Consistent carbohydrate diet available per resident selection and Physician's order.
Therapeutic Diets: gluten-free	X	Limited Gluten diet available per resident selection and Physician's order.
Therapeutic Diets: high fiber	X	Available per resident selection and Physician's order.
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium	X	2 mg sodium diet available per resident selection and Physician's order.

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Service	Available	Comments
Therapeutic Diets: no added salt	X	No Added Salt diet available per resident selection and Physician's order.
Therapeutic Diets: renal diet	X	Renal diet available per resident selection and Physician's order.
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	Limited Lactose, Vegetarian or other dietary needs available per resident selection.
Dietitian or Nutritionist Services	X	Available through consult with Registered Dietician, additional charges may apply.
Carbohydrate intake/tracking	X	May be accommodated for a short duration in certain situations.
Meal consumption tracking	X	May be accommodated for a short duration in certain situations.
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	Resident list generated from software and checked upon visual ID or phone call.
Assistance with meals or food preparation	X	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	X	Light dusting if time allows.
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Provided daily by home care and weekly by housekeeping
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments	X	
Laundry: linen (change bed, launder sheets, towels)	X	Change bed included in housekeeping service. Launder of sheets and towels. Additional charges
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	3 loads of laundry included weekly for Arbor residents. Additional charges may apply.
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	
Schedule medical and social service appointments		
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	Provided for facility organized activities.
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	
Spiritual Care/Religious Services; on-site	X	
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	Equipment and devices not provided by the site.
Primary languages spoken by staff		
Supervision of smoking		

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		
Overnight companion		
Registered Nurse: on-site “part time”		
Registered Nurse: on-site “full time”	X	
Licensed Practical Nurse: on site “part time”		
Licensed Practical Nurse: on-site “full time”		
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	X	Available during business hours.
Advanced Practice Registered Nurse: on-site “part time”		
Advanced Practice Registered Nurse: on site “full time”		
Activities Director: Part Time		
Activities Director: Full Time	X	Available during business hours.
Dietician/Nutritionist consultant available or can be arranged	X	Additional charges may apply.

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	
Respiratory Therapist available or can be arranged	X	
Occupational Therapist available or can be arranged	X	
Speech Language Pathologist available or can be arranged	X	
Social Worker available or can be arranged	X	
Other Licensed Professional available; specify type in comments	X	NP available through Health Partners.
Other; specify: Psychological, podiatry, dental, audiological, and/ or optometry can be arranged.		

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	Not available in every apartment.
Private units	X	
Semi-private units		
Studio/efficiency units	X	
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	
Internet access	X	

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

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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\(d\)](http://www.revisor.mn.gov/statutes/cite/144G.55) (www.revisor.mn.gov/statutes/cite/144G.55).

Residents may choose to obtain services from an outside service provider at their own cost. Residents may also obtain services from an outside service provider if the resident’s assessed needs exceed the scope of services the facility can provide as agreed upon in the contract and are not included in the checklist. If this occurs and the resident is not able to obtain services from an outside service provider, then the facility may require the resident move to another facility or care setting that is able to meet the resident’s needs. In the event this occurs, the facility will assist in a coordinated move of the resident to a safe and appropriate location.

Prospective Residents need to call the Senior LinkAge Line to discuss their housing options before signing a contract with a licensed assisted living facility. The Senior LinkAge Line is available Monday through Friday from 8am to 4:30pm at 1-800-333-2433.

You can get further information, at no cost, about advocacy or care options from:

- [Office of Ombudsman for Long Term Care \(https://mn.gov/board-on-aging/direct-services/ombudsman/\)](https://mn.gov/board-on-aging/direct-services/ombudsman/); 1-800-657-3591
- [Office of Ombudsman for Mental Health and Developmental Disabilities \(https://mn.gov/omhdd/\)](https://mn.gov/omhdd/); 1-800-657-3506
- Minnesota Directory for community resources: www.MinnesotaHelp.Info
- [Minnesota Senior LinkAge Line \(www.seniorlinkageline.com/\)](http://www.seniorlinkageline.com/); 1-800-333-2433

(Optional) By signing below, I acknowledge that I have reviewed this document. This is NOT a contract to receive services.

Received Date

Individual or Legal/Designated Representative