

# 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): 08/23/2023

Name of Assisted Living: EVERGREEN KNOLL

HFID: 24494

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

Facility Address: 1309 14TH STREET, CLOQUET, MN 55720

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: 6 WEEKDAYS, 5 WEEKENDS

Evening Shift: 5

Night shift: 3

## 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:	X	VA AID AND ATTENDANT

**Payment Options for Services**

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	
Private Pay	X	
Long Term Care Insurance	X	
Other; explain: VA AID AND ATTENDANT		

**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	X	LIMITED - ADDITIONAL CHARGE
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	
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	LIMITED. SPECIFIC ORDERS FOR STANDARD AND SLIDING SCALE 
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	LIMITED. SPECIFIC ORDERS FOR STANDARD AND SLIDING SCALE 
Clinical monitoring of labs related to medications	X	LIMITED. CHF ONLY
Anticoagulant medication management	X	LIMITED
B-12 injections	X	LIMITED

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Service	Available	Comments
Nutritional supplement administration	X	LIMITED
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	LIMITED
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		
Diabetic care: blood glucose monitoring	X	LIMITED. RESIDENT ASSISTANTS ARE TRAINED TO COMPLETE OR ASSIST RESIDENT. +
Diabetic care: foot/nail care	X	LIMITED TO RN/LPN AND PODIATRY CONSULTANT
C-PAP	X	LIMITED TO MANAGEMENT, MAINTENANCE, AND ASSISTANCE. RA'S TRAINED TO PUT ON AND REMOVE +
Bi-PAP		
Oxygen Management; specify any delivery system limitations	X	LIMITED. IN COORDINATION WITH O2 PROVIDER. NASAL CANULA ONLY. +
Oxygen saturation checks	X	
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	LIMITED. WILL COORDINATE WITH CLINIC AND ASSIST RESIDENT WITH MANUFACTURER. +
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis		

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	LIMITED. ADDITIONAL CHARGE
Lymphedema wraps	X	LIMITED TO SIMPLE WRAPS. ADDITIONAL CHARGE
Fall Prevention: balance assessments	X	LIMITED. IN COORDINATION WITH HOME CARE
Fall Prevention: exercise programs	X	LIMITED. IN COORDINATION WITH HOME CARE
Fall Prevention: strength training		
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy		
Integrative Health Services: healing touch		
Integrative Health Services: massage		
Blood pressure checks	X	LIMITED. PART OF WEEKLY HEALTH MONITORING.
Daily weight check	X	LIMITED. PART OF WEEKLY HEALTH MONITORING
Indwelling urinary catheter care; emptying and bag changes	X	LIMITED TO HOSPICE/PALLIATIVE CARE RESIDENTS WITH ASSISTANCE FROM OUTSIDE AGENCIES. 
Indwelling urinary catheter replacement by nurse	X	LIMITED TO HOSPICE/PALLIATIVE CARE RESIDENTS WITH ASSISTANCE FROM OUTSIDE AGENCIES. 
Straight (intermittent) catheter assistance		
Suprapubic catheter care		
Ostomy care		
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	LIMITED TO HOSPICE/PALLIATIVE CARE RESIDENTS WITH ASSISTANCE FROM OUTSIDE AGENCIES. 

Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)	X	LIMITED. ONLY WHEN RN AND LPN ARE ON-SITE AND AVAILABLE. 
Training of and use of Cardiopulmonary Resuscitation (CPR)		
Other; specify:		

## Section 4: Assistance with Activities of Daily Living

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

### Assistance with Daily Living Activities Available

Service	Available	Comments
Dressing	X	
Bathing: shower	X	
Bathing: bathtub		
Oral hygiene	X	
Denture care	X	
Cuing/reminders for self-cares	X	
Use of special utensils	X	
Feeding assistance for residents with complicated eating problems	X	LIMITED TO DEMENTIA/CARE SUITE RESIDENTS
Set-up and cut food at meals	X	LIMITED TO DEMENTIA/CARE SUITE RESIDENTS
Manual Feeding; specify limits in comments	X	LIMITED TO DEMENTIA/CARE SUITE RESIDENTS
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident	X	LIMITED TO DEMENTIA/CARE SUITE RESIDENTS

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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	X	LIMITED TO DEMENTIA/CARE SUITE RESIDENTS
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	LIMITED TO HOSPICE RESIDENTS WITH COORDINATION AND ASSISTANCE FROM OUTSIDE AGENCY +
Transfers utilizing sit-to-stand lifts		
Transfers utilizing sliding boards	X	LIMITED TO HOSPICE RESIDENTS WITH COORDINATION AND ASSISTANCE FROM OUTSIDE AGENCY +
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		
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	LIMITED TO DEMENTIA/CARE SUITE RESIDENTS
Every two-hours safety checks	X	OVERNIGHT 10PM - 6AM


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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	PENDANT SYSTEM
Non-emergency call system; specify type in comments	X	PHONE
Digital wander alert device on resident	X	LIMITED. ADDITIONAL CHARGE
Wander alert system at facility exits	X	LIMITED. ADDITIONAL CHARGE
Staff monitoring at facility exits; specify method in comments	X	LIMITED TO TIMES OF INFECTION OUTBREAKS AND/OR EMERGENCY ORDER SITUATIONS. 
Visitor check-in/check-out at facility main entrance	X	LIMITED TO TIMES OF INFECTION OUTBREAKS AND/OR EMERGENCY ORDER SITUATIONS. 
Bed alarms or movement sensing technology	X	LIMITED. ADDITIONAL CHARGE.
Door sensors: specify locations (unit, resident room, exits, etc.)	X	AT EXITS OF DEMENTIA UNITS.
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	EACH UNIT/RESIDENT ROOM & EXITS
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	X	ADDITIONAL CHARGE
Lunch available in community space	X	
Lunch available; delivered to apartment	X	ADDITIONAL CHARGE
Dinner available in community space	X	
Dinner available; delivered to apartment	X	ADDITIONAL CHARGE
Meal tray delivery and pick-up from resident's unit	X	ADDITIONAL CHARGE
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	LIMITED TO DEMETIA/CARE SUITE RESIDENTS 
Modified Texture Diets; specify limits in comments	X	LIMITED TO DEMETIA/CARE SUITE RESIDENT
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber		
Therapeutic Diets: low fat/low cholesterol		
Therapeutic Diets: low sodium		

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Service	Available	Comments
Therapeutic Diets: no added salt		
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments		
Dietitian or Nutritionist Services		
Carbohydrate intake/tracking		
Meal consumption tracking		
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	ATTENDANCE AT NOON MEAL
Assistance with meals or food preparation	X	
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator	X	
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers	X	LIMITED. SUBJECT TO ADDITIONAL CHARGE

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	TOWEL PASS AND TRASH REMOVAL DAILY
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	TOWEL PASS AND TRASH REMOVAL DAILY
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	TWO LOADS PER WEEK
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	X	
Schedule medical and social service appointments	X	
Assistance with arranging transportation for personal, social, and recreational activities	Required	
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	X	LIMITED BASED ON CAPACITY OF VEHICLE AND AS PART OF SCHEDULED ACTIVITY. +
Provide transportation to medical and social service appointments	X	LIMITED BASED ON CAPACITY OF VEHICLE AND AS PART OF SCHEDULED ACTIVITY. +
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	LIMITED BASED ON CAPACITY OF VEHICLE AND AS PART OF SCHEDULED ACTIVITY. +
Spiritual Care/Religious Services; on-site	X	WITH LOCAL ENTITIES
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices		
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"	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"		
Advanced Practice Registered Nurse: on site "full time"		
Activities Director: Part Time		
Activities Director: Full Time	X	
Dietician/Nutritionist consultant available or can be arranged	X	OUTSIDE PROVIDER - CAN BE ARRANGED

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	OUTSIDE PROVIDER - CAN BE ARRANGED
Respiratory Therapist available or can be arranged	X	OUTSIDE PROVIDER - CAN BE ARRANGED
Occupational Therapist available or can be arranged	X	OUTSIDE PROVIDER - CAN BE ARRANGED
Speech Language Pathologist available or can be arranged	X	OUTSIDE PROVIDER - CAN BE ARRANGED
Social Worker available or can be arranged	X	OUTSIDE PROVIDER - CAN BE ARRANGED
Other Licensed Professional available; specify type in comments	X	OUTSIDE PROVIDER - CAN BE ARRANGED - AP NURSE, PA
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	LIMITED NUMBER OF UNITS
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	
Pets allowed	X	LIMITED TO SIZE, RESIDENT CAPABILITIES, TEMPERMENT, AND OTHER FACTORS
Pet care; specify in comments		
Pool		
Whirlpool		
Exercise Room	X	LIMITED. AVAILABLE IN COMMUNITY BUILDING
Library	X	LIMITED - BOOKS AND COMPUTER
Activity Room	X	
Garden/outdoor spaces	X	
Chapel		
Private entertaining space	X	
Communal Dining room	X	
Beauty/Barber Shop	X	
Parking available for residents	X	
Parking available for guests	X	
Guest accommodations		
Laundry Room accessible to Residents	X	MUST BE SCHEDULED IN ADVANCE
Washer-Dryer in units		
Central Air Conditioning	X	COMMON AREAS
Fully sprinklered building	X	

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

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

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

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

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

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

\_\_\_\_\_  
Received Date

\_\_\_\_\_  
Individual or Legal/Designated Representative