

# 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): 5/7/2024

Name of Assisted Living: Lyngblomsten at Lino Lakes

HFID: 40167

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

Facility Address: 6050 Blanchard Blvd, Lino Lakes MN 55014

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: 2-3

Evening Shift: 2-3

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	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		
Private Pay	X	
Long Term Care Insurance	X	
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	For Memory Care Unit only
Secured outdoor grounds on facility premises	X	For Memory Care Unit only, secured courtyard
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	Additional Charge with medication management
Communication with physician/pharmacy about ordering or refill requests	X	Additional Charge with medication management
Medication administration by licensed or unlicensed personnel	X	Additional Charge with medication management
Delivery of medication to resident previously set up by the facility nurse	X	Additional Charge with medication management
Medications set up by nurse for resident to self-administer	X	Additional Charge with medication management
Delivery of medication from the original containers to resident		
Delivery of liquid or food to resident if required to ingest medication	X	Additional Charge with medication management
Delegation of medication management services by licensed health professional to unlicensed staff	X	Additional Charge with medication management
Central storage of medication		
Diabetic Care: insulin pen dosing	X	Additional Charge
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management		
Clinical monitoring of labs related to medications	X	Additional Charge
Anticoagulant medication management	X	Additional Charge
B-12 injections	X	Additional Charge

Service	Available	Comments
Nutritional supplement administration	X	Additional Charge
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Additional Charge, IM, SQ, when unit is staffed by a nurse M-F
Nebulizers	X	Additional Charge
Inhalers	X	Additional Charge
Ear drops	X	Additional Charge
Eye drops	X	Additional Charge
Topicals	X	Additional Charge
Patches	X	Additional Charge
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	Additional Charge
Wound care: basic	X	Additional Charge
Wound care: complex		
Diabetic care: blood glucose monitoring	X	Additional Charge
Diabetic care: foot/nail care	X	Additional Charge
C-PAP	X	Additional Charge
Bi-PAP	X	Additional Charge
Oxygen Management; specify any delivery system limitations	X	Additional Charge, Up to 5L/min and determined stable by provider/site RN
Oxygen saturation checks	X	Additional Charge
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Additional Charge
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Additional Charge

Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Additional Charge
Lymphedema wraps		
Fall Prevention: balance assessments	X	Additional Charge
Fall Prevention: exercise programs	X	Through an outside agency
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	Additional Charge
Daily weight check	X	Additional Charge
Indwelling urinary catheter care; emptying and bag changes	X	Additional Charge
Indwelling urinary catheter replacement by nurse	X	Additional Charge. Available when unit is staffed with a nurse and catheter is stable M-F
Straight (intermittent) catheter assistance	X	Additional Charge. Available when unit is staffed with a nurse M-F
Suprapubic catheter care	X	Additional Charge. Available when unit is staffed with a nurse M-F
Ostomy care		
Arrangements for and coordination with hospice care	X	Additional Charge
End-of-life palliative care	X	Arrangements for through outside agency

Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)	X	
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	Nurses are trained
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	Additional Charge
Bathing: shower	X	Additional Charge
Bathing: bathtub	X	Additional Charge
Oral hygiene	X	Additional Charge
Denture care	X	Additional Charge
Cuing/reminders for self-cares	X	Additional Charge
Use of special utensils	X	
Feeding assistance for residents with complicated eating problems		
Set-up and cut food at meals	X	
Manual Feeding; specify limits in comments	X	Memory Care Unit in common area
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident		



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	Additional Charge
Nail care: toenails, fingernails	X	Additional Charge
Toileting: standby assistance/supervision	X	Additional Charge
Changing incontinence products; perineal care	X	Additional Charge
Ordering replacement incontinence products		
Assistance with bowel and bladder control, devices, and training programs		
Other; specify:		

## Section 5: Mobility Support

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

### Mobility Services Available

Service	Available	Comments
Standby Assistance	X	Additional Charge
Transfers with assist of one staff	X	Additional Charge
Transfers with assist of two staff	X	Memory Care Unit only
Transfers utilizing sit-to-stand lifts	X	
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		
Ceiling lift transfers		

Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	Hoyer Lift, Memory Care only
Ambulation with assist of 1	X	Additional Charge
Bed mobility	X	Additional Charge
Assistance with chair mobility	X	Additional Charge
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	Additional Charge
Every two-hours safety checks	X	Additional Charge

Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	Pendants in Assisted Living.
Non-emergency call system; specify type in comments	X	Pendants in Assisted Living
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		
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces		
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Doors to get into building have key fobs, door to apartments are keys
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Memory care unit is a locked/secure unit
Emergency generator(s) to power the facility during power outages	X	
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	Continental breakfast included in AL, hot breakfast available for additional charge
Breakfast available; delivered to apartment	X	Additional Charge
Lunch available in community space	X	Additional Charge
Lunch available; delivered to apartment	X	Additional Charge
Dinner available in community space	X	Additional Charge
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	Additional Charge
Modified Texture Diets; specify limits in comments	Ground, pureed, bite size	Ground, pureed, and bite size
Therapeutic Diets: cardiac		
Therapeutic Diets: diabetic or calorie controlled		
Therapeutic Diets: gluten-free	X	Gluten restricted
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	X	
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	Vegetarian
Dietitian or Nutritionist Services		Dietitian approved menus
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		
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	Resident Care Assistant
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers		

Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Available daily by nursing as needed and Provided weekly by housekeeping
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	One time per week
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Additional Charge
Laundry: other; specify in comments		
Schedule offsite social and recreational activities		
Schedule medical and social service appointments	X	Additional Charge
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		
Provide transportation to medical and social service appointments		
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	As scheduled outing
Spiritual Care/Religious Services; on-site	X	
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	Assist with ordering devices, additional charge
Primary languages spoken by staff		English
Supervision of smoking		No smoking building or within 25 feet of building

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	M-F
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	M-F
Advanced Practice Registered Nurse: on-site “part time”		
Advanced Practice Registered Nurse: on site “full time”		
Activities Director: Part Time	X	
Activities Director: Full Time	X	
Dietician/Nutritionist consultant available or can be arranged	X	

Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Outside Agency
Respiratory Therapist available or can be arranged	X	Outside Agency
Occupational Therapist available or can be arranged	X	Outside Agency
Speech Language Pathologist available or can be arranged	X	Outside Agency
Social Worker available or can be arranged	X	Outside Agency
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	
Private units	X	
Semi-private units		
Studio/efficiency units	X	
One-bedroom units	X	
Two-bedroom units	X	
Kitchen/Kitchenettes in units	X	In Assisted Living; Memory care units have a refrigerator and microwave
Internet access	X	Wifi



Amenity	Available	Comments
Cable (television)	X	
Pets allowed		
Pet care; specify in comments		
Pool	X	
Whirlpool	X	Whirlpool tub, 1 in building
Exercise Room	X	
Library		
Activity Room	X	Art/activity studio and game room
Garden/outdoor spaces	X	
Chapel	X	
Private entertaining space	X	Community Room, additional charge
Communal Dining room	X	
Beauty/Barber Shop	X	
Parking available for residents	X	Outdoor parking; parking garage additional charge
Parking available for guests	X	Outdoor parking
Guest accommodations	X	One guest room, additional charge
Laundry Room accessible to Residents	X	
Washer-Dryer in units		
Central Air Conditioning	X	
Fully sprinklered building	X	

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area 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\(d\)](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