

# 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): 10/10/2024

Name of Assisted Living: Benedictine Living Community | Regina

HFID: 30246

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

Facility Address: 1008 1st Street West, Hasting, MN 55033

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: 9

Evening Shift: 7

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:		

### Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	x	Only Elderly Waiver
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	
Secured outdoor grounds on facility premises	x	
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	x	Wander Guard set up on Tabitha main entrance
Prepared to manage challenging behaviors	x	With DON assessment and approval
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		
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		
Diabetic Care: sliding scale insulin management	x	
Clinical monitoring of labs related to medications	x	
Anticoagulant medication management	x	Only administered by nurse
B-12 injections		

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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-weekly or monthly
Nebulizers	x	
Inhalers	x	With DON assessment and approval
Ear drops	x	
Eye drops	x	
Topicals	x	
Patches	x	
Medication delivery via enteral (feeding) tube	x	With DON approval
Pain pump management	x	Patient controlled anaigetic
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	
Diabetic care: foot/nail care	x	Contract services through Podiatrist
C-PAP	x	
Bi-PAP	x	With DON approval
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	x	Nurse - extra charge
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	Available through out-patient therapy
Fall Prevention: balance assessments	x	Available through out-patient therapy
Fall Prevention: exercise programs	x	Available through out-patient therapy
Fall Prevention: strength training	x	Available through out-patient therapy
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	x	
Integrative Health Services: healing touch	x	
Integrative Health Services: massage		
Blood pressure checks	x	
Daily weight check	x	
Indwelling urinary catheter care; emptying and bag changes	x	Home Care agency to manage
Indwelling urinary catheter replacement by nurse	x	Home Care agency to manage
Straight (intermittent) catheter assistance		
Suprapubic catheter care	x	With DON approval
Ostomy care	x	Home Care agency to manage
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)		
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	x	
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	Memory care - per DON approval
Set-up and cut food at meals		With Speech therapy consult - memory care only
Manual Feeding; specify limits in comments	x	Memory care-Pauline and Tabitha-in community DR per approval of DON 
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	Electric razors
Nail care: toenails, fingernails	x	
Toileting: standby assistance/supervision	x	
Changing incontinence products; perineal care	x	
Ordering replacement incontinence products	x	Family or case manage to provide/order
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	
Transfers with assist of one staff	x	
Transfers with assist of two staff	x	In limited locations
Transfers utilizing sit-to-stand lifts	x	
Transfers utilizing sliding boards	x	With DON approval
Transfers utilizing bariatric equipment	x	With DON approval
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	x	In limited locations
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	x	Grab bars in bathrooms, no hand rail in the rest of the apartment 
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		
Every two-hours safety checks	x	As assessed with a fee

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Service	Available	Comments
Daily safety checks	x	
Emergency call system; specify type in comments	x	ELDIR pendant system for AL & MC as assessed; call cord for AL/MC as assessed 
Non-emergency call system; specify type in comments		
Digital wander alert device on resident		
Wander alert system at facility exits	x	Wander Guard system on Tabitha main entrance door
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance	x	Sign in and sign out on the main entrance door of Pauline and Tabitha 
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	On mail AL entrance and on main entrance door of Pauline and Tabitha 
Other lock systems: specify locations (unit, resident room, exits, etc.)		
Emergency generator(s) to power the facility during power outages	x	Emergency outlets located on Pauline & 3rd floor Emergency lighting for egress in AL/MC 
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	Have capability only in limited situations such as temporary illness, with a fee <span style="float: right;">+</span>
Lunch available in community space	x	
Lunch available; delivered to apartment	x	Have capability only in limited situations such as temporary illness, with a fee <span style="float: right;">+</span>
Dinner available in community space	x	
Dinner available; delivered to apartment	x	Have capability only in limited situations such as temporary illness, with a fee <span style="float: right;">+</span>
Meal tray delivery and pick-up from resident's unit	x	Have capability only in limited situations such as temporary illness, with a fee <span style="float: right;">+</span>
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	x	Pre-thickened liquids only, nectar/honey, no pudding thick <span style="float: right;">+</span>
Modified Texture Diets; specify limits in comments	x	With DON approval
Therapeutic Diets: cardiac	x	Self managed
Therapeutic Diets: diabetic or calorie controlled	x	Self managed
Therapeutic Diets: gluten-free		
Therapeutic Diets: high fiber	x	Self managed
Therapeutic Diets: low fat/low cholesterol	x	Self managed
Therapeutic Diets: low sodium	x	Self managed

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Service	Available	Comments
Therapeutic Diets: no added salt	x	Self managed
Therapeutic Diets: renal diet	x	Self managed
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	x	Self managed
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	Once per day per regulation
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	x	Provided in memory care, fee in AL
Housekeeping: defrost and clean refrigerator		
Housekeeping: dusting		
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	x	Once per week included
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	x	
Housekeeping: other; specify in comments	x	30 minute weekly lite housekeeping included, additional housekeeping with a fee
Laundry: linen (change bed, launder sheets, towels)	x	Included
Laundry: wash, dry, and fold clothing; specify loads per week in comments	x	Included in memory care, additional fee in AL
Laundry: other; specify in comments		
Schedule offsite social and recreational activities	x	Arranged through our Wellnes/Activity dept.
Schedule medical and social service appointments	x	Only if medically unable to do themselves or no family
Assistance with arranging transportation for personal, social, and recreational activities	Required	HUC
Assistance with arranging transportation to medical and social services appointments	Required	HUC
Provide transportation to social and recreational activities	x	Through Wellness calendar
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	Ex. Pocket Talker, resident or family provide
Primary languages spoken by staff	x	English
Supervision of smoking		

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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	Full time RN Supervisor Full time RN-DON <span style="float: right;">+</span>
Licensed Practical Nurse: on site "part time"		
Licensed Practical Nurse: on-site "full time"	x	LPN's on the floor
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	x	Shared with Regina Care Center
Activities Director: Full Time		
Dietician/Nutritionist consultant available or can be arranged	x	For a fee-outside provider

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Staffing	Available	Comments
Physical Therapist available or can be arranged	x	
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	x	
Speech Language Pathologist available or can be arranged	x	
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments	x	Fee: Dental, Audiology, Podiatrist, Ophthalmology, Medreview, Psychology, Beautician, Pharmacy <span style="float: right;">+</span>
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	Some apartments
Internet access	x	

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Amenity	Available	Comments
Cable (television)	x	
Pets allowed	x	Assisted living only, cats & dogs under weight limit. Resident responsible for care of pet. <span style="float: right;">+</span>
Pet care; specify in comments		
Pool		
Whirlpool	x	Spa tubs located on Pauline, Tabitha, 3rd and 5th
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	x	3 apts. located on Heritage have a washer and dryer in apt.
Central Air Conditioning	x	Central air in about half of apts., window/wall units in other areas
Fully sprinklered building	x	

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Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside	x	No new residents allowed to smoke on grounds starting in 2024. Prior residents grandfathered <span style="float: right;">+</span>
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 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](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