

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): 02/05/2025

Name of Assisted Living: Benedictine Living Community, Shakopee Windermere Way

HFID: 36413

Unique building/unit description (if applicable): _____

Facility Address: 1704 Windermere Way, Shakopee, MN 55379

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: ⁵ _____

Evening Shift: ^{4.5} _____

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:		

Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations	X	Limited to 8 beds in Memory Care Unit
Private Pay	X	
Long Term Care Insurance	X	Services covered under most policies. Do not accept direct payment from insurance company.
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	Memory care only.
Individualized digital/alarm monitoring for wandering or exit-seeking behavior	X	
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	Residents on nursing service only.
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	Medication administration assessment must be completed prior to resident self administering.
Delivery of medication from the original containers to resident	X	Container labels must match current order.
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	Individual resident narcotics. Medications for residents on med set-up.
Diabetic Care: insulin pen dosing	X	
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management		
Clinical monitoring of labs related to medications	X	Residents on nursing service only.
Anticoagulant medication management	X	
B-12 injections	X	Weekly or monthly.

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Service	Available	Comments
Nutritional supplement administration	X	Resident must provide supplement.
(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		
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		Can contract with on-site podiatrist.
C-PAP	X	
Bi-PAP	X	Without oxygen.
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	
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		Available on-site with contract through outside home care agency.
Fall Prevention: balance assessments		Available on-site with contract through outside physical therapy agency.
Fall Prevention: exercise programs		Available on-site with contract through outside physical therapy agency.
Fall Prevention: strength training		Available on-site with contract through outside physical therapy agency.
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	Memory care.
Integrative Health Services: healing touch		
Integrative Health Services: massage		Available on-site with contract through outside provider.
Blood pressure checks	X	With physician order.
Daily weight check	X	With physician order.
Indwelling urinary catheter care; emptying and bag changes	X	
Indwelling urinary catheter replacement by nurse		Individually contracted through outside home care agency.
Straight (intermittent) catheter assistance		
Suprapubic catheter care	X	
Ostomy care	X	Individually contracted through outside home care agency.
Arrangements for and coordination with hospice care	X	
End-of-life palliative care	X	With palliative or hospice care provider in place.

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Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)	X	
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	Utensils provided by resident.
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 and hospice only.
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	
Ordering replacement incontinence products	X	Limited to notifying family when needed.
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	Must be able to stand and bear weight.
Transfers utilizing sit-to-stand lifts	X	Assisted living and memory care apartments only.
Transfers utilizing sliding boards	X	Resident must be able to do transfer.
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	X	Memory care and case-by-case basis in Assisted Living.
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	X	Short-term (24-48 hrs) emergent needs only in Assisted Living and Memory Care.
Every 30-minutes safety checks	X	Short-term (24-48 hrs) emergent needs only in Assisted Living and Memory Care.
Hourly safety checks	X	Dependent on acuity level of Assisted Living or Memory Care unit.
Every two-hours safety checks	X	Assisted Living and Memory Care only.

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Service	Available	Comments
Daily safety checks	X	
Emergency call system; specify type in comments	X	Pendent system in Assisted Living/Memory Care Bathroom pull cord in Assisted Living.
Non-emergency call system; specify type in comments	X	Pendent system in Assisted Living and Memory Care. Call main phone in Independent 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	X	Concierge available 8am - 8pm.
Bed alarms or movement sensing technology	X	Motion sensors in MC apartments per service plan.
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard		
Security cameras in common spaces	X	At exits in hallways.
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Fob access for all main doors; keypad to Memory Care.
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Key for resident apartments.
Emergency generator(s) to power the facility during power outages	X	
Other; specify: Main entrance doors locked 8pm - 8am.		

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	With delivery fee.
Lunch available in community space	X	
Lunch available; delivered to apartment	X	With delivery fee.
Dinner available in community space	X	
Dinner available; delivered to apartment	X	With delivery fee.
Meal tray delivery and pick-up from resident's unit	X	If ill and approved by RN.
Meal preparation in resident's unit		
Thickened Liquids; specify limits in comments	X	Additional fee.
Modified Texture Diets; specify limits in comments	X	Memory Care and End of Life.
Therapeutic Diets: cardiac	X	Options available - resident responsible for selection.
Therapeutic Diets: diabetic or calorie controlled	X	Options available - resident responsible for selection.
Therapeutic Diets: gluten-free	X	Options available - resident responsible for selection.
Therapeutic Diets: high fiber	X	Options available - resident responsible for selection.
Therapeutic Diets: low fat/low cholesterol	X	Options available - resident responsible for selection.
Therapeutic Diets: low sodium	X	Options available - resident responsible for selection.

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Service	Available	Comments
Therapeutic Diets: no added salt	X	Options available - resident responsible for selection.
Therapeutic Diets: renal diet		
Other special diets: kosher		
Other special diets: (vegetarian, vegan, etc.) specify in comments	X	Options available - resident responsible for selection.
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	Resident chooses to participate. Push OK button by 10am or staff checks in with the resident.
Assistance with meals or food preparation		
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	
Housekeeping: defrost and clean refrigerator	X	Additional fee.
Housekeeping: dusting	X	Light dusting - no knick knacks or curio cabinets.
Housekeeping: organize closets and drawers		

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Weekly included in rent.
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	Weekly included in rent - shower/tub monthly.
Housekeeping: other; specify in comments		
Laundry: linen (change bed, launder sheets, towels)	X	Weekly - laundering included in 2 loads of laundry.
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	2 loads per week - additional loads at extra fee.
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	For activities planned by the community.
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	
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	On-site 8 hrs per day; on-call 16hrs per day.
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	
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		

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	Can be arranged.
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	Can be arranged.
Speech Language Pathologist available or can be arranged	X	Can be arranged.
Social Worker available or can be arranged		
Other Licensed Professional available; specify type in comments	X	Podiatry, optometry, audiology; can be arranged. On-site physician available if on services.
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	Common areas and resident rooms.
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	Additional fee and updated vaccination records. Dogs will need to visit for approval prior.
Pet care; specify in comments	X	Must be able to clean up after pet and be able to control pet.
Pool		
Whirlpool	X	In spa room.
Exercise Room	X	Must be trained on equipment prior to using.
Library	X	Large print books and EZ Magnifying Reader available.
Activity Room	X	
Garden/outdoor spaces	X	Elevated garden beds.
Chapel	X	
Private entertaining space	X	
Communal Dining room	X	
Beauty/Barber Shop	X	Managed by outside stylist.
Parking available for residents	X	Underground parking also available for additional fee.
Parking available for guests	X	
Guest accommodations	X	
Laundry Room accessible to Residents	X	
Washer-Dryer in units	X	Independent living only.
Central Air Conditioning	X	
Fully sprinklered building	X	

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Amenity	Available	Comments
Designated smoking area inside (not apartment space)		Smoke-free building.
Designated smoking area outside		Off-campus smoking only.
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