STATE LICENSING COMPLIANCE REPORT

Report #: HL399853502C

Date Concluded: March 9, 2026

Name, Address, and County of Facility Investigated:
Lilly J's Housing and Services LLC
111 63 ½ Way NE
Fridley, MN 55432
Anoka County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Barbara Axness, RN
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit: https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39985	A. BUILDING: _____ B. WING _____	C 03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LILLY J'S HOUSING AND SERVICES LLC	111 63 1/2 WAY NE FRIDLEY, MN 55432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION*** ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL399853502C On March 5, 2026, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, there were zero residents receiving services under the provider's Assisted Living license as the provider had closed. The following correction order is issued for # HL399853502C, tag identification 1240.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
01240 SS=F	144G.57 Subd. 3 Commissioner's approval required prior to imp	01240		

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01240	Continued From page 1 (a) The plan shall be subject to the commissioner's approval and subdivision 6. The facility shall take no action to close the residence prior to the commissioner's approval of the plan. The commissioner shall approve or otherwise respond to the plan as soon as practicable. (b) The commissioner may require the facility to work with a transitional team comprised of department staff, staff of the Office of Ombudsman for Long-Term Care, the Office of Ombudsman for Mental Health and Developmental Disabilities, and other professionals the commissioner deems necessary to assist in the proper relocation of residents. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee closed the assisted living facility prior to the Minnesota Department of Health's (MDH's) approval of the licensee's closure plan. The licensee transferred a resident to another facility based on the facility's voluntary closure, without submitting a closure plan or proposed resident notifications to MDH This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On January 4, 2026, the licensee contacted MDH via email to notify that the facility closed on	01240		

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01240	Continued From page 2 December 26, 2025, and the last resident was discharged to another facility on December 26, 2025. Licensed assisted living director/registered nurse (LALD/RN)-A wrote that the facility had only served one resident in the past six months. An attached Closure Form indicated the proposed effective date of closure was December 27, 2025, and they were not providing housing or assisted living services to any residents. R1 admitted to the facility on November 19, 2024, and discharged on December 26, 2025. R1's discharge summary indicated the discharge/transfer reason was "Facility closing due to financial difficulties." On March 6, 2026, at 9:30 a.m., LALD/RN-A stated the facility closed because their only resident, R1, moved out so they had no other residents and had to close. On March 6, 2026, at 12:40 p.m., R1 stated LALD/RN-A told him the facility was closing so he had to move to a new facility. On March 10, 2026, at 11:05 a.m., R1's case manager (CM)-B stated she was contacted by LALD/RN-A on December 1, 2025, and was told the facility would be closing so R1 needed to be moved to another facility. CM-B stated she did not recall being given any resources or information about the closure or that the facility had a closure plan. CM-B stated R1 was moved due to LALD/RN-A telling her the facility was closing. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one	01240		

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01240	Continued From page 3 (21) days	01240		