



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 30, 2026

Licensee
Angels Homes LLC
2304 West 150th Street
Burnsville, MN 55306

RE: Project Number(s) SL35485016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 9, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted no violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The enclosed State Form documents no violations. MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEPhVa>. Your input is important to us and will enable MDH to improve its processes and communication with providers.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jodi Johnson'.

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

KKM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35485	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/09/2026
NAME OF PROVIDER OR SUPPLIER ANGELS HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2304 WEST 150TH STREET BURNSVILLE, MN 55306			
(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 SL35485016-0 On June 8, 2026, through June 9, 2026, the Minnesota Department of Health attempted to conduct a full survey at the above provider. At the time of the survey, there were zero residents:zero receiving services under the Assisted Living license. On June 9, 2026, upon arrival the licensed assisted living facility, licensed assisted living director/registered nurse (LALD/RN)-A stated he wanted to close the facility and asked for closure forms. LALD/RN-A's email was confirmed, and the closure forms were sent to him via email. LALD/RN-A was instructed to complete the forms and return them by the end of day. The survey was terminated.	0 000			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE