Electronically Delivered

May 20, 2026

Licensee
Seven Hills Senior Living
733 Selby Avenue
Saint Paul, MN 55104

RE: Project Number(s) SL34963016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 29, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted 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.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

INFORMAL CONFERENCE
In accordance with Minn. Stat. § 144A.475, Subd. 8, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Seven Hills Senior Living. Please contact Renee L. Anderson on or before May 25, 2026 to schedule the conference call.

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,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34963	A. BUILDING: _____ B. WING _____	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN HILLS SENIOR LIVING	733 SELBY AVENUE SAINT PAUL, MN 55104

(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 LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL34963016-0 On April 27, 2026, through April 29, 2026, the Minnesota Department of Health conducted a change of ownership (CHOW) survey at the above provider and the following correction orders are issued. At the time of the survey, there were 110 residents; 58 of whom were receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. 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 surveyors' 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 pursuant to 144G.31 Subd. 1, 2 and 3.	
0 100 SS=F	144G.10 Subdivision 1 License required (a)(1) Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may	0 100		

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0 100	Continued From page 1 provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). If a portion of a licensed assisted living facility building is utilized by an unlicensed entity or an entity with a license type not granted under this chapter, the licensed assisted living facility must ensure there is at least a vertical two-hour fire barrier as defined by the National Fire Protection Association Standard 101, Life Safety Code, between any licensed assisted living facility areas and unlicensed entity areas of the building and between the licensed assisted living facility areas and any licensed areas subject to another license type. (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided. (e) Upon approving an application for an assisted living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the	0 100		

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0 100	Continued From page 2 same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to manage, control, and/or operate the entire building as an assisted living facility by sharing the building with a church. 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, but was not likely to cause serious injury, impairment, or death) 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 licensee's address, 733 Selby Avenue, St. Paul, MN 55104, was licensed as an assisted living facility with dementia care (ALFDC). On April 27, 2026, at 11:45 a.m., the survey engineer toured the facility with maintenance director (MD)-J and licensed assisted living director (LALD)-B. The engineer observed a public church located below the second, third, and fourth floor of the assisted living facility. MD-J identified the end of the licensed area to be the west wall in the first-floor dining room. MD-J	0 100		

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0 100	Continued From page 3 stated they did not know if the wall had a two-hour separation between the church and the licensed area, but they would ask for digital plans of the area separation and email them to the surveyor. MD-J stated the facility owned the space that the church occupies, but they were not responsible for anything on the other side of the wall. The address for the church connected to the assisted living facility was 739 Selby Avenue, St. Paul, MN 55104. On April 27, 2026, at 2:35 p.m., clinical nurse supervisor (CNS)-A stated he believed they had a key which gave them access to the church in the event of an emergency. On April 28, 2026, at 8:07 a.m., LALD-B emailed the surveyor a copy of the building code plan. The plan lacked an indication there was a two-hour separation between the church and the Assisted Living licensed area. MN Statute 144G.10 Subd 1 indicates "if a portion of a licensed assisted living facility building is utilized by an unlicensed entity or an entity with a license type not granted under this chapter, the licensed assisted living facility must ensure there is at least a vertical two-hour fire barrier as defined by the National Fire Protection Association Standard 101, Life Safety Code, between any licensed assisted living facility areas and unlicensed entity areas of the building and between the licensed assisted living areas and any licensed areas subject to another license type." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) Days	0 100		

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0 650 SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the employee record contained the required content for one of three employees (unlicensed personnel (ULP)-C). 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, but was not likely to cause serious injury, impairment, or death) and	0 650		

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0 650	Continued From page 5 was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). Findings include: ULP-C was hired on November 7, 2024, and provided direct care service to the licensee residents. On April 27, 2026, at 12:00 p.m., ULP-C was observed passing out lunch trays to the licensee's residents. ULP-C's employee record lacked documentation of an annual performance review to identify areas of improvement needed and training needs. On April 27, 2026, at 1:57 p.m., regional director of nursing (RDN)-D stated a performance review for ULP-C was not in ULP-C's record. RDN-D further stated it may have been missed because there had been a change in management. The licensee's Personnel Records policy dated January 26, 2023, indicated "performance evaluations which identify areas of improvement needed and training needs" would be kept in the employee record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
02320 SS=F	144G.91 Subd. 4 (b) Appropriate care and services	02320		

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02320	Continued From page 6 (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the steps of the medication administration process were followed for two of two residents (R4, R5). 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, but was not likely to cause serious injury, impairment, or death) 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: R4 R4's diagnosis included cognitive impairment. R4's service plan dated March 31, 2026, indicated the resident received services including assistance with medication administration. R4's prescriber orders dated March 31, 2026, included orders for fluticasone propionate 50 micrograms/spray (for sinus congestion). R4's Medication Sheet dated April 2026, included instructions for administration of fluticasone	02320		

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02320	Continued From page 7 propionate 50 micrograms/spray, indicating "instill (2) two sprays into both nostrils once daily (wipe the nozzle with a clean tissue after each use)." On April 28, 2026, at 7:50 a.m., unlicensed personnel (ULP)-H was observed administering two sprays of fluticasone propionate 50 micrograms into each of R4's nostrils. Without wiping the applicator tip, ULP-H put the cap back on the bottle and placed the nasal spray back into the resident's medication cabinet. On April 28, 2026, at 10:07 a.m., ULP-H stated she did not wipe the nasal applicator tip prior to putting the cap back on the bottle and she did not remember learning that process. R5 R5's diagnosis included cognitive impairment. R5's service plan dated February 23, 2026, indicated the resident received services including assistance with medication administration. R5's prescriber orders dated February 9, 2026, included orders for fluticasone propionate 50 micrograms/spray. R5's Medication Sheet dated April 2026, included instructions for administration of fluticasone propionate 50 micrograms/spray, indicating "instill (2) two sprays into both nostrils once daily (wipe the nozzle with a clean tissue after each use)." On April 28, 2026, at 8:10 a.m., ULP-I was observed administering two sprays of fluticasone propionate 50 micrograms into each of R5's nostrils. Without wiping the applicator tip, ULP-I put the cap back on the bottle and placed the nasal spray back into the resident's medication	02320		

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02320	Continued From page 8 cabinet. On April 28, 2026, at 8:20 a.m., ULP-I stated she did not remember the training on nasal medications, and she did not know she needed to wipe the nasal applicator tip after administration. On March 6, 2024, at 2:30 p.m., clinical nurse supervisor (CNS)-A stated the ULP the applicator tip should be wiped clean after administering a nasal spray and he did not know why it would not have been done. The Drugs.com Fluticasone Nasal Spray: Package Insert/Prescribing Info, reviewed March 24, 2026, indicated the nasal applicator should be wiped with a clean tissue after each use. The licensee's document titled Medication Administration Skill Competency Checklist 2025-Direct Care Staff (Unlicensed), indicated the procedure for nasal spray administration was to "apply the correct number of drops to the correct nare (right or left nasal passage)-wipe the tip of any excess drainage, run the bottle under hot water with the tip down to clean the outside of the container and then dry and replace the cap." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Seven Hills Senior Living
733 SELBY AVENUE
St Paul, MN 55104
Ramsey County
Parcel:

Phone:

License Info

License: HFID 34963

Risk:
License:
Expires on:
CFPM: Byron J. Franz
CFPM #: 117418; Exp: 05/29/2026

Inspection Info

Report Number: F1021261130
Inspection Type: Full - Single
Date: 4/28/2026 Time: 12:23:12 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

Food services at this establishment are provided by a third-party company. Unidine is contracted by Seven Hills Senior Living, and all kitchen staff are employed by Unidine rather than the senior living facility.

The Minnesota Department of Health (MDH) Food Pools and Lodging Section (FPLS) issues the facility's license and is responsible for conducting its inspections. MDH license posted in the kitchen.

Please contact MDH if anything changes with the licensing of this facility.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1021261130 from 4/28/2026

Byron Franz
Food Service Director - Unidine

Melissa Ramos

Melissa Ramos,
Public Health Sanitarian 3
651-201-4495
melissa.ramos@state.mn.us