DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 9, 2020

Administrator
Cerenity Care Center On Humboldt
512 Humboldt Avenue
Saint Paul, MN 55107

RE: CCN: 245255
Cycle Start Date: July 31, 2020

Dear Administrator:

On October 20, 2020, we notified you remedies were imposed. On November 7, 2020 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of November 6, 2020.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective September 16, 2020 be discontinued as of November 6, 2020. (42 CFR 488.417 (b))

In our letter of August 17, 2020, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from September 16, 2020. This does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: kamala.fiske-downing@state.mn.us

DEPARTMENT OF HEALTH

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Electronically delivered
October 20, 2020

Administrator
Cerenity Care Center On Humboldt
512 Humboldt Avenue
Saint Paul, MN 55107

RE: CCN: 245255
Cycle Start Date: July 31, 2020

Dear Administrator:

On August 17, 2020, we informed you of imposed enforcement remedies.

On October 6, 2020, the Minnesota Department(s) of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be a pattern of deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level E), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings the following remedies have been imposed:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective September 16, 2020, will remain in effect.

- Directed plan of correction, Federal regulations at 42 CFR § 488.424. Please see electronically attached documents for the DPOC.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444).

You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective September 16, 2020. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective September 16, 2020.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

As we notified you in our letter of August 17, 2020, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from September 16, 2020.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (ePOC) for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));

- Per day civil money penalty (42 CFR 488.430 through 488.444).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" tag), i.e., the plan of correction should be directed to:

Karen Aldinger, Unit Supervisor
Metro C District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: karen.aldinger@state.mn.us
Office: (651) 201-3794 Mobile: (320) 249-2805

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health

Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by January 31, 2021 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services

Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION/ INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:
https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:
https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245255	A. BUILDING _____ B. WING _____	C 10/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CERENITY CARE CENTER ON HUMBOLDT	**512 HUMBOLDT AVENUE SAINT PAUL, MN 55107**

(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) COMPLETION DATE
E 000	Initial Comments A COVID-19 Focused Infection Control survey was conducted on 10/5/20 and 10/6/20, at your facility by the Minnesota Department of Health to determine compliance with Emergency Preparedness regulations §483.73(b)(6). The facility was IN full compliance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	E 000		
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control survey was conducted on 10/5/20 and 10/6/20, at your facility by the Minnesota Department of Health to determine compliance with §483.80 Infection Control. The facility was determined NOT to be in compliance. In addition, an abbreviated survey was completed at your facility to conduct complaint investigations. Your facility was found NOT to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5255075C with a deficiency cited at F755. H5255077C with a deficiency cited at F755. The following complaint was unsubstantiated: H5255076C The facility's plan of correction (POC) will serve	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/29/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 000	Continued From page 1 as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Upon receipt of an acceptable electronic POC, a revisit of your facility will be conducted to validate substantial compliance with the regulations has been attained in accordance with your verification.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F 755		11/6/20

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F 755	Continued From page 2 §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure carbidopa levodopa (a Parkinson's disease medication) was administered in timely manner for 2 of 2 residents (R2 and R4) reviewed who were prescribed this medication. Findings include: R2's admission MDS, dated 1/30/20, noted a diagnosis of Parkinson's disease. R2's physician orders, dated 1/1/20 through 2/28/20, noted R2 was prescribed: "carbidopa-levodopa tablet; 10-100 mg [milligrams]; amt [amount] 2 tablets; oral [DX: Parkinson's disease Three times a day; 0800 AM, 12:00 PM, 04:00 PM," with a start date of 1/24/20 and end date of 2/17/20 and "Sinemet CR (carbidopa-levodopa) tablet extended release; 50-200 mg; amt 50-200 mg; oral Special Instructions: DX: Parkinson Disease at bedtime; 08:00 PM" R2's medication and treatment admission record (MAR/TAR), dated January 2020, noted the following late administrations for "carbidopa-levodopa tablet; 10-100 mg [milligrams]; amt [amount] 2 tablets; oral [DX:	F 755	The submission of this Plan of Correction is not an admission by the provider of any fact or conclusion set forth in the Statement of Deficiency. This Plan of Correction is being submitted because it is required by law. However, evidencing Cerenity Care Center at Humboldt good faith, the facility offers the following Plan of Correction and has achieved substantial compliance in each of the areas addressed on 10/5/2020 and 10/6/2020. F755 1) How corrective action will be accomplished for those residents found to be affected: It is the practice of Cerenity Care Center at Humboldt to ensure that the residents of Cerenity Care Center receive treatment and care in accordance with professional standards of practice for delivery of pharmacy services including medication administration. R2 no longer reside in the facility. R4 was hospitalized and has passed away. Prior to the discharge of R4 the provider was notified and there were no adverse	

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F 755	Continued From page 3 Parkinson's disease] Three times a day; 0800 AM, 12:00 PM, 04:00 PM" with a start date of 1/24/20 and end date of 2/17/20: 1/30/20: 8:00 a.m. dose administered at 9:19 a.m. R2's MAR/TAR, dated February 2020, noted the following late administrations for "carbidopa-levodopa tablet; 10-100 mg [milligrams]; amt [amount] 2 tablets; oral [DX: Parkinson's disease]Three times a day; 0800 AM, 12:00 PM, 04:00 PM" with a start date of 1/24/20 and end date of 2/17/20: 2/2/20: 4:00 p.m. dose administered at 6:58 p.m. 2/5/20 12:00 noon dose administered at 1:35 p.m. 2/7/20 4:00 p.m. dose administered at 5:27 p.m. 2/13/20 12:00 noon dose administered at 1:28 p.m. 2/15/20 12:00 noon dose administered at 1:13 p.m. 2/15/20 4:00 p.m. dose administered at 5:38 p.m. On 10/6/20, at 1:33 p.m., a licensed practical nurse (LPN)-B reported it was important to give R2's medication for Parkinson's on time, while the computer program allowed an hour before and after, it should preferably be no more than 15 minutes before or after. LPN-B reported she believed the late administrations were related to late documentation of the medications. R4's significant change MDS, dated 9/10/20, noted a diagnosis of Parkinson's disease. R4's physician orders, dated 09/6/20 through 10/6/20, noted R4 was prescribed, "carbidopa-levodopa tablet; 25-100 mg; amt: 3 tablets; oral [DX: Parkinson's disease] Three Times A Day; 08:00 AM, 12:00 PM, 04:00 PM"	F 755	outcomes for R4. 2) How to identify other residents having the potential to be affected by the same practice: All residents that reside at Cerenity Care Center on Humboldt have the potential to be effected by the practice. All residents time sensitive oral medication times and orders have been review by pharmacy to ensure the order and time is appropriate per medication recommendations. 3) Measures put into place or systemic changes made to ensure practice will not recur: Consultant Pharmacist will review medications for new admissions and readmissions to ensure all time sensitive oral medications delivery time is accurate. Licensed Nurses and Trained Medication assistants have received education on the rights of medication delivery, signing/documenting that medication was administered at time of medication administration, within the prescribed time and Parkinson□s disease medication administrations. 4) How the facility will monitor its corrective actions to ensure that the practice is being corrected and will not recur: The facility will complete audits of time sensitive oral medication administration times. Audits of medication administration will be completed 5 times per week for 2	

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F 755	Continued From page 4 with a start dated 7/31/20. R4's MAR/TAR, dated September 2020, noted the following late administrations for "carbidopa-levodopa tablet; 25-100 mg; amt: 3 tablets; oral [DX: Parkinson's disease] Three Times A Day; 08:00 AM, 12:00 PM, 04:00 PM" : 9/1/20: 8:00 a.m. dose administered at 9:12 a.m. 9/2/20: 12:00 noon dose administered at 1:32 p.m. 9/4/20: 12:00 noon dose administered at 1:05 p.m. 9/6/20: 8:00 a.m. dose administered at 9:00 a.m. 9/6/20: 12:00 noon dose administered at 1:31 p.m. 9/8/20: 12:00 noon dose administered at 1:10 p.m. 9/9/20: 08:00 a.m. dose administered at 10:18 a.m. 9/9/20: 12:00 noon dose administered at 2:33 p.m. 9/10/20: 4:00 p.m. dose administered at 6:06 p.m. 9/11/20: 4:00 p.m. dose administered at 6:33 p.m. 9/13/20: 8:00 a.m. dose administered at 11:28 a.m. 9/13/20: 12:00 noon dose administered at 3:44 p.m. 9/14/20: 8:00 a.m. dose administered at 9:04 a.m. 9/14/20: 12:00 noon dose administered at 1:12 p.m. 9/20/20: 4:00 p.m. dose administered at 5:09 p.m. 9/22/20: 8:00 a.m. dose administered at 10:05 a.m. 9/24/20: 8:00 a.m. dose administered at 9:32 a.m. 9/25/20: 8:00 a.m. dose administered at 12:01	F 755	weeks, then 3 times per week for 3 weeks, then 2 times per week for 2 weeks to ensure ongoing compliance. The results of these audits will forward to the QAPI committee for review and the committee will determine when compliance is indicated. The Director of Nursing and/or designee will be responsible for ongoing compliance. 5) The date the deficiency will be corrected: Compliance date: November 11, 2020	

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F 755	Continued From page 5	F 755		

p.m.
9/27/20: 8:00 a.m. dose administered at 11:05 a.m.
9/30/20: 12:00 noon dose administered at 1:14 p.m.

R4's MAR/TAR, dated October 2020, noted the following late administrations for "carbidopa-levodopa tablet; 25-100 mg; amt: 3 tablets; oral [DX: Parkinson's disease] Three Times A Day; 08:00 AM, 12:00 PM, 04:00 PM":
10/5/20: 8:00 a.m. dose administered at 9:51 a.m.

On 10/6/20 at 2:07 p.m. a licensed practical nurse (LPN)-A, reported she was giving the medication on time but documenting it late as the electronic medication administration record allowed to give medication and document later. LPN-A reported it was very important to give the carbidopa-levodopa on time or the R4 would not feel good and be able to get get for the day.

On 10/6/20 at 1:53 p.m. RN-B reported nurses and med passers should be documenting the medication as administered at the time of administration. RN-B confirmed there were numerous late administrations for carbidopa-levodopa for R2 and R4. RN-B explained it was very important to give carbidopa-levodopa on time, preferably within 5 minutes of the time it was ordered. At 2:44 p.m., RN-B followed up and reported she spoke with nursing staff and they are charting medications as administered later in the shift. RN-B reported they needed additional training.

The administering medications policy, dated 02/2019, directed staff, "10. Administer

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F 755	Continued From page 6 medications following the 6 Rights of medication administration: a. Right Resident b. Right Medication c. Right Dose d. Right Time e. Right Route f. Right Documentation 11. Sign medications out in electronic record/MAR at time of medication administration."	F 755		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other	F 880		11/6/20

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(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) COMPLETION DATE
F 880	Continued From page 7 persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to perform environmental cleaning in a manner to help prevent the spread	F 880	The submission of this Plan of Correction is not an admission by the provider of any fact or conclusion set forth in the	

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	245255	A. BUILDING _____ B. WING _____	C 10/06/2020

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F 880	Continued From page 8 of infection, including COVID-19. This practice had the potential to affect all 18 residents who resided on the 4th floor, all staff and visitors to this unit. Findings include: R5's entry tracking minimum data set (MDS), dated 9/25/20, included, R5 was admitted to the facility from a hospital. R5 was over 65 years old. R6's 5 day MDS, dated 9/16/20, included, re-entered facility after an acute hospital stay. R6's diagnoses included, diabetes mellitus. R7's entry tracking MDS, dated 10/2/20, included, R7 was admitted to the facility from an acute hospital. R8's entry tracking MDS, dated 8/27/20, included, R8 was over 65 years old and admitted from an acute hospital. Review of the facilities, Precautions List, dated 10/16/20, revealed seven residents on 4th floor on infection control droplet and contact precautions related to admission, readmission or appointment related status. R5 was on precautions from 10/1/20 through 10/15/20. R7 was on precautions 10/2/20 through 10/16/20. R8 was on precautions 9/30/20 through 10/14/20. Droplet and contact precautions directed staff to don gown, surgical mask, gloves, face shields and/or safety glasses. R6 was not on infection control precautions. Fifteen residents were under investigation for Covid-19 due to symptoms or contact with a Covid-19 positive individual. Eight residents were identified as Covid-19 positive. Two residents with Covid 19 or under	F 880	Statement of Deficiency. This Plan of Correction is being submitted because it is required by law. However, evidencing Cerenity Care Center at Humboldt good faith, the facility offers the following Plan of Correction and has achieved substantial compliance in each of the areas addressed on 10/5/2020 and 10/6/2020. F880 1) How corrective action will be accomplished for those residents found to be affected: It is the practice of Cerenity Care center at Humboldt to ensure that the residents receive treatment and care in accordance with professional standards of practice for infection control. R5, R6, R7 and R8 rooms and common areas were recleaned effective immediately. 2) How to identify other residents having the potential to be affected by the same practice: The facility immediately provided reeducation to all housekeeping staff related to infection prevention, PPE, hand hygiene and cleaning policy and procedure. 3) Measures put into place or systemic changes made to ensure practice will not recur: The director of environmental services, DON, ADON/Staff Development and	

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F 880	Continued From page 9 investigation for Covid-19 were on 4th floor, but on a separate unit from R5, R6, R7 and R8. On 10/6/20, at 9:23 a.m. a housekeeper (H)-A was observed to enter R5's room, open a garbage bag and put it into the garbage bin. H-A was wearing a gown, gloves and eye protection. H-A removed her gloves and then gown by touching outside of gown and put in garbage bin. H-A did not perform hand hygiene (washing or sanitizing hands). H-A donned a glove on her left hand and walked a bag of garbage, containing resident personal garbage and used personal protective equipment (PPE). H-A placed garbage on the floor, opened the door to the trash chute and tossed the bag of garbage down the garbage chute. H-A walked down the hallway with glove on left hand. H-A opened the doors separating the unit with both hands. H-A touched her face with right hand and with glove on left hand, placed a new glove on right hand. H-A did not perform hand hygiene. H-A entered R6's room. H-A picked garbage off the floor and turned on R6's bathroom light with her hands. R6 was in the room. H-A retrieved the broom and dustpan from her cart in the hallway and swept around the floor. H-A moved R6's phone from the table to bed stand with her left hand. H-A returned the broom and dustpan to the housekeeping cart. H-A grabbed a duster from the cart and dusted under R6's bed, touching the bedside table. H-A then opened the door with her left hand then door to bathroom with right hand. H-A touched her face with right hand then touched door handle with right hand. H-A put the duster back on the cart and grabbed the dustpan and broom and swept floor. H-A retrieved the disinfectant spray and toilet bowl cleaner. H-A sprayed the bathroom cupboard with spray, touched door with left hand	F 880	Infection Preventionist have reviewed policies and procedures regarding disinfecting multiuse/shared equipment/items and/or environmental disinfection to ensure they meet the CDC guidance for disinfection in health care facilities and follow disinfectant product manufacturer directions for use including contact time. Facility has updated the cleaning checklist to ensure infection control practices are followed. Facility has ordered an alternative cleaning cloth for cleaning bathroom areas only. The toilet brush will be placed in a bleach disinfectant solution in between each room. All housekeeping and nursing staff will received additional education related to updates to the cleaning process, cleaning of shared equipment, hand hygiene, PPE, infection control and will demonstrate competency. 4) How the facility will monitor its corrective actions to ensure that the practice is being corrected and will not recur: The facility will complete audits of housekeeping staff and nursing staff related to infection control practices. Audits of staff compliance will be completed 5 times per week for 2 weeks, then 3 times per week for 3 weeks, then 2 times per week for 2 weeks to ensure ongoing compliance. The results of these audits will forward to the QAPI committee for review and the committee will determine when compliance is indicated.	

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F 880	Continued From page 10 then sprayed and wipes off the grab bar with left hand. H-A then wiped off the toilet seat with left hand and a red cloth, then the handrails, sink, toilet handle, cabinet above toilet and cabinet above toilet with the same red cloth. H-A moved R6's emesis basin, toothbrush and cup to a different shelf while wiping the shelves. H-A applied toilet bowl cleaner into the toilet, then used a toilet bowl brush to scrub toilet off. H-A then rinsed off the toilet brush in R6's sink and tapped it on the sink. H-A placed cleaning supplies back on cart. H-A removed garbage from R6's garbage bin and placed in garbage hanging off cart. H-A then touched her face and hair and the door handle with right hand. H-A took the garbage bin from R6's room into the hallway and sprayed disinfectant in it then wiped it with a red rag. H-A then put garbage bags in R6's garbage bin and returned it to to R6's room. H-A then grabbed a wet mop from cart, putting hand in mop water and then wet mopped R6's floor. H-A picked up an odor spray off the floor and put it on R6's bedside table and then picked up papers from floor and put on windowsill. H-A picked up R6's cloth face mask (used for COVID-19 source control) off the floor with left hand and put on bedside table. H-A reported it was R6's mask and she was putting it nearby, "just in case." H-A continued to wet mop and pick up garbage from floor and place into the garbage. H-A removed the mop and placed it into a plastic bag. H-A adjusted the garbage bins location in the R6's bathroom and room. H-A shut the outside of door with her right hand and put the wet mop back. H-A touched her face. H-A opened a bin outside the room with PPE and took out a pair of gloves and a pack of gowns. H-A opened the pack of gowns and donned gown over her head and ties. Without performing hand hygiene, H-A donned	F 880	The Director of Nursing and/or designee will be responsible for ongoing compliance. 5) The date the deficiency will be corrected: Compliance date: November 11, 2020	

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F 880	Continued From page 11	F 880		

new gloves.
H-A entered R7's room, touching door handle as she entered. R7 was present in the room and not wearing a mask. H-A removed the garbage from R7's room and placed it in garbage on housekeeping cart. H-A grabbed the broom and dustbin from cart and moved R7's wheelchair by the handles and cane with handle as she swept. H-A leaned the broom against the bedside table and picked up a cloth from floor and onto R7's bedside table. H-A returned the broom and dustpan to cart and got a garbage bag from room. H-A placed cloth in the garbage bag and brought the cloth to the soiled utility room to toss down the chute. H-A picked up garbage from hallway and put an empty bag in the garbage bin. H-A used sanitizer and a red cloth and sprayed and wiped off the wheelchair seat and handles and pushed the chair back in place. H-A tossed a cup and disposable mask and cup from bedside table in garbage then dusted the bedside table off with her gloved hand and moved around a pen and paper on night stand. H-A then retrieved a broom and dustpan and swept around and within 2 feet of R7. H-A returned the dustpan and broom to the cart. H-A placed the soiled red cloth in a bag and retrieved a new red cloth from the cart. H-A used the disinfectant spray to spray sink, toilet and the placed bottle on ground. H-A then wiped the toilet rim, seat and then lid and sink. H-A put red cloth in bag and tied on cart. H-A then grabbed the garbage from R7's room and put into cart and wiped the hair out of her eyes. H-A then moved the bedside table with her hands. H-A picked up the hangers from R7's bed and moved near the closet. H-A then exited R7's room and moved hair away from eyes. H-A moved cart to outside R8's room. H-A did not change gown, gloves or perform hand hygiene. H-A touched

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F 880	Continued From page 12	F 880		

door handle, entered bathroom and then swept R8's floor, touching R8's wheelchair and picking clothes up off the floor. R8 was in bed without a mask on. H-A swept the fall mat near R8's bed and under bed and fall matt. H-A moved R8's fan with her hands. H-A picked up clothes and moved to other side of room, sweeping. H-A left room to pick up bags from cart and re-entered R8's room. H-A removed garbage from R8's room to cart. H-A grabbed a new bag from cart and put in R8's garbage bin and took garbage to soiled utility room. H-A wiped hair off her face. H-A then re-entered R8's room, moved R8's wheelchair with her hands, removed more garbage from R8's room and back to cart for a bag and put a new bag in R8's garbage bin. H-A touched her hair and touches door to leave room with R8's garbage bin flip top. In the hallway, H-A put new garbage bag in R8's flip top garbage bin. H-A exited R8's room and closed door with gloved hands. H-A removed gown, then gloves and placed in garbage bin. H-A then touched her hair and safety glasses. H-A grabbed the garbage from cart. Walking down the hallway, H-A closed a drawer under a self serving coffee serving station. H-A opened the door to a wing under construction, punched in code to trash room and put trash down the trash chute. H-A then adjusted her name tag and uniform with her hands and took her mobile phone out of her pocket and then back in pocket. H-A removed garbage near coffee serving station and and a new bag in garbage. H-A then used her hands and straightened the coffee machine and drain and the cream and sugar packets, snacks and newspapers on the self service beverage and snack station.

On 10/6/20 at 10:50 a.m. H-A reported she was training that day and had worked at the facility for

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F 880	Continued From page 13	F 880		

five weeks. H-A reported she was responsible for cleaning 4th and 3rd floor. H-A reported she was trained in house by a coworker and had a lot of cleaning experience. H-A reported it was acceptable to wear same gown from room to room and a gown was needed if there was a sign on door. H-A reported it was as ok to wear the same gloves from room to room, per her assistant manager. H-A reported she would change gloves and wash hands if they felt sweaty, but that was the only time it was necessary. H-A reported it was ok to handle garbage and then door knobs and resident personal items. H-A reported it was ok to clean the toilet then with same rag and without hand hygiene clean sink and cupboards. H-A reported this is how she was taught by her coworkers. H-A reported she was trained to rinse the toilet brush in the sink to keep it from getting dirty. When asked about education on Covid-19 prevention, H-A reported she was told not to go on the Covid 19 unit. At surveyor request, the lead housekeeper (H)-B and environmental director (ED) was summoned to floor. ED explained hand hygiene should be completed and new gloves for each room. Staff should not touch garbage and dirty items and also handle resident personal items like a mask and phone. The toilet brush should not be rinsed in resident sink and the sink and cabinets should not be cleaned with the same cloth after wiping off the toilet. ED reported H-A would be retrained and rooms re-cleaned immediately. The infection preventionist (IP) was requested to participate in interview, but declined, deferring to ED.

The Environmental Services-Cleaning policy, dated 8/2017, directed staff, "It is the policy of BHS communities that they be maintained in a

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F 880	Continued From page 14 clean and hygienic condition with written schedules of cleaning and decontamination based on the area." "The IP and/or EVS supervisor, or designee, will perform regular observations and audits of the EVS department cleaning procedures and correct use of infection prevention and control practices." "Isolation Rooms or Cleaning Special Care Areas: 1. Standard cleaning procedures will be used in isolation rooms, however isolation rooms will be cleaned last or the equipment and water changed before going into another room to clean. 2. Special attention will be paid to cleaning of environmental surfaces in the isolation rooms, as these surfaces are frequent sources of person-to-person transmission of infection. 3. If mop and bucket solution are contaminated with feces or bloody fluids, they will be changed. 4. Appropriate personal protective equipment (PPE) will be worn: a. Contact precautions: Gloves and gown will be worn when in the room. Must be removed with proper hand hygiene performed before leaving the room. b. Droplet precautions: Gloves and surgical mask will be worn. PPE must be removed with proper hand hygiene performed leaving the room."	F 880		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 20, 2020

Administrator
Cerenity Care Center On Humboldt
512 Humboldt Avenue
Saint Paul, MN 55107

Re: Event ID: 0DKM11

Dear Administrator:

The above facility survey was completed on October 6, 2020 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00538	A. BUILDING: _____ B. WING _____	C 10/06/2020

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 10/5/20 and 10/6/20, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be in compliance with the MN State Licensure. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/29/20

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2 000	Continued From page 1 The following complaints were found to be SUBSTANTIATED: H5255075C and H5255077C. However, no licensing orders were issued. The following complaint was unsubstanatiated: H5255076C. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000		

DIRECTED PLAN OF CORRECTION

A Directed Plan of Correction (DPOC) is imposed in accordance with 42 CFR § 488.424. Your facility must include the following in their POC for the deficient practice cited at F880:

DIRECTED DPLAN OF CORRECTION - Equipment/Environment

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice.

POLICIES/PROCEDURES/SYSTEM CHANGES:

- The facility's Quality Assurance and Performance Improvement Committee must conduct a root cause analysis (RCA) to identify the problem(s) that resulted in this deficiency and develop intervention or corrective action plan to prevent recurrence.
- The director of housekeeping, director of maintenance, and director of nursing must review policies and procedures regarding disinfecting multiuse/shared equipment/items and/or environmental disinfection to ensure they meet the CDC guidance for disinfection in health care facilities and follow disinfectant product manufacturer directions for use including contact time.

TRAINING/EDUCATION :

- The Director of Housekeeping/Maintenance, and/or Director of Nursing, or Infection Preventionist must train all staff responsible for resident care equipment and environment on the facility policies/practices for proper disinfection, including following manufacturer direction for use. Each staff person must demonstrate competency at the conclusion of the training. Training and competency testing must be documented. The Minnesota Department of Health (MDH), Center for Disease Control (CDC), and Environmental Protection Agency have education materials that may be used for training.

  - CDC: Infection Control Guidelines and Guidance Library. https://www.cdc.gov/infectioncontrol/guidelines/index.html/eic_in_HCF_03.pdf
  - MDH COVID-19 Toolkit. https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf
  - EPA: List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19) https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19

CDC RESOURCES:

Infection Control Guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html

CDC: Isolation Precautions Guideline:
https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html
CDC: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007): https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html
CDC: Personal Protective Equipment: https://www.cdc.gov/niosh/ppe/
Healthcare Infection Prevention and Control FAQs for COVID-19:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html

MDH RESOURCES:
Personal Protective Equipment (PPE) for Infection Control:
https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/ppe/index.html
MDH Contingency Standards of Care for COVID-19: Personal Protective Equipment for Congregate Care Settings (PDF): https://www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf
Interim Guidance on Facemasks as a Source Control Measure (PDF):
https://www.health.state.mn.us/diseases/coronavirus/hcp/maskssource.pdf
Interim Guidance on Alternative Facemasks (PDF):
https://www.health.state.mn.us/diseases/coronavirus/hcp/masksalt.pdf
Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 (PDF):
https://www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf
Droplet Precautions:
https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pre/droplet.html
Airborne Precautions:
https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pre/droplet.html

MONITORING/AUDITING:

- The Director of Nursing, the Infection Preventionist, and/or other facility leadership will conduct audits for proper cleaning and disinfection of resident use equipment/environmental cleaning, on all shifts every day for one week, then may decrease frequency as determined by compliance.

In accordance with 42 CFR § 488.402(f), this remedy is effective 15 calendar days from the date of the enforcement letter. The DPOC may be completed before or after that date. The effective date is not deadline for completion of the DPOC. However, a revisit will not be approved prior to receipt of documentation confirming the DPOC was completed. To successfully complete the DPOC, the facility must provide all of the following documentation identified in the chart below. Documentation should be uploaded as attachments through ePOC.

Imposition of this DPOC does not replace the requirement that the facility must submit a complete POC for all cited deficiencies (including F880) within 10 days after receipt of the Form CMS 2567.

Item	Checklist: Documents Required for Successful Completion of the Directed Plan
1	Documentation of the RCA and intervention or corrective action plan based on the

	results with signatures of the QAA Committee members and members of the Governing Body
2	Documentation that the interventions or corrective action plan that resulted from the RCA was fully implemented
3	Content of the training provided to staff, including a syllabus, outline, or agenda, as well as any other materials used or provided to staff for the training
4	Names and positions of all staff that attended and took the trainings
5	Staff training sign-in sheets
6	Summary of staff training post-test results, to include facility actions in response to any failed post-tests
7	Documentation of efforts to monitor and track progress of the interventions or corrective action plan

In order to speed up our review, identify all submitted documents with the number in the “Item” column.