



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
December 24, 2024

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

RE: CCN: 245255  
Cycle Start Date: December 5, 2024

Dear Administrator:

On December 5, 2024, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J).

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

#### **REMOVAL OF IMMEDIATE JEOPARDY**

On December 3, 2024, the situation of immediate jeopardy to potential health and safety, cited at F684 Quality of Care, was removed.

#### **REMEDIES**

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS location.

- Civil money penalty, (42 CFR 488.430 through 488.444).

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

#### **NURSE AIDE TRAINING PROHIBITION**

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered

Cerenity Care Center On Humboldt

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professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$12,924; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective December 5, 2024. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

The CMS location may notify you of their determination regarding any imposed remedies.

### **SUBSTANDARD QUALITY OF CARE (SQC)**

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. **If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.**

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Cerenity Care Center On Humboldt is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective December 5, 2024. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

### **DEPARTMENT CONTACT**

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

Cerinity Care Center On Humboldt

December 24, 2024

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Terri Ament, Regional Operations Supervisor, Rapid Response

Health Regulation Division

Minnesota Department of Health

Duluth Technology Village

11 East Superior Street, Suite 290

Duluth, Minnesota 55802-2007

Email: [teresa.ament@state.mn.us](mailto:teresa.ament@state.mn.us)

Office: (218) 302-6151 Mobile: (218) 766-2720

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.

#### INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, 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:

<https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

Sincerely,



Holly Zahler, Compliance Analyst

Federal Enforcement | Health Regulation Division

Minnesota Department of Health

Orville L. Freeman Building | HRD 3A 3rd Floor

Office: 651-201-4384

Email: [holly.zahler@state.mn.us](mailto:holly.zahler@state.mn.us)

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/26/2024  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                            |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>245255</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>12/05/2024</b> |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CERENITY CARE CENTER ON HUMBOLDT</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>512 HUMBOLDT AVENUE</b><br><b>SAINT PAUL, MN 55107</b>              |                      |   |
| (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 000   | INITIAL COMMENTS<br><br>On 12/4/24 through 12/5/24, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found IN compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.<br><br>The following complaints were reviewed:<br>H52552040C (MN00108738, MN00108790)<br>A deficiency was issued at F684 as an immediate jeopardy at PAST NON-COMPLIANCE.<br><br>Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.   | F 000   |   |                      |   |
| F 684<br>SS=J   | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.<br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and document review, the facility failed to implement physician prescribed treatment orders for wound care, notify the physician of signs and symptoms of infection and labs results for 1 of 3 residents (R1) reviewed for wound care. This resulted in a delay of treatment | F 684   | Past noncompliance: no plan of correction required.   |                      |   |

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

TITLE

(X6) DATE

Electronically Signed

12/24/2024

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.

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| F 684   | <p>Continued From page 1</p> <p>for R1 when R1's right great toe trauma injury wound and left second toe trauma injury developed osteomyelitis (bone infection) and required amputation of both toes.</p> <p>The IJ began on 11/30/24, when R1's right great toe and left second toe were amputated. The administrator and director of nursing (DON) were informed of the IJ on 12/5/24 at 5:17 p.m. The facility had implemented corrective action on 12/3/24, prior to the start of the survey, and was therefore past noncompliance.</p> <p>Findings include:</p> <p>R1's Face Sheet dated 7/23/24, indicated R1 had diagnoses of type 2 diabetes with diabetic neuropathy (nerve damage which can cause pain or numbness to feet, hands, and legs), peripheral vascular disease (circulation disorder that affects blood vessels outside of the heart), and end stage renal disease (ESRD) with renal dialysis.</p> <p>R1's care plan dated 10/7/24, indicated R1 had impaired skin integrity. Interventions included R1's wounds would be monitored for changes, and for signs and symptoms of infection. If indicated, the medical provider would be updated, and labs would be monitored as ordered.</p> <p>On 10/23/24, medical doctor (MD)-A did wound care rounds at the facility, and saw R1. MD-A's Wound Physicians summary orders directed Xeroform gauze (sterile wound dressing) and gauze dressing with border to left second toe trauma injury, change daily. Non-pressure full thickness wound (wounds that extend beyond the two layers of skin [dermis and epidermis] and go into the subcutaneous tissue [innermost layer of</p> | F 684  |   |   |

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| F 684   | <p>Continued From page 2</p> <p>skin]) of left second toe caused by bumping toe during transfer measuring 0.5 centimeter (cm) x 1.1 cm x 0.1 cm with light serous (clear liquid part of blood) drainage. Date of injury to the left second toe was not identified. Right great toe was not identified to have any injuries.</p> <p>On 10/30/24, MD-A did wound care rounds at the facility, and saw R1. MD-A's Wound Physicians summary orders directed Xeroform gauze and gauze dressing with border to left second toe trauma injury, and right great toe trauma injury to be changed daily. Non-pressure full thickness wound of left second toe measuring 0.8 cm x 1 cm x 0.1 cm. Non-pressure full thickness wound of right great toe measuring 1 cm x 0.3 cm x 0.1 cm with light serous drainage.</p> <p>R1's Treatment Administration Record (TAR) lacked identification of dressing change orders or treatment orders for R1's left second toe for the month of October 2024. Treatment orders for R1's left second toe were not placed in the TAR until 11/13/24, 21 days after the physician's initial dressing change order.</p> <p>On 11/13/24, MD-A did wound care rounds at the facility, and saw R1. MD-A's Wound Physicians summary orders directed to discontinue previous orders, and to start Alginate Calcium (highly absorbent wound dressing for wounds with moderate to high drainage) and gauze dressing with border to left second toe trauma injury, and right great toe to be changed daily. Non-pressure full thickness wound of left second toe measuring 1.5 cm x 1.8cm x 0.1 cm. Non-pressure full thickness wound of right great toe measuring 1 cm x 1.5 cm x 0.1 cm. MD-A ordered the following labs: erythrocyte sedimentation rate</p> | F 684  |   |   |

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| F 684   | <p>Continued From page 3</p> <p>(ESR) and c-reactive protein (CRP. Both labs are indicators of inflammatory conditions, such as infections).</p> <p>The facility implemented the 11/13/24 dressing changes as prescribed to R1's toes, and completed these daily as prescribed.</p> <p>On 11/16/24, R1's lab results indicated ESR was 52 millimeters/hour (mm/hr. Normal range was 0-20 mm/hr), and CRP inflammation was 34.20 milligrams/Liter (mg/L. Normal range was under 5 mg/L). These lab results were not communicated to MD-A (the ordering physician).</p> <p>On 11/20/24, the facility completed wound care rounds and identified R1's left second toe measured 1.5 cm x 1.7 cm. R1's right great toe measured 0.5 cm x 1.5 cm. Both wounds were documented as, "Improving."</p> <p>On 11/27/24, the facility completed wound care rounds and identified R1's left second toe measured 1.4 cm x 1.7 cm. The right great toe measured 0.5 cm x 0.5 cm. Both wounds were documented as, "Stable."</p> <p>On 11/27/24 at 8:35 p.m., licensed practical nurse (LPN)-A wrote a progress note that indicated R1's right great toe wound had darkish drainage, swelling, and a foul-smelling odor.</p> <p>On 11/28/24 at 5:55 p.m., a progress note indicated R1 was sent to the hospital due to an unrelated incident.</p> <p>On 11/29/14, R1's hospital records indicated R1 had osteomyelitis (infection in the bone) in his right great toe, and a concern for infection of his</p> | F 684  |   |   |

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| F 684   | <p>Continued From page 4 left foot.</p> <p>On 11/30/24, R1's hospital records indicated R1 had osteomyelitis to his right great toe and his left second toe. R1's right great toe and left second toe were both amputated as a result of the osteomyelitis.</p> <p>On 12/4/24 at 12:41 p.m., registered nurse (RN)-A stated he changed R1's the dressings on 11/14/24, and R1's right great toe had a foul odor and yellow colored drainage. He did not update MD-A or family about the change in the wound, because MD-A would see him the following Wednesday, 11/20/24 (six days later).</p> <p>On 12/4/24 at 12:57 p.m., licensed practical nurse (LPN)-A stated on 11/27/24, R1's right great toe had a dark drainage, foul odor, and swelling. He didn't update anyone as he didn't know if the foul odor and swelling was normal. He did document his findings in a progress note.</p> <p>On 12/5/24 at 9:57 a.m., the director of nursing (DON) stated the nurse managers do wound care rounds with MD-A. When MD-A had treatment orders for wounds, she would write them down and give them to the nurse manager. The nurse manager would put the new orders into the resident's electronic medical record (EMR), so staff would follow the dressing changes. There was no treatment orders in R1's TAR or EMR until 11/13/24 when LPN-B identified there were no orders for R1's right great toe and left second toe wounds. The facility did find orders from MD-A on 10/23/24 and 10/30/24 but they were not placed into the TAR or EMR. If there were a decline in a wound, the provider should be updated.</p> | F 684  |   |   |

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| F 684   | <p>Continued From page 5</p> <p>On 12/5/24 at 10:22 a.m., the medical director (MD-B) stated there was a probability the lack of following orders and doing treatments to R1 wounds caused the infection, which resulted in the amputation of the toes.</p> <p>On 12/5/24 at 11:54 a.m., MD-A stated she hand wrote treatment orders for the facility, and had her visit summary completed before she left the facility. The facility did not communicate to her they did not complete R1's wound care orders for his toes until 11/13/24. There was a potential for amputations when the wound treatments were not completed for several weeks. She also never received the results of the ESR and CRP she ordered for R1, as they were sent to R1's primary MD, even though she was the ordering MD. If she would have received the lab results, she would have started R1 on oral antibiotics.</p> <p>The facility policy Change in Condition reviewed 10/2/23, directed staff to notify the attending provider if a change in condition, implement orders for treatment, and monitoring as directed.</p> <p>The past noncompliance immediate jeopardy began on 11/30/24. The immediate jeopardy was removed, and the deficient practice was corrected by 12/3/24, after the facility implemented a systemic plan which included the following actions: All residents with wounds were reviewed for accuracy of orders. All wounds were monitored daily in morning meeting. The facility re-educated all licensed nurses on the expectation of wound care, and what to do if a wound has changed. The facility completed weekly audits to monitor wound orders and progress notes to ensure providers were updated with signs of infection for twelve weeks, and will</p> | F 684  |   |   |

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| F 684   | Continued From page 6<br>bring these results to the Quality Assurance and Performance Improvement (QAPI) committee. Verification of corrective action was confirmed by observation, interview, and document review on 12/4/24 and 12/5/24. | F 684  |   |   |



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
December 24, 2024

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

Re: Event ID: GG2F11

Dear Administrator:

The above facility survey was completed on December 5, 2024, 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,

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
Orville L. Freeman Building | HRD 3A 3rd Floor  
Office: 651-201-4384  
Email: [holly.zahler@state.mn.us](mailto:holly.zahler@state.mn.us)

Minnesota Department of Health

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| 2 000 | <p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INITIAL COMMENTS:<br/>On 12/4/24 through 12/5/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed during</p> | 2 000 |  |  |
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| Minnesota Department of Health<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br>Electronically Signed | TITLE | (X6) DATE<br><b>12/24/24</b> |
|--|-------|------------------------------|

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>00538</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>12/05/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CERENITY CARE CENTER ON HUMBOLDT</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>512 HUMBOLDT AVENUE<br/>SAINT PAUL, MN 55107</b> |
|---|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
| 2 000              | <p>Continued From page 1</p> <p>the survey:<br/>H52552040C (MN00108738)<br/>H52552040C (MN00108790)</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.<br/>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p> | 2 000         |   |                    |