



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 3, 2024

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

RE: CCN: 245255
Cycle Start Date: May 22, 2024

Dear Administrator:

On July 24, 2024, we notified you a remedy was imposed. On August 27, 2024 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 August 21, 2024.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective August 8, 2024 be discontinued as of August 21, 2024. (42 CFR 488.417 (b))

In our letter of July 24, 2024, 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 August 8, 2024. This does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 3, 2024

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

Re: Reinspection Results
Event ID: OW0212, 9DXT12, and FRMP12

Dear Administrator:

On July 24, 2024, August 12, 2024, and August 27, 2024 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the surveys completed on May 22, 2024, July 11, 2024, and August 8, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 19, 2024

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

RE: CCN: 245255
Cycle Start Date: May 22, 2024

Dear Administrator:

On July 24, 2024, we informed you of imposed enforcement remedies.

On August 8, 2024, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

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(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective August 8, 2024.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective August 8, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective August 8, 2024

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.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

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 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.

If you have not achieved substantial compliance by August 8, 2024, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Cerenity Care Center On Humboldt will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from August 8, 2024. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable 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.

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:

Susie Haben, Regional Operations Supervisor, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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 November 22, 2024 (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 § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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.

Cerenity Care Center On Humboldt

August 19, 2024

Page 4

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:

Steven.Delich@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
202-795-7490

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 Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR) / 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

Cerenity Care Center On Humboldt

August 19, 2024

Page 5

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

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 electronic 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 19, 2024

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

Re: State Nursing Home Licensing Orders
Event ID: FRMP11

Dear Administrator:

The above facility was surveyed on August 7, 2024 through August 8, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

Cerenity Care Center On Humboldt

August 19, 2024

Page 2

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/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Susie Haben, Regional Operations Supervisor, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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.

Please feel free to call me with any questions.



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

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

PRINTED: 08/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
F 000	INITIAL COMMENTS On 8/7/24, through 8/8/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed. H52556509C (MN00105356) As a result of the investigation, a deficiency was issued at F921. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000			
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide a safe, clean,	F 921	Plan of Correction Components:	8/21/24	

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

TITLE

(X6) DATE

Electronically Signed

08/21/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	<p>Continued From page 1</p> <p>and home like environment for 10 of 25 residents (R12, R13, R4, R5, R6, R7, R8, R9, R10, R11) reviewed and all independently mobile residents on the 3rd floor when concerns related to resident bathrooms and flooring, cleaning practices and cleaning product storage were observed.</p> <p>Findings include:</p> <p>R4's annual Minimum Data Set (MDS) dated 5/31/24, identified intact cognition.</p> <p>R5's annual MDS dated 6/20/24, identified moderately impaired cognition.</p> <p>R6's annual MDS dated 7/22/24, identified moderately impaired cognition.</p> <p>R7's quarterly MDS dated 2/6/24, identified severely impaired cognition.</p> <p>R8's annual MDS dated 7/3/24, identified severely impaired cognition.</p> <p>R9's quarterly MDS dated 7/7/24, identified severely impaired cognition.</p> <p>R10's quarterly MDS dated 5/29/24, identified severely impaired cognition.</p> <p>R11's annual MDS dated 6/5/24, identified severely impaired cognition.</p> <p>R12's quarterly MDS dated 7/16/24, identified intact cognition.</p> <p>R13's quarterly MDS dated 7/20/24, identified intact cognition.</p>	F 921	<p>Statement of credible allegation (can use in MN, WI, MO)</p> <p>This plan of correction constitutes the facility's credible allegation of compliance.</p> <p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truths or facts alleged or conclusions set forth in the statement of deficiencies.</p> <p>The plan of correction is prepared and/or executed in accordance with federal and state law requirements.</p> <p>1. R4, R5, R6, R7, R8, R9, R10, R11 have no adverse effects.</p> <p>R12's room was cleaned free of tobacco and debris on the floor.</p> <p>R13's room was cleaned free of colostomy bag leakage on the floor, and the garbage can has been emptied.</p> <p>Chemicals are locked in a secure location.</p> <p>Wet floor signs are placed where floors are wet.</p> <p>Floor spills are cleaned timely.</p> <p>2. All residents on the second and third floor have the potential to be affected. All resident rooms on the third floor have been cleaned. Chemicals are kept in a secure location. Wet floor signs are placed where floors are wet. Spills are</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	<p>Continued From page 2</p> <p>Resident council meeting minutes for May 21, 2024, identified improvement needed in cleaning rooms housekeeping was an issue not getting to rooms.</p> <p>During continuous observation on 8/7/24 at 2:05 p.m., located at the end of the south hallway on 2nd floor was a lounge room with door open. The room had two round tables and one long table with chairs positioned around them and a large fish tank. A housekeeping cart was left in the room with storage roll top area unlocked. Included in the storage area were cleaning chemicals all labeled: Rapid Multi Surface Disinfectant Cleaner, Health Care Fuzion Cleaner Disinfectant in spray bottle, bleach germicidal wipes, large can of air freshener, and 73 disinfecting acid bathroom cleaner in spray bottle. At 2:20 p.m. housekeeper (HK)-A walked into the lounge room carried her purse and stated "ohhhh, ohhhh, ohhh, hello, was on break" and pointed down the hallway. HK-A pushed housekeeping cart out of lounge area and down hallway to the dining room area. HK-A sanitized hands, applied gloves, grabbed a white cloth and spray bottle labeled Rapid Multi Surface Disinfectant Cleaner half full of blue colored liquid.</p> <p>- At 2:30 p.m. HK-A entered 2nd floor dining room and HK-A walked over to a round table where three residents (R4, R5, R11) sat all positioned up to the table. HK-A removed resident items from the table, sprayed the disinfectant cleaner at least 10 inches above the table three times then immediately wiped off the table. When HK-A sprayed the disinfectant cleaner, R4 held her eyes closed. HK-A replaced the resident items back onto the table.</p>	F 921	<p>cleaned in a timely manner. Chemicals are being used per manufacturer guidelines.</p> <p>3. The Environmental Services <input type="checkbox"/> Cleaning Policy was reviewed and remains current. All Housekeeping staff have been re-educated on this policy and procedure for cleaning and maintaining a safe and hygienic environment, including the procedure for using the cleaning schedule checklist. Housekeeping staff have been educated on chemical safety, and expectations on ensuring chemicals are in a secure location. Housekeeping staff have been educated on types of chemicals and appropriate surfaces to utilize chemicals on, along with directions on how to use them. Housekeeping staff have been educated on wet floor sign usage.</p> <p>4. Environmental cleaning audits of spills and resident room areas will be performed by the EVS Director or designee four times weekly for a month, then three times weekly for a month, then one time weekly for a month until substantial compliance is achieved. Housekeeping carts, ensuring chemicals are secure, wet floor sign usage, placement, and proper chemical usage audits will be performed by the EVS Director, or designee four times weekly for a month, then three times weekly for a month, then one time weekly for a month until substantial compliance is achieved. Audit results will be reported at the facility Quality Council meeting with ongoing frequency and</p>	

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

PRINTED: 08/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	<p>Continued From page 3</p> <ul style="list-style-type: none"> - HK-A walked over to a small table located by the window where R6 sat in wheelchair positioned up to the table. HK-A sprayed the disinfectant cleaner in midair at least 10 inches above the table in front of R6 four times. The disinfectant cleaner solution particles were observed while they fell onto the table in mid-air across the room and HK-A immediately wiped off table with white cloth and rinsed out in dining room sink with water. - HK-A walked over to a round table where two residents (R7, R8) sat at the table actively eating root beer floats with a spoon uncovered, and lunch meal trays positioned in front of them with uncovered food. HK-A removed both lunch trays from the table then sprayed the white cloth with disinfectant cleaner two times while she stood next to the table, then wiped the table off. HK-A immediately replaced one of the two meal trays back onto the table. R8 coughed three times and continued eating her root beer float. - HK-A walked over to R9 where he sat in front of the television with a bedside table positioned in front of him, legs draped over the metal bar below with feet placed on the floor. HK-A sprayed the disinfectant cleaner twice over 10 inches above the table and wiped the wet table with the white cloth. - HK-A walked over to R10 where she sat with bedside table positioned in front of her with a root beer float uncovered placed on the table. R10 grabbed the root beer float cup and held it close to her and ate it with a spoon. HK-A sprayed the bedside table twice at least 10 inches above the table then wiped table off with white cloth. End of observation. 	F 921	<p>duration to be determined through analysis and review of results.</p> <p>5. Date of compliance: 8/21/2024</p>	

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

PRINTED: 08/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	<p>Continued From page 4</p> <p>During an interview on 8/7/24 at 3:36 p.m., R4 stated was not ok with the dining room tables being sprayed with the disinfectant while they (residents) remained at the tables. R4 stated the smell of the spray got to her occasionally and her eyes burned afterwards. R4 stated she noticed her eyes burned for up to 10 minutes after the table was cleaned.</p> <p>During an interview on 8/7/24 at 3:45 p.m., HK-A stated the residents should have been removed from the dining room when Rapid Multi Surface Disinfectant Cleaner was used. HK-A stated that disinfectant cleaner was potent stuff and some of them were eating and drinking while the solution was sprayed onto tables and could have been inhaled or gotten into their food/drinks. HK-A stated she had chosen to use the Rapid Multi Surface Disinfectant Cleaner on the tables due to a positive COVID resident in the building, usually used it to clean toilets and floors. HK-A stated she had used Clorox Health Care Fuzion disinfectant cleaner on surfaces with no harsh odor prior to the positive resident.</p> <p>During a continuous observation on 8/8/24, from 8:45 a.m. to 9:30 a.m. on the 3rd floor:</p> <p>- 8:45 a.m. to 9:22 a.m. housekeeping cart was in an unoccupied resident room (301), door was open, and cart had been placed inside the door visible from hallway. No housekeeping staff were seen on 3rd floor. The roll top section on the top of the cart was left opened and all contents were visible: Rapid Multi Surface Disinfectant Cleaner spray bottle $\frac{3}{4}$ full of blue colored liquid, airlift air freshener spray can $\frac{3}{4}$ full, bleach germicidal</p>	F 921		

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

PRINTED: 08/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	<p>Continued From page 5</p> <p>wipes, 73 disinfecting acid bathroom cleaner spray bottle $\frac{3}{4}$ full of pink colored fluid, label indicated keep out of reach of children, caution avoid contact with eyes and clothing.</p> <p>-At 9:22 a.m. HK-B stepped off the elevator, walked down the hallway to room 301, and pushed housekeeping cart down to the end of the west wing hallway.</p> <p>- At 9:23 a.m. to 9:30 a.m. HK-B entered the dining room bagged up a clear garbage bag $\frac{1}{2}$ of garbage down the hallway to the cart. At 9:35 a.m. HK-B entered the dining room again, walked to the back of the dining room past the juice machine and through a door/hallway connected to the main hallway, out of sight of surveyor.</p> <p>Observation started again at 9:43 a.m.</p> <p>-At 9:43 a.m. HK-B approached the housekeeping cart, wrung out the wet mop, carried it down hallway to room 304 (unoccupied resident room) and mopped the floor. No wet floor sign was observed to be posted. HK-B returned the mop back to cart, pushed cart to elevator, and exited 3rd floor at 9:45 a.m.</p> <p>During an observation on 8/8/24 at 9:50 a.m., room 342 floor appeared unkept, dirty, with two four-inch pieces of plastic located on the floor along with a cardboard cover from a box of gloves. An area approximately four to five feet in diameter of tobacco was scattered on floor near where R12 rolled his own cigarettes.</p> <p>During an interview on 8/8/24 at 10:30 a.m., director of environmental services (DES) stated housekeeping arrived at 7:00 a.m. and was expected to have completed the following duties</p>	F 921		

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

PRINTED: 08/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	<p>Continued From page 6</p> <p>by the end of their shift in all common areas: empty trash, sweep mop floors, dust the rooms like window ledges and spot clean walls as needed. The housekeeper was also responsible for the resident rooms for the entire floor.</p> <p>During a follow up interview on 8/8/24 at 1:00 p.m., DES stated no product should be left unattended in the housekeeping cart because it could cause physical harm if a resident got a hold of it. Manufacturers simplify the products and make them more multipurpose and somewhat safer, but we must error on the side of caution to protect residents. DES identified each chemical located on the housekeeping carts as:</p> <ul style="list-style-type: none"> -Rapid Multi surface disinfect cleaner, could be used on any surface, even on dining room tables. DES indicated staff were expected to wait until resident's were done eating and only clean dining rooms after meals so residents would not breath in the chemical spray or get it in their eyes and food as that could have a negative effect on a resident. -Air freshener - base products is water - nonhazardous. -73 Disinfecting acid bathroom cleaner - avoid contact with eyes or clothing. Do not drink. If ingested could have caused some negative effects on a resident. Used to bathrooms, toilet bowel cleaner specifically. -Clorox Bleach Wipes germicidal - Used on high touched surfaces. Keep out of reach of children. (or vulnerable populations) <p>An environmental tour was conducted with the environmental service consultant (ESC) on 8/8/24, at 10:35 a.m. The following items were observed and verified on 3rd floor:</p> <ul style="list-style-type: none"> -lounge area located at end of the west wing had 	F 921		

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

PRINTED: 08/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	<p>Continued From page 7</p> <p>two cleaning supply items placed on a bedside table to the left of the doorway identified as: Fuzion Cleaner Disinfectant spray bottle full bottle and Lysol disinfectant spray can ½ full.</p> <ul style="list-style-type: none"> - room 342 floor appeared unkept, dirty, two four inch pieces of plastic were located on floor along with a cardboard cover from a box of gloves. An area approximately five feet in diameter of tobacco was scattered on the floor near where R12 rolled his own cigarettes. Bathroom fan moderate amount of ceiling dust and dirt hung from it and underneath bathroom sink excessive amount of moisture. -room 341 no sign posted for wet floor (post mopping). -dining room floor was dirty and unkept with small pieces of food underneath three tables, and six pieces of paper towels on floor. A wet floor sign was positioned in middle of floor towards back of room with a three-inch pile of dark substance appeared like feces. <p>Following tour, at 10:45 a.m. ESC stated the two cleaning supplies left in the west wing lounge area should not have been left unattended, anyone could have gotten hold of them and used to their physical detriment and/or misused in their eyes, definitely a safety issue. All housekeeping carts should be locked when unattended and/or brought down to the broiler room when staff went on a break. Regarding room 342, ESC indicated it was obvious the room had not been swept. Bathroom sink had not been cleaned underneath; ceiling fan should have been cleaned weekly. Expectation was resident rooms should have been cleaned at least daily. A wet floor sign should have been posted in room 341 even though it was unoccupied because anyone, including residents could access the</p>	F 921		

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

PRINTED: 08/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	<p>Continued From page 8</p> <p>room and ESC add the caution wet floor signs that was placed in the dining room are not meant to be placed over a spill as observed. The brown pile on the floor, that looked like feces, should have been cleaned up, and then sanitized. The dining room floor had not been swept in a long while and that should be done at least daily.</p> <p>Facility resident list dated 8/7/24, identified the 25 rooms were occupied by residents on 3rd floor: 302, 303, 304, 305, 307, 308, 309, 320, 321, 322, 323, 324, 325, 326, 327, 328, 340, 341, 342, 343, 344, 345, 347, 348, and 349.</p> <p>Facility daily room cleaning completion check lists from 7/19/24, through 8/8/24, for 3rd floor identified:</p> <p>-7/19/24, Total of 17 rooms had been signed off done. (all other rooms left blank, or other notes such as wait, or empty)</p> <p>-7/20/24, Total of 12 rooms had been signed off done. (all other rooms left blank, or other notes such as talk to me, feces, or empty)</p> <p>-7/22/24, Total of 15 rooms signed off done. (all other rooms left blank)</p> <p>-7/23/24, Total of 6 rooms signed off done. (all other rooms left blank, or other notes such as bathroom not done)</p> <p>7/24/24, Total of 16 rooms signed off done. (all other rooms left blank)</p> <p>7/25/24, Total of 12 rooms signed off done. (all other rooms left blank)</p>	F 921		

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

PRINTED: 08/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	<p>Continued From page 9</p> <p>During an interview on 8/8/24 at 9:48 a.m., nursing assistant (NA)-A verified room 341 floor was visibly wet without a sign posted. NA-A stated they had talked to HK-B two weeks ago when he mopped a resident's floor in room 309 and the floor was left extremely wet. NA-A indicated she had taken a towel and wiped the entire floor to prevent a fall. NA-A stated HK-B needed more education, and a sign would be expected to be placed in a room with a wet floor to help prevent falls.</p> <p>During an interview on 8/8/24 at 9:53 a.m., NA-B verified room 341 floor was wet without a caution sign placed. NA-B verified resident dining room floor located on 3rd floor was filthy dirty with small pieces of food located under the large round tables. NA-B stated there was a yellow wet floor sign placed over a three-inch diameter brown soft glob located in the back of the room by the juice machine. NA-B was unsure as to what that was. NA-B stated it was obvious the dining room floor had not been swept or mopped in a long while. NA-B stated they had almost fell by the nurse's station when housekeeping used too much water and had grabbed onto the counter otherwise her feet would have slipped out from underneath her. NA-B stated she had talked to HK-B, but he just looked at her, made no comment and walked away. NA-B stated the dining room floor had not been mopped all week and was a continuous problem. NA-B indicated the residents lived here, it was their home, and she would not have wanted her mother living in a facility like this. NA-B also indicated she had talked to the DON and the administrator, and they indicted the agency would be emailed regarding HK-B. NA-B also stated most of the residents on 3rd were able to bring themselves to the dining room and</p>	F 921		

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

PRINTED: 08/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	<p>Continued From page 10 wandered throughout 3rd floor.</p> <p>During an interview on 8/8/24 at 10:00 a.m., registered nurse (RN)-A stated the dining room floor appeared it had not been swept or mopped. RN-A verified she saw garbage (pieces of paper towels, small pieces of food) and dirt all over the floor and was disgusting.</p> <p>During an interview on 8/8/24 at 11:00 a.m., RN-B stated cleaned up the brown spot on the dining room floor, placed contents in a plastic bag and there was no smell noted such as stool. RN-B stated unsure as to what it was thought it was maybe food.</p> <p>During a telephone interview on 8/8/24 at 11:59 p.m., HK-B stated they had worked as housekeeper for four weeks. HK-B stated he had only cleaned three rooms today because had to leave early. HK-B confirmed he had placed the housekeeping cart unlocked in an empty resident's room 301 when he left the floor, and that was not ok as there were chemicals in the cart that would be unsafe residents. HK-B verified he had mopped room 341 floor and should have placed a wet floor sign to prevent a fall. HK-A indicated when he arrived at work at 7:00 a.m. there was a yellow wet floor sign placed in the dining room over an area that looked like a dog had pooped on the floor, he did not know what it was, could have been chocolate pudding, thought it was taken care of, and probably should have cleaned it up. Lastly, HK-B stated was not aware two cleaning items were left in the west wing lounge and should not have been as it could have been concerning if ingested.</p> <p>During an interview/observation on 8/8/24 at 2:14</p>	F 921		

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

PRINTED: 08/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	<p>Continued From page 11</p> <p>p.m., R13 laid in bed. Floor was visibility dirty, numerous (over 8) small areas where stool had dried onto the floor. The room smelled strongly of stool and a garbage can was located on the floor by R13's bed which was full of garbage and included an old colostomy bag with stool in it. R13 stated his colostomy bag leaked all over the floor about 18 hours ago and he had cleaned it up as much as he could. R13 stated he grabbed the larger globs of stool with a towel and flushed it in the toilet or placed in the garbage can, and that was most likely why the room smelled strongly like stool. R13 stated last time his room was cleaned and floor mopped was two days ago. R13 verified three days a week there were no housekeeping staff. R13 indicated he wished they would come in and clean his room and floor more often and felt bad when he asked for help because they were understaffed. R13 indicated he had told staff he needed his floor cleaned but they were so busy.</p> <p>During an interview on 8/8/24 at 3:10 p.m., R12 stated his room used to be cleaned everyday but now only gets cleaned once a week. R12 stated it bothered him when the floor was dirty and staff hardly ever wiped things down, took out the garbage or swept the floor. R12 did indicate that someone came in today and cleaned his floor, "best cleaning in weeks, wished it could be that way every day".</p> <p>During a telephone interview on 8/8/24 at 3:45 p.m., with the facility's commercial cleaning products representative (CCR) stated Rapid Multi Surface Disinfectant (destroys bacteria) Cleaner (RMSDC) was a disinfectant, had a sticky component, and required to be rinsed afterwards with a sanitizer. CCR indicted the RMSDC was</p>	F 921		

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

PRINTED: 08/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	<p>Continued From page 12</p> <p>not food safe due to being a disinfectant. CCR also stated the disinfectant could have caused irritation/harm due to direct ingestion into the eyes or throat/mouth especially when the resident had sat close by when sprayed onto a table. CCR verified the RMSDC should have only been used on high touch areas such as bathrooms and door handles/knobs in resident rooms.</p> <p>During an interview on 8/8/24 at 4:00 p.m. administrator stated the dining room was expected to be cleaned (tables wiped down, floor swept and mopped) after meals and not during consumption of food or beverage. Administrator verified would be a big-time safety concern when a resident would have ingested or gotten the sprayed disinfectant into their eyes or food. Administrator stated resident rooms would be expected to be cleaned (high touched areas wiped down, floors swept, and mopped) daily to ensure cleanliness and safety for all residents but the daily log did not reflect that was done, especially on 3rd floor. Administrator also indicated cleaning audits had been completed from 7/19/24, through 7/25/24, on all resident's rooms, but understood housekeeper HK-A had completed those cleanings on the 3rd floor and later discovered he did not. HK-A had worked for the facility for about 3 1/2 weeks and decided to not fill out log forms that indicted which rooms were cleaned daily. Administrator stated housekeeping manager (HKM) should have reviewed the audit documents but on leave now, so not sure what was done with the missed rooms. Administrator stated all housekeeping carts should have been locked when left unattended or placed in the housekeeping storage area on 1st floor during a break. Administrator stated would have prevented</p>	F 921		

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

PRINTED: 08/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	<p>Continued From page 13</p> <p>anyone getting hold of the chemical solutions and ingested or placed on their skin.</p> <p>Facility document undated, Cleaning of Common Areas identified: Dining room (after breakfast and lunch) sweep dining room floor, dust mop and wet mop floor with germicidal solution, clean all horizontal surfaces by dusting then wiping down with germicidal solution, wipe down chair and arm rests, chair backs, and chair legs if visibly soiled, and empty trash and replace with new trash bag.</p> <p>Safety Data Sheet dated 8/18/22, identified Rapid Multi Surface Disinfectant (RMSD) Cleaner was reserved for industrial and professional use sold as a hazard pictogram (nature and degree of the risks posed by the product represented by pictures). RMSD caused severe skin burns and severe eye damage and harmful if inhaled and must be stored locked up. RMSD should be used in well-ventilated areas. Protective gloves/ protective clothing/ eye protection/ face protection were recommended.</p> <p>Product Specification Document dated 2023, identified Rapid Multi Surface Disinfectant Cleaner product was recommended for use on non-food contact hard surfaces, glass, and soft surfaces only. For spray application, spray 6-8 inches from the surface and allow surface to remain wet for 3 minutes. Allow to air dry or remove solution with a wipe, mop, cloth, or sponge. Diluted solution causes moderate eye irritation and harmful if inhaled. Avoid breathing mist or vapors. Wash skin thoroughly after handling. If swallowed: Rinse mouth. Do NOT induce vomiting. If on skin (or hair): Take off immediately all contaminated clothing. Rinse skin with water/ shower. If inhaled: Remove person to</p>	F 921		

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

PRINTED: 08/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	<p>Continued From page 14</p> <p>fresh air and keep comfortable for breathing, and 911 should immediately be called.</p> <p>Safety Data Sheet dated 9/10/21, identified 73 Disinfecting Acid Bathroom Cleaner products could have caused eye irritation, redness, and irritation. Should be used in a well-ventilated area.</p> <p>Product Specification document dated 8/11/21, identified 73 Disinfecting Acid Bathroom Cleaner product - detergent-disinfectant/bactericide/virucide (kills viruses) /deodorizer effective against hard water build-up and soap scum on tubs, showers, countertops, toilets, and sinks. Product is corrosive (a strong acid substance used to destroy solid materials by a chemical reaction) and could have caused severe skin burns and eye damage.</p> <p>Facility policy dated 2020, Environmental Services Cleaning identified resident communities will be maintained in a clean and hygienic condition for residents, associates, and visitors with written schedules of cleaning and decontamination based on the area. The Environmental Service manager (ESM) would be responsible for maintaining a schedule of cleaning tasks and the associates responsible for them. There is debate on about whether to use detergents or disinfectants on environmental surfaces. Detergents were more environmentally friendly, no toxic, produced fewer offensive odors, and are unlikely to trigger adverse respiratory reactions, but do not effectively remove microorganisms from surfaces. Center of Disease Control and Prevention (CDC) recommended disinfectant be used for cleaning high-touch surfaces in patient areas and medical</p>	F 921		

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

PRINTED: 08/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 921	Continued From page 15 equipment. An approved hospital-grade cleaner/disinfectant should have been used according to the manufacturer's directions and cleaning must have been done before any surface was disinfected. Wet dust horizontal surfaces regularly by moistening a clean cloth with a small amount of an EPA (environmental protection agency) -registered, hospital-grade detergent /disinfectant to removed organism-laden particles from the surfaces in the resident area. High touched areas included: side rails, over-bed tables, call light, telephone, cubical curtain, light switches, doorknobs, handrails, other handles, sink, toilet and other bath fixtures, remote control devises, computer keyboard and tablets, grips, armrests, handles of wheelchairs, walkers, and other mobility devices. High touched areas are expected to be cleaned daily and more often as needed during an outbreak and trash removed from resident rooms as well as other common areas on a daily basis and as needed. Chemicals must be either in your possession or locked in an appropriate cabinet at all times. Safety data sheet are expected to checked before a chemical was used for safety concerns in case of accidental exposure. All residents should be removed from the area prior to beginning housekeeping activities. No housekeeping activities may be done in areas where food was being served or eaten. Cones or signs should have placed when a floor was wet.	F 921		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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: On 8/7/24, through 8/8/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed</p>	2 000		
-------	---	-------	--	--

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/21/24
---	-------	------------------------------

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
2 000	<p>Continued From page 1</p> <p>these orders and identify the date when they will be completed.</p> <p>The following complaint was reviewed with no deficiency issued. H52556509C (MN00105356)</p> <p>As a result of the investigation, a licensing order was issued at 1665.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the</p>	2 000		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

2 000	Continued From page 2 electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. 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.	2 000		
21665	MN Rule 4658.1400 Physical Environment A nursing home must provide a safe, clean, functional, comfortable, and homelike physical environment, allowing the resident to use personal belongings to the extent possible. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide a safe, clean, and home like environment for 10 of 25 residents (R12, R13, R4, R5, R6, R7, R8, R9, R10, R11) reviewed and all independently mobile residents on the 3rd floor when concerns related to resident bathrooms and flooring, cleaning practices and cleaning product storage were observed. Findings include: R4's annual Minimum Data Set (MDS) dated 5/31/24, identified intact cognition. R5's annual MDS dated 6/20/24, identified	21665	Corrected	8/21/24

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

21665	<p>Continued From page 3</p> <p>moderately impaired cognition.</p> <p>R6's annual MDS dated 7/22/24, identified moderately impaired cognition.</p> <p>R7's quarterly MDS dated 2/6/24, identified severely impaired cognition.</p> <p>R8's annual MDS dated 7/3/24, identified severely impaired cognition.</p> <p>R9's quarterly MDS dated 7/7/24, identified severely impaired cognition.</p> <p>R10's quarterly MDS dated 5/29/24, identified severely impaired cognition.</p> <p>R11's annual MDS dated 6/5/24, identified severely impaired cognition.</p> <p>R12's quarterly MDS dated 7/16/24, identified intact cognition.</p> <p>R13's quarterly MDS dated 7/20/24, identified intact cognition.</p> <p>Resident council meeting minutes for May 21, 2024, identified improvement needed in cleaning rooms housekeeping was an issue not getting to rooms.</p> <p>During continuous observation on 8/7/24 at 2:05 p.m., located at the end of the south hallway on 2nd floor was a lounge room with door open. The room had two round tables and one long table with chairs positioned around them and a large fish tank. A housekeeping cart was left in the room with storage roll top area unlocked. Included in the storage area were cleaning chemicals all labeled: Rapid Multi Surface</p>	21665		
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

21665	<p>Continued From page 4</p> <p>Disinfectant Cleaner, Health Care Fuzion Cleaner Disinfectant in spray bottle, bleach germicidal wipes, large can of air freshener, and 73 disinfecting acid bathroom cleaner in spray bottle. At 2:20 p.m. housekeeper (HK)-A walked into the lounge room carried her purse and stated "ohhhh, ohhhh, ohhh, hello, was on break" and pointed down the hallway. HK-A pushed housekeeping cart out of lounge area and down hallway to the dining room area. HK-A sanitized hands, applied gloves, grabbed a white cloth and spray bottle labeled Rapid Multi Surface Disinfectant Cleaner half full of blue colored liquid.</p> <ul style="list-style-type: none"> - At 2:30 p.m. HK-A entered 2nd floor dining room and HK-A walked over to a round table where three residents (R4, R5, R11) sat all positioned up to the table. HK-A removed resident items from the table, sprayed the disinfectant cleaner at least 10 inches above the table three times then immediately wiped off the table. When HK-A sprayed the disinfectant cleaner, R4 held her eyes closed. HK-A replaced the resident items back onto the table. - HK-A walked over to a small table located by the window where R6 sat in wheelchair positioned up to the table. HK-A sprayed the disinfectant cleaner in midair at least 10 inches above the table in front of R6 four times. The disinfectant cleaner solution particles were observed while they fell onto the table in mid-air across the room and HK-A immediately wiped off table with white cloth and rinsed out in dining room sink with water. - HK-A walked over to a round table where two residents (R7, R8) sat at the table actively eating root beer floats with a spoon uncovered, and lunch meal trays positioned in front of them with 	21665		
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

21665	<p>Continued From page 5</p> <p>uncovered food. HK-A removed both lunch trays from the table then sprayed the white cloth with disinfectant cleaner two times while she stood next to the table, then wiped the table off. HK-A immediately replaced one of the two meal trays back onto the table. R8 coughed three times and continued eating her root beer float.</p> <ul style="list-style-type: none"> - HK-A walked over to R9 where he sat in front of the television with a bedside table positioned in front of him, legs draped over the metal bar below with feet placed on the floor. HK-A sprayed the disinfectant cleaner twice over 10 inches above the table and wiped the wet table with the white cloth. - HK-A walked over to R10 where she sat with bedside table positioned in front of her with a root beer float uncovered placed on the table. R10 grabbed the root beer float cup and held it close to her and ate it with a spoon. HK-A sprayed the bedside table twice at least 10 inches above the table then wiped table off with white cloth. End of observation. <p>During an interview on 8/7/24 at 3:36 p.m., R4 stated was not ok with the dining room tables being sprayed with the disinfectant while they (residents) remained at the tables. R4 stated the smell of the spray got to her occasionally and her eyes burned afterwards. R4 stated she noticed her eyes burned for up to 10 minutes after the table was cleaned.</p> <p>During an interview on 8/7/24 at 3:45 p.m., HK-A stated the residents should have been removed from the dining room when Rapid Multi Surface Disinfectant Cleaner was used. HK-A stated that disinfectant cleaner was potent stuff and some of them were eating and drinking while the solution</p>	21665		
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

21665	<p>Continued From page 6</p> <p>was sprayed onto tables and could have been inhaled or gotten into their food/drinks. HK-A stated she had chosen to use the Rapid Multi Surface Disinfectant Cleaner on the tables due to a positive COVID resident in the building, usually used it to clean toilets and floors. HK-A stated she had used Clorox Health Care Fuzion disinfectant cleaner on surfaces with no harsh odor prior to the positive resident.</p> <p>During a continuous observation on 8/8/24, from 8:45 a.m. to 9:30 a.m. on the 3rd floor:</p> <p>- 8:45 a.m. to 9:22 a.m. housekeeping cart was in an unoccupied resident room (301), door was open, and cart had been placed inside the door visible from hallway. No housekeeping staff were seen on 3rd floor. The roll top section on the top of the cart was left opened and all contents were visible: Rapid Multi Surface Disinfectant Cleaner spray bottle ¾ full of blue colored liquid, airlift air freshener spray can ¾ full, bleach germicidal wipes, 73 disinfecting acid bathroom cleaner spray bottle ¾ full of pink colored fluid, label indicated keep out of reach of children, caution avoid contact with eyes and clothing.</p> <p>-At 9:22 a.m. HK-B stepped off the elevator, walked down the hallway to room 301, and pushed housekeeping cart down to the end of the west wing hallway.</p> <p>- At 9:23 a.m. to 9:30 a.m. HK-B entered the dining room bagged up a clear garbage bag ½ of garbage down the hallway to the cart. At 9:35 a.m. HK-B entered the dining room again, walked to the back of the dining room past the juice machine and through a door/hallway connected to the main hallway, out of sight of surveyor.</p>	21665		
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

21665	<p>Continued From page 7</p> <p>Observation started again at 9:43 a.m. -At 9:43 a.m. HK-B approached the housekeeping cart, wrung out the wet mop, carried it down hallway to room 304 (unoccupied resident room) and mopped the floor. No wet floor sign was observed to be posted. HK-B returned the mop back to cart, pushed cart to elevator, and exited 3rd floor at 9:45 a.m.</p> <p>During an observation on 8/8/24 at 9:50 a.m., room 342 floor appeared unkept, dirty, with two four-inch pieces of plastic located on the floor along with a cardboard cover from a box of gloves. An area approximately four to five feet in diameter of tobacco was scattered on floor near where R12 rolled his own cigarettes.</p> <p>During an interview on 8/8/24 at 10:30 a.m., director of environmental services (DES) stated housekeeping arrived at 7:00 a.m. and was expected to have completed the following duties by the end of their shift in all common areas: empty trash, sweep mop floors, dust the rooms like window ledges and spot clean walls as needed. The housekeeper was also responsible for the resident rooms for the entire floor.</p> <p>During a follow up interview on 8/8/24 at 1:00 p.m., DES stated no product should be left unattended in the housekeeping cart because it could cause physical harm if a resident got a hold of it. Manufacturers simplify the products and make them more multipurpose and somewhat safer, but we must error on the side of caution to protect residents. DES identified each chemical located on the housekeeping carts as: -Rapid Multi surface disinfect cleaner, could be used on any surface, even on dining room tables. DES indicated staff were expected to wait until</p>	21665		
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

21665	<p>Continued From page 8</p> <p>resident's were done eating and only clean dining rooms after meals so residents would not breath in the chemical spray or get it in their eyes and food as that could have a negative effect on a resident.</p> <p>-Air freshener - base products is water - nonhazardous.</p> <p>-73 Disinfecting acid bathroom cleaner - avoid contact with eyes or clothing. Do not drink. If ingested could have caused some negative effects on a resident. Used to bathrooms, toilet bowel cleaner specifically.</p> <p>-Clorox Bleach Wipes germicidal - Used on high touched surfaces. Keep out of reach of children. (or vulnerable populations)</p> <p>An environmental tour was conducted with the environmental service consultant (ESC) on 8/8/24, at 10:35 a.m. The following items were observed and verified on 3rd floor:</p> <p>-lounge area located at end of the west wing had two cleaning supply items placed on a bedside table to the left of the doorway identified as: Fuzion Cleaner Disinfectant spray bottle full bottle and Lysol disinfectant spray can 1/2 full.</p> <p>- room 342 floor appeared unkept, dirty, two four inch pieces of plastic were located on floor along with a cardboard cover from a box of gloves. An area approximately five feet in diameter of tobacco was scattered on the floor near where R12 rolled his own cigarettes. Bathroom fan moderate amount of ceiling dust and dirt hung from it and underneath bathroom sink excessive amount of moisture.</p> <p>-room 341 no sign posted for wet floor (post mopping).</p> <p>-dining room floor was dirty and unkept with small pieces of food underneath three tables, and six pieces of paper towels on floor. A wet floor sign was positioned in middle of floor towards back of</p>	21665		
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

21665	<p>Continued From page 9</p> <p>room with a three-inch pile of dark substance appeared like feces.</p> <p>Following tour, at 10:45 a.m. ESC stated the two cleaning supplies left in the west wing lounge area should not have been left unattended, anyone could have gotten hold of them and used to their physical detriment and/or misused in their eyes, definitely a safety issue. All housekeeping carts should be locked when unattended and/or brought down to the broiler room when staff went on a break. Regarding room 342, ESC indicated it was obvious the room had not been swept. Bathroom sink had not been cleaned underneath; ceiling fan should have been cleaned weekly. Expectation was resident rooms should have been cleaned at least daily. A wet floor sign should have been posted in room 341 even though it was unoccupied because anyone, including residents could access the room and ESC add the caution wet floor signs that was placed in the dining room are not meant to be placed over a spill as observed. The brown pile on the floor, that looked like feces, should have been cleaned up, and then sanitized. The dining room floor had not been swept in a long while and that should be done at least daily.</p> <p>Facility resident list dated 8/7/24, identified the 25 rooms were occupied by residents on 3rd floor: 302, 303, 304, 305, 307, 308, 309, 320, 321, 322, 323, 324, 325, 326, 327, 328, 340, 341, 342, 343, 344, 345, 347, 348, and 349.</p> <p>Facility daily room cleaning completion check lists from 7/19/24, through 8/8/24, for 3rd floor identified:</p> <p>-7/19/24, Total of 17 rooms had been signed off done. (all other rooms left blank, or other notes</p>	21665		
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

21665	<p>Continued From page 10</p> <p>such as wait, or empty)</p> <p>-7/20/24, Total of 12 rooms had been signed off done. (all other rooms left blank, or other notes such as talk to me, feces, or empty)</p> <p>-7/22/24, Total of 15 rooms signed off done. (all other rooms left blank)</p> <p>-7/23/24, Total of 6 rooms signed off done. (all other rooms left blank, or other notes such as bathroom not done)</p> <p>7/24/24, Total of 16 rooms signed off done. (all other rooms left blank)</p> <p>7/25/24, Total of 12 rooms signed off done. (all other rooms left blank)</p> <p>During an interview on 8/8/24 at 9:48 a.m., nursing assistant (NA)-A verified room 341 floor was visibly wet without a sign posted. NA-A stated they had talked to HK-B two weeks ago when he mopped a resident's floor in room 309 and the floor was left extremely wet. NA-A indicated she had taken a towel and wiped the entire floor to prevent a fall. NA-A stated HK-B needed more education, and a sign would be expected to be placed in a room with a wet floor to help prevent falls.</p> <p>During an interview on 8/8/24 at 9:53 a.m., NA-B verified room 341 floor was wet without a caution sign placed. NA-B verified resident dining room floor located on 3rd floor was filthy dirty with small pieces of food located under the large round tables. NA-B stated there was a yellow wet floor sign placed over a three-inch diameter brown soft glob located in the back of the room by the juice machine. NA-B was unsure as to what that was.</p>	21665		
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

21665	<p>Continued From page 11</p> <p>NA-B stated it was obvious the dining room floor had not been swept or mopped in a long while. NA-B stated they had almost fell by the nurse's station when housekeeping used too much water and had grabbed onto the counter otherwise her feet would have slipped out from underneath her. NA-B stated she had talked to HK-B, but he just looked at her, made no comment and walked away. NA-B stated the dining room floor had not been mopped all week and was a continuous problem. NA-B indicated the residents lived here, it was their home, and she would not have wanted her mother living in a facility like this. NA-B also indicated she had talked to the DON and the administrator, and they indicted the agency would be emailed regarding HK-B. NA-B also stated most of the residents on 3rd were able to bring themselves to the dining room and wandered throughout 3rd floor.</p> <p>During an interview on 8/8/24 at 10:00 a.m., registered nurse (RN)-A stated the dining room floor appeared it had not been swept or mopped. RN-A verified she saw garbage (pieces of paper towels, small pieces of food) and dirt all over the floor and was disgusting.</p> <p>During an interview on 8/8/24 at 11:00 a.m., RN-B stated cleaned up the brown spot on the dining room floor, placed contents in a plastic bag and there was no smell noted such as stool. RN-B stated unsure as to what it was thought it was maybe food.</p> <p>During a telephone interview on 8/8/24 at 11:59 p.m., HK-B stated they had worked as housekeeper for four weeks. HK-B stated he had only cleaned three rooms today because had to leave early. HK-B confirmed he had placed the housekeeping cart unlocked in an empty</p>	21665		
-------	---	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

21665	<p>Continued From page 12</p> <p>resident's room 301 when he left the floor, and that was not ok as there were chemicals in the cart that would be unsafe residents. HK-B verified he had mopped room 341 floor and should have placed a wet floor sign to prevent a fall. HK-A indicated when he arrived at work at 7:00 a.m. there was a yellow wet floor sign placed in the dining room over an area that looked like a dog had pooped on the floor, he did not know what it was, could have been chocolate pudding, thought it was taken care of, and probably should have cleaned it up. Lastly, HK-B stated was not aware two cleaning items were left in the west wing lounge and should not have been as it could have been concerning if ingested.</p> <p>During an interview/observation on 8/8/24 at 2:14 p.m., R13 laid in bed. Floor was visibility dirty, numerous (over 8) small areas where stool had dried onto the floor. The room smelled strongly of stool and a garbage can was located on the floor by R13's bed which was full of garbage and included an old colostomy bag with stool in it. R13 stated his colostomy bag leaked all over the floor about 18 hours ago and he had cleaned it up as much as he could. R13 stated he grabbed the larger globs of stool with a towel and flushed it in the toilet or placed in the garbage can, and that was most likely why the room smelled strongly like stool. R13 stated last time his room was cleaned and floor mopped was two days ago. R13 verified three days a week there were no housekeeping staff. R13 indicated he wished they would come in and clean his room and floor more often and felt bad when he asked for help because they were understaffed. R13 indicated he had told staff he needed his floor cleaned but they were so busy.</p> <p>During an interview on 8/8/24 at 3:10 p.m., R12</p>	21665		
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

21665	<p>Continued From page 13</p> <p>stated his room used to be cleaned everyday but now only gets cleaned once a week. R12 stated it bothered him when the floor was dirty and staff hardly ever wiped things down, took out the garbage or swept the floor. R12 did indicate that someone came in today and cleaned his floor, "best cleaning in weeks, wished it could be that way every day".</p> <p>During a telephone interview on 8/8/24 at 3:45 p.m., with the facility's commercial cleaning products representative (CCR) stated Rapid Multi Surface Disinfectant (destroys bacteria) Cleaner (RMSDC) was a disinfectant, had a sticky component, and required to be rinsed afterwards with a sanitizer. CCR indicted the RMSDC was not food safe due to being a disinfectant. CCR also stated the disinfectant could have caused irritation/harm due to direct ingestion into the eyes or throat/mouth especially when the resident had sat close by when sprayed onto a table. CCR verified the RMSDC should have only been used on high touch areas such as bathrooms and door handles/knobs in resident rooms.</p> <p>During an interview on 8/8/24 at 4:00 p.m. administrator stated the dining room was expected to be cleaned (tables wiped down, floor swept and mopped) after meals and not during consumption of food or beverage. Administrator verified would be a big-time safety concern when a resident would have ingested or gotten the sprayed disinfectant into their eyes or food. Administrator stated resident rooms would be expected to be cleaned (high touched areas wiped down, floors swept, and mopped) daily to ensure cleanliness and safety for all residents but the daily log did not reflect that was done, especially on 3rd floor. Administrator also indicated cleaning audits had been completed</p>	21665		
-------	---	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

21665	<p>Continued From page 14</p> <p>from 7/19/24, through 7/25/24, on all resident's rooms, but understood housekeeper HK-A had completed those cleanings on the 3rd floor and later discovered he did not. HK-A had worked for the facility for about 3 1/2 weeks and decided to not fill out log forms that indicted which rooms were cleaned daily. Administrator stated housekeeping manager (HKM) should have reviewed the audit documents but on leave now, so not sure what was done with the missed rooms. Administrator stated all housekeeping carts should have been locked when left unattended or placed in the housekeeping storage area on 1st floor during a break. Administrator stated would have prevented anyone getting hold of the chemical solutions and ingested or placed on their skin.</p> <p>Facility document undated, Cleaning of Common Areas identified: Dining room (after breakfast and lunch) sweep dining room floor, dust mop and wet mop floor with germicidal solution, clean all horizontal surfaces by dusting then wiping down with germicidal solution, wipe down chair and arm rests, chair backs, and chair legs if visibly soiled, and empty trash and replace with new trash bag.</p> <p>Safety Data Sheet dated 8/18/22, identified Rapid Multi Surface Disinfectant (RMSD) Cleaner was reserved for industrial and professional use sold as a hazard pictogram (nature and degree of the risks posed by the product represented by pictures). RMSD caused severe skin burns and severe eye damage and harmful if inhaled and must be stored locked up. RMSD should be used in well-ventilated areas. Protective gloves/ protective clothing/ eye protection/ face protection were recommended.</p> <p>Product Specification Document dated 2023,</p>	21665		
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

21665	<p>Continued From page 15</p> <p>identified Rapid Multi Surface Disinfectant Cleaner product was recommended for use on non-food contact hard surfaces, glass, and soft surfaces only. For spray application, spray 6-8 inches from the surface and allow surface to remain wet for 3 minutes. Allow to air dry or remove solution with a wipe, mop, cloth, or sponge. Diluted solution causes moderate eye irritation and harmful if inhaled. Avoid breathing mist or vapors. Wash skin thoroughly after handling. If swallowed: Rinse mouth. Do NOT induce vomiting. If on skin (or hair): Take off immediately all contaminated clothing. Rinse skin with water/ shower. If inhaled: Remove person to fresh air and keep comfortable for breathing, and 911 should immediately be called.</p> <p>Safety Data Sheet dated 9/10/21, identified 73 Disinfecting Acid Bathroom Cleaner products could have caused eye irritation, redness, and irritation. Should be used in a well-ventilated area.</p> <p>Product Specification document dated 8/11/21, identified 73 Disinfecting Acid Bathroom Cleaner product - detergent-disinfectant/bactericide/virucide (kills viruses) /deodorizer effective against hard water build-up and soap scum on tubs, showers, countertops, toilets, and sinks. Product is corrosive (a strong acid substance used to destroy solid materials by a chemical reaction) and could have caused severe skin burns and eye damage.</p> <p>Facility policy dated 2020, Environmental Services Cleaning identified resident communities will be maintained in a clean and hygienic condition for residents, associates, and visitors with written schedules of cleaning and decontamination based on the area. The</p>	21665		
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

21665	<p>Continued From page 16</p> <p>Environmental Service manager (ESM) would be responsible for maintaining a schedule of cleaning tasks and the associates responsible for them. There is debate on about whether to use detergents or disinfectants on environmental surfaces. Detergents were more environmentally friendly, no toxic, produced fewer offensive odors, and are unlikely to trigger adverse respiratory reactions, but do not effectively remove microorganisms from surfaces. Center of Disease Control and Prevention (CDC) recommended disinfectant be used for cleaning high-touch surfaces in patient areas and medical equipment. An approved hospital-grade cleaner/disinfectant should have been used according to the manufacturer's directions and cleaning must have been done before any surface was disinfected. Wet dust horizontal surfaces regularly by moistening a clean cloth with a small amount of an EPA (environmental protection agency) -registered, hospital-grade detergent /disinfectant to removed organism-laden particles from the surfaces in the resident area. High touched areas included: side rails, over-bed tables, call light, telephone, cubical curtain, light switches, doorknobs, handrails, other handles, sink, toilet and other bath fixtures, remote control devises, computer keyboard and tablets, grips, armrests, handles of wheelchairs, walkers, and other mobility devices. High touched areas are expected to be cleaned daily and more often as needed during an outbreak and trash removed from resident rooms as well as other common areas on a daily basis and as needed. Chemicals must be either in your possession or locked in an appropriate cabinet at all times. Safety data sheet are expected to checked before a chemical was used for safety concerns in case of accidental exposure. All residents should be removed from the area prior to beginning</p>	21665		
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00538	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CERENITY CARE CENTER ON HUMBOLDT	STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
21665	<p>Continued From page 17</p> <p>housekeeping activities. No housekeeping activities may be done in areas where food was being served or eaten. Cones or signs should have placed when a floor was wet.</p> <p>SUGGESTED METHOD OF CORRECTION: The DON or designee could educate staff and conduct periodic audits of areas residents frequent to ensure a safe and home like environment is obtained to the extent possible.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days.</p>	21665		