DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 10, 2026

Administrator
Cerenity Care Center White Bear Lake

1900 WEBBER STREET
WHITE BEAR LAKE, MN 55110

RE: CCN: 245300
Cycle Start Date: February 2, 2026

Dear Administrator:

On February 2, 2026, a survey was completed at your facility by the Minnesota Department(of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

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

REMOVAL OF IMMEDIATE JEOPARDY

On February 2, 2026, the situation of immediate jeopardy to potential health and safety cited at F678 was removed.

REMEDIES

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

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

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

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered 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 $13,343; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective February 2, 2026. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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

SUBSTANDARD QUALITY OF CARE (SQC)

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

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

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Cerenity Care Center White Bear Lake is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective February 2, 2026. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

DEPARTMENT CONTACT

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

Annette Winters, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
625 Robert Street N
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us

Mobile: (651) 558-7558

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

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: https://forms.web.health.state.mn.us/form/NHDisputeResolution
This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.
A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Sincerely,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245300	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cerenity Care Center White Bear Lake	1900 WEBBER STREET , WHITE BEAR LAKE, Minnesota, 55110

(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
F0000	INITIAL COMMENTS On 2/2/26 a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint was reviewed: H53004622C/MN276220 and a deficiency was issued at F678 at PAST NON-COMPLIANCE. The immediate jeopardy began on 1/26/26 at 4:35 p.m. when LPN-A failed to assess R1 for irreversible signs of death and did not initiate CPR immediately. The director of nursing (DON) and the Administrator were notified of the immediate jeopardy at 4:35 p.m. on 2/2/26. The immediate jeopardy was removed on 2/2/26, and the deficient practice corrected on 2/2/26, prior to the start of the survey and was therefore issued at past noncompliance Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F0000		
F0678 SS = SQC-J	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to immediately initiate cardiopulmonary resuscitation (CPR) and activate the emergency response system (EMS) when 1 of 1 residents, with a full code	F0678	"Past Noncompliance - no plan of correction required"	

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 reverse for further 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245300	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cerenity Care Center White Bear Lake	1900 WEBBER STREET , WHITE BEAR LAKE, Minnesota, 55110

(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
F0678 SS = SQC-J	Continued from page 1 status (when a resident's heart stops being (SP) the medical team uses all available lifesaving measures) was found unresponsive. This resulted in an Immediate Jeopardy (IJ) citation when licensed practical nurse, (LPN)-A, was notified by nursing assistant (NA)-A that R1 was unresponsive. LPN-A immediately checked on R1 finding R1 cool to the touch, without pulse and was not breathing. LPN-A failed to assess R1 for irreversible signs of death to determine and if necessary, perform CPR. The immediate jeopardy began on 1/26/26 when LPN-A failed to assess R1 for irreversible signs of death and did not initiate CPR immediately. The director of nursing (DON) and the Administrator were notified of the immediate jeopardy at 4:35 p.m. on 2/2/26. The immediate jeopardy was removed and the deficient practice corrected on 2/2/26, prior to the start of the survey and was therefore issued at past noncompliance. Findings include: R1's physician order dated 11/12/25 at 12:23 p.m., indicated R1 was a full code. R1's quarterly Minimal Data Set (MDS) dated 11/25/25 identified a Brief Inventory Mental Status (BIMS) score of 15 indicating R1 was cognitively intact. R1's pertinent diagnoses were enterocolitis due to Clostridium Difficile (bacteria of the gut), non-pressure ulcer of the left foot and peripheral vascular disease (progressive circulation disorder). R1 required partial to moderate assistance from staff with all grooming and transfer assistance. R1's progress note dated 1/26/26 at 2:49 a.m. indicated R1 was found unresponsive at 12:05 a.m., writer called another staff nurse for help. At 12:07 a.m., CPR started, and code blue was announced. At 12:20 a.m. 911 was called, emergency services arrived and took over. At 12:49 a.m. emergency services announced R1 had passed away. R1's family was called to inform them. At 2:35 a.m. the family arrived with the priest to view, and the funeral home was called. Upon interview on 2/2/26 at 10:59 a.m., licensed practical nurse (LPN)-A stated she last saw R1 alive during evening medication pass around 7:00 p.m. At approximately 12:05 a.m. nursing assistant (NA)-A came to LPN-A and stated R1 had passed away. LPN-A went to	F0678		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245300	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cerenity Care Center White Bear Lake	1900 WEBBER STREET , WHITE BEAR LAKE, Minnesota, 55110

(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
F0678 SS = SQC-J	Continued from page 2 check on R1 and noticed R1 looked asleep in her bed with the head of her bed raised with her head tilted to the right. LPN-A stated she was unable to locate a radial pulse, and R1's chest was not rising to indicate she was breathing. She touched R1's forehead and R1 felt cool. LPN-A denied pulling the covers back to assess more of R1's body. LPN-A called the charge nurse, LPN-B, to come and assist her stating "before we can do anything we need a second nurse." She denied announcing a code blue, checking for R1's code status or giving instructions to NA-A. LPN-A waited for LPN-B to arrive. Approximately five minutes passed until LPN-B arrived at 12:09 a.m. LPN-B noted R1 was not breathing and looked pale. LPN-B found R1's code status, got the crash cart and initiated CPR. LPN-A stated she would have initiated CPR immediately, however she was a new employee and thought NA-A was agency staff and would not know how to call a code blue, so she wanted assistance from another nurse. She stated if she were aware that NA-A was facility staff she would have had her call the code and assist with CPR. Upon interview on 2/2/26 at 11:19 a.m. nursing assistant (NA)-A stated she was completing her rounds at approximately midnight and noticed R1's chest was not rising up and down when she entered the room. She turned on the light to try to arouse R1 and R1 did not open her eyes and then she noticed R1 was not breathing. She immediately notified LPN-A. LPN-A called downstairs to get LPN-B to assist her. LPN-B came to the second floor as NA-A and LPN-A were in the hallway outside of R1's room. LPN-B entered the room and immediately yelled out to NA-A to call a code blue and grab the Automated External Defibrillator (AED) machine. Upon interview on 2/2/26 at 2:05 p.m. the DON stated in the morning of 1/26/26 LPN-B reached out to her stating she was uncomfortable with how the code status went with R1. LPN-B told the DON that she was called by LPN-A with no urgency as a resident was found unresponsive. LPN-A did not complete a thorough assessment on her own and wanted LPN-B's assistance. LPN-B received a call on the house phone from LPN-A who asked to please come to the second-floor unit to look at something. When LPN-B got to the second floor, she assessed R1 was not breathing, however noted her skin was warm, and no rigor mortis had set in, so she initiated CPR and delegated duties to the staff. The DON was not certain exactly what LPN-A had assessed as during her investigative interview with LPN-A, LPN-A	F0678		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245300	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cerenity Care Center White Bear Lake	1900 WEBBER STREET , WHITE BEAR LAKE, Minnesota, 55110

(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
F0678 SS = SQC-J	Continued from page 3 only stated she checked a radial pulse and watched for breaths. The DON had to pull information out of LPN-A asking specific questions if she used a stethoscope to auscultate the breath sounds? Did she pull back the covers to assess R1? Did she note her skin temperature and where? LPN-A had difficulty answering her questions as to what assessment she completed and did not have any nursing notes to verify her assessment by. The DON believed LPN-A reached out to LPN-B to verify R1's death not to assist with CPR. LPN-A also stated that she thought NA-A was an agency staff and therefore was not trained on the facilities emergency protocol. The DON verified with LPN-A that NA-A was a facility staff member who had been trained fully by the facility. Upon interview on 2/2/26 at 3:02 p.m. LPN-B stated around midnight on 1/25/26 LPN-A called LPN-B and asked her if she could come to the second floor and look at something quickly. LPN-B stated she did not rush as it was not communicated with her that there was an emergency. When LPN-B arrived on the second floor she noticed LPN-A and NA-A were standing outside of R1's room. LPN-B entered R1's room and noticed R1 was not breathing. She asked LPN-A what R1's code status was, and LPN-A was unable to answer. LPN-B quickly checked her code status and assessed R1 to be without breath, no pulse, the body was warm, and no rigor mortis had set in. LPN-B immediately delegated NA-A and LPN-A to call 911, call a code blue, and one of them assisted in getting R1 on the floor to start CPR. LPN-A called the code over the intercom system saying "code blue" only once without a room number. LPN-B delegated her to go back and to say "code blue" three times and give the room number. LPN-B and NA-A positioned R1 on the floor and started chest compressions until another nurse arrived and they started the AMBU bag (a handheld, portable, and self-inflating device used to provide positive pressure ventilation when a person is not breathing), in a few minutes EMS arrived and took over until R1 was pronounced dead. Upon interview on 2/2/6 at 4:14 p.m. the Administrator stated her expectation was that all staff follow the facilities policies and protocols. A facility policy titled Initiation of CPR/AED and BLS Associate Training Expectations dated 2018 indicated: When it is identified that a resident has signs/symptoms requiring CPR/AED (i.e., unresponsive) and meets criteria, EMS will be activated immediately as follows:911 is called.Door access to EMS is	F0678		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245300	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cerenity Care Center White Bear Lake	1900 WEBBER STREET , WHITE BEAR LAKE, Minnesota, 55110

(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
F0678 SS = SQC-J	Continued from page 4 ensured.Resuscitation status is verified.If Provider medical order states a Full Code status, then CPR will be initiated.If Provider medical order states DNR Code status, then CPR will not be initiated.If resident Declination of CPR Form is present, then CPR will not be initiated.If the code status is unable to be confirmed or the resident is undecided CPR will be initiated.Once CPR is initiated, lifesaving efforts will continue until directed by dispatch, EMS or provider or effective spontaneous circulation and ventilation have been restored.*Reasons to NOT Initiate CPR/AED upon finding someone pulseless, per CMS, are:Obvious signs of clinical death (e.g., rigor mortis (chemical changes in the muscles after death, causing the limbs of the corpse to become stiff and difficult to move/manipulate), dependent lividity (purplish discoloration of the skin following death due to the settling of blood in the most dependent tissues), decapitation, transection, or decomposition are present.Initiating CPR could cause injury or peril to the rescuer.Family, Director of Nursing and Provider notification occurs as soon as the situation is stabilized.Actions are documented in the resident medical record. The IJ that began on 1/26/26, was corrected on 2/2/26. The IJ was issued at past noncompliance due to the actions the facility implemented prior to survey, including: -The facility identified the error on 1/26/26 and completed a thorough investigation identifying the facility nurse failed to initiate CPR immediately on a full code resident who was found unresponsive. The root cause identified that LPN-A did not initiate CPR per the facility policy and the delegation of duties during the code situation did not occur. LPN-A was placed on leave pending the investigation on 1/26/26 and later terminated from employment. -The facility educated staff on the processes and procedures to follow when a resident is found unresponsive. -All residents code statuses were audited and verified correct and facility policies were reviewed.	F0678		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

February 10, 2026

Administrator
Cerenity Care Center White Bear Lake
1900 WEBBER STREET
WHITE BEAR LAKE, MN 55110

Re: Event ID: 1E2BD5-H1

Dear Administrator:

The above facility survey was completed on February 2, 2026 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **02/02/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cerenity Care Center White Bear Lake	**1900 WEBBER STREET , WHITE BEAR LAKE, Minnesota, 55110**

(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
20000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 2/2/26 a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure. The following complaints were reviewed during the survey. H53004622C / MN276220	20000		

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

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **02/02/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cerenity Care Center White Bear Lake	**1900 WEBBER STREET , WHITE BEAR LAKE, Minnesota, 55110**

(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
20000	Continued from page 1 Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	20000		