

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL30462003M
Compliance #: HL30462004C

Date Concluded: June 7, 2022

Name, Address, and County of Licensee

Investigated:

Cerenity Residence on Humboldt
514 Humboldt Avenue
St. Paul, MN 55107
Ramsey County

Facility Type: Assisted Living Facility with
Dementia Care (ALFDC)

Evaluator's Name: Yolanda Dawson, RN
Special Investigator

Finding: Substantiated, facility responsibility

Nature of Visit: The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Allegation(s): The alleged perpetrator neglected the resident when staff did not administer medications as prescribed.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined neglect was substantiated. The facility was responsible for the maltreatment. The resident did not receive her psychotropic medication for fifty-nine days. Unlicensed Personnel (ULP) documented the resident's lurasidone was unavailable, although the pharmacy verified they sent the medication, and there was no documentation of nursing follow-up regarding the repeatedly missed medication.

The investigation included interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. In addition, the investigator interviewed a case manager and a pharmacy manager. The investigator reviewed resident records, policies and procedures, and incident reports.

The resident's medical diagnoses included schizoaffective disorder, bipolar, borderline personality disorder, paranoia, anxiety, post-traumatic stress disorder, and chronic insomnia. The resident received services for medication management.

The resident's medication administration record (MAR) indicated an order for lurasidone (an antipsychotic medication) for staff to administer orally once a day. The record indicated staff did not administer lurasidone at all for the months of October, November, and December, for a total of fifty-nine days with a documented reason of drug unavailable.

The resident's MAR also indicated an order for lithium carbonate (a bipolar therapy treatment) for staff to administer orally at bedtime. Staff did not administer this medication for one day in October and two days in November with no reason documented, and six days in December with a documented reason of drug unavailable.

During an interview, a Registered Nurse (RN) #4 stated it was the responsibility of the nurses to transcribe medication orders into the resident's medical record and to update all documents to reflect a new medication or a change in medication. RN #4 stated when there is a delay in receiving a medication for any reason there should be a nursing note in the resident's records. The resident's record lacked documentation of nursing communication with the pharmacy or provider regarding availability of these medications.

During an interview, a pharmacy manager stated the pharmacy last filled the lithium carbonate in early November 2021, with no refills after that date. The pharmacy manager stated they needed a physician authorization to refill the lithium, and the pharmacy did not refill this medication. The pharmacy manager stated the pharmacy filled the lurasidone in November and December 2021.

During an interview, a family member of the resident stated staff did not administer the medications that psychiatry prescribed for the resident. He stated staff were having problems refilling the medications. The family member stated the resident had to go to the hospital because she did not get her medication for four days and a staff member told him the resident was not receiving her medications.

In conclusion, neglect was substantiated.

Substantiated: Minnesota Statutes, section 626.5572, Subdivision 19.

"Substantiated" means a preponderance of evidence shows that an act that meets the definition of maltreatment occurred.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17

"Neglect" means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

(2) which is not the result of an accident or therapeutic conduct.

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

Vulnerable Adult interviewed: No, in hospital for psychiatric care.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: No, declined interview.

Action taken by facility:

No action taken

Action taken by the Minnesota Department of Health:

The responsible party will be notified of their right to appeal the maltreatment finding.

cc:

The Office of Ombudsman for Mental Health and Developmental Disabilities

The Office of Ombudsman for Long-Term Care

Ramsey County Attorney

Saint Paul City Attorney

Saint Paul Police Department

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/21/2022
NAME OF PROVIDER OR SUPPLIER CERENITY RESIDENCE ON HUMBOLDT			STREET ADDRESS, CITY, STATE, ZIP CODE 514 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
0 000	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>#HL30462004C/#HL30462003M</p> <p>On April 21, 2022, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 36 residents receiving services under the provider's Assisted Living with Dementia Care license.</p> <p>The following correction orders are issued for #HL30462004C/#HL30462003M, tag identification 0690, 1040, 1760, and 2360.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>		
0 690 SS=D	144G.43 Subdivision 1 Resident record	0 690			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/21/2022
NAME OF PROVIDER OR SUPPLIER CERENITY RESIDENCE ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 514 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
0 690	<p>Continued From page 1</p> <p>(a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain permanently recorded records for medication refill delays, hospital admission, and discharge for one of one resident (R1) with record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted to the licensee on October 26, 2021, with diagnoses that included schizoaffective disorder, bipolar, borderline personality disorder, paranoia, anxiety, post-traumatic stress disorder, and chronic insomnia. R1's service plan, dated November 8, 2021, indicated R1 received services for medication management.</p> <p>R1's MAR, dated October 2021, indicated an order for lurasidone (an antipsychotic) tablet; amount to be administered: 120mg orally once a day. The record indicated staff did not administer</p>	0 690			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/21/2022
NAME OF PROVIDER OR SUPPLIER CERENITY RESIDENCE ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 514 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
0 690	<p>Continued From page 2</p> <p>lurasidone for the months of October, November, and December, with a documented reason of drug unavailable.</p> <p>R1's medication administration record (MAR), dated December 2021, indicated an order for lithium carbonate (a bipolar therapy agent) tablet extended release; 300mg. amount to be administered: 600mg (two tabs) orally at bedtime. This was documented as not administered on November 12, 13, 14, 15, 16, and 17, with a documented reason of the medication being unavailable.</p> <p>R1's record lacked signed physician orders for lithium carbonate tablet extended release; 300mg tablet, amount to be administered: 600mg (two tabs) orally at bedtime, and for lurasidone tablet; amount to be administered: 120mg orally once a day.</p> <p>R1's record lacked nursing documentation of communication with the pharmacy or the provider regarding the delay in the reordering of R1's lithium carbonate and Lurasidone.</p> <p>R1's record lacked documentation that she was hospitalized on December 23, 2021, for behavior issues. The licensee did not document R1 was discharged from the hospital to a new facility without returning to the licensee. The record did not contain a discharge summary as per the licensee's discharge summary and coordinated transfer policies.</p> <p>During a conversation on April 21, 2022, at 3:25a.m., a Registered Nurse (RN)-D stated R1 did not have discharge documents because the facility did not discharge her. RN-D stated the case manager was looking for placement when</p>	0 690			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/21/2022
NAME OF PROVIDER OR SUPPLIER CERENITY RESIDENCE ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 514 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
0 690	<p>Continued From page 3</p> <p>R1 went to the hospital and did not return to them from the hospital and went to a new facility.</p> <p>During phone communication on April 26, 2022, at 2:04 p.m., a Pharmacy Manager (PM) stated the pharmacy last filled the lithium carbonate on November 10, 2021, with no refills after that date. PM stated they needed a physician authorization to refill the lithium, and the pharmacy did not refill this medication. PM stated the pharmacy last filled the Lurasidone on November 10, 2021, with a 30-day supply and sent the next cycle on December 15, 2021.</p> <p>During an interview on April 25, 2022, at 11:32 a.m., a Registered Nurse (RN)-D stated it was the responsibility of the nurses to transcribe medication orders into the residents medical record and to update all documents to reflect a new medication or a change in medication. RN-D stated when there is a delay in receiving a medication for any reason there should be a nursing note in the resident's records.</p> <p>A policy titled "Resident Record-Content and Retention" review date May 21, 2019, indicated the following:</p> <p>9. Documentation of significant changes in the resident's status and actions taken in response to the changes, including the following: if appropriate:</p> <p>a. An updated nursing assessment and vulnerability assessment that includes pertinent details of the change in condition, including time and date noted</p> <p>b. Report to the appropriate supervisor or health care professional, to the provider and to the resident's representative, with time and date of notification</p> <p>c. The physician's response to the situation with</p>	0 690			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/21/2022
NAME OF PROVIDER OR SUPPLIER CERENITY RESIDENCE ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 514 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
0 690	Continued From page 4 any follow-up action taken d. A revision of the service plan and/or vulnerability intervention plan consistent with any new or revised orders. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 690			
01040 SS=D	144G.52 Subd. 7 Notice of contract termination required (a) A facility terminating a contract must issue a written notice of termination according to this section. The facility must also send a copy of the termination notice to the Office of Ombudsman for Long-Term Care and, for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, to the resident's case manager, as soon as practicable after providing notice to the resident. A facility may terminate an assisted living contract only as permitted under subdivisions 3, 4, and 5. (b) A facility terminating a contract under subdivision 3 or 4 must provide a written termination notice at least 30 days before the effective date of the termination to the resident, legal representative, and designated representative. (c) A facility terminating a contract under subdivision 5 must provide a written termination notice at least 15 days before the effective date of the termination to the resident, legal representative, and designated representative. (d) If a resident moves out of a facility or cancels services received from the facility, nothing in this section prohibits a facility from enforcing against the resident any notice periods with which the resident must comply under the assisted living	01040			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/21/2022
NAME OF PROVIDER OR SUPPLIER CERENITY RESIDENCE ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 514 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
01040	<p>Continued From page 5</p> <p>contract.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to issue a written notice for a termination of contract at least 30 days ahead of the termination, or at least 15 days ahead of an expedited termination, and failed to provide documentation supporting the need for an expedited termination of their contracts for one former resident (R1) with records reviewed. R1's contract was terminated without notice after being sent to the hospital. In addition, the licensee failed to send a copy of the termination notice to the Office of Ombudsman for Long Term Care.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted to the licensee on October 26, 2021, with diagnoses that included schizoaffective disorder, bipolar, borderline personality disorder, paranoia, anxiety, post-traumatic stress disorder, and chronic insomnia. R1's service plan dated November 8, 2021, indicated R1 received services for medication management, meal prep, laundry, housekeeping, and supervision for grooming, and bathing.</p>	01040			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/21/2022
NAME OF PROVIDER OR SUPPLIER CERENITY RESIDENCE ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 514 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
01040	<p>Continued From page 6</p> <p>R1's hospital admission records, dated December 23, 2021, indicated R1 was admitted for crisis evaluation of schizoaffective disorder and borderline personality disorder. Page 45 indicated R1 was under increased stress in her current living situation because they had given her a request to leave the facility within 30 days. Provider notes on January 1, 2022, page 19 indicated the licensee did not give R1 an official eviction notice, however, the licensee informed the social worker R1 was not a good fit there because she scared her peers. R1 discharged to another facility on January 19, 2022.</p> <p>R1's record lacked documentation that she was hospitalized on December 23, 2021, for behavior issues. The licensee did not document R1 discharged from the hospital to a new facility without returning to the licensee. The record did not contain a discharge summary as per the licensee's discharge summary and coordinated transfer policies.</p> <p>During a conversation on April 21, 2022, at 3:25a.m., a Registered Nurse (RN)-D stated R1 did not have discharge documents because the facility did not discharge her. RN-D stated the case manager was looking for placement when R1 went to the hospital and did not return to them from the hospital and went to a new facility.</p> <p>During a conversation on May 4, 2022, at 10:46 a.m., a hospital social worker (SW) stated the licensee did not provide her with an official notice for R1, but that she could not return to the facility. The SW stated she reached out to the licensee repeatedly and they did not return her phone calls. The SW stated that when she did reach them, they informed her they did not have the ability to handle R1 and made it clear she could</p>	01040			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/21/2022
NAME OF PROVIDER OR SUPPLIER CERENITY RESIDENCE ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 514 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
01040	<p>Continued From page 7</p> <p>not return.</p> <p>During a conversation on May 4, 2022, at 3:51 a.m., R1's Case Worker (CW) stated the licensee did not provide discharge or termination of services notices. CW stated the licensee made it clear through email communication that they did not want R1 back at the facility. CW stated she began looking for placement for R1.</p> <p>A policy titled "Discharge Summary" review date March 3, 2022, indicated the purpose as: To document and provide discharge planning and summary for each resident. And the policy as: The organization will document a summary of the resident's assisted living stay.</p> <p>A policy titled "Termination of an Assisted Living Resident's Home Care Services" review date 2019, indicated the following.</p> <p>6. Discharge Summary. Following termination of services, a discharge summary form is completed and put in the resident's record. The discharge summary includes:</p> <ul style="list-style-type: none"> a. A copy of the termination notice with the reason for the service termination and related documentation b. Resident's condition upon discharge (not required in the 2013 law) c. Documentation of disposition of the resident's medications, including the medication name, strength, prescription number, quantity, to whom the medication were given or who disposed of them; and the names of staff or others involved in the disposition. <p>8. Coordinated Transfer. If the residents transfer to another home care provider or other health care provider or is admitted to an inpatient facility, upon the resident's request, the RN sends a copy</p>	01040			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/21/2022
NAME OF PROVIDER OR SUPPLIER CERENITY RESIDENCE ON HUMBOLDT			STREET ADDRESS, CITY, STATE, ZIP CODE 514 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
01040	Continued From page 8 or summary of the resident's record to the new provider or facility, or to the resident or the resident's representative. Our agency otherwise participates in a coordinated transfer to the new provider. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01040			
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on interview and document review the licensee failed to ensure medications were administered as prescribed for 1 of 1 (R1) resident records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of	01760			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/21/2022
NAME OF PROVIDER OR SUPPLIER CERENITY RESIDENCE ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 514 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
01760	<p>Continued From page 9</p> <p>residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>R1 was admitted to the licensee on October 26, 2021, with diagnoses that included schizoaffective disorder, bipolar, borderline personality disorder, paranoia, anxiety, post-traumatic stress disorder, and chronic insomnia. R1's service plan dated November 8, 2021, indicated R1 received services for medication management.</p> <p>R1's medication administration record (MAR) dated October 26, 2021, indicated an order for lithium carbonate (a bipolar therapy treatment) tablet extended release; 300 milligram (mg) tablets, amount to be administered: 600mg (two tabs) orally at bedtime. Staff did not administer this medication on the following dates: October 30, with no reason documented, November 1 and 2, with no reason documented, and December 12, 13, 14, 15, 16, and 17, with a documented reason of drug unavailable.</p> <p>R1's MAR, dated October 2021, indicated an order for lurasidone (antipsychotic) tablet; amount to be administered: 120mg orally once a day. The record indicated staff did not administer lurasidone at all for the months of October, November, and December with a documented reason of drug unavailable.</p> <p>During an interview on April 25, 2022, at 10:55 a.m., a Family Member (FM) stated staff did not administer the medication that psychiatry prescribed for R1. He stated staff were having problems refilling the medications. The family</p>	01760			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/21/2022
NAME OF PROVIDER OR SUPPLIER CERENITY RESIDENCE ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP CODE 514 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
01760	<p>Continued From page 10</p> <p>member stated R1 had to go to the hospital because she did not get her medication for four days and a staff member told him R1 was not receiving her medications.</p> <p>During an interview on April 25, 2022, at 11:32 a.m., a Registered Nurse (RN)-D stated it was the responsibility of the nurses to transcribe medication orders into the residents medical record and to update all documents to reflect a new medication or a change in medication. RN-D stated when there is a delay in receiving a medication for any reason there should be a nursing note in the resident's records.</p> <p>During phone communication on April 26, 2022, at 2:04 p.m., a Pharmacy Manager (PM) stated the pharmacy last filled the lithium carbonate on November 10, 2021, with no refills after that date. PM stated they needed a physician authorization to refill the lithium, and the pharmacy did not refill this medication. PM stated the pharmacy filled the Lurasidone on November 10, 2021, with a 30-day supply and sent the next cycle on December 15, 2021.</p> <p>A policy titled "Medication Management" dated 2021, indicated the following: to administer resident medications in a safe and accurate manner. For each resident who requires medication management services a registered nurse will #6. monitor and reassess each resident's medication management plan as needed. Medication management definition: the provision of any of the following medication-related services to a resident. Handling and implementing changes to prescriptions. Communicating with the pharmacy about the resident's medications; and coordinating and communicating with the</p>	01760			

Minnesota Department of Health
STATE FORM