

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  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Cerenity Care Center on Humboldt		STREET ADDRESS, CITY, STATE, ZIP CODE  512 Humboldt Avenue Saint Paul, MN 55107	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>47790</p> <p>Based on interview and document review, the facility failed to implement physician prescribed treatment orders for wound care, notify the physician of signs and symptoms of infection and labs results for 1 of 3 residents (R1) reviewed for wound care. This resulted in a delay of treatment for R1 when R1's right great toe trauma injury wound and left second toe trauma injury developed osteomyelitis (bone infection) and required amputation of both toes.</p> <p>The IJ began on 11/30/24, when R1's right great toe and left second toe were amputated. The administrator and director of nursing (DON) were informed of the IJ on 12/5/24 at 5:17 p.m. The facility had implemented corrective action on 12/3/24, prior to the start of the survey, and was therefore past noncompliance.</p> <p>Findings include:</p> <p>R1's Face Sheet dated 7/23/24, indicated R1 had diagnoses of type 2 diabetes with diabetic neuropathy (nerve damage which can cause pain or numbness to feet, hands, and legs), peripheral vascular disease (circulation disorder that affects blood vessels outside of the heart), and end stage renal disease (ESRD) with renal dialysis.</p> <p>R1's care plan dated 10/7/24, indicated R1 had impaired skin integrity. Interventions included R1's wounds would be monitored for changes, and for signs and symptoms of infection. If indicated, the medical provider would be updated, and labs would be monitored as ordered.</p> <p>On 10/23/24, medical doctor (MD)-A did wound care rounds at the facility, and saw R1. MD-A's Wound Physicians summary orders directed Xeroform gauze (sterile wound dressing) and gauze dressing with border to left second toe trauma injury, change daily. Non-pressure full thickness wound (wounds that extend beyond the two layers of skin [dermis and epidermis] and go into the subcutaneous tissue [innermost layer of skin]) of left second toe caused by bumping toe during transfer measuring 0.5 centimeter (cm) x 1.1 cm x 0.1 cm with light serous (clear liquid part of blood) drainage. Date of injury to the left second toe was not identified. Right great toe was not identified to have any injuries.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 245255
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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 10/30/24, MD-A did wound care rounds at the facility, and saw R1. MD-A's Wound Physicians summary orders directed Xeroform gauze and gauze dressing with border to left second toe trauma injury, and right great toe trauma injury to be changed daily. Non-pressure full thickness wound of left second toe measuring 0.8 cm x 1 cm x 0.1 cm. Non-pressure full thickness wound of right great toe measuring 1 cm x 0.3 cm x 0.1 cm with light serous drainage.</p> <p>R1's Treatment Administration Record (TAR) lacked identification of dressing change orders or treatment orders for R1's left second toe for the month of October 2024. Treatment orders for R1's left second toe were not placed in the TAR until 11/13/24, 21 days after the physician's initial dressing change order.</p> <p>On 11/13/24, MD-A did wound care rounds at the facility, and saw R1. MD-A's Wound Physicians summary orders directed to discontinue previous orders, and to start Alginate Calcium (highly absorbent wound dressing for wounds with moderate to high drainage) and gauze dressing with border to left second toe trauma injury, and right great toe to be changed daily. Non-pressure full thickness wound of left second toe measuring 1.5 cm x 1.8cm x 0.1 cm. Non-pressure full thickness wound of right great toe measuring 1 cm x 1.5 cm x 0.1 cm. MD-A ordered the following labs: erythrocyte sedimentation rate (ESR) and c-reactive protein (CRP). Both labs are indicators of inflammatory conditions, such as infections).</p> <p>The facility implemented the 11/13/24 dressing changes as prescribed to R1's toes, and completed these daily as prescribed.</p> <p>On 11/16/24, R1's lab results indicated ESR was 52 millimeters/hour (mm/hr. Normal range was 0-20 mm/hr), and CRP inflammation was 34.20 milligrams/Liter (mg/L. Normal range was under 5 mg/L). These lab results were not communicated to MD-A (the ordering physician).</p> <p>On 11/20/24, the facility completed wound care rounds and identified R1's left second toe measured 1.5 cm x 1.7 cm. R1's right great toe measured 0.5 cm x 1.5 cm. Both wounds were documented as, Improving.</p> <p>On 11/27/24, the facility completed wound care rounds and identified R1's left second toe measured 1.4 cm x 1.7 cm. The right great toe measured 0.5 cm x 0.5 cm. Both wounds were documented as, Stable.</p> <p>On 11/27/24 at 8:35 p.m., licensed practical nurse (LPN)-A wrote a progress note that indicated R1's right great toe wound had darkish drainage, swelling, and a foul-smelling odor.</p> <p>On 11/28/24 at 5:55 p.m., a progress note indicated R1 was sent to the hospital due to an unrelated incident.</p> <p>On 11/29/14, R1's hospital records indicated R1 had osteomyelitis (infection in the bone) in his right great toe, and a concern for infection of his left foot.</p> <p>On 11/30/24, R1's hospital records indicated R1 had osteomyelitis to his right great toe and his left second toe. R1's right great toe and left second toe were both amputated as a result of the osteomyelitis.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 12/4/24 at 12:41 p.m., registered nurse (RN)-A stated he changed R1's the dressings on 11/14/24, and R1's right great toe had a foul odor and yellow colored drainage. He did not update MD-A or family about the change in the wound, because MD-A would see him the following Wednesday, 11/20/24 (six days later).</p> <p>On 12/4/24 at 12:57 p.m., licensed practical nurse (LPN)-A stated on 11/27/24, R1's right great toe had a dark drainage, foul odor, and swelling. He didn't update anyone as he didn't know if the foul odor and swelling was normal. He did document his findings in a progress note.</p> <p>On 12/5/24 at 9:57 a.m., the director of nursing (DON) stated the nurse managers do wound care rounds with MD-A. When MD-A had treatment orders for wounds, she would write them down and give them to the nurse manager. The nurse manager would put the new orders into the resident's electronic medical record (EMR), so staff would follow the dressing changes. There was no treatment orders in R1's TAR or EMR until 11/13/24 when LPN-B identified there were no orders for R1's right great toe and left second toe wounds. The facility did find orders from MD-A on 10/23/24 and 10/30/24 but they were not placed into the TAR or EMR. If there were a decline in a wound, the provider should be updated.</p> <p>On 12/5/24 at 10:22 a.m., the medical director (MD-B) stated there was a probability the lack of following orders and doing treatments to R1 wounds caused the infection, which resulted in the amputation of the toes.</p> <p>On 12/5/24 at 11:54 a.m., MD-A stated she hand wrote treatment orders for the facility, and had her visit summary completed before she left the facility. The facility did not communicate to her they did not complete R1's wound care orders for his toes until 11/13/24. There was a potential for amputations when the wound treatments were not completed for several weeks. She also never received the results of the ESR and CRP she ordered for R1, as they were sent to R1's primary MD, even though she was the ordering MD. If she would have received the lab results, she would have started R1 on oral antibiotics.</p> <p>The facility policy Change in Condition reviewed 10/2/23, directed staff to notify the attending provider if a change in condition, implement orders for treatment, and monitoring as directed.</p> <p>The past noncompliance immediate jeopardy began on 11/30/24. The immediate jeopardy was removed, and the deficient practice was corrected by 12/3/24, after the facility implemented a systemic plan which included the following actions: All residents with wounds were reviewed for accuracy of orders. All wounds were monitored daily in morning meeting. The facility re-educated all licensed nurses on the expectation of wound care, and what to do if a wound has changed. The facility completed weekly audits to monitor wound orders and progress notes to ensure providers were updated with signs of infection for twelve weeks, and will bring these results to the Quality Assurance and Performance Improvement (QAPI) committee. Verification of corrective action was confirmed by observation, interview, and document review on 12/4/24 and 12/5/24.</p>		