STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245255	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cerenity Care Center on Humboldt	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report allegations of maltreatment to the state agency within two hours after the allegation was made for 1 of 1 resident (R2) reviewed for reporting of alleged violations of maltreatment. R2 reported the allegations of maltreatment to dietary aide (DA)-A on 11/11/2025 and the facility did not report the allegations to the state agency.Findings include: R2's face sheet printed on 11/18/25, indicated R2 was admitted to the facility on [DATE], with a primary diagnosis of repeated falls. R2's additional diagnoses included type 2 diabetes mellitus without complications, unspecified dementia with unspecified severity and other behavioral disturbance, adult failure to thrive, psychotic disorder with delusions due to known physiological condition, major depressive disorder, restlessness and agitation, violent behavior-aggression, vascular dementia that is severe with agitation, and anxiety disorder. R2 had two admissions to the facility prior to her current admission; one from 5/15/19 to 9/4/19 and the other admission was from 5/2/21 to 4/22/23. R2's care plan dated 5/15/19, indicated staff would report and investigate any allegations of suspected abuse, neglect, or exploitation. R2's brief interview for mental status (BIMS) dated 10/24/25, indicated R2 had a score of six, which indicated R2 had severely impaired cognition. Surveyor attempted to contact DA-A on 11/18/25 at 8:53 a.m. but had to leave a voicemail. DA-A did not return surveyor's call. During an interview on 11/18/25 at 11:43 a.m., the administrator stated she received an email on 11/12/25, reporting R2 had alleged maltreatment when the nurses at the facility would hit her. The administrator stated the facility did not report the allegations to the state agency because R2 had a history of allegations in her care plan and the bruises that R2 showed when she reported the allegations were documented prior to these allegations occurring. During an interview on 11/18/25 at 1:39 p.m., social services (SS)-A stated she was made aware of the maltreatment allegations at an interdisciplinary team meeting on 11/12/25 by the administrator. SS-A stated she did not report the maltreatment allegations to the state agency because it wasn't in her scope of practice. SS-A stated she is mandated reporter and would report any type of abuse made aware to her by a resident or about a resident. During an interview on 11/18/25 at 2:01 p.m., licensed practical nurse (LPN)-C stated the director of nursing (DON) told her about R2's allegations of maltreatment on 11/12/25. LPN-C stated she did not report the allegations to the state agency because she didn't think she needed to report it to the state agency. LPN-C stated she was a mandated reporter and she would be required to report any allegations of physical, sexual, or financial abuse. During an interview on 11/18/25 at 3:20 p.m., SS-B stated she received an email on 11/12/25 regarding the maltreatment allegations from R2. SS-B stated she did not report the allegations to the state agency because they looked in R2's progress notes and saw that R2 was more combative and she saw the documentation on the bruises prior to R2's allegations. The facility's Abuse Prevention Plan policy dated 7/21/22 indicated if an event involved maltreatment, the facility was required to report the suspicion immediately, but no later than two hours after the allegations were made.

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