STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245365	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cerenity Marian of St Paul LLC	200 Earl Street Saint Paul, MN 55106

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to ensure the environment was free of potential hazards for 1 of 1 resident (R56) found to have a space heater operating in their room.Findings include:R56's quarterly Minimum Data Set (MDS) dated [DATE], identified moderately impaired cognition and no behaviors. R56 was independent with transfers and ambulation. Diagnoses included cardiopulmonary disease (heart and lung disease), diabetes and cataracts, glaucoma or macular degeneration (eye conditions that cause loss of vision).R56's Mood State care plan dated 3/12/26, identified she had a sleep pattern disturbance related to insomnia and to evaluate her room for noise, darkness, temperature and comfort.During an observation and interview on 3/16/26 at 7:42 a.m., R56 stated her room was too cool and she used a space heater provided to her from nursing. On the laminate style floor was a [NAME] brand with model number HFH610 space heater set at 84 degrees on the digital reading. The space heater was blowing warm air and when tipped over did not automatically shut off. R56 stated she usually used the heater only at night. R56 denied being injured by the heater and was unsure how long it had been in her room.During an interview on 3/16/26 at 7:49 a.m., nursing assistant (NA)-A stated residents were not able to have space heaters in their room and was not aware of any in use.During an interview 3/16/26t a 7:51 a.m., registered nurse (RN)-B stated it was okay to give a resident a space heater if they complained of their room being cold. RN-A stated there was a space heater at the nurse's station and was not aware of any space heaters in use currently in resident rooms. During an interview on 3/16/26 at 7:51 a.m., the director of nursing (DON) also stated residents could not have space heaters in their rooms and entered R56's room and removed the space heater. During an interview on 3/17/26 at 11:20 a.m., the administrator stated they do not allow space heaters in resident rooms for safety reasons. The administrator stated the facility did not have a policy because space heaters were not allowed.The undated Product Safety Commission website identified [NAME] HFH brand heaters had not been recalled. The [NAME] HFH610 instruction manual was not able to be located. The [NAME] Official Website - Premium Heaters dated 2026, identified [NAME] heaters came with safety features like overheat protection and auto shutoff, and it was always recommended to follow the instruction manual and never leave any heater unattended for long periods while sleeping.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245365	A. Building B. Wing	03/18/2026

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Cerenity Marian of St Paul LLC	200 Earl Street Saint Paul, MN 55106

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** During observation, interview, and document review the facility failed to ensure supplemental oxygen was properly maintained for 1 of 1 resident (R40) reviewed for oxygen. Findings include: R40's quarterly Minimum Data Set (MDS) dated [DATE], indicated intact cognition and diagnoses of chronic respiratory failure with hypoxia (low oxygenation) and was dependent on supplemental oxygen. R40's physician's orders indicated the following:-on 5/22/25, R40 required continuous oxygen-wean as able per nasal cannula to keep oxygen saturation greater than or equal to 90%. Oxygen at 1 LPM every shift.-on 10/1/25, order directed staff to change and date an oxygen humidifying jar monthly.R40's treatment administration record (TAR) dated 3/2026, indicated R40's humidifying jar was last changed on 3/1/26 and oxygen tubing was changed on 3/12/26.R40's Care plan dated 1/28/25, indicated R40 had ineffective breathing patterns related to chronic respiratory failure with hypoxia, dysphagia (problems swallowing) with aspiration risk. Interventions included:-Administer oxygen per doctor's orders, 1 liter per minute (LPM) via nasal cannula.-Check humidifying jar daily to see if needs fluid. Change humidifying jar and oxygen tubing weekly. -Encourage compliance with oxygen. Check oxygen sats and liter flow every shift as needed/per medical doctor's order. -Monitor portable oxygen concentrators/tanks every shift to make sure tank is not empty. Fill portable tanks per facility policy.-Oxygen as ordered; Measure & document oxygen saturation rates as needed.-Resident likes to take off oxygen on her own. Staff to continue to encourage oxygen use.During observation on 3/16/2026 at 9:09 a.m., R40's oxygen tank (in her room) had a humidifying jar with water in it and was dated 2/1/26. The oxygen tubing had an illegible label that read either 2/8 or 3/8. During observation on 3/17/26 at 11:24 a.m., R40 was in her room with oxygen on. The oxygen tubing in place had an illegible label that read either 2/8 or 3/8. The oxygen tank had a humidifying jar with water in it and was dated 2/1/26. During observation and interview on 3/17/26 at 11:27 a.m., registered nurse (RN)-A confirmed the humidifying jar was dated 2/1/26 and the tubing label was illegible and read either 2/8 or 3/8. RN-A stated the tubing should be changed weekly, and the humidifying jar should be changed monthly. During interview on 3/18/26 at 11:55 a.m., RN-B stated nurses were responsible for changing the oxygen tubing and humidifying jars and the frequency depended on the doctor's orders for each specific resident. During interview on 3/18/26 at 12:00 p.m., RN-C stated nurses were responsible for changing the oxygen tubing and humidifying jars. The oxygen tubing should be changed weekly, and the humidifying jar should be changed monthly. This was determined by the facility's standing orders. During interview on 3/18/26 at 12:05 p.m., licensed practical nurse (LPN)-A stated nurses were responsible for changing the oxygen tubing and humidifying jars and there were standing orders for the tubing to be changed weekly and the humidifying jars to be changed monthly. LPN-A confirmed R40's TAR showed the humidifying jar was last documented as changed on3/1/26 and tubing was last documented as changed on 3/12/26, which did not match with the dates on R40's humidifying jar and oxygen tubing. LPN-A was starting education for staff who chart without completing the order.During interview on 3/18/26 at 1:30 p.m., the director of nursing (DON) stated nurses were responsible for changing the oxygen tubing and humidifying jars and there were standing orders for the tubing to be changed weekly and the humidifying jars to be changed monthly. The DON further stated this was important for infection control.The facility policy regarding oxygen therapy dated 5/28/24, was received however did not address how often oxygen tubing or humidifying jars should be changed.