

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 04/16/2020
NAME OF PROVIDER OF SUPPLIER CERENITY CARE CENTER ON HUMBOLDT		STREET ADDRESS, CITY, STATE, ZIP 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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to ensure proper use of personal protective equipment (PPE) for 1 of 1 resident (R3) reviewed on droplet precautions with the potential to affect an additional 12 residents that resided on the transitional care unit. In addition, the facility failed to implement a comprehensive infection control program to include the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) COVID-19 Long-Term Care (LTC) Facility Guidance for all LTC facility personnel to wear facemasks while in the facility. This had the potential to affect 96 of 96 residents that resided in the facility. On [DATE], at 9:50 a.m. nursing assistant (NA)-C came to door of R3's room and wore a yellow gown, surgical mask, gloves, but no eye protection. NA-C looked up and down the hall and closed the door. A sign on the door to R3's room that indicated R3 was on Droplet Precautions and staff were to wear, face mask, gown, gloves and eye protection. At 9:55 a.m., NA-C opened the door to R3's room and put two plastic bags down by the door. NA-C wore a facemask and gloves however did not have on a gown or eye protection. NA-C turned and returned to R3's bed picked up the call light and handed it to R3. NA-C exited R3's room and took the plastic bags to the soiled utility room. On [DATE], at 9:59 a.m., NA-C, wore a yellow surgical mask, removed a yellow gown from the bin in the hallway and put it on. NA-C put on gloves and entered R3's room without eye protection. NA-C left the door to R3's room opened and proceeded to make the bed. On [DATE], at 10:01 a.m., registered nurse (RN)-B verified NA-C did not have goggles on. RN-B verified NA-C should have eye protection on. RN-B gave NA-C a pair of goggles. On [DATE], at 10:10 a.m. NA-C stated he had taken R3 to the bathroom in the wheelchair. NA-C said R3 was weak; he has no cough, no sniffles or itching eyes. NA-C verified he did not wear eye protection. He verified he did not wear gown to make R3's bed. On [DATE], at 11:29 a.m., wellness coach (WC)-A wheeled a R6 down the hall to the social service office. R6 did not have a facemask on. WC-A's facemask covered her chin but not her mouth or nose. WC-A assisted R6 to use the phone. WC-A then sat at desk with back to resident. WC-A sat approximately four feet from R6. RN-C verified that WC-A's facemask did not cover her mouth or nose. On [DATE], at 11:33 RN-C stated staff were to wear a mask at all times in public or with residents. On [DATE] at 2:55 p.m. infection preventionist (IP) stated eye protection was available and was to be worn when providing cares for residents on droplet precautions. IP stated masks were to be worn and they should cover the mouth and nose by all staff and visitors when in the facility. On [DATE], at 3:05 p.m. NA-D entered the elevator on first floor. NA-D's facemask was on the chin and did not cover the mouth or nose. NA-D got off the elevator on second floor. NA-D walked past a male resident who wore a facemask. NA-D's facemask still did not cover mouth or nose covered.</p> <p>On [DATE], the following observations were made: -at 9:46 a.m. Nursing Assistant (NA)-A entered R4's room to assist the resident with a transfer into her wheelchair. NA-A wore a cloth facemask upon entering R4's room. -at 9:52 a.m. NA-A's mask was observed to be below the chin, and both NA's nose and mouth were exposed. NA-A leaned in approximately 2 feet from R4's face to hear her R4 say, don't let her get you nervous, NA-A laughed and talked in a loud voice [DATE] feet away from R4's face, and stated, I've been here so long .I don't get nervous. NA-A was observed to touch her nose, then retrieved oral care supplies from bathroom, set them up on R4's tray table, opened a nutrition supplement, placed a straw in the bottle, and tidied R4's room. During this time, NA-A's mask remained positioned below chin with nose and mouth exposed. -at 9:59 a.m. NA-A continued in R4's room with mask positioned below chin with nose and mouth exposed. NA-A placed soiled linen into a clean plastic garbage bag, exited R4's room with the bag in her left hand, entered the resident room across the hall, spoke to the resident in the neighboring room, retrieved a meal tray from that room, carried the tray to the dining cart, deposited the soiled linen in the soiled utility room, then exited and performed hand hygiene. On [DATE], at 10:02 a.m. NA-A was interviewed. During the interview, NA-A mask was observed to be positioned below chin level, and both the nose and mouth were exposed. NA-A coughed into her elbow, stated staff wore masks at all times, adjusted mask to cover chin, and continued to leave nose and mouth exposed, and coughed into her hand. at 10:10 a.m. NA-A continued to wear mask at chin level, and stated it was difficult to keep the mask on. NA-A further stated to wear a mask was not mandatory, but a precaution to protect staff if they do not feel safe. A review of NA-A's training records revealed NA-A had Infection Control - CoronaVirus training [DATE], and Infection Control - Proper use of PPE training [DATE]. On [DATE], at 3:10 p.m., NA-B was observed to enter a resident's rooms to deliver linens and wore a cloth facemask mask at chin level with nose and mouth exposed. Upon interview, NA-B indicated staff must wear a mask at all times. NA-B further indicated she was trained on the proper use of and how to wear personal protective equipment and infection control. When asked by the surveyor if the mask should cover her nose, NA-B adjusted the mask to cover her nose, and the lowered the mask again below her mouth. The surveyor asked NA-B if that is how she should wear her mask, NA-B stated no, and again adjusted the mask to cover her nose. On [DATE], at 3:16 p.m., Registered Nurse (RN)-A, nurse manager, was interviewed and stated it is facility policy was that all staff wore masks. RN-A further stated she believed all staff had training on proper use of personal protective equipment, and it would be her expectation that all staff wore masks properly. Facility guidance on the use of facemasks, dated [DATE], indicated a cloth mask will be worn in the facility if they are available.</p>		

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

TITLE

(X6) DATE

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.