STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Centerville Health and Rehab	7300 McEwen Road Dayton, OH 45459

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39967 Based on observation, resident and staff interview, medical record review, and policy review, the facility failed to ensure the facility was free from pests. This had potential to affect all 81 facility residents. The census was 81. Findings include: 1. Review of Resident #11's medical record revealed the resident admitted to the facility on [DATE] with diagnoses including multiple fractures of the ribs right side, pain in unspecified joint, congestive heart failure, chronic obstructive pulmonary disease unspecified, legal blindness, urinary tract infection, angina pectoris and heartburn. Review of Resident #11's admission assessment dated [DATE] revealed the resident was oriented to person, place, time, and situation. Interview with Resident #11 on [DATE] at 8:14 A.M. revealed the resident saw a large cockroach in her bathroom a few days ago that was over one inch long. 2. Review of Resident #19's medical record revealed the resident admitted to the facility on [DATE] with diagnoses including type two diabetes mellitus with diabetic polyneuropathy, chronic obstructive pulmonary disease, mood disorder due to known physiological condition, arthropathy and unspecified convulsions. Review of Resident #19's admission assessment dated [DATE] revealed Resident #19 was alert and oriented to person, place, and situation. Interview with Resident #19 on [DATE] at 8:19 A.M. revealed the resident saw a cockroach in his room near his doorway a few days ago. 3. Review of Resident #24's medical record revealed the resident admitted to the facility on [DATE] with diagnoses including congestive heart failure, type two diabetes mellitus without complications, bipolar disorder, anxiety disorder, muscle weakness, hyperlipidemia and hypertension. Review of Resident #24's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was cognitively intact. (continued on next page)

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

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview with Resident #24 on [DATE] at 8:20 A.M. revealed the resident saw multiple cockroaches since residing at the facility. Interview with Licensed Practical Nurse (LPN) #208 on [DATE] at 8:00 A.M. revealed she saw a cockroach in the facility last week. Interview with Registered Nurse (RN) #223 on [DATE] at 8:04 A.M. revealed she saw bugs in the facility, but could not identify them as cockroaches. Interview with Certified Nurse Aide (CNA) #131 on [DATE] at 8:05 A.M. revealed she saw a cockroach on the [NAME] unit on [DATE]. Observation of the kitchen on [DATE] at 8:25 A.M. revealed a deceased cockroach on the floor under the food preparation table by the cereal and a deceased cockroach under the bread cart. Interview with Dietary Supervisor #500 on [DATE] at 8:25 A.M. verified there was a deceased cockroach on the floor under the food preparation table by the cereal and a deceased cockroach under the bread cart. Observation of the dining room on [DATE] at 9:56 A.M. revealed a deceased cockroach on the floor in the corner of the dining room. There was also a deceased cockroach located near the ice machine prior to the kitchen entrance. Interview with Dietary Supervisor #500 on [DATE] at 9:56 A.M. verified the deceased cockroach on the floor in the corner of the dining room and the deceased cockroach located near the ice machine prior to the kitchen entrance. Review of the facility's undated pest control program policy revealed the facility will maintain an effective pest control program that eradicates and contains common household pests and rodents. This deficiency represents non-compliance investigated under Complaint Number OH00163750 and continued non-compliance from the survey dated [DATE].

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