

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 05/07/2025
NAME OF PROVIDER OR SUPPLIER Centerville Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 affected one (#26) of four residents reviewed for effective pest control. The facility census was 78.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #26 revealed an admission date of 07/09/24. Diagnoses included cerebral infarction, bipolar disorder, personal history of traumatic brain injury, insomnia, hyperlipidemia, epilepsy, osteoarthritis, aphasia, hemiplegia and hemiparesis following a cerebral infarction, and cerebellar ataxia.</p> <p>Review of Resident #26's Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was assessed as cognitively intact.</p> <p>Interview on 05/06/25 at 3:04 P.M. with a Registered Nurse (RN) #204 and Certified Nurse Aide (CNA) #224 reported they both saw live roaches in Resident #26's bathroom.</p> <p>Observation and interview on 05/06/25 at 3:06 P.M. with the Administrator confirmed the presence of five to six live cockroaches behind Resident #26's refrigerator.</p> <p>Interview on 05/06/25 at 3:45 P.M. with Resident #26 confirmed there were cockroaches behind his refrigerator on 05/06/25. Resident #26 reported the issue had been ongoing and stated the facility had treated his room previously. Resident #26 stated he did drop his entire food tray on the floor the previous day and it took over an hour before it was fully cleaned up.</p> <p>Review of the undated pest control policy revealed it was the policy of the facility to maintain an effective pest control program that eradicated and contained common household pests and rodents. The facility would maintain an agreement with a qualified outside pest service to provide comprehensive pest control services on a regular and scheduled basis. The facility would maintain a reporting system of any issues arising between scheduled visits.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00165096 and a recite from the complaint survey dated 03/04/25 and 04/04/25.</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
---	-------	-----------