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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>365764  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>05/16/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Centerville Health and Rehab   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>7300 McEwen Road<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, record review, staff, and resident interviews, and review of facility policy, the facility failed to ensure a clean, safe, comfortable environment for all residents. This affected 11 (#02, #06, #19, #31, #32, #35, #38, #44, #53, #70, and #71) residents who resided in the facility. The facility census was 77.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #53 revealed the resident was admitted on [DATE]. Diagnoses included hypoxemia, amyotrophic lateral sclerosis (ALS), gastro-esophageal reflux disease (GERD), essential primary hypertension, obstructive sleep apnea (OSA), and diabetes mellitus (DM).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #53 was cognitively intact. Resident #53 was dependent on staff for Activities of Daily Living (ADLs).</p> <p>Observation of the facility on 05/13/25 at 11: 30 A.M. with the Director of Housekeeping and Laundry #134 revealed the following findings:</p> <p>a) Resident #02's bathroom was heavily soiled with dirt, debris and an unknown black substance in the corners, the floor was extremely sticky and the cover over the toilet tank was too large and did not properly fit.</p> <p>b) Resident #06's bathroom floor was very sticky, heavily soiled and had black stains throughout the floor.</p> <p>c) The wall behind Resident #19's bed was shredded and torn, the floor around her toilet had an unknown black substance, the cove base below the sink was loose and separated from the wall and there were numerous ceramic tiles missing.</p> <p>d) The wall behind Resident #31's bed was damaged and had exposed drywall, the heater wall was chipped and contained rusted areas, the floor around the toilet was heavily soiled, and the assist bars around the toilet were not secured.</p> <p>e) The wall behind Resident #32's bed was damaged and had exposed drywall, the cove base was separated from the wall under the bathroom sink, and the floor in bathroom was soiled and sticky.</p> <p>(continued on next page)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>f) Resident #35's bed had a heavily soiled sheet with food and debris all over it, the floor had food and debris scattered throughout and the floor was extremely sticky.</p> <p>g) Resident #38's bathroom was heavily soiled and stained around the base of the toilet, and in the corners of the bathroom.</p> <p>h) Resident #44's bathroom floor was very sticky, heavily soiled with dirt and debris, and had a large yellow stain around the base of the toilet.</p> <p>i) Resident #70 and Resident #71's entire floor was heavily soiled with a black substance.</p> <p>j) Resident #53's room had numerous chipped ceramic tiles, and the floor was heavily soiled and extremely sticky</p> <p>k) The ice machine in the 200- hallway was heavily soiled, had rusted spots all over the ice machine hopper door. The ice machine had something splattered on it and there was a brown ring inside where the ice was stored.</p> <p>Interview with Director of Housekeeping and Laundry #134 immediately following these observations, verified the above findings.</p> <p>Interview with Resident #53 on 05/13/25 at 2:15 P.M., revealed she was very embarrassed about her room when friends and family visited. Resident #53 stated she ordered a shelf and a rug to try and make the bathroom look more homelike.</p> <p>Review of the facility policy titled, Homelike Environment, dated February 2021, confirmed the facility Residents are provided a safe, clean, comfortable, and homelike environment. The facility staff and management maximize a personalized homelike environment including a clean, sanitary, and orderly environment, and a clean bed</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00165544.</p> |