

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 07/08/2025
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. (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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and facility policy review, the facility failed to ensure broken bathroom sink faucets in resident rooms, loose door handles to resident rooms, and missing tiles outside the therapy room were repaired to provide a homelike environment. This affected four resident rooms (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER]) on two of six halls and the public hallway outside the therapy room. The facility census was 84. Findings included: An observation on 07/01/2025 at 9:57 AM revealed an area in the hallway outside the therapy room had an approximately three feet (ft) by three ft area of missing tiles with red cones placed on each side of the missing tiles. An observation on 07/07/2025 at 8:59 AM revealed the floor in the hallway outside the therapy room continued to have missing tiles with red cones blocking each side. An observation on 07/01/2025 at 12:11 PM revealed the bathroom sink in room [ROOM NUMBER] the faucet was broken, it could not be turned on or off completely, and it had constant running water. An observation on 07/01/2025 at 12:38 PM revealed the bathroom sink in room [ROOM NUMBER] had constant running water and the faucet was broken. An observation on 07/01/2025 at 12:57 PM revealed the door handle to room [ROOM NUMBER] was loose and broken. An observation on 07/03/2025 at 8:59 AM and on 07/04/2025 at 2:23 PM revealed the door handle to room [ROOM NUMBER] was loose. During an interview on 07/07/2025 at 8:23 AM, the Maintenance Supervisor (MS) stated he did not have a written plan for repairs for the facility but kept a list in his head and tried to prioritize as things came up. The MS stated the facility needed a lot of repairs and he had not been able to keep up with all the repairs. The MS stated he had a plan to fix the floor in the hallway but had not had time to do it. The MS stated he had also completed a lot of repairs he had not documented. The MS stated he knew that as the supervisor he was supposed to also do the paper work but he said he could not keep up with everything. During an interview on 07/07/2025 at 10:45 AM, Housekeeper (HSK) #14 stated if she saw something that needed repaired while she was cleaning she would text her supervisor. HSK #14 stated she did not write it down anywhere. During an interview on 07/07/2025 at 10:47 AM, HSK #13 stated if she saw something that needed repaired she would tell her supervisor and she would tell maintenance. HSK #13 stated she had not written anything down. During a concurrent observation and follow-up interview and on 07/07/2025 at 10:50 AM, the MS stated their plan was to fix the area of the hallway outside the therapy room that week, but other issues had come up over the weekend, and he had to prioritize what needed to be fixed. Upon entering the bathroom in room [ROOM NUMBER] the MS stated the sink was leaking and agreed the resident would not be able to use the faucet because the handle was loose and the faucet could not be turned on or off completely. The MS confirmed the leaking sink in room [ROOM NUMBER] and stated his assistant was fixing it that day (07/07/2025). The MS stated he had replaced at least four door handles last week but was not aware the doorhandles for room [ROOM NUMBER] or room [ROOM NUMBER] needed to be fixed. During an interview on 07/08/2025 at 9:08 AM, the Interim Administrator stated she was not aware of the leaking faucets. The Interim Administrator stated all repairs should be reported to the MS in the work order program, and they should be fixed. Review of the facility policy titled Safe and Homelike Environment, dated 09/29/2022, revealed in accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. The policy also indicated at bullet point #1, the facility will create and maintain, to the extent possible, a homelike environment that de-emphasizes the institutional character of the setting. Bullet point #3 noted housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment. This deficiency represents non-compliance investigated under Complaint Number 1289599.</p>		