

| | | | |
|--|--|---|--|
| 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 12/16/2025 |
| 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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure residents have reasonable access to and privacy in their use of communication methods.</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.

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

TITLE

(X6) DATE

| | | | |
|--|--|---|--|
| 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 12/16/2025 |
| 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 0576</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 record review, observations, staff and resident interviews and policy review, the facility failed to provide a private space for phone conversations without being overheard. This affected one (#80) out of three residents reviewed for reasonable access to privacy. The facility census was 78. Findings include: Review of the medical record for Resident #80 revealed an admission on [DATE] with diagnoses that include dementia without behaviors, anxiety and stroke. Review of the quarterly Minimum Data Set (MDS) assessment for Resident #80 dated 09/30/25 revealed a brief interview for mental status score of 13 indicating a normal thinking and memory. Review of the plan of care for Resident #80 revealed resident requires a private room related to behaviors and psychosocial needs dated 09/29/25. Interventions include psychosocial support and remain in private room. Observation on 12/11/25 at 10:30 A.M. revealed Resident #80 was in his room resting in bed without a phone visualized. Interview on 12/16/25 at 11:00 A.M. with Licensed Practical Nurse (LPN) #117 stated the residents that want to use the phone can use the phone at the nurses' station. LPN #117 stated the 600 hall has one resident that routinely uses the nurses' station phone. LPN #117 stated the area where the phone is located does not provide for private communication due to the potential of visitors, staff, or residents overhearing the conversation inadvertently. Interview on 12/16/25 at 12:00 P.M. with Registered Nurse (RN) #111 stated the nursing station in the memory care unit had a cordless phone for residents to use. Observation on 12/16/25 at 12:00 P.M. revealed a cordless telephone base on the nursing station without the cordless phone in the base. Further observation of the cordless phone base revealed the unit was not attached to any power source, additionally RN #111 attached the phone to the base after connecting it to power and revealed the cordless phone was not charged or operational. Interview on 12/16/25 at 12:03 P.M. with RN #111 stated Resident #80 resident uses the phone at the nurses station to call his family. Additionally, stated that the staff will leave the area to provide privacy. RN #111 verified the area was not enclosed and would not be private in the event of staff/visitors entering the secured dementia unit. Interview on 12/16/25 at 1:30 P.M. with Administrator verified the cordless phones would not work with the current phone system. The Administrator stated the facility did not have a designated area for residents to use facility phones allowing for private conversations. Interview on 12/16/25 at 3:47 P.M. with Resident #80 verified he receives and makes calls from the phone at the nursing station. Resident #80 stated he has not been provided a cordless phone to ensure private conversations. Observation on 12/16/25 at 5:40 P.M. of Resident #80's room revealed there was a corded phone on the stand beside the bed. Interview on 12/16/25 at 5:45 P.M. with Certified Nursing Assistant (CNA) #176 verified Resident #80 did not have the phone in his previous room and did not know who or when the phone arrived in the room. CNA #176 verified the phone was not plugged into the phone jack. CNA #176 plugged the phone into the phone jack and verified the phone was not operational. CNA #176 stated Resident #80 just spoke with his family at the nurses station. CNA #176 stated she overheard the conversation regarding requests from the resident for cigarettes from a family member. Review of the facility policy titled Resident Rights and Responsibilities dated March 2017 referenced the Ohio Health Care Association, Federal and Ohio Resident Rights and facility Responsibilities pamphlet. Resident right number 21 stated the resident to reasonably request private and unrestricted communications. This deficiency represents non-compliance investigated under Complaint Number 2689549.</p> | | |

| | | | |
|--|--|---|--|
| 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 12/16/2025 |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview and policy review, the facility failed to ensure weekly skin assessments were conducted as scheduled for skin integrity monitoring. This affected one (#85) of three residents reviewed for preventative skin interventions. The facility census was 78. Findings included: Review of the medical record for Resident #85 revealed an admission on [DATE] with diagnoses including morbid obesity, lymphedema, chronic embolism and thrombosis, hereditary deficiency of clotting factor. Resident #85 was transferred to the hospital on [DATE] and expired on [DATE]. Review of the quarterly Minimum Data Set (MDS) assessment for Resident #85 dated [DATE] revealed an intact cognition. Resident #85 required set up to maximum assistance with activities of daily living. Resident #85 was coded at risk for skin breakdown. Resident #85 was not coded with any pressure ulcers. Review of the plan of care for Resident #85 dated [DATE] revealed pressure ulcer risk due to assistance required in bed mobility, bowel incontinency and obesity. Interventions included complete Braden scale, conduct weekly skin inspections, provide pressure reducing devices and incontinent care with barrier cream. Review of the physician orders for Resident #85 revealed an order dated [DATE] to cleanse legs with soap and water, rinse and pat dry, apply triple antibiotic ointment to bilateral legs, wrap with Vaseline gauze and then Coban or ace wrap daily. Review of the facility progress note dated [DATE] at 6:38 A.M. revealed Resident #85 had bilateral lower extremities redness and warmth noted up to the hips. Physician was notified and all parties made aware of new orders to hold triamterene hydrochlorothiazide and obtain venous dopplers of bilateral lower extremities. Review of the facility's physicians' progress note dated [DATE] revealed an acute visit for evaluation of worsening lower extremity edema and redness. Review of the weekly skin check dated [DATE] was not completed as scheduled in the electronic health record. Interview on [DATE] at 1:30 P.M. with the Director of Nursing (DON) verified the skin assessment scheduled for [DATE] was not completed as scheduled. Review of the facility policy titled Prevention of Pressure Injuries dated [DATE] was silent to the facility procedure of weekly skin assessments. The policy states to evaluate the resident on admission for existing pressure injury risk factors and repeat the risk evaluation per the facility schedule and residents risk factors. This deficiency represents non-compliance investigated under Complaint Number 2688214.</p> | | |

| | | | |
|--|---|---|--|
| 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 12/16/2025 |
| 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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to obtain laboratory tests as ordered. This affected one (#85) of three residents reviewed for laboratory services. The facility census was 78. Findings include: Review of the medical record for Resident #85 revealed an admission on [DATE] with diagnoses including morbid obesity, lymphedema, chronic embolism and thrombosis, hereditary deficiency of clotting factor. Resident #85 was transferred to the hospital on [DATE] and expired on [DATE]. Review of the quarterly Minimum Data Set (MDS) assessment for Resident #85 dated [DATE] revealed an intact cognition. Resident #85 required set up to maximum assistance with activities of daily living. Resident #85 was coded as incontinent of bowel and bladder. Review of the plan of care for Resident #85 dated [DATE] revealed alteration in elimination of bowel and bladder and diuretic use. Interventions included check and change with care rounds as needed, laboratory tests as ordered, monitor and report changes in the ability to toilet or continence status. Review of the Nurse Practitioner orders for Resident #85 revealed an order dated [DATE] for a urine analysis with culture and sensitivity to rule out urinary tract infections and an order dated [DATE] for a urine analysis with culture and sensitivity. Review of the results tab in the electronic record for Resident #85 was silent for any results related to the ordered urine analysis on [DATE] and [DATE]. Review of the progress notes for Resident #85 were silent for any notification to the prescribing provider that the tests were not completed as ordered. Interview on [DATE] at 1:30 P.M. with the Director of Nursing (DON) verified the laboratory tests for Resident #85 were not collected as ordered. Additionally, the DON verified the medical record for Resident #85 did not contain any documentation related to the facility's failure to obtain the ordered laboratory urine analysis. This deficiency represents non-compliance investigated under Complaint Number 2688214.</p> | | |