

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Centerville Care and Rehab Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Vermillion St Centerville, SD 57014	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>32332</p> <p>A. Based on observation, interview, and policy review, the provider failed to ensure as needed (PRN) medications stored in blister pack cards with pharmacist determined expiration dates had been monitored for expiration and removed for destruction for four of four sampled residents (7, 10, 17, and 22) in two of two medication carts (100/200 and 300/400).</p> <p>Findings include:</p> <p>1. Observation and interview on 4/30/24 at 9:30 a.m. with registered nurse (RN) F of the medication carts revealed the 100/200 medication cart had PRN blister-pack cards (med card) with expired medications for three residents (10, 17, and 22):</p> <p>*Resident 10's meclizine was dispensed from the pharmacy on 1/27/22 and expired on 1/27/23.</p> <p>*Resident 17 had three expired medications:</p> <p>-Fludrocortisone was dispensed from the pharmacy on 5/25/22.</p> <p>--The front of the med card had an expiration date of 5/25/23.</p> <p>--The back of the med card had a handwritten expiration date of 9/2022.</p> <p>--When RN F was asked why there were two expiration dates she stated she did not know.</p> <p>-Quetiapine fumarate had been dispensed on 5/25/22 and expired on 5/25/23.</p> <p>-Butalb-acetamin-caff had been dispensed on 5/25/2022.</p> <p>--The expiration date on the front of the card had been crossed off.</p> <p>--The back of the med card had a handwritten expiration date of 12/2022.</p> <p>*Resident 22 had three expired medications:</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: 435088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Centerville Care and Rehab Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Vermillion St Centerville, SD 57014	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Senna-Plus was dispensed on 11/9/2022 and expired on 11/8/2023.</p> <p>-Acetaminophen was dispensed on 12/4/2022 and expired on 11/26/23.</p> <p>-Melatonin was dispensed on 11/9/22 and expired 10/31/2023.</p> <p>2. Observation of the 300/400 medication cart revealed:</p> <p>*Resident 7's ibuprofen was dispensed on 3/20/2023.</p> <p>-The back of the med card had a handwritten expiration date of 12/23.</p> <p>3. Continued interview on 4/30/24 at 9:45 a.m. with RN F regarding the expired medications revealed:</p> <p>*She was aware the medications in the med cards expired within one year after they were placed in the med card or earlier if the pharmacist determined it was required.</p> <p>*She did not know who was responsible for monitoring and removing outdated medications in the med cards.</p> <p>4. Interview on 4/30/24 at 12:45 p.m. with director of nursing (DON) B regarding the expired medications in the above blister packs revealed:</p> <p>*She believed the PRN med cards were monitored and expired medications were disposed of by the pharmacist each time the medication changeover was done.</p> <p>*She contacted the pharmacist and he informed her the consultant pharmacists could check for expiring medications if the provider had requested it, but the pharmacist had not been checking for outdated medication.</p> <p>5. Review of the undated Medication Storage in The Facility policy regarding outdated medications revealed:</p> <p>*Outdated medications were to have been immediately removed from the inventory and disposed of according to the procedures for medication disposal.</p> <p>*Drugs re-packed [such as the med cards] by the pharmacy staff would carry an expiration date. The pharmacist determined the exact date based on a number of factors as well as applicable laws or regulations.</p> <p>*The nurse was to check the expiration date of each medication before administering it.</p> <p>*Medication storage conditions were to have been monitored on a [monthly] basis by [the consultant pharmacist or pharmacy designee] and corrective actions were to have been taken if problems were identified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Centerville Care and Rehab Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Vermillion St Centerville, SD 57014	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>B. Based on observation, interview, and policy review, the provider failed to ensure medications were stored separately by route of administration (how they enter the body) to minimize contamination for seven of seven sampled residents (2, 20, 27, 30, 35, 37, and 38) in one of one treatment cart.</p> <p>Findings include:</p> <p>1. Observation and interview on 4/30/24 at 10:50 a.m. with RN F of the treatment cart revealed:</p> <ul style="list-style-type: none"> *The drawers in the treatment cart had plastic dividers approximately ten inches square. *The dividers: <ul style="list-style-type: none"> - Were marked with the residents' names. -Had not been further divided to separate the orally administered medication from the externally used medication and treatments. *Resident 2's divider contained antifungal topical cream, diclofenac 1% topical gel, and artificial tears eye drops. *Resident 20's divider contained hemorrhoid ointment, albuterol sulfate inhalation solution used in nebulizer treatments, and Ventolin HFA inhaler. *Resident 27's divider contained artificial tears eye drops, Rhopressa mesylate eye drops for glaucoma, silver sulfadiazine topical cream, and a bottle of oral nitroglycerin tablets. *Resident 30's divider contained diclofenac 1% topical gel, triamcinolone acetonide nasal spray, and albuterol sulfate HFA inhaler. *Resident 35's divider contained ketotifen 0.025% eye drops, Benadryl topical cream, dipropionate 1% topical cream, and Clotrimazole-betamethasone topical cream. *Resident 37's divider contained brimonidine eye drops for glaucoma, dorzolamide HCL/ Timolol eye drops, and hydrocortisone topical cream. *Resident 38's divider contained Calmoseptine topical cream and an albuterol sulfate HFA inhaler. <p>*RN F stated she did not know that the orally administered medications and eye drops were to be stored separately from externally used medications and treatments.</p> <p>2. Interview on 4/30/24 at 12:45 p.m. with DON B regarding the separation of the external medications from oral and eye medications confirmed they had not been stored separately but they should have been.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Centerville Care and Rehab Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Vermillion St Centerville, SD 57014	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of the undated Medication Storage in The Facility Policy regarding maintaining a separation between specific medications revealed orally administered medications were to have been kept separate from externally used medications and treatments such as suppositories, ointments, creams, vaginal products, etc. Eye medications were to have been stored separately according to the facility policy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Centerville Care and Rehab Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Vermillion St Centerville, SD 57014	

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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>47416</p> <p>Based on Certification and Survey Provider Enhanced Reports (CASPER) data review, staff schedule and timecard review, and interview, the provider failed to ensure Payroll Based Journal (PBJ) (information of the provider's daily staffing hours for the appropriate care of the residents) data was accurately completed prior to submission to the Center for Medicare and Medicaid Services (CMS) for three of four federal fiscal quarters (2, 3, and 4) of 2023.</p> <p>Findings include:</p> <p>1. Review of the provider's PBJ data submitted to CMS for federal fiscal quarters 2, 3, and 4 of 2023 revealed the data triggered for days of no registered nurse (RN) hours and days without licensed nursing coverage for 24 hours per day:</p> <p>*From January 1, 2023 through September 30, 2023 there were no RN hours reported for:</p> <ul style="list-style-type: none"> -Four days in January. -Eight days in February. -Eight days in March. -Five days in April. -Ten days in May. -Seven days in June. -Seven days in July. -Five days in August. -Five days in September. <p>*From January 1, 2023 through September 2023, there were no licensed nursing coverage for 24 hours per day reported for:</p> <ul style="list-style-type: none"> -31 days in January. -28 days in February. -31 days in March. -30 days in April. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Centerville Care and Rehab Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Vermillion St Centerville, SD 57014	
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-31 days in May.</p> <p>-30 days in June.</p> <p>-31 days in July.</p> <p>-31 days in August.</p> <p>-30 days in September.</p> <p>2. Review of the provider's 2023 employee staffing schedules and timecards revealed they had RN coverage and licensed nursing coverage 24 hours per day on the dates listed above.</p> <p>3. Interview on 4/30/24 at 4:42 p.m. with administrator A regarding the PBJ staffing data revealed she:</p> <p>*Stated she was responsible for gathering and submitting the data.</p> <p>*Confirmed the staffing schedules were correct and they had met the requirements to have daily RN coverage and licensed nursing coverage for 24 hours per day.</p> <p>*Was not aware that the staffing data had been inaccurately submitted to CMS.</p> <p>*Believed she had not added two salaried RNs to the staffing report.</p> <p>*Stated the reports were accepted and she did not see any triggers for low coverage.</p>		