DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435088	A. BUILDING B. WING	07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Centerville Care and Rehab Center Inc	500 VERMILLION ST , CENTERVILLE, South Dakota, 57014

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS An onsite revisit survey was conducted on 7/22/26 for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities for all previous deficiencies cited on 6/10/26. Centerville Care and Rehab Center Inc was found not in compliance with the following requirement: F600.	F0000		
F0600 SS = E	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is NOT MET as evidenced by: Based on review of the provider's accepted plan of correction (POC) with a completion date of 7/10/26, for the 6/10/26 complaint survey, record review, and interview, the provider failed to ensure the POC was followed as written regarding staff education and training. Findings include: 1. Review of the provider's accepted POC with a completion date of 7/10/26 revealed that, "In continuing compliance with F0600, Freedom From Abuse and Neglect, Centerville Care and Rehab responded to the deficiency by directing a scheduled	F0600	In continuing compliance with F600, Freedom From Abuse and Neglect, Centerville Care and Rehab responded to the deficiency by directing a scheduled In-service by the Administrator regarding Abuse and Neglect on 7/3/2026 for all staff. An additional In-service held by the Administrator took place on 7/23/26 regarding Abuse and Neglect. An audit will be conducted by the Director of Nursing, Activities Director, Dietary Manager, and Environmental Services Supervisor with a due date of 8/3/26 to the Administrator to educate the remaining staff members not in attendance at the Abuse and Neglect Inservice. Those not in attendance for the Inservice will be educated prior to their next working shift. RS 8/4/26 The Administrator or Designee will perform a final audit after 8/3/26 to verify education completion of all staff members by 8/8/26. RS 8/4/26	8/8/2026

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 reverse for further 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
Brigitte Schmidt	Administrator	8/5/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435088	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Centerville Care and Rehab Center Inc	**500 VERMILLION ST , CENTERVILLE, South Dakota, 57014**

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F0600 SS = E	Continued from page 1 In-service by the Administrator regarding abuse and neglect on 7/3/2026 for all staff." 2. Review of the POC documentation and staff schedules revealed that staff members B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, BB, CC, DD, EE, FF, and GG did not receive the required education by the POC completion date of 7/10/26, and had worked scheduled shifts after that date. 3. Interview on 7/22/26 at 3:56 p.m. with administrator A revealed that she held an all-staff meeting on 7/3/26, and only a few staff attended. She had started providing one-on-one training with the staff before the all-staff meeting and had them sign a sheet confirming they reviewed the education. She acknowledged that not all staff received the required POC education. 4. Interview on 7/22/26 at 4:56 p.m. with administrator A revealed that she had difficulty getting the staff to attend all-staff meetings. She implemented the POC herself and did not enlist assistance from the other managers. She explained that when new education was required, she typically placed the education packet in the employee breakroom near the time clock for the staff to review and sign. She confirmed that she could not locate the education packet in the breakroom at that time. She scheduled another all-staff meeting on 7/23/26 to educate the remaining staff.	F0600	Administrator or Designee will present findings from these audits at the monthly QA committee for review until the QA committee advises discontinuing monitoring.	8/8/26