

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 06/10/2026	
NAME OF PROVIDER OR SUPPLIER Centerville Care and Rehab Center Inc				STREET ADDRESS, CITY, STATE, ZIP CODE 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 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 6/10/26. The area surveyed was potential physical abuse of a resident who was pinched by a certified nursing assistant (CNA). Centerville Care and Rehab Center Inc. was found not in compliance with the following requirement: F600.		F0000				
F0600 SS = G	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 South Dakota Department of Health (SD DOH) facility reported incident (FRI), interview, record review, and policy review, the provider failed to protect the residents' right to be free from physical abuse for one of one sampled resident (1) who was pinched and scratched on her hand by one of one certified nursing assistant (CNA) D while she was assisting resident 1 to eat. Findings include: 1. Review of the provider's 4/3/26 SD DOH FRI		F0600	In continuing compliance with F0600, 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. Administrator, DON, and interdisciplinary team reviewed and revised Abuse and Neglect policy and procedure on 6/30/2026. A safety interview for all cognitive residents and skin assessment of all cognitively impaired residents will be completed to ensure all residents are free from mistreatment, neglect, and abuse. The facility Grievance log was reviewed for abuse/neglect complaints with no findings by Administrator on 6/30/2026. Administrator added additional abuse and neglect education related to dementia in the new hire orientation procedure to ensure dementia and abuse education upon hire. Behavioral interventions and scenarios were also included in this education update on 6/30/26.		7/10/2026	

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 Administrator	(X6) DATE 6/30/26
--	--	----------------------------	--------------------------

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 06/10/2026
NAME OF PROVIDER OR SUPPLIER Centerville Care and Rehab Center Inc			STREET ADDRESS, CITY, STATE, ZIP CODE 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
F0600 SS = G	Continued from page 1 revealed that on 4/2/26 at 6:10 p.m., CNA D pinched and scratched resident 1 on her right hand. CNA D reported to licensed practical nurse (LPN) C that resident 1 asked CNA D to pinch her. LPN C asked resident 1 if CNA D pinched and scratched her and resident 1 replied that she had. LPN C noticed bruising where the resident pointed to indicating where CNA D had pinched her. Administrator A was notified and CNA D was immediately suspended pending an investigation. CNA D was later terminated from employment due to physical harm. 2. Review of resident 1's electronic medical record (EMR) revealed that she admitted to the facility on 8/6/19. Her medical diagnoses included dementia (a decline in mental ability that affects memory, communication, and behavior) with behavioral disturbances. Her 3/17/26 Brief Interview for Mental Status (BIMS) assessment score was 12, which indicated her cognition was moderately impaired. 3. Interview on 6/10/26 at 11:25 a.m. with administrator A revealed that she did not interview CNA D after the incident with resident 1 on 4/2/26. LPN C and CNA D gave written statements about the incident. Administrator A indicated that CNA D was given a final warning a few months before the incident due to substandard work performance. Administrator A did not know if resident 1 had any aggressive behavior issues. She reported that social services designee (SSD) E indicated that resident 1 previously had aggressive behaviors but had been receiving behavioral health services. 4. Interview on 6/10/26 at 12:20 p.m. with director of nursing (DON) B revealed that "I would take [resident 1] for her word." CNA D could be "very anxious" resulting in a short temper. DON B indicated that CNA D had previously been disciplined for an accusation of being rough with resident 2 on 9/11/25. That accusation could not be confirmed due to resident 2's diminished cognitive status and combative behavior. CNA D was given a final written notice on 9/11/25 in her employee file following the accusation and could no longer provide cares to resident 2. 5. Interview on 6/10/26 at 1:10 p.m. with CNA F revealed that she was working on the day of the reported incident between resident 1 and CNA D, but she did not witness it. CNA F could not recall ever witnessing CNA D mistreating any residents. 6. Interview on 6/10/26 at 2:10 p.m. with SSD E revealed that CNA D was known to be "very anxious." CNA D's speech was difficult to	F0600	The Administrator or Designee will complete an audit on resident care interactions to ensure every resident is free from abuse, mistreatment, and neglect consisting of observations weekly for four weeks and monthly for two months. Administrator or designee will present findings from these audits at the monthly QA committee for review until the QA committee advises to discontinue monitoring.	

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 06/10/2026
NAME OF PROVIDER OR SUPPLIER Centerville Care and Rehab Center Inc			STREET ADDRESS, CITY, STATE, ZIP CODE 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
F0600 SS = G	Continued from page 2 understand and sounded like she mumbled when she spoke. She stated that "residents with mentation issues would get frustrated with her." 7. Review of LPN C's written statement from 4/2/26 at 7:00 p.m. revealed that on the day of the incident, she witnessed CNA D pushing resident 1 in her wheelchair from the dining hall. CNA D approached LPN C and quietly stated "She wanted me to pinch and scratch her." The statement indicated that resident 1 began to wave LPN C over to her. "[Resident 1] proceeded to show me her right hand. There was small bruised areas that appeared like they could be from a fingernail. Then the top of her left hand had a lg [large] round bruised area. [Resident 1] stated 'See she did this.' Then [resident 1] proceeded to put her finger up over her lips and said 'I don't want to cause any trouble but she did it.'" 8. Review of the written statement from CNA D written on 4/2/26 revealed "She (resident 1) had got my arm and was digging her nails in my arm she had left marks. I gentle [gently] grab her arm to take if off. Than [then] she was saying pinch [pinch] me, grab me, starch [scratch] me bruise me. I had said no like 20x than [then] I tell someone to go get here [her]." 9. Review of CNA D's employee file revealed that on 9/11/25, a "counseling form" stating a "final warning" before termination of employment for reasons that included "1. Unable to follow orders from supervisor. 2. Lack of respect from [for] supervisor. 3. Not completing work appropriately related to bed time cares. 4. Complaints from residents-how you handle them-Feel your [you are] a little rough-with their cares." 10. Review of the provider's 2/17/26 meeting sign-in sheet with a topic of "Nurses/CNA-Abuse/Neglect" revealed that CNA D acknowledged receiving education on abuse and neglect. 11. Review of the provider's 3/24/26 nursing assistant job description revealed "Observes and reports changes in resident's condition to the charge nurse, handles and treats residents in a manner conducive to their safety and comfort, adheres to instructions issued by the nurse and to established routine, and performs duties in accordance with established methods and techniques and in conformance with recognized standards."	F0600		

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 06/10/2026
NAME OF PROVIDER OR SUPPLIER Centerville Care and Rehab Center Inc			STREET ADDRESS, CITY, STATE, ZIP CODE 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
F0600 SS = G	Continued from page 3 12. Review of the provider's 8/22/25 Abuse and Neglect Policy and Procedure revealed a purpose "To ensure that the center has in place an effective system that regardless of the source prevents mistreatment, neglect, and abuse of residents or misappropriation of their property." "To ensure that residents are not subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving individual, family members or legal guardians, friends or other individuals."	F0600		