STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175448	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABERDEEN VILLAGE	17500 W 119TH STREET , OLATHE, Kansas, 66061

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F0000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was electronically sent on 02/18/2026	F0000		
F0605 SS = D	Right to be Free from Chemical Restraints CFR(s): 483.10(e)(1),483.12(a)(2),483.45(c)(3)(d)(e) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any . . . chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 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)(2) Ensure that the resident is free from . .	F0605		

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

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F0605 SS = D	Continued from page 1 . chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. . . . . §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic. §483.45(d) Unnecessary drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. §483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that-- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs	F0605		

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F0605 SS = D	Continued from page 2 receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is NOT MET as evidenced by: The facility identified a census of 54 residents. The sample included 19 residents, with five reviewed for unnecessary medications. Based on observations, record review, and interviews, the facility failed to ensure Resident (R) 20 remained free from chemical restraint related to the use her antipsychotic medication (a class of medications used to treat major mental conditions that cause a break from reality) without a Centers for Medicare and Medicaid Services (CMS) approved indication. Findings Included: - The "Medical Diagnosis" section within R20's Electronic Medical Records (EMR) included diagnoses of Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure), cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), insomnia (difficulty sleeping), and major depressive disorder (major mood disorder).	F0605		

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F0605 SS = D	Continued from page 3 R20's "Quarterly Minimum Data Set (MDS)" dated 01/16/26 noted a Brief Interview for Mental Status (BIMS) score of four, indicating severe cognitive impairment. The MDS indicated she was independent with meals, oral hygiene, toileting, bathing, dressing, transfers, and bed mobility. The MDS indicated no behaviors were exhibited during the observed period. The MDS noted she took an antipsychotic medication. R20's "Psychotropic Drug Use Area Assessment (CAA)" completed 12/22/25, noted she took antipsychotics and was at risk for adverse effects related to her Seroquel (antipsychotic medication). R20's "Care Plan" initiated 04/28/25 documented the following interventions: 04/28/25- The plan indicated she had behaviors of resisting care and yelling out related to her depression, anxiety, and dementia. The plan noted she took Quetiapine (Seroquel) related to these behaviors and instructed staff to monitor her for medication side effects. 04/28/25- The plan instructed staff to encourage R20s to participate in her daily care activities, provide clear explanations with choices during each interaction, and praise appropriate behaviors. R20's "Care Plan" lacked psychiatric indications for her Quetiapine medication. R20's EMR under "Physician Orders" indicated a renewed order (dated 05/15/25) for staff to administer 12.5 milligrams (mg) of Quetiapine Fumarate by mouth once daily related to unspecified dementia with psychotic disturbances. The EMR indicated R20 admitted to the facility on the medication on 04/15/25. A review of R20's EMR lacked behavioral monitoring related to her antipsychotic medication usage. A review of R20's "Consultant Pharmacist Recommendation to MD" forms from 05/2025 to 02/2026 revealed the following: 12/10/26 – The Consulting Pharmacist (CP) recommended	F0605		

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F0605 SS = D	Continued from page 4 R20's Quetiapine medication for a gradual dose reduction to achieve the lowest possible effective dose. The form indicated the medical provider declined the recommendation due to a risk of decompensation (increased risk of side effects and behaviors). The recommendations did not address the use of R20's antipsychotic medication with the indication of dementia. The facility was unable to provide a documented rationale for the continued use of R20's Quetiapine medication without an appropriate Centers for Medicare and Medicaid Services (CMS) indication, as requested on 02/10/26. On 02/09/26 at 10:15 AM, R20 sat in a recliner in the television day room. She was calm and engaged in the group activity. No behaviors were observed. On 02/10/26 at 10:30 AM, Consultant GG stated R20 admitted to the facility on her antipsychotic medication, but her representative refused to allow changes or discontinuation of the medication. She stated the resident required the medication for dementia related hallucinations and delusions. On 02/10/26 at 01:29 PM, Licensed Nurse (LN) G stated antipsychotic medication was not indicated for dementia treatment. She stated the medication required a psychiatric reason or diagnosis for use. On 02/10/26 at 01:45 PM, Administrative Nurse D stated she spoke with R20's representative numerous times to change the medications indications, but they refused. She stated dementia was not an indication to use the medication, but R20 admitted to the facility with the medication and diagnosis of dementia. The facility's "Psychoactive Psychopharmacological Medications" policy (revised 04/2025) indicated the faciltiy will closely monitor usage of all psychotropic drugs. The policy indicated the faciltiy will review and ensure the medications were used with specific diagnoses and prevent interactions or contraindications (unwanted effects). The policy indicated the faciltiy will provide ongoing psychotropic monitoring.	F0605		
F0756 SS = D	Drug Regimen Review, Report Irregular, Act On	F0756		

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F0756 SS = D	Continued from page 5 CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is NOT MET as evidenced by: The facility identified a census of 54 residents. The sample included 19 residents, with five sampled reviewed for unnecessary medications. Based on observations, record review, and interviews, the facility failed to ensure the Consultant Pharmacist's	F0756		

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F0756 SS = D	Continued from page 6 (CP) recommended a Centers for Medicare and Medicaid Services (CMS) approved indication related to Resident (R) 20's antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality) medication. Findings Included: - The "Medical Diagnosis" section within R20's Electronic Medical Records (EMR) included diagnoses of Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure), cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), insomnia (difficulty sleeping), and major depressive disorder (major mood disorder). R20's "Quarterly Minimum Data Set (MDS)" dated 01/16/26 noted a Brief Interview for Mental Status (BIMS) score of four, indicating severe cognitive impairment. The MDS indicated she was independent with meals, oral hygiene, toileting, bathing, dressing, transfers, and bed mobility. The MDS indicated no behaviors were exhibited during the observed period. The MDS noted she took an antipsychotic medication. R20's "Psychotropic Drug Use Area Assessment (CAA)" completed 12/22/25, noted she took antipsychotics and was at risk for adverse effects related to her Seroquel (antipsychotic medication). R20's "Care Plan" initiated 04/28/25 documented the following interventions: 04/28/25- The plan indicated she had behaviors of resisting care and yelling out related to her depression, anxiety, and dementia. The plan noted she took Quetiapine (Seroquel) related to these behaviors and instructed staff to monitor her for medication side effects. 04/28/25- The plan instructed staff to encourage R20s to participate in her daily care activities, provide clear explanations with choices during each interaction, and praise appropriate behaviors. R20's "Care Plan" lacked psychiatric indications for her Quetiapine medication.	F0756		

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F0756 SS = D	Continued from page 7 R20's EMR under "Physician Orders" indicated a renewed order (dated 05/15/25) for staff to administer 12.5 milligrams (mg) of Quetiapine Fumarate by mouth once daily related to unspecified dementia with psychotic disturbances. The EMR indicated R20 admitted to the facility on the medication on 04/15/25. A review of R20's EMR lacked behavioral monitoring related to her antipsychotic medication usage. A review of R20's "Consultant Pharmacist Recommendation to MD" forms from 05/2025 to 02/2026 revealed the following: 12/10/26 – The Consulting Pharmacist (CP) recommended R20's Quetiapine medication for a gradual dose reduction to achieve the lowest possible effective dose. The form indicated the medical provider declined the recommendation due to a risk of decompensation (increased risk of side effects and behaviors). The recommendations did not address the use of R20's antipsychotic medication with the indication of dementia. The facility was unable to provide a documented rationale for the continued use of R20's Quetiapine medication without an appropriate Centers for Medicare and Medicaid Services (CMS) indication, as requested on 02/10/26. On 02/09/26 at 10:15 AM, R20 sat in a recliner in the television day room. She was calm and engaged in the group activity. No behaviors were observed. On 02/10/26 at 10:30 AM, Consultant GG stated R20 admitted to the facility on her antipsychotic medication, but her representative refused to allow changes or discontinuation of the medication. She stated the resident required the medication for dementia related hallucinations and delusions. On 02/10/26 at 01:29 PM, Licensed Nurse (LN) G stated antipsychotic medication was not indicated for dementia treatment. She stated the medication required a psychiatric reason or diagnosis for use.	F0756		

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F0756 SS = D	Continued from page 8 On 02/10/26 at 01:45 PM, Administrative Nurse D stated she spoke with R20's representative numerous times to change the medications indications, but they refused. She stated dementia was not an indication to use the medication, but R20 admitted to the facility with the medication and diagnosis of dementia. The facility's "Drug Regimen Review" policy (revised 04/2025) indicated the faciltiy will collaborate with a licensed pharmacist to provide ongoing monthly medication reviews to identify irregularities and ensure safe medication practices.	F0756		