STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255097	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	**505 JACKSON ST , ABERDEEN, Mississippi, 39730**

(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 The State Agency (SA) conducted five (5) onsite complaint surveys (MS CI# 2585925, MS CI# 2595399, MS CI# 2631965, MS CI# 2628229, and MS CI# 2605660) at the facility on 12/3/25. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid for MS CI# 2605660 and cited F 605 related to chemical restraints. The SA found that the facility was compliant with the other complaints. The census at the time of the survey was 98 and the facility is licensed for 105 beds.	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	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 the resident's medical symptoms. §483.12(a) The facility must-. . . §483.12(a)(2) Ensure that the resident is free from . . . 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--	F0605		

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F0605 SS = D	Continued from page 2 §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 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: Based on observation, record review, staff and representative interviews, and facility policy review, the facility failed to ensure residents were free from the use of chemical restraints for one (1) of three (3) residents reviewed for chemical restraints (Resident #5), when the facility administered psychotropic medications without obtaining the required consent to inform the resident or representative of the risks, benefits, and alternatives of the medication prior to use. Findings include: Review of a facility policy titled “Anti-Psychotics – Use of Anti-Psychotics,” last revised 02/25, revealed consent for anti-psychotic and psychoactive medication treatment shall be completed. …	F0605		

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F0605 SS = D	Continued from page 3 A phone interview with Resident #5's representative on 12/2/25 at 12:30 PM related to a complaint that she had reported, revealed she had requested a list of all of her mom's medications so she could review them. She stated she found that her mom was taking Haldol, an antipsychotic medication that has a black box warning. She stated she was unaware that her mom was on that and never signed a consent for any medications. She stated she had to make the facility take the resident off the Haldol in October. Review of the September Medication Record for Resident #5 revealed Haldol 0.5 mg give one tablet daily, ordered 8/31/24 and discontinued 9/22/25. … Haldol 0.5 mg give ½ tablet daily at bedtime, ordered 9/22/25. Review of the October Medication Record for Resident #5 revealed Haldol 0.5 mg give ½ tablet daily at bedtime, ordered 9/22/25 and discontinued 10/8/25. Review of the December Medication Record for Resident #5 revealed Sertraline 25 mg give one tablet daily for depression, ordered 7/20/25 with no stop date. An interview with the Director of Nursing (DON) on 12/3/25 at 1:30 PM revealed he was unable to find any consent for Resident #5's psychotropic medications Haldol or Sertraline. He stated the purpose of the consent form is to inform the residents/representative of the potential risks and benefits of the use of the medication and allow them to make an informed decision. Review of the Admission Record revealed Resident #5 was admitted on 10/3/22 with a diagnosis of unspecified dementia, unspecified severity, with other behavioral disturbances. Review of the Brief Interview for Mental Status (BIMS) dated 9/23/25 revealed a score of 3, indicating Resident #5 was severely cognitively impaired. Review of Section N: Medications of the Minimum Data Set (MDS) for Resident #5 dated 9/23/25 revealed antipsychotic and antidepressant medications marked as taking.	F0605		