STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045421	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ashley Rehabilitation and Health Care Center	2600 N 22nd Street Rogers, AR 72756

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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Number of residents sampled:5Number of residents cited:3Based on interviews, facility record and policy reviews the facility failed to ensure consistent behavior monitoring with antipsychotic medications; failed to ensure antipsychotic medications were prescribed for an indicated diagnosis; failed to gradually reduce or eliminate antipsychotic medications with no documented behaviors for 3 (Residents #4, #7 and #41) of 5 residents reviewed for unnecessary medications. The Findings are:Based on record review, interviews, and facility policy reviews, the facility failed to ensure antipsychotic medications were prescribed for an appropriate indicated diagnosis and failed to gradually reduce or eliminate antipsychotic medications for residents with no documented behaviors for two (Resident #4 and Resident #41) of five residents reviewed for unnecessary medications. The findings include: Resident #4 Review of a quarterly Minimum Data Set [MDS] with an Assessment Reference Date [ARD] of 10/28/2025 revealed, Resident #4 had a Brief Interview for Mental Status [BIMS] score of 00, which indicated Resident #4 was severely impaired. The MDS also indicated Resident #4 had diagnoses which included non-Alzheimer's dementia and that the resident had no behaviors within the lookback period. Review of a Care Plan Conference with a last reviewed date of 11/22/2025 revealed, Resident #4 had diagnoses which included dementia with agitation. Resident #4 had impaired cognition, impaired thought processes and impaired decision making. Intervention included, monitor as needed for any changes in cognition and mental status. Resident #4 used antipsychotic medications related to maladaptive behaviors with agitation. Interventions included, monitor antipsychotic medications as ordered by the physician, monitor for side effects, review behaviors with the provider and families for the ongoing need and monitor and document any adverse reactions, behavior symptoms not usual for the resident. Resident #4 was combative and resistant to care. Review of a Physician Order Report dated from 11/12/2025 through 12/12/2025 revealed Resident #4 had an order for behavior monitoring to be documented every shift. Resident #4 had additional diagnoses that included mental and behavioral disorders. An order for an atypical antipsychotic 25 milligram [mg] 2 tablets to equal 50 mg, diagnosis dementia with agitation once a day was indicated. As well as an order for an anticonvulsant 250 mg twice a day for mental and behavioral disorders. A review of a Request for Reduction of Anti-psychotic Medication Report dated September 2025 indicated antipsychotic 25 mg three tablets to equal 75 mg every morning and 200 mg every evening for dementia with agitation since 4/18/2025. A warning statement of Increased Mortality in elderly (continued on next page)

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

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	patients with dementia-related psychosis was indicated as follows; Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. [Brand of atypical antipsychotic medication] is not approved for the treatment of patients with dementia-related psychosis. In the absence of current documentation indicating the need for the medication, consider reduction of the morning dose down to 50mg when the current supply is exhausted or document clinical rational for denial of the reduction. The form is unsigned, during an interview with the on 12/11/2025 at 1:26 PM, the Director of Nursing (DON) reported this document was a copy of the original document received and reviewed by the Medical Director. During an interview on 12/11/2025 at 1:26 PM, the DON reported behaviors and anxiety were not appropriate diagnoses for an antipsychotic to be ordered for residents. During an interview on 12/11/2025 at 1:27 PM, the Administrator reported anxiety, and behaviors were not appropriate diagnoses for an antipsychotic medication. During an interview on 12/12/25 at 9:07 AM, the DON reported that an antipsychotic was not indicated for the use in dementia and anxiety. Resident #4's Behavior Monitoring Sheets were provided for review which indicated there were no behaviors documented for the last year that would indicate the continued use or no Gradual Dose Reduction (GDR) of the antipsychotic medication. Resident #41 Review of a quarterly MDS with an ARD of 11/13/2025 revealed Resident #41 had a BIMS of 15, which indicated the resident was cognitively intact. The MDS also indicated Resident #41 had no behavior symptoms or rejection of care during the look back period. Review of a Care Conference Report for Resident #41 last reviewed date of 11/22/2025 revealed Resident #41 had diagnoses which included depression and anxiety. Resident #41 used an antidepressant related to a history of depression. Interventions included monitoring side effects and effectiveness every shift. Resident #41 received an antianxiety medication. Review of the Physician Order Report dated from 11/12/2025 through 12/12/2025 revealed antianxiety medication 5 mg 1 tablet by mouth for a diagnosis of anxiety disorder twice a day, initiated 11/25/2025. Antianxiety medication 10 mg 1 tablet by mouth for depressive episodes once a day, initiated 11/26/2025. Antianxiety medication 0.5 mg 1 tablet by mouth twice a day, for anxiety disorder initiated 10/27/2025. During an interview on 12/12/2025 at 9:07 AM, the DON reported they thought a dose reduction had been completed since September 2025. The Behavior Monitoring Sheets were provided for review, and the DON was asked to explain what the check marks and the 0's indicated. The DON reported on one Electronic Medical Record [EMR] from January 2025 through June 2025 the check marks indicated no behaviors. The behavior documentation from January through June of 2025 was reviewed and out of 543 shifts, 524 were checked as no behaviors. The 0's that were reviewed from July 2025 through November 30, 2025, indicated that 459 of 459 shifts documented had no behaviors to indicate the need for the antidepressant or the antianxiety medication. The DON also reported there were four indicators for the use of antipsychotic medication. They were schizoaffective disorder, bipolar depression and schizophrenia, the DON could not recall the fourth diagnosis. The DON reported that antipsychotic medication was not an appropriate treatment for anxiety. The DON reported that residents are evaluated for antipsychotic medication after assessments, observations, and a discussion with the (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	provider. The DON indicated that if an antipsychotic was prescribed without an approved diagnosis, then they would have a discussion with the provider and get Geri-Psych involved if needed. The DON reported that for a change of antipsychotic medication, the change was discussed with the provider and the pharmacist. The DON reported if a medication was used other than the manufacturer's recommendation for use, clinical or evidence-based practice guidelines, or standards of practice, that the rational for use would be if it enhanced the resident's quality of life. The DON reported that without behaviors documented, the medications could have been reduced more or even eliminated. The DON reported that they expected facility staff to follow the facility policy. Review of a facility policy titled Medication Monitoring and Management with an effective date of July 2021 indicated, that to optimize the therapeutic benefit and minimize or prevent the potential for adverse reactions, facility staff, the provider, and the consultant pharmacist perform ongoing monitoring for appropriateness, effectiveness and safe use of the medications. When a resident had a new medication order, the order should have been evaluated to ensure the dose, duration and monitoring were consistent with the current clinical practices, guidelines and/or manufacturers specifications for use. The provider documented in the residents record the clinical rational for using a medication outside these stated guidelines. The medication should be re-evaluated periodically to determine if prolonged or indefinite use of the medication would be indicated. The provider, facility staff and consultant should document progress that would indicate maintenance of or regression from therapeutic goals. When a resident's clinical condition had improved or stabilized the resident should be evaluated for the appropriateness of tapering or a gradual dose reduction [GDR] of the medications. Antipsychotics, the facility must attempt a GDR in two separate quarters, with at least one month between the attempts, within the first year, unless there are documented contraindications. With other psychopharmacologic [a study of the effects of medication on the mind, mood or behavior] medications the facility must attempt a GDR during at least two separate quarters, with at least one month between attempts, unless there is a documented clinical contraindication [anything including a symptom or medical condition that is a reason for a person to not receive a particular treatment or procedure because it may be harmful]. Professional standard of practice regarding the contraindication of psychopharmacological medications emphasizes thorough patient evaluation, informed consent, comprehensive documentation, ongoing monitoring, and the use of the least restrictive, evidence-based treatment. Review of the Post Acute and Long-Term Care Association undated report information, from Post Acute and Long Term Care Organization [PALT.ORG], titled Professional Standard of Practice with Antipsychotic Medications revealed the professional standard of practice with antipsychotic medications involves a careful evaluation of the need for these medications, ensuring they are used only after a thorough diagnostic evaluation and clear consideration of the risks and benefits. The use of antipsychotic medications should be based on professional standards of practice. The Centers for Medicare and Medicaid Services guidance emphasizes the importance of documenting the clinical rationale for prescribing antipsychotic medications, including the indication for use, monitoring, and the absence of adverse effects. Additionally, the guidance includes protocols for the gradual reduction of psychotropic medications when appropriate, ensuring personalized assessment and ongoing evaluation of the resident's needs.