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

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aberdeen Village	17500 W 119th Street Olathe, KS 66061

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 - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. 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). 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 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 (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 - Few	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.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 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 (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. 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. 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 (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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.