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

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care Center of Aberdeen	505 Jackson St Aberdeen, MS 39730

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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.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 1/2 tablet daily at bedtime, ordered 9/22/25.Review of the October Medication Record for Resident #5 revealed Haldol 0.5 mg give 1/2 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 [DATE] 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.

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