Antipsychotic Drugging: Resident Exposure and Regulatory Oversight

The inappropriate use of antipsychotic (AP) drugs in nursing homes is a longstanding and widespread problem. Too often, residents are administered powerful AP drugs for the convenience of staff. In addition to resulting in the chemical restraint of residents, AP drugs are associated with serious adverse effects, particularly for older people with dementia.[32]

Since implementation of the 1987 Nursing Home Reform Law, federal nursing home regulations and guidance have provided significant resident protections governing psychotropic drug use.[33] In 2012, following HHS Office of Inspector General (OIG) reporting on the widespread off-label use of AP drugs, CMS launched the National Partnership to Improve Dementia Care in Nursing Homes to improve dementia care and reduce unnecessary antipsychotic drugging.[34,35]

As we approach 15 years since the launch of CMS's national effort to address this issue, the inappropriate antipsychotic drugging of nursing home residents continues to be a widespread, persistent, and harmful problem. In 2026, the HHS Office of Inspector General (OIG) reported that its review of nursing home inspections found instances in which facilities gave antipsychotics to residents with dementia to manage their behavior for the benefit of staff, failed to implement required safeguards, and lacked adequate medical director and pharmacist oversight.[36]

For this study, LTCCC analyzed CMS Minimum Data Set (MDS) frequency data for item N0450A, which identifies whether residents received an antipsychotic since admission, reentry, or the prior OBRA assessment, whichever was most recent. It is important to note that this measure differs from CMS's publicly reported long-stay antipsychotic quality measure, which, during the study period, used different specifications and excluded residents with certain diagnoses, including schizophrenia. That distinction is important. In a companion 2026 report, OIG found instances in which nursing homes inappropriately diagnosed residents with schizophrenia to mask misuse of antipsychotic drugs and artificially inflate their star ratings.[37]

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[32] *See*, for example, the U.S. Food and Drug Administration's "black box warning" for Zyprexa (2008). https://www.accessdata.fda.gov/drugsatfda_docs/nda/2008/020592Orig1s049.pdf.

[33] Centers for Medicare & Medicaid Services. *State Operations Manual, Appendix PP — Guidance to Surveyors for Long Term Care Facilities*. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.

[34] HHS Office of Inspector General (OIG), Medicare Atypical Antipsychotic Drug Claims for Elderly Nursing Home Residents, OEI-07-08-00150 (2011). https://oig.hhs.gov/reports/all/2011/medicare-atypical-antipsychotic-drug-claims-for-elderly-nursing-home-residents/.

[35] CMS, *CMS Announces Partnership to Improve Dementia Care in Nursing Homes* (2012). https://www.cms.gov/newsroom/press-releases/cms-announces-partnership-improve-dementia-care-nursing-homes.

[36] OIG, *Nursing Homes' Inappropriate Use of Antipsychotic Drugs Poses a Risk to Residents*, OEI-02-23-00200 (2026). https://oig.hhs.gov/reports/all/2026/nursing-homes-inappropriate-use-of-antipsychotic-drugs-poses-a-risk-to-residents/.

[37] OIG, *Nursing Homes Inappropriately Diagnosed Residents with Schizophrenia to Mask the Misuse of Antipsychotic Drugs*, OEI-02-23-00201 (2026). https://oig.hhs.gov/reports/all/2026/nursing-homes-inappropriately-diagnosed-residents-with-schizophrenia-to-mask-the-misuse-of-antipsychotic-drugs/.

Finding: One in Five Residents Administered Antipsychotic Drugs

Nationally, reported antipsychotic use changed relatively little during the study period. Approximately 21.1% of residents were reported as having received an antipsychotic in Q4 2022, 20.7% in Q4 2023, and 20.4% in Q4 2024.

	2022	2023	2024
Residents reported as receiving an antipsychotic*	**21.1%**	**20.7%**	**20.4%**
F758 citations	**1,781**	**1,781**	**2,032**
G+ citations	**10**	**4**	**12**
F758 citations classified G+	**0.6%**	**0.2%**	**0.6%**

**MDS rate reflects Q4 of each year; citation data reflect the calendar year.*

Finding: Where a Resident Lives Matters — Drugging Rates Vary Substantially

In Q4 2024, **Missouri had the highest reported antipsychotic use rate, at 29.8%, followed by Illinois at 28.9%, Louisiana at 27.4%, South Dakota at 26.3%, Mississippi at 26.1%, and Alabama at 26.0%**.

At the other end of the spectrum, among the 50 states, **Hawaii had the lowest rate, at 13.4%, followed by Florida at 13.6%, Delaware at 14.3%, Texas at 14.7%, and Washington at 16.4%**.

Finding: Citations Were Rare Relative to the Scale of Antipsychotic Use

State survey agencies issued **1,781 F758 citations in 2022, 1,781 in 2023, and 2,032 in 2024**.

Given the persistently high nursing home AP drugging rates, these numbers are striking. A systematic review and meta-analysis found a median lifetime prevalence of psychotic disorders of less than 1% (7.49 per 1,000 people),[38] yet about 20% of nursing home residents – more than 240,000 individuals a day – were reported as receiving antipsychotic drugs. The resulting bottom line is that, **despite over a decade of "black box warnings," "partnerships," and enhanced enforcement guidance, state agencies only cited nursing homes at a rate less than one percent of the number of residents administered these powerful drugs**.

Important note: Though these measures are not equivalent (receiving an antipsychotic does not by itself establish an F758 violation), **the disconnect between persistently high drugging rates and persistently minimal deficiency citations is remarkable and troubling**. In this regard, it is worth noting that F758 oversight encompasses substantially more than whether a drug was inappropriately administered. CMS directs surveyors to examine whether there is an adequate clinical indication; whether underlying causes of resident distress have been investigated;

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[38] Moreno-Küstner B, Martín C, Pastor L, "Prevalence of psychotic disorders and its association with methodological issues. A systematic review and meta-analyses," PLoS ONE 13(4): e0195687 (2018). https://doi.org/10.1371/journal.pone.0195687.

whether non-pharmacological approaches have been attempted; whether residents are monitored for adverse consequences; and whether gradual dose reduction requirements have been implemented.[33]

FINDING: SURVEYORS ALMOST NEVER IDENTIFIED RESIDENT HARM

Our **findings regarding the severity of F758 violations raise even more significant concerns**.

Of the 1,781 F758 citations issued nationally in 2022, only 10 (0.6%) were classified at G or above, meaning that surveyors identified resident harm or immediate jeopardy. In 2023, just four of 1,781 citations (0.2%) were G+. In 2024, 12 of 2,032 citations (0.6%) were classified at G+.

Across the entire three-year study period, surveyors substantiated 5,594 violations of federal psychotropic-medication protections. Only 26 (0.46%) were classified at actual harm or immediate jeopardy. Put another way, 99.5% of all F758 violations identified during the three-year period were classified as "no harm."

This finding is particularly important given the nature of the regulatory requirement and CMS's own guidance concerning severity. CMS defines harm to include impairment or decline in a resident's mental, physical, functional, or psychosocial status.[2] CMS's survey guidance also provides examples of medication deficiencies constituting actual harm, including a failure to evaluate a resident for gradual dose reduction after delirium had resolved when the resident consequently remained drowsy and inactive.

In other words, CMS guidance does not require hospitalization, permanent physical injury, or death before deficient medication management constitutes actual harm. **Yet the findings indicate a marked reluctance on the part of state survey agencies to identify resident harm when citing these violations**.

These findings also have significant implications in respect to accountability for violations of minimum care standards. As discussed earlier in this report, when a deficiency is cited as "no harm" it is highly unlikely that the operator will face any penalty whatsoever. This means that, despite CMS's national campaign to reduce antipsychotic drugging, **the essential lesson for operators is that they can flout dementia care and psychotropic drugging standards with impunity.**

FINDING: WHERE A RESIDENT LIVES MATTERS — IDENTIFYING INAPPROPRIATE DRUGGING AND HARM

State enforcement of F758 varied significantly. Across the three years, the average state percentage of active providers cited under F758 was **highest in Wyoming (34.2%), Washington (29.4%), New Mexico (24.6%), Kansas (23.2%), and Montana (22.0%)**. At the other end of the

spectrum, **average provider citation rates were below 4% in Kentucky, Tennessee, Alabama, New York, South Dakota, and New Jersey**.

Differences in identifying harm were even more pronounced. Across the entire three-year period, Kansas issued 302 F758 citations without identifying a single case of actual harm or immediate jeopardy. The same was true in Ohio (275 citations), Indiana (235), Wisconsin (217), Missouri (168), Iowa (140), Georgia (128), Nebraska (118), North Carolina (109), and Florida (90).

Even among states that identified harm, G+ findings were exceptionally rare. California classified only 9 of 689 citations (1.3%) at G+; Texas 4 of 307 (1.3%); Illinois 4 of 433 (0.9%); Washington 2 of 187 (1.1%); and Pennsylvania only 1 of 313 (0.3%). Rhode Island had the highest G+ share among states with at least 20 F758 citations, but even there it was only one of 25 citations (4.0%).

VARIATIONS IN OVERSIGHT: A PROBLEM FOR RESIDENTS, NOT PROVIDERS

The interstate differences therefore occur within a much broader national pattern: survey agencies almost never identified harm when they substantiated violations of federal protections governing unnecessary psychotropic medications. These findings also provide important context for longstanding industry complaints that variation among state survey agencies subjects providers to inconsistent regulatory treatment. The more consequential problem revealed by these data is not that some providers face more rigorous oversight than others, but that **residents receive markedly different levels of regulatory protection depending on where they live**. Moreover, those differences occur within a national system in which identification of harm was extraordinarily rare. Rather than demonstrating that some states impose excessive regulatory burdens, the variation documented here is more consistent with **different degrees of failure to identify and respond to violations that put vulnerable residents at risk**.

For information on individual state antipsychotic drugging rates and F758 citation performance, see the accompanying datasets at https://nursinghome411.org/ltccc-enforcement-study-2026/.