STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO TIMBERS LLC	101 EAST VIRGINIA ST HIGHLAND, KS 66035

(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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure with attached complaint conducted on 2/20/20 and 2/24/20 at the above named home plus facility in Highland Kansas.	S 000		
S5028 SS=D	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by:	S5028		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S5028	Continued From page 1 KAR 26-42-101 (f) (3) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview for 1(#220) sampled resident, the operator failed to ensure that allegation of abuse and neglect was reported to the department within 24 hours, an investigation was started when the operator was notified of an alleged violation, each allegation was thoroughly investigated, appropriate corrective action taken, and the department's complaint investigation reports was completed and submitted to the department within five working days of the initial report. Findings included: - Record review for resident #220 recorded admission date of 4/30/15 with diagnoses of: peripheral vascular disease, vitamin deficiency, history of fracture of upper leg, angina, tear film insufficiency, depression, mild cognitive disorder and pain. Functional Capacity screen dated 1/26/20 recorded resident unable to perform bathing, dressing, toileting, transfer and management of medications and treatments. Resident required physical assistance with walk/mobility and eating. Resident had a history of falls/unsteadiness and is incontinent of bladder. Negotiated service agreement addendum dated 9/13/19 recorded Hospice care started, and health care service plan dated 1/26/20 recorded facility staff to assist resident with 2 assist for bathing, dressing, 2 assist for toileting, transfer (staff physical assist of 2 with all transfers, gait	S5028		

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S5028	Continued From page 2	S5028		

belt in use for all transfers), management of medications and treatments, bed rail for bed mobility, resident is unable to walk, staff propels in wheelchair with 1 assist, staff assist with eating, low bed with wedge cover when sleeping and rolling out of bed.

Hospice notes dated 2/14/20 at 10:30am recorded: "Patient is upright in wheelchair at breakfast table .... Allows nurse to perform full assessment and look at bruising/swelling to right shoulder/chest and rib area. When palpated states 'a little' pain with mild facial grimacing noted. Estimating cause of bruise to be Saturday night or Sunday morning. Area of swelling/knot to right armpit/chest area and right rib area. Staff denies knowing cause and states increased agitation with patient .... Request for orders to discontinue aspirin, obtain x-rays to right shoulder/ribs .... Staff [certified staff #C] notified of assessment findings and request for order in which she verbalizes understanding to fax to [hospice]. [signed by hospice Registered nurse].

Signed fax orders dated 12/24/19 recorded sit to stand lift to be discontinued and Hoyer lift used for resident transfers.

Radiology report dated 2/14/20 recorded x-rays of right ribs and right shoulder. No fractures or dislocations were found.

Facility nurse's notes recorded the following entries:

1/28/20 at 9:30am "[Doctor]signed off on medication list with no new orders or changes" signed by operator/licensed nurse #A

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S5028	Continued From page 3 Next entry recorded on 2/18/19 (error: 2020), at 9:00am: "Resident has bruising on right breast and right rib noted this (am) morning, dark bruising, staff was all redirected to cradle lift with Hoyer lift sheet or Hoyer lift at all times, resident does not know how bruises got there, staff states were not there yesterday, talked to care staff that worked in 24 hour period, not noted till this morning, not there at bedtime night before, staff was two person lifting patient before with gait belt, most likely happened at that time ...." Signed by operator/licensed nurse #A. 2/19/19 (2020) 10:00am: "X-ray orders noted, [mobile x-ray company] called, will await results" Signed by operator/licensed nurse #A. 2/19/19 (2020) 5:00pm: "x-rays are negative, doctor faxed and family notified." Signed by operator/licensed nurse #A 2/19/19 (2020) 5:00pm "Faxed for order to use hoyer lift." Signed by operator/licensed nurse #A. Interview on 2/20/20 at 1:15pm to 1:45pm with operator/licensed nurse #A stated "They did not tell me on the 14th, I did not come in that day, I was sick and was not going to expose them. I came in on Saturday and looked at her." When asked why the nurse's notes recorded the bruises were discovered on the 18th, she stated "I probably just charted the wrong date." She confirmed bruises were not measured, it was not reported to the department and a written investigation with written staff statements was not conducted. She stated "staff tried the Hoyer lift and it did not work, it scared her." She confirmed staff are currently using a Hoyer lift to transfer resident. She confirmed record lacked	S5028		

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S5028	Continued From page 4 documentation of care plan changes for transfers. Interview on 2/20/20 at 11:00am with Hospice staff #D and #E (after observing them assist resident with Hoyer lift wheelchair to recliner), confirmed bruises were found last Thursday (February 13th) during her shower. Bruises were on the right side "across her breast area, shoulder, side and down right arm, they are pretty much gone now, they were greenish in color last Thursday." Confirmed they just gave resident a shower this morning. Observation on 2/20/20 at 1:50pm: resident's right chest and arm revealed no bruising on breast, shoulder or ribs. Back area of right arm had a long black-green bruise from armpit to elbow. For resident #220, the operator failed to ensure that allegation of abuse and neglect was reported to the department within 24 hours, an investigation was started when the operator was notified of an alleged violation, each allegation was thoroughly investigated, appropriate corrective action taken, and the department's complaint investigation reports was completed and submitted to the department within five working days of the initial report.	S5028		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S5155		

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S5155	Continued From page 5	S5155		

This REQUIREMENT is not met as evidenced by:
The facility reported a census of 12 residents. The sample included 3 residents. Based on record review, observation and interview for 1 (#220) sampled resident, requiring health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.

Findings included:

- Record review for resident #220 recorded admission date of 4/30/15 with diagnoses of: peripheral vascular disease, vitamin deficiency, history of fracture of upper leg, angina, tear film insufficiency, depression, mild cognitive disorder and pain.

Functional Capacity screen dated 1/26/20 recorded resident unable to perform bathing, dressing, toileting, transfer and management of medications and treatments. Resident required physical assistance with walk/mobility and eating.

Negotiated service agreement addendum dated 9/13/19 recorded Hospice care started, health care service plan (HCSP) dated 1/26/20 recorded facility staff to assist resident with 2 for bathing, dressing, 2 assist for toileting, transfer, walk/mobility and management of medications

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S5155	Continued From page 6 and treatments. Signed fax orders dated 12/24/19 recorded sit to stand lift to be discontinued and Hoyer lift used for resident transfers. Observation on 2/20/20 at 12:05pm revealed 2 facility staff use a Hoyer lift to transfer resident from her recliner to a high back wheelchair with pressure reduction (PR) cushions on the seat and back. Observation on 2/20/20 at 1:50pm in resident's room revealed a motion sensor on the floor by resident's recliner. HCSP lacked entries for resident use of a specialized high back wheelchair with PR cushions a Hoyer lift and a motion sensor. Interview on 2/20/20 at 4:00pm with operator/licensed nurse #A confirmed HCSP lacked entries for resident use of back and seat PR cushions in a high back wheelchair. She confirmed facility used a motion sensor and a Hoyer lift for resident and HCSP lacked an entry for use of these devices. For resident #220 who required health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S5155		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education	S5215		

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S5215	Continued From page 7 (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR26-42-104 (d3) The census equaled 12 residents. Based on interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly reviews of the facility's emergency management plan with employees and residents. Findings included: - On 2/20/20 at 11:30am, reviewed emergency management plan with operator/licensed nurse #A. Records revealed the following:	S5215		

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S5215	Continued From page 8 Quarterly reviews of the facility's emergency management plan were conducted with staff on 1/2/20 and 4/2019 and residents on 4/2019. Facility did a first shift evacuation of residents to a safe location 4/2019. Record lacked quarterly reviews of the facility's emergency management plan with staff and residents. For all residents of the facility, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly reviews of the facility's emergency management plan with employees and residents and failed to conduct an evacuation of residents to a secure location.	S5215		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: The facility reported a census of 12 residents. The sample included 3 residents. Based on observation, record review and interview for 2 sampled residents (#220, 221), the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms,	S5251		

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S5251	Continued From page 9	S5251		

and other indications of illness or injury including the date, time of occurrence, action taken and results of the action.

Findings included:

- Record review for resident #220 recorded admission date of 4/30/15 with diagnoses of: peripheral vascular disease, vitamin deficiency, history of fracture of upper leg, angina, tear film insufficiency, depression, mild cognitive disorder and pain.

Functional Capacity screen dated 1/26/20 recorded resident unable to perform bathing, dressing, toileting, transfer and management of medications and treatments. Resident required physical assistance with walk/mobility and eating.

Negotiated service agreement addendum dated 9/13/19 recorded Hospice care started, health care service plan dated 1/26/20 recorded facility staff to assist resident with 2 for bathing, dressing, 2 assist for toileting, transfer, walk/mobility and management of medications and treatments.

Hospice notes dated 2/14/20 at 10:30am recorded bruising/swelling to right shoulder/chest and rib area.

Signed fax orders dated 12/24/19 recorded sit to stand lift to be discontinued and Hoyer lift used for resident transfers.

Radiology report dated 2/14/20 recorded x-rays of right ribs and right shoulder. No fractures or dislocations were found.

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S5251	Continued From page 10 Facility nurse's notes recorded the following entries: 1/28/20 at 9:30am "[Doctor]signed off on medication list with no new orders or changes" signed by operator/licensed nurse #A Next entry recorded on 2/18/19, at 9:00am: "Resident has bruising on right breast and right rib noted this (am) morning, dark bruising, staff was all redirected to cradle lift with Hoyer lift sheet or Hoyer lift at all times, resident does not know how bruises got there, staff states were not there yesterday, talked to care staff that worked in 24 hour period, not noted till this morning, not there at bedtime night before, staff was two person lifting patient before with gait belt, most likely happened at that time ...." Signed by operator/licensed nurse #A. 2/19/19 10:00am: "X-ray orders noted, [mobile x-ray company] called, will await results" Signed by operator/licensed nurse #A. 2/19/19 5:00pm: "x-rays are negative, doctor faxed and family notified." Signed by operator/licensed nurse #A 2/19/19 5:00pm "Faxed for order to use Hoyer lift." Signed by operator/licensed nurse #A. Interview on 2/20/20 at 1:43pm with operator/licensed nurse #A stated staff stopped using the Hoyer lift "because it scared her", confirmed Hoyer lift is being used again. Record lacked proper year for 4 entries, lacked record of bruises (recorded on 2/14/20 by hospice) not recorded until 2/19/20. Entries then	S5251		

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S5251	Continued From page 11	S5251		

lacked complete documentation of resident bruises including size, vital signs and follow up after the bruises began healing. Record lacked documentation of resident negative reaction to the Hoyer lift and return to gait belt transfers including notification of physician.

Interview on 2/20/20 at 1:15pm with operator/licensed nurse #A confirmed record lacked documentation of size of bruises and incorrect year and stated "I probably just charted the wrong date."

- Record review for resident #221 recorded admission date of 12/10/13 with diagnoses including: hypertension, osteoarthritis, hyper-lipidemia, neuropathy, back pain, overactive bladder, hypothyroidism and venous insufficiency.

Functional capacity screen dated 12/19/19 recorded resident unable to perform bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments.

Negotiated service agreement and health care service plan dated 12/19/19 recorded staff to physically assist resident with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments.

Nurses notes recorded entries on 12/18/19, 12/18/19 and 12/19/19, all signed by licensed nurse #B. Entries lacked the time of the entry.

Interview on 2/20/20 at 3:30pm with operator/licensed nurse #A confirmed nurses notes lacked time of entry.

For residents #220 and 221, the operator failed to

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S5251	Continued From page 12 ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action.	S5251		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview for 2 residents (#221, 222), the operator failed to ensure all medications and treatments were administered in accordance	S5300		

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S5300	Continued From page 13 with a medical care provider's written order and professional standards of practice. Findings included: - Record review for resident #221 recorded admission date of 12/10/13 with diagnoses including: hypertension, osteoarthritis, hyper-lipidemia, neuropathy, back pain, overactive bladder, hypothyroidism and venous insufficiency. Functional capacity screen dated 12/19/19 recorded resident unable to perform management of medications and treatments. Negotiated service agreement and health care service plan dated 12/19/19 recorded staff to physically assist with management of medications and treatments. February Medication administration record (MAR) recorded: Synthroid (thyroid) 125 mcg (micrograms) 1 tablet PO (by mouth) daily. Administration time: "AM" liberalized time allowing for fluctuation in administration. Recorded at 8AM daily for 20 days. MAR lacked instructions to administer medication on an empty stomach. Administration instructions according to www.drugs.com recorded: "Administer Synthroid as a single daily dose, on an empty stomach, one-half to one hour before breakfast." Interview on 2/20/20 at 3:30pm with operator/licensed nurse #A confirmed medication not recorded 30 minutes prior to breakfast.	S5300		

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S5300	Continued From page 14 - Record review for resident #222 recorded admission date of 1/31/20 with diagnoses of: degenerative arthritis, asymptomatic menopause state, diabetes mellitus type 2, hyperlipidemia, hypertension (HTN), hypothyroidism and osteoarthritis. Functional Capacity Screen dated 2/1/20 recorded resident unable to peform management of medications and treatments. Negotiated service agreement and Health care service plan dated 2/1/20 recorded staff to administer medications and treatments. February MAR (medication administration record) recorded 2 blood pressure medications: Lisinopril (HTN) 20mg (milligrams) 1 tab PO (by mouth) every morning; and metoprolol Succinate (HTN) ER (extended release) 25mg PO every morning. Drugs.com website recorded for both medications the recommendation for monitoring of the patient's blood pressure and pulse to prevent low blood pressure and/or low pulse. Record lacked evidence of Blood pressure and pulse monitoring. Interview on 2/20/20 at 3:30pm with operator/licensed nurse #A confirmed record lacked monitoring of resident's blood pressure and pulse. For residents #221 and 222, the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional	S5300		

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	B022001	A. BUILDING: _____ B. WING _____	C 02/24/2020

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S5300	Continued From page 15 standards of practice.	S5300		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S5315		

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S5315	Continued From page 16 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h) The facility reported a census of 12 residents. The sample included 3 residents. Based on observation and interview for 1 sampled resident (#220) and 2 non-sampled residents (#223, 224) and all residents of the facility, the licensed nurses and medication aides failed to ensure all medications and biologicals were securely and properly stored in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations. Findings included: - On 2/20/20 at 9:50am during facility tour with operator/licensed nurse #A, observed in the office medication refrigerator, temperature of 40F (degrees Fahrenheit) a locked box contained the following medications: MSO4 liquid, Morphine sulfate, (narcotic for pain) 20mg/ml (milligram/milliliter) open, expiration date 9/20/19, for resident #223. Hyoscine sulfate (oral secretion control) oral drops, 0.125mg/ml for residents #220 and 224. Boxes are labeled to store at room temperature: 68-77F (degrees Fahrenheit.) Also: 2 baggies of Ondansetron (nausea) 4 mg (milligrams) ODT (dissolving tablets) for residents #220 and 224. Website: drugs.com recorded storage for	S5315		

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S5315	Continued From page 17 Hyoscine, MSO4 and Ondansetron ODT is to be at room temperature 68-77F. Also: loose in box no label or name: 1 bisacodyl suppository (bowel management) 10mg, expiration date of 9/22 and 4 Acetaminophen (pain/fever) suppositories 650mg expiration date of 8/21. Facility policy titled "medication management" recorded: "All medications including over the counter medications will be stored in a locked cabinets or locked refrigerators or in locked area according to the manufacturer's directions" Interview on 2/20/20 at 1:50pm with operator/licensed nurse #A confirmed 1 medication was expired, 2 medications lacked prescription labels/resident names, and 4 medications are to be stored at room temperature. For all residents of the facility, based on record review and observation for residents #220, #223 and 224, the licensed nurses and medication aides failed to ensure all medications and biologicals were securely and properly stored in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations.	S5315		
S5325 SS=F	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by	S5325		

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S5325	Continued From page 18 the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (l)(3) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview for 11 of 12 residents of the facility, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. Findings included: - Resident roster recorded all residents received services for management of medications and treatments. Record review for resident #220 admission date of 4/30/15 recorded "Individual resident monthly drug regimen review" for 2019 and 2020. Reviews recorded for months of 1-5 (January through May) of 2019 and January and February of 2020 completed by operator/licensed nurse #A. All resident records lacked medication reviews for the 3rd and 4th quarters of 2019. Facility policy titled medication management recorded: " monthly drug regimen reviews will be conducted monthly by a licenses nurse for all	S5325		

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S5325	Continued From page 19 resident who medications are managed by the facility." Interview on 2/20/20 at 2:30pm with operator/licensed nurse #A confirmed all resident records lacked medication reviews for the 3rd and 4th quarters of 2019. [Resident #222 was admitted on 1/31/20 and was not present for 2019 reviews.] For 11 of 12 residents of the facility, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition.	S5325		