

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2025
NAME OF PROVIDER OR SUPPLIER Four Seasons Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 Highway Tt Sedalia, MO 65301	

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2025
NAME OF PROVIDER OR SUPPLIER Four Seasons Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 Highway Tt Sedalia, MO 65301	
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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to notify one resident's (Resident #1's) responsible party after the resident had a change in condition. Facility staff failed to notify one resident's (Resident #3's) physician out of two sampled residents when staff did not administer the resident's medications. The facility census 231.1. Review of the facility's Notification of Change policy, dated 05/14/24, showed the purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification. The facility must inform the resident, consult with the resident's physician and /or notify the resident's family member or legal representative when there is a change requiring such notification. Circumstances requiring Notification include accidents, resulting in injury or potential to require physician intervention.2. Review of Resident #1's Annual Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff used to assess the care needs of the resident, dated 06/20/25, showed staff assessed the resident as moderately cognitively impairment.Review of the resident's progress notes, dated 06/19/25, showed staff documented the physician reviewed the resident's x-ray for his/her right humorous and right shoulder on 06/15/25 and documented the resident had a humeral fracture. Review showed it did not contain documentation staff contacted the guardian with the results of the x-ray.During an interview on 07/11/25 at 9:53 A.M., the resident's guardian said he/she was not notified the resident had sustained a fracture of his/her arm.During an interview on 07/11/25 at 11:43 A.M., Licensed Practical Nurse (LPN) A said staff are directed to contact the resident family or guardian when a resident had a change in condition. During an interview on 07/11/25 at 12:25 P.M., the administrator said staff are directed to contact the resident's guardian if the resident's experienced a change in condition.During an interview on 07/11/25 at 12:26 P.M., the Director of Nursing (DON) said staff are directed to contact the resident's guardian if the resident's experienced a change in condition.During an interview on 08/15/25 at 3:49 PM, the DON said he/she reviewed the results of the x-ray and was responsible to contact the guardian, but the resident was sent out to the hospital around the same time frame, so he/she overlooked contacting the guardian about the fracture.3. Review of the facility's policy titled, Transcription of Orders/Following Physician's Orders, dated 05/18/24, showed if the medication is unable to be started within 24 hours of the order, the prescribing physician will be notified, and further orders will be obtained. If the resident is not going to receive their scheduled medication per Physician's Order, the Licensed Nurse will contact the DON, the administrator, physician, and legal guardian, if applicable. 4. Review of Resident #3's Electronic Medical Record (EMR), on 07/23/25, showed the resident admitted to the facility on [DATE], with primary diagnosis of schizoaffective disorder (a chronic mental health condition that includes symptoms of hallucinations, delusions, and mood disorders). Review of the resident's Physician Order Sheet (POS), dated 07/18/25 through 07/23/25, showed: -Amiloride (used to treat high blood pressure/edema without losing potassium) HCl 5 milligrams (mg), give two tablets by mouth twice daily;-Cobenfy Oral Capsule (used to treat schizophrenia) 125-30 mg, give one capsule by mouth three times daily;-Gabapentin Capsule (used to treat psychiatric disorders) 300 mg, give one capsule by mouth three times a day for mood stabilizer;-Lithium Carbonate ER (used to control mood, behaviors and thoughts) 300 mg, give one tablet by mouth at bedtime, give with Lithium 450 mg;-Lithium Carbonate ER 450 mg, give one tablet by mouth at bedtime, give with Lithium 300 mg;-Lorazepam (used to treat anxiety disorders) 0.5 mg, give one tablet by mouth three times a day;-Ondansetron (used to prevent nausea and vomiting) 4 mg disintegrating tablet, give one tablet by mouth twice a day;-Pantoprazole Sodium (used to treat heartburn) 40 mg, give one tablet by mouth daily;-Senna (used to treat constipation) 8.6 mg, give two tablets by mouth in the mornings;-Multivitamin-Minerals, give one tablet by mouth in the mornings for supplement. Review of the resident's Medication Administration Record (MAR), dated 07/18/25, did not contain documentation staff administered one Gabapentin 300 mg capsule, one Lorazepam 0.5 mg tablet, one Lithium Carbonate ER 300 mg tablet, and one Lithium Carbonate ER 450 mg tablet to the resident at 8:00 P.M. Review of the resident's MAR, dated 07/19/25, did not contain documentation staff administered: -One Pantoprazole Sodium 40 mg tablet by mouth at 5:00 A.M.;-One Multivitamin-Minerals tablet by mouth at 6:00 A.M.; -Two Amiloride HCl 5 mg tablets by mouth at 6:00 A.M. and 2:00 P.M.;-One Cobenfy 125-30 mg capsule by mouth at 6:00 A.M. and 2:00 P.M.;-One Ondansetron 4 mg disintegrating tablet by mouth at 6:00 A.M. and 2:00 P.M.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2025
NAME OF PROVIDER OR SUPPLIER Four Seasons Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 Highway Tt Sedalia, MO 65301	

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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2025
NAME OF PROVIDER OR SUPPLIER Four Seasons Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 Highway Tt Sedalia, MO 65301	
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 0600 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to ensure three residents (Resident #5, #6, and #7) out of seven sampled residents remained free from physical abuse when Resident #8 who had a history of physical aggression towards other residents willfully hit the residents in the head. The facility's census was 234.1. Review of the facility's Abuse and Neglect policy, dated 06/12/24, showed abuse is the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish, which can include staff to resident abuse and certain resident to resident altercations. Instances of abuse of all residents, irrespective of any mental or physician condition, cause physical harm, pain or mental anguish. Physical abuse is purposefully beating, striking, wounding, or injuring any resident in any manner whatsoever. Residents who allegedly mistreat another resident will be removed from contact with the resident during the course of the investigation. The accused resident's condition shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement considering his/her safety, as well as the safety of other residents and employees in the facility. 2. Review of Resident #8's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 06/19/25, showed staff assessed the resident as cognitively intact and did not exhibit physical or verbal behavioral symptoms towards others. Review of the resident's care plan, revised 07/03/25, showed staff assessed the resident as has a history of being verbally and physically aggressive towards staff and peers due to his/her Autism and mild intellectual disabilities. Resident has ineffective coping skills, poor impulse control, and may have crying spells, throwing fits and melt downs, where he/she will yell at staff, threaten to hit or smack others, and at times he/she may then become uncooperative with care and redirection. Review showed staff documented on 7/3/25 a physical altercation with a peer on 07/01/25 with intervention the resident to be educated on anger management in easy-to-understand communication from staff and resident to do conflict resolution with the other resident. Review of the resident's progress notes, dated 04/01/25 to 07/31/25, showed staff documented:-On 04/04/24 at 9:34 A.M., the resident initiated physical contact with peer when the resident struck another resident several times open-handed to the head after a verbal altercation occurred between them, residents were immediately separated, assessed for injuries, guardians, local authorities, Nurse Practitioner notified.-On 05/16/25 at 3:02 P.M., resident was the aggressor in an altercation; -On 06/10/25 at 2:50 P.M., resident was the aggressor in an altercation; -On 06/11/25 at 2:47 P.M, resident was the aggressor in an altercation; -On 06/22/25 at 11:05 P.M., resident charged at another resident and struck him/her several times in the head and pulled his/her hair, redness and scratches noted to the other resident's neck, the other resident transported to the hospital. Guardians notified for both residents, medical and Nurse Practitioner notified, and local authorities dispatched with EMS for hospital transport;-On 07/02/25 at 10:15 P. M., resident charged at his/her roommate, swatted him/her open-handed on the top of the head and grabbed his/her hair, after his/her roommate admitted to using his/her body wash without permission, staff separated both resident, the roommate was moved to a different hall, guardian notified, medical and Nurse Practitioner notified, and dispatch notified-On 07/31/25 at 2:12 P.M., Resident #8 in altercation with Resident #5, #6, and #7 today. guardian contacted along with administration. Review of the facility's incident Investigation Summary, dated 08/01/25, showed staff documented:-On 07/31/25, Resident #8 involved in a physical altercation with Resident #5. Resident #8 became upset with Resident #5, after he/she witnessed Resident #5 slapping at a staff member, the resident got up from the table, walked around staff and slapped the top of Resident #5's head and pulled his/her hair. The altercation was not accidental and was not preventable. Reward card initiated for Resident #8, Resident #8 educated and encouraged to not interfere with other resident's behaviors. Resident #8 agreed to conflict resolution and has apologized to Resident #5.-On 07/31/25, Resident #8 involved in a physical aggression with Resident #6 and Resident #7. Resident #8 knocked on Resident #6's door and asked to use his/her bathroom, Resident #6 said no, Resident #8 pushed the door, Resident #6 yelled at Resident #8 to get out, then Resident #8 slapped Resident #6 to the face. During the altercation, Resident #6 tripped and fell to the floor hit his/her head. Resident #7 entered Resident #6's room, told Resident #8 to stop, staff responded, and Resident #7 returned to his/her room. Resident #8 ran to Resident #7's room and slapped Resident #7 to his/her head and pulled his/her hair. The altercation was not accidental and was not preventable. Staff documented Resident #8 with one small scratch to his/her left inner cheek. Resident #6 with three small scratches to his/her right inner cheek and</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2025
NAME OF PROVIDER OR SUPPLIER Four Seasons Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 Highway Tt Sedalia, MO 65301	

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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2025
NAME OF PROVIDER OR SUPPLIER Four Seasons Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 Highway Tt Sedalia, MO 65301	
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to review and revise the plan of care with changes in the resident's needs for two residents (Resident #1 and #2) out of three sampled residents. Facility staff also failed to update the plan of care with behavioral interventions for one resident (Resident #8) out of one sampled resident. The facility census was 231. 1. Review of the facility's MDS 3.0, Care Assessment Summary and Individual Care Plans policy, dated 11/06/23, showed staff are directed as follows:-The Plan of Care should address improvements where possible and maintenance and prevention of avoidable declines and all Care Area Triggers;-There are twenty (20) areas that can become triggered areas for concern and must be addressed with individualized interventions on the plan of care for resident;-The policy did not address timeframes for revising a resident's care plan after a change in condition.2. Review of Resident #1's annual Minimum Data Set (MDS), a federally mandated assessment tool used to assess the care needs of residents, dated 06/20/25, showed staff assessed the resident with moderately cognitively impairment and documented one non-injury fall since admission or prior assessment.Review of the resident's care plan, revised 06/12/25, showed staff assessed the resident at risk for falls related to confusion, incontinence, and psychoactive drug use. Review showed the care plan did not contain documentation of a new fall intervention after 06/12/25. Review of the facility's incident report, dated 06/14/25, showed the resident had an unwitnessed fall and did not have interventions listed.3. Review of Resident #2's Part A Discharge MDS, dated [DATE], showed staff assessed the resident as cognitively intact and did not contain documentation of a fall since admission or prior assessment.Review of the resident's care plan, revised 06/27/25, showed the resident is a low risk for falls and is at risk for falls related to psychoactive medications and extrapyramidal symptoms. The plan did not contain document of a new fall intervention after 06/27/25. Review of the facility's incident report, dated 06/28/25, showed staff documented the resident had an unwitnessed fall and did not have interventions listed.Review of the facility's incident report, dated 07/01/25, showed staff documented the resident had an unwitnessed fall and did not have interventions listed.4. Review of Resident #8's quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact and did not exhibit physical or verbal behavioral symptoms towards others. Review of the resident's care plan, revised 07/03/25, showed staff assessed the resident with a history of being verbally and physically aggressive towards staff and residents due to his/her Autism and mild intellectual disabilities. Resident has ineffective coping skills, poor impulse control, and may have crying spells, throwing fits and melt downs, where he/she will yell at staff, threaten to hit or smack others, and at times he/she may then become uncooperative with care and redirection. Review showed staff documented on 07/03/25 a physical altercation with another resident on 07/01/25 with intervention for the resident to be educated on anger management in easy-to-understand communication from staff and resident to do conflict resolution with a resident. Review of the resident's progress notes, dated 04/01/25 to 07/31/25, showed staff documented on 07/31/25 at 2:12 P.M., resident in altercation with another resident, guardian contacted along with administration.Review of the resident's care plan did not contain documentation of a new intervention after the resident's physical altercations with three different residents on 07/31/25. During an interview on 08/01/25 at 1:47 P.M., the administrator said the resident's care plan had not been officially updated yet, and staff usually update the care plans within 24 hours after an incident with new/appropriate interventions. During an interview on 08/17/25 at 12:01 P.M., Certified Medication Technician (CMT) B said he/she uses the resident's care plan to view interventions in place for the resident, but he/she was unsure if staff had updated the resident's care plan after the incidents on 07/31/25 because he/she had not checked the resident's care plan.5. During an interview on 07/11/25 at 11:43 A.M., Licensed Practical Nurse (LPN) A said staff are directed to utilize the resident care plans to determine how to properly care for each resident. He/She said the MDS Coordinator was responsible to update the resident care plan after a change in condition.During an interview on 07/11/25 at 12:25 P.M., the administrator said staff are educated to update care plans with a new intervention after a resident sustained a fall. He/She said the risk management team discussed interventions after a resident had a fall. He/She said the Care Plan Coordinator updated the care plan and the Director of Nursing (DON) was responsible to ensure the new interventions were updated in the resident's care plan.During an interview on 07/11/25 at 12:26 P.M., the DON said staff are educated to update care plans with a new intervention after a resident sustained a fall. He/She said the risk management</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2025
NAME OF PROVIDER OR SUPPLIER Four Seasons Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 Highway Tt Sedalia, MO 65301	

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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2025
NAME OF PROVIDER OR SUPPLIER Four Seasons Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 Highway Tt Sedalia, MO 65301	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, facility staff failed to maintain professional standards of practice when staff failed to ensure prescribed medications were available and administered for one resident (Resident #3) out of two sampled residents. The facility's census was 230.1. Review of the facility's Medication Administration policy, dated 06/26/24, showed medications are administered by a licensed nurse, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice. 2. Review of the facility's Transcription of Orders/Following Physician's Orders policy, dated 05/18/24, showed staff are directed as follows:-The Licensed/Registered Nurse will check the emergency kit to verify if the medication is present in the facility to begin immediately. If the medication is not available, the facility may contact the backup pharmacy to deliver the medication sooner. If the medication is unable to be started within 24 hours of the order, the prescribing physician will be notified, and further orders will be obtained;-If the medication is unavailable, the Licensed Nurse will contact the pharmacy and have the medication delivered. If the resident is not going to receive their scheduled medication per Physician's Order, the Licensed Nurse will contact the Director of Nursing (DON), the administrator, physician, and legal guardian, if applicable. The Resident Care Coordinator (RCC)/Unit Manager/Designated Nurse will then follow any further order that may be provided by the physician;-The facility may utilize a stat or emergency medication kit or back up pharmacy to deliver the medication to the resident before the primary pharmacy is able to deliver. 3. Review of Resident #3's Electronic Medical Record (EMR), on 07/23/25, showed the resident admitted to the facility on [DATE], with primary diagnosis of Schizoaffective Disorder (a chronic mental health condition that includes symptoms of hallucinations, delusions, and mood disorders). Review of the resident's Physician Order Sheet (POS), dated 07/18/25 through 07/23/25, showed: -Amiloride (used to treat high blood pressure/edema without losing potassium) HCl 5 milligrams (mg), give two tablets by mouth twice daily;-Cobenfy Oral Capsule (used to treat schizophrenia) 125-30 mg, give one capsule by mouth three times daily;-Gabapentin Capsule (used to treat psychiatric disorders) 300 mg, give one capsule by mouth three times a day for mood stabilizer;-Lithium Carbonate ER (used to control mood, behaviors and thoughts) 300 mg, give one tablet by mouth at bedtime, give with Lithium 450 mg;-Lithium Carbonate ER 450 mg, give one tablet by mouth at bedtime, give with Lithium 300 mg;-Lorazepam (used to treat anxiety disorders) 0.5 mg, give one tablet by mouth three times a day;-Ondansetron (used to prevent nausea and vomiting) 4 mg disintegrating tablet, give one tablet by mouth twice a day;-Pantoprazole Sodium (used to treat heartburn) 40 mg, give one tablet by mouth daily;-Senna (used to treat constipation) 8.6 mg, give two tablets by mouth in the mornings;-Multivitamin-Minerals, give one tablet by mouth in the mornings for supplement. Review of the resident's Medication Administration Record (MAR), dated 07/18/25, showed staff documented awaiting medication for: -Gabapentin 300 mg, give one capsule by mouth at 8:00 P.M.;-Lorazepam 0.5 mg, give one tablet by mouth at 8:00 P.M.;-Lithium Carbonate ER 300 mg, give one tablet by mouth at 8:00 P.M., give with Lithium 450 mg;-Lithium Carbonate ER 450 mg, give one tablet by mouth at 8:00 P.M., give with Lithium 300 mg. Review of the resident's MAR, dated 07/19/25, showed staff documented awaiting medication for: -Pantoprazole Sodium 40 mg, give one tablet by mouth at 5:00 A.M.;-Multivitamin-Minerals, give one tablet by mouth at 6:00 A.M.;-Amiloride HCl 5 mg, give two tablets by mouth at 6:00 A.M. and 2:00 P.M.;-Cobenfy 125-30 mg, give one capsule by mouth at 6:00 A.M. and 2:00 P.M.;-Ondansetron 4 mg disintegrating tablet, give one tablet by mouth at 6:00 A.M. and 2:00 P.M.;-Gabapentin 300 mg, give one capsule by mouth at 7:00 A.M., 11:00 A.M. and 8:00 P.M.;-Lorazepam 0.5 mg, give one tablet by mouth at 7:00 A.M., 11:00 A.M. and 8:00 P.M.;-Lithium Carbonate ER 300 mg, give one tablet by mouth at 8:00 P.M., give with Lithium 450 mg;-Lithium Carbonate ER 450 mg, give one tablet by mouth at 8:00 P.M., give with Lithium 300 mg. Review of the resident's MAR, dated 07/20/25, showed staff documented awaiting medication for: -Pantoprazole Sodium 40 mg, give one tablet by mouth at 5:00 A.M.;-Amiloride HCl 5 mg, give two tablets by mouth at 6:00 A.M. and 2:00 P.M.;-Cobenfy 125-30 mg, give one capsule by mouth at 6:00 A.M. and 2:00 P.M.;-Ondansetron 4 mg disintegrating tablet, give one tablet by mouth at 6:00 A.M. and 2:00 P.M.;-Gabapentin 300 mg, give one capsule by mouth at 7:00 A.M., 11:00 A.M. and 8:00 P.M.;-Lithium Carbonate ER 300 mg, give one tablet by mouth at 8:00 P.M., give with Lithium 450 mg;-Lithium Carbonate ER 450 mg, give one tablet by mouth at 8:00 P.M., give with Lithium 300 mg. Review of the resident's MAR, dated 07/21/25, showed staff documented awaiting medication for: -Senna 8.6 mg, give two tablets by mouth at 6:00 A.M.</p>		