

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER Spanish Trails Rehabilitation Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 1610 N Renaissance Blvd NE Albuquerque, NM 87107	
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interview, the facility failed to complete an accurate Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) assessment for 1 (R #2) of 3 (R #1, R #2, and R #3) residents reviewed for assessments. This deficient practice could likely result in the residents' preferences and care needs not being met. The findings are: A. Record review of R #2's admission Record revealed he was admitted to the facility on [DATE] with the following diagnoses (including but not limited to): 1. Age-related osteoporosis (bones to become weak and brittle) without current pathological fracture. 2. Epileptic spasms (is a brief, involuntary muscle contraction that typically lasts 1-3 seconds), not intractable, without status epilepticus (is a medical emergency characterized by prolonged seizure activity, typically defined as a seizure lasting more than 5 minutes or multiple seizures occurring without recovery in between.). 3. Gastro-esophageal reflux disease (GERD - is a chronic condition where stomach acid flows back into the esophagus, leading to symptoms such as heartburn, regurgitation, and irritation of the esophageal lining) without esophagitis (inflammation and irritation of the esophagus). 4. Hemiplegia (one-sided paralysis or weakness of the face, arm and leg) and hemiparesis (one-sided muscle weakness) following cerebral infarction (is a type of stroke caused by a blood clot that blocks a brain artery) affecting left dominant side. 5. Insomnia (common sleep disorder characterized by difficulty falling asleep), unspecified. 6. Major depressive disorder (major depression - is a serious mental health condition characterized by persistent feelings of sadness, loss of interest in activities, and various emotional and physical problems), recurrent, moderate. 7. Need for assistance with personal care. B. Record review of R #2's MDS revealed the following: 1. 09/16/25 section C: R #2's BIMS was 15. 2. 12/17/25 section C: R #2 was not assessed for BIMS (Brief interview for mental status - test used in long-term care settings to check how well your brain is working). C. On 02/06/26 at 10:55 am, during an interview with the MDS coordinator, she confirmed R #2's MDS assessment dated [DATE] showed the resident was not assessed for BIMS. She also confirmed that this is not an accurate assessment. The MDS coordinator stated that MDS assessment are done in person and it did not happen for this assessment. She also stated that this particular assessment was done by remotely.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 325131	Facility ID: 325131 If continuation sheet Page 1 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER Spanish Trails Rehabilitation Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 1610 N Renaissance Blvd NE Albuquerque, NM 87107	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to create an accurate baseline care plan (minimum healthcare information necessary to properly care for a resident immediately upon their admission to the facility) within 48 hours of admission for 1 (R #1) of 3 (R #1, R #2, and R #3) residents reviewed for baseline care plans. This deficient practice could likely result in residents not receiving the appropriate care and may place residents at risk of an adverse event (undesirable experience, preventable or non-preventable, that caused harm to a resident because of medical care or lack of medical care) or worsening of current condition after admission. The findings are:A. Record review of R #1's admission Record revealed he was admitted to the facility on [DATE] with the following diagnoses (including but not limited to): 1. Hemiplegia (one-sided paralysis or weakness of the face, arm and leg) and hemiparesis (one-sided muscle weakness) following cerebral infarction (is a type of stroke caused by a blood clot that blocks a brain artery) affecting left dominant side. 2. Muscle weakness (generalized) 3. Need for assistance with personal care. 4. Chronic migraine without aura (the most common type of migraine).B. Record review of R #1's physician orders revealed the following: 1. 12/23/25: Aspirin (low-dose aspirin commonly used to help prevent heart attacks and stroke) Oral Tablet 81 milligrams (mg) once a day for clot (thick mass of coagulated liquid, especially blood, or of material stuck together) prevention. 2. 12/26/25: Warfarin Sodium oral tablet 1 mg for cerebral infarction affecting left dominant side.C. Record review of R #1's baseline care plan dated 12/26/25 and revealed the following: 1. R #1 has an advance directive as evidenced by full code. 2. R #1 is at risk for falls related to psychotropic medication use, poor balance and weakness. 3. R #1 has potential for pain. 4. Use of anticoagulant (blood thinning medication) was not addressed in the baseline care plan. D. On 02/06/26 at 10:14 am, during an interview with the Director of Nursing (DON), she confirmed R #1's baseline care plan, dated 12/23/25, did not address the use of anticoagulant and should have been completed within 48 hours and it did not happen.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER Spanish Trails Rehabilitation Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 1610 N Renaissance Blvd NE Albuquerque, NM 87107	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to develop and implement a comprehensive care plan for 1 (R #2) of 1 (R #2) resident reviewed for care plans. This deficient practice is likely to result in staff being unaware of the current and actual needs of the residents. This deficient practice could likely result in staff being unaware of the current and actual needs of the residents. The findings are:A. Record review of R #2's admission Record revealed he was admitted to the facility on [DATE] with the following diagnoses (including but not limited to): 1. Age-related osteoporosis (bones to become weak and brittle) without current pathological fracture. 2. Epileptic spasms (is a brief, involuntary muscle contraction that typically lasts 1-3 seconds), not intractable, without status epilepticus (is a medical emergency characterized by prolonged seizure activity, typically defined as a seizure lasting more than 5 minutes or multiple seizures occurring without recovery in between.). 3. Gastro-esophageal reflux disease (GERD - is a chronic condition where stomach acid flows back into the esophagus, leading to symptoms such as heartburn, regurgitation, and irritation of the esophageal lining) without esophagitis (inflammation and irritation of the esophagus). 4. Hemiplegia (one-sided paralysis or weakness of the face, arm and leg) and hemiparesis (one-sided muscle weakness) following cerebral infarction (is a type of stroke caused by a blood clot that blocks a brain artery) affecting left dominant side. 5. Insomnia (common sleep disorder characterized by difficulty falling asleep), unspecified. 6. Major depressive disorder (major depression - is a serious mental health condition characterized by persistent feelings of sadness, loss of interest in activities, and various emotional and physical problems), recurrent, moderate. 7. Need for assistance with personal care.B. Record review of R #2's care plan dated 01/21/26 revealed the following: 1. R #2 is at risk for elopement (leaving a safe supervised area or caregiver without permission) related to elopement evaluation risk score. 2. R #2 has diagnosis of dementia (a decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities) placing her at risk for altered nutritional status. 3. R #2 has history of stroke that has affected R #2's behavior, has tendency to make demands and inappropriate comments to staff. 4. Other conditions such as epileptic spasms, GERD, cerebral infarction, insomnia, major depression and activities of daily living (ADL) were not addressed.C. On 02/06/26 at 10:32 am, during an interview with the Director of Nursing (DON), she confirmed R #2's care plan, dated 01/21/26, did not address the other conditions that is pertinent to the resident's care. The DON also confirmed that this is not a person-centered care plan. The DON stated that care plans should reflect the resident as a whole and it did not happen.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER Spanish Trails Rehabilitation Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 1610 N Renaissance Blvd NE Albuquerque, NM 87107	
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 - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to meet professional standards for 2 (R #1, and R #5) of 2 (R #1, and R #5) resident reviewed medication errors when staff failed to:1. Ensure that an order was obtained before administering routine blood sugars checks for R #5.2. Ensure medications were available for administration for R #1 and R #5.3. Ensure Medication Administration Record is updated/corrected when medications are not administered for R #5.If the facility fails to administer medications as prescribed by the physician, then residents are not likely to receive the therapeutic value of medications prescribed, and if lab results are not relayed to the physician, then the physician is unable to properly monitor and assess the physical condition of the resident. The findings are:R #5:</p> <p>A. Record review of R #5's Physicians orders dated 12/16/25 revealed, Jardiance (medication used to control blood sugar levels) oral tablet 10 mg (milligram) by mouth one time daily.</p> <p>B. Record review of R #5's Medication Administration Record (MAR) dated 01/29/26 through 02/06//26 revealed: Jardiance was not available but indicated it had been administered on 01/30/26, 01/31/26, and 02/04/26 through 02/06/26.</p> <p>C. On 02/06/26 at 10:31 AM during an interview with Certified Medication Aide (CMA) #1 she stated, R #5 did not get his Jardiance (medication used to control blood sugar levels). CMA #1 further stated that the last time R #5 received his Jardiance was on 01/28/26 and was not available after that date. CMA #1 stated that she had marked in the MAR on 01/30/26, 01/31/26 and 02/06/26 as medication been administered by her to R #5 and she did not administer the medication because it was not available. CMA #1 confirmed that the medication had not been available since January 29, 2026, and it had not been administered from 01/30/25 through 02/06/26.</p> <p>D. On 02/06/26 at 10:44 AM during an interview with Registered Nurse (RN) #1, she stated that R #5's Jardiance had not been available since Friday (01/30/25) and R #5 had not been getting his medication since that date.</p> <p>E. On 02/06/26 at 11:21 AM during an interview with Licensed Practical Nurse (LPN) #1, she stated that the medication Jardiance was not available for administration and it had been marked in the MAR that it had been administered by mistake by CMA #1 and was unaware of how to fix the issue. LPN #1 further stated that she had been checking R #5's blood sugars to ensure that his sugar levels were within range. LPN #1 further stated that she did not have a Physicians order to have blood sugars checked and she should have obtained an order. LPN #1 further stated that she is not documenting R #5's sugar levels in the residents' chart because there is not a physicians order to check blood sugar levels and she was using those levels for her information to ensure that R #5's sugar levels are within range (between 70-130 mg Milligrams).</p> <p>R #1:</p> <p>F. Record review of R #1's admission Record revealed he was admitted to the facility on [DATE] with the following diagnoses (including but not limited to): 1. Hemiplegia (one-sided paralysis or weakness of the face, arm and leg) and hemiparesis (one-sided muscle weakness) following cerebral infarction (is a type of stroke caused by a blood clot that blocks a brain artery) affecting left dominant side. 2. Muscle weakness (generalized) 3. Need for assistance with personal care. 4. Chronic migraine without aura (the most common type of migraine).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER Spanish Trails Rehabilitation Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 1610 N Renaissance Blvd NE Albuquerque, NM 87107	
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 - Some</p>	<p>G Record review of R #1's physician orders revealed the following: 1. 12/26/25: Warfarin Sodium (blood thinning medication) oral tablet 1 milligrams (mg), give one tablet for one time a day for cerebral infarction affecting left dominant side. Discontinued 01/13/26. 2. 01/13/26: Warfarin Sodium oral tablet 1 mg, give one tablet every Monday, Wednesday, Friday, Saturday, and Sunday for cerebral infarction affecting left dominant side. Discontinued 01/15/26. 3. 01/13/26: Warfarin Sodium oral tablet 1 mg, give two tablets every Tuesday, and Thursday for cerebral infarction affecting left dominant side. Discontinued 01/15/26. 4. 01/15/26: Warfarin Sodium oral tablet 1 mg, give 3 mg every Monday, Wednesday, Friday, Saturday, and Sunday for cerebral infarction affecting left dominant side. Discontinued 01/18/26. 5. 01/18/26: Warfarin Sodium oral tablet 1 mg, give 4 mg every Monday, Wednesday, Friday, Saturday, and Sunday for cerebral infarction affecting left dominant side. Discontinued 01/23/26. 6. 01/23/26: Warfarin Sodium oral tablet 1 mg, give 5 mg every evening for cerebral infarction affecting left dominant side until 01/26/26. Discontinued 01/26/26. 7. 01/29/26: Warfarin Sodium oral tablet 1 mg, give 6 mg one time a day for cerebral infarction affecting left dominant side.</p> <p>H. Record review of R #1's Medication Administration Record (MAR) for January 2026 revealed R #1 missed warfarin doses on (01/18/26, 01/19/26, and 01/21/26).</p> <p>I. On 02/06/26 at 11:01 am, during an interview with the Director of Nursing (DON), she confirmed R #1's warfarin 01/18/26, 01/19/26, and 01/21/26 were missed. The DON also confirmed that warfarin is a one of the high-risk medications and should be given as ordered. The DON stated that she was not aware that R #1 missed any dose of warfarin. The DON also stated that she expects the nurses to notify her and the pharmacy if the medication were not available.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER Spanish Trails Rehabilitation Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 1610 N Renaissance Blvd NE Albuquerque, NM 87107	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interviews, and record review, the facility failed to provide adequate supervision to prevent accidents for 1 (R #4) of 1 (R #4) resident reviewed for accidents and supervision when: The facility failed to ensure that a resident that need supervision/assistance was accompanied to a doctor's appointment and not left unattended for an extended period of time. This deficient practice is likely to make residents feel helpless and ignored, and possible experiencing avoidable accidents and/or injuries. A. On 02/06/26 at 1:20 PM during an interview with R #4's brother he stated. I got a phone call from the doctor's office asking who was supposed to pick my brother up, and they were concerned about his safety. He (R #4) had a stroke (medical emergency that occurs when blood flow to part of the brain is blocked or sudden bleeding in the brain) this was a follow-up appointment. I called the facility to ask why he was left alone. No one responded.B. On 02/06/26 at 1:24 PM during an interview with R #4's sister she stated. He had a scheduled appointment, and because of his cognitive ability he could not be left alone. The facility made it clear to me that he (R#4) would not be left alone. He (R #4) ended up at [name of local hospital -name of Doctor office] sitting in a wheelchair with a paper and I don't think he was taken in to see the doctor because he was alone and is unable to cognitively care for himself. The driver later told me 'I guess we should have had someone sitting with him'. [Name of doctor] called and informed me that he had been abandoned.C. Record review of care plan dated 09/27/25 revealed [Name of R #4] has history of falling r/t (related to) CVA (when blood flow to a part of the brain is interrupted, poor safety awareness, and wanting to independently move for himself, does not use call light or place brakes in his wheelchair. Interventions: More visual frequent visual rounding on resident offering frequent help as needed. Observe frequently and place in supervised area when out of bed D. On 02/06/26 at 2:30 PM during an interview with central supply/transport driver, (CS) she stated that she was not aware that this resident (R #4) needed someone to go with him. The process was that the Director of Nursing would mark on the appointment sheet if the resident required and escort and that is how we knew if we needed to take an escort. CS stated she coordinates the transports and should be made aware by nursing staff if an escort is needed. I was told by the driver that transported R #4 that if he came without an escort, they would not see him. We were trained by the facility Transport Director. You do not stay at the appointment. Your job is to drive them to the appointment and no patient care.E. On 02/06/26 at 11:21 PM during an interview with Licensed Practical Nurse (LPN) #1, she stated that not every person that goes out to an appointment goes with an escort. LPN #1 further stated that the person that schedules the appointments would know if an escort is needed. She is not aware of R #5 being left alone at his appointment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER Spanish Trails Rehabilitation Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 1610 N Renaissance Blvd NE Albuquerque, NM 87107	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure that residents are free of a significant medication error for 1 (R #1) of 1 (R #1) resident reviewed. The facility failed to administer a prescribed anticoagulant, Warfarin, (medication used to control blood sugar levels) for three consecutive doses. This failure occurred despite the resident's high-risk clinical status for stroke and systemic embolism. The findings are: A. Record review of R #1's admission Record revealed he was admitted to the facility on [DATE] with the following diagnoses (including but not limited to): 1. Hemiplegia (one-sided paralysis or weakness of the face, arm and leg) and hemiparesis (one-sided muscle weakness) following cerebral infarction (is a type of stroke caused by a blood clot that blocks a brain artery) affecting left dominant side. 2. Muscle weakness (generalized). 3. Need for assistance with personal care. 4. Chronic migraine without aura (the most common type of migraine). B. Record review of R #1's physician orders revealed the following: 1. 12/26/25: Warfarin Sodium (blood thinning medication) oral tablet 1 milligrams (mg), give one tablet for one time a day for cerebral infarction affecting left dominant side. Discontinued 01/13/26. 2. 01/13/26: Warfarin Sodium oral tablet 1 mg, give one tablet every Monday, Wednesday, Friday, Saturday, and Sunday for cerebral infarction affecting left dominant side. Discontinued 01/15/26. 3. 01/13/26: Warfarin Sodium oral tablet 1 mg, give two tablets every Tuesday, and Thursday for cerebral infarction affecting left dominant side. Discontinued 01/15/26. 4. 01/15/26: Warfarin Sodium oral tablet 1 mg, give 3 mg every Monday, Wednesday, Friday, Saturday, and Sunday for cerebral infarction affecting left dominant side. Discontinued 01/18/26. 5. 01/18/26: Warfarin Sodium oral tablet 1 mg, give 4 mg every Monday, Wednesday, Friday, Saturday, and Sunday for cerebral infarction affecting left dominant side. Discontinued 01/23/26. 6. 01/23/26: Warfarin Sodium oral tablet 1 mg, give 5 mg every evening for cerebral infarction affecting left dominant side until 01/26/26. Discontinued 01/26/26. 7. 01/29/26: Warfarin Sodium oral tablet 1 mg, give 6 mg one time a day for cerebral infarction affecting left dominant side. C. Record review of R #1's Medication Administration Record (MAR) for January 2026 revealed R #1 missed warfarin doses (01/18/26, 01/19/26, and 01/21/26). D. On 02/06/26 at 11:01 am, during an interview with the Director of Nursing (DON), she confirmed R #1's warfarin 01/18/26, 01/19/26, and 01/21/26 were missed. The DON also confirmed that warfarin is a one of the high risk medications and should be given as ordered. The DON stated that she was not aware that R #1 missed any dose of warfarin. The DON also stated that she expects the nurses to notify her and the pharmacy if the medication were not available.</p>		