STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455925	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Veranda Rehabilitation and Healthcare	4301 S Expressway 83 Harlingen, TX 78550

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure parenteral fluids were administered consistent with professional standards for 1 of 2 residents (Resident #1) reviewed for intravenous fluids.The facility failed to ensure Resident #1's intravenous medication bag was labeled with Resident #1's name, dose, frequency, and route. This failure placed the residents at risk for infections, wrong dose, and clinical monitoring of doses. Findings included:Record review of Resident's #1's face sheet dated 02/16/26 revealed a [AGE] year-old male was admitted to the facility on [DATE]. Resident #1's diagnosis included: osteomyelitis (bone infection) of vertebra (small bones forming the back bone), sacral (base at the base of the spine) and sacrococcygeal region (area of the tailbone), cellulitis (skin infection) of left lower limb, pressure ulcer of sacral region-stage 4 (a severe, full-thickness wound extending to exposed muscle, tendon, or bone), muscle weakness, paraplegia (paralysis) and the need for assistance with personal care.Record review of Resident #1's admission MDS assessment dated [DATE] revealed the resident was a [AGE] year-old female admitted to the facility on [DATE]. The BIMS was not completed due to Resident #1 being newly admitted .Record review of Resident #1's care plan dated 02/06/26 revealed the following: Focus: [Resident #1] has infection r/t s/p hospitalization for osteomyelitis to sacrococcygeal, cellulitis of left lower limb. Goal: Will be free from complications related to infection through the review date. Interventions: administer antibiotic as per MD orders.Record review of Resident #1's Order Summary Report revealed a physician order dated 02/09/2026 for Vancomycin HCl solution: use 1 gram intravenously every 8 hours for sacral wound infection and sacrococcygeal osteomyelitis until 02/26/2026, cellulitis to right knee.Observation on 02/16/26 at 3:15 PM revealed Resident #1 was lying in his bed. The IV medication bag was hanging on the IV pole while the medication was actively running through a PICC line (thin, flexible tube that delivers treatments through a vein for various medical conditions) inserted into Resident #1's right arm. The IV medication bag was not labeled with Resident #1's name, mediation dose, medication frequency nor medication route. The IV medication bag only had a date of 02/16/26 and initials written on the bag with a black marker.Observation and interview on 02/16/26 at 3:20 PM with RN A. RN A observed the IV bag had only what he had written with a black marker, which was the date of administration, 02/16/26 and his initials. RN A stated he was aware the medication bag was missing the medication label. RN A stated he had just hung the bag a few minutes prior and threw away the label. RN A stated he knew the medication bag was supposed to have the resident's name, dosage, frequency and route. RN A stated that the failure to label the medication properly could lead to administering the wrong mediation to the wrong resident or it could lead to an infection.Interview on 02/16/26 at 3:48 PM with the DON stated RN A knew he had to label the IV medication bag but failed to do so. The DON stated she expected all the nurses to label medications appropriately prior to the administration of the medication to prevent infection. The DON stated it was the responsibility of the nurse that administered the (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

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medication to verify that everything was labeled correctly. Record review of the facility's Policy: Administration of Medications and Fluids, Intravenous with revision date of 3/2023 revealed:8. Verify that the container's label coincides with the prescriber's order. Verify content, dose, prescribed rate, and expiration date of the solution.