

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>455925                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY<br>COMPLETED<br><br>07/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Veranda Rehabilitation and Healthcare                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4301 South Expressway 83<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                                                 |
| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to maintain medical records on each resident that were complete and accurately documented in accordance with accepted professional standards and practices for 2 of 6 residents (Resident #1 and Resident #2) reviewed for medical records. 1. The facility failed to ensure RN B, LVN C, and LVN D documented Resident #1's vital signs accurately on her MAR on multiple occasions from 06/19/26 to 06/24/26.2. The facility failed to ensure RN B, LVN C, and LVN D documented Resident #2's Skilled Assessments accurately and timely on multiple occasions from 07/06/26 to 07/26/26. This failure could place residents at risk of errors in care and treatment. The findings included: Record review of Resident #1's face sheet on 07/29/26 reflected an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included anemia (low levels of healthy red blood cells to carry oxygen in the body), gastrointestinal hemorrhage (bleeding in the stomach or intestines), gastrostomy status (a tube surgically implanted through the abdomen into the stomach used to provide nutrition, hydration, and medication), unspecified protein calorie malnutrition (a state of inadequate nutrient intake), dehydration (a state of inadequate fluid intake), and dementia (loss of memory, language, problem solving and other thinking abilities which significantly impair a person's ability to perform daily activities).Record review of Resident #1's discharge/ return not anticipated MDS assessment dated [DATE] reflected a blank BIMS score. The resident was in the facility from 06/19/26 to 06/24/26. Record review of Resident #1's order summary report on 07/29/26 reflected the following orders: Document Temp, O2 sats and monitor for the following symptoms: Fever, Cough, New shortness of breath or difficulty breathing, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat, New loss of taste or smell, Congestion, Runny Nose. GI Symptoms: Diarrhea/Nausea/ Vomiting every shift **Notify NP/MD if present. Ordered on 06/19/26. Before nebulizer treatment, obtain and record pulse, O2 sat, tx minutes, post med lung sounds (scale 0=clear, 1=rales, 2=rhonchi, 3=diminished, 4--wheezing, 5=crackles, and 6=other) every 6 hours for 7 Days. Order date: 06/21/26. End date: 06/28/26. After nebulizer treatment, obtain and record pulse, O2 sat, tx minutes, post med lung sounds (scale 0=clear, 1=rales, 2=rhonchi, 3=diminished, 4--wheezing, 5=crackles, and 6=other) every 6 hours for 7 Days. Order date: 06/21/26. End date: 06/28/26.Record review of Resident #1's June 2026 MAR reflected the following documentation:Vital signs every shift:On 06/19/26, night shift (6:00 pm to 6:00 am), RN B documented Resident #1's BP: 98/56, Temp: 98.9F, P: 82, RR: 20, O2 Sat: 95%.On 06/20/26, day shift (6:00 am to 6:00 pm), LVN C documented Resident #1's BP: 98/56, Temp: 98.9F, P: 82, RR: 20, O2 Sat: 95%. (The exact same as 06/19/26 night shift)On 06/20/26, night shift, LVN D documented Resident #1's BP: 103/60, Temp: 97.1F, P: 74, RR: 18, O2 Sat: 98%.On 06/21/26, day shift, LVN C documented Resident #1's BP: 103/60, Temp: 97.1F, P: 74, RR: 18, O2 Sat: 98%. (The exact same as 06/20/26 night shift)On (continued on next page)</p> |                                                                                              |                                                 |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                                                          |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID: | Facility ID:<br>455925<br><br>If continuation sheet<br>Page 1 of 4 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>06/22/26, night shift, LVN D documented Resident #1's BP: 136/72, Temp: 97.9F, P: 77, RR: 20, O2 Sat: 97%. On 06/24/26, day shift, LVN C documented Resident #1's BP: 136/72, Temp: 97.9F, P: 77, RR: 20, O2 Sat: 97%. (The exact same as 06/22/26 night shift) Pre and Post breathing treatment vital signs (every 6 hours): On 06/21/26 at 12:00 pm and 6:00 pm (4 sets of vital signs- all exactly the same), LVN C documented Resident #1's pre (before) and post (after) breathing treatment LS: clear, P: 74, RR 18, O2 Sat: 98%. On 06/22/26 at 12:00 am (2 sets of vital signs- both exactly the same), LVN D documented Resident #1's pre and post breathing treatment LS: clear, P: 75, RR: 20, O2 sat: 99%. On 06/22/26 at 6:00 pm (2 sets of vital signs- both exactly the same), LVN D documented Resident #1's pre and post breathing treatment LS: clear, P: 75, RR: 16, O2 Sat: 97%. On 06/23/26 at 12:00 pm (2 sets of vital signs- both exactly the same), LVN D documented Resident #1's pre and post breathing treatment LS: clear, P: 69, RR: 20, O2 Sat: 96%. On 06/24/26 at 12:00 am (2 sets of vital signs- both exactly the same), RN B documented Resident #1's pre and post breathing treatment LS: clear, P: 70, RR: 17, O2 Sat: 98%. On 06/24/26 at 6:00 am (2 sets of vital signs both exactly the same), RN B documented Resident #1's pre and post breathing treatment LS: clear, P: 77, RR: 20, O2 Sat: 97%. On 06/24/26 at 12:00 pm and 6:00 pm (4 sets of vital signs- all exactly the same), LVN C documented Resident #1's pre and post breathing treatment LS: clear, P: 77, RR: 20, O2 Sat: 97%. On 06/24/26 between 6:00 am and 6:00 pm, 6 sets of vital signs were documented as exactly the same by RN B and LVN C. Record review of Resident #1's blood pressure, temperature, pulse, respiration, and O2 sat summaries on 07/29/26 reflected the following: On 06/19/26 at 11:59 pm, RN B documented Resident #1's BP: 98/56, temp: 98.9F, P: 82, RR: 20, O2 sat: 95%. On 06/20/26 at 10:13 am, LVN C documented Resident #1's BP: 101/62. (But documented the exact same vital signs on the MAR for 06/20/26 day shift as RN B documented on 06/19/26 night shift) On 06/20/26 between 12:08 am and 10:57 pm, there was no temperature, pulse, respiratory rate, or O2 sat documented in the vital sign summaries. On 06/20/26 at 11:48 pm, LVN D documented Resident #1's BP: 103/60, Temp: 97.1F, P: 74, RR: 18, O2 Sat: 98%. Between 06/20/26 at 11:48 pm and 06/21/26 at 6:28 pm there was no blood pressure, pulse, respiratory rate, or O2 sat documented in the vital sign summaries. On 06/22/26 at 11:58 pm, LVN D documented Resident #1's BP: 136/72, Temp: 97.9F, P: 77, RR: 20, O2 Sat: 97%. On 06/24/26 at 3:12 am, LVN D documented Resident #1's blood pressure as 136/72, P: 77, RR: 20, O2 Sat: 97%. On 06/24/26 after 3:12 am, there was no blood pressure, pulse, respiratory rate, or O2 sat documented in the vital sign summaries. Record review of Resident #2's face sheet on 07/29/26 reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included fracture of lumbar vertebra (broken bone in the spine in the lower back area), chronic obstructive pulmonary disease (a progressive, incurable lung disease that causes inflammation and difficulty breathing), cognitive communication deficit (difficulty with communication), anemia (low levels of healthy red blood cells to carry oxygen in the body), hypertension (high blood pressure), and hyperlipidemia (high cholesterol). Record review of Resident #2's admission MDS assessment dated [DATE] reflected a BIMS score of 13 which indicated he was cognitively intact. Record review of Resident #2's Nursing Advanced Skilled Evaluations and progress notes on 07/29/26 reflected the following: Type: N Adv Skilled Evaluation Effective date: 07/08/26 at 11:41 pm Created date: 07/10/26 at 2:28 am, by LVN DVitals: Temp: 97.3F, BP: 146/74, P: 74, RR: 20, O2 sat: 97%- all dated 07/10/26 at 2:21 am (26.78 hours after the evaluation was done) Type: N Adv Skilled Evaluation Effective date: 07/09/26 at 11:59 pm Created date: 07/12/26 at 2:03 am, by LVN D (50.07 hours after the evaluation was done) Type: N Adv Skilled Evaluation Effective date: 07/13/26 at 11:30 pm Created date: 07/14/26 at 2:16 am, by LVN DVitals: Temp: 96.9F, BP: 138/96, P: 96, RR: 20, O2 sat: 98%- all dated 07/14/26 at 2:10 am (2.77 hours after the evaluation was done) Type: N Adv Skilled Evaluation Effective date: 07/14/26 at 11:47 (continued on next page)</p> |                                                                                              |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>pmCreated date: 07/18/26 at 3:37 am, by LVN DVitals: Temp: 96.9F, BP: 138/96, P: 96, RR: 20, O2 sat: 98%- all dated 07/18/26 at 3:33 am (75.83 hours after the evaluation was done) Type: N Adv Skilled EvaluationEffective date: 07/15/26 at 11:43 pmCreated date: 07/18/26 at 3:45 am, by LVN DVitals: Temp: 97.1F, BP: 107/69, P: 86, RR: 20, O2 sat: 97%- all dated 07/18/26 at 3:40 am (52.03 hours after the evaluation was done) Type: N Adv Skilled EvaluationEffective date: 07/16/26 at 11:45 pmCreated date: 07/18/26 at 3:49 am, by LVN DVitals: Temp: 97.3F, BP: 138/71, P: 72, RR: 20, O2 sat: 97%- all dated 07/18/26 at 3:47 am (28.07 hours after the evaluation was done) Type: Change in Condition EvaluationEffective date: 07/17/26 at 1:23 pmCreated date: 07/19/26 at 6:36 am by LVN C (41.22 hours after the change in condition evaluation was done) Type: N Adv Skilled EvaluationEffective date: 07/18/26 at 10:11 pmCreated date: 07/19/26 at 3:13 am, by RN BVitals: Temp: 97.2F, BP: 117/62, P: 87, RR: 20, O2 sat: 98%- all dated 07/19/26 at 3:13 am (5.03 hours after the evaluation was done) Type: N Adv Skilled EvaluationEffective date: 07/19/26 at 10:53 pmCreated date: 07/20/26 at 12:58 am, by RN BVitals: Temp: 98.9F, BP: 119/59, P: 67, RR: 19, O2 sat: 96%- all dated 07/20/26 at 12:59 am (2.08 hours after the evaluation was done) Type: N Adv Skilled EvaluationEffective date: 07/20/26 at 10:53 pmCreated date: 07/23/26 at 10:12 pm, by LVN DVitals: Temp: 98.1F, BP: 152/82, P: 78, RR: 18, O2 sat: 96%- all dated 07/23/26 at 9:57 pm (71.07 hours after the evaluation was done) Type: N Adv Skilled EvaluationEffective date: 07/21/26 at 10:13 pmCreated date: 07/23/26 at 10:27 pm, by LVN DVitals: Temp: 97F, BP: 127/72, P: 73, RR: 20, O2 sat: 97%- all dated 07/23/26 at 10:22 pm (48.15 hours after the evaluation was done) Type: N Adv Skilled EvaluationEffective date: 07/22/26 at 10:39 pmCreated date: 07/23/26 at 10:35 pm, by LVN DVitals: Temp: 97F, BP: 129/70, P: 76, RR: 20, O2 sat: 96%- all dated 07/23/26 at 10:30 pm (23.85 hours after the evaluation was done) Type: N Adv Skilled EvaluationEffective date: 07/24/26 at 10:22 pmCreated date: 07/26/26 at 2:25 am, by RN BVitals: Temp: 97.4F, BP: 140/75, P: 79, RR: (none documented), O2 sat: 99%- all dated 07/26/26 at 2:25 am (28.05 hours after the evaluation was done) Type: N Adv Skilled EvaluationEffective date: 07/25/26 at 4:37 pmCreated date: 07/26/26 at 7:43 am, by LVN EVitals: Temp: 97.4F, BP: 140/74, P: 79, RR: 20, O2 sat: 99%- all dated 07/26/26 at 7:38 am (15.1 hours after the evaluation was done) There were no Nurse Advanced Skilled Evaluations done on 07/06/26, 07/07/26, 07/12/26, 07/27/26, or 07/28/26. In an interview on 07/29/26 at 12:35 pm the DON stated documentation should be done as soon as possible. She stated she did not have a specific timeframe as the policy did not specify one. The DON stated for any resident assessments, the vital signs were to be done and documented when the assessment was performed. She stated skills check offs for medication administration were done annually, monthly by the pharmacist, and randomly as needed. The DON stated the last check off for LVN C was last week and she was not sure when the last ones for LVN D and RN B were done, as she needed to get the check offs. She stated it was not acceptable to copy/paste or recall vital signs for medication administration or documentation of vital signs were ordered by the provider. She stated in-services on documentation were done yearly. She stated they discussed medication administration and documentation quarterly and as needed if an issue arose. In an interview on 07/29/26 at 2:20 pm, LVN D stated pre and post breathing treatment documentation included duration of the treatment, lung sounds, respiratory rate, pulse and oxygen saturation. She stated she always checked the vital signs before and after Resident #1's breathing treatments and sometimes the pulse and respiration stayed the same before and after. She stated sometimes the pulse could go up with a breathing treatment, but everyone was different and sometimes it did not go up. LVN D stated it was important to check vital signs as ordered to ensure there were no status changes. LVN D stated it was important to document timely to ensure there were no changes with the resident. She stated if things were not documented correctly, then (continued on next page)</p> |                                                                                              |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>455925                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY<br>COMPLETED<br><br>07/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Veranda Rehabilitation and Healthcare                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4301 South Expressway 83<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                 |
| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>everyone would not have the correct information on the resident. She stated in-services for medication administration were done monthly and as needed. The last one was within the last week. In-services on documentation were done at least once a month and as needed, and the last one was within the last month. In an interview on 07/29/26 at 3:45 pm, LVN C stated for Resident #1's breathing treatments, pulse, oxygen saturation, respirations, and duration of treatment were to be documented before and after. She stated she checked all of them and documented them. She stated she documented whatever came up as per her assessment, so it was not unusual for Resident #1 to have the same pulse, respiratory rate and oxygen saturations 3 times in a row 6 hours apart. She stated she always checked vitals and documented the results. LVN C stated it was not uncommon for Resident #1 to have the same vital signs hours apart. She stated it was important to document vital signs correctly in case something came up unusual. She stated documentation was to be done when the event happened and if something was not documented timely it could cause a delay in care or errors in care. She stated on the MAR she could click the Use Last Recorded Value button or the Record New Entry button for each of the vital signs. She stated in-services on medication administration were monthly and the last one was within the last 2-3 weeks. She stated in-services on documentation were also monthly and the last one was within the last 2-3 weeks. She stated skills check offs for medication administration were done annually and the last one was this month. In an interview on 07/29/26 at 4:24 pm, the RN B stated Resident #1 left AMA (against medical advice) on 06/24/26 around 9:30 pm. She stated it was important to document accurate vital signs so they would know if there was any change in condition. She stated the facility did not have a specific time frame for documentation, but best practice would be as soon as possible. RN B stated if things were not documented timely and accurately, a resident's change in condition could be missed which could lead to hospitalization. RN B stated she always checked Resident #1's pre and post breathing treatment vital signs and it was not necessarily unusual for her to have the same vital signs hours apart. She stated in-services on medication administration were monthly and the last one was within the last couple of weeks. She stated medication administration skills check offs were done yearly and as needed and her last one was 07/17/26. RN B stated in-services on documentation were done monthly and as needed and the last one was within the last month. In an interview on 07/29/26 at 5:30 pm the Adm stated best practice would be to document things when they happened or at least by the end of the shift. He stated he would like staff to document as soon as they could, but he would rather have late documentation than no documentation. He stated documenting timely and accurately was important to know what was going on with the resident. Record review of the facility's undated Medication Administration Policy reflected in part: POLICY: It is the policy of this facility that medications shall be administered as prescribed by the attending physician. PROCEDURES: 2. Medications must be administered in accordance with the written orders of the attending physician. Record review of the facility's undated Charting and Documentation Policy reflected in part: DEFINITION OF RECORD The resident's clinical record is a concise account of treatment, care, response to care, signs, symptoms and progress of the resident's condition. IMPORTANCE AND USE OF THE RECORD 2. To the institution it reflects the quality of care given to the resident. 3. To the physician, it guides him in his treatment, use and effects of drugs and plan for care. 6. To the nurse, it provides a multidisciplinary record of the physical and mental status of the resident. RULES FOR CHARTING 1. Notes are to be written on all long-term residents by day, evening and night shifts; frequency is determined by the individual nursing service. 2. Daily notes are required as the necessary arises. 3. The Admitting Nurse must write a complete physical and mental nursing assessment. 4. Continuous nurse's notes are required on all residents as the necessary arises.</p> |                                                                                              |                                                 |