

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455925	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Veranda Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26141</p> <p>Based on interview and record review, the facility failed to maintain medical records that were complete, accurate, readily accessible, and systematically organized for 1 (Resident #11) of 24 residents reviewed for Advance Directives.</p> <p>The facility failed to have complete, accurate and readily accessible records to identify Resident #11's code status. Resident #11's medical record indicated Resident #11 code status was DNR, but the OOH-DNR form was not in Resident #11's medical record.</p> <p>This failure could affect residents who have implemented Advance Directives and established their choice to not be resuscitated at risk of receiving CPR against their wishes.</p> <p>The findings were:</p> <p>Record review of Resident #11's Physician's Orders dated [DATE] indicated Resident #11 was a 90-year female admitted to the facility on [DATE] with diagnoses of Essential Hypertension, Non-ST elevation myocardial infarction (a type of heart attack that usually happens when your heart's need for oxygen can't be met), dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance (an early stage of memory loss), and chronic kidney disease, stage 3A (mild to moderate loss of kidney function).</p> <p>Record review of Resident #11's annual MDS assessment dated [DATE] indicated Resident #11 was understood by others, understood others, had good memory recall and had the cognitive skills for making decisions daily.</p> <p>Record review of Resident #11's care plan dated [DATE] revealed Resident #11 had code status of DNR with interventions that included, if resident is unresponsive, check for pulse, b/p, and respirations, if resident is unresponsive notify licensed staff immediately, review wishes annually and/or appointed healthcare representative.</p> <p>Record review of Resident #11's Physician's Orders dated [DATE] revealed Resident #11 had an order for DNR-Do Not Resuscitate dated [DATE].</p> <p>Record review of Resident #11's electronic record did not reveal an OOH-DNR form.</p> <p>(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.

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: 455925	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Veranda Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on [DATE] at 12:43 PM, the FM of Resident #11 said Resident #11 is a DNR. The FM said Resident #11 has told me several times that she does not want to be revived or put on a machine. The FM said the SW called her today to ask her to come to the facility so she could sign the DNR form. The FM said she thought Resident #11 already had a DNR form when she came from the hospital. FM said maybe the form wasn't valid, so they asked her to come to the facility and sign another DNR form. The FM said she had come in and signed the form.</p> <p>In an interview on [DATE] at 3:17 PM, ADON/LVN E said she checked PCC for Resident #11's record for the code status and it said Resident #11 code status was DNR. ADON/LVN said she asked the Medical Records clerk why Resident #11 was a DNR if they could not find any form to indicate she was a DNR. ADON/LVN E called the family and the FM said she had signed the DNR form. THE ADON/LVN E asked where she had signed the form and the FM said at the hospital. ADON/LVN E told the FM that the form was valid only at the hospital and the facility needed an OOH-DNR. The FM came in to sign the DNR form on [DATE], and the doctor was at the facility, so the form was signed by both.</p> <p>In an interview on [DATE] at 2:21 PM RN D said if a resident comes from the hospital the resident would be asked on admission if they were full code or DNR. If the resident was a DNR and something happened to the Resident, but they do not have the DNR form, and they do not resuscitate, the family could come in and say the resident was full code. If the resident was being admitted and the resident said they wanted to be DNR status, then the facility would start working on the DNR form right away.</p> <p>In an interview on [DATE] at 2:40 PM The SW said she did not fill out the DNR forms. The BOM assistant was the one that filled out the forms. The SW said she would only fill out the form if a family member came in and asked for her assistance. The SW said she did not audit the DNR forms to check if they were filled out correctly because she did not fill them out. The Medical records clerk takes the forms to the doctor to sign and then he would upload the form to PCC.</p> <p>In an interview on [DATE] at 8:57 AM, BOM Assistant said she did not fill out the DNR forms, the SW would fill out the DNR forms. The BOM Assistant said she would let the SW know the new admitting resident's code status was a DNR, so the SW could start the process. The BOM Assistant said she conducted the admission process and would check on PCC for the code status and if the resident code status was DNR, she would then follow up with the family or the resident if they were a DNR. The BOM Assistant would then let the SW know so the SW could get the form signed by all the necessary parties. Then the Medical Records Clerk would put the Advance directive in PCC.</p> <p>In an interview on [DATE] at 9:03 AM, Medical Records Clerk said when a resident comes from the hospital, sometimes they would come in with a DNR code status and during the meeting the staff would ask if the resident still wanted the DNR code status. If the resident did want to continue with the DNR code status, the SW was informed, and she assisted the family or resident with completing the form. Once the form was signed by the resident or representative, the SW would give the form to the Medical Records clerk. The Medical Records Clerk said he would send the form by carrier for the doctor's signature or if the physician comes to the facility, he can sign it here. Once the form was signed, the Medical Records Clerk would scan the form and send a copy to each department. Then it was up to each department to do their part.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455925	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Veranda Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on [DATE] at 9:14 AM, MDS/LVN F said if a resident's code status was DNR, the resident would have an order from the physician and an OOH_DNR form. The staff would verify with the family/resident that the resident's code status was a DNR. The SW would assist the family with completing the form. Once the form was signed by all necessary persons the form would be uploaded to PCC. Then MDS would look for the order and would look under the miscellaneous tab in PCC for the form and then the care plan would be developed. MDS/LVN said she did not know how the care plan was developed for Resident #11 if they did not have the form.</p> <p>In an interview on [DATE] at 9:21 AM, the DON said Resident #11 came in from another nursing home as DNR. The SW would meet with the family and will initiate the process for the DNR. The SW would get it filled out and then the form goes to medical records. Medical Records Clerk would make sure it had all signatures and would upload to the form onto PCC and let all nursing departments know that Resident was now DNR. The MDS department will develop the care plan and will also check for the DNR form. The DON said she did not know how the error occurred. If Resident #11 had coded, they would still call the resident's loved one. The DON said sometimes the family would change their minds. The DON said if they started performing CPR once they start, they cannot stop. The DON said the DNR form might have been deleted from PCC by mistake. The DON said she would call the IT department and ask if the form was in PCC and if it could be retrieved.</p> <p>In an interview on [DATE] at 9:39 AM The SW said she would look at the referrals from the hospital and checked if they were full code or DNR status, but she did not review the DNR forms to check if they were correctly filled out or check if they were in the chart. The SW said the Medical Records Clerk would take the forms to the doctor to be signed and then would make sure the form had all the signatures and would scan the form and upload it onto PCC.</p> <p>In an interview on [DATE] at 11:09 AM, The Administrator said the SW was responsible for making sure the DNR form was in place and during care plans would review the code status and would review the form at that time. The Administrator said Resident #11 came in as a DNR from the hospital so there should be a DNR form somewhere. The Administrator said they had a couple of boxes with old medical records so they would go through them to look for the DNR form.</p> <p>In an interview on [DATE] at 12:31 PM, the DON provided the hard copy of the DNR form dated [DATE]. The DON said they had looked through boxes of old medical records and found Resident 11s DNR form.</p> <p>Record review of facility's policy on Advance Directives and Associated Documentation dated ,d+[DATE] and revised on ,d+[DATE] revealed:</p> <p>Procedure:</p> <p>5. When an Advance Directive is completed:</p> <p>a. Review the Advance Directive to validate the document reflects the resident's choices and that the document is signed and dated by the resident or responsible agent.</p> <p>6. Obtain a copy of the Advance Directive ad conservatorship/guardianship documents and place in resident's health record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455925	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Veranda Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. Once the advance directive or information regarding resident preferences regarding treatment options is received by the facility, it will be confirmed in the resident medical record and communicated to members of the care plan team.</p> <p>c. The facility will notify the attending physician of advance directives so that, if necessary, appropriate orders can be documented in the resident's medical record and plan of care.</p> <p>i. A No CPR or DNR telephone order may be used once the Advance Directive documents are received and in the health record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455925	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Veranda Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49157</p> <p>Based on observation, interview and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for two (Resident #78 and Resident #241) of five residents reviewed for infection control in that:</p> <ol style="list-style-type: none"> 1. LVN A failed to properly disinfect equipment after providing wound care for Resident #78. 2. LVN A failed to wear appropriate PPE while providing device care for Resident #241. 3. LVN A failed to change all required items during device dressing care for Resident #241. <p>These deficient practices could place residents at risk of infection, transmission of communicable diseases, and a decline in health.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Record review of Resident #78's admission record revealed a [AGE] year-old female admitted to the facility on [DATE]. Diagnoses included encounter for orthopedic aftercare following surgical amputation, other acute osteomyelitis (infection of the bone) of right ankle and foot, acquired absence of right toe(s), sepsis (life threatening complication of an infection), pneumonia (infection of the lungs), and need for assistance with personal care. <p>Record review of Resident #78's admission MDS dated [DATE] revealed Resident #78 had a BIMS score of 15 which indicated that she was cognitively intact.</p> <p>Record review of Resident #78's physician order summary report on 05/07/24 revealed an order that read, Cleanse right foot with NS (normal saline), pat dry with gauze, apply Medi honey, cover with gauze and wrap with kerlix (woven gauze used to cushion and protect wounds) daily every day shift for surgical post of amputation and enhanced barrier precautions: wound, every shift.</p> <p>Observation of Resident #78's wound care on 05/07/24 at 08:51 am, done by LVN A and assisted by LCNA revealed that LVN A used a pair of bandage scissors to cut the dressing off of Resident #78's right foot. When wound care was completed, LVN A took the bandage scissors back out into the hallway to the wound cart. LVN A unlocked and opened the wound cart and got an alcohol prep (approximately 1 inch by 1 inch 2 ply non-woven pad that contained 70% isopropyl (rubbing) alcohol), out and wiped only the scissor blades with it. LVN A then placed the scissors back into the left side of the top drawer of the wound care cart. LVN A then wiped down the table and hand sanitizer bottle with disinfectant wipes. The disinfectant wipes contained isopropyl alcohol and quaternary ammonium (a type of chemical used to kill bacteria, viruses and mold).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455925	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Veranda Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/07/24 at 09:44 am, LVN A stated it was very important to wipe down equipment and that she used alcohol on the scissor blades because she thought it was a 100% clean. LVN A stated if equipment was not wiped down with disinfectant wipes, it could lead to cross contamination which could lead to infection for the next resident it was used on. That could lead to sepsis, hospitalization , or death for the resident.</p> <p>In an interview on 05/07/24 at 2:47 pm, the DON stated that equipment was wiped with disinfectant wipes to prevent the spread of infections and if equipment was not cleaned/disinfected, it could cause cross contamination which could lead to multiple organism growths and hospitalization for other residents.</p> <p>In an interview on 05/08/24 at 01:14 pm, the ADON stated, No, we should not use alcohol preps to clean any equipment. We were always supposed to use disinfectant wipes to clean equipment/ supplies/ surfaces. If not done correctly, it could cause cross contamination, infections, and could lead to an outbreak, facility acquired infections or hospitalization s.</p> <p>Record review of the facility's Infection Prevention and Control Program dated 06/2021 and revised/reviewed 10/2022 stated in part:</p> <p>Goals:</p> <ul style="list-style-type: none"> -Decrease the risk of infection to residents and personnel. -Recognize infection control practices while providing care. -Identify and correct problems relating to infection control. -Ensure compliance with state and federal regulations related to infection control. -The facility will provide areas, equipment, and supplies to implement its Infection Control Program with the goal of: -Effective cleaning and disinfecting equipment as needed. -Chemicals and equipment used for cleaning and disinfecting will be used in accordance with manufacturer's directions and recommendations. <p>2. Record review of Resident #241's admission record revealed a [AGE] year-old female admitted to the facility on [DATE]. Diagnoses included sepsis (life threatening complication of an infection), unspecified staphylococcus (bacteria that cause skin infection) as the cause of diseases elsewhere classified, cutaneous abscess (localized collection of pus in the skin) of right foot, type 2 diabetes, and need for assistance with personal care. Resident #241 had no known allergies.</p> <p>Record review of Resident #241's admission MDS dated [DATE] revealed Resident #241 had a BIMS score of 11 which indicated she had some cognitive impairment but was able to make her needs known and was oriented to self, place, and situation.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455925	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Veranda Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #241's physician order summary on 05/08/2024 revealed an order that read, Enhanced Barrier Precautions: PICC line- every shift and PICC LINE CARE: CHANGE PICC LINE DRESSING Q 7 DAYS IF SITE IS VISIBLE FOR ASSESSMENT. CHANGE DRESSING PRN IF WET, SOILED,</p> <p>SATURATED OR LOOSE. every day shift every Sun.</p> <p>Record review of Resident #241's progress notes reveal an entry created by LVN A on 05/09/24 at 11:18 am with an effective date of 05/08/24 at 3:16 pm, that read, Note Text: picc line dressing changed to rua, dressing [sic] noted with tape dislodging. sterile technique applied, pt tolerated well. pt and spouse aware. (PICC line dressing changed to right upper arm .)</p> <p>Observation on 05/08/24 at 2:21 pm with LVN A of Resident #241's entry way revealed an enhanced barrier precautions sign posted next to the door. Observation of Resident #241's PICC (a thin, long, soft catheter that is inserted into a vein of the upper arm and ending in a large vein that carries blood into the heart; used for long term intravenous antibiotics) line dressing revealed she had a right upper arm PICC line that had a folded piece of gauze under the clear dressing and a stat lock (a stabilization device used to hold the catheter in place) underneath the transparent dressing. There was tape on the entire right side of the dressing, indicating that the right side of the original dressing had come loose and had been taped back down. The tape was not adhered to the skin. LVN A stated the dressing needed to be changed because it was coming up on one side.</p> <p>Observation on 05/08/24 of the PICC line dressing change for Resident #241 performed by LVN A revealed that LVN A failed to put on a gown prior to or during the dressing change, as per the Enhanced Barrier Precautions sign outside the resident's door. It was noted that the central line dressing kit did not have a bio patch (an absorptive foam disc that is impregnated with chlorhexidine placed on top of the PICC line insertion site to aid in preventing blood stream infections) in it. LVN A stated, The bio patches usually come from the hospital. That I know of, we don't have them. We just put the split gauze on it. LVN A did not take the stat lock off the catheter or replace the two saline/heparin locks (needleless connectors used to seal off the IV catheter at the end where the medication is injected). LVN A did not clean the skin around the insertion site with the three PVP (Povidone Iodine) swab sticks or the three alcohol swab sticks provided in the kit. LVN A used the alcohol swab sticks to wipe down only the exposed PICC line catheter. The skin area around the insertion site that would be covered by the dressing was not cleaned. LVN A also did not use the skin protectant swab (used to help reduce the possibility of irritation from the adhesive in the transparent dressing) that was provided in the kit to provide a barrier film under the dressing. The PICC line was sutured into place, so LVN A was unable to slide a split gauze under it at the insertion site. Instead, LVN A unfolded the split gauze completely and laid it over the top of the entire external part of the PICC line, then placed the transparent dressing over it.</p> <p>In an interview on 05/09/24 09:49 am, with the DON and the CRN, the DON stated if the dressing has gauze under it, it should be changed every 7 days. The CRN stated, that's what our policy states. In reference to the PICC line having a stat lock, the DON stated, it didn't say a time frame in the policy. The CRN added, I don't think it says a date or anything. it's just best judgement. The DON stated if dressings aren't changed frequently enough or if they become soiled or loose, it could get infected, which could lead to sepsis. The CRN added, it could lead to catheter associated infection. When asked whether the facility carried stat locks the CRN stated, we have to go check supplies to see if we have the IV stat locks and the saline/ heparin locks.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455925	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Veranda Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The CRN stated that Enhanced Barrier Precautions has been ongoing training, they've been talking to staff about it ever since it came out. The CRN further stated, If we are not doing formal training, we are out there talking to them and reminding them. We started training on it in Feb and March and it has been ongoing ever since. The DON and CRN both stated that Enhanced Barrier Precautions applied to anyone with a medical appliance or wound and that staff were to wear a gown whenever they touched the device or provided care.</p> <p>Observation in the med storage room with the DON and CRN on 05/09/24 at 10:02 am revealed there were saline/ heparin locks present in a bag hanging on the peg board. The CRN stated, I'm not sure how often they're changed, I'll have to check the policy on that.</p> <p>In an interview on 05/09/24 at 10:07 am, the ADON stated, PICC line dressings are changed every week and as needed if it becomes loose, wet, soiled, or peeling on the edges. If there was gauze under it, it is every 3 days, but I'll have to check the policy. The ADON further stated, If there was a stat lock in use, it gets changed with the dressing change. I have never seen stat locks here. Our kits do not have them. If there is a stat lock on there, it needs to come off when the dressing is changed, even though we don't have them. The connectors (saline/heparin locks) are changed weekly and as needed. IV tubing is changed every 24hours. To keep the end clean, the nurses put an alcohol impregnated cap on it. There are alcohol caps for the connectors (saline/ heparin locks), also. If the dressing is being changed, everything gets changed. All the nurses are sent for their IV validation- it is a half day course and is done by an RN that works for the parent company. The ADON stated the facility always has monthly education with the parent company nurse and that the new nurses went to IV training a couple of weeks ago. The ADON stated the nurses should know to change the dressing on a PICC/central/midline if it is loose, soiled, etc. In reference to IV medication, the ADON stated, If someone is getting any IV medication every 12 hours, the empty bag and tubing stay in the room until the next use. Then after 24 hours, it is all thrown out and new tubing is used. The ADON explained Enhanced Barrier Precautions were required when staff was doing wound care, incontinent care, transferring, oral care- any direct contact with a resident. The ADON explained the purpose of EBP was to prevent spreading infections from one resident to another and it was used on any resident that has a device, MDROs (multiple drug resistant organisms), foleys, nephrostomy tubes (a small flexible tube that goes from an opening in the back into the kidney and is used to drain urine from the kidney to a urine collection bag), etc. and used for dressing changes on lines, foley care, and dressing changes on wounds. The ADON stated the facility had just implemented it in March. The facility did a formal in-service in March, and it has been ongoing and daily. The ADON stated, every day I round and check new admissions. If they have lines, foleys, wounds, etc., I let the staff know, place the sign at the door and make sure the gowns are accessible. The gowns are placed in the room in a drawer with a little gown picture on it. Once staff finished with the gowns, they are thrown in the trash. The trash bag was tied and taken to the big bin that goes to the outside trash.</p> <p>In an interview on 05/09/24 at 10:29 am, LVN A stated, PICC dressings are changed every 7 days or when needed and can be changed by any qualified nurse. If there was gauze used with the dressing, I would change it every 4 to 7 days. If there was a stat lock on it and it was not loose or soiled, I would leave it on. In 7 days, I would just take it off because we do not have them in this facility. The connectors are changed every 7 days. If I was changing the dressing before 7 days, I would change the connectors, also. IV tubing is changed every 24 hours. If a resident had every 8 or every 12-hour infusions, cover the bag and tubing, after the date is checked, and put an alcohol impregnated protector on the end of it in between uses.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455925	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Veranda Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>LVN A also stated, EBP was used to prevent infection. We used EBP whenever the resident had something that was open. If there was a sign on the door it meant the resident had a device, wound or infection. EBP meant staff was supposed to use gloves and gown for wound care, peg tube care or use, IVs and anything that required touching the resident.</p> <p>In an interview on 05/09/24 at 10:52 am, LVN B stated Resident #241 got IV antibiotics every 8 hours. The medication ran for four hours, and after the four hours, the tubing was capped with the alcohol green cap. If the PICC dressing had a bio patch under it, it was to be changed every 7 days. If there was no bio patch, it was to be changed every 3 days. EBP means staff was to wear a gown with any contact with resident and any time dressings were changed or wound care/device care was done.</p> <p>Record review of the facility's Dressing Change for Vascular Access Devices policy/procedure dated 08/2021 stated in part:</p> <ul style="list-style-type: none"> -Central venous access device and midline dressing changes will be done at established intervals and immediately if the integrity of the dressing is compromised, if moisture, drainage or blood is present, or for further assessment if infection is suspected. -Transparent semi-permeable membrane dressings are changed every 7 days and PRN. -If a chlorhexidine impregnated gauze sponge (Bio patch) is applied under the transparent dressing, change every 7 days. -If a patient is allergic to the transparent dressing and a gauze and tape dressing is used over the site, the gauze dressing must be changed every 48 hours and PRN. Gauze underneath a transparent semi-permeable membrane dressing is considered a gauze dressing. -A dressing is changed immediately if: <ul style="list-style-type: none"> -The dressing is non-occlusive or soiled. -If using a catheter securement device (Stat lock) it must be changed with each dressing change. <p>Record Review of the facility's Central Line Dressing Change check off (not dated) stated:</p> <ul style="list-style-type: none"> -Gather the necessary equipment: <ul style="list-style-type: none"> Antiseptic (chlorhexidine preferred) Sterile transparent semipermeable dressing (may be chlorhexidine impregnated) Or sterile 4 x 4 gauze pad Sterile tape Sterile drape Alcohol free skin barrier solution <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455925	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Veranda Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Sterile gloves</p> <p>Gloves</p> <p>Masks x2 (1 for nurse and 1 for the client)</p> <p>Label</p> <p>Sterile needless connectors (saline/ heparin lock)</p> <p>Sterile disinfectant caps</p> <p>Sterile, preservative free, prefilled syringes with 10 mL 0.9% normal saline</p> <p>(Number of syringes required based on number of lumens of the CVAD)</p> <p>*Many facilities have sterile pre-packaged CVAD dressing kits that contain the necessary supplies for a CVAD dressing change. Use of pre-packaged kits is recommended when available.</p> <p>-Follow manufacturer's recommendations for cleansing, application, and dry times:</p> <p>Follow manufacturer's recommendations for appropriate cleansing products, application, and dry times. Always allow the product to dry naturally without wiping, fanning, or blowing on the skin. Cleansing products are typically applied using back and forth motion while moving vertically and horizontally for at least 30 seconds.</p> <p>-Open the needleless connector package:</p> <p>Open the needleless connector package using sterile technique and inspect the integrity of the device. Attach the prefilled 10mL normal saline syringe and prime the connector.</p> <p>-Ensure the clamp between the connector and the catheter is closed</p> <p>-Remove the existing needleless connector and scrub the catheter hub:</p> <p>Remove the existing needleless connector. Perform a vigorous scrub of the catheter hub per facility policy. Allow it to dry completely.</p> <p>-Attach the new primed needleless connector:</p> <p>Attach the new primed needleless connector to the catheter hub and rotate to tighten.</p> <p>-Unclamp the catheter and aspirate for a blood return:</p> <p>Unclamp the catheter and aspirate for a blood return. If blood is aspirated, slowly inject the normal saline flush into the catheter using a pulsatile flushing technique.</p> <p>-Clamp the catheter and remove the syringe</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455925	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Veranda Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Place a new antiseptic-impregnated sterile port cap:</p> <p>Place a new antiseptic-impregnated sterile port cap on the needleless connector, if available.</p> <p>Record review of the facility's Enhanced Barrier Precautions signage that was outside the entry doors of residents that required Enhanced Barrier Precautions states in part:</p> <p>-Providers and staff must also:</p> <p>Wear gloves and a gown for the following High-Contact Resident Care Activities.</p> <p>Device care or use:</p> <p>Central line.</p>