STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455001	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Beaumont	4195 Milam Street Beaumont, TX 77707

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to incorporate the recommendations from the PASRR Level II determination and PASRR evaluation report into the resident's assessment, care planning, and transitions of care for 1 of 2 (Resident #1) residents reviewed for PASRR services. -The facility failed to submit a complete and accurate request for nursing facility specialized services in the LTC Online Portal within 20 business days after the date of the Interdisciplinary Team meeting from 09/23/2025. This failure could place residents who have a mental health diagnosis, developmental disability, or intellectual disability at risk from not receiving services identified by the IDT in a timely manner. Findings included: Record review of Resident #1's face sheet dated 06/10/2026 indicated a [AGE] year-old male with a readmission date of 03/14/2025 with diagnoses of encephalopathy (a group of disorders that affect the brain and cause altered mental state), dementia (loss of cognitive functioning), bipolar 2 (mental disorder associated with episodes of mood swings ranging from depressive lows to manic highs), parkinson's disease (a progressive disorder that affects the nervous system and the parts of the body controlled by the nerves), mild intellectual disorder (mild intellectual developmental disorder, is a neurodevelopmental condition characterized by below-average intellectual functioning), cognitive communication deficit (occurs when a person struggles to communicate effectively because of impairments in cognitive processes such as attention, memory, executive function, and social cognition, rather than problems with speech or language mechanics.) tourette's disorder (presence of both motor and vocal tics).Record review of Resident #1's Quarterly MDS dated [DATE], Section C- Cognitive Patterns indicated he had a BIMS score of a 03 (severe cognitive impairment.). Section GG-Functional Abilities indicated Resident #1 was dependent (helper does all the effort required to complete the activities of daily living.). Record review of Resident #1's Care plan dated 10/22/2025 indicated focus: Resident #1 had an ID, DD and was PASARR positive. Resident #1's listed goal was to have specialized services recommended by local authorities by PASARR specialized program as needed. The listed interventions were coordinated services with LMHA (local mental and behavioral health authorities).Record review of PASARR spreadsheet dated 3/11/2026 indicated Attached is the spreadsheet of nursing facilities (NFs) that have been contacted. These NFs were informed that per 26 TAC Chapter 554, Subchapter BB S554.2704 (i)(7). The resident has not received a Medicaid service because of the following: The NF was notified and instructed to submit a NFSS Request by a specific deadline but failed to do so. The NFSS Request submittal by the NF was denied and there was not a follow up submittal to ensure the request was approved to provide specialized services for PASRR for the resident (Resident #1).Record review of Resident #1's PCSP dated 09/23/2025 indicated the meeting held was for his annual IDT/ SPT meeting. Section A2800. (Nursing Facility Specialized Services) had findings for related for PT and OT assessment and therapy services coded as new. At the time, Resident #1 had a new identified need for ST assessment and therapy services. new services that were identified were:D. Specialized Assessment Occupational Therapy (OT) E. Specialized Assessment Physical Therapy (PT)F. Specialized Assessment Speech Therapy (ST)G. Specialized Occupational Therapy (OT)H. Specialized Physical (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Therapy (PT)I. Specialized Speech Therapy (ST)Section A3000. IDD Specialized Services dated 09/23/2025 indicated he had a new need for- F. Habilitation CoordinationThe comment section stated Resident doing well in facility. Will be evaluated for therapy services. Section A2500. Meeting Participation dated 09/23/2025 indicated the Director of Rehabilitation was present and signed off on recommendations.During an interview on 06/10/2026 at 10:48 a.m. with MDS Nurse A, she said she recalled Resident #1 and his PASRR situation. She said Resident #1 was PASARR 2 and was initially approved to receive PASARR services on 02/25/2025. She said that the state needed to know within 20 days of specialized services being identified. She stated that the timeline for Resident #1's specialized services identification and therapists' signature was not within the 20-day NFSS requirement. She said Resident #1 received specialized services from PT, OT and ST while on PASRR and when they took him off PASARR. She said the potential outcome would be residents having a delay in needed services. She stated there could be a decline in a resident's wellbeing. During an interview on 06/10/2026 at 11:30 a.m. with the Director of Rehabilitation, she said she was aware Resident #1 was PASARR positive (an individual who was identified for having a mental health or intellectual and developmental disorder who required additional screening and services upon entry into a nursing facility) and was present during his care plan meetings. She said she noticed Resident #1 was declining while on PASRR. At the meeting she recommended that Resident #1 be removed from PASRR and put on rehabilitation services to increase his mobility since he declined while on PASRR services. She said she told the Coordinator for LMHA (local mental and behavioral health authorities) to put not needed instead of new on the services. She said she reached out to the coordinator by email, including the Administrator, when they received a call from HHSC on February 26, 2026, and again on April 7, 2026. She said the potential risk to the resident was miscommunication regarding the resident's services. She said Resident #1 received specialized services from PT, OT and ST while on PASARR and when they took him off PASARR. She stated it was shared responsibility amongst the whole team to meet the NFSS deadlines. During an interview on 06/10/2026 at 12:15 p.m. with the DON, she that PASARR was comprised of PT, OT, ST, Director of Rehabilitation, the LMHA and the MDS Nurse. She said that MDS typically coordinated the PASARR. She said that the MDS nurse completed all the documentation in the health record software and conversed with LMHA for the annual IDT meetings. She said she would be notified by MDS if there was any participation required on her part. She said she was not aware of the timelines for NFSS. She said that she and MDS needed to adhere to the timelines and monitor to ensure they were completed before required deadlines. She said the delay in services would negatively affect the resident and added she could not elaborate based on limited clinical knowledge on therapy. During an interview on 06/10/2026 at 12:55 p.m. with the Administrator, she said she could not recall the exact details of Resident #1's case. She said that the IDT team and MDS were responsible for ensuring the NFSS timelines were met. She stated that the IDT needed to report it within 20 days and was unaware if the facility met the requirement for specialized services for Resident #1 until HHSC called them twice.Record review of facility Policy titled PASARR dated 01/20/2026 indicated PurposeThe aim of the PASRR program is to identify residents with Mental Illness (MI), Intellectual Disability (ID) or Developmental Disability (DD)/Related Conditions (RC) and to ensure they are properly placed, whether in community or in a Nursing Facility (NF) and to ensure they receive the services they require for their MI, or ID/DD. Procedure^ Post IDT Meeting Responsibilities Once the IDT makes its determinations about specialized care, the facility will;1. Include all specialized services and support activities the residents comprehensive plan of care and provide a copy to the LA (local authority). 2. The facility will initiate the request for specialized services within 20business days of the IDT meeting, implement Specialized Services therapy within 3 business days after receiving approval from HHSC in the online portal and order CMWC and/or DME within 5 business days of receiving approval from HHSC in the online portal.