

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2026
NAME OF PROVIDER OR SUPPLIER Avir at Beaumont		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public, for 1 of 2 living rooms for the secure Unit 300 (C and D Halls of the secure unit) and 1 of 7 (Resident #1 room) resident rooms reviewed for physical environment. The facility failed to ensure physical environment was clean and Hall C and Hall D living rooms was free of dirt, debris and sticky spots covering the floor. The facility failed to ensure Resident #1's bathroom was free of musty odor, dirty towel beside the toilet that was wet and discolored. The facility failed to ensure Resident #1 bedroom floor was clean and free of a crushed dead wood roach (an insect was brown with wings approximately 2 3/4 inch to 3 inches long and lives outside in trees) with a dark brown substance under the crushed wood roach. These failures could lead to residents residing in a unsafe, unfunctional, unsanitary, and uncomfortable environment and could experience a diminished quality of life. Findings included: Record review of the face sheet dated 07/22/2026 indicated Resident #1 was admitted on [DATE] and he was [AGE] years old with diagnoses including high blood pressure (when blood pushed too hard on artery walls), heart disease (conditions affecting heart structure and function), anxiety (excessive fear and worry) and dementia (decline in mental ability severe enough to interfere with daily life). Record review of the quarterly MDS assessment dated [DATE] indicated Resident #1 was cognitively intact with BIMS of 14. Resident #1 had no rejection of care or behaviors that were noted during this assessment period. During an observation and interview on 07/21/2026 at 10:45 a.m., Resident #1 said his toilet was still leaking about a month. He said maintenance had caulked the toilet last week. Resident #1 was observed flushing the toilet, and it poured water around the bolt on the right side of the toilet base on a dirty towel on the floor. The bathroom had a musty odor. He said he stepped on a wood roach this morning. He pointed towards his chair in his bedroom to the approximately 2 3/4 inches to 3 inches dead roach and under the roach was dark substance. During an observation on 7/21/2026 at 11:00 a.m., The living room floor in the secure unit 300 for C and D halls had small 1/2 inch round spots with a dark grayish/sticky substance. There were approximately 30 spots. During an interview on 07/22/2026 at 11:30 a.m., Resident #1 said he had thrown the wood roach away and said the housekeeper did not sweep or mop his room yesterday and not yet today. During an interview on 07/22/2026 at 11:45 a.m., Housekeeper A said she was responsible for Secure unit 3, (Halls C and D). She said she dusted and emptied the garbage for Resident #1's room yesterday (07/21/2026). She said she sweeps and mopped every resident room every day. She said she should have swept and mopped Resident #1's room. She said in the living room, she swept and mopped every day. Housekeeper A said the spots come off the wheelchair wheels. She said the spots must be scraped then swept and mopped. During an interview on 07/22/2026 at 11:55 a.m., the Maintenance supervisor (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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	said the plumber came out on Monday (07/20/2026) and the plumbing company had to get parts for the wax ring and flange (toilet parts which provide a watertight, gas-tight seal and directs waste smoothly into a drainpipe). He said the bathroom should have been mopped and towels replaced frequently by housekeepers and reported. He said he looked for wood roaches and did not see any roaches on July 13 and July 14, and he did not notify pest control company because they were already scheduled monthly. During an interview on 07/22/2026 at 12:00 p.m. the housekeeping supervisor said her expectations were for all areas to be swept and mopped every day. She said cleaning the areas prevents spread of germs and makes the facility homelike. She said if a leak occurs housekeeping was to clean and place clean towels and report the leak to herself. She said no one reported the leak in Resident #1's bathroom. During an interview on 07/22/2026 at 12:30 p.m., the Administrator said her expectation was for the facility to be clean and homelike for the residents. She said housekeepers were to sweep and mop all resident care areas every day and place towels on leaks and report to maintenance. She was not aware the toilet was still leaking. She said pest control company comes out every month and as needed. Record review of the pest log dated July 2026 indicated on July 13, and July 14, unnamed staff reported 5 wood roach. Record review of the Homelike Environment policy dated February 2021 indicated Policy Statement Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. Policy Interpretation and Implementation 1. Staff provides person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences. 2. The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a. clean, sanitary and orderly. Record review of the Pest Control dated May 2008 indicated Our facility shall maintain an effective pest control program. 1. This facility maintains an on-going pest control program to ensure that the building is kept insects and pest free.		