STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455020	A. Building B. Wing	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at New Braunfels	821 US Hwy 81 W New Braunfels, TX 78130

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promoted maintenance or enhancement of his or her quality of life, recognizing each resident's individuality for 1 of 3 Residents (Resident #1) reviewed for resident rights. The facility failed to provide an accessible toilet in Resident #1's room and she urinated on another resident's floor. Resident #1 commented she felt ashamed. This deficient practice could place residents at risk for experiencing feelings of shame. The findings were: Review of Resident #1's face sheet, dated 1/30/26, revealed she was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease (a progressive brain disorder that slowly destroys memory and thinking skills, ultimately affecting the ability to carry out simple tasks, psychotic disorder (severe mental health condition characterized by disruptions in thought processes, perceptions, and emotional responses, often leading to a loss of touch with reality) with delusions due to known physiological condition, anxiety disorder due to known physiological condition and Major Depressive Disorder (mood disorder that causes a persistent feeling of sadness and loss of interest). Review of Resident #1's quarterly MDS assessment, dated 12/2/25, revealed her BIMS score was 12 of 15 indicative of moderate cognitive impairment, she was frequently incontinent of bowel and bladder and required set up or clean assistance with toileting. Review of Resident #1's Care Plan, edited on 8/10/25, revealed Resident #1 had moderate cognitive impairment and she required supervision for toileting. Observation on 1/26/26 at 4:59 p.m. revealed the bathroom door was screwed shut and did not open in Resident #1's room. Observation and interview on 1/26/26 at 5:05 p.m. revealed Resident #1 was sitting at a dining room table in the secured women's unit coloring. Resident #1 was observed calm, soft spoken and engaged in conversation. She stated she could not use the toilet in her bathroom because it was locked. She stated she had accidents on herself because she was not able to make it to another bathroom. Resident #1 stated she felt yucky when she had an accident on herself and she felt embarrassed. Resident #1 stated she did not like having to use a different bathroom other than her own. Interview on 1/29/26 at 10:56 a.m. with CNA A revealed she stated she had worked at the facility for about 1 year. She stated there were 4 bathrooms in the women's secured unit the residents could not use because the bathroom doors were screwed shut. CNA A stated a contractor started remodeling the showers in the rooms and never finished the remodeling job, so the MS screwed the doors shut so the showers did not cause a safety hazard. She stated the bathrooms were closed and not accessible since July 2025 or August 2025. CNA A stated Resident #1 was one of the Residents who did not have access to her bathroom and was redirected to using the toilet in room [ROOM NUMBER], 36, 38, the toilet in the shower room or the toilet across the shower room. She stated the shower room and the room across from the shower room were down the hall a distance away. CNA A stated the affected residents did not like going those areas especially at night when it was cold. CNA A (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated some of the residents in the designated rooms questioned why Resident #1 and other residents were going into their room. CNA A stated Resident #1 had the sensation to urinate and have a bowel movement; however sometimes she was not able to get to another toilet in time and would have accidents on herself. She stated one time she was leading Resident #1 to the room next door to hers and she did not make it to the toilet and she urinated on the floor. She stated Resident #1 was very upset and started crying. CNA A stated Resident #1 and other affected residents complained all the time about the bathrooms and questioned when they were going to get fixed along with some of their family members. CNA A stated she felt bad for the residents because the residents should have their own bathrooms. She stated it was inconvenient for the residents to have to use another bathroom. She stated It was also a privacy issue for the residents who shared their bathroom and further stated it was a dignity issue for Resident #1. Interview on 1/30/26 at 9:43 a.m. with Resident #1's family member revealed in talking to Resident #1, Resident #1 could not remember which were the designated bathrooms. The family member stated the CNA's had to lead her to a designated bathroom to use. The family member stated one time she took Resident #1 next door, and she did not make it to the bathroom. Resident #1 urinated on the floor and she started crying frantically. The family member stated Resident #1 had tears falling down her face and stated, I feel ashamed. The family member stated they did not know how it impacted the other residents. The family member stated CNA A had to clean Resident #1 up. The family member expressed feeling awkward walking Resident #1 into another resident's room because the ladies stared at them. The family member also expressed feeling helpless because there was nothing that could be done about the situation which had been an ongoing issue since at least October 2025. The family member stated she proposed paneling the shower off to staff so that Resident #1 had access to the toilet, but the idea was denied. The family member also reported talking to the previous Administrator and stated he was very negative and apparently very frustrated. The family member stated the previous ADM threw his hands up in the air and stated there was nothing else he could do and it was in the hands of upper management. The family member stated the previous ADM also mentioned the facility received bids which were a lot more than management expected. Observation and interview on 1/30/26 at 11:39 a.m. with ADON B and the MS revealed the doors to four bathrooms in the women's secured unit were screwed shut. The MS stated it was since July 2025 when a contractor started the demolition of the showers, determined there was more damage than expected, asked for more monies and it was denied. The MS stated the renovation of the showers in stated rooms came to a halt. ADON B stated the residents who resided in these rooms were directed to use the bathroom in rooms 36, 38 or in the shower room. ADON B stated he understood all residents should have their own bathroom and toilet and it was an inconvenience to have to use another resident's bathroom. However, there was nothing he could do about it because it was upper management to provide the approval to move forward with the renovation of the showers. ADON B stated he believed the residents knew where to go or staff could lead them if they needed assistance. He stated he did not know of any of the residents having accidents on themselves, but if they did, he believed it would be a dignity issue for the resident. He stated he understood the residents were not happy about it because they had voiced their concerns as well as some of the family members. The ADON stated he had not offered Resident #1 to move to another room. Interview on 1/30/26 at 12:20 p.m. with the ADM and the DON revealed corporate asked them to obtain bids for the renovation of the showers. The ADM and DON stated they completed the task per corporate, had a number of contractors provide them with bids and all the information was sent to corporate. The ADM stated she understood that it was hung up with the main owner of the company that bought the facility. She and the DON stated they understood that it had been going on for months (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and the affected residents should have their own bathroom and not have to use another resident's bathroom. The ADM and DON stated it was an inconvenience for the affected residents and a privacy issue for the residents who shared their bathroom. The DON stated it was also a dignity issue if any of the residents were having accidents on themselves as a result of not having their own bathroom. Review of facility policy, Resident Rights, revised February 2021 read in relevant part Employees shall treat all residents with kindness, respect and dignity. 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:a. a dignified existence,b. be treated with respect, kindness and dignity; e. self-determination; h. be supported by the facility in exercising his or her rights;

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide a safe, comfortable, and homelike environment, ensuring residents received care and services safely and that the physical layout of the facility maximized resident independence and did not pose a safety risk for 3 of 6 Residents (Resident #1, Resident #2 and Resident #3) reviewed for homelike environment. The facility failed to hire a contractor to complete the renovation of Resident #1's, Resident #2's, Resident #3's showers for a period of about 6 months. Resident #1, Resident #2 and Resident #3 had to use the toilet in another resident's room or in the main shower room away from their room. This deficient practice could place residents at risk contribute to residents experiencing feelings of dissatisfaction and inconvenience. The findings were:1.Review of Resident #1's face sheet, dated 1/30/26, revealed she was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease (a progressive brain disorder that slowly destroys memory and thinking skills, ultimately affecting the ability to carry out simple tasks, psychotic disorder (severe mental health condition characterized by disruptions in thought processes, perceptions, and emotional responses, often leading to a loss of touch with reality) with delusions due to known physiological condition, anxiety disorder due to known physiological condition and Major Depressive Disorder (mood disorder that causes a persistent feeling of sadness and loss of interest). Review of Resident #1's quarterly MDS assessment, dated 12/2/25, revealed her BIMS score was 12 of 15 indicative of moderate cognitive impairment, she was frequently incontinent of bowel and bladder and required set up or clean-up assistance with toileting. Review of Resident #1's Care Plan, edited on 8/10/25, revealed Resident #1 had moderate cognitive impairment and she required supervision for toileting. Observation on 1/26/26 at 4:59 p.m. revealed the bathroom door was screwed shut in Resident #1's room. Observation and interview on 1/26/26 at 5:05 p.m. revealed Resident #1 was sitting at a table in the dining room in the secured women's unit coloring. Resident #1 was observed calm, soft spoken and engaged in conversation. She stated she could not use the toilet in her bathroom because it was locked. She stated she did not like having to use a different bathroom other than her own. Interview on 1/30/26 at 9:43 p.m. with Resident #1's family member revealed in talking with Resident #1, Resident #1 could not remember where the designated bathrooms were located, the CNA's had to lead her to a designated bathroom. The family member stated Resident #1 did not like to use another resident's bathroom. The family member stated they did not know how it impacted the other residents but felt awkward walking Resident #1 into another resident's room. The family member stated the ladies stared at them. The family member expressed feeling helpless because there was nothing that could be done about the situation which had been an ongoing issue since at least October 2025. The family member reported proposing to staff to panel the shower off so that Resident #1 had access to the toilet, but the idea was denied. The family member stated she tried talking to the previous Administrator and stated he was very negative and apparently very frustrated. The family member stated the previous ADM threw his hands up in the air and stated there was nothing else he could do; it was in the hands of upper management. The previous ADM also stated they received bids but were a lot more than management expected. 2. Review of Resident #2's face sheet, dated 1/30/26, revealed she was admitted to the facility on [DATE] with diagnoses including unspecified intellectual disabilities (Primary, Admission), unspecified dementia (the specific type of dementia cannot be clearly identified, despite the presence of cognitive decline and memory loss), unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety and bipolar disorder (condition that causes periods of (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	severe changes in your mood, activity levels, energy, and ability to carry out everyday tasks.) Review of Resident #2's quarterly MDS assessment, dated 11/2/25, revealed her BIMS score was 9 of 15 indicative of moderate cognitive impairment, she was occasionally incontinent of bowel and bladder and required supervision to extensive assistance with toileting. Review of Resident #2's Care Plan, revised on 11/12/25, revealed Resident #2 was identified as having ID PASRR positive status related to moderate intellectual disabilities and had moderate cognitive impairment. Further review revealed she was occasionally incontinent of bowel and bladder and one of the approaches was to assist Resident #2 with toileting routinely and PRN, and she required supervision for toileting. Observation and interview on 1/30/26 at 4:06 p.m. revealed Resident #2 was in her room. She stated she hated that she did not have her own bathroom and that she had to go to another resident's room to use the toilet. She stated the residents who shared their bathroom did not like it either. 3. Review of Resident #3's face sheet, dated 1/30/26, revealed she was admitted to the facility on [DATE] with diagnoses including age-related cognitive decline, lack of coordination and unsteadiness on feet. Review of Resident #3's quarterly MDS assessment, dated 12/2/25, revealed her BIMS score was 8 of 15 indicative of severe cognitive impairment, she was continent of bowel and bladder and required supervision or set-up assistance with toileting. Review of Resident #3's Care Plan, edited on 12/14/25, revealed Resident #3 required activities of daily living support related to age-related cognitive decline, neurological disorders, and need for safety supervision. One of the approaches indicated Resident #3 was independent with toileting. Staff was to monitor for continence changes and provide cueing PRN. Interview on 1/29/26 at 10:56 a.m. with CNA A revealed she had worked at the facility for about 1 year. She stated there were 4 bathrooms in the women's secured unit the residents could not use because the bathroom doors were screwed shut. CNA A stated a contractor started remodeling the showers in the rooms and never finished the remodeling job, so the MS screwed the doors shut so the showers did not cause a safety hazard. She stated the bathrooms had been closed and not accessible since July 2025 or August 2025. CNA A stated Resident #1, Resident #2 and Resident #3 were all instructed to use the toilet in room [ROOM NUMBER], 36, 38, the toilet in the shower room and the toilet in the room across from the shower room. She stated the shower room and the room across the shower room were a distance away and the residents did not like going to those areas especially at night when it was cold. CNA A stated some of the residents in the designated rooms questioned why Resident #1, Resident #2 and Resident #3 were using their bathroom. CNA A stated Resident #1, Resident #2, Resident #3 and other affected residents complained all the time about when the bathrooms were going to get fixed along with some of their family members. CNA A stated she felt bad for the residents because the residents should have their own bathrooms; it was inconvenient for them to have to use another bathroom. She stated it was also a privacy issue for the residents who shared their bathrooms. Observation an interview on 1/30/26 at 11:39 a.m. with ADON B and the MS revealed the doors to four bathrooms in the women's secured unit were locked down. The doors had been screwed shut. The MS stated it had been since July 2025 when a contractor started the demolition of the showers, determined there was more damage than expected, asked for more monies and it was denied. The MS stated the renovation of the showers in stated rooms came to a halt. ADON B stated the residents who resided in these rooms were directed to the bathroom in rooms 36, 38 or the shower room. ADON B stated he understood all residents should have their own bathroom and toilet and it was an inconvenience to have to use another resident's bathroom. However, there was nothing he could do about it because it was upper management to provide the approval to move forward with the renovation of the showers. He stated he understood the residents were not happy about the situation because they had voiced their concerns as well as some of the (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	family members. ADON B stated he had not offered Resident #1 or Resident #2 to move to another room. He stated Resident #3 did not want to move. Interview on 1/30/26 at 12:20 p.m. with the ADM and the DON revealed corporate asked them to obtain bids from different contractors for the renovation of the showers. The ADM and the DON stated they completed the task given by corporate, had a number of contractors provide them with bids and all the information was sent to corporate. The ADM stated she understood that it was hung up with the main owner of the company that bought the facility out. She and the DON stated they understood it had been going on for months and the affected residents should have their own bathroom and not have to use another resident's bathroom. The ADM and DON stated it was an inconvenience for the affected residents and a privacy issue for the residents who shared their bathroom. Observation and interview on 1/30/26 at 4:04 p.m. revealed Resident #3 was lying in bed. Resident #3 stated it was an inconvenience having to use another resident's bathroom, having to walk down the cold hallway to the shower carrying all her toiletries. Resident #3 stated it had been so long since the bathroom had been locked and wished they would fix her shower. Review of facility policy. Homelike Environmental, revised February 2021), read in relevant part 1. Staff provides person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences. 2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that a reflect a personalized, homelike setting.

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F 0840 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service. Based on interview and record review, the facility failed to ensure agreements pertaining to services furnished by outside resources specified in writing that the facility assumes responsibility for obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility for 1 of 1 facility reviewed for dental services. The facility did not have a written agreement with the dental facility for dental care. This failure could place residents at risk for not receiving dental services.Findings included: Record review of the facility contract binder, conducted date 01/30/2026, revealed the facility did not have a contract with the dental service provider on 01/30/2026. During an interview on 01/30/2026 at 12:00 p.m., the Administrator stated the facility contacted the dental service provider 01/29/2026, and it was an ongoing process. The Administrator said a new company bought this facility in November of 2025 and should have contracted a local dental facility to provide dental service to residents who needed dental care. The Administrator said she did not know why the facility did not have the contract with the dental service provider, but a local dentist visited the facility and provided dental care to residents on 01/27/2026 because the residents' doctors might choose the dental provider. The Administrator said she and regional company leaders were responsible for obtaining facility contracts with outside resources, and if the facility did not have a contract, residents might not have dental care. During an interview on 01/30/2026 at 12:45 p.m., the DON stated the facility residents received dental services if they needed it because the residents' doctors might choose the dental providers from community dentists. The DON stated without a contract with a dental facility there was a potential risk of residents not receiving dental care. Record review of the facility policy titled, Dental Services, dated revised 12/2016, revealed, 1. Routine and 24-hour emergency dental services are provided to our residents through: a. a contract agreement with a licensed dentist that comes to the facility monthly. b. referral to the resident's personal dentist. c. referral to community dentist. d. referral to other health care organizations that provide dental services.