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	05/23/2026

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 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the activities program is directed by a qualified professional. Based on interview and record review the facility failed to ensure the activities program was directed by a qualified professional who was a qualified therapeutic recreation specialist or an activities professional who was licensed or registered by the State for 1 of 1 facility reviewed for qualifications of activity professionals. The facility failed to have a qualified Activities Professional to direct their activities program. This deficient practice could place residents at risk of not receiving approaches that were individualized to match the skills, abilities, and interests/preferences of each resident for activities.The findings included: During an interview on 05/23/2026 at 3:46 p.m., the Administrator revealed that the Activity Director recently quit and the position was vacant for a few weeks but would need to confirm the date.During an interview on 05/23/2026 at 4:29 p.m., the Assistant Activity Director revealed that the Activity Director quit her position at the beginning of April 2026. She stated that the Activity Director came into the office and said she was done and quit abruptly. The Assistant Activity Director stated she asked the Administrator for assistance in paying the fees to begin the AD certification course, but he delayed her request as he believed once she became certified, she may leave the facility. She stated she was neither licensed nor registered as a qualified activities professional. The Assistant Activity Director stated she was a bit overwhelmed as she was responsible for performing the duties of the former AD including the scheduling of activities, both individual and groups. During a follow-up interview on 05/23/2026 at 6:45 p.m., the Administrator stated that he was actively working on filling the activity director position and had an advertisement out for the position. He stated he was currently in talks about sending the Assistant Activity Director to school to obtain her AD certification. He stated he had not gotten solid applicants for the position, and he was unable to find a certified activity director. He stated he was leaning towards providing the Assistant Activity Director with the opportunity to complete a training course approved by the state and to become a licensed Activity Director. The Administrator stated that the Assistant Activity Director was provided with training under the Activity Director for two years. He stated the Assistant Activity Director was currently directing their activities program. The Administrator stated that he understood the facility was in non-compliance and is working towards filling the AD position.During an interview on 05/23/2026 at 6:54 p.m., the Regional Nurse Consultant stated they did not have a policy specific to the activity director, and they followed state regulations for the requirement.Record review of a facility policy titled, Activity Programs, dated June 2018, revealed .Activity programs are designed to meet the interests of and support the physical, mental and psychosocial well-being of each resident.

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