

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2026
NAME OF PROVIDER OR SUPPLIER Avir at New Braunfels		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understood and, the facility failed to ensure a copy was sent of the notice to a representative of the Office of the State Long-Term Care Ombudsman for 1 of 2 resident (Resident #1) reviewed for transfers and discharges. The facility failed to provide a 30 day discharge notice for Resident #1 and failed to provide a copy to the Ombudsman. This failure could place residents at risk of inappropriate discharges, and not informing the Ombudsman of a resident discharge, to allow for an appeal process. The findings include:Record review of Resident #1's admission Record, dated 7/8/2026, documented a [AGE] year old, female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included Parkinson's disease, age-related cognitive decline, and dementia. Record review of Resident #1's discharge MDS, dated [DATE], documented her BIMS score was 10/15 (moderate cognitive impairment). Resident #1 rejected care for 1 to 3 days. Record review of Resident #1's care plan, dated 6/17/2026, documented: she had social behaviors related to Cognitive impairment (dementia) with impaired judgment, poor impulse control, poor social, and decrease control, to interpret social cues (may include anxiety/restlessness contributing to behaviors); Physical/Verbal Aggression/ Resistant to Care-Physical and verbal aggression / resistant behaviors during care R/T: Cognitive impairment/suspected dementia and impaired coping/adjustment, evidenced by hitting staff, yelling/cussing, throwing items, and refusal of care/medications; and barricading in room / blocking Safety risk / risk for injury and delayed emergency response R/T: Cognitive impairment (dementia) with poor judgment, anxiety/restlessness, impaired impulse control and intermittent care refusal AEB: Resident barricades self in room/blocks doorway, limiting staff access. Record review of Resident #1's discharge summary report, dated 6/17/2026, documented Resident #1 was transferred to another sister facility with all her belongings and dated by the physician on 6/23/2026. At an interview on 7/10/2026 at 4:06 PM, the ADM stated that he did not provide a 30 day notice to Resident #1 or her party responsible. The ADM stated that he did not provide a copy of the discharge notice to the Ombudsman. ADM had no comments. At an interview on 7/10/2026 at 11:19 AM, the Ombudsman stated that the ADM did not provide a 30 day notice for Resident #1. In an interview on 7/10/2026 at 9:21 AM with Representative of Resident #1 called with no return phone call. In an attempt to interview on 7/10/2026 at 12:40 PM Resident #1 she was confused and stated that, surveyor needed to talk to her family. Record review of the policy, Transfer or Discharge, Facility- Initiated, dated May 2026, documented, Once admitted the facility, residents have the right to remain in the facility. Facility initiated transfers and discharges, when necessary, must meet specific criteria and require resident/representative notification and (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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	orientation, and documentation as specified in this policy. Notice of transfer or discharge (planned), 13. Answers or for presenting are given a 30 day advance written notice of an impending transfer or discharge from the facility. 15. A copy of the notice is sent to the office of the state long term care ombudsman at the same time the notice representative to discharge is provided to the resident and representative.		