

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455678	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/26/2025
NAME OF PROVIDER OR SUPPLIER  Avir at Longview		STREET ADDRESS, CITY, STATE, ZIP CODE  301 Hollybrook Dr Longview, TX 75605	
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 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.  (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455678	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/26/2025
NAME OF PROVIDER OR SUPPLIER  Avir at Longview		STREET ADDRESS, CITY, STATE, ZIP CODE  301 Hollybrook Dr Longview, TX 75605	
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and record review the facility failed to provide a safe, clean, comfortable and homelike environment for 3 of 7 (Residents 1, 5 and 7) residents observed for clean and homelike rooms. The facility failed to ensure that the resident rooms and facility hallways did not smell of fecal matter and urine on 11/25/25 and 11/26/25. This failure placed residents at risk of uncomfortable environment and a decreased quality of life. Findings Include: Observation of entry hallway on 11/25/25 at 11:15 a.m., revealed strong smell of urine and fecal matter in hallway to the right of the entrance. Observation of Resident #1's room on 11/25/25 at 12:35 p.m., the room had an odor of fecal matter. Resident #1 Record review of Resident #1's face sheet indicated that Resident #1 was a [AGE] year old female admitted to the facility on [DATE] with diagnoses of gastroparesis (stomach takes too long to empty into the intestines), constipation (infrequent bowel movements that are often hard to pass), and neuromuscular dysfunction of the bladder (have trouble urinating, leaking or feeling like you can't full empty the bladder). Record Review of Resident #1's MDS assessment dated [DATE] indicated that she had a BIMS of 15 which means that the resident was fully oriented and cognitively intact. Record review of Resident #1's care plan dated 10/6/25 indicated the following care areas: * Resident requires total care with all ADL's, interventions indicated that resident is dependent on staff for all ADL's *She had a history of UTI's, no intervention listed*Has potential for skin integrity issues. Interventions are to educate the patient and patient representative on the importance of keeping skin dry and clean and for the facility to provide skin care per the facility guidelines and PRN as needed. Record review of Resident #1's Kardex dated 11/26/2025 indicated that she was on enhanced barrier precautions for high contact. Interview with Resident #1 on 11/25/25 at 12:35 p.m., Resident # 1 stated that the staff do not clean her room very often and that it often smells bad as they leave dirty linens in the room and her dirty briefs. She stated that she has complained about this to the staff but nothing has changed. She stated that her family has had to clean her room. Resident #5 Record Review of Resident #5's face sheet which indicated that Resident # 5 was a [AGE] year old female admitted to the facility on [DATE] with diagnoses of Parkinson's Disease (a neurological disorder that causes tremors, and stiffness of the muscles), and UTI (an infection of the urinary tract). Record review of Resident #5's care plan and Kardex were basic and not fully completed due to her recent admission to the facility. Her care plan indicated that she had a colostomy bag and was to receive care every shift and as needed. Resident #7 Record Review of Resident #7's face sheet which indicated that she was a [AGE] year old female admitted to the facility on [DATE] with diagnoses of dementia (memory is impaired), constipation (infrequent bowel movements that are often hard to pass). Record review of Resident #7's care plan dated 4/23/25 indicated that she had an altered urinary elimination related to: history of recurrent UTI. Record review of Resident #7's MDS assessment indicated that she required partial or moderate assistance with toileting hygiene, showering/bathing. Interview with housekeeping staff on 11/25/25 at 1:30 p.m. Housekeeping staff that she worked in housekeeping for the facility and she stated that they have been working hard to get the facility cleaned as the administration was in the building to address some of the issues that they have been having. She stated that she is a single mother and that they recently instated a requirement for the housekeeping staff to work a weekend rotation and she was worried that she would not be able to do that due to having to have someone watch her children. She stated that she feels like the facility needs more housekeeping staff as it seems hard for her to keep up with the daily cleaning tasks. She stated that she is not aware of any specific examples but she stated that it would be believable that a resident's room was not cleaned daily. She stated that she had voiced her staffing concerns with the administration but does not believe they will hire more housekeeping staff. Interview with LVN A on 11/25/25 at 1:45 p.m., LVN A stated that the halls should not smell of urine or fecal matter and that sometimes the facility can be dirty but she was not aware of any issues with housekeeping. She stated that they could not use air fresheners and sometimes if the facility was not cleaned appropriately it could smell. Interview with family member of Resident #1 on 11/25/25 at 3:15 p.m. Family member of Resident #1 stated that the facility was clean today because the investigator was here but that it was normally filthy. She stated she and other family have cleaned Resident #1's room themselves to make it comfortable. She stated that she believed she continues to have C. Diff and get UTI's because they are not cleaning her room appropriately. She stated that the entire facility smells horrible to her most days. Interview with CNA C on 11/26/25 at 10:30 a.m. CNA C stated that there were times when the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455678	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/26/2025
NAME OF PROVIDER OR SUPPLIER  Avir at Longview		STREET ADDRESS, CITY, STATE, ZIP CODE  301 Hollybrook Dr Longview, TX 75605	
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455678	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/26/2025
NAME OF PROVIDER OR SUPPLIER  Avir at Longview		STREET ADDRESS, CITY, STATE, ZIP CODE  301 Hollybrook Dr Longview, TX 75605	
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain grooming and personal hygiene were provided for 4 of 7 (Residents #1, 3, 5 and 7) residents reviewed for ADLs. The facility failed to ensure Residents #1, 3, 5, and 7 received showers, brief checks and changes as needed in October and November 2025. These failures could place residents at risk of not receiving services/care and decreased quality of life. Findings Include: Resident #1 Record review of Resident #1's face sheet indicated that Resident #1 was a [AGE] year old female admitted to the facility on [DATE] with diagnoses of gastroparesis (stomach takes too long to empty into the intestines), constipation (infrequent bowel movements that are often hard to pass), and neuromuscular dysfunction of the bladder (have trouble urinating, leaking or feeling like you can't full empty the bladder). Record Review of Resident #1's MDS assessment dated [DATE] indicated that she had a BIMS of 15 which means that the resident was fully oriented and cognitively intact. Record review of Resident #1's care plan dated 10/6/25 indicated the following care areas: * Resident required total care with all ADL's, interventions indicated that resident is dependent on staff for all ADL's *She had a history of UTI's, no intervention listed*a potential for skin integrity issues. Interventions were to educate the patient and patient representative on the importance of keeping skin dry and clean and for the facility to provide skin care per the facility guidelines and PRN as needed. Record review of Resident #1's Kardex dated 11/26/2025 indicated that she was on enhanced barrier precautions for high contact. Interview with Family Member of Resident #1 on 11/25/25 at 12:19 p.m. Family member stated that Resident #1 has had UTI's in the past and they installed cameras in Resident #1's room and it did not seem like the facility staff were changing her brief as needed or checking on her every two hours as they were supposed to do. She stated another family member visited Resident #1 on the morning of 11/21/25 and Resident #1 had a full brief that needed to be changed. The family member stated they informed an aide (name unknown) and they said they would come to change her. She stated they visited with the resident for over an hour and no one ever came to change Resident #1. The family member stated that they came back that evening and that the brief did not appear to have been changed in that time period as they could still see the blood from Resident #1's hemorrhoid mixed in with the fecal matter in the brief as it had appeared that morning. The family member stated that Resident #1 had complained that she had not been given a bath in a long period of time and that Resident #1 likes to be clean. Interview with family member of Resident #1 on 11/25/25 at 3:15 p.m. Family member of Resident #1 stated Resident #1 wanted to be bathed but they will only give her bed baths and never get her out of bed. She stated that Resident #1 was supposed to be at the facility for rehabilitation and should be up and walking but due to her infection, they did not allow her to leave the room. She stated that her relative goes to the hospital with UTI's but she cannot remember that last time and thinks it was a couple of months ago. She stated that she believed she continued to have C. Diff and get UTI's because they are not changing Resident #1 frequently. Record review of a photograph provided on 11/25/25 at 10:00 a.m. by family member of Resident #1 and taken on 11/21/2025 at 6:49 p.m. which showed a full brief with blood mixed with feces. This is stated to be a picture of Resident #1's brief that was stated to not have been changed during the day on 11/21/2025. Interview with the DON on 11/25/25 at 11:30 a.m DON stated that the expectation of the facility administration was that residents be checked at least every two hours and changed if their brief was wet or soiled. DON stated that the risk of this not being done is an increase in infections such as urinary tract infections and skin breakdown and the possible development of pressure ulcers, other wounds and a decrease in the quality of life for the residents. DON stated that hand hygiene was also important to decrease infections. DON stated that a clean environment was also important for keeping infections down as surface bacteria can lead to infections. DON stated that she reviewed the infection surveillance report which looked back at the last three months and showed that there have been 29 UTI's in the facility which was high based on their total filled beds of 63. DON stated that Resident #1 has had a C. Diff infection for a long period of time and that could cause frequent bowel movements and she was going to do an in-service on c. diff with nursing and CNA staff to explain that cleaning the bed and the person was very important to avoid reinfection. She stated that Resident #1 last had a UTI in September of this year. DON stated that the source of the UTI's was unknown but could come from being left in a soiled brief for extended periods of time. Interview with the ADM on 11/25/25 at 11:55 a.m ADM stated that it was her expectation that no resident</p>		