STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455713	A. Building B. Wing	09/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at San Antonio	50 Briggs Ave. San Antonio, TX 78224

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 - Actual harm Residents Affected - Few	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

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F 0584 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the resident's right to a safe, clean, comfortable, and homelike environment for 1 (Resident #1's room) of 12 resident rooms reviewed for physical environment.The facility failed to ensure there were no pests in Resident #1's room on 9/5/25.This failure could place residents at risk of psychosocial harm due to diminished quality of life and/or physical harm. Findings included:Record review of Resident #1's admission Record, dated 9/20/25, revealed the resident was admitted on [DATE] with diagnoses which included: Need for Assistance with Personal Care, Muscle Weakness, Polyneuropathies (disorder affecting multiple peripheral nerves, causing damage/dysfunction), and history of other diseases of the nervous system and sense organs] .Record review of Resident #1's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 15, indicating intact cognition.Record review of Resident #1's Progress Notes revealed: 9/5/25 at 10:00 am - Aide notified this nurse of finding ants on the bed, noticed ants under sheets, at which time, maintenance staff notified room and bed sprayed, bed and mattress decontaminated, cont. Patient encouraged to be out of bed daily and to eat in bed to a minimal [sic] in order for bed and surrounding to be checked for ants [LVN A] 9/5/25 at 4:00 pm - DON and this nurse spoke [with] resident regarding ants in room.[ADON] 9/8/25 at 11:00 am - CNA [A] called to room [and] resident c/o having ant bites to bilat inner thighs and [right] flank area. Both inner thigh areas have fluid filled pustules [with] redness from scratching or rubbing area. [Right] flank area also [with] redness [and] few pustules noted. NP notified and n/o for hydrocortisone cream 1% apply thin layer to affected area TID until healed. Monitor for s/s of infection q shift, resident noted with no c/o pain or discomfort [LVN B] 9/8/25 - Resident mention [sic] she had ants in her bed Fri am, has ant bites on inner groin leg, RT back reported to Tx nurse, she called NP got orders - [LVN C] (Rt flank area, inner groin [with] redness and pus [LVN C] Record review of Resident #1's Weekly Skin Assessment, dated 9/5/25, completed by the ADON, revealed: Red raised area to bilateral inner thighs [and] [right] flank area. Record review of an Event Report, dated 9/5/25, revealed: .ant bites to bilateral inner thighs [and] [right] flank area. area red and raised. This nurse was made aware that resident had ants in her bed earlier but no visible ant bites. When CNA put resident to bed CNA noted ant bites and notified this nurse. Resident assessed and ant bites noted. red and raised [with] no blisters. [PCP] called and made aware gave PRN order for hydrocortisone 1% apply TID PRN. Resident denies pain/discomfort to area. Resident did not want this nurse to apply hydrocortisone to noted bites as she wasn't having any pain/burning/itching to area. R/p called [and] made aware - [ADON]. Record review of photographs (HHSC 6339 Documentation of Photographic Evidence 1-8), received by HHSC on 9/11/25, revealed areas of redness and pustules to the Resident #1's groin and thighs.Record review of video (HHSC 6339 Documentation of Video Evidence), received by HHSC on 9/11/25, revealed numerous ants on Resident #1's bed.During an interview and observation of skin assessment for Resident #1 on 9/18/25 at 3:11 pm, small circular scars were noted to the resident's bilateral thighs and right flank area. Resident #1 and Treatment Nurse said these scars were because of ant bites.During an interview on 9/18/25 at 3:14 pm, Resident #1 said on 9/5/25 about 6:00 am there were ants in her bed, fire ants. Resident #1 further said she could not feel and did not realize the ants were on her. Resident #1 said she felt something on her shoulder and told CNA A, who said it was an ant. Resident #1 further said when CNA A removed the covers, there were more ants on the bed. Resident #1 said there were a whole bunch, on that day (9/5/25) they (the ants) were big and bit me. Resident #1 further said the ants were coming from the window/AC area.During an interview on 9/19/25 at 10:47 am, the DON said she first learned about the ants in Resident #1's bed on the morning of 9/5/25 about 9:45 am. On 9/19/25 at 12:45 pm, the DON verified Resident #1 did not have any skin breakdown on 9/4/25 as documented on her shower sheet. During an interview on 9/19/25 at 10:51 am, LVN A] said he was notified about ants in Resident #1's bed on 9/5/25 about 9:40 am.During an interview on 9/19/25 at 2:11 pm, the MS said he saw the ants in Resident #1's room, which were coming from the AC unit.During an interview on 9/19/25 at 3:21 pm, CNA A said on 9/5/25, at about 8:30 am - 9:00 am, Resident #1 said she felt like something was crawling on her shoulder. CNA A further said when she removed the resident's covers to check the bed she noticed more ants on the bed. CNA A said she placed a sheet under the resident to provide a barrier until a second staff arrived to help transfer the resident out of bed using the lift. CNA A further stated she did not notice any food in or around the resident's bed.During an interview on 9/20/25 at 2:46 pm, CNA A said she had not noticed any redness

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure all alleged violations involving abuse or neglect, exploitation or mistreatment were reported immediately, but not later than 2 hours after the allegation was made, if the events resulted in serious bodily injury for 1 of 4 residents (Resident #1) reviewed for reporting. The facility failed to report to the state survey agency that Resident #1 sustained an injury as a result of ants in her bed on 9/5/25.This failure could place residents at risk for neglect, diminished quality of life, physical, and/or psychosocial harm.Findings included:Record review of Resident #1's admission Record, dated 9/20/25, revealed the resident was admitted on [DATE] with diagnoses which included: Need for Assistance with Personal Care, Muscle Weakness, Polyneuropathies (disorder affecting multiple peripheral nerves, causing damage/dysfunction), and history of other diseases of the nervous system and sense organs.Record review of Resident #1's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 15, indicating intact cognition Record review of Resident #1's Progress Notes revealed: 9/5/25 at 10:00 am - Aide notified this nurse of finding ants on the bed, noticed ants under sheets, at which time, maintenance staff notified room and bed sprayed, bed and mattress decontaminated, cont. Patient encouraged to be out of bed daily and to eat in bed to a minimal [sic] in order for bed and surrounding to be checked for ants [LVN A] 9/5/25 at 4:00 pm - DON and this nurse spoke [with] resident regarding ants in room.[ADON] 9/8/25 at 11:00 am - CNA [A] called to room [and] resident c/o having ant bites to bilat inner thighs and [right] flank area. Both inner thigh areas have fluid filled pustules [with] redness from scratching or rubbing area. [Right] flank area also [with] redness [and] few pustules noted. NP notified and n/o for hydrocortisone cream 1% apply thin layer to affected area TID until healed. Monitor for s/s of infection q shift, resident noted with no c/o pain or discomfort [LVN B] 9/8/25 - Resident mention [sic] she had ants in her bed Fri am, has ant bites on inner groin leg, RT back reported to Tx nurse, she called NP got orders - [LVN C] (Rt flank area, inner groin [with] redness and pus [LVN C] Record review of Resident #1's Weekly Skin Assessment, dated 9/5/25, completed by the ADON, revealed: Red raised area to bilateral inner thighs [and] [right] flank area. Record review of an Event Report, dated 9/5/25, revealed: .ant bites to bilateral inner thighs [and] [right] flank area. area red and raised. This nurse was made aware that resident had ants in her bed earlier but no visible ant bites. When CNA put resident to bed CNA noted ant bites and notified this nurse. Resident assessed and ant bites noted. red and raised [with] no blisters. [PCP] called and made aware gave PRN order for hydrocortisone 1 apply TID PRN. Resident denies pain/discomfort to area. Resident did not want this nurse to apply hydrocortisone to noted bites as she wasn't having any pain/burning/itching to area. R/p called [and] made aware - [ADON].Review of facility intakes on TULIP on 9/17/25 revealed there were no self-reported incidents about the event involving ants in Resident #1's bed with subsequent ant bites to her body. During an interview and observation of skin assessment for Resident #1 on 9/18/25 at 3:11 pm, small circular scars were noted to the resident's bilateral thighs and right flank area. Resident #1 and Treatment Nurse said these scars were because of ant bites.During an interview on 9/18/25 at 3:14 pm, Resident #1 said on 9/5/25 about 6:00 am there were ants in her bed, fire ants. Resident #1 further said she could not feel and did not realize the ants were on her. Resident #1 said she felt something on her shoulder and told CNA A, who said it was an ant. Resident #1 further said when CNA A removed the covers, there were more ants on the bed. Resident #1 said there were a whole bunch, on that day (9/5/25) they (the ants) were big and bit me. Resident #1 further said the ants were coming from the window/AC area. During an interview on 9/20/25 at 3:31 pm, the Administrator said it was important to check for the facility for pests and treat any identified issues, as they did with the ants on 9/5/25, and ensure no other issues with pests. The Administrator further said the MS and herself were responsible for ensuring the facility was pest free. The Administrator said the nursing staff were responsible for reporting any pest activity. The Administrator further said that residents were at risk for bug bites if the facility had increased pest activity[KA1] .Record review of the facility's policy, Abuse/ Reportable Events, undated, revealed: .It is everyone's responsibility to recognize, report, and promptly investigate actual or alleged abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property abuse and situations that may constitute abuse or neglect to any resident in the facility. Adverse event: untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof. Reporting: Facility employees must report all allegations of: abuse, neglect, exploitation, mistreatment of residents, misappropriation of resident property or injury of unknown