

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455713	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Avir at San Antonio		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. (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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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a comprehensive care plan was reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments for 1 of 7 residents (Residents #1) reviewed for care plans, in that: The facility failed to review and revise Resident #1's comprehensive care plan after the resident's quarterly assessment dated [DATE] and annual assessment dated [DATE]. This deficient practice could place residents at risk of receiving inadequate care to meet their physical, psychosocial and functional needs. The findings included: Record review of Resident #1's electronic face sheet, accessed on 12/18/2025, revealed the resident was a [AGE] year-old male admitted to the facility on [DATE] and again 08/22/2025 with diagnoses including Alzheimer's disease with early onset (a progressive disease, where dementia symptoms gradually worsen over a number of years), vascular dementia (a common form of dementia caused by an impaired supply of blood to the brain, such as may be caused by a series of small strokes), Schizoaffective disorder - bipolar type (a condition mixing psychosis with manic symptoms such as high energy, less sleep, risky behavior and sometimes depressive symptoms), Parkinson's disease (a progressive brain disorder causing tremors, slow movement and sleep issues) and hallucinations (experiences involving the apparent perception of something not present). Record review of Resident #1's annual MDS with an ARD of 10/26/2025 revealed a BIMS of 08/15, indicating moderately impaired cognition. Record review of Resident #1's EHR revealed the resident received a quarterly MDS with an ARD of 08/08/2025. Record review of Resident #1's comprehensive care plan in his EHR revealed it was last reviewed and updated on 05/27/2025. During an interview on 12/18/2025 at 10:55 AM the DON stated a review of Resident #1's comprehensive care plan review should have been completed after the quarterly MDS review dated 08/08/2025 and again after the annual MDS review dated 10/26/2025. The DON stated the facility had transitioned from one EHR software platform to a different one within the last few months and in the interim, some resident records were updated manually on paper; however, she was unable to find an updated comprehensive care plan for Resident #1. During an interview on 12/18/2025 at 12:05 PM, the Administrator stated the MDS coordinator was responsible for updating resident care plans after MDS assessments and Resident #1's comprehensive care plan should have been updated since 05/27/2025 despite the facility's transition from one EHR software platform to another one. The facility terminated the employment of its prior MDS coordinator in the first week of November 2025, and in the interim, had one part-time MDS coordinator who worked at the facility 2-3 times per week and a regional MDS coordinator. MDS coordinators had full access to the residents' EHR. The facility's new MDS coordinator was scheduled to start work on 12/29/2025. Record review of the facility's policy Care Plans, Comprehensive Person-Centered dated March 2022 revealed, 12. The Interdisciplinary team reviews and updates the care plan: d. at least quarterly, in conjunction with the required quarterly MDS assessment. Record review of CMS Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.20.1, October 2025, 2.7 The Care Area Assessment (CAA) Process and Care, revealed, . the resident's care plan must be reviewed after each assessment, as required by S483.20, except discharge assessments, and revised based on changing goals, preferences and needs of the resident and in response to current interventions.</p>		