STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455724	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor View Nursing & Rehabilitation	1213 Water St Kerrville, TX 78028

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure each resident received adequate supervision and assistive devices to prevent injury for 1 of 4 residents reviewed for accidents. (Resident #3)The facility did not provide adequate supervision for smoking to Resident #3, who was assessed to not be a safe smoker. This failure could place residents who smoked at risk for injury from burns.Findings Included: Face sheet dated 06/17/2026 indicated Resident #3 was admitted on [DATE], with diagnoses of raynaud's syndrome with gangrene (blood vessels squeeze shut due to cold or stress), chronic obstructive pulmonary disease (lung disease making hard to breathe), hypertension (high blood pressure).Care plan review showed, . has been assessed to require supervision when smoking and .will not smoke without supervision.Smoking assessment, dated 4/20/2026, showed resident unable to hold cigarette safely, extinguish cigarette safely, use ashtray to extinguish a cigarette.Observation on 6/17/2026 at 10:10 am, showed 4 residents in the smoking area. No staff were present. Resident #3 was observed smoking a cigarette, unsupervised.Interview on 6/17/2026 at 3:06 pm, CNA A stated when residents from the 300 hall go to smoke, a staff from that hall should be supervising. She stated if not, then a staff on the 200 hall would be informed to supervise the residents. She stated she failed to ask a 200 hall staff member to supervise the residents during their smoke break. She stated residents should be supervised during smoke breaks to prevent any burns.Interview on 6/17/2026 at 3:21 pm, Nurse B stated Resident #3 is supposed to be supervised because he has not been deemed to be a safe smoker.Interview on 6/18/2026 at 2:34 pm, Resident #3 stated he had the cigarette on him.Observation on 6/18/2026 showed that Resident #3 cigarettes were locked and secured.Record review of Resident Smoking Policy showed, Must be supervised at the posted times by staff the entire time they are smoking.

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