STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455744	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Stephenville	1670 Lingleville Rd Stephenville, TX 76401

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to incorporate recommendations from a PASRR (Preadmission Screening and Resident Review) evaluation report into a resident assessment, care planning, and transition of care for one (Resident # 9) of two residents reviewed for PASRR services. The facility failed to submit a complete and accurate request for NFSS in the LTC online portal within 20 days after the IDT meeting For resident #9. This failure could place residents who were PASRR positive at risk of not getting the PASRR services for a better quality of life and could lead to a decline in health. Findings included: Record review of Resident #9's face sheet dated 6/4/26 revealed a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses that included: autistic disorder (a condition related to brain development that affects how people see others and socialize with them), unsteadiness on feet, bipolar disorder severe and depressed with psychotic symptoms (a mental condition that affects a person's mood, energy, activity, and thought, and is characterized by hallucinations and delusions), skin picking disorder (a mental health condition characterized by compulsive skin picking that can lead to significant physical and emotional distress), other lack of coordination (trouble controlling body movements), scoliosis (an abnormal curve of the spine), profound intellectual disabilities (significant limitations in mental functioning and daily living skills), and epilepsy, unspecified (a seizure disorder). Record review of Resident #9's quarterly MDS assessment dated [DATE] revealed no BIMS score was noted but was marked as severely impaired under the cognitive skills for daily decision making. Record review of Resident # 9's PASRR Level 1 Screening Summary dated 10/16/24 revealed a positive response for a known or suspected diagnosis of intellectual disability, mental illness and developmental disability. Record review of Resident # 9's PASRR Evaluation dated 10/17/24 revealed he was identified as having an intellectual disability and requires specialized services. Record review of Resident # 9's quarterly MDS assessment dated [DATE] revealed no BIMS score was noted but was marked as moderately impaired under the cognitive skills for daily decision making. Record review of Resident # 9's PASRR Evaluation dated 11/20/25 revealed he was identified as having an intellectual disability and requires specialized services. Record review of Resident #4's PCSP dated 2/25/26 revealed IDT meeting held on 2/25/2026. Attendees included the resident, the PASRR habilitation coordinator, a social worker, PTA, DOR/COTA, MDS Nurse, PTA and nursing facility representatives. The following NFSS were identified and confirmed: Specialized Occupational Therapy Assessment, Specialized Occupational Therapy, Specialized Speech Therapy Assessment and Specialized Speech Therapy, Specialized Physical Therapy Assessment and Specialized Physical Therapy. During an interview on 6/5/26 at 1:00 pm, the DOR stated the NFSS for Resident #4 was not submitted. The DOR stated she was previously unaware of her responsibility to submit the NFSS and the assessments into the long -term care portal for approval. She stated she was not familiar with the PASARR Specialized Services Process and she did not submit the paperwork in simple because she thought the LIDDA took care of things from her end. She stated Resident #4 could have a decrease in his quality of Life or functional status from not having his services initiated in a timely manner. She stated that Resident # 4 had (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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Speech Therapy, Occupational Therapy and Physical Therapy Services ordered at the facility during the time since his meeting with the IDT, so he had not suffered a negative outcome. During an interview on 6/5/26 at 1:10 pm, the SW stated she had never worked in long term care before. She stated she is not sure what her responsibility is as far as arranging services that the IDT decided upon through NFSS. She stated she needed more training on the process and her role in obtaining and coordinating services and failure to complete the NFSS in a timely manner could prevent the resident from receiving PASSR Services in a timely manner and lead to a decline in his quality of life. During an interview on 6/5/26 at 1:27 pm, the Administrator stated she was familiar with the PASRR process and that the NFSS is completed by the DOR and should be submitted within 20 days. The Administrator stated the facility had had a transition to a new company and she had only been employed at this facility for a short time. She stated it would be her expectation that the Social Worker and the DOR would attend and schedule the IDT meeting and submit the necessary paperwork for the NFSS services decided upon within the appropriate times. Review of the policy titled PASRR, dated 1/20/26 stated in part: Purpose -The aim of the PASRR program is to identify residents with Mental Illness (MI),Intellectual Disability (ID) or Developmental Disability (DD)/Related Conditions (RC) andto ensure they are properly placed, whether in community or in a Nursing Facility (NF)and to ensure they receive the services they require for their MI, or ID/DD. The IDT Meeting Process The Social Worker or designee must contact the LIDDA/LMHA to schedule anIDT meeting within two calendar days of resident admission. The facility must convene the IDT meeting within fourteen calendar days of admission. The IDT must be composed of a team that includes the resident, the residentslegally authorized representative if any, an RN a representative of LIDDA/LMHA,if the resident is on hospice, the hospice nurse, and other persons as needed. The IDT will review and discuss the recommended Specialized Services on thePE and come to an agreement on which specialized services the resident needs. The IDT will identify the most appropriate entity to provide those services and willfollow-up to ensure they are provided to the resident.ˆ Post IDT Meeting Responsibilities Once the IDT makes its determinations about specialized care, the facility will;1. Include all specialized services and support activities in the residentscomprehensive plan of care and provide a copy to the LA.2. The facility will initiate the request for specialized services within twentybusiness days of the IDT meeting, implement Specialized Servicestherapy within three business days after receiving approval from HHSC inthe online portal and order CMWC and/or DME within five business daysof receiving approval from HHSC in the online portal.3. The MDS Coordinator or designee will document the IDT minutes and allspecialized services into the online portal on the PCSP within three business days after the IDT meeting and annually thereafter. Record review of state agency website https://www.hhs.texas.gov/regulations/forms/2000-2999/form-2362-receipt-certification-a-qualified-rehabilitatio revealed the following in part: Requesting Habilitative Services: A speech, occupational or physical therapist may request habilitative therapies (physical, occupational or speech therapy) for a PASRR-positive person for up to 6 months at a time. Requests for Authorization of Specialized Services for Residents of Nursing Facilities Requesting Authorization of Habilitative Physical, Occupational or Speech Therapy. To request Habilitative therapies, nursing facility providers must submit a Nursing Facility Specialized Service (NFSS) form on the Texas Medicaid and Healthcare Partnership (TMHP) Long Term Care (LTC) Online Portal. Additionally, each request must be accompanied by corresponding signature sheets or other attachments. A licensed therapist must complete and submit the following for each type of habilitative therapy service requested. New Request: New (Submit initial assessment). An initial therapy assessment completed by a licensed therapist is required. The service request must include a treatment plan. PASRR NF Specialized Services (NFSS) - Therapy Signature Page (for Therapist, Referring Physician and Nursing Facility Administrator signatures).

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs) to meet the needs for 1 of 5 residents (Resident #4) reviewed for pharmaceutical services, in that: The facility failed to reorder medication for Resident #4 before his supply was depleted. These failures could place residents who receive medications at risk for a decline in health and of not receiving the intended therapeutic benefit of the medications. The findings included: Record review of Resident #4's face sheet dated 6/5/26, revealed a [AGE] year-old male initially admitted on [DATE] with the following diagnoses: bladder disorder (a condition of the bladder that affects how the bladder stores or releases urine), UTI (an infection involving the bladder and kidneys) Record review of Resident #4's Quarterly MDS dated [DATE] revealed Section-C Cognitive Patterns Resident #4 had a BIMS score of 15, which meant he was cognitively intact. Section H revealed he was always continent of bladder and occasionally incontinent of bowel. Record review of Resident #4's physician orders revealed Gemtesa Oral Tablet 75 MG (Vibegron) Give 1 tablet.by mouth at bedtime related to bladder disorder dated 05/18/26. Record review of the medication administration record on 06/05/2025 at 3:30 PM for revealed Resident # 4 did not receive his Gemtesa on 6/2/26, or on 6/3/26 . Review of the Care Plan revised 4/12/26 for Resident #4 revealed, focus: has an overactive bladder and has a history of UTI's (urinary tract infections).Goal: Resident #4 will be continent during waking hours through the review date. Interventions: Administer medications as ordered. (Gemtesa and D-Mannose) Ensure Resident #4 has an unobstructed path to the bathroom. Record review of the Nursing progress notes written by LVN #1 dated 6/3/26 at 5:07 PM revealed: This nurse was made aware of the medication Gemtesa being unavailable from the Pharmacy. This nurse contacted the pharmacy to request a refill of the above-mentioned medication. This nurse was informed that the insurance would no longer cover the Gemtesa and to have it filled the facility would have to sign a facility authorization to bill form. This nurse spoke with the administrator and the form to bill the facility was filled out and faxed to the pharmacy. This nurse then followed up with the pharmacist to attempt to have the medication STAT delivered but the pharmacist stated, The delivery manager said he would be unable to schedule a STAT delivery for today or any day this week due to an influx of 20 facilities on their route. This nurse communicated all this to the physician, the administrator, and to [Resident #4] No new orders at this time. [Resident #4] verbalized gratitude for getting the medication filled. During an Interview on 6/3/26 at 1:00 PM Resident #4 stated that he had not received his medication for his overactive bladder for several days. He stated he was not aware of how long he had gone without the medication, but he thought the medication was not working because he had to urinate so much. He stated the ADON told him that they were out of the Medication on 6/3/26 and he had not received it. He stated he just wanted his medication because he needs it. During an Interview with the ADON at 4:00 PM on 6/3/26, she stated she had not given the Resident his Gemtesa because there was no medication in the cart. She stated the medication should have been reordered before the supply was exhausted. She stated she notified LVN #1 that the medication was not available so he could contact the pharmacy and reorder it. She stated that failing to administer the medication when the medication was ordered and not notifying the physician that it was not available could have caused an adverse effect for the residents. The resident could have had an increase in his overactive bladder symptoms and not received the appropriate treatment that he needed. During an interview with LVN #1 at 4:30 PM on 6/3/26 he stated he was not aware until today that Resident #4 had missed doses of his Gemtesa. He stated he would address the matter, contact the pharmacy, and make any necessary treatment changes if indicated. He stated he would notify the pharmacy and the physician. In an interview with the Administrator on 6/3/2026 at 5:00 PM, (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the DON reported she expected Gemtessa to be ordered when the last dose is used, and her expectation was that residents should not run out of their medications. She stated that there were medications in the emergency kit that could be administered, but due to the price of the Gemtesa, it was not a medication that was available in the emergency kit. She stated failure to receive medication as ordered could be detrimental to a resident's health. She confirmed the medication could not be found and stated it had been re-ordered today. She stated she believed the failure occurred because there was a lack of communication between the Day shift and the night shift. Record Review of the Policy titled medication Administration, dated revised April 2019 stated in part: Medications are administered in accordance with prescriber orders, including any required time frame.Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include:enhancing optimal therapeutic effect of the medication.preventing potential medication or food interactions; andhonoring resident choices and preferences, consistent with his or her care plan.Medication errors are documented, reported, and reviewed by the QAPI committee to inform process changes and the need for additional staff training.Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders).