

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455785	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/29/2025
NAME OF PROVIDER OR SUPPLIER  Avir at Western Hills		STREET ADDRESS, CITY, STATE, ZIP CODE  512 Draper Dr Temple, TX 76504	

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 0585  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interviews, and record review, the facility failed to ensure prompt resolution of grievances regarding the resident's right to file a grievance for 4 of 4 confidential residents interviewed for grievances. The facility failed to notify residents in writing of the findings and actions of the grievances they filed. This failure could affect resident's right to a written decision regarding the resolution of their grievance. Findings included: Review of the November and December 2025 grievance logs revealed 5 grievances in November, all which had documented follow up dates and resolutions noted. 7 grievances were documented in December which had follow up dates and resolutions noted. In confidential interviews on 12/29/2025 with residents who had filed grievances with the facility revealed none of them had received written findings of their grievances. Some stated that they never received verbal investigation findings and were not aware if staff they had complained about had received education, or disciplinary action. The confidential residents all recalled being spoken to by the ADM, who served as the grievance official, for him to gather additional information pertaining to their grievance, but not all of them recalled him coming back to inform them of the outcome of their complaint and what the actions would be taken to correct and identified problems pertaining to their grievances. In an interview on 12/29/2025 at 12:23 PM with the ADM who served as the grievance official, he stated that he communicated the findings of grievance investigations verbally to the complainants. He stated that he did not give them written results because he was not aware the Grievance policy stated that he needed to give the grievor something in writing. He stated that the policies were all new due to the company change. He stated that it would be important to deliver written resolutions, so the grievor had something to refer to later. He later stated that none of the administrators he had spoken with gave out written resolutions, and his boss was not familiar with that process either. Review of the facility's 'Grievances/Complaints, Filing' policy dated April 2017, revealed The resident, or person filing the grievance and/or complaint on behalf of the resident, will be informed (verbally and in writing) of the findings of the investigation and the actions that will be taken to correct any identified problems.</p>

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>(continued on next page)</p>

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<p>F 0806</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 interview, and record review the facility failed to provide food that accommodates residents' allergies, intolerances, and preferences for 1 (Resident #1) of 5 residents reviewed for food preferences and allergies. The facility failed on 10/20/25, 10/22/25, 11/17/25, 12/8/25, and 12/27/25 to serve Resident #1 meals that excluded foods she was allergic to or foods that aligned with her religious beliefs. This failure placed residents at risk of food-related medical emergencies and did not honor their religious preferences. Findings included: Review of Resident #1's quarterly MDS dated [DATE] reflected a [AGE] year-old female who admitted to the facility on [DATE] with the following diagnoses: anemia (deficiency of red blood cells), neurogenic bladder (a condition where neurological conditions affect bladder function, leading to issues with bladder control), anxiety (feelings of worry, nervousness or unease), bipolar disorder (mental disorder characterized by wide mood swings), schizophrenia (mental disorder characterized by hallucinations, delusions, disorganized thinking or behavior), respiratory failure (inability of the respiratory system to perform adequate gas exchange), colostomy malfunction (complications that can arise after a colostomy surgery, which diverts waste from the rectum to an opening in the abdominal wall), and morbid obesity (BMI of 40 or higher). In Section K - Swallowing/Nutritional Status, Resident #1 was indicated as being on a therapeutic diet (e.g., low salt, diabetic, low cholesterol). Resident #1 had a BIMS score of 15, indicating intact cognition. Review of Resident #1's comprehensive care plan dated 11/25/25 reflected in the allergies list, and allergy of tomatoes. Resident #1 had a 'no salt on tray' diet with regular texture and consistency. Interventions were to provide and serve diet as ordered. Review of Resident #1's food preferences assessment dated [DATE] reflected that she did not like pork on 5 different spaces provided. The tomato allergy was also printed. Review of meal photos revealed the following items were severed to the resident: *12/27/25 Resident #1 was served 3 slices of pork, meal ticket stated dislikes of pork and no raw tomatoes *12/8/25 Resident #1 was served a dinner salad with raw tomatoes*11/17/25 Resident #1 was served a dinner salad with tomato seeds visible*10/22/25 Resident #1 was served raw tomatoes on her tray, meal ticket read, two turkey sandwiches, lettuce, pickles, mayo, ketchup, mustard*10/20/25 Resident #1 was served a turkey sandwich with a plate of lettuce, onion, and raw tomato on the side, meal ticket stated a dislike of pork and no raw tomatoes, 2 turkey sandwiches, lettuce, pickle, mayo Review of Resident #1's November MAR revealed a Benadryl was administered on 11/19/25 at 2100 (9:00PM). In an interview/observation on 12/29/2025 at 9:18 AM with Resident #1 she stated she had an allergy to raw tomatoes, but that she could eat cooked tomatoes. She stated that it was her religious preference not to eat pork, but that the facility continued to serve it to her. She stated the facility did not go over her food preferences until February 2025. She told the facility at that time that she could eat beef, chicken, and/or turkey. Resident #1 provided pictures of meals that she had been served that contained tomatoes and/or pork and her meal tickets were visible in some of the photos. A picture showing tomato seeds on her plate dated 11/17, Resident #1 informed the surveyor she had to take Benadryl that day due to ingesting the tomato seeds in her salad. She stated her mouth would swell and she got hives on her back if she ingested raw tomato. In an interview on 12/29/2025 at 9:42 AM with [NAME] A, she stated that there was a new cook aide that could have been responsible for serving tomatoes to Resident #1 because they did not have resident preferences memorized. She stated that she had informed the new aide to pay attention to the resident meal tickets, because it was on the counter in front of them as they prepared trays. She stated that the cook was responsible for ensuring what was on the ticket was being served accurately. She stated they started that process about a couple weeks ago, ensuring plates were accurate before sending out. In an interview on 12/29/2025 at 9:45 AM with the DA, she stated that she was well aware of Resident #1's allergy and preferences because Resident #1 would often write things on her meal tickets and send them back to the kitchen. She stated that on 12/24/25, [NAME] A had to leave due to getting sick at work, and the DA had to take over food preparation. She stated that it was an emergency and if she were responsible for any food mistakes she was horribly mistaken and apologetic. She stated that she had been in-serviced about a month ago on resident preferences and she knew how to look at resident tickets before making their side dishes. In an interview on 12/29/2025 at 11:27 AM with the DM, she stated she became the DM in October 2025 and prior to that, she was the cook for about 5 years. She stated she was aware of the preferences of Resident #1. She stated that she had been working on going around and completing all the residents' food preferences and that sometimes the nurses would send her communication</p>		