STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455834	A. Building B. Wing	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Athens	150 Gibson Rd Athens, TX 75751

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to notify the representative immediately of a significant change in condition and transfer to the hospital for 1 of 5 residents reviewed for notification requirements. The facility failed to notify Resident #1's representative on (1/21/2026) when there was a change in the resident's condition requiring the resident to be sent to the local hospital. This failure could place residents at risk of not having family members or representatives notified of changes in condition and allowing them to participate in care decisions. Resident #1 was a [AGE] year-old female born 11/26/1954 and admitted on [DATE]. According to a face sheet dated 3/10/2026, she had a diagnosis including cerebral infarction due to embolism of left middle cerebral, type 2 diabetes mellitus, primary hypertension, congestive heart, failure chronic kidney disease stage 3, aphasia (nonfluent slow speech with difficulty producing language) following cerebrovascular disease. According to a Minimum Data Set (MDS) dated [DATE], and with a Brief Interview for Mental Status (BIM's) score of (00) which indicated she could not complete the BIM's questionnaire. Review of the nursing noted date 1/21/2026 at 7:45a.m., Indicated a therapist reported to LVN B, Resident #1 was minimally responsive and breathing abnormally. LVN B reported the resident was hyperventilating, not verbally responsive, but made eye contact when spoken to. Vital signs were obtained; manual blood pressure could not be obtained, pulse was 100, respirations 24, temperature 97.7*F, blood glucose 371, and oxygen saturation 91% room air. The resident was diaphoretic and cold to the touch. Provider made aware of changes in condition and order received to send to ER. Resident left facility in stable condition at approximately 08:00a.m. accompanied by EMS. Review of the medical record showed no documented evidence that the resident's representative or family was notified of the change in condition. A review of Resident#1 hospital discharge summary showed an admission date of 1/21/2026 with chief complaints of altered mental status and an admission diagnosis of acute lower urinary tract infection. The discharge note indicated that the resident's representative attributed the hospitalization to the prior nursing facility, but the hospital physician clarified that the resident had pneumonia and a urinary tract infection on admission to the ER. And further documented the resident had been in the facility for approximately eight hours, and the hospitalization was not caused by care provided at the facility. During an interview on 3/10/2026 at 10:30 a.m., the resident's representative stated Resident #1 was admitted to the facility on [DATE] at approximately 5:00 p.m . The representative reported he and another family member visited the resident from approximately 5:00 p.m. to 6:00 p.m. on the day of admission. Resident #1's representative stated the other family member returned to the facility 1/21/2026 approximately 6:30 a.m. to bring breakfast for Resident #1. The representative reported that he was notified by the other family member that Resident #1 was not in her bed, and at that time staff informed the family member of the change in condition, and Resident #1 had been transferred to the local hospital emergency room. Resident's #1's representative stated the facility did not notify him prior to the transfer and he was not informed of any changes in the resident's condition or incident involving the resident that required transfer to a local hospital emergency room. Resident #1s representative stated he expected (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455834	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2026
NAME OF PROVIDER OR SUPPLIER Avir at Athens		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Gibson Rd Athens, TX 75751	

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to be notified by the facility staff if there was a change in the resident's condition or if an incident occurred. Durning an interview on 03/10/2026 at 2:44 p.m., CNA A stated on 1/21/2026 at approximately 6 a.m. she arrived at the unit and observed Resident # 1's bathroom light on and the resident not in bed. CNA A stated she went into the bathroom and found Resident #1 seated on the commode leaning backward. CNA A stated Resident #1 was able to communicate, but the resident was unable to state how she got to the bathroom. CNA A stated she attempted to assist the resident to stand with one-person assistance, but the resident staggered backward, and she returned the resident to a seated position on the commode for safety. CNA A stated she called for additional assistance, and LVN B responded to the room. CNA A stated staff obtained a wheelchair and assisted Resident #1 back to bed. Durning an interview on 03/10/20226 at 2:54 p.m., LVN B stated on 1/21/2026 at approximately 7:45 a.m., a therapist reported Resident #1 was minimally responsive and breathing abnormally. LVN B stated the resident was hyperventilating, not verbally responsive, but made eye contact when spoken to. He stated the vital signs were obtained; manual blood pressure could not be obtained, pulse was 100, respirations 24, temperature 97.7*F, blood glucose 371, and oxygen saturation 91% room air. He said the resident was diaphoretic and cold to the touch. LVN B stated the physician was notified of the change in condition, and orders were received to transfer the resident to the emergency room. He said the resident left the facility at approximately 8:00 a.m. with EMS. LVN B stated that at the time of Resident #1's emergency, another resident also required urgent attention. LVN B stated he left to assist the other resident with immediate care needs. LVN B stated the Admin. was present at the time of the incident and he believed the Admin. was notifying the resident's representative, but he could not confirm whether the representative was notified and stated he could not verify notification as it was not documented in the medical record. During an interview on 3/10/2026 at 3:30 p.m., the ADON stated the facility policy requires staff to notify the resident's physician and resident representative when there is a significant change in the resident's condition and to document the notification in the medical record. The ADON stated she could not confirm that Resident #1's representative was notified of the change of condition and transfer, as no documentation of notification was found in the medical record. Durning an interview on 3/10/2026 at 3:45 p.m., RNC stated facility policy requires notification of the resident's representative for significant changes in condition, with documentation in the medical record. He stated the resident's representative may not have been notified and stated he would review the policy with staff to ensure timely notification and proper documentation. The RNC stated that the current Admin. was unavailable due to approved absence. A record review on 3/10/2026 at 4:00 p.m. of the facility Policy Change in a Resident's Condition or Status dated 2001, Revised February 2021 and April 2025: Policy Statement; the facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/ mental condition and/or status (e. g. changes in level of care, billing/payments, resident rights, etc.).