

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455923	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2025
NAME OF PROVIDER OR SUPPLIER Avir at Beeville		STREET ADDRESS, CITY, STATE, ZIP CODE 600 S Hillside Dr Beeville, TX 78102	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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: 455923	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2025
NAME OF PROVIDER OR SUPPLIER Avir at Beeville		STREET ADDRESS, CITY, STATE, ZIP CODE 600 S Hillside Dr Beeville, TX 78102	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents had the right to be free from abuse for 4 of 5 residents (Residents #1, #2, #3, and #4) reviewed for abuse, neglect, and exploitation. 1. The facility failed to protect Resident #2 from physical abuse when Resident #1 hit Resident #2 on the arm and kicked him in the leg on 10/15/2025. 2. The facility failed to protect Resident #1 from physical abuse when Resident #2 hit Resident #1 in the face for hitting him on the arm on 10/15/2025. 3. The facility failed to protect R #4 on 11/24/25 from being hit by R #3 in the hall of the women's locked unit. These failures could place residents at risk for physical or psychological harm or injury. Findings included: 1. Record review of Resident #1's face sheet, dated 11/26/2025, revealed a [AGE] year-old male with an admission date of 06/14/2025. Resident #1's diagnoses included Myocardial Infarction (commonly known as a heart attack, occurred when blood flow to a part of the heart muscle was blocked and lead to tissue damage), Congestive heart failure (a chronic condition where the heart cannot pump enough blood to meet the body's needs, leading to fluid buildup and other various symptoms), Chronic Kidney Disease (also called chronic kidney failure, involved a gradual loss of kidney function), Non-Traumatic Subacute Subdural Hemorrhage (a serious condition characterized by bleeding in the brain without any external injury, often requiring prompt medical attention), Dementia (a group of symptoms affecting memory, thinking and social abilities), Cognitive Communication Deficit (communication difficulties which arose from cognitive impairments), and Schizoaffective Disorder (a mental health condition which was marked by a mix of symptoms such as hallucinations, delusions, depression, mania, and a milder form of mania called hypomania). Record review of Resident #1's Quarterly MDS assessment, dated 09/16/2025, revealed a BIMS score of 03, which indicated severely impaired cognition. Resident #1's MDS also revealed Resident #1 experienced disorganized thinking, as well as felt down, depressed or hopeless. Resident #1 also exhibited physical and verbal behaviors toward others and self. Record review of Resident #1's care plan, initiated 08/20/2025, revealed Resident #1 had an episode of physical aggression toward staff, in which he raised his hand in a motion to hit a staff member, but had not followed through. Interventions included administer medications as ordered, analyze triggers and what de-escalated the behavior, assess and address for contributing sensory deficits, and provide physical and verbal cues to alleviate anxiety. Resident #1's care plan, initiated 08/01/2025, revealed Resident #1 was observed yelling and swinging on staff members, and interventions included monitor and document any signs or symptoms of Resident #1 posing danger to self or others, and a psychiatric consult. Record review of Resident #1's nurse's note, written by the ADON, dated 10/15/2025, revealed Resident #1 was involved in an episode of physical aggression from another resident in which he reacted and hit the other resident in return. Resident #1's social service's note, dated 10/15/2025, follow-up with Resident #1 after the incident revealed he did not remember the incident. Record review of the facility's incident reports revealed Resident #1 had a Physical Aggression Received Incident on 10/15/2025. 2. Record review of Resident #2's face sheet, dated 11/26/2025, revealed an [AGE] year-old male with an original admission date of 09/02/2025, and a current admission date of 10/28/2025. Resident #2's diagnoses included Peripheral Vascular Disease (a slow and progressive disorder of the blood vessels, such as narrowing, blockage, or spasms in a blood vessel), Type 2 Diabetes (a chronic condition which affected how your body metabolized sugar (glucose), leading to high blood sugar levels and various health complications), Vascular Dementia (describes significant symptoms which affected daily living and may be similar to mild cognitive impairment but were more severe), and Anxiety (intense, excessive and persistent worry and fear about everyday situations) Record review of Resident #2's Significant Change MDS assessment, dated 10/08/2025, revealed a BIMS score of 03, which indicated severely impaired cognition. Resident #2's MDS also revealed he exhibited physical behaviors toward others. Record review of Resident #2's care plan, initiated 09/19/2025, revealed Resident #2 was physically aggressive at times. Interventions included analyze triggers and what de-escalated the behavior, provide physical and verbal cues to alleviate anxiety. Resident #2's care plan, initiated 09/19/2025, revealed Resident #2 had acute confusional episodes with inattention and disorganized thinking. Interventions included encourage friends, family and caregivers to be at bedside during acute episodes in order to provide familiarity and support, and redirect and provide gentle reality orientation as required. Record review of Resident #2's nurse's note (written by LVN-A), dated 10/15/2025, revealed Resident #2 was in the dining room and threw his cup of water, and he started pushing</p>		