

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER Avir at Enchanted Rock		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Observation, Interview and Record Review the facility failed to incorporate the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care for 1 of 3 (Resident #3) PASSAR services in that: The facility failed to submit a complete and accurate request for nursing facility specialized services in the LTC Online Portal within 20 business days after the date of IDT meeting. This failure could affect residents on PASARR services and could result in Resident not proving PASARR services. The findings: Record review of Resident #3's admission Record dated 07/09/2025 documented he was admitted on [DATE], re-admitted on -2/04/2024 with diagnoses of Parkinson's disease, and Intellectual Disabilities. Record review of Resident #3's Quarterly MDS dated [DATE] documented his BIMS score was 5/15 (severely impaired), mobilized with wheelchair and had a diagnosis of Parkinson's disease, and Intellectual Disabilities. Record review of Resident #3's Care Plan dated 04/15/2025 documented he had a diagnose of Intellectual Disability and he had a PASSAR care plan that included a specialized wheelchair. Record review of Resident #3's IDT PCSP meeting was dated 04/24/2025 attended meeting was Resident #3, MDS and PASSAR agent. Record review of the IDT PCSP meeting revealed they discussed starting Occupational (OT) and Physical Therapy (PT). Record review of Resident #3's NFSS dated 4/11/2025 was referred to Occupational Therapy for rehabilitation through PASRR program to maintain mobility and ADL participation due to Intellectual Disabilities, Parkinson's disease, unsteadiness on feet and tremors. Resident #3 would benefit to work on his balance, standing, coordination and monitoring of behaviors by the DOR. This NFSS form Authorization Type was new. Record review of this NFSS OT Portal history included: on 4/25/2025 at 3:19 PM was denied due to Authorization Type as RESTART, please resubmit as a RESTART. Record review of Resident #3 NFSS dated 4/13/2025 was referred to PT Therapy for rehabilitation through PASRR program to maintain mobility and ADL participation due to Parkinson's disease. muscle weakness, abnormalities of gait and mobility. to prevent functional decline. Resident #3 could benefit from independently and safety. to maximize functional independence and decrease risk of falls by DOR. This NFSS form Authorization Type was new. Record review of Resident #3's PT NFSS Portal history included: on 4/25/2025 at 3:20 PM was denied due to Authorization Type as RESTART, please resubmit as a RESTART. Observation and Interview on 07/9/2025 at 11:16 AM with Resident #3, he was sitting in specialized wheelchair, and he stated the wheelchair was comfortable. Interview on 07/10/2025 at 2:00 PM with MDS stated Resident #3's the dated of the IDT Annual PCSP meeting was on 4/24/2025 and they discussed starting up again, therapy. Interview on 07/10/2025 at 3:00 PM with the DOR stated for Resident #3's she did fill out the NFSS for PT and OT for Resident #3 The DOR stated she had to resubmit the NFSS form because the Authorization Type was documented new, instead of RESTART. The DOR stated she was not aware of the PASSAR rule to submit NFSS within 20 business days from the last IDT meeting. Interview on 07/20/2025 at 5:00 PM with the Corporate CEO stated he did not have a PASSAR policy and would follow the STATE regulations.</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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observations, interviews, and record review the facility failed to maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater for 1 of 1 facility in that: The facility failed to post the Nursing Staff posting and have retention for 18 months. This failure could affect all residents and could result in resident not being aware of which staff were working for the day or not being aware of the census for the day. The Finding: Observation on 7/8/2025 at 10:00 AM while walking halls, there was no observation of the nurse staff posting posted. Observation on 7/9/2025 at 10:50 AM while walking halls, there was no observation of the nurse staff posting posted. Observation on 7/9/2025 at 5:00pm while walking halls, there was no observation of the nurse staff posting posted. Observation on 7/9/2025 at 5:01 PM revealed the Direct Care Daily Staffing, dated March 14, 2025, was sitting under the Receptionist counter. Interview on 7/9/2025 at 5:00pm with the ADM and Receptionist, responsible for posting the Nurse staffing information were not aware that it needed to be posted and was not sure they needed to keep 18 months. The Receptionist stated it was her responsibility to post the Direct Care Staffing sheet and had stopped. The Receptionist stated the last Direct Care Staffing posted was March 14, 2025. Record review of Posting Direct Care Daily, Staffing Numbers, dated August 2022, was documented Our facility will post on a daily basis for each nurse staffing data, including the number of nursing personnel responsible for providing direct care to residents. 1 Within 2 hours of beginning of each shift, the number of licensed nurses and the number of unlicensed nursing personnel directly responsible for resident care is posted in a prominent location and in a clear and readable format. Shift staffing information is recorded on a form for each shift. 6. Records of staffing information for each shift are kept for a minimum of 18 months or as required by state law.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews the facility failed to ensure a process which provided pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each Resident, for 2 of 6 residents (resident #1 and Resident #2) reviewed for procedures for accurate acquiring, receiving, dispensing, and administering of all drugs, in that: 1. The facility had Resident #1's controlled medications unsecured, 3 loose, 0.25mg pills of clonazepam stored in the ADON's desk drawer separated from the narcotic count sheet. 2. The facility had Resident #2's controlled medications unsecured, a bottle of liquid Dilauded, loose in a narcotic drawer separated from the narcotic count sheet. These failures could place residents at risk for safety from medication errors. The findings included: 1 a record review of Resident #1's admission record dated 7/8/2025, revealed an admission date of 8/17/2024 with a discharge date of 10/15/2024 with a diagnosis which included anxiety disorder. A record review of Resident #1's discharge MDS assessment dated [DATE] revealed Resident #1 was a [AGE] year-old female admitted for long term palliative care and discharged to the hospital via emergency services. A record review of Resident #1's physicians orders dated 8/18/2024, revealed the physician had prescribed Resident #1 to receive clonazepam 0.25mg, daily, 1 pill by mouth at bedtime for anxiety. A record review of Resident #1's narcotic count sheet dated 9/18/2024 revealed the pharmacy delivered 14 pills of clonazepam 0.25mg. further review revealed facility nurses documented Resident #1 had received 11 administrations of the drug and had received her last dose on the evening of 10/15/2024 and had 3 remaining pills left. A record review of the facility's CMS form 3613A provider investigation form dated 3/10/2025 revealed a search of the previous DON and ADON's offices evidenced many controlled narcotic drugs which were not returned to the pharmacy for destruction after residents had discharged . The facility coordinated with the pharmacy to process the drugs for destruction; after the process the pharmacy and the DON discovered 3 loose pills identified as clonazepam 0.25mg. further search of the offices of the previous DON and ADON revealed a narcotic count sheet for clonazepam 0.25mg for Resident #1 without the card of narcotics attached. The conclusion was plausible the 3 loose pills may have been Resident #1's. further review revealed, . Drug Diversion . numerous narcotic medications were found in the ADON desk drawer. There were narcotics in there from June 2024. 3 tablets of clonazepam 0.25mg were found loose in the drawer . 2 A record review of Resident #2's admission record dated 7/10/2025 revealed an admission date of 3/3/2024 and a discharge date of 10/20/2024 with diagnoses which included dementia (the loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities), senile (related to dementia) degeneration of brain, and encounter for palliative care (a focus on the comfort, care, and quality of life for individuals with a serious illness). A record review of Resident #2's discharge MDS assessment dated [DATE] revealed Resident #2 was a [AGE] year-old male admitted for palliative long-term care related to his diagnosis of dementia. A record review of Resident #2's physicians orders dated 10/19/2025 revealed the physician prescribed for Resident #2 to receive hydromorphone 1mg sub lingual, under his tongue, every 3 hours for pain. A record review of Resident #2's October 2024 electronic medication administration record revealed nurses documented on 10/19/2024 that Resident #2 received 3 doses of hydromorphone 1mg/1ml for effective pain relief. A record review of Resident #2's narcotic count sheet dated 10/19/2024 revealed the pharmacy delivered to the facility a bottle of liquid hydromorphone which contained 30ml at a concentration of 1mg per ml, 1mg/ml. further review revealed the document was void of any documentation for any administrations. A record review of the facility's CMS form 3613A provider investigation form dated 3/10/2025 revealed a search of the previous DON and ADON's offices evidenced many controlled narcotic drugs which were not returned to the pharmacy for destruction after residents had discharged . The facility coordinated with the pharmacy to process the drugs for destruction; after the process the pharmacy and the DON discovered a narcotic count sheet for Resident #2's bottle of liquid hydromorphone 30ml at 1mg/ml. The document revealed the pharmacy delivered the drug on 10/19/2024. The DON and the ADON reviewed the document and revealed there was no documentation for any drug administrations. A record review of Resident #2's narcotic count sheet for hydromorphone dated 10/19/2024 revealed the pharmacy delivered a bottle of liquid hydromorphone which contained 30ml of hydromorphone at a concentration of 1mg/ml. further review revealed no documentation for any administrations. During an observation on 7/10/2025 at 3:50 PM</p>		