

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 01/08/2026
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 3 of 7 residents (Resident #1, #2 and #3) reviewed for infection control in that: The facility failed to ensure the Activity Director utilized hand hygiene during meal service between resident contact for Residents #1, #2 and #3. This deficient practice could affect all residents and place them at risk for infection. The findings were: Record review of Resident #1's face sheet dated 1/08/2026 revealed a [AGE] year-old female admitted on [DATE] with diagnoses which included: moderate dementia with mood disturbance (a person with dementia who also experiences depression, anxiety and aggression), type 2 diabetes mellitus with diabetic neurological complication (diabetes that also affects the nervous system) and generalized muscle weakness. Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed a BIMS score of 12 which indicated a moderate impairment. Her functional ability for eating included set-up/clean-up assistance. Record review of Resident #1's Care Plan dated 7/31/2024 indicated the resident was able to eat with meal tray set up and supervision. Record review of Resident #2's face sheet dated 1/08/2026 revealed a [AGE] year-old-male admitted on [DATE] with diagnoses which included: acute kidney failure, type 2 diabetes mellitus without complications and blindness in one eye. Record review of Resident #2's quarterly MDS assessment dated [DATE] revealed a BIMS score of 15 which indicated intact cognition. His functional ability was listed as independent. Record review of Resident #2's Care Plan dated 7/31/2025 indicated the resident was able to eat his meal tray with set-up assistance. Record review of Resident #3's face sheet dated 1/08/2026 revealed a [AGE] year-old male admitted on [DATE] with diagnoses which included: speech and language deficits following cerebrovascular disease (a group of disorders that affects blood flow to the brain), type 2 diabetes mellitus without complications and pain in the joint. Record review of Resident #3's quarterly MDS assessment dated [DATE] revealed a BIMS score of 15 which indicated he was cognitively intact. His functional abilities indicated he was independent with eating. Record review of Resident #3's Care Plan dated 7/31/2024 indicated the resident was able to eat with meal tray set up and supervision. During an observation on 1/08/2025 at 12:08 p.m., the Activity Director was observed holding an unknown female residents spoon and offering her bites of food off the spoon. The Activity Director then helped push the residents wheelchair closer to the table, handed her the spoon, encouraging the resident to feed herself and walked to the open kitchen door where hall trays were being prepped. The Activity Director did not wash or sanitize her hands after contact with the unknown female resident. After a couple of minutes of talking to other staff, she grabbed a hallway meal cart and headed down the hallway with the food trays. During an observation on 1/08/2025 at 12:15 p.m. the Activity Director delivered Resident #1's lunch meal tray to the resident in her room. She assisted with setting up the meal tray on the bedside table and then</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 455941
		If continuation sheet Page 1 of 2

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>exited the room without washing or sanitizing her hands between resident contact. During an observation on 1/08/2025 at 12:17 p.m., the Activity Director delivered Resident #2's lunch meal tray to the resident in his room. She moved several items off the bedside table, including throwing an item in the trash. She exited the room without washing or sanitizing her hands and then immediately grabbed the meal tray for Resident #3. Surveyor attempted to intervene at this point. The Activity Director moved quickly into Resident #3's room, still without washing or sanitizing her hands between resident contact and set up the meal tray for Resident #3. The Activity Director did not wash her hands or sanitize while in the resident room or upon exit. Surveyor intervened to prevent next tray from being touched. During an interview on 1/08/2025 at 12:20 p.m., the Activity Director stated she did not wash or sanitize her hands between resident contact because she did not directly touch the food. She acknowledged she was assisting with feeding a female resident in the dining room. The Activity Director was unable to identify the resident. She stated she needed to act fast with the unknown female resident because if she did not try to get her started with eating the resident would wheel her wheelchair out of the dining room without eating. She stated she did not need to use hand hygiene since she was not directly touching the food. She said with the hallway trays it was more important to deliver the food quickly, so the food did not get cold. She stated that was why she did not use hand hygiene. She stated she had received training for hand hygiene but was nonspecific with her answer and could not state when she had been trained or what was taught. She stated she did not know she was supposed to use hand hygiene between residents, after feeding or when passing trays. She stated hand hygiene was not on her radar because she does not pass trays often and today, she was just trying to help out. During an interview on 1/08/2025 at 1:28 p.m. RN A stated staff should utilize hand hygiene between residents to prevent infection. She stated staff should use hand sanitizer after contact when passing trays and wash their hands after using hand sanitizer 2-3 times. During an interview on 1/08/2025 at 1:42 p.m., the Infection Preventionist stated staff should utilize hand hygiene before and after patient contact and care. She stated that included coming in contact with any of the resident's belongings or touching the resident. She stated staff should sanitize their hands between each tray to prevent cross contamination. She stated staff should wash their hands or use hand sanitizer after feeding a resident, even if they do not touch the resident or touch the food because it is still cross-contamination. The Infection Preventionist stated staff were trained on hand hygiene with in-service on Infection Control. She stated she was unsure when the last training took place. She stated all staff were trained including the Activity Director. The Infection Preventionist stated the facility did not currently have a DON. During an interview on 1/08/2025 at 2:27 p.m., the Infection Preventionist stated she reviewed in-service training. She stated staff had been trained on basic infection control and influenza but not hand hygiene. Record review of the Activity Directors training revealed she completed Hand Hygiene Basics for 0.25 training hours on 11/13/2025 and completed About Infection Control and Prevention on 11/12/2025 for 1.00 training hour. Record review of the facilities policy titled Handwashing/Hand Hygiene dated 1/2025 revealed: The facility considers hand hygiene the primary means to prevent the spread of healthcare associated infections. 1. All personnel are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare associated infections. 2. All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors. Indications for Hand Hygiene: a. immediately before touching a resident c. after contact with blood, body fluids, or contaminated surfaces d. after touching a resident e. after touching the resident's environment.</p>		