STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455941	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Enchanted Rock	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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain clinical records in accordance with accepted professional standards and practices that were complete and accurately documented for 1 of 5 residents (Residents #1) reviewed for accuracy of records: Nursing staff failed to document medication administration in the MAR for Resident #1 on 05/10/2026. The failure could affect residents whose records were maintained by the facility and could place the residents at risk of errors in care and treatment.The findings include: Record review of Resident #1's face sheet, dated 05/13/2026 revealed an [AGE] year-old female admitted to the facility on [DATE] with a primary diagnosis of periprosthetic fracture around internal prosthetic right hip joint, subsequent encounter (break in the bone surrounding a hip implant). Record review of Resident #1's MDS dated [DATE] revealed a BIMS score of 6 indicating severe cognitive impairment. Record review of Resident #1's order summary dated 05/13/2026 reflected the following: -Acetaminophen tablet 500 MG, give 2 tablets by mouth three times a day for pain, do not exceed 3 GM/DAY with an order date 04/23/2026. Record review of Resident #1's MAR indicated no documentation of medication administration on 05/10/2026 for midday for the order Acetaminophen tablet 500 MG, give 2 tablets by mouth three times a day for pain, do not exceed 3 GM/DAY. During an interview on 05/13/2026 at 2:55 p.m., the DON stated he was the one who gave Resident #1 their medication on 05/10/2026. The DON stated he knew he gave Resident #1 the medication but must not have documented it. The DON stated residents should not have blanks in their MAR because it could mean the residents didn't receive their medication or the nurse did not document correctly. Record review of the facility's policy titled, Administering Medications, revision date April 2019, revealed: 22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones.

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