STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety for 1 of 1 kitchen reviewed. The facility did not ensure:1. Food items were labeled and dated.2. The microwave was clean and free of food debris.3. The juice machine spigot was free from a red gooey substance where the juice was dispersed4. The cups, bowls and plate domes were stacked with water pooled between them. 5. The outside of the ice machine was clean. 6. Ice scoop holder was clean. 7. eggs were pasteurized.8. Drinks and food temps not taken after heating or reheating. 9. The Dietary Manager checked the chlorine level in the correct dishwasher cycle. These failures could place residents at risk for foodborne illness.Findings included: During the initial tour observation and interview with the Dietary Manager on 01/05/26 beginning at 10:54 a.m. the following was revealed: 1. Clear container of cherries that was identified by the Dietary Manager unlabeled and undated. 2. Clear container of fruit loops that was identified by the Dietary Manager unlabeled and undated. 3. A pitcher of orange juice that was identified by the Dietary Manager unlabeled and undated. 4. A pitcher of cranberry juice that was identified by the Dietary Manager unlabeled and undated. 5. A pitcher of tea that was identified by the Dietary Manager unlabeled and undated. 6. (8) loaves of wheat bread with no received date. 7. (4) packages of hamburger buns with no received date. 8. (1) package of tortillas with no open date. 9. A box of tea filter pouches with no open date. 10. A box of 108 eggs that were unpasteurized. 11. Inside the microwave had a yellow buildup. 12. The juice machine spigot with a thick gooey red substance. 13. The cups, bowls and plate domes were stacked and remained wet with water pooled in between. 14. Ice machine with a white substance. 15. The bottom of the ice machine scoop holder had a wet brownish gooey substance. 16. During an observation on 01/05/26 at 11:15 a.m., the Dietary Manager ran a cycle in the dishwasher to heat up the water. After the cycle completed she tested the chlorine which read less than 10 ppm. The Dietary Manager placed the dirty dishes in the dishwasher and started the cycle. During an interview on 01/05/26 at 12:40 p.m., Resident #26 stated 99.5% of the time she ate scrambled eggs. Resident #26 stated she rarely asked for a fried egg. 17. During an observation on 01/06/26 at 11:27 a.m., the Dietary Manager prepared the pureed beef stroganoff, noodles, green beans, and a roll and placed them on a divided plate. The Dietary Manager placed the plate in the microwave for one minute. The Dietary Manager then removed the divided plate from the microwave and checked the temperature of the beef stroganoff, which revealed a temperature of 125. The Dietary Manager placed the plate back in the microwave for another minute and rechecked the stroganoff, which revealed a temperature of 140, and placed the plate on the steam table. The Dietary Manager never checked the temp the noodles, green beans, or the roll. 18. During an observation and interview on 01/06/26 at 11:44 a.m., Dietary Aide N placed Resident #13's glass of sweet tea that was identified by Dietary Aide N in the microwave to be heated for one minute. Dietary Aide N did not temp the tea before handing it to Resident #13. Dietary Aide N stated he was taught by the Dietary Manager to heat up the beverage for no more than one minute but was never told to check the temperature before serving it to the resident. Dietary Aide N stated he did not know the temperature on how hot the beverage could be. Dietary Aide N stated it was important to tempt the beverage to (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	prevent burns. During a telephone interview on 01/08/26 at 9:58 a.m., the Sale Service Representative for the dishwasher stated he came in on Monday (01/05/26) and showed the Dietary Manager what cycle to check the chlorine. The Sale Service Representative stated the chlorine should be checked during the second cycle and the test strip should be read between 50-100 ppm. The Sale Service Representative stated it was important to ensure the chlorine was checked at the right cycle to prevent potential food hazards. During a telephone interview on 01/08/26 at 10:27 a.m., the Dietician stated she was in another facility and would call the state surveyor back. The Dietician did not return the state surveyor call. During an interview on 01/08/26 at 12:39 p.m., Dietary Aide M stated all staff were responsible for labeling and dating. Dietary Aide M stated the aides were responsible for cleaning the microwave every two days and the cooks were responsible for cleaning the juice nozzle. Dietary Aide M stated cups, bowls and dome covers should be air dried first before stacking. Dietary Aide M stated the aides were responsible for cleaning the ice scoop holder after every meal. Dietary Aide M stated the chlorine should be checked in the dishwasher after the second cycle and the test strip should read 50-100 ppm. Dietary Aide M stated he was taught by the previous Dietary Manager how to check the chlorine when running the dishwasher. Dietary Aide M stated these failures put residents at risk for food borne illness and cross contamination. During an interview on 01/08/26 at 12:47 p.m., [NAME] O stated all staff were responsible for labeling and dating. [NAME] O stated all staff were responsible for cleaning the microwave and juice nozzle dispenser after every use. [NAME] O stated cups, bowls and dome covers should be air dried first before stacking. [NAME] O stated the aides were responsible for cleaning the ice scoop holder daily. [NAME] stated these failures could possibly cause food borne illness and cross contamination. During an interview on 01/08/26 at 1:01 p.m., the Dietary Manager stated cleanliness was important in the kitchen, so staff were not spreading germs or contaminating anything. The Dietary Manager stated she was responsible for making sure the kitchen was cleaned appropriately. The Dietary Manager stated all food should be labeled and dated by the date received and the date it was opened. The Dietary Manager stated all staff were responsible for cleaning the microwave and juice nozzle. The Dietary Manager stated she did not know the eggs were unpasteurized until the state surveyor intervention. The Dietary Manager stated Resident #26 sometimes asked for her eggs medium sunny side up. The Dietary Manager stated she could not remember the last time she requested them. The Dietary Manager stated cups, bowls and dome covers should be air dried first before stacking. The Dietary Manager stated the aides should clean the ice scoop holder every day. The Dietary Manager stated the sales representative came in and ensured she knew when to check the chlorine. The Dietary Manager stated she did check the chlorine on the second cycle whenever she runs the dishwasher but was nervous on 01/05/26 when the state surveyor was present. The Dietary Manager stated the Maintenance Supervisor was responsible for cleaning the outside of the ice machine. The Dietary Manager stated she should have checked the temp of the noodles, green beans, and the roll after she heated it up the first time. The Dietary Manager stated she was unaware that she should have reheated the food on a constant heat source such as the stove or oven for 15 seconds to get a temperature of 165 before serving. The Dietary Manager stated Dietary Aide N should have check the temp of the beverage and ensure the temperature was 140. The Dietary Manager stated it was important to ensure the beverages and food was the correct temp to prevent hot spots. The Dietary Manager stated she was responsible for monitoring and overseeing daily walk throughs and when there was an isolated issue that staff were verbally in service and if a widespread issue a paper in service was completed. The Dietary Manager stated these failures could potentially put residents at risk for cross contamination and food borne illness. During an interview on 01/08/26 at 1:45 p.m., the Maintenance Supervisor stated him, and the dietary staff were responsible for cleaning the outside of the ice machine. The Maintenance Supervisor stated he cleaned it weekly. The Maintenance Supervisor stated he cleaned it on Monday after surveyor intervention but could not recall the exact date before that. During an interview on 01/08/26 at 2:47 p.m., the Administrator stated food items (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	should be labeled and dated. The Administrator stated kitchen equipment should be cleaned daily for sanitization purposes. The Administrator stated eggs should be pasteurized. The Administrator stated dietary staff should check the temperature after heating and reheating beverage or food. The Administrator stated the Dietary Manager was responsible for monitoring and overseeing the kitchen. The Administrator stated these failures could potentially put residents at risk for cross contamination, and food borne illness. Record review of the facility's policy titled, Food Preparation and Service revised 11/2022 reflected. Food and nutrition services employees prepare, distribute, and service food in a manner that completed with safe food handling practices. 2. Potential Hazardous Food. Unpasteurized eggs. Food Preparation, Cooking and Holding Time/Temperatures.5. Food thermometers used to check food temperatures. 9. Previously cooked food was reheated to an internal temperature of 165 degrees Fahrenheit for at least 15 seconds before for hot service. Record review of the facility's policy titled, Food Receiving and Storage revised 11/2022 reflected. Food shall be received and stored in a manner that complies with safe food handling practices. Dry Food Storage. 4. Dry foods that are stored in bins are removed from original packaging, labeled and dated . Record review of the undated facility's policy titled, Cleaning Dishes/Dish Machine . All flatware, serving dishes, and cookware will be cleaned, rinsed, and sanitized after each use. The dish machine will be checked prior to meals to assure proper functioning and appropriate temperatures for cleaning and sanitizing. Procedure (1). Prior to use, proper temperatures and/or chemical concentrations and machine function should be verified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure that a resident who needed respiratory care was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences for 4 of 5 residents (Residents #11, # 36, #27, and #15) reviewed for respiratory care. 1. The facility failed to ensure Resident #11's oxygen was set at 2 liters per nasal cannula as ordered on 12/18/25. 2. The facility failed to have Resident #36's oxygen sign outside the door and the oxygen tube dated on 01/05/26 and 01/06/26. 3. The facility failed to have Resident #27 and Resident #15's nebulizer dated or bagged on 01/05/26 and 01/06/26. This failure could place residents who receive respiratory care at risk of developing respiratory complications and a decreased quality of care.Findings included: 1. Record review of Resident #11's face sheet, dated 01/08/26, indicated a [AGE] year-old female who was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses which included Chronic Obstructive Pulmonary Disease also known as COPD (a chronic lung disease that causes inflammation and narrowing of the airways, leading to airflow obstruction), anxiety (a feeling of fear, dread, and uneasiness), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with your daily life) and stroke. Record review of Resident #11's quarterly MDS assessment, dated 12/04/25, indicated Resident #11 usually understood and was usually understood by others. Resident #11's BIMS score was 05, which indicated she was severely impaired. The MDS indicated Resident #11 required assistance with dressing, personal hygiene, toileting, bathing, bed mobility, transfers, and set-up/supervision for eating. The MDS during the 7-day look-back period did not indicate Resident #11 was receiving oxygen. Record review of Resident #11's physician orders dated 12/18/25 indicated oxygen at 2-4 liters per minute via nasal cannula continuously. Record review of Resident #11's care plan revised date of 10/20/25, did not indicate she required oxygen. During an observation on 01/05/26 at 12:55 p.m., Resident #11 was in her bed with no oxygen in her room. No distress noted. During an observation and attempted interview on 01/06/26 at 8:15 a.m., Resident #11 was in her bed without any oxygen on. Resident #11 did not answer when asked if she wore oxygen. During an observation and interview on 01/07/26 at 2:10 p.m., LVN A said Resident #11 had an order for oxygen, but did not have any oxygen in her room. She said Resident #11 often refused oxygen, but since she had an order for oxygen, it should be in her room and applied as ordered. 2. Record review of Resident #36's face sheet, dated 01/08/26 indicated she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included, chronic obstructive pulmonary disease, also called COPD (a progressive lung disease that causes restricted airflow and breathing problems), kidney failure, also known as renal failure or end-stage renal disease (ESRD), (a medical condition in which the kidneys can no longer adequately filter waste products from the blood), and bipolar disorder (a serious mental illness causing extreme shifts in mood, energy, and activity (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	levels, ranging from manic highs such as: euphoria, to depressive lows such as: sadness, significantly impacting daily functioning, work, and relationships). Record review of Resident #36's comprehensive care plan, dated 09/24/25, indicated, Resident #36 had oxygen related to the diagnosis of COPD. The intervention for staff was to provide oxygen as needed and change oxygen tubing, cannula/mask once a week on Sunday. Record review of Resident #36's admission MDS assessment, dated 10/15/25, indicated Resident #36 understood and was usually understood by others. Resident #36's BIMS score was 09, which indicated her cognition was moderately impaired. The MDS indicated Resident #36 required assistance with toileting, bed mobility, dressing, personal hygiene, transfers, and eating. The MDS indicated during the 7-day look-back period, she was receiving oxygen. Record review of Resident #36's Physician order dated 11/21/25 indicated oxygen at 2-4 liters via nasal cannula as needed for shortness of breath. During an observation on 01/05/26 at 11:26 a.m., Resident #36 had oxygen on at 2 liters per nasal cannula, but the oxygen tubing was not dated and not bagged. The oxygen tubing was lying on the floor. No oxygen sign was noted outside her door. During an observation on 01/06/26 at 10:19 a.m., Resident #36 was not in her room but had oxygen on at 2 liters per nasal cannula. The oxygen tubing was lying on the bed, not dated, or bagged. Resident #36 did not have an oxygen sign outside her door. During an interview on 01/06/25 at 10:20 a.m., Resident #36 said she wore oxygen. During an observation and interview on 01/06/26 at 10:22 a.m., CNA K said she was aware that the resident wore oxygen by the oxygen sign outside the door. She said Resident #36 wore oxygen. CNA K and the surveyor went to Resident #36's door, and CNA K said she did not see an oxygen sign. CNA K then walked into Resident #36's room and verified her oxygen tubing was on the floor and not dated or in a bag. She said the staff who assisted Resident #36 to get up for the day should have ensured the oxygen was in a bag. She said the oxygen was kept in a bag for infection reasons. CNA K went and placed an oxygen sign on the door. 3. Record review of Resident #27's face sheet, dated 01/08/26, revealed a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses to include rhabdomyolysis (the breakdown of muscle tissue that leads to the release of muscle fiber contents into the blood), dementia (a loss of mental functioning such as, thinking, memory, mood and behavior), and diabetes (high blood sugars). Record review of Resident #27's quarterly MDS assessment, dated 11/24/25, indicated Resident #27 understood and was usually understood by others. Resident #27's BIMS score was 05, which indicated her cognition was severely impaired. The MDS indicated Resident #27 required assistance with toileting, bed mobility, dressing, personal hygiene, transfers, and eating. The MDS did not indicate she received nebulizer treatments. Record review of Resident #27 's comprehensive care plan, revised on 10/06/25, did not indicate any nebulizer treatments. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #27's physician order dated 12/18/25 indicated Ipratropium-Albuterol Solution 0.5-2.5 (3milligram/3 milliliter) give 1 Vial inhalation orally every 8 hours as needed for shortness of breath or wheezing. Record review of Resident #27's MAR dated 01/03/26 indicated she received a breathing treatment of Ipratropium-Albuterol Solution. During an observation and interview on 01/05/26 at 12:50 p.m., Resident #27 had a hand-held nebulizer with tubing on her nightstand, not bagged, or dated. Resident #27 said she had a breathing treatment the other night. During an observation on 01/06/26 at 8:16 a.m., Resident #27 had a hand-held nebulizer with tubing on her nightstand, not bagged, or dated. During an observation and interview on 01/06/26 at 8:17 a.m., CNA K verified Resident #27 had a nebulizer tubing not dated or in a bag. She said the tubing should be bagged for infection reasons. During an interview on 01/07/25 at 2:10 p.m., LVN A said she was the charge nurse for Resident #36 and Resident #27. She said oxygen and nebulizer tubing should be dated and bagged when not in use for infection reasons. She said an oxygen sign should be placed outside of residents' rooms who require oxygen. During an interview on 01/08/26 at 1:08 p.m., the ADON said oxygen and nebulizer tubing should be dated and bagged when not in use. She said the charge nurses were responsible for dating and bagging tubing when not in use. She looked at Resident #27's medication administration record and verified; she had given her a breathing treatment on 01/03/26. She said she could not recall if the nebulizer tubing was dated, but was sure she placed it in a bag. She said it was important to date and store tubing in a bag when not in use to prevent infection. During an interview on 01/08/26 at 2:11 p.m., the Administrator said all residents who require oxygen should have an oxygen sign on the door. He said he was not sure of all the details, but if they had an order for oxygen, he expected it to be set at the correct rate. He said he knew the nurses should make sure the tubing was dated and bagged, and the nurse administration should follow up and ensure it was bagged for infection reasons. He said they also did room rounds. He said if a resident required oxygen but was not wearing it, it could cause their oxygen intake to be compromised. During an interview on 01/08/26 at 2:33 p.m., the BOM said she was responsible for room rounds for Residents #27 and #36. She said she made room rounds on Monday (01/08/26),but did not look at the oxygen or nebulizer tubing. She said she usually did, but since the state surveyors were in the building, she focused on ensuring their call lights were in reach, and they had water at the bedside. She said when she did room rounds, she would look at the tubing and if it were not dated or bagged, she would notify the nurse. 4.Record review of a face sheet dated 01/08/26 at 10:21 a.m., indicated Resident #15 was a [AGE] year-old female who admitted on [DATE] and readmitted on [DATE] with the diagnosis of other cerebral infarction due to occlusion or stenosis of small artery (stoke; a small artery in the brain becomes blocked cutting off blood flow to a specific area of the brain). Record review of Resident #15's quarterly MDS dated [DATE] did not identify any breathing problems (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	or shortness of breath. Record review of Resident #15's care plan dated 09/18/25 revealed she required assistance with activities of daily living. Record review of order summary dated 01/08/26 at 10:21 a.m., revealed an order for nebulization treatment of Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML one vial via nebulizer every eight hours as needed for shortness of breath or wheezing. During an observation on 01/08/26 at 2:30 p.m., revealed Resident #15's facemask was observed on the bedside table without being bagged and dated. During an interview on 01/05/26 at 2:40 p.m., LVN F revealed Resident #15 had recently received a nebulizer treatment and LVN F failed to return the facemask to the storage bag, stating she had been busy. LVN F acknowledged the purpose of bagging the facemask is to prevent contamination and bacteria spread. During an interview on 01/05/26 at 2:45 p.m., Resident #15 said she had just had a nebulizing treatment and required staff assistance with applying and storing the facemask. During an interview on 01/08/26 at 2:10 p.m., the ADON stated nursing staff are expected to check nebulizer equipment during rounds that occur every two hours and ensure nebulizer facemasks are properly stored. The ADON reported nebulizer supplies are changed weekly and stated proper storage is required to prevent contamination. During an interview on 01/08/26 at 2:25 p.m., the Administrator stated all supplies are expected to be properly secured and stored to prevent illness. The Administrator stated department heads conduct daily safety rounds and nursing staff are responsible for ensuring supplies are properly stored after treatment administration. Record review of the facility's policy titled Oxygen Administration, revised date of October 2010, indicated, Purpose: The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation: # 1. Verify that there is a physician's order for this procedure. Review the physician's orders and facility protocol for oxygen administration. Equipment and Supplies:.#4. No Smoking/Oxygen in Use signs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to ensure all drugs were stored in a locked compartment, only accessible by authorized personnel for 3 of 3 residents (Residents #16, #15 and #41) reviewed for pharmacy services and 2 of 5 (100 and 200 Hall) medication carts reviewed for storage of medications. The facility to ensure: 1. Resident #15's Amlodipine (blood pressure medication), Potassium Chloride (medication to treat low levels of potassium) label from the pharmacy matched the orders placed in the electronic charting system and was free from medications at bedside. 2. Resident #16's Lorazepam (antianxiety medication) was secured behind two locks.3. Resident #41's Amlodipine label from the pharmacy matched the orders placed in the electronic charting system. 4. RN B did not ensure a tube of hydrogel wound gel was properly and secured in the treatment cart. 5. The treatment medication cart and keys for Hall 100/200 was locked and secured while not in use on 01/05/26. MA C locked the Hall 200 medication cart while administering medication on 01/06/26.These failures could place residents at risk for misuse of medication, overdose, drug diversions, adverse reactions of medications, and not receiving the therapeutic benefit of medications.Findings included: 1. Record review of Resident #16's face sheet, dated 01/08/26, reflected Resident #16 was a [AGE] year-old male, originally admitted to the facility on [DATE] with diagnoses which included seizures (sudden, uncontrolled electrical disturbance in the brain), and anxiety. Record review of Resident #16's physician order summary report, dated 01/08/26, reflected an active physician's order for: Lorazepam 2 mg/ml; inject 0.5 ml sub-Q every 2 hours as needed for seizure active with a start date 11/21/25. Record review of Resident #16's quarterly MDS, dated [DATE], reflected Resident #16 usually made himself understood and usually understood others. Resident #16's BIMS score was a 10, which reflected his cognition was moderately impaired. Record review of Resident #16's comprehensive care plan, dated 08/29/25, reflected Resident #16 had seizures related to seizure disorder. The care plan interventions included administering PRN medications as ordered for prolonged seizure. During an observation and interview on 01/06/26 at 5:25 p.m., there was a small black refrigerator with a locking device but unlocked in the Hall 100/200 medication storage room. Inside the refrigerator there was a black lock box with 2 sealed vials of lorazepam 2 mg/ml with Resident #16's name on the label. RN B stated she did not have the key to the lock box, or the refrigerator RN B stated the back hall nurse was responsible for ensuring the medication was secured behind two locks. RN B stated she did not reconcile the medication upon start of her shift, but RN B reconciled at that time with the surveyor. RN B stated the risk not having the medication secured was someone could take the medication. During an interview on 01/06/26 at 5:40 p.m., LVN F stated she had not seen the lock box today and was unaware it was open and unlocked. LVN F stated she was responsible for ensuring the medication was locked and secured behind two locks. LVN F stated she failed to reconcile with the previous nurse today. LVN F stated it was important that the mediation was locked and secure to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	prevent drug diversion. 2. Record review of Resident #15's face sheet, dated 01/08/26, reflected Resident #15 was a [AGE] year-old female, originally admitted to the facility on [DATE] with a diagnosis which included gastrostomy (surgical procedure that creates an opening in the stomach, allowing for the insertion of a feeding tube (G-tube) for nutritional support, essential hypertension (high blood pressure), and hypokalemia (low potassium). Record review of Resident #15's physician order summary report, dated 01/08/26, reflected an active physician's order for: amlodipine besylate 10 mg: 1 tablet enterally in the morning related to essential hypertension with a start date 11/13/25. Record review of Resident #15's physician order summary report, dated 01/08/26, reflected an active physician's order for: Potassium Chloride ER 20 meq: 1 tablet enterally in the morning two times a day related to hypokalemia with a start date 11/13/25. Record review of Resident #15's quarterly MDS assessment, dated 10/16/25, reflected Resident #15 rarely/never made herself understood, and sometimes understood others. Resident #15's BIMS score was 7, which indicated his cognition was severely impaired. Resident #15 was dependent with eating and had a feeding tube while a resident of the facility and within the last 7 days. Record review of Resident #15's comprehensive care plan, edited on 10/06/25, reflected Resident #15 required the use of a gastrostomy tube for nutrition s/p CVA with dysphagia (difficulty swallowing). The care plan interventions included observe peg tube/g-tube site for s/sx of infection/irritation, NPO, and oral hygiene at least every shift. Record review of Resident #15's MAR, dated 01/01/26-01/31/26, reflected Resident #15 received Amlodipine and Potassium Chloride per the physician's orders on 01/07/26. During an observation on 01/07/26 at 9:30 a.m., LVN A prepared Resident #15's medication for administration via g-tube. The amlodipine and potassium chloride medication label from the pharmacy stated, by mouth. During an interview on 01/07/26 at 1:44 p.m., LVN A stated the person administering medications usually looked at the order in the computer on the MAR and compared it to the card. LVN A stated she should have noticed the card did not match the order. LVN A stated that was something she was supposed to check for. When asked if she noticed the card stated, by mouth LVN A stated she would like to go consult with the regional nurse before she answers. After consulting with the regional nurse, she stated she did not know the label stated, by mouth until the state surveyor intervention. LVN A stated she should have contacted the pharmacy and requested a new label, and a change of directions sticker should have been placed on the card. LVN A stated it was important to ensure the pharmacy labels matched the orders in the electronic charting system to prevent a medication error. If someone did not know Resident #15 and administered her medications by mouth, it could have caused aspiration or choking. 3. Record review of Resident #41's face sheet, dated 01/08/26, reflected Resident #41 was an [AGE] year-old female, admitted to the facility on [DATE] with a diagnosis which included essential hypertension (high blood pressure). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #41's physician order summary report, 01/08/26, reflected an active physician's order for: amlodipine besylate 10mg: 1 tablet by mouth one time a day with a start date 11/14/25. Record review of Resident #41's quarterly MDS assessment, dated 12/09/25, reflected Resident #41 usually made herself understood, and usually understood others. Resident #41's BIMS score was 9, which reflected cognition was moderately impaired. Record review of Resident #41's comprehensive care plan, edited 09/08/25, reflected Resident #41 received diuretic medication related to chronic kidney disease and hypertension. The care plan interventions included: monitor blood pressure and report signs of hypotension. Record review of Resident #41's MAR, dated 01/01/26-01/31/26, reflected Resident #41 received Amlodipine per the physician's orders on 01/06/26. During an observation and interview on 01/06/26 at 8:45 a.m., MA C prepared Resident #41's medication for administration and placed two 5 mg tablets in the medication cup. The Amlodipine medication label from the pharmacy stated, amlodipine 5 mg 1 tablet by mouth once daily. MA C stated the nurse was responsible for ensuring a new label was requested by the pharmacy and a change of direction sticker was placed on the card. MA C stated she had reported to the charge nurse that the direction was incorrect but could not recall the nurse's name. MA C stated she administered Resident 41's medications Monday-Friday and knew to administer 2 tablets of the 5 mg until the new packet came in. MA C stated it was important to ensure the pharmacy labels matched the orders in the electronic charting system to prevent a medication error. If someone did not know Resident #41 and administered her one 5 mg tablet instead of two would put her at risk for hypertension. 4. During an observation and interview on 01/05/26 at 12:09 p.m., Hall 100/200 treatment cart with keys in lock was opened. RN B was found by another surveyor while another surveyor remained with the cart. RN B stated this cart was a shared cart and was unsure who left it open but should have been locked because residents or staff could get into the open cart. During an observation on 01/06/26 at 5:10 p.m., a tube of hydrogel wound gel was on top of Hall 200 nurses' cart with no nurse staff available. During a telephone interview on 01/07/26 at 3:46 p.m., RN B stated the hydrogel wound gel should have been stored in the treatment cart after use. RN B stated she got busy and pulled away from the cart before she could store it back in the treatment cart. RN B stated it was important to ensure medications were properly stored for resident safety. During an observation and interview on 01/06/26 at 8:45 a.m., MA C left the Hall 200 medication cart unlocked and out of sight, facing Resident #41's room, while administering Resident #41's medication. MA C stated she should have locked the medication cart prior to going in Resident #41's room. MA C stated she was nervous with the state surveyor being present. MA C stated this failure allowed residents, staff, and visitors access to other residents' medication. During a telephone interview on 01/08/26 at 11:30 a.m., the Pharmacist Consultant stated she comes to the facility once a month. The Pharmacist Consultant stated during the visit she watched a medication pass, looked at medication rooms/cart, and drug destruction. The Pharmacist Consultant stated her last audit was on 12/15/25 and there were no issues. The Pharmacist Consultant stated (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	medication/treatment carts should always be locked unless the nurse was standing in front of it. The Pharmacy Consult stated the lorazepam should have been locked in the black box and the refrigerator should have been locked. The Pharmacist Consultant stated until the nurse or MA received the new bubble pack from the pharmacy a sticker to identify the change of direction of the medication should be placed on the medication. The Pharmacy Consultant stated these failures could potentially cause a medication error or others such as residents and staff having access to it. During an interview on 01/08/26 at 1:54 p.m., the RNC stated his expectation was that if the medication blister pack verbiage stated incorrect information from how it was ordered that staff would contact the pharmacy to receive a change of direction sticker to place on the blister pack. The RNC stated narcotics should be stored behind two locks for storage to prevent the risk of potential drug diversion. The RNC stated that all medications or biologicals would be stored in a medication cart or in a medication room. The RNC stated all keys to medication or treatment carts should be kept on the nurses to ensure safe storage and lock the cart prior to entering the room. The RNC stated the DON or designee were responsible for monitoring and overseeing by routine rounding. The RNC stated it was important to ensure that no residents or staff members have access to medications and prevent medication errors. During an interview on 01/08/26 at 2:47 p.m., the Administrator stated he expected nursing staff to ensure medication labels from the pharmacy matched the orders placed on the computer. The Administrator stated the charge nurses, then nursing management were responsible for monitoring to ensure medication labels from the pharmacy matched the orders in the electronic charting system. The Administrator stated there should have been something in place to indicate there was a change in the order. The Administrator stated the nursing management was responsible for monitoring and overseeing by rounding. The Administrator stated medications and medication carts should be secured and always locked to prevent residents, staff or visitors from having access to them or prevent a medication error. During a record review of a face sheet dated 01/08/2026 10:21 AM, indicated Resident #15 was a [AGE] year-old female who admitted on [DATE] and readmitted on [DATE] with the diagnosis of other cerebral infarction due to occlusion or stenosis of small artery (stoke due to a small artery in the brain becomes blocked cutting off blood flow to a specific area of the brain). During a record review on 01/08/2026 at 10:27 AM, Resident #15's care plan revealed she was care planned for medications to be administered to her safely. During a record review on 01/08/2026 at 10:30 AM, Resident #15 quarterly MDS assessment dated [DATE] revealed she is dependent on staff to receive medication administration. During an observation on 01/05/2026 at 11:25 AM, revealed an unlabeled medication cup containing a cloudy, slightly transparent cream was observed on Resident #15 bedside table, along with opened oral swabs. The substance was not labeled or secured. During an interview on 01/05/2026 11:21 AM, Resident #15 stated the substance belongs to her and was used on her lips. The resident reported she did not ingest the substance and demonstrated applying it topically. During an interview on 01/05/2026 at 2:31 PM, LVN F stated the substance in the medication cup was believed to be Vaseline but acknowledged she did not place it there and could not verify when or (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	by whom it was provided. During a follow-up interview on 01/05/2026 at 2:48 PM, LVN F stated the night staff had been providing the resident petroleum jelly but acknowledged the facility had run out of gasoline and it was not available on the medication cart. LVN F was unable to identify risks associated with leaving the substance at the bedside and acknowledged that medications are not to be kept at bedside due to risk of inappropriate consumption. During an interview on 01/08/2026 at 2:10 PM, the ADON stated medications are to be secured in the medication cart, during treatment nursing staff are expected to monitor resident rooms for medications during rounds. The ADON acknowledged residents are at risk of harm when medications or creams are left at bedside. During an interview on 01/08/2026 at 2:27 PM, the Administrator confirmed department heads conduct daily safety rounds and stated medications and creams are not permitted to be stored at the bedside due to safety concerns of consumption. During a record review of an order summary dated 01/08/2026 indicated Resident #15 had an active order for oral care every shift beginning 11/13/2025 with no end date and an order for diet of nothing by mouth, there was not an order for Vaseline or petroleum jelly. Record review of the facility's policy titled Medication Labeling and Storage last revised on 02/2023, indicated. the facility stores all medications and biologicals in locked compartments under proper temperature, humidity, and light controls. Only authorized personnel have access to keys. 1. Labeling of medications and biologicals dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices. Medication Storage 2. The nursing staff is responsible for maintaining medication storage.4. Compartments (including, but not limited to. refrigerators, carts) containing medications and biologicals are locked when not in use. or carts used to transport such items are not left unattended if open or otherwise potentially available to others.Medication Labeling 2. The medication label includes, at a minimum: b. prescribed dose. f. route administration. 12. The nursing staff must inform the pharmacy of any changes in physician orders for a medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations, interviews, and record reviews, the facility failed to provide food that was palatable, attractive, and at a safe and appetizing temperature for 10 of 10 residents (Resident #32 and 9 confidential residents) reviewed for food and nutrition services. The facility failed to ensure dietary staff provided food that was palatable and had an appetizing temperature on 01/06/26. This failure could place residents at risk of decreased food intake, hunger, and unwanted weight loss.Findings included: During a confidential resident group meeting 9 residents stated the food could be warmer. During an interview on 01/05/26 at 12:09 p.m., Resident #32 stated the food was not too good. Resident #32 would not go into detail on how the food was not good. During an observation and interview on 01/06/26 at 12:44 p.m., lunch tray was sampled by the Dietary Manager and 4 surveyors. The sample tray consisted of beef stroganoff which was lukewarm, a mushy texture, and overpowered garlic flavor; green beans were cold and bland; and the overall appearance was soggy and greasy. The Dietary Manager stated the beef stroganoff could have been warmer and the noodles were overdone; green beans were bland, below room temperature and the food could have been separated more. During an interview on 01/08/26 at 9:15 a.m., CNA D stated residents had stated the food was cold. CNA D stated she was unable to recall the resident's name. CNA D stated when they complained about the food being cold, she would reheat their food in the employee breakroom. CNA D stated she did not take the temp of the food after reheating and has never been told too. CNA D stated she was told by staff that she could reheat their food but unable to recall the staff name. CNA D stated she did not report the complaints to anyone. CNA D stated residents not eating their food could potentially cause weight loss. During an interview on 01/08/26 at 9:21 a.m., CNA E stated residents randomly complained about the food not being good overall. CNA E stated she was unable to recall the resident's name. CNA E stated she would offer the residents an alternative. CNA E stated all food complaints would be reported to the dietary staff. CNA E stated residents not eating their food could potentially cause weight loss. During an interview on 01/08/26 at 10:21 a.m., RN B stated at times residents do complain about the food being cold or bland. RN B stated there was not a specific resident she could recall. RN B stated she would offer the residents an alternative and report to the dietary staff. RN B stated it was important to ensure food was palatable and had an appetizing temperature to maintain their adequate weight and proper nutrition for healing. During an interview on 01/08/26 at 1:01 p.m., the Dietary Manager stated she had not had any complaints regarding food being cold or tasting bland in the last several months. The Dietary Manager stated if food complaints were brought to her an alternative would be offered. The Dietary Manager stated she monitored meal service daily, including sampling trays a few times a week, especially a new meal. The Dietary Manager stated it was important to ensure food was palatable and had an appetizing temperature to prevent weight loss. During an interview on 01/08/26 at 2:47 p.m., the Administrator stated he expected food to be at the appropriate temperature and seasoned for palatability. The Administrator stated he has not had any complaints about food being cold or bland. The Administrator stated the Dietary Manager was responsible for monitoring and overseeing meal service. The Administrator stated he has not experienced a test tray that was not palatable including temperature. The Administrator stated it was important to ensure food was palatable and had an appetizing temperature to prevent weight loss. Record review of the facility's policy titled, Food and Nutrition Services revised 10/2017 reflected. each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional. needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to establish and 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 6 of 6 residents (Resident #'s 27, #36, #15, #9, #41 and #13) reviewed for infection control.1. The facility failed to ensure CNA K performed hand hygiene while providing incontinent care for Resident #27 on 01/06/26.2. The facility failed to ensure CNA N and CNA L wore PPE when providing care for Resident #36.3. The facility failed to ensure CNA G and CNA H performed hand hygiene while providing incontinent care for Resident #15 on 01/06/26.4. The facility did not ensure RN B performed hand hygiene prior to administering Resident #9's medications.5. The facility did not ensure MA C cleaned the glucometer between Resident #41 and Resident #13's blood pressure. This failure could place residents at risk for cross-contamination and the spread of infection.Finding included: 1.Record review of Resident #27's face sheet, dated 01/08/26, revealed a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses to include rhabdomyolysis (the breakdown of muscle tissue that leads to the release of muscle fiber contents into the blood), dementia (a loss of mental functioning such as, thinking, memory, mood and behavior), and diabetes (high blood sugars). Record review of Resident #27's quarterly MDS assessment, dated 11/24/25, indicated Resident #27 understood and was usually understood by others. Resident #27's BIMS score was 05, which indicated her cognition was severely impaired. The MDS indicated Resident #27 required assistance with toileting, bed mobility, dressing, personal hygiene, transfers, and eating. The MDS indicated she was incontinent of bowel and bladder. Record review of Resident #27's comprehensive care plan, revised on 10/06/25, indicated that Resident #27 had an alteration in ADL function related to rhabdomyolysis and weakness. The intervention was for 1 staff member to assist with toileting. During an observation on 01/06/26 at 9:11 a.m., CNA K provided incontinence care for Resident #27. CNA K wiped Resident #27's peri area and then assisted to turn her on her left side without hand hygiene or changing her gloves. CNA K wiped her buttocks using the same wipe and wiping side to side, then applied a clean brief with the same gloves on. CNA K then changed her gloves but did not perform hand hygiene, assisted in turning Resident #27 to her back, touching her stuffed animal and linen without hand hygiene. During an interview on 01/06/26 at 9:25 a.m., CNA K said she did not perform hand hygiene or change her gloves after wiping Resident #27, then touching the resident, clean brief, stuffed animal, and linen with dirty gloves. She said she knew that without hand hygiene or removing dirty gloves could cause cross-contamination and infection. During an interview on 01/07/26 at 1:00 p.m., LVN A said she was Resident #27's nurse. She said she expected staff to provide incontinent care to keep the residents clean. She said she expected them to practice hand hygiene and change gloves when soiled. She said without proper hand hygiene, wiping the correct way, and touching other objects could cause infection and or bacteria. She said Resident #27 did not have signage or a cart placed on her door or outside her room. She said Resident #27 was on EBP. She said if staff were not wearing proper PPE (gown and gloves), it could (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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	cause infection and or bacteria. She said that after the staff told her they were going to provide incontinent care, she went and told management about the signage and cart for Resident #1. 2. Record review of Resident #36's face sheet, dated 01/08/26 indicated she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included, chronic obstructive pulmonary disease, also called COPD (is a progressive lung disease that causes restricted airflow and breathing problems), kidney failure, also known as renal failure or end-stage renal disease (ESRD), (a medical condition in which the kidneys can no longer adequately filter waste products from the blood), and bipolar disorder (a serious mental illness causing extreme shifts in mood, energy, and activity levels, ranging from manic highs such as: euphoria, to depressive lows such as: sadness, significantly impacting daily functioning, work, and relationships). Record review of Resident #36's admission MDS assessment, dated 10/15/25, indicated Resident #36 understood and was usually understood by others. Resident #36's BIMS score was 09, which indicated her cognition was moderately impaired. The MDS indicated Resident #36 required assistance with toileting, bed mobility, dressing, personal hygiene, transfers, and eating. The MDS indicated she was incontinent of bowel and bladder. Record review of Resident #36's comprehensive care plan, dated 09/24/25, indicated, Resident #36 had dialysis related to ESRD. The intervention for staff was to provide enhanced barrier precautions related to the dialysis port. Record review of Resident #36's comprehensive care plan, dated 09/24/25, indicated, Resident #36 had altered ADL function and was incontinent of bowel and bladder. The intervention was for one staff member to assist with toileting. Record review of Resident #36's Physician order dated 11/21/25 indicated Hemodialysis to the left subclavian Quinton catheter (involves surgically implanting a port under the skin in the chest, with the catheter tunneled into the left subclavian vein). Record review of Resident #36's Physician order dated 11/21/25 indicated dialysis performed on Monday, Wednesday, and Friday with a chair time of 5:30 pm till 9:30 pm. During an observation and interview on 01/06/26 at 10:45 a.m., Resident #36 had an EBP sign on her door, but no PPE (gown or gloves) was noted in the bins outside of the room. Resident #36 said she went to dialysis. Resident #36 said the staff does not wear gowns when they provide incontinent care. During an interview on 01/07/26 at 8:24 a.m., CNA N said she was Resident #36's aide at times. She said when she provided care, she wore gloves and a mask but no gown. She said she was not aware she needed to wear gowns for Resident #36. She said she had been trained on the EBP on an unknown date. During an interview on 01/07/26 at 1:07 p.m., CNA L said she was Resident #36's aide. She said she was not aware that Resident #36 required PPE when providing care. She said she was usually aware if someone required a certain type of PPE by a sign on the door and the bin outside the room. CNA L and the state surveyor went to Resident #36's door and identified a sign for EBP on the door, and CNA L read the sign and said she was supposed to wear a gown and gloves when caring for Resident #36. She said that since she had not worn PPE (gown), she placed the resident at risk of infection. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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	During an interview on 01/07/26 at 2:10 p.m., LVN A said she was Resident #36's charge nurse. She said she was aware Resident #36 was on EBP. She said she usually gave in report if a resident was on EBP or any changes. She said the staff was aware Resident #36 was on EBP precautions. She said that without the proper PPE, it could cause an infection for the residents. During an interview on 01/08/26 at 1:08 p.m., the ADON said she expected the CNAs to perform incontinent care correctly. She said she expected staff to change their gloves between dirty to clean and use hand hygiene between glove changes. She said she and the DON oversaw the infection control process. She said she was not aware that Resident #36's bin was not filled on 01/05/26. She said staff should change gloves, practice hand hygiene, and wear proper PPE (gown and gloves) when caring for residents on EBP to prevent infection and cross-contamination. She said they had quarterly in-services on hand hygiene and EBP. During an interview on 01/08/26 at 2:11 p.m., the Administrator said he expected all staff to use proper hand hygiene techniques between dirty and clean areas with care. He said if a resident required EBP he expected them to wear gown and gloves. The Administrator said the DON and nurse management were responsible for ensuring staff were trained on incontinent care, hand washing, EPB, and infection control. He said improper hand hygiene and not wearing the proper PPE (gown and gloves) could place residents at risk for cross-contamination or potential infection. Record review of the competency check-off reflected that CNA K had completed her training for hand washing and incontinence care on 12/16/25. Record review of in-service on hand hygiene and EBP was dated 12/21/25. 3.Record review of a face sheet dated 01/08/26 indicated Resident #15, a [AGE] year-old female, was admitted on [DATE] and readmitted on [DATE] with the diagnosis of cerebral infarction due to occlusion or stenosis of small artery (stoke because a small artery in the brain becomes blocked cutting off blood flow to a specific area of the brain). Record review of Resident #15's quarterly MDS dated [DATE] revealed Resident #15 required depended assistance toileting hygiene, including perineal hygiene before and after voiding or bowel movement and was always incontinent of bowel and bladder. Record review of Resident #15's care plan dated 09/18/25 revealed Resident #15 was fed via PEG tube and on enhanced barrier precautions, with staff instructed to monitor the PEG tube/g-tube site for signs and symptoms of infection. During an observation on 01/06/26 at 9:39 a.m., incontinent care was provided for Resident #15 by CNA G and CNA H. CNA G failed to perform hand hygiene and change gloves when hands were visibly soiled. CNA H used the same gloves to clean both the front and back perineal areas following a bowel movement. During an interview on 01/06/26 at 9:50 a.m., CNA G stated proper hand hygiene and glove changes are necessary to prevent infection and stated she should have changed gloves and performed hand hygiene between care tasks. CNA G reported she did not recall the most recent in-services on hand hygiene or incontinent care. During an interview on 01/06/26 at 9:55 a.m., CNA E stated this is my first day on the job and training (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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	and acknowledge the risk to resident when proper hand hygiene is not performed. During an interview on 01/08/26 at 2:13 p.m., the ADON stated she expects all care staff to follow enhanced barrier precautions, including use of appropriate PPE (gloves, mask, and gown) when providing care for Resident #15. The ADON confirmed PPE is required to prevent the spread of infection and acknowledged responsibility of infection preventionist activities along with the DON. The ADON reported conducting routine quarterly hand washing audits when delegated by the DON. During an interview on 01/08/26 at 2:28 p.m., the Administrator stated staff are expected to wear EBP when proving care and perform hand hygiene before and after care and when hands are soiled. The Administrator reported that nursing administration conducts quarterly audits and in-services to PPE and hand hygiene. 4. During an observation and interview on 01/05/26 at 3:16 p.m., RN B put on a gown outside the room, entered Resident #9's room, applied a mask and gloves and grabbed the IV medication and started preparing for administration. RN B did not perform hand hygiene prior to applying the mask. RN B stated she should have performed hand hygiene before touching the mask. RN B stated she was nervous due to the state surveyor being present. RN B stated it was important to perform proper hand hygiene to prevent the spread of infection. 5. During an observation and interview on 01/06/26 at 8:45 a.m., MA C used the automatic wrist blood pressure monitor to check Resident #41's blood pressure. After using the blood pressure monitor, MA C placed the blood pressure monitor on top of the medication cart without disinfecting it. MA C administered Resident #41's medications. MA C then took the automatic wrist blood pressure monitor and checked Resident #13's blood pressure. After using the monitor, MA C placed the monitor back on the medication cart without disinfecting it. MA C stated she should have sanitized the blood pressure monitor between each resident. MA C stated she was nervous because the state surveyor was present. MA C stated it was important to disinfect between each use to prevent cross contamination. During an interview on 01/08/26 at 1:54 p.m., the RNC stated prior to the nurse donning (on) full PPE hand hygiene should have been performed. The RNC stated his expect staff that utilized reusable equipment to be sanitized before and after use between each resident. The RNC stated the DON or designee were responsible for monitoring and overseeing infection control compliance, policy and procedures. The RNC stated it was important to ensure infection control practices were followed to prevent cross contamination between residents when providing care. During an interview on 01/08/26 at 2:47 p.m., the Administrator stated he expected hand hygiene to be performed after entering the room and sanitize the blood pressure [NAME] between residents. The Administrator stated the nursing administration was responsible for monitoring infection control compliance by spot checks. The Administrator stated it was important to ensure infection control practices were followed to prevent the spread of infection. Record review of a Handwashing competency check off reflected that RN B had completed her training for hand washing on 12/13/25. Record review of the facility's policy titled Handwashing/Hand Hygiene last revised on 01/2025, reflected. This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections. 1. All personal are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. 2. All (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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	personnel are expected to adhere to hand hygiene policies and practice to help prevent the spread of infections to other personnel, residents. Indications for hand hygiene (1) Hand Hygiene is indicated: b. before performing an aseptic task. e. after touching the resident's environment. Record review of the facility's policy titled Standard Precautions last revised on 09/2022, reflected. Standard precautions are used in the care of all residents regardless of their diagnoses, or suspected or conformed infection status. Standard precautions include the following practices: 5. Resident-Care Equipment. b. reuseable equipment is not used for the care of more than one resident until it has been appropriately cleaned and reprocessed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure residents had a right to personal privacy and confidentiality of medical records for 1 of 4 residents (Resident #15) reviewed for privacy and confidentiality. The facility did not ensure LVN A closed Resident #15's EMR before entering her room to administer her medications on 01/07/26. This failure could place residents at risk for low self-esteem, loss of dignity, and decreased quality of life due to medication administration record being accessible to others.Findings included: Record review of Resident #15's face sheet, dated 01/08/26, reflected Resident #15 was a [AGE] year-old female, originally admitted to the facility on [DATE] with a diagnosis which included gastrostomy (surgical procedure that creates an opening in the stomach, allowing for the insertion of a feeding tube (G-tube) for nutritional support). Record review of Resident #15's quarterly MDS assessment, dated 10/16/25, reflected Resident #15 rarely/never made herself understood, and sometimes understood others. Resident #15's BIMS score was 7, which indicated his cognition was severely impaired. Resident #15 was dependent with eating and had a feeding tube while a resident of the facility and within the last 7 days. Record review of Resident #15's comprehensive care plan, edited on 10/06/25, reflected Resident #15 required the use of a gastrostomy tube for nutrition s/p CVA with dysphagia (difficulty swallowing). The care plan interventions included observe peg tube/g-tube site for s/sx of infection/irritation, NPO, and oral hygiene at least every shift. During an observation on 01/07/26 at 9:30 a.m., revealed the Hall-400 medication cart laptop with the screen open to Resident #15's information facing into the hall. Staff, residents, visitors, and surveyors were observed to be walking next to the medication cart. During an observation on 01/07/26 at 10:07 a.m., the ADON closed the screen when this surveyor brought to her attention that Resident #15's personal health information was showing. During an interview on 01/07/26 at 1:44 p.m., LVN A stated she should have locked the screen when she walked away from the cart. LVN A stated she was nervous due to the surveyor being present. LVN A stated it was important to ensure the residents' information was kept confidential to prevent HIPPA violation. During an interview on 01/08/26 at 1:54 p.m., the RNC stated his expectation was the computer screen was locked if the nurse was not utilizing it. The RNC stated the DON or designee was responsible for monitoring and overseeing compliance by routine rounding. The RNC stated it was important to ensure the residents' information was kept confidential to prevent personal health information being viewed by others. During an interview on 01/08/26 at 2:47 p.m., the Administrator stated the computer screen should be locked or closed prior to entering a resident's room. The Administrator stated the department heads did random rounds to ensure compliance. The Administrator stated it was important to ensure the resident's information was kept confidential to prevent HIPPA violation. Record review of the facility's policy Protected Health Information (PHI), Uses and Disclosures of reviewed 03/2014, reflected. Protected health information will not be used or disclosed except as permitted by law.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to provide a safe, clean, and comfortable environment for 1 of 10 residents (Resident #15) reviewed for a homelike environment. The facility failed to ensure Resident #15's room had wall trim in good repair. This failure could place residents at risk for an uncomfortable, unhomelike environment, and a diminished quality of life.Findings Included: During an observation on 01/05/2026 at 11:21 AM, Resident #15's room wall trim along the lower portion of the wall was lifting and jagged. The trim was observed to be uneven with sharp edges exposed. During an observation on 01/08/2026 at 8:17 AM, the damaged trim had been removed leaving the interior wall exposed. The exposed area was unfinished and did not have replacement trim or protective covering installed. During an interview on 01/05/2026 at 11:25 AM, Resident #15 stated she was scared she would get injured by the missing trim that was jagged when the resident is propelling in the wheelchair. During interview on 01/08/2026 at 12:44 PM, the facility maintenance director acknowledged awareness of the damaged trim and stated the trim had been removed, however the area had not been restored to a finished residential condition at the time of observation. Reported it has been that way a month or more. Yesterday I cut the hanging trim off so now it has to be fixed. The Maintenance director could not recall who reported the hanging trim to him. During interview on 01/08/2026 at 1:44 PM, CNA E reported that she had noticed the trim coming off the wall in Resident #15's room. CNA E stated Resident #15's wheelchair would catch the hanging trim when moving passed the trim. CNA E said she had verbally reported the broken trim to the maintenance director several weeks ago but could not recall an exact date or time. During an interview with the ADON on 01/08 2026 at 1:57 PM, said all staff are responsible for ensuring rooms are safe and have a homelike appearance. The ADON stated the loose trim was a tripping hazard. During an interview with the administrator on 01/08/2026 at 2:19 PM, the Administrator stated he was not aware of the missing trim; however, the maintenance director was responsible for all repairs. The facility used a computerized tracking system and the staff was instructed to report all needed repairs to the maintenance director. Record review of Homelike Environment policy revision date February 2021 revealed the policy statement of residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.Clean, sanitary and orderly environment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure individuals with mental health disorders were provided an accurate Preadmission Screening and Resident Review (PASRR) Screenings for 1 of 6 residents (Resident #36) reviewed for PASRR. The facility failed to ensure the correct PASRR (a preliminary assessment completed for all individuals before admission to a Medicaid-certified nursing facility to determine whether they might have a mental illness or intellectual disability) Level 1 Screening was submitted to the local authority for Residents #36, who had a diagnosis of mental illness upon admission. This failure could place residents at risk for a diminished quality of life and not receiving necessary care and services in accordance with individually assessed needs. Findings included: Record review of Resident #36's face sheet, dated 01/08/26 indicated she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included, bipolar disorder (a serious mental illness causing extreme shifts in mood, energy, and activity levels, ranging from manic highs such as: euphoria, to depressive lows such as: sadness, significantly impacting daily functioning, work, and relationships), and anxiety (a feeling of fear, dread, and uneasiness). Record review of the PASRR Level 1 Screening form, dated 06/23/25, reflected Resident #36 had no evidence or indicator of dementia or a mental illness (negative PL1). No PASRR evaluation had been completed. Record review of Resident #36's comprehensive care plan, dated 09/24/25, indicated, Resident #36 had an alteration in affect/mood requiring the use of an anticonvulsant for mood stabilization related to the diagnosis of bipolar disorder and anxiety. The intervention was for staff to give medication as ordered. Record review of Resident #36's quarterly MDS assessment, dated 10/21/25, indicated Resident #36 understood and was usually understood by others. Resident #36's BIMS score was 09, which indicated her cognition was moderately impaired. The MDS indicated Resident #36 required assistance with toileting, bed mobility, dressing, personal hygiene, transfers, and eating. The MDS reflected Resident #36 had an active diagnosis of bipolar disorder. Record review of Resident #36's Physician order dated 11/21/25 indicated Divalproex Sodium Oral Tablet Delayed Release 125 MG (Divalproex Sodium), give 1 tablet by mouth two times a day, related to bipolar disorder and . Buspirone HCl oral tablet 7.5 MG (Buspirone HCl), give 1 tablet by mouth two times a day, related to anxiety disorder. During an interview and record review on 01/08/26 at 9:50 a.m., the MDS Coordinator said she was responsible for ensuring the PASRR Level 1 was entered into the system prior to the resident being admitted . She said she input the information that the hospital sent to the facility. The MDS Coordinator said it was important for the residents to be screened for PASRR to ensure they were evaluated for eligibility and services. The MDS Coordinator and the state surveyor reviewed the PASRR Level 1 done on 06/03/25 and Resident #36's diagnosis list and saw where Resident #36 had an admitting diagnosis of bipolar, which was a form of mental illness, and no diagnosis of dementia (memory loss). The MDS Coordinator said she was aware Resident #36 had a diagnosis of bipolar but did not consider bipolar as a mental disorder. She said even after being aware of the bipolar diagnosis, she entered the correct information for the PASRR Level 1 Screening. During a phone interview on 01/08/26 at 10:22 AM, the Local Authority stated Resident #36 had a PL1 that was negative in 2025. The Local Authority said there was no PASRR evaluation completed because her PL1 screening was negative. The Local Authority said the screening was negative because in Section C of the PASRR Level 1 Screening was marked No, indicating Resident #36 had no indicators of mental illness. The Local Authority said bipolar disorder should have constituted a positive PL1 screening if her primary diagnosis was not dementia (memory loss). During an interview on 01/08/26 at 1:08 p.m., the ADON said she was not aware of the PASRR process but expected the MDS Coordinator to complete the necessary paperwork for the process. During a telephone interview on 01/08/25 at 1:44 p.m., the Director of MDS said if the PASRR Level 1 was filled out incorrectly or a (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	diagnosis was not added previously, she expected a Form 1012 to be completed so the resident could be reevaluated for services. The Director of MDS said the purpose of Form 1012 was to alert the local authority that the residents required a PASRR evaluation or level 2 screening because of a qualifying diagnosis. The Director of MDS said the MDS Coordinator was responsible for ensuring the PASRR Level 1 was completed correctly. The Director of MDS said it was important for the residents to be screened for PASRR, so the residents had an opportunity to receive the care they needed. During an interview on 01/08/26 at 2:11 p.m., the Administrator said the MDS was responsible for the PASRR Level 1 Screening, and he was the overseer. He said he expected the MDS Coordinator to fill out the PASRR Level 1 Screening accurately. He said the PL1 form was completed to see if the residents would be positive or negative for mental health. He said if they were positive, then the residents would qualify for services that could benefit them. Record review of the facility's undated policy titled PASRR dated 07/09/25, indicated, Purpose: The PASRR program aims to ensure that individuals with mental illness or intellectual disabilities receive appropriate care and services. It assesses whether the nursing home is the most suitable setting for the individual's needs. Procedure: 1. admission Process: C). Preadmission happens when a person comes from the community (psychiatric hospital, home, group home, jail, assisted living, etc.). This includes anywhere other than a medical acute care hospital or another nursing facility. The person, coming from the community, with a PASRR. Level 1 that indicates suspicion of IDD, and/or mental illness, must also have a completed PASRR Evaluation submitted before they can be admitted to a nursing facility. This process must be followed to ensure people coming from a community setting can receive education about other placement alternatives before nursing facility admission. D). Negative indicates the person has a negative PL1 screening, and is not suspected of having an intellectual disability, developmental disability, and/or mental illness.2. Screening Process: A). Level I Screening: This initial screening determines if the individual may have a mental illness or intellectual disability. It is generally completed by the nursing facility before admission. B). Level II Evaluation: If the Level I screening indicates potential mental illness or intellectual disability, a Level II evaluation is conducted. This comprehensive assessment is performed by a qualified mental health professional and evaluates the individual's needs and whether nursing home placement is appropriate.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a baseline care plan within 48 hours of admission for 1 of 3 newly admitted residents reviewed. (Resident #53) The facility failed to develop a baseline care plan assessment for Resident #53. This failure could affect residents who are admitted to the facility with specialized needs and result in residents not receiving necessary care and services. Findings Included: During a record review on 01/08/2026 at 10:45 AM, the face sheet revealed Resident #53 was a [AGE] year-old male who admitted on [DATE] with the diagnoses of pneumonia (infection of the lungs). During a record review on 01/07/2026 at 9:30 AM, Resident #53's electronic medical record indicated the baseline care plan was not opened or initiated and remained highlighted in red with the due date (meaning past due). During a record review on 01/07/2026 at 9:35 AM, Resident #53's electronic medical record indicated the admission MDS or the comprehensive care plan had not been completed. During an interview with Resident #53 on 01/05/2026 at 12:13 PM, revealed the resident had not yet had a care plan meeting with the facility. Resident #53 reported he had not yet had an explanation of plan of care for pneumonia (infection of the lungs). Resident #53 also reported he had a fall within his stay within the facility on 01/03/2026 prior to 48-hour timeframe required for completed care plan. During an interview on 01/06/2026 at 2:40 PM, the ADON said the resident was newly admitted and said the baseline care plan had not been completed within 48 hours of admission. Staff was unable to provide documentation demonstrating that a baseline care plan was in place during the required timeframe. The ADON reported an RN is responsible for initiating the baseline care plan assessment which can be completed by an RN or LVN. The ADON reported the DON is responsible for overseeing and ensuring all assessments are completed in the required timeframe. The ADON reported residents are at risk of not receiving care when the baseline care plan assessment is not completed within 48 hours. During an interview with RN B on 01/08/2026 at 1:31 PM, revealed she did not admit the resident to the facility; however, she did initiate the baseline care plan assessment as of 01/08/2026 but had not completed it. RN B said the risk is the resident not receiving the care required. During an interview on 01/08/2026 at 2:02 PM, the ADON revealed the DON oversees assessments to ensure they are completed. The ADON said only an RN can initiate the baseline care plan assessment. The ADON reported I had the RN on duty today start the baseline care plan assessment this morning. The ADON reported baseline care plans are to ensure person-centered care is addressed the initial needs, preferences, and goals. During an interview on 01/08/2026 at 2:22 PM, the administrator said the risk to residents not having a completed baseline care plan was the residents may not to receive the care admitted to the facility for. Record review of the new admission matrix revealed Resident #53 was newly admitted to facility on 01/02/2026. Record review of user defined assessment documentation showed the facility did not complete a baseline care plan assessment within 48 hours of admission, as required for Resident #53. Record review of Care Plans - Baseline revised March 2022 policy revealed: A baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission.The baseline care plan includes instructions needed to provide effective, person-centered care of the resident that meet professional standards of quality care and must include the minimum healthcare information necessary to properly care for the resident including, but not limited to the following: Initial goals based on admission orders and discussion with the resident/representative; Physician orders; Dietary orders; Therapy services; Social services; and PASARR recommendation, if applicable. The baseline care plan is used until the staff can conduct the comprehensive assessment and develop an interdisciplinary person-centered comprehensive care plan (no later than 21 days after admission). The baseline care plan is updated as needed to meet the resident's needs until the comprehensive care plan is developed. A comprehensive care plan may be (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	used in place of the baseline care plan providing the comprehensive care plan is developed within 48 hours

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, which includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental needs, for 2 of 4 (Resident #11 and Resident #27) residents reviewed. The facility failed to care plan Resident #11's oxygen (which is vital for the human body as it is used by cells to produce energy) therapy. The facility failed to care plan Resident #27's nebulizer treatments (which uses a machine to turn liquid medicine into a fine mist, inhaled through a mask or mouthpiece, to deliver medication deep into the lungs for respiratory conditions). This failure could affect residents by placing them at risk of not receiving appropriate interventions to meet their current needs.The findings included:1. Record review of Resident #11's face sheet, dated 01/08/26, indicated a [AGE] year-old female who was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses which included Chronic Obstructive Pulmonary Disease also known as COPD (a chronic lung disease that causes inflammation and narrowing of the airways, leading to airflow obstruction), anxiety (a feeling of fear, dread, and uneasiness), and stroke.Record review of Resident #11's quarterly MDS assessment, dated 12/04/25, indicated Resident #11 usually understood and was usually understood by others. Resident #11's BIMS score was 05, which indicated she was severely impaired. The MDS indicated Resident #11 required assistance with dressing, personal hygiene, toileting, bathing, bed mobility, transfers, and set-up/supervision for eating. The MDS during the 7-day look-back period did not indicate Resident #11 was receiving oxygen.Record review of Resident #11?s physician orders dated 12/18/25 indicated oxygen at 2-4 liters per minute via nasal cannula continuously.Record review of Resident #11?s care plan revised date of 10/20/25, did not indicate she required oxygen. During an observation and attempted interview on 01/06/26 at 8:15 a.m., Resident #11 was in her bed without any oxygen on. Resident #11 did not answer when asked if she wore oxygen. No distress noted.During an observation and interview on 01/07/26 at 2:10 p.m., LVN A said Resident #11 had an order for oxygen but did not have any oxygen in her room. She said Resident #11 often refused oxygen, but since she had an order for oxygen, it should be in her room and applied as ordered.2.Record review of Resident #27's face sheet, dated 01/08/26, revealed an [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses to include rhabdomyolysis (the breakdown of muscle tissue that leads to the release of muscle fiber contents into the blood), dementia (a loss of mental functioning such as, thinking, memory, mood and behavior), and diabetes (high blood sugars).Record review of Resident #27's quarterly MDS assessment, dated 11/24/25, indicated Resident #27 understood and was usually understood by others. Resident #27's BIMS score was 05, which indicated her cognition was severely impaired. The MDS indicated Resident #27 required assistance with toileting, bed mobility, dressing, personal hygiene, transfers, and eating. The MDS did not indicate she received nebulizer treatments.Record review of Resident #27 's comprehensive care plan, revised on 10/06/25, did not indicate any nebulizer treatments. Record review of Resident #27's physician order dated 12/18/25 indicated Ipratropium-Albuterol Solution 0.5-2.5 (3milligram/3 milliliter) give 1 Vial inhalation orally every 8 hours as needed for shortness of breath or wheezing. Record review of Resident #27's MAR dated 01/02/26 at 8:53 p.m., indicated she received a breathing treatment of Ipratropium-Albuterol Solution.During an observation and interview on 01/05/26 at 12:50 p.m., Resident #27 had a hand-held nebulizer with tubing on her nightstand, not bagged, or dated. Resident #27 said she had a breathing treatment the other night.During an interview and observation on 01/08/26 at 1:08 p.m., the ADON said the DON was responsible for completing the care plans. The ADON said she was unaware that Resident #11's oxygen and Resident #27's nebulizer treatment had not been care planned. She said if Resident #11 had a routine order for oxygen, then she should be (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	wearing her oxygen, and it should be care planned. The ADON looked at Resident #27's MAR and verified that she had given her a breathing treatment on 01/03/26 and said the nebulizer treatments should be care planned. She said the care plan was generated to guide staff and others in the care the resident should receive. During an interview on 01/08/26 at 2:11 p.m., the Administrator said all disciplines should work together to complete a resident's care plan, but the DON and nurse management were the overseers. He said care plans were generated to guide staff on the residents' care. Record review of the facility policy titled Care planning, dated 12/2024, indicated Policy Statement: The interdisciplinary team is responsible for the development of resident care plans. Policy Interpretation and Implementation:1. Resident care plans are developed according to the timeframes and criteria established by S483.21. 2. Comprehensive, person-centered care plans are based on resident assessments and developed by an interdisciplinary team (IDT).4. The resident, the resident's family, and/or the resident's legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the resident's care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure each resident received adequate supervision to prevent accidents for 1 of 7 residents (Resident #17) reviewed for smoking-related accidents and hazards of 1 of 1 smoking areas. 1.The facility failed to ensure Resident #17 did not smoke near a grill with propane gas attached.2. The facility failed to ensure that no trash was in the red cigarette butts' canisters.3. The facility failed to ensure that no cigarette butts were on the ground or near the oxygen storage area.This failure could place residents at risk for injury.Findings included:Record review of a face sheet dated 01/08/26 indicated Resident #17 was a [AGE] year-old male admitted on [DATE] and readmitted on [DATE] with the diagnoses of Multiple sclerosis, also known as MS (a condition that affects nerves in your central nervous system), anxiety (a normal feeling of worry or fear in response to stress), and muscle weakness.Record review of a quarterly MDS dated [DATE] indicated Resident #17 usually understood and was usually understood by others. The MDS indicated Resident #17's BIMS score was a 07, which indicated he had moderate cognitive impairment. The MDS did not indicate he was a smoker.Record review of a comprehensive care plan dated 09/08/25 indicated Resident #17 was a smoker. The intervention was for staff to inform the residents and representatives of the risks associated with smoking and provide supervision while smoking.Record review of a Smoking Risk assessment dated [DATE] indicated Resident #17 was a supervised smoker.During an observation on 01/05/26 at 4:07 p.m., the gas grill on the smoking patio had a propane bottle attached. There was about five other residents who were smoking in the area, Resident #17 was sitting next to the propane tank, smoking. Also observed trash in the red cigarette butt bin and cigarette butts on the grounds next to the oxygen storage area.During an interview on 01/05/26 at 4:12 p.m., the maintenance supervisor said he bought the propane tank last month and set it outside next to the grill in the smoking area. He said it was a full tank because he had not used it since he purchased it. He said he was responsible for checking on safety and cleanliness issues throughout the facility. He said he realized it was a smoking hazard when questioned by the state surveyor and said he would move it. He said no trash should be in the cigarette butt bin, and no cigarette butts should be on the ground or near the oxygen storage because they could start fires. During an observation on 01/05/26 at 5:00 p.m., the propane tank had been removed from the smoking area.During an interview on 01/07/26 at 8:40 a.m., DA M said he was assigned to smoke the residents during smoking times. He said he was aware of the propane tank sitting in the smoke area and had told the maintenance supervisor about it at an unknown date and time, but because he did not remove it, he felt it was okay. He said he did not think about telling the Administrator. DA M verified that trash was in the cigarette butt' trash bin and cigarettes were on the ground. He said no trash should go in the cigarette bins; it should go in the regular trash, and no cigarette butts should be on the ground or near the oxygen storage area. He said they both could cause fires. During an interview on 01/08/26 at 1:55 p.m., the ADON indicated the maintenance supervisor was responsible for ensuring the propane tank was not in the smoking area, the smoking area did not have butts on the ground, or trash paper in the cigarette bin. She said she was not aware that the propane tank was in the smoking area. She said having a full propane tank in the smoking area, cigarette butts on the ground, and trash paper in the cigarette bins could lead to a potential fire hazard. During an interview on 01/08/26 at 2:00 p.m., the Administrator indicated he was made aware of the propane tank being outside in the smoking area. He said the maintenance supervisor was responsible for ensuring it was not in the smoking area, but he was the overseer. He said he knew the full propane tank could lead to a fire hazard. He said the maintenance supervisor had moved it. He said he had seen the propane tank sitting outside but did not think about it being in the smoking area. He said she was not aware of the trash in the cigarette butt can or cigarette butts on the ground, but (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	they could also lead to fire hazards.Record review of a Fire Safety and Prevention policy dated May 2011 indicated, Policy Statement: All personnel must learn methods of fire prevention and must report condition(s) that could result in a potential fire hazard. Policy Interpretation and Implementation: #1. Fire prevention is the responsibility of all personnel, residents, visitors, and the general public. #2. Whoever identifies a fire hazard or other conditions that could develop into a fire hazard must report the situation to the department director or maintenance director as soon as practical. Flammable Items: a. Smoke only in designated areas. b. Do not put cigarettes in trash cans.#4. All personnel must report observations of: A. accumulation of trash and rubbish; B. unusual odors or conditions; C. smoking in unauthorized areas; F. any unusual incidents; H. violation of fire safety rules. #5. The safety coordinator will be responsible for the prompt investigation of such conditions. Hazardous conditions must be corrected as soon as practical. Appropriate departments, such as building engineers/maintenance, etc., shall be responsible for the prompt correction of electrical, plumbing, or structural hazards.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents who were incontinent of bowel and bladder received appropriate treatment and services to prevent urinary infections for 1 of 2 residents (Resident #15) reviewed for incontinent care. The facility failed to ensure CNA G and CNA H properly cleaned the perineal/genital areas for Resident #15 during incontinent care. These failures could place residents at risk for urinary tract infections.During a record review of a face sheet dated 01/08/2026 indicated Resident #15 was a [AGE] year-old female who admitted on [DATE] and readmitted on [DATE] with the diagnosis of other cerebral infarction due to occlusion or stenosis of small artery (stoke because a small artery in the brain becomes blocked cutting off blood flow to a specific area of the brain). During a record review of Resident #15's quarterly MDS assessment dated [DATE] after a recent readmission to the facility revealed resident #15 toileting hygiene ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement was chart coded as 01: Dependent. Always incontinence of urinary and bowel. During a record review of Resident #15's care plan dated 09/18/2025 it was revealed she was care planned for activities of daily living (ADLs). Resident #15 also was care planned to keep skin clean and dry as possible to minimize skin exposure to moisture due to occasional moisture associated with skin damage to buttocks and skin folds. Record review of physician progress notes dated 12/27/2025 indicated Resident #15 has a past medical history of urinary tract infections. During an observation on 01/06/2026 at 9:39 AM, Resident #15 was provided incontinent care by CNAs G and H. The incontinent care revealed CNAs G and H used the same visibly soiled gloves throughout the entire care provided for Resident #15 with a bowel movement. CNA G and CNA H failed to change their gloves and failed to perform hand hygiene before, during and after the incontinent care. During an interview on 01/06/2026 at 9:50 AM, CNA G stated that she failed to change gloves and perform hand hygiene during Resident #15's perineal care provided by her and one other staff member (CNA H). CNA G acknowledged Resident #15 was on enhanced barrier precautions. CNA G said proper perineal care was provided to residents to prevent urinary infections. During an interview on 01/06/2026 at 9:55 AM, CNA H revealed it was her first day on the job and she had not completed incontinent care skills check-off. During an interview on 01/08/2026 at 2:06 PM, the ADON revealed that nursing administration are responsible for conducting check-off prior to allowing nursing staff to work independently. The ADON reported they have hand washing audits quarterly. The ADON stated the risk of incorrect incontinent care can cause urinary tract infections. During an interview on 01/08/2026 at 2:24 PM, the Administrator reported nursing staff was responsible for performing incontinent care. The Administrator said procedure check offs were done on hire and annually. He said he expected the DON and ADON to ensure skills are performed properly and skills are checked off prior to working independently. The Administrator reported residents are at risk for infection when incontinent care is not performed correctly. The Administrator reported the ADON and DON perform hand washing audit and annual skill check off to ensure compliance. During a record review on 01/08/2026 at 10:26 PM of Perineal Care policy dated February 2018 revealed the purpose of this procedure is to provide cleanliness and comfort to the residents, to prevent infections and skin irritation, and to observe the resident's skin condition.Wash hands. Wear gloves and follow Standard Precautions if contact with blood or body fluids is likely. Discard soiled gloves, sanitize hands. Re-glove prior to touching clean linens / adult brief.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure the facility assessment was reviewed and updated as necessary, and at least annually for 1 of 1 facility. 1. The facility did not update the facility assessment to include Resident #15's gastrostomy (surgical procedure that creates an opening in the stomach, allowing for the insertion of a feeding tube (G-tube) for nutritional support). 2. The facility did not update the facility assessment to include Resident #36's oxygen and dialysis. These failures could affect residents by not having the necessary resources to ensure appropriate care is provided. Findings included: 1. Record review of Resident #15's face sheet, dated 01/08/26, reflected Resident #15 was a [AGE] year-old female, originally admitted to the facility on [DATE] with a diagnosis which included gastrostomy (surgical procedure that creates an opening in the stomach, allowing for the insertion of a feeding tube (G-tube) for nutritional support). Record review of Resident #15's quarterly MDS assessment, dated 10/16/25, reflected Resident #15 rarely/never made herself understood, and sometimes understood others. Resident #15's BIMS score was 7, which indicated his cognition was severely impaired. Resident #15 was dependent with eating and had a feeding tube while a resident of the facility and within the last 7 days. Record review of Resident #15's comprehensive care plan, edited on 10/06/25, reflected Resident #15 required the use of a gastrostomy tube for nutrition s/p CVA with dysphagia (difficulty swallowing). The care plan interventions included observe peg tube/g-tube site for s/sx of infection/irritation, NPO, and oral hygiene at least every shift. 2. Record review of Resident #36's face sheet, dated 01/08/26, reflected Resident #36 was a [AGE] year-old female, originally admitted to the facility on [DATE] with a diagnosis which included dependence of renal dialysis (treatment that filters waste, toxins, and extra fluid from your blood when your kidneys fail), COPD (chronic inflammatory lung disease that causes obstructed airflow from the lungs), and shortness of breath. Record review of Resident #36's quarterly MDS assessment, dated 10/21/25, reflected Resident #36 made herself understood, and usually understood others. Resident #36 BIMS score was a 9, which indicated her cognition was moderately impaired. The assessment indicated Resident #36 was receiving oxygen therapy and dialysis. Record review of Resident #36's comprehensive care plan, edited 09/24/25, reflected Resident #36 required PRN oxygen therapy related to COPD. The care plan interventions included administer oxygen via nasal canula (PRN): O2 at 1-4 LPM. The care plan reflected Resident #36 required dialysis due to dialysis. The care plan interventions included hemodialysis performed on Monday, Wednesday and Friday. During an interview on 01/08/26 at 2:47 p.m., the Administrator stated he was responsible for completing and updating the facility assessment. The Administrator stated those things that were mentioned above should have been reflected in the assessment. The Administrator stated it was important to update the facility assessment to prevent the proper focus on the residents that needs particular care. The Administrator stated the risk associated with not updating the assessment was residents not receiving the proper care. During an interview on 01/08/26 at 2:11 p.m., the RNC stated there was not a policy and procedure regarding facility assessment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have policies on smoking. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish policies in accordance with applicable Federal, State and local and regulations, regarding smoking, smoking areas, and smoking safety that also take into account nonsmoking residents for 2 of 4 residents (Resident #17 and Resident #36) reviewed for smoking.The facility failed to follow the policy on smoking by not completing a smoking screen assessment quarterly on Resident #17 and Resident #36. This failure could place residents at risk of unsafe smoking and injury.Findings included:1.Record review of a face sheet dated 01/08/26 indicated Resident #17 was a [AGE] year-old male admitted on [DATE] and readmitted on [DATE] with the diagnoses of Multiple sclerosis, also known as MS (a condition that affects nerves in your central nervous system), anxiety (a normal feeling of worry or fear in response to stress), and muscle weakness.Record review of a quarterly MDS dated [DATE] indicated Resident #17 usually understood and was usually understood by others. The MDS indicated Resident #17's BIMS score was a 07, which indicated he had moderate cognitive impairment. The MDS did not indicate he was a smoker.Record review of a comprehensive care plan dated 09/08/25 indicated Resident #17 was a smoker. The intervention was for staff to inform the residents and representatives of the risks associated with smoking and provide supervision while smoking.Record review of Resident #17's Smoking Screen Assessment, which was last dated 09/27/24, revealed he was a supervised smoker.During an observation on 01/05/26 at 4:07 p.m., Resident #17 was outside smoking with other residents and staff. 2. Record review of Resident #36's face sheet, dated 01/08/26 indicated she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included, chronic obstructive pulmonary disease, also called COPD (is a progressive lung disease that causes restricted airflow and breathing problems), kidney failure, also known as renal failure or end-stage renal disease (ESRD), (a medical condition in which the kidneys can no longer adequately filter waste products from the blood), and bipolar disorder (a serious mental illness causing extreme shifts in mood, energy, and activity levels, ranging from manic highs such as: euphoria, to depressive lows such as: sadness, significantly impacting daily functioning, work, and relationships). Record review of Resident #36's admission MDS assessment, dated 10/15/25, indicated Resident #36 understood and was usually understood by others. Resident #36's BIMS score was 09, which indicated her cognition was moderately impaired. The MDS indicated Resident #36 required assistance with toileting, bed mobility, dressing, personal hygiene, transfers, and eating. Record review of Resident #36's comprehensive care plan, dated 09/24/25, indicated, Resident #36 was a smoker. The intervention was for staff to do a safe smoking screen to be completed upon my admission and as needed and inform the resident and her representative of the risks associated with smoking.Record review of Resident #36's Smoking Screen Assessment, which was last dated 09/06/25, revealed she was a safe smoker but required a smoking apron.During an observation and interview on 01/07/26 at 8:38 a.m., Resident #36 was outside smoking with a smoking apron. Resident #36 said the staff always kept her smoking supplies, and she wore her apron when smoking.During an interview on 01/08/26 at 12:52 p.m., LVN A said the nurses was responsible for completing the smoking assessments. She said she was not aware of what the smoking policy said about how often smoking assessments needed to be completed, but she completed them as they populated on her user-defined assessments screen. She said the smoking assessment was to assess the resident for safety while smoking. She said if the smoking assessments was not done, then a resident might not be safe to smoke, which could place them at risk for burns or injuries. During an interview on 01/08/26 at 1:08 p.m., the ADON said she was not sure about the time frame of the smoking assessments. She said the nurses was responsible for doing the smoking assessments, and she and the DON were the overseers. She said it had been brought to her attention that the smoking assessments were not populated on the user-defined assessment system, and they fixed the issue on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455962	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kaufman	3001 S Houston St Kaufman, TX 75142

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 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Tuesday (01/06/26). She said she knew the smoking assessments were done to ensure the residents were safe to smoke. She said that since the smoking assessment was not being done, it could place the residents at risk for burns or injuries. During an interview on 01/08/26 at 2:11 p.m., the Administrator said the nurses was responsible for completing the smoking assessment, and nurse management was the overseer. He said smoking assessments was done for the safety of the residents.Record review of the facility's Policy titled Smoking Policy-Residents, revised date of 10/22, indicated, This facility shall establish and maintain safe resident smoking practices. #8 The staff shall consult with the attending physician and the director of nursing services to determine if safety restrictions need to be placed on a resident's smoking privileges based on the smoking assessment. #9 A residents' ability to smoke or chew tobacco safely will be reevaluated quarterly, upon a significant change, and as determined by the staff.