

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455970	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2026
NAME OF PROVIDER OR SUPPLIER Avir at River Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 1907 Refinery Rd Gainesville, TX 76240	
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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility failed to use the services of a Registered Nurse (RN) for at least 8 consecutive hours a day, 7 days a week for 1 of 1 facility (Facility #1) reviewed for nursing services. The facility did not have RN coverage for two days on 06/13/26 or 06/14/26. This failure could place the residents at risk of not receiving necessary care and services. Findings included: Record review of June 2026 Time Sheets and July 2026 Time Sheets reflected the facility did not have the required coverage of an RN on 06/13/26 or 06/14/26. During an interview with the Director of Nursing on 07/27/26 at 1:10PM, she stated the staff member who typically provided weekend RN coverage was on vacation on 06/13/26 and 06/14/26. The Director of Nursing stated she was also unable to provide coverage that weekend. The Director of Nursing stated the facility attempted to obtain coverage from other staff members without success. She stated the expectation was that the facility maintained at least 8 hours of consecutive RN coverage per day. She stated the risk of not having RN coverage included a potential delay in more critical nursing decisions. During an interview with the Administrator on 07/27/26 at 1:40PM, he stated the facility did not have a policy on utilizing an RN for 8 hours per day, 7 days per week. He stated the facility deferred to and followed HHSC regulations.		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE