STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455970	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at River Valley	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 the resident environment remained as free of accident hazards as possible for 2 (300 Hall and 400 hall) out of 3 hallways reviewed for accidents and hazards. The facility failed to ensure that the mechanical lifts on 300 hall and 400 halls were locked and secured when not in use. This failure could place residents at risk of falls and/or injuries.Findings Included: Observation on 05/17/26 at 10:17 AM of 300 hall revealed an unlocked and unsecured mechanical lift parked on the hallway where residents were observed maneuvering their wheelchairs around the Hoyer lift. Observation on 05/17/26 at 10:24 AM of 400 hall revealed an unlocked and unsecured mechanical lift parked along the wall of the hallway near resident room [ROOM NUMBER]. During an interview on 5/17/26 at 10:35 AM with CNA C revealed she was the CNA working on hall 300 and 400. She stated that Hoyer /mechanical lifts should be stored away from high traffic areas where residents could access them and get hurt. She stated she had been in serviced on mechanical lifts to include storage. During an interview on 05/17/2026 at 10:38 am RN A stated that mechanical lifts should always be locked in the common areas, such as the hallways when they are not being used. RN A stated that Hoyer lifts are stored at the end of the hall away from residents. She stated failure to lock Hoyer lifts could cause accidents to include that someone could break a body part, such as an arm or leg when a mechanical lift is unlocked. During an interview on 05/17/2026 at 4:15pm with the DON, she stated that her expectation was that all mechanical lifts were to be locked when they are not being used. The DON stated that all staff have been educated and trained in the proper usage and safety of mechanical lifts. She stated that she will re-educate staff with In-Service training on Mechanical Lifts and Mechanical Lift Storage and Safety. She stated that there was a risk to residents if attempted to pull themselves up using an unlocked and unsecured mechanical lift, which could cause injuries. Record Review of facility's policy titled Lifting Machine, Using a Mechanical, dated July 2017, reflected the policy did not include requirements for securing or locking Hoyer lifts when not in use.

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide pharmaceutical services, including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to the meet the needs of each resident for 3 Residents (Resident# 37, Resident#6, and Resident#39) of 6 Residents reviewed for pharmacy services. The facility failed to ensure proper storage and disposal of Resident #6's Hydrocodone 5-325mg (controlled medication) by taping a narcotic medication and storing it in the 100-hall medication cart. The facility failed to ensure proper disposal of Resident #39's Acetaminophen 300-30mg (controlled medication) by taping a narcotic medication and storing it in the 100-hall medication cart. The facility failed to ensure proper disposal of Resident #39's Tramadol 50mg (controlled medication) after the discard date of 4/17/2026 and medication was available in the 100-hall medication cart. The facility failed to ensure proper disposal of Resident #37's Norco 10-325mg (controlled medication) by taping a narcotic medication and storing it in the 300-hall medication cart.The facility failed to ensure proper disposal of Resident #37's Alprazolam 0.5mg (controlled medication) by taping narcotic medication and storing it in the 300-hall medication cart. These failures could place residents at risk of drug diversion, medication error, and risk of pills contamination due to broken seals. Findings included: Resident#6 Review of Resident #6's Comprehensive MDS Assessment, dated 03/28/2026, reflected a [AGE] year-old female admitted on [DATE], and readmission on [DATE]. No BIMS score recorded indicated no interview was conducted. The resident had diagnoses which included hip fracture, and Diabetes Mellitus (chronic metabolic condition characterized by insulin resistance and relative insulin deficiency). Section J - reflected she received scheduled pain medication regiment within the last five days. Review of Resident #6's Comprehensive Care Plan, initiated 05/4/2026, did not reflect any areas or interventions related to the medication. Review of Resident #6's active physician orders Dated:05/17/2026 reflected Hydrocodone-Acetaminophen Oral Tablet 5-325MG (Hydrocodone-Acetaminophen) Give 1 tablet by mouth every 8 hours as needed for Pain - Severe order start date 03/26/2026. Resident #39Review of Resident #39's Quarterly MDS Assessment, dated 02/11/2026, reflected a 72year-old male admitted on [DATE], and reentry 10/16/2025. A BIMS score of 13 indicated she was cognitively intact. The resident had diagnoses which included pain. Review of Resident #39's Comprehensive Care Plan, initiated 12/06/2023 Revised 03/02/2026 reflected: Category: Pain [NAME] is at risk for increased discomfort r/t neuropathy and Pain. Interventions included Administer pain meds as ordered.Review of Resident #39's active physician orders Dated:05/17/2026 reflected Tramadol HCl Oral Tablet 50 MG (Tramadol HCl) Give 1 tablet by mouth every 8 hours as needed for Pain.Review of Resident #39's active physician orders Dated:05/17/2026 reflected Acetaminophen-Codeine Oral Tablet 300-30 MG (Acetaminophen w/ Codeine) Give 1 tablet by mouth every 12 hours as needed for Pain related to PAIN. Observation on 05/17/26 at 9:10 AM, of the 100 hall nurses' carts with LVN B indicated Resident # 6's Hydrocodone-Acetaminophen Oral Tablet 5-325MG, and Resident # 39's Acetaminophen-Codeine Oral Tablet 300-30 MG, had three broken seals and the blister pack secured with tape and Resident #39's Tramadol HCl Oral Tablet 50 MG had a discard date of 04/17/2026. The damaged blister packs had the pills still inside at the time the surveyor inspected the medication cart. During an interview on 05/17/2026 at 9:14 AM, LVN B stated the nurses were responsible for checking the medication blister packs for broken seals during the count of narcotics at change of shift. She stated that she was not aware the narcotics were taped, and the tramadol was past its discard date. She stated that the risk of a damaged blister would be potential for drug diversion, medication not being effective and contamination of the medication. She stated she had been in serviced on medication storage. Resident #37Review of Resident #37's Quarterly MDS Assessment, dated 04/27/2026, reflected an [AGE] year-old female admitted on (continued on next page)

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Avir at River Valley	1907 Refinery Rd Gainesville, TX 76240

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	[DATE] and re-entry 04/27/2026. A BIMS score of 13 indicated she was cognitively intact. The resident had diagnoses which included low back pain, acute pain due to trauma, anxiety, and depression. Review of Resident #37's active Comprehensive Care Plan did not reflect any areas or interventions related to the medication.Review of Resident #37's active physician orders Dated:05/17/2026 reflected Hydrocodone-Acetaminophen Oral Tablet 10-325MG (Hydrocodone-Acetaminophen) Give 1 tablet by mouth every 4 hours as needed for Pain.Review of Resident #37's active physician orders Dated:05/17/2026 reflected Alprazolam Oral Tablet 0.5 MG (Alprazolam) Give 1 tablet by mouth three times a day related to OTHER SPECIFIED ANXIETY DISORDERS. Observation on 05/17/26 at 10:10 AM, of the 300 north hall nurses' carts with RN A indicated Resident # 37's Hydrocodone-Acetaminophen Oral Tablet 10-325MG and Alprazolam Oral Tablet 0.5 MG had one broken seal and the blister pack secured with tape. The damaged blister packs had the pills still inside at the time the surveyor inspected the medication cart. During an interview on 05/17/2026 at 10:16 AM, RN A stated the nurses were responsible for checking the medication blister packs for broken seals during the count of narcotics at change of shift. She stated that she was not aware the narcotics were taped. She stated that the risk of a damaged blister would be potential for drug diversion, medication not being effective and contamination of the medication. She stated she had been in serviced on medication storage. During an interview on 05/17/26 at 2:04 PM, the DON stated nurses were responsible for ensuring medication carts were clean and all narcotic medication was properly secured and no narcotics should be taped. She stated that the ADON audited the medication carts weekly, then the pharmacy consultant checks the medication room, and the medication cart every month. She stated the risk was that the nurses would not know if the taped pill was the correct medication. She stated the nurses had been in serviced on medication administration and narcotic count to include no taping medication but disposing the medication witnessed by another nurse. Review of the facility's policy titled Medication Access and Storage / Drug Destruction Revised 02/2023 reflected the following:If the facility has discontinued, outdated, or deteriorated, medications or biologicals the dispensing pharmacy, is contacted for instruction regarding returning or destroying these items.

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Avir at River Valley	1907 Refinery Rd Gainesville, TX 76240

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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, interviews and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 6 residents (Resident #21) reviewed for comprehensive care plans. The facility failed to ensure Resident #21's comprehensive care plan identified bed rail use as an intervention for mobility assistance. This deficient practice could place residents at risk for not receiving proper care and services due to inaccurate care plans.Findings included: Record review of Resident #21's Quarterly MDS assessment dated [DATE], reflected a [AGE] year-old male, admitted to the facility on [DATE], with a BIMS score of 11 which indicated moderate cognitive impairment. His diagnoses included: basal cell carcinoma of the skin (a slow-growing skin cancer that usually appears on sun-exposed areas of the body). Record review of Resident #21's Physician Orders dated 05/18/2026, revealed an active order with a start date of 03/23/2026 authorizing the use of a U Bar (a bed mounted grab bar shaped like a ?U' that helps someone reposition or sit up) for turning and repositioning. Record Review of Resident #21's comprehensive care plan initiated on 05/01/2026, revealed the care plan did not address the use of a U-bar as a mobility intervention. In an interview on 05/17/2026 at 9:50 AM with Resident #21, he reported he used the side rails on his bed every day. He reported they were very useful and would not be able to reposition himself without them. During the interview, a U-bar was observed on the right side of Resident #21's bed. During an interview on 05/19/2026 at 11:00 AM with the DON, she reported she was responsible for ensuring resident care plans addressed all medical interventions. She reported new orders for residents are added as they received them. She reported Resident #21's U-bar use was an oversight. She reported the potential risk to residents not having medical interventions addressed in their care plan was harm to the resident if orders were not being followed. The facility's Comprehensive Care Plan policy was requested on 05/18/2026 at 9:48 AM and on 05/19/2026 at 9:49 AM and was not received by the time of exit.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 observation, interview, and record review, the facility failed to store all drugs and biologicals in locked compartments and permit only authorized personnel to have access to the keys for 1 resident (Resident# 19) of 6 reviewed for medication storage. 1. The facility failed to ensure Resident #19's Advair (a prescription inhaler used as a maintenance treatment to prevent breathing difficulties, wheezing, and chest tightness) was secured in the medication cart.These failures could place residents at risk for compromised unsafe administration, and increased harm to residents.Findings included: 1. Record review of Resident #19's Comprehensive MDS Assessment, dated 04/20/26, reflected she was an [AGE] year-old female. She was admitted on [DATE] and had a BIMS score of 14, which indicated she was cognitively intact. She had diagnosis including Asthma (a chronic respiratory disease that causes the airways to swell, narrow, and fill with mucus).Record review of Resident #19's Care plan active as of 5/17/2026 reflected [NAME]has DX of COPD experiences fluctuations in breathing patterns and requires HOB to be elevated to prevent SOB while lying flat. Interventions included to Monitor and report signs of respiratory distress. Review of Resident #19's active Physician's Orders, dated 5/17/2026, reflected Advair Diskus Inhalation Aerosol Powder Breath Activated 100-50 MCG/ACT (Fluticasone-Salmeterol) 1 inhalation inhale orally two times a day related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE start date 05/04/2026. Record review of Resident #19's Physician's Orders, dated 5/17/2026, reflected there were no orders for Resident #19 to self-administer medications.An observation on 05/17/2026 at 10:10 am revealed Resident #19 was in her bed Advair diskus was observed on her nightstand.During an interview on 05/17/2026 at 10:10 am with Resident #19, revealed she self-administered the Advair as needed several times a day.During an interview on 05/17/2026 at 10:20am with RN A, revealed she worked PRN and was not aware Resident #19 had Advair in her room. She stated Resident#19 was not supposed to have any medication at bedside. She stated the risk of leaving medication bedside was that the resident would self-administer inappropriately, or another resident could have access to medication that is not properly secured. She stated she had been in-serviced on medication administration and storage in the room. An interview on 05/17/2026 at 11:00am with the DON revealed Resident #19 was unable to safely self-administer medications. The DON stated the Advair on Resident #19's nightstand should have been appropriately secured and stored in the facility's medication cart. The DON stated the risk of unsecured medications included unsafe administration by residents and the potential for drug interactions and overdose.Review of the facility's policy Medication Labeling and Storage Revised February 2023 reflected the following: The facility stores all medication in locked compartments under proper temperature, humidity, and light controls. Only authorized personnel have access to keys.Each resident's medication shall be assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medications of several residents. Review of the facility's policy Administering Medication Revised April 2019 reflected the following:Residents may self-administer their own medication only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely.

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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 interview and record review, the facility failed to establish and implement smoking safety policies and procedures for 2 (Resident #20 and Resident #32) of 6 residents reviewed for smoking safety. The facility failed to complete an initial smoking assessment for Resident #20 and Resident #32 to determine the resident's need for supervision in accordance with facility smoking policies. This failure placed residents at risk for smoking related accidents, burns, and other safety hazards.Findings included: Record review of Resident #20's admission MDS, dated [DATE], reflected a [AGE] year-old female who admitted to the facility on [DATE], with a BIMS score of 15, which indicated she was cognitively intact. Diagnoses included chronic obstructive pulmonary disease (a chronic lung disease that limits airflow and makes breathing difficult), asthma (a chronic condition where the airways become inflamed and narrow, making it hard to breathe), respiratory conditions due to smoke inhalation (breathing problems caused by inhaling smoke), and hypertensive heart disease (a condition where high blood pressure puts strain on the heart and affects how well it works). Record review of Resident #20's Comprehensive Care Plan, dated 04/02/26, reflected she required staff supervision when using tobacco products. Record review of Resident #20's EHR on 05/17/2026, reflected the resident did not have a smoking assessment. Record review or Resident #32's Quarterly MDS, dated [DATE], reflected a [AGE] year-old male who admitted to the facility on [DATE], with a BIMS score of 14, which indicated he was cognitively intact. Diagnoses included alcohol dependence with alcohol induced persisting dementia (memory loss and cognitive impairment caused by long-term alcohol abuse). Record review of Resident #32's Comprehensive Care Plan, dated 04/02/2026, reflected he required staff supervision when using tobacco products. Record review of Resident #32's EHR on 05/17/2026, reflected the resident did not have a smoking assessment. During an interview with the DON on 05/19/2026 at 10:50 AM, she reported smoking assessment were required for all residents who smoked. She reported according to policy, the assessments were to be completed upon the residents' admission to the facility. She stated the assessments were to be entered within 24 hours of an admission. She reported the smoking assessments were overseen by herself and the Assistant Director of Nursing. The DON reported all staff members had been trained in safe smoking and facility smoking policies. She reported the risk posed to residents who did not have a smoking assessment who smoked, was that if a resident who smoked was admitted to the facility with pneumonia, smoking could hinder their health and healing. Review of the facility's smoking policy, dated October 2022, reflected, the resident will be evaluated on admission to determine if he or she is a smoker or non-smoker. If a smoker or smokeless tobacco user, the evaluation will include: (d) Ability to smoke safely with or without supervision (per a completed Smoking Assessment)