

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675011	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2026
NAME OF PROVIDER OR SUPPLIER Avir at Jacksonville		STREET ADDRESS, CITY, STATE, ZIP CODE 305 Bonita St Jacksonville, TX 75766	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that alleged violations involving abuse are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse for 1 of 6 residents (Resident #1) reviewed for abuse. The facility failed to report alleged abuse to the ADM and HHSC on 2/11/26 at approximately 2:54 p.m. when LVN A allegedly forcefully placed an oxygen mask on Resident #1 and told her to keep it on or she would die. This failure could place residents at risk of abuse, emotional distress, and loss of dignity. Findings included: 1. Record review of Resident #1's face-sheet dated 2/25/26 revealed a [AGE] year-old female, initially admitted to facility on 1/23/26. Resident's diagnoses included: unspecified dementia (altered cognition), dehiscence of closer of surgical wound (surgical incision reopened), and Bronchopneumonia. Record review of an admission MDS dated [DATE] indicated Resident #1 was rarely or never understood and a BIMS was not conducted. Resident #1 required continuous oxygen therapy on admission. Record review of a comprehensive care plan for Resident #1 dated 1/24/26 indicated Resident #1 had impaired gas exchange (difficulty breathing) and required redirecting several times daily to wear mask to maintain oxygen saturations up due to history of respiratory failure. Interventions were in place to administer oxygen as prescribed or per standing order, evaluate or anxiety/restlessness, and evaluate as needed for shortness of breath. Record review of a statement dated 2/11/26 written by Laundry Aide indicated I entered the residents (Resident #1) room to delivery laundry. A registered nurse - the charge nurse. [LVN A] was verbally abusing [Resident #1]. Another woman witnessed and heard the interaction, [Sitter], who works at the state hospital. [LVN A] roughly shoved the oxygen mask on Resident #1 yelling at the resident to keep the mask on. Review of facility Concern/Grievance form dated 2/11/26 indicated Sitter C communicated to ADON concern that LVN A when telling resident she needed to keep mask on or she would have low O2 sats and be sent to the hospital was said in a direct manner. Findings included a conversation with Sitter D, a regular sitter with Resident #1, regarding LVN A She always in here doing her job; we told her from the start you have to be blunt with [Resident #1]. She is never mean. Results of action plan included: No further complaints from any staff or outside visitors regarding this nurse bed side manner. The form indicated the incident was not reportable to the state. The form was signed by ADM on 2/16/26. Review of an In-Service Training Report dated 2/11/26 titled Customer Service indicated ADON completed 1 on 1 coaching with LVN A related to customer service skills. The summary of in-service indicated Counseled on customer service, even when being direct remember your tone and manner your[sic] saying it. Review of a skin assessment dated [DATE] at 10:37 a.m. indicated Resident #1 had skin issues related to known surgical wounds, no other acute skin abnormalities were reported. During an interview on 2/25/26 at 9:30 a.m., LVN A said Resident #1 had behaviors that made her care delivery difficult. LVN A said those behaviors included frequently removing her oxygen which caused her oxygen levels to</p> <p>(continued on next page)</p>		

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

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