STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675067	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Gainesville	1900 O'Neal St. 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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide a safe, functional, sanitary, and comfortable environment for two of seven (Resident #1 and Resident #2) residents reviewed for physical environment. The facility failed to ensure Resident #1's and Resident #2's shower was in good working order and did not have broken tile, caved in wall and running water on 06/10/26. These failures placed residents at risk of resident restroom in an unsafe environment and a lack of a functional shower.Findings included:Resident #1Record review of Resident #1's admission MDS assessment, dated 05/14/26, reflected a [AGE] year-old, male admitted [DATE]. Resident #1's BIMS was 11 which indicated he was moderately cognitively impaired. He required supervision assistance with ADLs including showers. Diagnoses included Malignant neoplasm (cancer) of the brain and lungs, chronic obstructive pulmonary disease (restrictive air flow and breathing difficulties) and long-term use of anticoagulants (blood thinners).Resident #2Record review of Resident #2's admission MDS assessment, dated 05/27/26, reflected a [AGE] year-old male with an admission of 05/18/26. Resident #2's BIMS was 15 which indicated he was cognitively intact. He required supervision assistance with ADLs including showers. Diagnoses included dementia (decline in mental ability) and hallucinations (seeing or hearing things that are not there).During an interview with Resident #1's family member on 06/09/26 at 4:33 p.m., the family member stated they moved Resident #1 to the facility around the first of May 2026, and Resident #1 received hospice services. The family member stated they had not been to the facility to see Resident #1 until they were notified by the facility that they were sending him out to the hospital on [DATE]. The family member stated they went to the facility after Resident #1 returned from the hospital the same day on 06/02/26 around 07:00 p.m. and was disgusted at the condition of Resident #1's and Resident #2 room. She stated the residents' room was filthy and what looked like blood was on the wall and floor, and stated Resident #2 looked dirty. She stated the bathroom was in poor condition and there was a mop bucket and mop stored in the shower stall in their bathroom. She stated the unit had an awful smell and stated she saw a large bug run across the floor. She stated she spoke with the Administrator on the telephone and sent pictures for him to see the condition of the room. She stated Resident #1 had to go back to the hospital on [DATE] where he remained as of 06/10/26. She stated Resident #1 appeared well cared for and clean when she saw him on 06/02/26 and the family had no concerns about the care Resident #1 received at the facility. The family member stated they were just appalled at the condition of his room and reported what she saw to the Administrator.During an observation on 06/10/26 at 8:45 a.m., Resident #1's and Resident #2's room was clean, with no stains on the walls or floor and no pervasive odors. Observation of the bathroom revealed the back wall of their shower, an area that was approximately two square feet in diameter, was caved in with visible gaps between the grout where the wall behind the tile could be seen. Observation further revealed the front of the shower had approximately 6 tiles that were buckling and pulling away from the wall. Observation revealed on the back shower wall, at the base of the shower, next to the door frame, there was a missing tile with exposed wood, and black wall covering. There was a large amount of puttylike substance on the (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	adjoining tile above the missing tile.During an interview with Resident #2 on 06/10/26 at 8:50 a.m., he stated he did not use the shower in his bathroom. He stated they assisted him down the hall to a shower room. Resident #2 stated he was not sure why they do not use the shower in his room.During an interview with Housekeeper A on 06/06/26 at 8:55 a.m., she stated they cleaned the memory care unit right after breakfast and again after lunch every day. She stated they left for the day at 3:00 p.m. and the nursing staff was responsible for doing spot cleaning after they left. She stated they had done a deep clean on Resident #1's and Resident #2's room after the family member complained about the room. She stated she had not seen any bugs recently and stated pest control came out right after the family member's complaint and sprayed. She stated the shower in Resident #1's and Resident #2's room had been like that for over 3 months. She stated she assumed the Maintenance Director was aware of it. During an interview with CNA B on 06/06/26 at 9:15 a.m., she stated none of the showers on the memory care unit had running water. She stated they were told by the previous owners they had turned off the water to the showers for fear of residents turning on the shower and burning themselves. She stated they took all of the residents to the shower room at the front of hall. She stated she was not sure how long the shower tiles were missing or broken in Resident #1's and Resident #2's bathroom. She stated the CNAs were responsible for spot cleaning after housekeeping left for the day. She stated Resident #1 frequently coughed up blood and spit it on the floor, so there probably was blood on the floor when the RP came to see him. She stated she had not seen any bugs recently and stated the facility always had pest control out anytime they reported insects. During an interview with CNA C on 06/06/26 at 9:20 a.m. she stated she had worked at the facility for about 3 months and stated Resident #1's and Resident #2's shower had been in the condition it was as long as she had been there. She stated she assumed it had been reported. She stated she was not sure why none of the resident room showers worked on the memory care unit. She stated they took everyone to the shower room at the front of the hallway. During an interview with the ADON on 06/10/26 at 9:45 a.m. she stated she had seen the condition of Resident #1's and Resident #2's shower last Friday (06/05/26) but stated she had not put it in the maintenance notification system. During an observation and interview on 06/10/26 at 9:50 a.m., the Maintenance Director stated he was not aware the shower was in the condition it was in. The Maintenance Director stated it appeared the wall had caved in behind the tile and would most likely need a contractor to repair the shower. He stated he was aware none of the resident room showers on the memory care unit had running water to them. He stated that was a decision made by the previous owners and was not sure what the rationale was for that. He stated he would talk with the Administrator to see what he wanted to do about the shower.During an interview with the Administrator on 06/10/26 at 1:36 p.m., he stated his expectations for repairs and maintaining the bathrooms were that everything worked. He stated he had just started at the facility on 06/01/26 and had a laundry list of things that needed addressing. He stated he was aware of the condition of the shower in Resident #1's and Resident #2's shower after he had received the grievance from Resident #1's family member. He stated he had toured the memory care unit, had pest control come out and spray again, and had housekeeping deep clean the room. He stated they would have to hire a contractor to repair the shower. He stated he was not aware the water was not working in the showers and would have to follow up with Corporate to determine what steps needed to take place. He stated there were several things the previous management had left undone as far a maintenance needs and he was tackling them as fast as he could. He stated his expectations was a safe, clean and appealing environment for all of the residents in the facility.Record review of the facility's policy titled, Maintenance Service, dated December 2009, reflected, .The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.Functions of maintenance personnel include, but are not limited to.maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines.maintaining the building in good repair and free from hazards.maintaining the.plumbing fixtures.in good working order.