| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675101 | A. Building<br>B. Wing | 05/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Avir at Giddings | 1400 N Main St<br>Giddings, TX 78942 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at S483.10(c)(2) and S483.10(c)(3), 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 #01) whose comprehensive person-centered care plans were reviewed. The facility failed to ensure that Resident #01 was receiving larger portions at lunch and dinner meals. This deficient practice could affect residents by failing to ensure residents received appropriate care for their health conditions.The findings included:An observation of Resident #1's lunch on 05/20/2026 at 12:26 pm revealed a plate of food with 1 chopped beef sandwich, 1 serving of beans, 1 serving of corn, and 1 dessert. Surveyor compared Resident #1's meal ticket with Resident #2's meal ticket. Both tickets had the same amounts of food 3 ounces of beef, 4 ounces of baked beans, 4 ounces of corn, and #8 scoop of key lime mousse. Observation of both plates of food showed the sizes of the food were the same on both plates. I observed the meal card for Resident #1 which stated1 regular serving of the food on his plate with notes saying large portions at lunch and dinner. Resident #2 meal ticket did not have any notes regarding larger portions. Record review of Resident #01's face sheet dated 05/12/2026, revealed the resident was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including: COPD (a group of disease that cause airflow blockage and breathing- related problems), hypertension (high blood pressure), and Lymphedema (chronic long-term condition of abnormal swelling) Record review of Resident #01's MDS dated [DATE] revealed a BIMS score of 09, indicating moderately impaired cognition. Record review of Resident #01's comprehensive care plan dated 03/04/2026, revealed it did not address large portions for lunch and dinner During an interview on 05/12/2026 at 12:30 PM, MDS nurse stated care plans are interdisciplinary. The MDS nurse stated the resident care plan is important to know how to take care of the resident. Surveyor asked if a resident has a doctor order for larger portions at lunch and dinner should that be care planned and the MDS nurse answered yes. Surveyor asked if that order should be care planned and she said yes. During an interview on 05/12/2026 at 12:40 PM, the DON said the care plan should include a doctor's order for larger portions at lunch and dinner. She said the care plan is an individualized plan to let staff know how to care for the resident. During an interview on 05/30/2025 at 12:42 PM, the Administrator stated the care plan should include everything needed to take care of a patient. She said the care plan is interdisciplinary and agreed that an order for larger portions for lunch and dinner should be included in the care plan. Record review of the facility's policy Care Plans, Comprehensive Person- Centered dated 03/2022 revealed: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.Record review of the facility's policy Physician Orders: dated 02/2025 revealed: The purpose of this procedure is to establish uniform guidelines in the receiving and recording of physician's orders to ensure the resident receives the necessary care and services. 5. (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 |
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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Physician orders are essential for the comprehensive care of the residents. These orders encompass various aspects, including leave of absence, evaluations, medication and treatment regimen, and therapy for physical therapy, speech therapy, and occupational therapy; consultations with other physicians; dietary plans; activity instructions; x-rays; laboratory work; transfers; discharges; and any other orders as needed. |