

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/03/2026
NAME OF PROVIDER OR SUPPLIER  Avir at Gonzales		STREET ADDRESS, CITY, STATE, ZIP CODE  3428 Moulton Rd Gonzales, TX 78629	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain good grooming and personal hygiene for 1 of 5 residents (Resident #1) reviewed for ADLs. The facility failed to provide Resident #1 with assistance with the bathroom for more than 40 minutes following his second verbal request to CNA A on 1/02/2026. This failure could affect and diminish the resident's quality of life by potentially placing the resident at risk of infections, skin breakdown and/or it can make the resident feel neglected affecting their mental health and overall psychosocial well-being. The findings include: Record review of Resident #1's admission record dated 1/03/2026 reflected a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included cerebral infarction (also known as an ischemic stroke, occurs when a blood vessel in the brain becomes blocked, cutting off oxygen supply to brain tissue) quadriplegia (a form of paralysis that affects all four limbs and the torso), and muscle wasting and atrophy (is the loss of muscle mass and strength). Record review of Resident #1's quarterly Minimum Data Set, dated [DATE] reflected a BIMS score 14, which indicated cognition to be intact. Section GG - Functional Abilities reflected Resident #1 required Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. The assistance of 2 or more helpers to provide total care is required for the resident to complete chair/bed-to-chair transfer, toilet transfer, shower transfer, sit to stand. Self-Care reflected Resident #1 required Dependent - Helper does All of the effort for activities of eating, oral hygiene, toileting hygiene, shower/bathe self, personal hygiene. Resident #1 uses a wheelchair for mobility. Resident's urinary continence is always incontinent, and bowel continence is frequently incontinent. Record review of Resident #1's care plan dated 6/19/2025 and last revised 12/12/2025, reflected the following, Impaired Physical Mobility. Goal Resident Will Be Free of Complications of Immobility and Resident's Skin Will Remain Intact. Interventions Assist Resident in performing movements / tasks. Resident is at risk for pressure ulcer due to moisture. Goal Intact skin without evidence of redness, irritation, maceration, or open areas. Resident #1 is at Risk for Impaired Skin Integrity. Goal Resident's Skin Will Remain Intact and Identify Resident's Risk for Impaired Skin Integrity. Interventions Educate Resident / Representative about proper skin care to prevent skin breakdown. Further review of Resident #1's care plan dated 7/02/2025 and last revised on 12/12/2025, reflected the following, The resident has an ADL self-care performance deficit r/t. Goal The resident will maintain current level of function. Interventions TOILET USE: The resident is totally dependent on (X) staff for toilet use and TRANSFER: The resident requires Mechanical Lift (SPECIFY) with (X) staff assistance for transfers. Record review of Resident #1's progress note, dated 12/11/2025 and created by the ADON, Functional Limitations and Range of Motion: reflected the following: ADON documented, Significant Correction. Dates for 3-day window: 12/09-12/11 IDT Collaboration.Upper extremity (shoulder, elbow, wrist, hand): Impairment on</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 675124
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>something out of the scope of practice would need to notify the nurse aid or charge nurse. She stated a recent in-service on call lights was conducted and it conveyed to staff check on call lights quickly when it is seen. She stated if an aide needs additional staff for a 2-person transfer, let the resident know that they were going to go get help. The Administrator stated residents were not aware of time or believe they have been waiting longer if staff are not communicating or feel they have been neglected if not responded to. She stated if staff were not rounding or responding to call lights in a timely manner, the resident may want to go to the restroom, and they could get up on their own and hurt themselves. She stated rounding protocol was every 2 hours to ensure residents are cared for, clean, safe, and not neglected. The Administrator stated residents who are total care would require 2-person assistance for toileting hygiene. She stated if the aide was working with another resident the aide can then request help from a charge nurse. She stated that residents should not wait longer than 30 minutes for brief change. She stated Resident #1 was total care and he was alert. She stated more than 35-minute wait time to have his brief changed was unacceptable and that staff not helping each other after asking one another was not acceptable and will look into this incident. Record review of facility In-Service Training Report, dated 11/07/2025 revealed: Content: Respect &amp; dignity, communication, compassion &amp; patience, teamwork &amp; attitude, service recovery. Record review of the facility's policy, Resident Rights, dated 02/2021 revealed: Employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity Record review of the facility's policy, Activities of Daily Living (ADL), Supporting, dated 2001 revealed: Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care); b. mobility (transfer and ambulation, including walking); c. elimination (toileting); 5. A resident's ability to perform ADLs will be measured using clinical tools, including the MDS. Functional decline or improvement will be evaluated in reference to the assessment reference date (ARD) and the following MDS definitions: f. Dependent: If the helper does ALL of the effort. Resident does none of the effort to complete the activity; or the assistance of two or more helpers is required for the resident to complete the activity. Record review of the facility's policy, Call System, Residents, dated 01/2025 revealed: Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized work station. 6. Calls for assistance are answered timely.</p>		