

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/09/2026
NAME OF PROVIDER OR SUPPLIER Avir at Cisco		STREET ADDRESS, CITY, STATE, ZIP CODE 1404 Front St Cisco, TX 76437	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interviews and record reviews, the facility failed to implement written policies and procedures that prohibit and prevent abuse, neglect, exploitation of residents and misappropriation of resident property for 1 of 5 employees (NA-A) reviewed for employability. The facility failed to ensure the record of the initial criminal history check, employee misconduct registry check, and nurse aide registry check was obtained for NA-A, hired on 01/01/2026, prior to working in the facility and having access to the residents. This failure could place residents at risk of receiving care by someone that was unemployable. Findings included: Record review of the NA-A's employee file, on 03/07/2026 at 4:15 p.m., reflected a hire date of 01/01/2026 and no evidence of an EMR/NAR and criminal history check were completed prior to hire. During an interview on 03/07/2026 at 4:30 p.m., the ADMN stated NA-A was hired on 01/01/2026. The ADMN stated NA-A started working the floor on 01/02/2026. He stated the BO staff quit, and her last day was on 03/03/2026. He stated he was not able to locate all the employee files. He stated there were a lot of papers in the BO office and he was attempting to go through those papers and organize them. He stated he could not say for sure, but he believed the criminal history check, EMR/NAR checks were done for NA-A. During an interview on 03/09/2026 at 1:19 p.m., the DON stated employees should be screened for criminal history checks and EMR/NAR checks prior to them being allowed access to the residents. She stated the BO was responsible for running those checks and her last day working in the facility was on 03/02/2026. She stated she did not know why NA-A's criminal history, EMR, or NAR checks were not run before she started working on 01/12/2026. She stated she did not know who monitored to ensure mandatory checks were done. She stated the effect on residents could be NA-A may potentially have convictions or charges that could make them unemployable and would put residents at risk of abuse if the facility did not know about those charges or convictions. She stated the facility needed to be compliant with the laws and regulations. During an interview on 03/09/2026 at 3:20 p.m., the ADMN stated he had not found the initial criminal history check, EMR check or NAR check for NA-A. He stated he had spoken to the previous BO employee who stated she ran the criminal history check, EMR, and NAR checks for NA-A and could not find them. He stated it was his expectation the criminal history check and EMR/NAR checks were run prior to an employee being hired. He stated Corporate HR were responsible for monitoring that those checks were performed per requirements and they were in the process of doing an audit at this time, but he did not know how often they monitored for the pre-employment checks. He stated the effect of not running the pre-employment checks could cause someone to be allowed to work that was unemployable. He stated that could potentially put residents at risk, but the facility had attempted to make things right by running the criminal history check, EMR check and NAR checks when they discovered they had no evidence of them being run and NA-A was employable. Record review of facility policy titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, dated April 2021, reflected, 4. Conduct employee background checks and not knowingly employ or otherwise engage any individual who has: a. been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; b. had a finding entered into the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or c. a disciplinary action in effect against his or her professional (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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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.		