STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675259	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Cisco	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record reviews, the facility failed to develop and implement a comprehensive person-centered care plan with measurable objectives to meet resident's highest practicable physical, mental, and psychosocial well-being for 1 (Resident #21) of 18 residents reviewed for comprehensive person-centered care plans. The facility failed to develop a care plan based on the assessed needs with measurable objectives and timeframes in area of colostomy for Resident #21. This failure could place the residents at risk for decreased quality of life and not having their needs met. Findings include: Resident #21 Review of Resident #21's electronic face sheet revealed a [AGE] year-old male who was admitted to the facility on [DATE] with diagnosis to include: colostomy (opening in the abdominal wall to allow the colon to pass waste), brain bleed, and kidney disease. Review of Resident #21's MDS dated [DATE] revealed: BIMS of 13 which indicated no cognitive impairment. Review of section H revealed the resident had a colostomy. Review of Resident #21's Comprehensive Care Plan, initiated 04/21/2025, revealed no evidence of the colostomy. Review of Resident #21's electronic physician's orders revealed: Clean area around stoma (opening in the abdominal wall to allow the colon to pass waste)with soap and water, pat dry, apply skin prep with wafer and bag, Empty colostomy bag every shift, and Colostomy care every shift. Observation and interview on 08/19/25 at 11:41 AM, revealed Resident #21 up in bed, and his colostomy bag in place. He stated that he did not maintain his colostomy bag and that the care was provided by facility staff. During an interview on 08/20/2025 at 11:13 AM, the DON stated that she was responsible for care plans. She stated all care plans had been updated and transferred over from the old computer system to the new one. She stated all things related to the resident's care and preferences should have been on the resident's care plan. The DON stated that Resident #21's colostomy and how to care for it should have been care planned. She stated not having the colostomy care planned could lead to staff not knowing that he had a colostomy or if he cared for and maintained it himself. Review of facility's policy Care Plans, Comprehensive Person-Centered revised March 2022 revealed: A comprehensive, person-centered care plan that includes measurable objectives and timeframes to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The comprehensive, person-centered care plan: A. include measurable objectives and time frames; B. describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.

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