

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2026
NAME OF PROVIDER OR SUPPLIER Avir at Heritage Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 University Ave Lubbock, TX 79413	
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interviews and record review, the facility failed to use the services of a Registered Nurse (RN) for at least eight consecutive hours a day, seven days a week in the facility for 2 (4/24/2026 and 4/25/2026) of 30 days reviewed for RN coverage. The facility failed to maintain RN coverage of eight hours on 4/24/2026 and 4/25/2026. This failure could place residents at risk of not having their nursing and medical needs met and receiving improper care. Findings included: Record review RN time punches provided by facility undated for RN coverage revealed no RN hours for 4/24/2026 and 4/25/2026. During an interview on 5/06/2026 at 12:18 p.m. with ADM, she stated there was no RN coverage for 4/24/2026 and 4/25/2026. During an interview on 5/06/2026 at 01:53 p.m. with ADM, she stated the purpose of having an RN 8 hours a day was to provide nursing support and help with higher level of knowledge. She stated the staffing coordinator and the DON were responsible for scheduling RN coverage. She stated the staffing coordinator, and the DON had been trained in scheduling. She stated the potential negative outcome was that the facility was out of compliance and limited resources for the nursing staff. During an interview on 05/06/2026 at 02:01 p.m. with DON, she stated the staff coordinator and herself were responsible for scheduling nurses. She stated she was aware the RN scheduled on that weekend called off sick. She stated they were unable to find a replacement. She stated they do use agency for LVN nurses only. She stated she was not allowed to use agency for RN coverage. She stated the purpose of the RN was direct oversight care. She stated she had been trained on RN scheduling. She stated the potential negative outcome of not having an RN for 8 hours a day could be not having direct oversight care for the residents and staff. During an interview on 05/06/2026 at 02:40 p.m. with Staffing Coordinator, she stated she does not schedule the weekend RN supervisor. She stated they have two RN's who alternate weekends. She stated the weekend RN supervisors communicate with DON. She stated she was aware the RN called in sick but did not look for replacement. She stated she thought the DON would find replacement since the RN called in to the DON. She stated she had been trained in scheduling staff. She stated the potential negative outcome could be not having an RN to oversee the staff and not having extra help when needed. Record review of the policy provided by the facility titled, Staffing, Sufficient and Competent Nursing, revised 08/22 revealed the following: Policy Statement - Our facility provides sufficient number of nursing staff with the appropriate skills and competencies necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. Policy and Implementation.3. A registered nurse provides services at least eight (8) hours every 24 hours, seven (7) days a week.</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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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interviews and record reviews, the facility failed to treat residents with respect, dignity, and care in a manner and in an environment that promotes the maintenance or enhancement of their quality of life, recognizing each resident's individuality for 9 confidential residents in that: The facility failed to ensure staff were not on their personal cell phones while providing care, which included assisting residents with their showers. This failure could place residents at risk for diminished quality of life and loss of dignity and self-worth. Findings include: At an undisclosed date and time nine confidential residents stated the use of cell phones by CNAs while performing care made them feel ignored, not a priority, embarrassed, concerned the CNA could make a mistake due to distraction by the cell phone conversation, and, most of all, their privacy was violated. The nine confidential residents stated the use of cell phones by CNAs occurred on every shift. Confidential residents stated staff utilize their cell phones while performing showers, when performing care in resident rooms, and while supervising residents during supervised smoking times. The confidential residents stated the staff text and talk on their phones while walking down hallways, at the nurses' stations, and while performing care in their rooms. The nine residents stated they did not know the names of the CNAs who utilized their cell phones while performing care. The confidential residents stated cell phone usage of the CNAs while performing care happened in the facility often, they said every CNA in the facility utilized their cell phone while performing care. During an interview on 05/06/26 at 2:15pm, the DON stated residents should be provided with privacy during resident care; the staff should provide residents with their full attention. She stated all staff were trained in privacy, resident rights, dignity, and cell phone usage during orientation and through continuous education by department heads and the DON. She stated staff were monitored by sporadic rounds completed by the DON and the ADM. She stated cell phones should never be used in patient care areas, cell phones should not be utilized anywhere Residents are visible. She stated the potential negative outcome could be residents feeling they are not important, staff could make a mistake while performing care, and a loss of dignity. During an interview on 5/06/2026 at 3:20pm, the ADM stated staff should provide residents with their undivided attention while performing care. The ADM stated all staff were trained in resident rights, dignity, and cell phone usage during the on boarding process, continuous online trainings, and in-services. She stated cell phones should only be used during breaks; personal calls were not allowed while staff were on the clock. She stated cell phones should be kept in the breakroom or staff vehicles. Staff were monitored for cell phone use by rounding completed by the ADM and the DON. The ADM stated the potential negative outcome for residents, if staff were using their cell phones, was residents could feel ignored, embarrassed, and suffer from a loss of their rights. Record review of the facility policy dated February 2021 titled Resident Rights revealed the following: Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents' right to: a dignified existence to be treated with respect, kindness, and dignity. privacy and confidentiality</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record reviews the facility failed to ensure the residents had the right to be informed of the risks, and participate in, his or her treatment which included the right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she preferred, for 5 of 33 residents (Residents #30, #32, #93, #127, and #130) reviewed for resident rights . The facility failed to obtain signed informed consent based on information of the benefits, risks, and options available for Resident #30, #32, #93, #127, and #130 prior to administering psychotropic medication. These failures could place residents at risk of receiving medications without their prior knowledge or consent, or that of their responsible party or being aware of the risk of the medications prescribed. Findings included: Resident #30 Record review of Resident #30's face sheet, dated 05/06/2026, revealed a [AGE] year-old-male was admitted to the facility on [DATE] with diagnoses to include cerebral infarction (blood vessel in the brain are blocked) and depression (mood disorder). Record review of comprehensive MDS assessment dated [DATE] revealed Resident #30 was understood. The MDS revealed Resident #30 had a BIMS score of 13 which indicated the resident's cognition was cognitively intact. The MDS further revealed Resident #30 was taking antidepressant. Record review of a care plan for Resident #30 dated 03/11/2026 revealed a focus area for depression with interventions to administer medication. Record review of Resident #30's order summary report dated 05/06/2026 revealed the following orders: Duloxetine (depression) 30mg by mouth two times a day dated 02/06/2026Mirtazapine (antidepressant) 7.5mg by mouth at bedtime dated 02/06/2026 Record review of Resident #30's medication administration records dated 05/06/2026 for the month of May 2026 revealed resident received the following:Duloxetine 30mg twice a day on 05/01/2026 - 05/05/2026 and one time on 05/06/2026.Mirtazapine once a day at bedtime on 05/01/2026 -05/05/2026. Record review of Resident #30's electronic medical record scanned documents on 05/06/2026 revealed no consent for duloxetine or mirtazapine. Resident #32 Record review of Resident #32's face sheet, dated 05/06/2026, revealed a [AGE] year-old-female was admitted to the facility on [DATE] with diagnoses to include dementia, depression (mood disorder) and anxiety. Record review of quarterly MDS assessment dated [DATE] revealed Resident #32 was usually understood (misses some part/intent of message but comprehends most conversation). The MDS revealed Resident #32 had a BIMS score of 03 which indicated the resident's cognition was severely cognitively impaired. The MDS further revealed Resident #32 was taking antidepressant. Record review of a care plan for Resident #32 dated 04/02/2026 revealed a focus area for depression with interventions to administer Paxil medication. Record review of Resident #32's order summary report dated 05/06/2026 revealed the following orders:Paxil (antidepressant) 10mg by mouth in the morning dated 04/22/2026. Record review of Resident #32's medication administration records dated 05/06/2026 for the month of May 2026 revealed resident received Paxil 10mg in the morning on 05/01/2026 - 05/06/2026. Record review of Resident #32's electronic medical record scanned documents on 05/06/2026 revealed no consent for Paxil. Resident #93 Record review of Resident #93's face sheet, dated 05/06/2026, revealed a [AGE] year-old-male was admitted to the facility on [DATE] with diagnoses to include cerebral infarction (blood vessel in the brain are blocked), depression (mood disorder) and anxiety (feeling of fear and worry). Record review of comprehensive MDS assessment dated [DATE] revealed Resident #93 was usually understood (misses some part/intent of message but comprehends most conversation). The MDS revealed Resident #93 had a BIMS score of 05 which indicated the resident's cognition was severely impaired. The MDS further revealed Resident #93 was taking antianxiety and antidepressant. Record review of a care plan for Resident #93 dated 03/20/2026 revealed a focus area for depression with interventions to administer medication as (continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>ordered. The MDS further revealed a focus area for anxiety with interventions to administer medications. Record review of Resident #93's order summary report dated 05/06/2026 revealed the following orders:Buspirone (antianxiety) 10mg by mouth two times a day dated 02/17/2026.Citalopram (depression) 20mg by mouth in the morning dated 02/17/2026. Record review of Resident #93's medication administration records dated 05/06/2026 for the month of May 2026 revealed resident received the following:Buspirone 10mg twice a day on 05/01/2026 - 05/05/2026 and once on 05/06/2026.Citalopram 20mg by mouth in the morning on 05/01/2026 - 05/06/2026. Record review of Resident #93's electronic medical record scanned documents on 05/06/2026 revealed no consent for citalopram or buspirone. Resident #127 Record review of Resident #127's face sheet, dated 05/06/2026, revealed an 84 -year-old-female was admitted to the facility on [DATE] with diagnoses to include depression (mood disorder) and anxiety (feeling of fear and worry). Record review of electronic medical record revealed no completed MDS assessment. Record review of baseline care plan for Resident #127 dated 05/01/2026 revealed resident was able to understand and communicate with staff. Record review of Resident #127's order summary report dated 05/06/2026 revealed the following orders:Duloxetine (antidepressant) 20mg by mouth two times a day dated 05/01/2026. Record review of Resident #127's medication administration records dated 05/06/2026 for the month of May 2026 revealed resident received the following:Duloxetine 20mg by mouth two times a day on 05/01/2026 - 05/05/2026 and once on 05/06/2026. Record review of Resident #127's electronic medical record scanned documents on 05/06/2026 revealed no consent for duloxetine. Resident #130 Record review of Resident #130's face sheet, dated 05/06/2026, revealed a 64 -year-old-female was admitted to the facility on [DATE] with diagnoses to include depression (mood disorder) and anxiety (feeling of fear and worry). Record review of comprehensive MDS assessment dated [DATE] revealed Resident #130 was understood. The MDS revealed Resident #130 had a BIMS score of 14 which indicated the resident's cognition was intact. The MDS further revealed Resident #130 was taking antianxiety and antidepressant. Record review of a care plan for Resident #130 dated 05/03/2026 revealed a focus area for depression with interventions to administer medication. The care plan further revealed a focus area for anxiety with interventions to administer medication. Record review of Resident #130's order summary report dated 05/06/2026 revealed the following orders:Clonazepam (antianxiety) 0.5mg by mouth three times a day dated 04/28/2026.Escitalopram (antidepressant) 10mg by mouth one time a day dated 04/28/2026.Wellbutrin (antidepressant) 150mg by mouth one time a day dated 04/28/2026. Record review of Resident #130's medication administration records dated 05/06/2026 for the month of May 2026 revealed resident received the following:Clonazepam 0.5mg by mouth three times a day on 05/01/2026 - 05/05/2026 and twice on 05/06/2026.Escitalopram 10mg by mouth one time a day on 05/01/2026 - 05/06/2026.Wellbutrin 150mg by mouth one time a day on 05/01/2026 - 05/06/2026. Record review of Resident #130's electronic medical record scanned documents on 05/06/2026 revealed no consent for clonazepam, escitalopram and Wellbutrin xl. During an interview on 05/06/2026 at 01:00 p.m. with DON, she stated the consents had not been signed. She stated the consents were up to date and then the ADM got sick, I left for a short time. She stated when she returned, she had no ADON's or staff and was having to work the floor. She stated consents were not kept up with. During an observation on 05/06/2026 at 01:00 p.m. of the folder provided by DON were unsigned psychotropic consents for Resident #30, #32, #93, #127, and #130. During an interview on 05/06/2026 at 01:53 p.m. the ADM stated the purpose of the psychotropic consents was to make residents aware of what medications they were taking and possible side effects. She stated she was not aware consents were not signed until today (05/06/2026). She stated nursing staff were responsible for obtaining consent when the order was received. She stated there was no reason why a consent would not be signed. She stated all nursing staff had been trained to get consent when medication was ordered. She stated the potential negative outcome could be unreported medication side effects. During an interview on 05/06/2026 at 02:10 p.m. the DON stated the purpose of the (continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>psychotropic consent was to make sure the resident knows what they were receiving. She stated the nurse was responsible for obtaining the consent when the order was received. She stated she was not aware consents were not obtained until today (05/06/2026). She stated the potential negative outcome could be the resident not knowing the adverse reaction. Record review of the facility's policy titled Psychotropic Medication Use, revised dated 07/2022 did not reveal any information related to medication consents. Requested policy on 05/08/2026 at 03:07 p.m. related to informed consent from ADM and DON and no policy provided.</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure residents had the right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive for 3 of 6 residents (Residents #1, 5, and 6) reviewed for advanced directives. The facility failed to ensure Residents #1, #5, and #6 who was listed as DNR (Do Not Resuscitate), had an Do Not Resuscitate form that did not have missed required information. These failures could place residents at risk of not having their end-of-life wishes honored and incomplete records. Findings include: Resident #1 Record review of Resident #1's, undated, face sheet revealed a [AGE] year-old-male who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included Acute Kidney Failure (rapid loss of kidney function), and Type 2 Diabetes (high blood sugar). The face sheet indicated under the advance directive section - DNR-Do Not Resuscitate. Record review of Resident #1's physician order summary, dated [DATE], reflected the following order: DNR-Do Not Resuscitate dated [DATE]. Record review of Resident #1's care plan, dated [DATE], reflected a care plan for DNR. Record review of Resident #1's DNR form dated [DATE] reflected the resident's signature was not dated, the physician did not print his name following his signature, the physician's license number was not present. Resident #5 Record review of Resident #5's, undated, face sheet revealed a [AGE] year-old-male who was admitted to the facility on [DATE]. Resident #5 had diagnoses which included Traumatic Brain Injury (damage to the brain resulting from an external force. The face sheet indicated under the advance directive section - DNR-Do Not Resuscitate. Record review of Resident #5's physician order summary, dated [DATE], reflected the following order: DNR-Do Not Resuscitate dated [DATE]. Record review of Resident #5's care plan, dated [DATE], reflected a care plan for DNR. Record review of Resident #5's DNR form dated [DATE] reflected the DNR was missing a witnesses' signature. Resident #6 Record review of Resident #6's, undated, face sheet revealed a [AGE] year-old-female who was admitted to the facility on [DATE]. Resident #6 had diagnoses which included Alcohol Dependence (chronic disease characterized by a physical and psychological reliance on alcohol) and UTI (common bacteria caused by bacteria entering the urinary system). The face sheet indicated under the advance directive section - DNR-Do Not Resuscitate. Record review of Resident #6's physician order summary, dated [DATE], reflected the following order: DNR-Do Not Resuscitate dated [DATE]. Record review of Resident #6's care plan, dated [DATE], reflected a care plan for DNR. Record review of Resident #6's DNR form dated [DATE] reflected the physician's signature was not dated. During an interview on [DATE] at 4:05pm with the SW, she stated the DNR was not valid if it was not filled out correctly. She stated she and the DON were responsible for ensuring DNRs were completed correctly. She verified missing information on DNR for Residents #1, #5, and #6. She stated there was no system for monitoring DNRs for accuracy. She stated the reason the DNR's were not complete was human error. She stated she was trained on DNRs. The SW stated the potential negative outcome for residents if a DNR was not completed correctly was the resident's end of life wishes may not be honored. During an interview on [DATE] at 4:25PM with the ADM, she stated the DNR was not valid if not filled out correctly. She stated the SW was responsible for making sure the DNR was completed accurately. She stated they did not have a system to monitor DNR for accuracy; however, her expectation would be the SW audits every DNR before uploading it into electronic records. She verified missing information on the DNR for Residents #1, #5, and #6. She stated she did not know why the information was missing. She stated the potential negative outcome was the residents may receive CPR when that was not their wish. She stated she was trained in how to complete DNR and her expectations were for them to be filled out completely and be correct. Record review of the Social Services Policies and Procedures Advanced Directives (Revised [DATE]) reflected the following: Advance (continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Directives will be respected with state law and facility policy. Upon admission, the resident will be provided with information concerning the right to refuse or accept medical or surgical treatment and to formulate an advanced directive if he or she chooses to do so. Should the resident be transferred to the hospital, a photocopy of the DNR order form must be provided to the personnel transporting the resident to the hospital. The DNR orders will remain in effect until the resident or legal surrogate provides the facility with a signed and dated request to end the DNR order. The interdisciplinary care planning team will review advance directives with the resident during quarterly care planning sessions to determine if the residents wish to make changes in such directives. The resident's attending physician will clarify and present any relevant medical issues and decisions to the resident or legal representative as the resident's condition changes to clarify and adhere to the resident's wishes. Inquiries concerning do not resuscitate orders/requests should be referred to the administrator, director of nurses, or the social services director.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide a safe, clean, comfortable, and homelike environment for residents, staff, and the public, for 2 of 3 showers (Wildflower and Magnolia) and 2 of 12 rooms (rooms [ROOM NUMBERS]). The facility failed to ensure the Magnolia Shower had been repaired for approximately 4 months. The facility failed to ensure the showers in Magnolia and Wildflower units were held between water temperatures of 100-110 F degrees. The facility failed to ensure the bathroom sinks hot water in rooms [ROOM NUMBERS] were held between water temperatures of 100-110 F degrees. These failures could place residents at risk for lack of home-like environment and comfort. The findings include: During an interview on 5/4/2026 at 12:12pm with Resident #16, he stated the shower in the Magnolia unit had not been working for a while now and it was inconvenient. He stated they often had to get their showers in a different hall [Sunflower] further from their room and sometimes the water was not warm anymore because other residents had used the same shower. He stated he was not sure if they could use the Wildflower shower, but the hot water had been an issue throughout the facility. He stated he likes to shower as he was scheduled but because of the hot water issues, sometimes his showers were delayed. He stated he felt the facility did not take the hot water issues seriously. He stated he enjoyed his showers and would like the water to be consistently warm and the one on the Magnolia unit to be fixed. During an interview and observation on 5/4/2026 at 1:02pm with LVN A, she stated she had been at the facility since February 2026, and the Magnolia Shower had been out of order when she started at the facility. She stated she knew the previous maintenance supervisor had been working to fix it, but he was no longer at the facility. She stated the new MM A was working on the shower but was not sure when it would be fixed. Magnolia unit Shower door had an undated sign stating, DO NOT USE. During an interview on 5/4/2026 at 2:51pm with CNA B, she stated when she was assigned to the Magnolia unit, residents had to use the shower in Sunflower unit to shower. She stated she was not sure how long the shower in Magnolia had been out of order for. She stated sometimes the water did not get hot enough for all residents to get a hot shower and there were times showers were delayed because of that. She stated she was not sure if MM A was working on fixing it. During an interview and an observation on 5/4/2026 at 3:24pm with MM B, he stated he had been at the facility approximately 4 months and the shower in Magnolia Unit had been down for about the same time. He stated the previous maintenance supervisor had been looking into fixing it, but he was let go and MM B was an assistant. He stated MM A had looked at the shower to figure out what needed to be fixed but had not gotten around to it yet. He stated the water pressure was not sufficient enough for residents to shower with and the water temperature was not consistent. Observation of the Magnolia shower revealed the water did not have consistent pressure and the water trickled out of the handheld shower head. During an interview on 5/4/2026 at 3:35pm with MM A, he stated he had been at the facility for about 3 weeks and was trying to catch up on all the work that needed to be done. He stated he was not sure how long the Magnolia shower had been out of service, but he was aware it was not working. He stated the water pressure was really low and he needed a new cartridge to replace it but had not gotten around to doing so. He stated the hot water issues were not in the entire facility but were primarily on the Magnolia Hall rooms. He stated a plumber came out last week and were told they needed a new water heater. He stated he was not sure if that would fix the issue, but they would fix the identified issues and then re-assess. He stated the facility was working on getting bids (soliciting formal offers from contractors, vendors, or suppliers to perform work or provide services at a set price) to fix the issues identified by the plumber. He stated all the tankless water heaters were in one area and they traveled through the facility and it could take a while for hot water to reach those rooms. He stated he was aware of residents needing hot water in their rooms and showers to wash their hands, face and to (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2026
NAME OF PROVIDER OR SUPPLIER Avir at Heritage Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 University Ave Lubbock, TX 79413	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>feel comfortable.During observation on 5/4/2026 at 3:39pm in room [ROOM NUMBER], the hot water temperature was revealed to be 80.4 F . During an interview on 5/4/2026 at 3:41pm with Resident #95 she stated the water in her sink did not get hot enough and she would like to be able to wash her face and hands with warm water. She stated she had told the staff already but was not sure what was being done about it. During observation on 5/4/2026 at 3:42pm in room [ROOM NUMBER], the hot water temperature was revealed to be 76.4 F .During a confidential interview on 5/5/2026 at 1:45pm during resident council, 9 confidential residents stated the water did not get hot enough during their showers.During an observation on 5/5/2026 at 1:25pm of Wildflower Shower the hot water temperature was revealed to be 95.3 F . During an observation on 5/5/2026 at 4:37pm of Magnolia Shower, the hot water temperature was revealed to be 70.4 F .During an interview on 5/6/2026 at 10:38pm with the DON, she stated the shower in Magnolia Unit had stopped working approximately a month ago. She stated the hot water issues had begun on Magnolia Hall and have progressed to the other halls. She stated she was aware of the Magnolia shower not working and maintenance had been looking into it but was not sure what was wrong with the shower. She stated at this time the residents were able to shower in any available shower in the other units. She stated the importance of hot water, and a functioning shower was for residents to be comfortable, clean and to decrease the infection risk. During an interview on 5/6/2026 at 10:53am with the ADM, she stated she was not sure when the shower in Magnolia had stopped working. She stated when she began here at the facility, approximately mid-March, the previous maintenance supervisor had been working on it, but he was no longer employed at the facility. She stated new maintenance supervisor had not worked on the Magnolia shower yet, but they were addressing the hot water issues and the shower in Magnolia. She stated the hot water concerns had started last week and they had a plumber come out. She stated on 5/5/2026 the facility had approved the repair of the tankless water heater, and it would take about 2 days for the parts to come in. She stated the potential negative outcome of residents not having hot water for showers or in their rooms could be not feeling comfortable or having a homelike environment. Record review of facility documents titled Logbook Documentation between dates 1/05/2026-3/20/2026 revealed the following: Water TempsMagnolia [unit Rooms 200-216]:1/5/2026 - 1/09/2026: 93.6 F, 92.4 F , 93.7 F , 93.2 F ,96.7 F .1/12/2026 - 1/16/2026: 90.3 F ,93.2 F , 86.2 F , 83.4 F , 86.3 F .1/19/2026- 1/23/2026: 93.5 F , 96.5 F , 96.7 F , 95.2 F , 96.8 F .Comments: we are currently having a problem with out hot water return line losing pressure, after what we thought to be the problem, (the circulating pump) the problem is still there. Working with plumber to fix it.1/26/2026- 1/30/2026: n/a.2/02/2026 - 2/06/2026: 96.3 F , 98.4 F , 100.1 F , 97.2 F , 98.3 F 2/10/2026-2/09/2026: 93.5 F , 96.5 F , 91.2 F , 100.2 F , 89.6 F 2/16/2026-2/20/2026: 96.3 F , 98.5 F , 100.1 F , 99.3 F , 98.5 F 2/23/2026 - 2/27/2026: 86.3F , 89.6 F , 98.3 F , 96.5 F , 98.3 F 3/2/2026- 3/06/2026: n/a3/09/2026-3/13/2026: 96.8 F , 101.2 F , 100.1 F , 94.5 F , 96.3 F 3/16/2026-3/20/2026: 93.1 F , 83.7 F , 100.1 F , 98.3 F , 90.3 F Magnolia Shower:1/5/2026- 1/09/2026: 95.1 F , 99.6 F , 93.8 F ,95.4 F , 93.7 F .1/12/2026 - 3/20/2026: n/a. Water temperature documentation did not reveal the Wildflower shower to have temperatures below 100 F between 1/05/2026-3/20/2026. Record review of facility policy titled Maintenance Service dated 2001 revealed; 1. The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.2. Functions of maintenance personnel include, but are not limited to:a. maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines.b. maintaining the building in good repair.I. providing routinely scheduled maintenance service to all areas. J. others that may become necessary or appropriate.Record review of facility policy titled Water Temperatures, Safety of dated 2001 revealed; 1. Water heaters that service resident rooms, bathrooms, common areas, and tub/shower areas shall be set to temperatures of no more than 110-115 F or the maximum allowable temperature per state regulation. 2. Maintenance staff is responsible for checking thermostats and temperature controls in the facility and recording these checks in a maintenance log.3. Maintenance staff shall conduct periodic tap water temperature checks and record the water temperatures in a safety log.</p>		

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NAME OF PROVIDER OR SUPPLIER Avir at Heritage Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 University Ave Lubbock, TX 79413	
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on observation, interview, and record review, the facility failed to make information on how to file a grievance or complaint available to the residents for 9 of 9 confidential residents reviewed for grievances. The facility failed to ensure 9 of 9 residents were provided, through postings in prominent locations, the Grievance Procedure, were provided information who the facility grievance official was, their contact information, how to file an anonymous grievance, and their right to obtain a written decision related to their grievance. This failure could place residents at risk of unresolved grievances and decreased quality of life. Findings include: In Interviews at an undisclosed date and time, 9 of 9 confidential residents stated they did not know they could file a Grievance anonymously, the Grievance procedure had never been discussed in Resident Council, and they had not observed a posting of the Grievance procedure in prominent locations. The residents stated they did not know where to acquire a grievance form, who to turn the form into, and what happened once a grievance was filed. The Residents did not know they had the right to receive a written decision once their grievance was resolved. Observations of prominent postings on 05/06/2026 at 2:35pm; the facility did not include instructions regarding the Grievance procedure with the prominent postings. Interview with the ADM on 05/06/2026 at 4:35pm; the ADM stated she was the Grievance Officer for the facility. The ADM stated the Grievance form was available on a shelf on the wall by the piano; she stated she did not know there were no forms available in the Grievance shelf. The ADM stated the Activities Director completed Grievance forms during monthly, resident council meetings when concerns were vocalized by Residents. The ADM stated staff also complete Grievance forms for some complaints that were discussed with them face to face with residents. The ADM stated she assigned grievances to the appropriate department, that department addressed the grievance with the complainant, resolved the grievance, and explained the resolution to the complainant. The resolution was documented on the Grievance form, and the completed form was submitted to the ADM for review. The ADM stated completed Grievance forms were kept in a notebook for 3 plus years. The ADM stated she monitored the Grievance process for success by following up with the staff member assigned to resolve the Grievance. The ADM stated she would also meet with the complainant to ensure they were satisfied with the resolution. The ADM stated she was responsible for ensuring staff were trained on the Grievance process. The ADM stated she was not aware the Grievance procedure was not being discussed in Resident Council; the ADM agreed the availability of the Grievance forms, the Grievance procedure, and procedure for submitting a Grievance form anonymously should be explained to Residents at admission and continually discussed in monthly Resident Council meetings. Record Review of the Grievance policy on 04/28/2026 at 2:27pm; reflected a copy of the Grievance/complaint procedure should be posted on the resident bulletin board. Record Review of the Grievance Policy last updated in October 2017 reflected: Policy Statement: Staff members are encouraged to guide residents about where and how to file a grievance when the resident believes his or her rights have been violated. Policy Interpretation and Implementation: Staff members who overhear complaints or concerns from residents or their representatives should guide said person on how to file a grievance with the facility. The resident or their representative should be told they may file a grievance without fear of retaliation. The staff member will inform the resident or their representative where to obtain a form and inform them of the location of the written procedures for completing the grievance form.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview and record review, the facility failed to provide food and drink that was palatable, attractive and at a safe and appetizing temperature for 5 residents (Residents #8, #60, #99, #101, and 1 confidential resident) reviewed for food palatability. one of one kitchen. A. Resident #8, #60, #99, #101 voiced concerned of cold food, flavor and/or texture.B. Nine of the 9 foods sampled on the meal tray were cold.C. One of the 9 foods sampled on the meal tray was mushy.D. Three of the 9 foods sampled on the meal tray had no flavor. E. Three of the 9 foods sampled on the meal tray were chunky. F. One of the 9 foods sampled on the meal tray was tough. These failures could result in a decline in residents' consumption of food and residents to have unwanted weight loss. The findings included: During an interview on 05/04/2026 at 2:37 PM, Resident #99 was asked how the food was and he responded by saying Some of them are not really good, no flavors, no taste. He stated that he ate at the dining. During an interview on 05/04/2026 at 2:49 PM, Resident #101 was asked how the food was and he stated, I almost choked once because I am on mechanical meals, that happened about a month ago, the food is not even warm, no taste and no flavor. He further added, I do eat in the dining and sometimes in my room. During a confidential interview a resident said, The eggs are very cold in the mornings, it doesn't taste good and no flavor, the lunch today tastes like an old food, the meat in particular. He stated that he ate in his room. During an interview on 05/04/2026 at 5:03 PM, Resident #60 was asked how the food tasted and he stated, The food is not good, doesn't look and taste good, sometimes it is cold. She further stated, I didn't eat the lunch today because the meat was tough, and I do eat in my room. During an interview on 05/04/2026 at 5:27 PM, Resident #8 was asked how the food was and she responded by saying Terrible for me, like sometimes the spaghetti wasn't drained enough, the food is blend, the food is cold most of the time and I do eat in my room, I did not eat the lunch because the vegetable wasn't drained well. During an observation on 05/04/2026 at 12:33 PM, the sample trays were delivered to the survey room. Sample tray findings found by the survey team and DM were the following: FOOD ITEMS Taste, Temperature, TextureRegular Potatoes ColdRegular Beef Cold/toughRegular Vegetables Cold/mushyMechanical Beef Cold/no flavorMechanical Potatoes Cold/no tasteMechanical Vegetables Cold/no tastePuree Vegetables Cold/hullsPuree Potatoes Cold/chunkyPuree Beef Cold/chunky During an interview on 05/06/2026 at 11:30 a.m., [NAME] A stated, I have worked here for two years now, that will be myself, the cooks and the DM that are responsible for monitoring of the food temperature, texture and flavor and why the meals were not palatable is, the cooks not cooking according to recipe. He stated, Honestly the steamtable doesn't get as hot as it is supposed to be, because it has been here for a while and I have received trainings on that, but have never seen the food palatability policy. He further stated that residents would get sick from such meals. During an interview on 05/06/2026 at 11:50 a.m., the DM stated, it was myself and the cooks' responsibilities for ensuring that all meals were palatable, though different people with different taste buds. She further stated, I think it is because we need plate warmers and probably not bad to upgrade the current steamtable, I have discussed with our previous maintenance and the ADM, the ADM agrees with me, but we have to follow up with the cooperate. She stated, no training yet, I got the food palatability policy but have not had time to look at it. She stated, Yes, I have few residents complained about the food, have discussed with them, reassured them that their concerns will be addressed. She stated serving such meals, the residents could get sick from not eating the food. During an interview on 05/06/2026 at 12:44 p.m., the ADM stated, that will be the cooks' responsibilities ensuring that all meals were palatable, while the DM reviews all that, and I don't have any idea or reason why the meals were cold, there is no reason why the meals shouldn't be palatable. She further stated, I am sure the kitchen staff have been trained on food palatability, but I have not come across such policy. She stated, Yes, we had some discussions regarding cold food, and we have been working on that, and residents could start experiencing weight loss from not eating such meals. During a telephone interview on 05/06/2026 at 1:27 p.m., the RD (continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>stated, I am no longer with the facility after 04/14/2026, and could not answer any of my questions, but aware that the facility is in a transition of getting a new RD for the month of May 2026. Record review of the facility's policy and procedure titled, Food Palatability, revised October 2017, reflected the following: Policy Statement: Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. Policy Interpretation and Implementation: Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident, the food appears palatable and attractive, and it is served at a safe and appetizing temperature. If an incorrect meal is provided to a resident, or a meal does not appear palatable, nursing staff will report it to the food service manager so that a new food tray can be issued.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in facility 1 of 1 kitchen reviewed for food safety. 1) The facility failed to ensure food items in the refrigerator (x1), and freezer (x1), were labeled and stored in accordance with the professional standards for food service. 2) The facility failed to ensure the garbage can used for food waste was covered unless in use. 3) The facility failed to ensure the hair restraint was properly worn. 4) The facility failed to ensure the dish and pot washing area were clean. These failures could place residents at risk for food-borne illness and cross contamination. The findings included: During kitchen tour observations on 05/04/2026 that began at 9:34 a.m. and concluded at 10:15 a.m., revealed the following: -Garbage can, next to food prepping table, was uncovered and not in use. -Cook A, not properly wearing hair restraint to cover his mustache area. -Dirty black food residues under the pot & pan sink/draining area. Walk-in Freezer -What resembled chicken breasts (no label), hashbrowns, breast sticks, and sausages in different clear plastic bags, all with no use by date. Walk-in Refrigerator -What resembled lettuce, sausages, tortillas, and ground beef in different clear plastic bags, all with no use by date. During an interview on 05/06/2026 at 11:30 a.m., [NAME] A stated, I am responsible for putting the labels and dating (use by date) on all food items, as well as all other kitchen staff and whoever comes in on that shift is responsible for monitoring the labels and dating of all food items, since the DM assigned such task to us. He stated, I guess, I was in a hurry doing other kitchen tasks, forgetting to label and date all the food items, and I have been trained on labelling and dating of food items, equally seen both the food storage and kitchen sanitation policies. He stated, I forgot to wear the hair restraint properly, and the negative effects would be facial hairs falling into the food and residents could get sick. He further stated that the garbage can next to the food prepping table don't have lid that fits the can, and residents will get sick or giving them something that could cause some allergic reaction. During an interview on 05/06/2026 at 11:50 p.m., the DM stated, I am responsible for putting the date (use by date) and labelling of all food items alongside with the rest of the kitchen staff, and because of the busy nature of the kitchen, I forgot to do that. She stated, I have been trained on that and have come across food storage and kitchen policies, it would be me that is responsible for monitoring the dating and labelling of all the food items in the kitchen, the residents can get sick from such undated or unlabeled food items. She further stated that the garbage can, should have been covered when not in use, such failure could lead to food contamination. She stated, hair restraint needs to be wore properly, negative outcome would be hair in the food which could make the residents sick. On the dirty black food residues under the pot & pan draining area, she stated, Oh, that dirty food residues need to be cleaned, I don't have any reason why it was not cleaned and that might lead to black molds, which could result in residents falling sick. During an interview on 04/28/2026 at 12:44 p.m., the ADM stated, usually the cooks are responsible for dating and labelling of all food items in the kitchen, while the DM will be monitoring that task and added it would cause food borne diseases to the residents. She stated, because of the very busy nature of the kitchen, the kitchen staff forgot to label and date all the food items. She further stated that, the kitchen staff were all trained, again I want to say they have been here for a while and yes, I have seen both the food storage and kitchen sanitation policies. When asked about the open garbage can, the ADM stated, if not in use, then it should be covered, that is not allowed, and that will cause food contamination. On the dirty black food residues under the pot & pan draining area, she stated, Oh no, that is very unhealthy, the dirty food residues need to be cleaned, that could be part of their sanitation, that could cause food contamination due to bacteria growth. She further stated, [NAME] A should have been wearing the hair restraint properly, and hair in the food will not be good for the residents. During a phone interview on 05/06/2026 at 1:27 p.m., the RD stated, I am no longer with the facility after 04/14/2026, and (continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>could not answer any of my questions, but aware that the facility is in a transition of getting a new RD for the month of May 2026. Record review of the facility's policy and procedure titled, Food Preparation and Service, revised November 2022, reflected the following: Policy Statement: Food and nutrition services employees prepare, distribute and serve food in a manner that complies with safe food handling practices. Policy Interpretation and Implementation: General Guidelines Identification of potential hazards in the food preparation process and adhering to critical control points can reduce the risk of food contamination and thereby minimize the risk of foodborne illnesses. Food preparation staff adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness. Food Preparation Area Areas for cleaning dishes and utensils are located in a separate area from the food service line to assure that a sanitary environment is maintained. Food distribution and Service 8. Food and nutrition savvy stuff where hair restraints (hair net, hat, beard restraint, etc.) so that hair does not contact food. Record review of the facility policy and procedure titled, Sanitation, revised November 2022, reflected the following: Policy Statement: The food service area is maintained in a clean and sanitary manner. Policy Interpretation and Implementation: Kitchen waste that are not disposed of by mechanical means are kept in clean, leak proof, nonabsorbent, tightly closed containers and disposed of daily. Garbage and refuse containers are in good condition, without leaks, and waste is properly contained in dumpsters/compactors with lids (or otherwise covered). Areas used for garbage disposal are free from odors and waste fats, and maintained to prevent pests.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation, interviews, and record review, the facility failed to dispose of garbage and refuse properly for 2 of 2 dumpsters (#1 and #2), in that: The door for dumpster #2 was left open. Garbage and debris in the vicinity of the 2 dumpsters. These failures could place residents at risk of exposure to germs and diseases carried by vermin and rodents. The findings included: Observation on 05/04/2026 at 10:21 a.m., revealed the facility's dumpster area, which was in the lot behind the dietary department had a commercial-size dumpster 3/4 full of garbage, with an open door (#2) and bags full of garbage on the floor around the dumpsters #1 and #2. During an interview on 05/06/2026 at 11:50 a.m., the DM stated, Everyone in the facility is responsible for keeping the dumpster area clean and closing the door, if you see a trash bag on the ground, pick it up and throw it into the dumpster. All staff members were responsible for monitoring such task. She further stated, I can't answer why the bags of garbage were on the floor because I don't know why. She stated, I have never had any training with my staff, because it was not brought to my attention. Such failure would accumulate a bunch of rodents, roaches, bugs and rats, which could travel into the building and could make residents sick from their droppings. During an interview on 05/06/2026 at 12:29 p.m., the MS stated, I am responsible alongside with my assistant for keeping the dumpster area clean and closing the door, equally responsible for monitoring of such task. It was something that we overlooked, it slipped my mind, was a hectic week. He further stated, no training yet, I am new and only been here for 3 weeks and have not come across waste disposal policy. He stated, it could be a hazard for the residents that are mobile, especially those going near the dumpster area, as well would support bacteria growth. During an interview on 04/28/2026 at 12:44 p.m., the ADM stated, the maintenance personnels were responsible for keeping the dumpster area clean and closing the door, while the MS will be monitoring that task. She stated, no, I don't know why the dumpster area was littered with bags of garbage and not cleaned, and why the door was not closed. She further stated, I don't know if the staff have been trained and no, I have not come across waste disposal policy. She stated that, they could get rodents, insects, bugs and a collection of that, which would travel into the building, such could affect the resident's health. Record review of the facility policy and procedure titled, Sanitation, revised November 2022, reflected the following: Policy Statement: The food service area is maintained in a clean and sanitary manner. Policy Interpretation and Implementation: Garbage and refuse containers are in good condition, without leaks, and waste is properly contained in dumpsters/compactors with lids (or otherwise covered). Areas used for garbage disposal are free from odors and waste fats, and maintained to prevent pests.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2026
NAME OF PROVIDER OR SUPPLIER Avir at Heritage Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 University Ave Lubbock, TX 79413	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 of 6 residents (Resident #58 and Resident #29) reviewed for infection control. CNA D failed to utilize EBP and hand hygiene during foley catheter (a flexible, sterile tube inserted into the bladder to drain urine, held in place by an inflated balloon) care on Resident #58. CNA E failed to utilize glove change and hand hygiene during incontinence care on Resident #29. These failures could place residents at risk for cross contamination and infection. Findings included: Resident #58 Record review of Resident #58 undated face sheet revealed a [AGE] year-old male originally admitted to the facility on [DATE]. Resident #58 had a medical diagnoses of cerebral infraction (a blockage (clot or plaque) reduces blood flow to the brain, causing tissue death), obstructive and reflux uropathy (a blockage in the urinary tract that stops urine from flowing, causing it to back up into the kidneys), and benign prostatic hyperplasia with lower urinary tract symptoms (a common age-related, non-cancerous enlargement of the prostate gland). Record review of Resident #58s quarterly MDS dated [DATE] Section C- Cognitive Patterns revealed a BIMS score of 10 which indicated Resident #58 had moderate cognitive impairment. Section H-Bladder and Bowel revealed Resident #58 had an indwelling catheter (a flexible tube inserted into the bladder). Record review of Resident #58's care plan dated 3/14/2026 revealed EBP: Staff must use gown and gloves during high-contact resident care activities that could possibly result in transfer of MDROs to hands and clothing of staff. interventions: Sign for EBP precautions will be outside resident's room, to alert staff of precautions, EBP: Staff must use gown and gloves during high-contact resident care activities. Record review of Resident #58's physician orders revealed foley cath [catheter] care q shift and PRN dated 4/22/2026. Physician order dated 5/04/2026 revealed Enhanced Barrier Precautions- gown and gloves required for high -contact activities: .providing hygiene.incontinence care.device care (catheter.). During an observation on 5/5/2026 at 2:18 pm, Resident #58 had an EBP sign on his door visible upon entering the room and a PPE box with gowns, mask and gloves was outside the room. CNA D entered Resident #58s room, washed her hands, put on a clean pair of gloves and unfastened Resident #58's brief. CNA D proceeded to clean Resident #58's foley catheter, scrotum and penis. CNA D turned resident onto his left side and removed the dirty brief. CNA D grabbed a clean brief from Resident #58's closet with dirty gloves. CNA D placed new brief below Resident #58. CNA D removed her gloves and washed her hands. CNA D failed to change her gloves and utilize hand hygiene during foley catheter care. CNA D failed to follow EBP precautions before and during Resident #58's foley catheter care by not wearing the appropriate PPE. During an interview on 5/5/2026 at 2:27pm, CNA D stated she did not know who the infection preventionist was. She stated she had been trained on infection control, hand hygiene and EBP but did not remember her last training. She stated she had not changed her gloves during the foley catheter care because she forgot. She stated she realized she had not utilized the appropriate PPE for EBP because it did not cross her mind. She stated the EBP was utilized to prevent the spread of infection and not using it could cause cross contamination. She stated the potential negative outcome of not changing gloves during foley care could be spreading infection. Resident #29 Record review of Resident #29's undated face sheet revealed a [AGE] year-old male originally admitted to the facility on [DATE]. Resident #29 had diagnoses of dementia (a progressive, irreversible syndrome caused by brain diseases), muscle weakness (a reduced ability to exert force with muscle), and need for assistance with personal care. Record review of Resident #29s annual MDS dated [DATE] Section C- Cognitive patterns revealed a BIMS score of 03 which indicated Resident #29 had severe cognitive impairment. Section H- Bladder and bowel revealed resident #29 was always incontinence of bowel and bladder. Record review of Resident #29's care plan dated 4/07/2026 revealed [Resident#29] has (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2026
NAME OF PROVIDER OR SUPPLIER Avir at Heritage Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 University Ave Lubbock, TX 79413	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>incontinence.interventions: incontinent needs will be met.briefs, depends.when out of bed. During an observation of incontinence care on 5/5/2026 at 3:26pm, CNA E cleaned Resident #29's buttocks with wipes and removed the dirty brief from below Resident #29. CNA E grabbed a clean brief with dirty gloves and placed the clean brief on Resident #29. CNA E failed to change gloves and use hand hygiene before placing the clean brief. During an interview on 5/5/2026 at 3:34pm, CNA E stated her infection preventionist was the DON. She stated she was aware she needed to change her gloves when going from a dirty area to a clean area. She stated she must have forgotten to change her gloves before grabbing the clean brief. She stated she had been trained to change her gloves and use hand hygiene, and the potential negative outcome could be spreading infection. During an interview on 5/6/2026 at 10:32am with the DON, she stated she was the infection preventionist. She stated staff are trained on hand hygiene, gloves changes and EBP quarterly and infection control training is done monthly. She stated her expectation of staff was to follow all infection control policies including wearing a gown, gloves and mask for EBP. She stated a potential negative outcome of not following EBP and infection control practices could be spreading infection. She stated EBP are utilized for residents with a history of MDRO or any invasive devices. She stated she was not aware of staff not following EBP, glove changes or hand hygiene practices during incontinence care. During an interview on 5/6/2026 at 10:53am with the ADM, she stated the DON was the infection preventionist. She stated training on infection control, EBP, hand hygiene and glove changes is done through their online training program and periodically. She stated EBP is used for residents with invasive devices and history of MDRO's. She stated the potential negative outcome could be spreading infection. She stated her expectation was for staff to follow their infection control training and use the appropriate PPE and hand hygiene protocols. Record review of facility policy titled Enhanced Barrier Precautions dated 2001 revealed; Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multi-drug-resistant organisms that employs targeted gown and glove use during high contact resident care activities.3. Examples of high contact resident care activities requiring the use of gown and gloves for EBPs include.providing hygiene.device care or use (.urinary catheter) .Record review of facility policy titled Perineal Care dated 2001 revealed; Purpose: The purpose of this procedure is to provide cleanliness and comfort to the resident, to prevent infections and skin irritation and to observe the residents skin condition.4. discard soiled gloves, sanitize hands. Re-glove prior to touching clean linens/adult brief.</p>		