

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2025
NAME OF PROVIDER OR SUPPLIER Avir at Overton		STREET ADDRESS, CITY, STATE, ZIP CODE 1110 Hwy 135 S Overton, TX 75684	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and records review, the facility failed to ensure residents' right to a dignified existence for 1 of 5 residents (Resident #1) reviewed for Resident Rights. The facility failed to ensure CNA A provided privacy for Resident #1 on 11/12/25 at approximately 2:15 p.m. during incontinent care when she left the room without closing the privacy curtain or covering the resident for privacy. This failure could place residents who require incontinent care at risk of psychosocial harm and diminished quality of life. Findings included: 1. Review of an admission Record for Resident #1 dated 11/12/2025 indicated he was a [AGE] year-old male readmitted to the facility on [DATE] with diagnoses of dementia (altered cognition) and muscle wasting and atrophy (weakness from disuse). Review of a quarterly MDS for Resident #1 dated 9/26/2025 indicated he had severely impaired cognition with a BIMS of 3. He required maximal assistance with toileting hygiene and showering/bathing; he required moderate assistance with oral hygiene, upper and lower body dressing, putting on and taking off footwear, and personal hygiene; he required setup/cleanup assistance with eating. Review of the care plan for Resident #1 dated 9/24/25 Resident #1 had a self-care deficit related to impaired cognition and impaired judgement. Appropriate interventions were in place including providing dressing, grooming, bathing, and hygiene assistance. During an observation on 11/12/25 at 2:15 p.m., CNA A exited Resident #1's room and entered the hallway. Resident #1 was clearly visible through the open door as CNA A exited the room. Resident #1 was lying on his bed, naked from the waist down. The privacy curtain in the room had not been closed and Resident #1 was uncovered leaving him exposed to the hallway. During an interview on 11/12/25 at 2:30 p.m., CNA A said she forgot to pull the privacy curtain and to cover Resident #1 when she went into the hallway to get additional supplies. CNA A said she had annual skills checks, which included incontinent care, and was expected to provide privacy for residents during incontinent care by closing the privacy curtain and covering the resident up if she had to leave the room for additional supplies. During an attempted interview on 11/12/25 at 2:40 p.m., Resident #1 was unable to respond coherently to interview questions due to severely impaired cognition. During an interview on 11/12/25 at 3:00 p.m., the ADON said she was responsible for supervision of nursing staff. The ADON said CNAs were expected to provide privacy to residents during incontinent care by pulling the privacy curtain, closing the drapes/blinds, and covering the residents if they had to leave the room for supplies. During an interview on 11/12/25 at 3:15 p.m., the ADM said the DON and ADON were responsible for supervision of the nursing staff and ensuring all skills checks were completed. The ADM said CNAs were expected to provide privacy to residents while providing incontinent care by closing the privacy curtain, closing the blinds, and closing the door. The ADM said if the CNA left the room for supplies the resident should be covered up first. Review of a Perineal Care Return Demonstration checklist, dated 7/15/25, indicated CNA A correctly completed all procedure steps including providing privacy for residents. Review of a facility policy titled Perineal Care revised in February 2018 indicated .Provide privacy as appropriate, such as closing doors/curtains, drape resident.</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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