STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675408	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Overton	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 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement written policies and procedures that prohibit and prevent abuse 1 of 4 residents (Resident #1) reviewed for developing and implementing abuse and neglect policies. 1. The facility failed to report to the state and thoroughly investigate an allegation of abuse reported on 5/3/26 after the hospitality aide reported to the ADM, DON, and ADON that CNA B was being rough with Resident #1 in the shower. 2.The facility failed to report to the state and thoroughly investigate an allegation of abuse on 5/3/26 after a housekeeper observed CNA B forcefully push Resident #1 down into a dining room chair while Resident #1 stated no, no, no.These failures resulted in an identification of an Immediate Jeopardy (IJ) on 5/19/26 at 2:41 p.m. While the IJ was removed on 5/20/26, the facility remained out of compliance at no actual harm that is not immediate jeopardy with a scope identified as isolated due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems. These failures could place residents at risk of psychosocial harm and injury.Findings include: 1. Record review of the face sheet dated 5/19/26 indicated Resident #1 was a [AGE] year-old female readmitted to the facility on [DATE] with diagnoses including schizoaffective disorder (mix of schizophrenia and mood disorder symptoms), dementia (altered cognition), muscle wasting, and difficulty walking. Record review of a quarterly MDS assessment dated [DATE] indicated a BIMS was not conducted due to resident being rarely or never understood. She required setup or cleanup assistance with eating, upper body dressing, and personal hygiene. She required supervision with oral hygiene, shower/bathing self, and lower body dressing. She required partial/moderate assistance with toileting hygiene. She had not exhibited physical, verbal, or other behavioral symptoms directed toward others. Record review of the care plan revised on 4/28/26 indicated Resident #1 resided on the women's secured unit related to elopement risk, inappropriate sexual behaviors with male residents, and poor safety awareness. Record review of the care plan revised on 4/16/26 indicated Resident #1 had impaired cognitive function/dementia or impaired thought processes. Interventions in place included providing the resident with necessary cues, and stopping and return if agitated. During an observation and interview on 5/18/26 at 11:00 a.m., Resident #1 said there was an incident with a CNA who caused her to fall. Resident #1 said she remembered there was more than one staff member in the room, but could not recall how many. Resident #1 said she could not recall any details of the event or names of staff involved. Resident #1's arms and shoulders were observed with no noted marks, skin tears, or bruising. During an interview on 5/19/26 at 9:30 a.m., Housekeeper A said she worked on 5/3/26 and was making her rounds on hall c when she noted CNA B walking with Resident #1 down the hall toward the dining room. Housekeeper A said it appeared CNA B was redirecting Resident #1 from entering another resident's room. Housekeeper A said when they arrived at the dining room, CNA B placed both hands on Resident #1's shoulders and pushed her down into a chair. Housekeeper A said she didn't report the incident immediately because she didn't feel it was abusive, but stated the action was forceful and Resident #1 was saying no, no, no. Housekeeper A said she did write a statement detailing the same information she told this surveyor and slid the note under the ADM's office door because LVN C instructed her to. Housekeeper A said ADM interviewed her about the (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	incident the previous day, 5/18/26. During an interview on 5/19/26 at 10:00 a.m., Hospitality aid said she worked on 5/3/26 and was assigned to C hall with CNA B. Hospitality aid said Resident #1 had a large bowel movement and CNA B asked for help to clean her up. Hospitality aid said CNA B told her you have to be rough with Resident #1 sometimes and pulled her off the bed by the arms causing her to fall. Hospitality aid said Resident #1 fell twice. Hospitality aid said when CNA B got Resident #1 to the shower, she placed her hands on Resident #1's shoulders and pushed her down into the shower chair. Hospitality aid said she reported the incident immediately to LVN C who told CNA B about the allegation. Hospitality aid said she then called the DON who told her to call the ADON who did not answer. Hospitality aid said she then texted the ADM, DON, and ADON letting them know about the allegation and that she was quitting due to what she had witnessed. Hospitality aid said she texted them that CNA B had been rough with Resident #1 in the shower. Hospitality aid said she did not save the text messages.`During an interview on 5/18/26 at 12:00 p.m., CNA B said she worked on 5/3/26 and worked on the women's secured unit. CNA B said around 10:00 a.m. Resident #1 had a large bowel movement. CNA B said wipes would not be able to clean her up so she asked Hospitality aid for assistance to take her to the shower. CNA B said resident was combative with staff initially but calmed down and allowed CNA B to shower resident without incident. CNA B said she and Hospitality aid walked resident to the shower together, each holding one hand. CNA B said she completed the shower, walked Resident #1 back to her room, and sat her on the bed while she helped her get dressed. CNA B said she didn't report the combative behavior because Resident #1 was not hitting or swinging at them. CNA B could not verbalize exactly what aggressive behavior Resident #1 had exhibited. CNA B said Resident #1 was known to be combative. During an interview on 5/18/26 at 3:30 p.m., the DON said she did receive a call from hospitality aid on Sunday. The DON said she was at church so she didn't follow up with Hospitality aid and told her to call the ADON. The DON denied speaking to hospitality aid and said she was unaware there had been an allegation of abuse made in the facility. The DON said if she had known about the allegation she would have immediately reported it to the ADM. During an interview on 5/18/26 at 3:40 p.m., the ADON said she had a missed call from Hospitality aid and was unable to reach Hospitality aid when she called back. The ADON said there had been no complaints of similar nature regarding CNA B. The ADON said she had attended training on ANE and said she would report any allegations of abuse to the ADM immediately. During an interview on 5/18/26 at 4:00 p.m., LVN C said she worked 5/3/26 as the shift charge nurse. LVN C said Hospitality aid did not report any abuse allegations to her on that shift. LVN C said she was told by LVN P who overheard hospitality aid talking on the phone around 10:00 a.m. and reported it to her. LVN C said she performed a head-to-toe assessment on Resident #1 and noted no injuries or emotional distress. LVN C said she failed to chart the assessment. LVN C said she then asked Housekeeper A to write a statement since she had been on the hall during the time of the allegation. LVN C said housekeeper A wrote a statement and slipped it under the ADM's door. Interviews were attempted with LVN P on 5/19/26 at 4:14 p.m. and on 5/20/26 at 11:07 a.m. and 12:11 p.m. During an interview on 5/19/26 at 11:00 a.m., the ADM said she first learned about the incident on 5/3/26 when Hospitality aid texted her that CNA B was being rough with Resident #1 in the shower. The ADM said she investigated the incident which included interviews with staff working the hall that shift and none reported seeing any mistreatment of Resident #1, and the resident had a head-to-toe assessment of Resident #1. The ADM said the assessment found no injuries and did not identify any psychosocial harm for Resident #1. The ADM said there were no in-services completed and CNA B was not suspended. The ADM said she did not believe hospitality aid was credible, because she was reportedly upset about being asked to switch hallway assignments, and did not believe the incident was reportable to the state because she found no credible allegation had been made. The ADM said she didn't recall receiving the note from housekeeper A was slipped under her office door, but would continue looking. The ADM said housekeeper A also never mentioned the second incident with her during interviews. Record review of a witness statement dated 5/3/26 by Housekeeper A indicated I (continued on next page)

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F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	[housekeeper A] was on C hall and noticed [CNA B] guided [Resident #1] to the dining room chair, and [Resident #1] was resisting. There was no abuse. Record review of the facility's Abuse, Neglect, Exploitation and Misappropriation Prevention Program policy last revised April 2021 indicated: .The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives:Develop and implement policies and protocols to prevent and identify:Abuse or mistreatment of residents. Record review of the facility's policy Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating last revised September 2022 indicated: .All reports of resident abuse .are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. Record review of facility policy Identifying Types of Abuse last revised September 2022 indicated: .Abuse prevention includes recognizing and understanding the definitions and types of abuse that can occur. The Administrator was notified that an Immediate Jeopardy situation was identified due to the above failure and provided with the Immediate Jeopardy template on 5/19/26 at 2:41 PM. The facility's Plan of Removal was accepted on 5/20/26 8:02 AM and included: Plan of Removal:607: Develop/Implement Abuse/Neglect, etc. PoliciesThe facility failed to implement their abuse policies on 5/3/26 when staff alleged that CNA B was rough and mistreated Resident #1 on 2 separate incidents.The facility failed to report allegations of abuse within the required time frames.The facility failed to implement their abuse policy when they did not identify and investigate allegations of abuse or mistreatment of residents.The facility failed to develop and implement their abuse policy when they did not put measures in place to protect residents during allegation investigations.IJ Called: 5/19/2026POR Submitted: 5/19/2026Action: Resident #1 was assessed for negative findings both physically and psychosocially on 5/19/2026. No concerns noted. Person(s) Responsible: Director of Nursing, Social Services, and/or DesigneeDate: 5/19/2026 at 3:56PMAction: CNA B has been suspended pending investigation. Person(s) Responsible: Administrator Date: 5/19/2026 at 3:44PM. Action: All residents that have been under CNA B's care since 5/3/2026 (employee has consistent scheduling on the female secured unit) had a skin assessed performed in an attempt to identify any additional concerns with being rough or abuse, no additional concerns noted. Attempt to complete safe surveys with residents in the secured unit, under CNA B's care, to look for signs or symptoms of abuse or staff being rough with residents. No additional concerns noted. Person(s) Responsible: Director of Nursing, Assistant Director of Nursing, and/or Designee Date: 5/19/2026 by 430PM. *Action: The following policies were reviewed Abuse, Neglect, Exploitation and Misappropriation Prevention Program, Abuse Reporting and Investigating, and Identifying Types of Abuse were confirmed appropriate for utilization per state and federal regulation. Person(s) Responsible: Regional [NAME] President, Regional Nurse Consultant, Administrator, Director of Nursing, and/or Designee Date: 5/19/2026 by 5:45PM Action: Administrator, Director of Nursing, and Assistant Director of Nursing educated on the Provider Letter 2024-14 as it relates to allegations and reporting. Additionally, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, Abuse Reporting and Investigating, and Identifying Types of Abuse were educated on for training the trainer and to confirm understanding with the facility's abuse policy. Administrator, Director of Nursing, and Assistant Director of Nursing confirm understanding the criteria of a self-report and the timeframes required in reporting, abuse allegations should be reported to the State in accordance with state and federal regulations within 2 hours. Education included that the alleged perpetrator will be removed from the building and suspended until the investigation can be completed. If investigation confirms abuse, the perpetrator will be terminated. Person(s) Responsible: Regional Nurse Consultant Date: 5/19/2026 by 715PM Action: All staff educated on the facility's policy for, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, Abuse Reporting and Investigating, and Identifying Types of Abuse & The Provider Letter 2024-14. Staff will understand what abuse is, when to report abuse (immediately), and who to report abuse to (abuse coordinator), protecting the residents after witnessing abuse, and if staff feel as if their concerns are (continued on next page)

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F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	not being followed up on by the abuse coordinator they should call the compliance line. Education will additionally include to ensure resident safety which would include staying with the alleged perpetrator or ensure perpetrator does not harm any additional residents until they are out of the building. *Finally, staff will be educated on, If you must re-direct a resident or guide them, please re-direct gently, don't force the resident to do anything they don't want to do, making eye contact with the resident, ensuring that they understand what you are doing. Give them extra time to process your guidance. If they refuse care, please ensure their safety and return a little later to attempt the care process again.A test for competency on abuse and neglect will be completed by staff. If a staff member does not pass the test, they will be reeducated until staff retains the educated information. Staff currently working educated by 4PM. All staff will be educated prior to working their next shift. No agency is being utilized at the facility at this time. New hires will be educated prior to working their first shift. Person(s) Responsible: Administrator, Director of Nursing, and/or Designee Date: 5/19/2026 Action: Allegations made by hospitality aide and housekeeper are being reported to the state, employee suspended, police notified, and investigation being conducted. Person(s) Responsible: Administrator, Director of Nursing, and/or Designee Date: 5/19/2026 by 5:45PM Action: 5 staff members and 5 residents will be interviewed on abuse and reporting weekly, x4 weeks. If any concerns with abuse arise, they will be reported in accordance with state and federal regulation as well as facility policy. Person(s) Responsible: Administrator and/or Designee Date: 5/19/2026 Action: Ad hoc QAPI performed with Medical Director to review the Immediate Jeopardy Template, root cause the deficient practice, and review the facility's plan of removal. At this time, the Medical Director has no further recommendations and is agreeable with the facility's plan. Person(s) Responsible: AdministratorDate: 5/19/2026 by 4PMAdministrator is responsible for initiating, monitoring, and completion of the Plan of Removal. On 5/20/26 at 11:37 AM the surveyor confirmed the facility implemented their plan of removal sufficiently to remove the Immediate Jeopardy (IJ) by:Review of skin assessment for Resident #1 dated 5/20/26 indicated there were no alterations to skin integrity.Record review of In-service dated 5/19/26 covering topic Abuse/Neglect Policy attended by 43 staff membersRecord review of In-service dated 5/19/26 covering topic redirecting/guiding residents gently attended by 40 staff members.Record review of In-service dated 5/19/26 covering topic Abuse and Neglect Reporting Policy attended by 3 staff members.Record review of In-service dated 5/19/26 covering topic Identifying Types of Abuse and Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating attended by 40 staff members.Record review of In-service dated 5/19/26 covering topic Provider Letter on Reportable Event attended by 3 staff members.Record review of Abuse and Neglect post-tests completed by 43 staff in-serviced all staff passed.Record review of resident safe surveys indicated 7/8 residents felt safe with staff, had not seen staff being physically aggressive toward someone, felt safe around all staff, and would be comfortable notifying charge nurse, social worker, or a manager if they became fearful of someone. 1/8 residents interviewed did not respond to questions. Record review of QAPI minutes from 5/19/26 meeting indicated corrective action and identification, systematic measures, quality assurance and monitoring were implemented.Staff interviewed on 5/20/26 between 9:00 AM and 11:37 PM (LVN D, CNA E, Housekeeper F, CNA G, CNA H, DM, LVN I, CNA J, CNA K, CMA L, CNA M, OTA, Housekeeper M, Activity Director, Dietary Aide, LVN O, ADM, DON) were able to identify types of abuse, signs and symptoms of abuse in a resident, and verbalized to immediately report any witnessed or suspected abuse to the ADM who was the facility abuse coordinator.During an interview on 5/20/26 at 10:30 AM, the DON said the facility had begun in-servicing staff on abuse and neglect, abuse reporting requirements, and how to handle a resident that was resistant to care. The DON said all staff would attend these in-services before being able to work. The DON said, additionally, the facility did skin sweeps on the women's secured unit where CNA B worked. The DON said notifications were made to the MD, RP, and local police, and a psychiatric visit was scheduled for Resident #1. The DON said the facility planned to monitor Resident #1 over the next 72 hours to identify any distress. The DON said (continued on next page)

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F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	post-testing was also completed on abuse and neglect for all in-serviced staff. During an interview on 5/20/26 at 11:31 a.m., the ADM said the facility took corrective action including conducting in-services on abuse and neglect, guiding and redirecting residents, and reporting abuse/neglect. The ADM said all staff would attend the in-services before returning to work and had to successfully complete a post-test on abuse and neglect. The ADM said skin sweeps and safe surveys were conducted on all residents on the women's secure hall where CNA B worked with no negative findings. The ADM said the facility held an Ad hoc QAPI meeting in which the MD attended. The ADM said the facility would implement monitoring by interviewing 5 staff members and 5 residents weekly for 4 weeks to identify any concerns. The ADM said CNA B was suspended pending the investigation outcome. While the IJ was removed on 5/20/26, the facility remained out of compliance at no actual harm that is not immediate jeopardy with a scope identified as isolated due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems.