

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 04/29/2026
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.			
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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 interview and record review, the facility failed to use the services of a registered nurse for at least eight consecutive hours a day, 7 days a week for 3 of 3 months (October, November, and December 2025) reviewed for Quarter 1 of the fiscal year 2026. The facility did not have RN coverage for 3 days in October 2025. The facility did not have RN coverage for 4 days in November 2025. The facility did not have RN coverage for 5 days in December 2025. This failure could place residents at risk by leaving staff without supervisory coverage for RN specific nursing activities and for coordination of events such as emergency care and disasters. Findings included: Record review of the RN punch detail hour report for October 2025 indicated there were no RN hours worked on the following dates: October 12, 2025, October 25, 2025, and October 26, 2025. Record review of the RN punch detail hour report for November 2025 indicated there were no RN hours worked on the following dates: November 8, 2025, November 9, 2025, and November 27, 2025. Record review of the RN punch detail hour report for December 2025 indicated there were no RN hours worked on the following dates: December 1, 2025, December 2, 2025, December 5, 2025, and December 7, 2025. Record review of the CMS Payroll Based Journal (PBJ) report for the first quarter of 2026 (October 1, 2025 - December 31, 2025) indicated there were no RN hours for the following dates: 10/12 (SU); 10/25 (SA); 10/26 (SU); 11/08 (SA); 11/09 (SU); 11/26 (WE); 11/27 (TH); 12/01 (MO); 12/02 (TU); 12/05 (FR); 12/06 (SA); 12/07 (SU). During a joint interview on 4/27/2026 at 1:40 pm, the Administrator and HR both said the previous DON's last day worked in the facility was 11/23/2025 and she was terminated 11/24/2025. She said the facility currently had an RN that worked every weekend and she started 12/19/2025 to 4/12/2026. She said the facility did not have consistent RN coverage from October 2025 to December 2025. She said in December 2025 they hired a full time DON for the facility. During an interview on 4/29/2026 at 10:31 am, the ADON said she had been at the facility for 2 -3 weeks and was responsible for doing the schedules for the nurses and nurse aides. She said RN coverage should be 8 hours each day and the DON was at the facility Monday-Friday and another RN worked the weekends and if no RN were available then the DON would work that weekend. She said she was not aware the facility did not have RN coverage back in October 2025-December 2025. She said having an RN in the facility was mandatory per regulatory guidelines. During a follow up interview on 4/29/2026 at 11:17 am, the Administrator said during October 2025 to December 2025 the facility had RN coverage, but it was not consistent. She said an RN was needed in the facility as a ranking clinician due to scope of practice. She said going forward she planned to have RN coverage 8 hours a day 7 days a week. She said if a LVN had an issue beyond their scope then they would not have an RN available. She said she was aware of the facility not having RN hours for the first quarter of 2026. She said the facility hired the new DON December 8, 2025. Record review of a facility policy titled Staffing revised September 2023 indicated, .Our center provides sufficient nursing staff with the appropriate skills and competencies necessary to provide care and related services to ensure resident safety. 4. The facility utilizes the services of a registered nurse for at least 8 consecutive hours a day, 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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observations, interviews and record reviews, the facility failed to provide a safe, clean, comfortable, environment with 2 of 6 halls (Hall A and Hall F) reviewed for environment. The facility failed to ensure ceiling tiles were secure on Halls A and F on 4/27/2026. This failure could place the residents at risk of living in an unsafe, unsanitary, and uncomfortable environment. Findings included: During an observation on 4/27/2026 at 10:34 am, Hall F had multiple ceiling tiles that were detached from the ceiling. One ceiling tile was located by a sprinkler head that had approximately a 2-inch gap that exposed the attic space. Hall F was occupied by residents who resided on the hall. Record review of a Resident List Report dated 4/27/2026 indicated Hall F had 13 residents on the hall. During an observation on 4/27/2026 at 10:48 am, Hall A had multiple ceiling tiles that were detached from the ceiling. Hall A was occupied by residents who resided on the hall. Record review of a Resident List Report dated 4/27/2026 indicated Hall A had 14 residents on the hall. During an observation on 4/28/2026 at 9:20 am, the ceiling tiles on Hall A and F were repaired. During an interview on 4/29/2026 at 10:37 am, the Maintenance Supervisor said he had been at the facility since October 2025. He said when he started, he saw issues with ceiling tiles and would repair them as he saw them. He said the facility was old and had a lot of issues and when the foundation settled the ceiling tiles would shift. He said a request was entered in the online portal on 4/27/2026 to repair the ceiling tiles and they were repaired. He said if they did not repair the ceiling tiles they could fall and make a mess or fall and create discomfort for the residents. During an interview on 4/29/2026 at 11:17 am, the Administrator said everyone was responsible for reporting issues to maintenance that needed repair. She said they reported issues verbally, via text messages, and through the online portal (TELS). She said the facility has had a lot of issues since she started in August 2025. She said ceiling tiles might have been moved by a contractor at some point and not put back in place. She said there could be a risk of falling and potentially hurting residents in the facility if they were attached. Record review of a facility policy titled Maintenance Service revised December 2009 indicated, .Maintenance service shall be provided to all areas of the building, grounds, and equipment. 2. Functions of maintenance personnel include, but are not limited to: b. maintaining the building in good repair and free from hazards .</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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, and comfortable environment for residents for 3 of 15 residents (Resident #9, Resident #13, and Resident #43) observed for resident environment. The facility failed to ensure the floor in Resident #9 and Resident #13's room did not have damaged and missing bathroom flooring and base of toilet was free of a soiled appearance on 4/27/2026-4/29/2026. The facility failed to ensure the blinds in Resident #43's room were not broken and bent on 4/27/2026-4/29/2026. These failures could place residents at risk for an unsanitary and comfortable environment. Findings included:1.Record review of an admission Record for Resident #9 dated 4/28/2026 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life), hypertension (high blood pressure), paranoid schizophrenia (a severe mental disorder that affects how a person thinks, feels, and behaves, often leading to hallucinations, delusions, and disorganized thinking), anorexia (eating disorder in which people have a low body weight based on personal weight history), and dysphasia (A condition with difficulty in swallowing food or liquid).Record review of a Significant Change MDS Assessment for Resident #9 dated 1/25/2026 indicated she had severe impairment in thinking with a BIMS score of 3. She was dependent on staff to transfer from chair to bed. Record review of a care plan for Resident #9 revised 11/12/2025 indicated she had impaired functional abilities related to weakness and dementia. She has communication problems related to dementia. During an observation and interview on 4/27/2026 at 10:00 am, Resident #9 was sitting up in a wheelchair. She was clean and dressed appropriately. She was not able to respond appropriately to questions concerning the bathroom floor. Record review of an admission Record for Resident #13 dated 4/28/2026 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnosis of hypertension (high blood pressure). Generalized anxiety (fear characterized by behavioral disturbances), repeated falls, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and difficulty walking. Record review of a quarterly MDS assessment for Resident #13 dated 2/2/2026 indicated she had severe impairment in thinking with a BIMS score of 3. She was dependent on staff to transfer from chair to bed. Record review of a care plan for Resident #13 revised 01/22/2026 indicated she had impaired cognitive functional abilities related to dementia. She has communication problems related to dementia. During an observation and interview on 4/27/2026 at 10:08 am, Resident #9 was lying in her bed. She was clean and dressed appropriately. She was not able to respond appropriately to questions concerning the bathroom floor. During an observation on 4/27/2026 at 10:00 am, the room of Resident #9 and Resident #13 had a piece of flooring missing in at the entrance of the bathroom approximately 4.5 inches by 1.5 inches. Flooring was noted to be damaged under the sink. The area surrounding the base of the toilet appeared to be soiled with a dark yellow and black appearance. 2. Record review of an admission Record of Resident #43 dated 4/28/2026 indicated he admitted to the facility on [DATE] and was [AGE] years old with diagnosis of hemiplegia and hemiparesis affecting right dominant side (a symptom that involves one-sided paralysis), Type 2 diabetes mellitus (a problem in the way the body regulates and uses sugar as a fuel), hypertension (high blood pressure), and intellectual disabilities (a lifelong neurodevelopmental condition that affects a person's intellectual and adaptive functioning). Record review of a quarterly MDS assessment for Resident #43 dated 4/19/2026 indicated he had severe impairment in thinking with a BIMS score of 07. He was dependent on staff for activities of daily living. Record review of a care plan for Resident #43 revised 4/27/2026 indicated he had impaired thought processes related to intellectual disability and impaired communication related to unclear speech. During an observation and interview on 4/27/2026 at 10:20 am, Resident #43 was lying in his bed. He was clean and dressed appropriately. He was not able to (continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>respond appropriately to questions concerning the blinds covering the window located next to his bed. During an observation on 4/27/2026 at 10:20 AM, the blinds covering the window located next to Resident #43 bed were bent and broken. Noted broken pieces of the binds lying on the windowsill. Resident #43 bed was positioned next to window with no space between the bed and the window. Observation of broken areas of blinds revealed irregular edges. During an interview on 4/29/2026 at 9:30 am, the Maintenance Supervisor said all staff were responsible for reporting any repairs or maintenance issues in the building. He said staff used the TELS program, a maintenance reporting system, to report any maintenance repairs needed. He said he received a notification through the system when any reports were generated by staff. He stated he also checked the system daily for any reports that may have been made through the workday. He indicated that no reports of damaged bathroom flooring for Resident #9 and Resident #13 or damage to Resident #43's blinds had been made. He said he was responsible for building repairs or replacing broken blinds. He stated if he was not able to make repairs, he worked with contractors that were able to carry out any repairs needed. He said he was made aware of the damaged flooring to Resident #9 and Resident #13 bathroom during on 4/28/2026. He said that a flooring contractor would be needed to replace the flooring. He said that he was made aware of the damaged blinds in Resident #43 room on 4/29/2026. He stated he has replaced the blinds in Resident #43's room several times due to the resident causing damage to the blinds. He said he would be working with the administrator and corporate office to make sure necessary repairs were completed. During an interview on 4/29/2026 at 11:36 AM, the Administrator said all staff are responsible for reporting any repairs needed in the facility. She was not aware the flooring in Resident #9 and Resident #13 was damaged or that the blinds in Resident #43's room were broken and bent. She said staff were supposed to report maintenance issues to the maintenance supervisor by placing the request in TELS. She said if she were a resident she would expect repairs to be fixed. Record review of a facility policy titled Maintenance Service revised December 2009 indicated, .Maintenance service shall be provided to all areas of the building, grounds, and equipment. 2. Functions of maintenance personnel include, but are not limited to: b. maintaining the building in good repair and free from hazards .</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program so that the facility was free of pests and rodents for 1 of 1 kitchen reviewed for pest control. The facility failed to ensure the kitchen remained free from roaches on 04/28/2026, during the lunch meal, when a roach was observed crawling on the wall. This failure could place residents at risk for reduced quality of life and poor sanitary environment. Findings:During an observation on 4/28/2026 at 11:03 am, there was a roach crawling on the kitchen wall behind the handwashing station. During an interview on 4/28/2026 at 11:05 am, the Dietary Aide said that she had not seen any roaches in the kitchen recently but in the past if there were roaches, she reported it to the administrator. She said that roaches can spread disease and were unsanitary.During an interview on 4/28/2026 at 11:25 am, the [NAME] said that she had seen roaches on and off in the kitchen and they were usually near the sink areas. She said they kill them and tell the dietary manager. She said roaches spread germs. During an interview on 4/28/2026 at 2:23 pm, the service manager for the pest control company said that the technician serviced the facility monthly and on that visit the facility common areas like the kitchen, dining room, break room and laundry areas were treated. He said they used a log form in their book for the technician to know of any sightings of pest. He said they did not come for an extra visit unless there were multiple sightings or infestation. He said they have not changed their treatment plan in the last few months, but the technician was scheduled to come today for treatment. During an interview on 4/29/2026 at 9:19 am, the Maintenance Supervisor said he was responsible for the pest control program, and they treated the facility monthly and as needed. He said the staff report verbally to him or write issues on the pest control log. He said when the technician came, he would check the log and treat any areas on the log. He said no staff had reported roaches in the kitchen but once he was aware he called to have the area treated again. He said an ineffective pest control program could lead to the spread of diseases. During an interview on 4/29/2026 at 9:31 am, the Administrator said she and the maintenance supervisor were responsible for the pest control program. She said she was aware that the kitchen had roaches on and off but thought the monthly treatment was working. She said that an ineffective pest control program could potentially cause contamination of food products. She said she planned to discuss with the pest control company a new plan for treatment. Record review of a pest control log form revealed staff had recorded sightings of roaches in the facility on 1/08/2026, 2/10/2026, 4/01/2026, 4/20/2026, and 4/24/2026.Record review of pest control invoices dated from 4/15/2026 to 10/15/2026 revealed the facility had monthly service. There was no invoice indicating any extra services for pest sightings. Record review of a facility policy titled Pest Control dated May 2008 indicated, .our facility shall maintain an effective pest control program .</p>		

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have policies on smoking.</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure it formulated, adopted, and enforced policies regarding smoking, smoking areas, and smoking safety that also consider non-smoking residents for 1 of 2 smoking areas (outside dining room) reviewed for smoking safety. The facility failed to ensure paper was not discarded into the ashtrays and cigarettes butts were not placed in the trash can on 4/27/2026. This failure could place residents at risk of injury, burns, and an unsafe smoking environment. Findings included: During an observation on 4/27/2026 at 11:46 am, the smoking area outside of the dining room had three ashtrays present. Two of the three ashtrays had paper trash. The trash can had a plastic liner with cigarettes butts inside. During an interview on 4/29/2026 at 10:37 am, the Maintenance Supervisor said he had been at the facility since October 2025. He said he and housekeeping staff checked the smoking areas every day for trash and made sure trash and butts were in the right spots. He said trash should be in the trash receptacles and butts should be in the ashtray and or in the red cans. He said butts should never be placed in the trash. He said there should not be any trash in the ashtrays. He said there could be a risk of fire. He said the smoking area by the dining room was checked Monday (4/27/2026) afternoon and the trash and butts were placed in the appropriate receptacles. During an interview on 4/29/2026 at 11:17 am, the Administrator said the smoking areas were the responsibility of housekeeping and Maintenance daily. She said the smoking area outside of the dining room was for everyone that smoked and staff should empty the ashtrays into the cans after each smoke break. She said trash should not be in the ashtrays. She said there was a risk of potential fires. She said she reeducated the staff on Monday (4/27/2026) per policy after being made aware of the issues with the smoking area outside of the dining room. Record review of a facility policy titled Smoking Policy-Residents dated October 2022 indicated, . This facility shall establish and maintain safe resident smoking practices. 6. Ashtrays are emptied only into designated receptacles .</p>		