

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675587	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/21/2026
NAME OF PROVIDER OR SUPPLIER Avir at Adams		STREET ADDRESS, CITY, STATE, ZIP CODE 3011 W Adams Ave Temple, TX 76504	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review the facility failed to ensure in accordance with state and federal laws, all drugs and biologicals were stored in locked compartments for 1 (MC #1) of 1 MC reviewed for medication storage. The facility failed to ensure that MC #1 was secured while staff were not present. This failure could place residents at risk of getting access to medication that do not belong to them, resulting in potential harm from ingesting. Findings included: An observation was conducted on 07/21/2026 at 1:00PM which revealed MC #1 was unattended and unlocked near the nurse's station. During the observation no residents were around the MC. An observation was conducted on 07/21/2026 at 1:05PM which revealed MC #1 was still unattended and unlocked. During the observation, the MC drawer was opened and medications were observed inside the drawer. An interview was conducted on 07/21/2026 at 1:07PM with an unknown staff member revealed MC #1 belonged to MA A. An interview was conducted on 07/21/2026 at 1:35PM with the DON who stated they had received training on MCs. The DON stated the training included that staff should make sure that all medications were locked and secured, including narcotic and regular medications, should be locked at all times. The DON stated that her expectation for medication storage was to ensure staff are all trained, the medication cart should be locked at all times, and all staff should lock the cart if they saw it unlocked. She stated that the medication cart should be locked once they are not actively using it, or if the cart is not being used for any reason. She stated residents could touch the medication and/or go into the medication cart, if it was left unlocked. The DON stated the staff assigned to the MC would be responsible for locking up MC. The DON stated she did not see the MC unlocked. An interview was conducted on 07/21/2026 at 1:56PM with the ADM who stated their policy regarding MCs, was that they should be locked at all times. The ADM stated every time the nurse or med aid was not at the cart, if they walk away, they should lock it up. He stated that drug diversion could occur or residents could get the medications that don't belong to them, if the MC was left unlocked. An interview was conducted on 07/21/2026 at 2:39PM with MA A who stated she received training on medication storage. She stated the training included that they were to lock the MC any time they leave the cart. MA A stated if the MC was left unlocked, residents could get access to the medications. She stated that the MA would be responsible to lock the MC. She stated that she had forgot to lock the MC while she walked away from it, it was an honest mistake. Record review of the facility's policy titled Medication Labeling and Storage dated February 2023 indicated the following: The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only authorized personnel have access to keys. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biologicals are locked when not in use		

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