

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675672	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Avir at River Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 3922 W River Dr Corpus Christi, TX 78410	
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 (Resident #1 and Resident #2) of 5 residents reviewed for infection control practices. The facility failed to ensure Resident #1 and Resident #2 on EBP had correct EBP orders. The facility failed to ensure, during wound care with Resident #2, LVN-A correctly donned PPE (to don PPE means to put on personal protective equipment) prior to wound care, performed proper hand hygiene during wound care, correctly cleansed the wound during wound care, and correctly disposed of contaminated trash and supplies during wound care. These failures and deficient practices could place residents at risk for the wrong PPE being utilized, cross-contamination, and possible infection. The findings included: 1. Record review of Resident #1's face sheet, dated 03/04/2026, revealed a [AGE] year-old male with an original admission date of 01/09/2026, a current admission date of 02/12/2026, and a discharge date of 02/24/2026. Pertinent diagnosis included Disruption of an External Surgical Wound (also known as wound dehiscence, occurs when a surgical incision reopens). Record review of Resident #1's physician orders, with a start date of 01/28/2026 and a discontinued date of 02/10/2026, revealed an order for EBP: Practice EBP as indicated when providing wound care, one time a day for wound care. There was no general order for EBP, or an order for EBP to be utilized with all high contact activities. Record review of Resident #1's care plan, initiated 01/09/2026, and revised and cancelled on 03/03/2026, revealed EBP for midline (intravenous access) to left arm and wound to right leg. Staff must use gowns and gloves during high-contact resident care activities which could possibly result in transfer of MDROs to hands and clothing. 2. Record review of Resident #2's face sheet, dated 03/05/2026, revealed a [AGE] year-old female with an original admission date of 07/20/2018, and a current admission date of 10/14/2025. Pertinent diagnosis included non-pressure chronic ulcer of the back with unspecified severity. Record review of Resident #2's current physician orders, with a start date of 02/17/2026, revealed an order for EBP, one time a day for wound care. The physician orders also revealed an order for wound care to sacrum (the area at the bottom of the spine) surgical wound. Cleanse with Dakins cleanser, dry with gauze, pack with collagen, then, add calcium alginate, and cover with silicone foam bordered dressing. Record review of Resident #2's current care plan, initiated 10/01/2025, and revised on 01/27/2026, revealed EBP for colostomy stoma (a surgically created opening in the abdomen that allows waste to leave the body when the colon or rectum cannot function normally) and wound to sacrum. Staff must use gowns and gloves during high-contact resident care activities which could possibly result in the transfer of MDROs to hands and clothing. In an observation on 03/04/2026 at 11:19 AM, it was observed LVN-A did not don the appropriate PPE (disposable gown) prior to entering Resident #2's EBP room for wound care. LVN-A also failed to take in a bag for her trash, and there was no trash bag located in Resident #2's room at the time of wound care. After performing hand hygiene and donning clean gloves, LVN-A removed Resident #2's old dressing and placed it on the clean barrier she had prepared for her wound care supplies. LVN-A also removed dirty gloves and placed them on the clean barrier as well. She (continued on next page)</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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