STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675708	A. Building B. Wing	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Keeneland	700 S Bowie Dr Weatherford, TX 76086

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to store, prepare, distribute and in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for food and nutrition services. 1. The facility failed to ensure floors were not soiled with food, grease, and white dried substances. 2. The facility failed to ensure food items in the refrigerator were dated and not opened to air. 3. The facility failed to ensure appliances were not greasy and did not contain food particles. 4. The facility failed to ensure food items were stored properly per the manufacturer. These failures could place residents at risk for foodborne illness and a decline in health status.The findings include: Observation of the kitchen on 03/17/2026 at 9:00 AM, with the DM revealed the floors were dirty with food particles, a white dried flaky substance and a greasy film. Observation on 03/17/2026 at 9:10 AM of the 1st commercial refrigerator, with the DM revealed the bottom shelf was soiled with a brown sticky substance, and 2 forks laid underneath the refrigerator. Observation on 03/17/2026 at 9:15 AM of the 3rd commercial refrigerator with the DM revealed a cup of a purple gel substance opened to the air, had no cover, no label, and no date. Inside there were 2 large white plastic containers labeled as potato salad without an open or expiration date. Observation on 03/17/2026 at 9:30 AM revealed the fryer was covered on all sides with grease and fried food crumbs were in the oil and on the surfaces of the fryer. The floor around the fryer and next to the stove had dried orange food particles and other brown greasy substances. Observation on 03/17/2026 at 9:50 AM of the spice rack revealed a large brown container of chocolate syrup, dated opened on 02/25/2026. The manufacturer label stated to refrigerate after opening. In a follow up observation on 03/19/2026 at 9:30 AM, revealed a fork remained underneath the 1st refrigerator and dried greasy substances under and around the fryer. In an interview on 03/19/2026 at 09:32 AM, the Dietary Aide stated the cleaning responsibilities were on all kitchen staff. The Dietary Aide stated there were 2 shifts and each shift was responsible for sweeping and moping the floors at the end of each shift. The Dietary Aide stated the fryer oil was changed weekly and the fryer thoroughly cleaned after they cooked fish on Fridays. The Dietary Aide stated they scraped it clean and was not sure why it looks like it did. In an interview on 03/19/2026 at 9:40 AM, the DM stated she had just recently fired an entire shift for not completing tasks and the remaining staff were working to catch up on all the deep cleaning. She stated it was ultimately her responsibility to make sure the staff were cleaning per the policy and schedules, her expectations were for all staff to help in keeping the kitchen clean, storage and labeling done correctly, and everything kept in order. The DM stated the fryer was deep cleaned every Friday after they fry fish and she was working on having the floors pressure washed. The DM stated at this time she was not sure what the brown substance was in the refrigerator, that the cup in the refrigerator was Jello, but she wasn't sure when it was placed in the refrigerator or what it was not labeled or dated and wasn't sure when the potato salad containers were opened then threw them away. The DM stated she was not aware the chocolate syrup required refrigeration and threw the container out. The DM further that they'd done the best they could with cleaning the fryer. She stated a negative outcome would be; the residents could become ill if cleaning, storage, and labeling were not done (continued on next page)

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	properly. In an interview on 03/19/2026 at 11:45 AM with the DON it was revealed the dietary manager was responsible for keeping the kitchen clean and in order. She stated her expectation for the kitchen would be to follow the policy and cleaning log schedules. She stated all kitchen staff were responsible for making sure when an item was opened it should be labeled with the open date and leftovers were properly labeled and covered. She further stated a negative outcome for the residents could be food borne illnesses. In an interview on 03/19/2026 at 12:00 PM with the ADMN, she stated the dietary manager was responsible for making sure staff cleaned the kitchen appropriately. She stated her expectation for the kitchen would be for all staff to follow the daily, weekly and monthly cleaning schedules. She further stated a negative outcome for the residents could be food borne illness issues, sanitary issues, and not having a clean environment. She stated the facility had not had any recent viruses or foodborne illness outbreaks. Record review and interview on 03/19/2026 at 10:43 AM the DM provided a copy of the Dietary Aide job description and orientation competency checklist, as well as the most recent kitchen staff in-service, completed on 2/22/2026, regarding kitchen cleaning, sanitation, job duties, dating and labeling, and following cleaning schedules. The DM stated she was not aware the competency checklist was available to complete for new hires but would be using them from then on. She said the fryer was not listed on the current weekly cleaning schedule list but would add it. Record review of the policy provided titled General Sanitation of Kitchen, dated 2023, revealed [in part]:Food and nutrition services staff will maintain the sanitation of the kitchen through compliance with a written, comprehensive cleaning schedule.Cleaning and sanitation tasks for the kitchen will be outlined in a written cleaning schedule.Tasks will be assigned to be the responsibility of specific positions.Frequency of cleaning for each task will be defined.5.0 Employees will be trained in how to perform cleaning tasks.6.0 On the cleaning schedule, employees will initial and date tasks when completed. (Refer to Chapter 5: Cleaning instructions for sample cleaning schedule and forms) Record Review of policy provided, titled Sample Cleaning Schedule, dated 2023Weekly:Refrigerators Monthly:Clean behind and under major appliances Daily:FloorsExterior of.and other appliances Record review of the policy provided titled Cleaning Instructions: Refrigerators, dated 2023, revealed [in part]:The refrigerators will be cleaned thoroughly inside and outside with a detergent followed by a sanitizer at least once every month or as needed. Spills and leaks will be cleaned as they occur. 8. Spills should be cleaned at the time they occur. Record review of the policy provided titled Cleaning Instructions: Deep Fat Fryer ,dated 2023, revealed [in part]:Fryers will be cleaned after each use.2. Wipe down the exterior of the fryer. Wipe down areas around the fryer including the walls.5. Remove food particles from the oil after each use. Record review of the policy titled Cleaning Instructions: Floors, dated 2023, revealed [in part]:Kitchen and dining room floors, tables and chairs will be cleaned and sanitized regularly.Sweep and clean kitchen floors after each meal. Sanitize at least once daily. Move major appliances at least once a month in order to facilitate cleaning behind and underneath them. Record review of the policy titled Food Safety and Sanitation dated 2023 revealed [in part]:C. The food and nutrition services department will follow regulations as outlined by other official health agencies and organizations with jurisdiction over the facility.4. Food Storagea. Stored food is handled to prevent contamination and growth of pathogenic organisms.All time and temperature control for safety foods (including leftovers) should be labeled, covered, and dated when stored.Perishable ingredients should be refrigerated when they are not being used.When a food package is opened, the food item should be marked to indicate the open date. This date is used to determine when to discard the food. Record review of the policy titled Food Storage, dated 2023, revealed [in part]:12. Leftover food should be stored in covered containers or wrapped carefully and securely and clearly labeled and dated before being refrigerated. Leftover food must be used within 7 days or discarded as per the 2022 Federal Food Code.13. Refrigerated food storage:f. All foods should be covered, labeled, and dated and routinely monitored to assure that foods (including leftovers) will be consumed by their use by dates, or frozen, or discarded. Record review of the policy titled Food Safety - Director of Food and Nutrition Services' (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Responsibilities, dated 2023, revealed [in part]:The director of food and nutrition services will be responsible for providing safe foods to all individuals.Regulatory requirements for food safety and sanitation will be met.Sanitary conditions will be maintained in the food storage, preparation, and serving areas.All refrigerated and frozen foods will be stored and handled properly. 6. Employees will follow proper cleaning and sanitizing instructions for all kitchen equipment.10. Cleaning schedules will be posted and followed. Record review of the policy titled Training/Orientation, dated 2023, revealed [in part]:Food and nutrition services staff will be adequately trained to perform assigned duties and are required to participate in regularly scheduled in-service training sessions. Upon completion of initial mandatory facility training, each employee will be trained in all food service areas that are related to the job. The director of food and nutrition services will be responsible for department orientation and competency training of new staff.Staff will be trained on the following:1.Overview of Food ServiceGoal: To introduce work and the general responsibilities of the employee.B. Job descriptionC. Reference materials (policy manual). 2. Introduction to food serviceGoal: To provide proper procedures for maintaining an efficient operation, practicing mechanical safety an performing general cleaning duties.C. StoringD. EquipmentE. Cleaning 3. SanitationGoal: To understand the importance of maintaining a clean and sanitary environment. To give specific information on food protection and cleaning of dishes and equipment.b. Equipmente. Cleaning schedules and procedures 5. Food Preparation and Food SafetyGoal: To explain methods of safe food preparatione. Proper food handling and storage, including leftover food. 9. Review of Policies and ProceduresGoal: To provide a basic overview of department's policies and procedures.e. Sanitation and infection controlf. Cleaning instructionsh. Food safety Record review of recent in-service, dated 02/22/2026, with topics which included kitchen cleaning and sanitation, job duties, dating, labeling, and following cleaning schedule book. This in-service was attended by 4 kitchen staff members and the DM. Record review of job description titled Dietary Aide dated [DATE] revealed [in part]:Dietary Aides assist in preparing the dining rooms and tables, provide meal service to residents, and maintain cleanliness and sanitation of dining and kitchen areas.Essential Functions:Ensure compliance with sanitation.Other duties as assigned, with or without reasonable accommodation, to assist in maintaining quality standards and maintaining the facility as a viable and successful entity. Record review of the, undated, checklist titled Dietary Orientation/Competency Checklist revealed [in part]:Training:Food handlingStoring foodHow to clean kitchen equipment

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview and record review the facility failed to determine that drug records were in order and that an account of all controlled drugs were maintained and periodically reconciled for 3 of 4 residents (Resident #13, 20, 30) reviewed for pharmacy services. 1. The facility failed to accurately and timely complete documentation of controlled drug administration for Resident #13, #20 and #30). 2.The facility failed to monitor controlled medications stored on 1 of 2 medication carts checked for narcotic reconciliation and the narcotic locked box in the refrigerator. 3. The facility failed to ensure medications were not missing. These failures could place residents at risk of medication overdose, medication under-dose, and ineffective therapeutic outcomes.During an observation on 03/19/2026 at 8:33 AM revealed the March 2026 controlled count reconciliation sign off sheet for the south hall was not signed at shift change with both oncoming and off-going nursing staff on 3/18/2026 at 6PM or at shift change for 3/19/2026 6AM. During an observation on 03/19/2026 at 9:35 AM revealed the pharmacy blister card for pregabalin medication for Resident #20 contained 24 capsules and the controlled substance count sheet for said medication reflected 25 available.ˆ During an interview on 03/19/2026 at 9:36 AM with LVN-C regarding the discrepancy of the pregabalin count for Resident #20, she stated the other nurse hasn't signed it yet. She quickly stated it was the other nurse training her who administered the medication. This medication was administered by LVN-C and observed during the morning medication administration. During the interview with LVN-C she stated that she did indeed administer the pregabalin. She stated a negative outcome for residents could be it could cause a medication error and possibly harm the residents, and the expectation was the medication be signed out as administered. ˆ During an observation and interview on 3/19/2026 at 9:38 AM, of the south medication cart narcotic logbook revealed Hydrocodone/Acetaminophen 10-325 mg for resident #30. Observation of narcotic count sheet revealed 72 available and observation of medication blister pack in the narcotic lock box revealed 73. Interview with LVN-B revealed she must not have given the medication, so she voided the entry and asked LVN-C who she was training to co-sign the sheet for her, and did signed the sheet. When LVN-B was asked about best practice when administering narcotics and what could be a negative outcome. Her response was my bad, I guess it could hurt someone.ˆˆDuring an observation on 03/19/2026 at 9:40 AM of Resident #13's narcotic medication log sheet for lorazepam 2 milligram per milliliter topical rub , it revealed there were 7 available The narcotic lock box in the refrigerator of the locked medication room revealed there were 4 syringes available. During an observation and interview on 03/19/2026 at 9:43 AM, LVN-B signed the narcotic sheet for Resident #13 and dated it 3/18/2026 at 4PM which resulted in 6 available. In an interview with LVN-B regarding the late signature and the discrepancy, LVN-B stated honestly no about counting the refrigerator medications. She reported they were not counted yesterday for her shift either. LVN-B was unable to recall the last time she counted the refrigerator medications. She stated it should be completed everyday but that it does not always happen. She stated that negative outcome might be the resident could run out. ˆˆDuring an interview on 03/19/2026 at 11:45 AM with the ADON she stated she expected all nursing staff to sign the controlled substance log book. out immediately and there were no exceptions .ˆˆDuring an interview onˆ03/09/2026 at 4:50 PM with the DON, she stated her expectations of shift change counting and signing the controlled count book was it needed to happen. She stated the staff were expected to sign out all medications that required a signature and to document appropriately. She stated an adverse outcome could be a medication error, or too much medication for the resident which may result in an illness or death. Record review for Resident #13, #20 and #30 to include face sheets, MDS, care plans and physician orders for the identified residents. Record review of the facility's policy titled Controlled Substances revised November 2022. Policy Statement The facility complies with all laws, regulations and other requirements related to handling, storage, disposal, and documentation of (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	controlled medications (listed as Schedule II-V of the Comprehensive Drug Abuse Prevention and Control Act of 1976).Dispensing and Reconciling Controlled Substances states1. Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimizes the time between loss/diversion and detection /follow-up. 2. The system of reconciling the receipt, dispensing and disposition of controlled substances includes the following: a. records of personnel access and usage; b. medication administration records; c. declining inventory records; and d. destruction, waste and return to pharmacy records. 3. Nursing staff count controlled medication inventory at the end of each shift, using these records to reconcile the inventory count. 4. The nurse coming on duty and the nurse going off duty make the count together and document and report any discrepancies to the director of nursing services. 7. Waste and/or disposal of controlled medication are done in the presence of the nurse and a witness who also signs the disposition sheet.

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the resident had the right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options, and to choose the alternative option he or she preferred for 1 of 5 residents (Resident #3) reviewed for resident rights.1.The facility failed to ensure Resident #3 had a signed consent form for Trazadone, an antidepressant medication, which was ordered by her physician on 12/23/2025.2.The facility failed to ensure Resident #3 had a signed consent form for Alprazolam, an antianxiety medication, which was ordered by her physician on 01/29/2026.3.The facility failed to ensure Resident #3 had a signed consent form for Effexor, an antidepressant medication, which was ordered by her physician on 03/17/2026.4.The facility failed to ensure Resident #3 had a signed consent form for Depakote, an anticonvulsant medication, which was ordered by her physician on 03/17/2026. These failures could place residents at risk for adverse reactions from receiving medications that altered brain activity associated with mental processes and behaviors.The findings include: Record review of Resident #3's Face Sheet, dated 3/18/2026, indicated an [AGE] year-old female who was admitted to the facility on [DATE]. The Face Sheet information included the name of the resident's responsible family member. The resident's diagnoses included dementia (decline in cognitive function affecting memory, thinking, and behavior), Parkinsonism (condition with impaired physical movements including rigidity, tremors, slowness of motion), bipolar disorder (mental health condition with wide mood swings form manic/high to depressed/low), schizoaffective disorder (mix of mental illness with schizophrenia - psychosis, hallucinations - and a major mood disorder), major depressive disorder (condition with symptoms of persistent low mood, profound sadness, or a sense of despair), anxiety, and insomnia (difficulty sleeping). Record review of Resident #3's current Order Summary, dated 3/18/2026, indicated the following medication orders:12/23/2025 - Order for Trazodone 50 mg tablet by mouth in the evening related to major depressive disorder, recurrent.1/29/2026 - Order for Alprazolam (Xanax) tablet 0.5 mg by mouth three times a day for anxiety.3/17/2026 - Order for Effexor Capsule Extended Release 24 Hour 150 mg - Give 1 capsule by mouth at bedtime related to major depressive disorder, recurrent, combine with 75 mg for total dose of 225 mg of Effexor.3/17/2026 - Order for Effexor Capsule Extended Release 24 Hour 75 mg - Give 1 capsule by mouth at bedtime related to major depressive disorder, recurrent, combine with 150 mg for total dose of 225 mg of Effexor. 3/17/2026 - Order for Depakote Sprinkles Oral Capsule Delayed Release 125 mg 2 capsules (to equal 250 mg) by mouth one time a day for bipolar disorder. Record review of Resident #3's Psychoactive Medication Consent forms indicated the following:- The form dated 2/17/2026 documented the medication order for Trazodone 50 mg tablet once a day for the condition of depression. The form was not completed and did not document the beneficial effects expected from the medication, potential risks and side effects, proposed course of the medication (duration), consent and education, type of consent obtained - telephone or verbal, the name and date of the person obtaining permission, or the name and date of the resident, guardian, or legal representative (who consented to the administration of the medication).- The form dated 2/17/2026 documented the medication order for Alprazolam 0.5 mg tablet three times daily for the condition of anxiety. The documented beneficial effects expected from the medication was reduced adverse behaviors. The form was not completed and did not document the potential risks and side effects, proposed course of the medication (duration), consent and education, type of consent obtained - telephone or verbal, the name and date of the person obtaining permission, or the name and date of the resident, guardian, or legal representative (who consented to the administration of the medication).- The form dated 2/17/2026 documented the medication order for Effexor Extended Release 24 Hour 75 mg capsule once a day for the condition of depression. The form was completed and documented verbal consent was obtained, except for the name and date of (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the person obtaining permission, and the name and date of the resident, guardian, or legal representative (who consented to the administration of the medication).- The form dated 2/17/2026 documented the medication order for Effexor Extended Release 24 Hour 150 mg capsule once a day. The form was not completed and did not document the condition to be treated, the beneficial effects expected from the medication, potential risks and side effects, proposed course of the medication (duration), consent and education, type of consent obtained - telephone or verbal, the name and date of the person obtaining permission, or the name and date of the resident, guardian, or legal representative (who consented to the administration of the medication).- The form dated 2/17/2026 documented the medication order for Depakote Delayed Release 250 mg once a day for the other condition of Parkinson's. The documented beneficial effects expected from the medication was improved function ability. The form was not completed and did not document the potential risks and side effects, proposed course of the medication (duration), consent and education, type of consent obtained - telephone or verbal, the name and date of the person obtaining permission, or the name and date of the resident, guardian, or legal representative (who consented to the administration of the medication). Record review of Resident #3's annual MDS assessment, dated 11/07/2025, indicated a Brief Interview for Mental Status was not conducted, memory problem and severely impaired decision making skills; inattention and disorganized thinking; no mood state indicators; no behavioral symptoms; diagnoses included progressive neurological conditions, non-Alzheimer's dementia, anxiety, depression, bipolar disorder, schizophrenia; and medications included anti-anxiety and anti-depression medications with indication for use. Record review of Resident #3's quarterly MDS assessment, dated 3/07/2026, indicated a Brief Interview for Mental Status was not conducted, memory problem and severely impaired decision making skills; mood indicators of depressed, appetite change, trouble concentrating, slow speech/movements; no behavioral symptoms; diagnoses included progressive neurological conditions, non-Alzheimer's dementia, anxiety, depression, bipolar disorder, schizophrenia; and medications included anti-anxiety and anti-depression medications with indication for use. During an interview and record review on 3/19/2026 at 4:09 PM, the RNC reviewed Resident #3's psychoactive medication consent forms in the resident's electronic health record. She stated the Corporate MDS Coordinator was doing electronic health record audits and had started the psychoactive medication consent forms. The RNC stated the Corporate MDS Coordinator's intent probably was to start the forms and have one of the facility nurses to complete the follow-up and ensure the consent was obtained from the resident's responsible family member or representative and complete the form. In an interview on 3/19/2026 at 4:17 PM, the DON stated the expectation was to obtain consent prior to the psychoactive medication initial dose being administered. The DON stated an adverse effect of not providing information and education and obtaining informed consent could be upset family members and adverse side effects for residents including sedation, tardive dyskinesia (involuntary movement disorder), and other risk factors. The DON stated consent was needed for Depakote when the indication for use was mood stabilization. The DON stated Resident #3 received Depakote for the diagnosis of schizoaffective disorder. In an interview on 3/19/2026 at 4:23 PM, the RNC stated there was not a specific written facility policy for obtaining informed consent for psychoactive medications. She stated the facility followed the federal and state guidelines for obtaining informed consent. The RNC printed and provided a copy of the facility policy for Psychotropic Medication Use for review.Record review of the facility policy for Psychotropic Medication Use, dated 2001, specified [in part]:Policy StatementResidents will not receive medications that are not clinically indicated to treat a specific condition.Policy Interpretation and Implementation1. A psychotropic medication is any medication that affects brain activity associated with mental processes and behavior .3. Residents, families and/or the representative are involved in the medication management process. Psychotropic medication management includes:a. indications for use;b. dose (including duplicate therapy);c. duration;d. adequate monitoring for efficacy and adverse consequences; ande. preventing, identifying and responding to adverse consequences .7. Categories (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of medications which affect brain activity such as antihistamines, anti-cholinergic medications, and central nervous system medications that are prescribed as a substitute for or and adjunct to a psychotropic medication are monitored and managed as psychotropic medications.Resident Evaluations3. When determining whether to initiate, modify, or discontinue medication therapy, the IDT conducts an evaluation of the resident. The evaluation will attempt to clarify whether:c. a particular medication is clinically indicated to manage the symptoms or condition, andd. the actual or intended benefit of the medication is understood by the resident/representative.4. Residents (and/or representatives) have the right to decline treatment with psychotropic medications. a. The staff and physician will review with the resident/representative the risks related to taking the medication as well as appropriate alternatives.

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity for 1 of 4 residents (Resident #13) reviewed for assessments. The MDS Coordinator did not complete Resident #13's Annual Minimum Data Set (MDS) Assessment. This deficient practice could place residents at risk of not meeting the residents needs with inaccurate and incomplete MDS assessments.The findings were: Record review of Resident #13's face sheet, dated 3/19/2026, revealed an admission date of 02/10/2025, and a readmission date of 08/01/2025. Resident #13 had diagnoses which included: Vascular dementia with agitation (decreased blood flow to areas of the brain with behaviors), hypertension (high blood pressure), depression (persistent sadness), anxiety (stress response), cardiac pacemaker (implanted device for slow heart rate that monitors and sends small electrical impulses to regulate its rhythm), and atherosclerotic heart disease (hardening of the arteries in the heart). Record review of Resident #13's electronic MDS record, on 03/19/2026, revealed an Annual MDS, dated [DATE], the Assessment Reference Date (ARD), was in progress and not completed making it 36 days overdue at 402 days. The most recent Quarterly MDS was accepted on 11/11/2025, made Resident #13's next quarterly assessment 36 days overdue at 128 days. In an interview on 03/19/2026 at 2:50 PM with the RNC, she stated she needed to call the remote MDS nurse who was currently taking care of the MDS' as the new ADON nurse in training would be taking that over soon. In an interview on 03/19/2026 at 3:35 PM with RNC, she stated the MDS for Resident #13 had fallen through the cracks and not followed up on. She stated it was her expectation for all MDS assessments to be completed and transmitted in a timely manner according to policy and regulations. The RNC further stated she did not feel the resident was placed in any harm by the assessment being incomplete, the only issue would be the facility was not being paid correctly for care given and that the DON would ultimately be responsible for the accuracy and timely reporting of the MDS. Record review of the policy titled Resident Assessments, dated revised March 2022, revealed [in part]:The resident assessment coordinator is responsible for ensuring that the interdisciplinary team conducts timely and appropriate resident assessments and reviews according to the following requirements.(3) Annual Assessment (Comprehensive) 2. The RAI User's Manual (Chapter 2) provides detailed information on timing and submission of assessments. Record review of Center for Medicare and Medicaid (CMS) RAI User's Manual dated October 2025 revealed [in part]; Chapter 2.6 Required Omnibus Budget Reconciliation Act (OBRA) Assessments for the MDS 02. Annual Assessment (A0310A = 03)The Annual assessment is a comprehensive assessment for a resident that must be completed on an annual basis (at least every 366 days) unless an Significant Correction in Status Assessment (SCSA) or a Significant Correction to Prior Assessment (SCPA) has been completed since the most recent comprehensive assessment was completed. The ARD (item A2300) must be set within 366 days after the ARD of the previous OBRA comprehensive assessment (ARD of previous comprehensive assessment + 366 calendar days) AND within 92 days since the ARD of the previous OBRA Quarterly or Significant Change of Quarterly Assessment (SCQA) (ARD of previous OBRA Quarterly assessment + 92 calendar days).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675708	A. Building B. Wing	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Keeneland	700 S Bowie Dr Weatherford, TX 76086

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure drugs and biological used in the facility were labeled in accordance with currently accepted professional principles, and include the appropriate accessory cautionary instructions, and the expiration date when applicable for 1 of 1 medication rooms reviewed for medication storage and 1 of 2 medication carts reviewed for medication storage. The facility failed to ensure the Medication Room did not have expired medication and biologicals.The facility failed to ensure that medications were stored properly in the medication carts. This failure could place residents who at risk of receiving expired medications. During an observation onˆ03/19/2026 9:25 AM, of the medication cart for South Hall, revealed several loose pills in the second drawer. During an interview on 03/19/2026 at 9:32 AM, LVN-C reported it was her first day in training and she did not look through the cart like she should have. She immediately began to remove all loose medications found and placed them in the sharps box on the side of the medication cart. ˆˆDuring an observation on 03/19/2026 at 9:45 AM of the medication room revealed several bottles of medications on a shelf. Among these bottles were 3 sealed bottles of sodium bicarbonate (325milligram tablets with 100 tablets each).ˆ The expiration date on each of these bottles reflected 10-25. ˆˆˆDuring an interview on 03/19/2026 at 11:45 AM with the ADON, regarding her expectations for the medication carts, revealed she expected the nurse scheduled to administer medications to keep the cart tidy and free from loose medications. Her expectation for medications in the medication room was to ensure expired medications were destroyed properly. She reported it would be her responsibility for ordering and checking the stock in the medication room but she has not been able to complete this task yet. During an interview on 03/19/2026 at 4:50 PMˆwith the DON, regarding her expectation of expired medications and loose pills in the medication cart, revealed she expected the nurses to keep the medication carts cleaned and free from spills and loose pills being in the bottom of the drawers. Record review of the facility's policy titled Medication Labeling and Storage (revised February 2023)Policy Heading The facility stores all medications and biologicals in locked compartments under [NAME] temperature, humidity, and light controls. Only authorized personnel have access to keys. Policy Interpretation and Implementation Medication Storage Medications and biological are stored in the packaging, containers or other dispensing systems in which they are received. Only the issuing pharmacy is authorized to transfer medications between containers. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items.