

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

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675712                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                        | (X3) DATE SURVEY<br>COMPLETED<br><br>07/30/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Avir at Itasca                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>409 S Files St<br>Itasca, TX 76055 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                                                 |
| F 0603<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Protect each resident from separation (from other residents, his/her room, or confinement to his/her room).</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interview the facility failed to ensure 3 of 7 residents, Resident 1, Resident #2, and Resident #3 reviewed for admission to the secured unit were free from involuntary seclusion. The facility failed to ensure Resident #1, Resident #2, and Resident #3, had no physician's order for admission to the secured unit. The failures placed all residents on the secured unit at risk of not being assessed properly, not meeting the criteria to be placed on the unit, diminished quality of life and involuntary seclusion. Findings included: Record review of Resident #1's face sheet, 07/30/2026, revealed a sixty-eight year old male who was admitted to the facility on [DATE] with a diagnosis that included drug induced subacute dyskinesia (a movement disorder causing involuntary muscle motions-such as twisting,) jerking, or repetitive facial movements), schizoaffective disorder, bipolar type (a chronic mental health condition defined by a combination of schizophrenia symptoms (like hallucinations or delusions) and mood disorder episodes, specifically alternating bouts of mania and depression), post-traumatic stress disorder, chronic (a long-lasting mental health condition defined by persistent re-experiencing, avoidance, and hyperarousal lasting more than one month and often persisting for years). Record review of Resident #1's MDS (clinical assessment to determine resident's strength and needs) dated 05/27/2026 Nursing Home Comprehensive Section C - Cognitive Patterns revealed a score of 0 indicating severe cognitive issues and Section and E - Behavior revealed no wandering behavior. Record review of Resident #1's care plan, undated, revealed no focus or interventions for residing in the facility secured unit. Record review of Resident #2's face sheet, 07/30/2026, revealed a seventy-one-year-old male who was admitted to the facility on [DATE] with a diagnosis that included cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery (ischemic stroke (cerebral infarction) caused by the narrowing (stenosis) or blocking (occlusion) of the left posterior cerebral artery (PCA), where the exact underlying mechanism or specific type of blockage is not explicitly detailed), generalized anxiety disorder (a mental health condition defined by excessive, uncontrollable worry and physical tension occurring most days for at least six months), and vascular dementia (a decline in thinking skills caused by conditions that block or reduce blood flow to the brain). Record review of Resident #2's MDS (clinical assessment to determine resident's strength and needs) dated 06/23/2026 Nursing Home Comprehensive Section C - Cognitive Patterns revealed no BIMS score recorded and Section and E - Behavior revealed no wandering behavior. Record review of Resident #2's care plan, undated, revealed no focus or interventions for residing in the facility secured unit. Record review of Resident #3's face sheet, 07/30/2026, revealed a seventy-one-year-old male who was admitted to the facility on [DATE] with a diagnosis of chronic obstructive pulmonary disease (a long-term lung disease that blocks airflow and makes it hard to breathe, primarily caused by smoking or air pollution, and includes conditions like (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0603<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>emphysema and chronic bronchitis), and bipolar disorder (a lifelong mental health condition that causes extreme shifts in mood, energy, and activity levels, specifically swinging between high phases (mania or hypomania) and low phases (depression). Record review of Resident #3's MDS (clinical assessment to determine resident's strength and needs) dated 07/04/2026 Nursing Home Comprehensive Section C - Cognitive Patterns revealed a score of 8 reflecting moderate cognitive impairment and Section and E - Behavior revealed no wandering behavior. Record review of Resident #3's care plan, undated, revealed a focus of Resident #3 was at risk for wandering/elopement identified dated 07/28/2026 with intervention dated 07/28/2026 may be housed on secure unit. Record review of Resident #1, Resident #2, and Resident #3's facility physical orders reflected no physician's order for the residents to reside in the facility secured unit. During an interview by phone on 07/30/2026 at 4:11 PM with the MD, he said there should an MD order for a resident to be admitted to the secure unit. The MD said the facility was a new building for him and he began working as the MD for the facility on 07/01/2026. The MD agreed that there should be proper documentation. During an interview on 07/30/2026 at 4:39 PM DON said she began working at the facility on 06/15/2026. She said she had seen Resident #1 walk to the door of the secured unit, and it was interpreted as exit seeking. The DON said it was important to document why someone was admitted to the secured unit. The DON said the facility's policy should have been followed. The DON said the previous MD left and a new MD started. She said no orders had been placed for Residents #1, #2, and #3 to be in the secured unit but that was no excuse for the facility not to have the orders for residents to be placed in the secured unit. The DON said residents should have the opportunity to live in the least restrictive environment. The DON said that even if a resident was transferred from a previous facility and resided in a locked unit there should be an assessment, an order, and documentation for residents to be in the secured unit. During an interview on 07/30/2026 at 5:42 PM the Administrator said she began working at the facility at the end of May 2026. The Administrator said there were no orders for Resident #1, Resident #2, or Resident #3 to be in the facility secure unit. The Administrator said she believed that residents should have the least restrictive environment. The Administrator said a possible negative effect of residents living in the secured unit without an order would be inappropriate placement for the residents and the possibility of depression. During an interview on 07/30/2026 at 6:12 PM Resident #1 said he knew he was in a secure unit and the door was locked and he could not get out. He said it made him feel safe. During an interview on 07/30/2026 at 6:14 PM Resident #3 said he said he knew he was in a locked unit and it did not really bother him. Resident #3 said he spent 23 years in prison, and he has accepted the condition of the locked unit because he received a bed, people who helped him, he was feed, and he had a room to live in. Resident #3 said it would be nice to go outside the unit, but he had accepted that he was on a secure unit. During an interview on 07/30/2026 with at 7:11 pm Resident #2 he said he was doing fine and he said he liked it at the facility. He said he had been at the facility for 25 or 30 years. Record review of facility Secured Unit Policy dated July 2025 reflected that the secure unit is designed to provide a safe and structured environment for residents who are at risk of elopement or harm due to cognitive impairment (e.g., dementia, Alzheimer's disease, or other behavioral health concerns). This policy ensures that all residents' rights, safety, and dignity are protected while maintaining compliance with federal and state regulations. The following will be reviewed for all new admissions being considered for the Secure Unit. a. A cognitive assessment (BIMS) will be completed on admission, quarterly and as needed, to validate that the resident has a cognitive deficit. b. Appropriate payor source. c. History and physical and medication review. d. Wandering, past elopement or potential for elopement. e. Cognitive deficient f. Inter disciplinary team to review for appropriateness of admission. g. Consent will be (continued on next page)</p> |                                                                                 |                                                 |

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| F 0603<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | obtained for the non-cognitively impaired residents. A physician's order. RP and or Guardian<br>consent admission Criteria: Residents must meet medical and cognitive criteria for placement. A<br>physician's order to admit to the secure unit is required. Informed consent must be obtained from the<br>resident or legal representative |                                                                                 |                                                 |