STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675788	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Commerce	2901 Sterling Hart Dr Commerce, TX 75428

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to develop and implement a comprehensive person centered care plan for 3 of 3 residents reviewed for care plan.The facility failed to implement the intervention to keep glasses clean for Residents #1 and Resident #3. The facility to develop a care plan with interventions for Resident #2's eyeglasses to ensure they stay clean. This failure could place residents at risk of falls and decrease quality of life. Findings include:Record review of Resident #1's face sheet dated 05/28/2026 revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included COPD (Chronic Obstructive Pulmonary Disease, a progressive lung disease that makes it difficult to breathe), malnutrition (a deficiency or imbalance of nutrients that affect the body's health and development), lumbar radiculopathy (a condition in which a nerve root in the lower back becomes compressed or irritated causing pain), dysphagia (difficulty swallowing), hyperlipidemia (elevated levels of cholesterol in the blood) and hypertension (high blood pressure). Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed impaired vision with the use of prescription glasses and a BIMS score of 12 which indicated moderate cognitive impairment. Record review of Resident #1's care plan dated 05/14/2026 revealed a focus area of visual impairment with interventions that included ensuring appropriate visual aids were available, clean, free from scratches and in good repair and focus area reflected at risk for falls with a recent fall on 03/20/2026.In an interview and observation on 05/28/2026 at 11:39 a.m., Resident #1 was observed wearing prescription glasses that had a film like pattern on both lenses. Resident #1 stated she wears her glasses every day but does not have anything to clean them with but tissues and that does not work very well. Resident #1 confirmed she has seen an eye doctor and the glasses were still good. Resident #1 stated she does not recall if the staff have cleaned her glasses.Record review of Resident #2's face sheet dated 05/25/2026 revealed a [AGE] year-old male admitted [DATE] with diagnoses which included autistic disorder (a condition related to brain development that impacts how a person perceives and socializes with others), Diabetes Mellitus Type II (a chronic condition in which the body does not produce enough insulin or cannot use the insulin effectively leading to high blood sugar), Hyperlipidemia (elevated levels of cholesterol in the blood), Hypertension (high blood pressure), and Major Depression disorder (sever and persistent low mood, sadness or sense of despair).Record review of Resident #2's quarterly MDS assessment dated [DATE] revealed impaired vision with the use of prescription glasses and a BIMS score of 99 indicating he was unable to complete the BIMS assessment, and the staff assessment indicated short term and long term memory deficits with impaired decision-making skills.Record review of Resident #2's care plan dated 03/27/2026 revealed a focus area of impaired visual function with interventions that included ensuring appropriate visual aids were available and focus area reflected at risk for falls due to poor balance and safety with no recent falls noted. The care plan did not address the cleaning of the resident's glasses. In an interview and observation on 05/28/26 at 10:43 a.m., observed a light-colored dust like substance on both lenses. Resident #2 stated, they are dirty, but they work. Resident #2 was unable to recall if staff members assisted him with cleaning his glasses. Record (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	review of Resident #3's face sheet dated 05/28/2026 revealed a [AGE] year-old female admitted [DATE] and readmitted [DATE] with diagnoses which included cerebral infarction (a medical condition that occurs when blood flow is blocked to the brain), dysphagia (difficulty swallowing), congestive heart failure (a chronic condition where the heart muscle becomes too weak to pump blood effectively), Osteoarthritis (a type of arthritis that affects joints), Hypertension (high blood pressure), Guillain-Barre Syndrome (a neurological disorder where you immune system mistakenly attacks your peripheral nerves).Record review of Resident #3's quarterly MDS assessment dated [DATE] revealed Resident #3 had impaired vision with the use of prescription glasses and a BIMS score of 15 which indicated intact cognition. Record review of Resident #3's care plan dated 05/07/2026 revealed a focus area that indicated impaired visual function with interventions that included ensuring appropriate visual aids were available, clean, free from scratches and in good repair and focus area reflected at risk for falls due to weakness and paresis with no recent falls.In an interview and observation on 05/28/2026 at 11:58 a.m., Resident #3 was observed wearing glasses that had a yellow dried substance on the left lens. When the surveyor stated that the glasses appeared to be dirty, Resident #3 removed the glasses, shook them and said, Yes! Resident #3 had difficult speech and was unable to provide further information. Resident #3 could not report if staff members have assisted her with cleaning her glasses.In an interview on 05/28/2026 at 11:55 a.m., CNA A stated that many of her residents wore glasses and that if they were broken or missing, she would notify the charge nurse. CNA A stated that cleaning of glasses is not on the assignments, but that the staff should help the residents keep their glasses clean to help them see better.In an interview on 05/28/2026 at 12:03 p.m., LVN B stated that she expects the nurse aids to help keep the residents' glasses clean and if she observed that a resident's glasses were dirty, she would clean them herself. LVN B stated dirty glasses could cause difficulty seeing and increase potential for falls.In an interview on 05/28/2026 at 12:18 p.m., LVN C stated that keeping resident glasses clean should be part of the daily routine and if the glasses were dirty, could affect the resident's safety and ability to complete daily tasks.In an interview on 05/28/2026 at 12:22 p.m., CMA D stated that it was important to keep the residents' glasses clean on a daily basis to help them with their daily routine. CMA D stated she would clean them if she noticed they were dirty.In an interview on 05/28/2026 at 12:30 p.m., the Social Worker stated that she is only at the facility two days a week and does not usually check the resident's glasses for cleanliness, but that if she observed a resident's glasses were dirty, she would clean them. The Social Worker stated she does assist with scheduling optometry exams as needed. The Social Worker stated that if a resident's glasses were not cleaned, it could cause them to have difficulty seeing.In an interview on 05/28/2026 at 1:54 p.m., the Activity Director stated that she does assist with cleaning the residents' glasses when needed. Stated she would try to check them when they are at an activity event or when she visited them in their rooms. The Activity Director stated it was important for the residents to have clean glasses to help them with their daily movements and care. The surveyor advised the Activity Director of the three residents observed to have dirty glasses and she stated she would clean them. In an interview on 05/28/2026 at 2:07 p.m., CNA E stated he had been working at this facility since August of 2025 and that the cleaning of glasses was not specifically assigned to the nurse aids, but that it should be the responsibility of all staff. CNA E stated that a good number of residents wear glasses and that whenever he sees the glasses are dirty, he will take the time to clean them. CNA E stated this is not part of the assignment specifically, but that it is important for the residents' well-being and to make the day easier.In an interview on 05/28/2026 at 2:17 p.m., CNA F stated she had been working at the facility for approximately one week and that even though she was not specifically trained to ensure the glasses are clean, it was a task that she learned in CNA school. CNA F stated that she had not noticed that any of her assigned residents had dirty glasses, but that if she observed their glasses were dirty, she would clean them, In an interview on 05/28/2026 at 2:28 p.m., CNA G stated that she had been working at this facility for approximately 3 weeks and that to her knowledge, cleaning glasses is not (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	part of the nurse aid assignment. CNA G stated that it is important that residents' glasses are clean for the residents that need them to help the residents see clearly. CNA G stated she would clean the glasses if she observed they were dirty.In an interview on 05/28/2026 at 2:40 p.m., the DON stated that she expects all staff to be observant when working with the residents and to assist in cleaning of glasses as needed. The DON stated that dirty glasses could cause the residents to have increased vision impairment which could result in falls and injury, poor self-esteem and behavioral changes.In an interview on 05/28/2026 at 2:50 p.m., the Administrator stated he expects all facility staff to assist in cleaning of residents' glasses if they are dirty and that this is not a task that can only be done by the nursing department. The Administrator stated failure to ensure the residents had clean and serviceable glasses could result in diminished quality of life for the residents and that he would monitor that glasses are clean and serviceable through daily spot checks of residents who wear glasses.