

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675789	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2025
NAME OF PROVIDER OR SUPPLIER Avir at Arden Wood		STREET ADDRESS, CITY, STATE, ZIP CODE 8810 Long Point Dr Houston, TX 77055	

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>(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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to the facility must 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 3 of 3(Resident #19, Resident #4, and Resident #22) residents reviewed for infection control. The facility failed to have signs to acknowledge EBP for rooms [ROOM NUMBER] needed for PPE. This failure had the potential to result in staff not following appropriate PPE, increasing the risk of transmission of infectious organisms. Findings included: On 12/30/2025 at 9:45 am it was observed room [ROOM NUMBER] had no EBP signage posted outside the room to indicate required PPE, with no equipment placed outside of the room. On 12/30/2025 at 9:48am it was observed room [ROOM NUMBER] had no EBP signage posted outside the room to indicate required PPE, with no equipment placed outside of the room. On 12/30/2025 at 10:02am it was observed room [ROOM NUMBER] had no EBP signage posted outside the room to indicate required PPE, with no equipment placed outside of the room. Record review of Resident #19's undated face sheet revealed he was a [AGE] year-old male with an initial admission date of 04/17/2016, with the most recent admission on [DATE]. Resident #19 had diagnoses of obstructive and reflux uropathy (when urine cannot drain through the urinary tract) and malignant neoplasm of left kidney (kidney cancer). Record review of Resident #19's care plan dated 12/30/2025 reflected the focus for EBP was that staff must use gowns and gloves during high-contact resident contact care activities that could possibly result in transfer of MDROs to hands and clothing of staff. The interventions stated a sign for EBP precautions will be outside residents' room to alert staff of precautions with direct care procedures. Record review of Resident #4's undated face sheet revealed she was a [AGE] year-old female with an initial admission date of 06/04/2025, with the most recent admission on [DATE]. Resident #4 had diagnoses of sepsis (infection in the body), slow transit constipation, and anemia (lower than normal red blood cells). Record review of Resident #4's care plan dated 06/05/2025 revealed the focus for EBP was that staff must use gowns and gloves during high-contact resident contact care activities that could possibly result in transfer of MDROs to hands and clothing of staff. The interventions stated a sign for EBP precautions will be outside residents' room to alert staff of precautions with direct care procedures. Record review of Resident #22's undated face sheet revealed he was a [AGE] year-old male with an initial admission date as 07/31/2025. Resident #22 had diagnosis of heart failure. Record review of Resident #22's care plan dated 08/01/2025 revealed the focus for EBP was that staff must use gowns and gloves during high-contact resident contact resident care activities that could possibly result in transfer of MDROs to hands and clothing of staff with no interventions. During an interview with LVN M on 12/30/2025 at 10:05am, she stated there is normally a note on the door and she has been in-serviced on precautions within the last 60 days. If the equipment is on the door, use sanitizer before entering the room. If the equipment is in bins outside of the room, they must use gowns, gloves, and masks before entering the room. If the signage is not on the door, she would contact the nurse or the infection control preventionist. During an interview with LVN E on 12/30/2025 at 10:09am, she stated the last in-service for PPE was a few weeks ago. It would depend on what the resident has going on to determine if PPE is needed, but the EBP signage will confirm what is necessary before entering the room. If there is no signage, she would confirm with the infection control preventionist, due to the risk of infection spreading. During an interview with CNA Y on 12/30/2025 at 10:27am, stated before entering the room, the signage will be on the door to clarify if the staff use sanitizer before and after visiting with the resident, who is not on contact. If there are three bins by the door, staff is to use all equipment before entering the room, such as mask, gloves, and gown which indicates the resident is on contact. If the signage is missing, she would speak with the nurse to confirm what is needed before entering the room. The last in-service for EBP was a month ago. The risk of the signage missing is not protecting the resident and herself from infection. During an interview with ADMN on 12/30/2025 at 10:52am, the ADMN said the facility staff discuss anyone in isolation to know who is on EBP and what equipment is needed prior to entering the room. The facility's procedure for EBP is to decide if the equipment is hanging on the door, use sanitizer or wash hands and if there is a bin outside the room door, use everything for isolated residents to protect the residents and staff from possible risk of infection. During an interview with RN C on 12/30/2025 at 11:42am, RN C, who is the facilities infection preventionist stated the EBP signs have been missing and she does replace them at least</p>		