STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675790	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Garland	321 N Shiloh Rd. Garland, TX 75042

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility failed to use the services of a Registered Nurse for a minimum of eight consecutive hours a day, seven days a week, for 5 days in a 3 month reporting period .The facility failed to have RN coverage on the following dates in 2025:-October 4, -November 01, 13, 18, and 19 2025. This failure could place residents at risk of not having their nursing and medical needs met, and not receiving proper care. Findings included: Review of the CMS PBJ Staffing Data Report, a report reflecting data self-reported to CMS by the facility, dated 05/13/2026, reflected the facility had not reported RN coverage hours for the dates of October 4, 2025, November 01, November 13, November 18, and November 19 2025. An interview on 05/19/2026 at 9:30 am. with the Administrator revealed she started working at the facility on 10/01/2025. She stated that she was sure that there was a day or two when she didn't have an RN in the building. She stated that she had a nurse quit during that time and they were not able to get a replacement nurse in time to cover for her. She stated she couldn't be exact but remembers it was in November 2025. She stated the earlier unstaffed days would have been attributed to the same nurse not showing up for work. She stated that since that time she had hired a DON who was an RN, an ADON who was an RN, as well as the MDS Coordinator who was also an RN. She stated that she expected to hire an additional weekend nurse for RN coverage within the next few days. She stated that she knew that the resident's are at risk for harm when there was no RN in the facility. She stated that was the reason she had made a point to hire RN's when she had the opportunity. An interview on 05/20/2026 at 2:19 PM, with the DON revealed she started working at the facility in December 2025. She stated that she knew there were some problems with the nurses' before she came. She stated since she started working at the facility they have not had any days without a nurse. She stated that the ADON was a RN and the MDS nurse was a RN as well. She stated they were in the process of hiring another RN to cover the weekend. She stated that her staffing levels are adequate. She stated that she had a RN on the floor for the day shifts M-F. She stated that they had a weekend RN on staff. She stated that she does come in periodically overnight/weekends to monitor staffing. She stated that she feels like they are able to meet the needs of the residents with her current staffing levels. She stated the residents are at risk for harm when there is no RN in the building that is why they were hiring an additional RN. An interview with the on 05/21/2026 at 11:15 am with the ADON, revealed she started working at the facility in January 2026. She stated she was unaware of the dates before she started, but was told they had some issues with the previous staff. She stated that were hiring another RN to cover the weekends in the next few days. She stated residents are at risk for harm when there is no nurse in the building. She stated there were typically four RN's during the weekday shifts. Review of Facility Policy, received after exit. revised August 2022Staffing, Sufficient and Competent NursingPolicy StatementOur facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment.Policy Interpretation and ImplementationSufficient StaffLicensed nurses and certified nursing assistants are available 24 hours a day, seven (7) days a week to provide competent resident care services including:assuring resident (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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	safety;attaining or maintaining the highest practicable physical, mental and psychosocial well-being of each resident;assessing, evaluating, planning and implementing resident care plans; andresponding to resident needs.A licensed nurse is designated as a charge nurse on each shift.A licensed nurse may be a licensed practical nurse (LPN), licensed vocational nurse (LVN), or registered nurse (RN).A charge nurse is a licensed nurse with designated responsibilities that may include staff supervision, emergency coordination, provider or physician support and direct resident care.The director of nursing services (DNS) may serve as the charge nurse only when the average daily occupancy of the facility is 60 or fewer residents.A registered nurse provides services at least eight (8) hours every 24 hours, seven (7) days a week.Licensed nurses are required to supervise nurse aides/nursing assistants and are scheduled in such a way that permits adequate time to do so. Nurse aides/nursing assistants are individuals providing nursing or related services to residents in the facility, including those who provide services through an agency or under a contract with the facility. Licensed health professionals, registered dietitians, paid feeding assistants and individuals who volunteer to provide nursing or related services without pay are not considered nursing assistants and are not posted or reported as direct care staff.Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care, the resident assessments and the facility assessment.Factors considered in determining appropriate staffing ratios and skills include an evaluation of the diseases, conditions, physical or cognitive limitations of the resident population, and acuity. continues on next pageMinimum staffing requirements imposed by the state, if applicable, are adhered to when determining staff ratios but are not necessarily considered a determination of sufficient and competent staffing.Other resident services (e.g., administrative, food and nutrition services, specialized rehabilitation services, activities/recreational, social, therapy, environmental, etc.) are staffed to ensure that resident needs are met.Competent Staff Competency is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by state law.Staff must demonstrate the skills and techniques necessary to care for resident needs including (but not limited to) the following areas:Resident rights;Behavioral health;Psychosocial care;Dementia care;Person centered care;Communication;Basic nursing skills;Basic restorative services;Skin and wound care;Medication management;Pain management;Infection control;Identification of changes in condition; andCultural competency.Licensed nurses and nursing assistants are trained and must demonstrate competency in identifying, documenting and reporting resident changes of condition consistent with their scope of practice and responsibilities.Competency requirements and training for nursing staff are established and monitored by nursing leadership with input from the medical director to ensure that:programming for staff training results in nursing competency;gaps in education are identified and addressed;education topics and skills needed are determined based on the resident population;tracking or other mechanisms are in place to evaluate effectiveness of training; andtraining includes critical thinking skills and managing care in a complex environment with multiple interruptions.Direct care daily staffing numbers (the number of nursing personnel responsible for providing direct care to residents) are posted in the facility for every shift. continues on next pageInquiries or concerns relative to our facility's staffing should be directed to the director of nursing services (DNS) or his/her designee.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to provide pharmaceutical services (including procedures that ensured drugs and biologicals were accurately acquired, received, dispensed, and administered) to meet the needs of each resident for one medication room (hall 500-600 medication room) of two medication rooms and one supply room of one reviewed for pharmacy services. The facility failed to ensure expired medication administration supplies were removed from the facility medication room and the supply room. These failures could place residents at risk of infection and having possible adverse effects.Findings included:In an observation on [DATE] at 09:00 a.m., the following expired supplies were observed in the 500-600 Hall medication room: -RyMed Invision-Plus Needleless IV Connector, Expiration date 02-01-2025 (Quantity 1)In an interview on [DATE] at 09:15 a.m., RN A confirmed the RyMed Invision-Plus Needleless IV Connector was expired. She stated that the Central Supply Personnel was responsible for monitoring and removing expired supplies and that she believed that was done on a weekly basis. RN A did not state how the process was monitored. She stated that the facility rotated supplies backwards by using the oldest supplies first to limit expired supplies. She stated that the risk to the residents for the expired supply was, deterioration. Particles can come off in the resident, and we don't know if they will dissolve or how the resident will react. In an observation on [DATE] at 09:40 a.m., the following expired supplies were observed in the Central Supply Room:-Apogee Catheter Insertion Kit, Expiration date, [DATE] (Quantity 36) -0.9% Sodium Chloride Injection 10 milliliters, Expiration date 07-31-2025 (Quantity 1)-0.9% Sodium Chloride Injection 3 milliliters, Expiration date 04-30-2025 (Quantity 1)-Terumo Surshield Safety Winged Infusion Set 25 Gauge, Expiration date 03-31-2025 (Quantity 1)-BD Insyte Autoguard 24 Gauge catheter, Expiration date 11-30-2024 (Quantity 1) In an interview on [DATE] the DON verified the listed supplies found in the Central Supply Room were expired. She stated that CNA B was a new employee and had only been the Central Supply Personnel for about four weeks. She stated that the Central Supply Personnel was responsible for removing any expired supplies as new supplies came in. She stated that they were in the process of creating a supply room inventory so that supplies could be ordered weekly based on need. She did not state how the process was monitored. The DON stated that the risk to residents of expired supplies was, there is a reason there is an expiration date. I would not want to use anything expired.In an interview on [DATE] at 02:30 p.m., the ADM stated the facility did not have a storage policy governing expired supplies.In an interview on [DATE] at 09:45 a.m. CNA B, Central Supply Personnel, stated she had worked at the facility for about three weeks with two weeks being on the floor and one week being in the supply room. She stated she was responsible for monitoring and disposing of expired supplies. She stated that the DON monitored the process. CNA B stated that new supplies typically arrived weekly and she rotated supplies so that older supplies were used first. She stated that she planned to check all supplies and dispose of expired supplies monthly but that she had only worked in the supply room for about a week. CNA B stated the risk to residents of using expired supplies was unknown and that is why expired supplies should not be used.Record review of the facility policy titled, Medication Administration-Intravenous Therapy stated, Licensed nursing staff shall administer IV [Intravenous] medications only through an appropriate vascular access device using aseptic technique, verified medication compatibility, and approved procedures.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure the assessment accurately reflected the resident's status for one (Residents #70) of four residents reviewed for smoking. 1. The facility failed to accurately assess Residents #70 for smoking safety. These failures could place smoking residents at risk of burn accidents related to smoking supervision. Findings include: Record review of Resident #70's admission record revealed [AGE] year-old female admitted to the facility on [DATE] with a primary diagnosis of ENCEPHALOPATHY (a broad term for any diseases, damage, or malfunction of the brain) other diagnosis Tobacco abuse counseling. Record review of Resident #70's Care Plan dated 03/19/2026 revealed resident 70 is a safe smoker, the resident requires supervision while smoking. Record review of resident #70's Nursing Home Quarterly MDS dated [DATE] revealed resident 70 had a BIMS score of 11 ((Moderate cognitive impairment). Record review of Resident #70's Electronic Medical Records revealed no admission or current smoking assessment for resident #70. Observation on 05/20/2026 at 9:30 AM of Resident #70 revealed, Resident #70 was seen smoking with supervision on the patio. During an interview on 05/20/2026 at 3:00PM with LVN A revealed all residents who were smokers had their cigarettes in the lock box that was located in nurse's closet. LVN A stated the box had a key lock on it and the nurse had the key. During an interview on 05/20/2026 at 3:15 PM with Resident #70 revealed she was a smoker who was supervised while smoking. During an interview on 05/21/2026 at 9:30 AM with DON revealed Resident #70 did not have a smoking safety assessment. She stated it was probably an oversite because the facility was without a social worker. The risk was the resident could be harmed if she was not assessed for safety precautions. During an interview on 05/21/2026 at 3:40 PM with the ADMIN revealed it (smoking assessment) just slipped through the crack, the expectation for all residents who smoke to make sure they have an assessment to insure they were safe, able to hold the cigarette without accidents. The risk was she (Resident #70) could have accidentally burned herself or others. The admin stated that to date there are no reported issue with her (Resident #70) smoking. She was compliant with smoking rules and locations. Going forward the responsibility for ensuring resident assessments are complete in the timeframes was delegated to the ADON. Review of the policy Smoking Policy -Residents dated October 2022 revealed The resident will be evaluated on admission to determine if he or she is a smoker or non-smoker. If a smoker or smokeless tobacco user, the evaluation will include: d)Current level of tobacco consumption.d)Method of tobacco consumption (traditional cigarettes; electronic cigarettes; pipe, etc.).d)Desire to quit smoking, if a current smoker; andd)Ability to smoke safely with or without supervision (per a completed Smoking Assessment). The staff shall consult with the Attending Physician and the Director of Nursing Services to determine if safety restrictions need to be placed on a resident's smoking privileges based on the Smoking Assessment.