STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675797	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Weston	2505 S 37th St Temple, TX 76504

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment for 1 of 1 facility reviewed for safe and homelike environment. The facility failed to ensure visitors or any unauthorized people did not have access to the facility at any time creating an unsafe environment for residents. The failure could place residents at risk of potential harm, and the resident feeling unsafe in the facility. Findings Included: Observation of the facility on 06/10/2026 at 3:45a.m., there were no staff in the front entrance of the facility or inside the lobby area. The surveyor rang the doorbell, and no one responded. The surveyor than called the after-hour number and did not identify herself. The surveyor asked the staff who answered the phone Can you open the door please? the staff on the phone did not ask the surveyor any questions she just gave the surveyor the code to the front door. The surveyor then entered the facility and was able to walk around the facility. No staff asked surveyor any questions. The surveyor went to the nurses station and Identified herself. Observation of the facility on 06/10/2026 at 7:00a.m., there were no staff in the front entrance or inside the lobby area. A nurse surveyor rang the doorbell, and no one answered. An employee with an outside lab service came from her car and entered the code to the door and let the nurse surveyor in. The lab staff member did not say anything to the nurse surveyor or ask her any questions before letting her in. The lab employee just opened the door let the surveyor in and walked away. During an interview with CNA G on 06/10/2026 at 3:50a.m., She said that she worked the overnight shift. She said there were normally two aides and a nurse on both sides of the building. During an interview with CNA H on 06/10/2026 at 4:06a.m., she said she worked the overnight shift. She said that the facility normally had two aides and a nurse on each side of the building. She said she thought there was enough staff on the overnight shift.During an interview with the ADM on 06/10/2026 at 6:02a.m., revealed he had been trained on resident rights. He said the policy for answering the door after hours was staff was to come to the front and ask the person their name and reason for visiting. He said staff were not to give the door code out. He said staff were the only ones authorized to have the code to the door. Homelike policy was requested. During interviews with confidential residents on 06/10/2026 between 5:23a.m., and 11:30a.m., revealed residents did not feel safe at the facility. One resident said, No I do not feel safe you never know who can walk in here. Another resident said No I do not feel safe because staff will open the door or give anyone the code to get in. Other residents also stated they did not feel safe. The residents said there are always people who come into the building day or night that should not have access. They said nothing has happened yet but they worry something will. During an interview with CNA C on 06/10/2026 at 9:32a.m., revealed she had been trained on resident rights. She said staff were responsible for keeping the residents safe. She said staff members were the only ones authorized to have the code to the door. She said the policy for visitors was staff were to greet them, ask who they were, and reason for visit. If after hours she said staff were to walk to the front entrance, ask the person their name and reason for visiting before letting them in. she said staff were not supposed to give the door code out. She said if staff gave the door code out it put the residents and staff in harm's way or a resident could get out. She said the ADM, DON and the nurse on duty was responsible for ensuring staff were (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not giving out the door code. She said they monitored by watching staff. She said she did not know who answered the phone or why the staff gave the surveyor the code. During an interview with MA F on 06/10/2026 at 5:14p.m., she said she had been trained on resident rights. She said all staff were responsible for keeping the residents safe. She said if someone was in the facility that she had never seen before she would greet them, ask the person if she can help them and see if she can find out the reason they were at the facility. She said only staff were authorized to have to code to the front door. She said if someone got the door code that was not authorized it could cause some dangerous things to happen. She also said a resident could get out. She said she did not know who monitored to ensure staff were not giving out the door code. She said she did not know why the staff member gave the surveyor the door code. During an interview with the DON on 06/10/2026 at 5:57p.m., she said she had been trained on resident rights. She said all staff were responsible for keeping the residents safe. She said the facility did not have a policy for giving out the door code. She said her expectation was for staff to greet the person and see if there was anything they could help the person with. She said staff should not give out the door code. She said if the door code was just given to anyone it could be someone off the streets that wanted to cause harm to staff and residents. She said she did not know what staff answered the phone and gave the code out. She did not know if anyone monitored to ensure the door code was not given out. She also said she did not know that residents did not feel safe due to people entering the building. During an interview with the ADM on 06/10/2026 at 7:01p.m., he said she had been trained on resident rights. He said all staff were responsible for keeping the residents safe. He said the facility did not have a policy for the door code. He said staff were to greet the visitor and ask their reason for visiting. He said staff should not give out the door code and staff were the only people who should have the door code. He said if the door code was given to unauthorized people who got access to the facility, someone could come in and harm residents and staff. He said staff were to walk to the front after hours and ask the person for the reason for the visit and their name. He added that if they had problems with the person they were to call the police. He said if the person did not want to give their name and reason for visiting staff should not allow the person inside. He said he did not find out what staff answered the phone and gave the code out. He said no one monitored to ensure the door code was not given out. He also said he did not know that residents did not feel safe due to people entering the building. Homelike policy was requested from the ADM on 06/10/2026 at 6:01a.m. and was not received upon exit. Record review of Visitation Policy dated 09/2022 revealed Some visitation may be subject to reasonable clinical and safety restrictions that protect the health, safety, security, and/or rights of the facility's residents. Keeping the facility locked or secured at night with a system in place for allowing visitors approved by the resident. Record review of Resident Rights Policy dated 02/2021 revealed Residents had the right to be informed of safety or clinical restriction or limitations of visitation.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming and personal and oral hygiene for 2 of 10 residents (Resident #1, and Resident #2) reviewed for ADL care. The facility failed to ensure Resident #1 was not dirty and her hair was combed on 06/10/2026. The facility failed to ensure Resident #2 was changed every two hours on 06/10/2026. This failure could place residents at risk of embarrassment and diminished quality of life.Findings included: 1. Record review of Resident #1's face sheet dated 06/10/2026 reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included anemia (not healthy red blood cells), heart failure, muscle weakness, hemiplegia (paralysis and weakness on one side of the body that can affect the arms, legs, and facial muscles), respiratory failure, insomnia (difficulty sleeping), and cerebral edema (abnormal accumulation of fluid within the brain tissue.Record review of Resident #1's quarterly MDS assessment, dated 04/19/2026, reflected a BIMS score of 14, which indicated intact cognitive response. [Resident #1] was dependent on staff for personal hygiene (helper does all of the effort. Resident does none of the effort to complete the activity).Record review of Resident #1's care plan, dated 05/12/2026, reflected the following: Focus: [Resident #1] has an ADL self-care performance deficit related to debility.Goals: [Resident #1] will maintain current level of function in through the review date.Interventions: AM ROUTINE: [Resident #1] preferred dressing/grooming routine. BATHING/SHOWERING: Check and clean on bath day and as necessary. Report any changes to the nurse. [Resident #1] requires extensive assistance by (2) staff with shower. The care plan did not show the resident refused.During an observation of Resident #1 on 06/10/2026 at 08:10a.m., revealed she was lying in her bed. Her hands were dirty with a brown substance, her nails were unkept and her hair looked matted.Record review of Resident #1's shower log dated 06/2026 revealed Resident #1's shower days were Tuesday, Thursday and Saturday. The shower log also showed that her last shower was on 06/06/2026. The shower log did not show the resident refused her showers.During an interview with Resident #1 on 06/10/2026 at 08:11a.m., she said that she had been at the facility for five years. She said she had trouble with some of the aides, so she does not like to get up. She said she did not get her showers/bed bath regularly. She said her hair was matted and a rats nest and my anxiety is high lately. She said she would like to be cleaned and have her hair combed.2. Record review of Resident #2's face sheet dated 06/10/2026, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. His diagnoses included embolism and thrombosis (blood clots in blood vessels), chronic pain, weakness, heart failure, absences of right leg above knee, absence of left leg, sarcopenia (progressive and involuntary loss of skeletal muscle, mass, strength, and physical function) cognitive communication deficit (problems with communication), and malaise (feeling of general discomfort).Record review of Resident #2's quarterly MDS assessment, dated 03/18/2026, reflected a BIMS score of 13 which indicated intact cognitive response. The MDS revealed Resident #2 was Dependent (Helper does ALL of the effort. Resident does none of the effort to complete the activity) for toileting hygiene. The MDS also revealed Resident #2 was not attempted on toileting transfer due to medical condition or safety concerns.Record review of Resident #2's care plan, dated 05/18/2026, reflected the following: Focus: [Resident #2] has an ADL self-care performance deficit related to Amputation, Limited Mobility.Goals: The resident will maintain current level of function in through the review date.Interventions: TOILET USE: The resident requires extensive to total assist by 1-2 staff for toileting.During an interview with Resident #2 on 06/10/2026 at 7:51a.m., he said the care was not so good. He said that there were times when the aides did not come to change him. He said on 05/28/2026 the aide took 3 1/2 hours to come change him. He said he did not like staying wet.During an interview with CNA B on 06/10/2026 at 8:18a.m., he said that he had been trained on ADL care. He (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	said staff rounded on the residents every two hours. He said he was PRN and did not work at the facility very often to know if any residents complained about not getting hygiene or changed. He said he had only worked at the facility four times. He said if staff did not clean or change residents regularly the resident could have skin breakdown.During an observation of Resident #2 on 06/10/2026 at 1:34p.m., revealed CNA B was changing Resident #2. Resident #2's brief was soaked with urine.During an interview with CNA E on 06/10/2026 at 1:34p.m., she said she had been trained on ADL care. She said the policy for ADL care was the residents were supposed to get showers three times a week and be changed every two hours. She said she had residents who had complained about not getting their showers. She also said that the residents did complain about staff not changing their brief regularly especially at night. She said the CNA's were responsible for changing the residents every two hours and giving the residents their showers. She said if staff were not changing or giving the residents their showers the resident could have skin breakdown or an infection. She said the nurse monitored to ensure staff were changing the residents and giving the resident their showers. She said the nurse monitored by observations. She said she did not know why Resident #1 was dirty and her hair was matted. She said she did not know why Resident #2 had not been changed and was soaked with urine. During an interview with the DON on 06/10/2026 at 5:42p.m., said she had been trained on ADL care. She said her expectation was that the resident should be offered or given a shower three times a week. She added if the resident refused staff were to let the nurse know. She said staff were to change the residents every two hours or as needed. She said ultimately the CNAs were responsible for showering and changing the residents. She said if the residents were not getting showers or being changed it could potentially cause skin integrity issues or cause a UTI. She said the nurses monitored to ensure staff were showering and changing the residents. She said the nurses monitored by checking with the resident or checking the computer tasks page. She said that residents were still complaining about not getting showers and some were complaining they were not getting changed. She said she did not know why Resident #1 was dirty and her hair was matted. She added that Resident #1 did refuse showers at times. She said she did not know why Resident #2 was not changed and was soaked in urine when staff did change him. During an interview with the ADM on 06/10/2026 at 6:49p.m., he said he had been trained on ADL care. He said the policy was that the resident was to get a shower on their shower day and the resident should be changed every two hours. He said the aides should be checking the residents every couple of hours. He said the CNAs were responsible for giving the residents a shower and changing the residents every two hours. He added the nurses were to change the residents if the CNAs were not available. He said if the resident were not changed or showered like they were supposed to could cause the resident to have skin breakdown or other skin issues or wounds. He said the DON monitored to ensure staff were changing and showering the residents. He said the DON monitored by checking the computer for the shower documentation. He said showers and changing residents were discussed in the morning meetings. He said he had gotten complaints on residents not getting showers and being changed by staff recently. He said he did not know why the Resident #1 was not clean and had matted hair. He also said he did not know why Resident #2 was not changed and was soaked with urine. Record review of Activities of Daily Living (ADL), Supporting Policy dated 02/2025 revealed Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care), mobility (transfer and ambulation, including walking), and elimination (toileting).

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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. Based on observation, interview, and record review the facility failed to ensure, in accordance with State and Federal laws, all drugs and biologicals were stored in locked compartments under proper temperature controls and permitted only authorized personnel to have access to 1 of 3 medication carts (MC #1) reviewed for drug storage and labeling.The facility failed to ensure MC #1, was locked, medications secured, and not accessible to other staff, residents, or visitors on 06/10/2026.This failure could place residents at risk of having unauthorized access to medications, decreased effectiveness of medication, or missing medications. Findings include:During an Observation of the South Side Nurses Station on 06/10/2026 at 4:12a.m., revealed LVN A was in a resident's room and the medication cart was up against the nurses station unattended and unlocked.During an interview with LVN A on 06/10/2026 at 04:14a.m., she said she was trained on medication storage. She said the policy was staff must lock the medication carts any time the nurse walked away from the medication cart. She said the nurse or medication aide who was working on the cart was responsible for locking the medication cart. She said if staff left the medication cart unlocked and unattended a resident could get into the medication cart and take medication that did not belong to them. She said everyone monitored to ensure the medication carts were locked. She said everyone monitored the medication carts through observation. She said she left the medication cart unlocked because a residents kangaroo pump (medical device used for external feeding) was going off so she went to fix the pump.During an interview with the DON on 06/10/2026 at 05:23 p.m., she said she was trained on medication storage. She said the policy was the medication cart was to be locked when staff were not in sight or in reach of the medication cart. She said the nurse or the medication aide who was on the medication cart was responsible for ensuring the medication cart was locked. She said if the medication cart was left unlocked and unattended a resident could get into the medication cart and take medications. She said nurse leadership monitored to ensure staff locked the medication cart. She said nurse leadership were to monitor by doing observations and in-service training. She said she did not know why LVN A left the medication carts unlocked.During an interview with the ADM on 06/10/2026 at 06:49 p.m., revealed he was trained on medication administration. He said the policy for medication storage was that the medication cart was to always be locked. He said no matter what time of day the medication cart should be locked. He said the nurse or medication aide who was on the medication cart were responsible for ensuring the medication cart was locked. He said if the medication cart was left unlocked and unattended a resident could take medication that was harmful to them or an employee could steal medications. He said the DON or any management should be monitoring to ensure the staff were locking the medication cart. He said the DON and any management should be monitored by doing observations. He said she did not know why LVN A left the medication cart unlocked.Record review of Medication Labeling and Storage Policy, dated February 2023, reflected The facility stores all medications and biologicals in locked compartments under proper temperature, humidity, and light controls. Only authorized personnel have access to keys. Medications are stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems. Each resident's medications are assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medications of several residents.