STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675812	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Winnsboro	910 South Beech Street Winnsboro, TX 75494

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 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 observations, interviews, and record review the facility failed to ensure all drugs were stored in a locked compartment, only accessible by authorized personnel for 1 of 7 (the park place hall) medication carts reviewed for storage of medications. The facility failed to ensure LVN A locked and secured the park place hall medication cart while not in use and unattended on 06/25/26. This failure could place residents at risk for misuse of medication, overdose, drug diversions, adverse reactions of medications, and not receiving the therapeutic benefit of medications. Findings included: During an observation and interview on 06/25/2026 at 11:46 AM revealed LVN A left the park place medication cart unlocked and unattended in the hallway while she was in a resident's room. The park place medication cart lock was sticking out indicating it was unlocked and the cart was facing out toward the middle of the hallway while other staff and residents were in the hallway. LVN A said she was passing meds and was asked for assistance to help in a resident's room, and she just forgot to lock the cart. LVN A said she had left the park place medication cart unattended for approximately 3-4 minutes. LVN A said the failure ked to a risk for any residents getting into the cart, ingesting medications and harming themselves. During an interview on 06/25/26 at 3:45PM the ADON said the charge nurses were responsible for ensuring the medication carts were locked when the carts were not in use and the department head nurses completed rounds to ensure the medication carts were locked. The ADON said the failure placed led to the risk of medications getting in the hands of the residents and the residents consuming medications. During an interview on 06/25/26 at 3:56 PM the DON said the charge nurses were responsible for ensuring the medication carts were locked when the medication carts were not in use even if the carts were parked in a room. The DON said the failure led to the risk of a drug diversion, residents getting hold of medications, and ingesting which could be life threatening. During an interview on 06/25/26 at 4:06 PM the Administrator said she expected the medication carts to be locked at all times if not in use. The Administrator said the failure led to a risk for residents having access to medications and ingesting. Record review of the facility policy, revised February 2023, Medication Labeling and Storage indicated: Policy heading: The facility stores all medications and biologicals in locked compartments under proper temperature, humidity, and light controls. Only authorized personnel have access to keys.

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