STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675850	A. Building B. Wing	05/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Portland	221 Cedar Dr Portland, TX 78374

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of disease and infection for one (Resident #1) of five residents reviewed for infection control, in that:On 05/23/2026, CNA A did not remove her contaminated gloves nor performed hand hygiene after touching multiple surfaces prior to initiating Resident #1's perineal care. Additionally, CNA A failed to perform hand hygiene and gloves changes while performing incontinent care. These failures could place residents at risk for contamination and infection.The findings included:Record review of Resident #1's admission record dated 05/23/2026 revealed, Resident #1 was an [AGE] year-old-female who initially was admitted on [DATE]. Resident #1 was admitted with multiple diagnoses including chronic obstructive pulmonary disease (breathing restriction), chronic atrial fibrillation (heart disease), chronic diastolic (congestive) heart failure (heart failure), and vascular dementia (impaired cognition). Record Review of Resident #1's Quarterly MDS dated [DATE] revealed BIMS of 9 indicating severe cognitive impairment and was dependent on staff for ADLs. Resident #1 was not coded for having any form of infections. Record review of Resident #1's Care Plan date revision on: 03/12/2026 [Resident #1] is at risk for infection or recurrent/chronic infection r/t compromised medical condition: Co-Morbid Disease [Resident #1] will be free from S/S of infections and any complications related to infection through the review date. Administer medication and/or antibiotics as per MD orders Monitor vital signs as indicated. Allergies Albuterol, Docusate [D.O.B.] Report changes in condition to MD as clinically indicated. Review and update immunization record as indicated. Provide education to team members, [Resident #1] and/or visitors regarding infection prevention practices as indicated.During an observation of incontinent care on 05/23/2026 at 11:32AM revealed CNA A washed her hands for 20 seconds using soap and water then proceeded to close the entry door using her foot and hip, then returned to Resident #1's bedside. CNA A closed the curtain with her clean gloved hands, pulled the blankets back, removed the pillows, removed the brief flaps, and rolled Resident #1's brief down with the same gloved hands. CNA A then retrieved clean wipes and cleaned Resident #1's perineal area. After completion of cleaning Resident #1's perineal area, CNA A turned Resident #1 to the left side, removed the soiled brief, then proceeded to clean Resident #1's gluteal area. CNA A then retrieved a clean brief, then attached the clean brief on Resident #1. Throughout the incontinent care CNA A did not change her gloves nor complete any form of hand hygiene. During an interview on 05/23/2026 at 11:46AM CNA A stated she typically did not change gloves after touching the resident's surrounding at it is the Resident #1's personal space however reflecting on the possibility of contracting microorganism, she stated she should have changed her gloves and completed hand hygiene once she touched Resident #1's curtain, blanket, and pillows to promote infection control. CNA A stated that she was unaware that she had to change her gloves and complete hand hygiene when she cleaned Resident #1's perineal area to Resident #1's gluteal area. CNA A stated she could not recall if she was supposed to change gloves when cleaning from the perineal area to the buttocks area, however, would now ensure she performs hand hygiene prior to turning the resident to clean the buttock area. CNA A stated by not completing (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hand hygiene and gloves changes for the two instances the resident could have contracted germs which could negatively impact the resident. CNA A reiterated she will now ensure she completes hand hygiene according to the CDC recommendations. During an interview on 05/23/2026 at 12:01PM with ADON A and the DON, both stated while reviewing the observation of Resident #1, the facility followed the CDC guidelines regarding when to perform hand hygiene. Both stated CNA A should have removed her gloves and completed hand hygiene after she touched Resident #1's curtain, blanket and pillow, and secondly prior to turning Resident #1 to her side to clean Resident #1's buttock. Both stated by not changing gloves and performing hand hygiene there could be a cross contamination and could negatively affect Resident #1. Both stated they would rectify the issue and commence an impromptu in-service regarding hand hygiene, gloving up, and incontinent care.Record review of the facility Handwashing/Hand Hygiene policy updated 01/2025 revealed, hand hygiene is indicated 1. Immediately before touching a resident, after contact with blood, body fluids, or contaminated surfaces; after touching the resident's environment; before moving from work on a soiled body site to a clean body site on the same resident, and immediately after glove removal.Record review of the CDC guidelines Clinical Safety: Hand Hygiene for Healthcare Workers updated on 02/27/2024 revealed Know when to clean your hands, - Immediately before touching a patient.- Before moving from work on a soiled body site to a clean body site on the same patient- After touching a patient or patient's surroundings- After contact with blood, body fluids, or contaminated surfaces- Immediately after glove removal.