STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675862	A. Building B. Wing	11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Park Bend	2122 Park Bend Dr Austin, TX 78758

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. (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
	675862	A. Building B. Wing	11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Park Bend	2122 Park Bend Dr Austin, TX 78758

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	**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 safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 5 residents (Resident #1) observed for infection prevention.The facility failed to ensure enhanced Barrier Precautions (EBP) were implemented when CNA A & CNA B provided peri and colostomy care to Resident #1.This deficient practice could place the residents at risk for the spread of infection.Findings included:Record review of Resident #1s face sheet revealed she was a 85 year of female with and initial admission date of 9/27/2023 with readmission date of 9/21/2025 and with diagnosis which included: unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, hemiplegia (paralysis)and hemiparesis (partial weakness) following cerebral infarction affecting left non-dominant side (stroke to left side of the brain), type 2 diabetes mellitus with diabetic nephropathy (nerve damage), major depressive disorder (mental health condition characterized by persistent sadness, loss of interest in activities, and a range of emotional and physical problems.), hyperlipidemia (excessive fat in the blood), chronic pain syndrome, hypertension (high blood pressure), gastro-esophageal reflux disease (heartburn) without esophagitis (inflammation of the esophagus), colostomy status (surgical procedure that creates an opening in the abdomen to allow stool to exit to allow stool to exit the body when part of the colon is not functioning properly), acute gastritis (inflammation of the stomach)with bleeding, neuromuscular dysfunction of bladder (nerve damage impaired bladder control).Record review or Resident #1s MDS assessment dated [DATE] revealed a BIMS score of 06, indicating impaired cognition. Further review revealed Resident #1 had a colostomy (surgical opening in the abdominal wall to allow the colon to pass waste through the body into a bag that can be emptied and replaced as needed.) Review revealed resident wears a brief and needs assistance with ADL s.Record review of Resident #1s Care Plan dated 9/21/2025 revealed a Problem which included Enhanced barrier Precautions related to colostomy. This problem area included the following interventions: Post EBP signs on or beside door to make precautions clear to those who are entering the room. and Follow enhanced barrier precaution guidelines when providing close contact resident care and Ensure clean PPE is readily accessible near residents room. All interventions were initiated 3/12/2025. Observation on 11/5/2025 at 10:28 AM revealed there was a sign indicating Enhanced Barrier Precautions outside the door to Resident #1s room, and there was a supply of PPE available just inside the door. Sign stated, Enhanced Barrier Precautions everyone must: clean their hands, including before entering and when leaving the room. and Providers and staff must also: wear gloves and a gown for the following activities: dressing, bathing / showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care of central line, urinary catheter, feeding tube, tracheostomy, wound care. Further observation revealed that CNA A and CNA B donned gloves but did not wear a gown while performing peri care and emptying the stool from Resident #1s colostomy bag. In an interview on 11/5/2025 at 10:30 AM with CNA A, he stated he did not always where a gown when providing care to Resident #1. He stated he was unable to explain enhanced barrier precautions. In an Interview 11/5/2025 at 10:32 AM with CNA B, she stated that she sometimes wore a gown when performing peri care but not always. When Surveyor and CNA B exited the room and Surveyor asked what the sign on the door meant, CNA B stated she did not see the sign before providing care to Resident #1. She stated she should have worn a gown when emptying the colostomy bag and providing peri care.In observation and interview on 11/5/2025 at 10:51 AM with CMA A, she entered the room and put on a gown and gloves and obtained Resident#1s blood pressure. She removed the PPE sanitized her hands and prepared medication following physician's order. CMA A then placed another gown and set of gloves on and assisted Resident #1 in taking her medications and ensured all medication were swallowed. She stated she wore the gown and gloves to provide any care to Resident #1 as she was on Enhanced barrier precautions. In a telephone interview on 11/6/2025 at 12:50 PM, with DON, she stated that she frequently inserviced staff on abuse, neglect and enhanced barrier precautions. She stated that if a resident is on enhanced barrier precautions she expects the staff to wear gowns and gloves when providing care to the residents.In an interview on 11/6/2025 at 12:54 PM with ADON, she stated that she knows they have reviewed EBP in July. She stated that anyone with a chronic wound, g tube, trach, or surgically opened areas in the body would require the resident to be placed on enhanced barrier precautions