

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Avir at Grand Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 1638 Vz Cr 1803 Grand Saline, TX 75140	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food under sanitary conditions for 1 of 1 facility kitchens. The facility failed to ensure the reach-in stainless steel freezers and coolers were free from food debris, dried liquid splatters and fingerprints. The facility failed to ensure the bulk bins for sugar, flour and cornmeal were kept clean. The facility failed to ensure the outside of the milk box was clean. The facility failed to ensure the areas above the ovens on the stove were kept clean. The facility failed to ensure the vent hood above the deep fryer was kept clean. These failures could place residents who ate food from the kitchen at risk of foodborne illness. Findings included: During observations and interviews on 02/02/2026 of the kitchen the following was noted: *at 10:00 AM the 2-door stainless steel freezer in the pantry. The indented areas under the handle pulls are filled with food debris, the stainless steel doors had fingerprints and there were splatters on the front vents and door sills, the bottom shelf of the freezer had scattered food debris. *at 10:12 AM the bulk sugar, flour, cornmeal bins in the pantry. The plastic lids had built-up light brown debris in the crevices of the molded plastic, dried food splatters and were generally soiled. *at 10:14 AM the 2-door stainless steel cooler in the pantry had door sills soiled with food debris and dried liquid splatters. *at 10:17 AM the 2-door stainless steel cooler between the pantry and the meat freezer had door sills soiled with food debris, dried liquid splatters and the bottom shelf soiled with dried liquid spills and food debris. *at 10:24 AM the front of the refrigerated milk box had dried liquid drips. *at 10:26 AM the area above the oven doors on the 6-burner stove had a deep golden-brown greasy film that could be scraped with a fingernail. The vent hood above the deep fryer had a light build-up of golden-brown greasy film. The DM said the vent hood had been deep cleaned in December 2025 by a vendor and she knew the maintenance supervisor also deep cleaned it sometimes. She was not aware of routine light cleaning to keep the surfaces free of grease build-up. The DM said she was getting some help from the DM at a local sister facility with setting up cleaning schedules of tasks to be completed. She said she was in the process of breaking down tasks by shift and days to be performed. She said she had purchased stainless steel cleaner to begin cleaning all the stainless steel. Review of a facility policy, revised November 2022, titled Sanitation indicated .1. All kitchen areas and dining areas are kept clean, free from garbage and debris, and protected from rodents and insects. 2. All utensils, counters, shelves and equipment are kept clean, maintained in good repair and are free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners are kept in good repair. 3. All equipment, food contact surfaces and utensils are cleaned and sanitized using heat or chemical sanitizing solutions. The Texas Food Establishment Rules, dated October 2015, revealed: S228.68. Preventing Contamination From Equipment, Utensils, and Linens. (a) Food shall only contact surfaces of: (1) equipment and utensils that are cleaned as specified under SS228.113, 228.114 and 228.115 of this title and sanitized as specified under SS228.116, 228.117 and 228.118 of this title; . S228.114. Frequency of Cleaning. (c) Nonfood-contact surfaces. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues Food and Drug Administration Code, Dated, 2013, indicated the following: 4-601.11 Equipment, (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Avir at Grand Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 1638 Vz Cr 1803 Grand Saline, TX 75140	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (B)The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations 3-305.11 Food StorageFood shall be protected from contamination by storing the food:(1) In a clean, dry location;(2) Where it is not exposed to splash, dust or other contamination .4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils (A) Equipment food-contact surfaces and utensils shall be clean to sight and touch. (B) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris .		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Avir at Grand Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 1638 Vz Cr 1803 Grand Saline, TX 75140	
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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure the Pre-admission Screening and Resident Review (PASRR) Level I assessment accurately reflected the resident's status for 4 of 10 residents (Residents #64, #9, #20, and #47) reviewed for resident assessments. 1.The facility failed to ensure the accuracy of the PASRR Level 1 screening dated 9/15/25 for Resident #64. The PASRR Level 1 screening did not indicate a diagnosis of mental illness, although the diagnosis (Delusional Disorder) was present on 3/22/24. 2. The facility failed to ensure the accuracy of the PASRR Level 1 screening dated 9/11/25 for Resident #9. The PASRR Level 1 screening did not indicate a diagnosis of mental illness, although the diagnosis (Delusional Disorder) was present at the time.3. The facility failed to ensure the accuracy of the PASRR Level 1 screening for Resident #20. The PASRR Level 1 screening did not indicate a diagnosis of mental illness, although the diagnosis (Post-Traumatic Stress Disorder) was present upon Resident #20's admission date on 11/01/25.4. The facility failed to ensure the accuracy of the PASRR Level 1 screening for Resident #47. The PASRR Level 1 screening did not indicate a diagnosis of mental illness, although the diagnosis (Mood Disorder, Schizoaffective disorder, and bipolar disorder) was present upon Resident #47's admission date on 12/11/25. This failure could place residents with positive PASRR at risk of not receiving specialized services which would enhance their highest level of functioning, and could contribute to residents' decline in physical, mental, and psychosocial well-being. Findings included: 1.Record review of the undated face sheet indicated Resident #64 was a [AGE] year-old female that admitted [DATE]. Record review of the physician's orders dated 2/3/26 indicated Resident #64 had diagnoses that included: delusional disorders (a type of serious mental illness characterized by holding one or more firm, false beliefs/delusions, for at least 1 month which are based in reality, often non-bizarre, such as being followed, poisoned, or loved from afar), anxiety (intense, excessive and persistent worry), and mild dementia with agitation (restlessness, anxiety, irritability, and at times verbal or physical aggression). The physician's disorders indicated Resident #64 had orders dated 8/2/25 for Depakote extended release, 250 mg, 1 tab by mouth at bedtime related to delusional disorder. Record review of the annual MDS assessment dated [DATE] indicated Resident #64 had clear speech, understood others, and was understood by others. She had a BIMS score of 11 which indicated moderate cognitive impairment. She rejected care 4-6 days per week. Record review of the undated care plan indicated Resident #64 had forgetfulness/delusional behavior related to dementia, a history of when she got an idea in her head, even if not true, she believed it was true. The care plan indicated she took medication for delusional disorder/behaviors. Record review of a PASRR Level 1 Screening dated 9/15/25 indicated Resident #64 did not have a primary diagnosis of dementia or mental illness. During an interview on 2/03/2026 at 12:50 PM, the MDS nurse said she marked the PASRR Level 1 Screening wrong for Resident #64 on 9/15/25 when the facility had the CHOW. She said she indicated Resident #64 did not have mental illness, but Resident #64 got a diagnosis for delusional disorder on 3/22/25. She said Resident #64 did not have a primary diagnosis of dementia so she should have marked the PL 1 positive for MI. During an interview on 2/03/2026 at 1:36 PM, the MDS nurse said marking a PASRR Level 1 Screening negative, when it should have been positive, could cause residents to miss out on potential services and/or counselling they could receive from PASRR services. During an interview and record review on 02/03/2026 at 2:17 PM, the MDS nurse provided this surveyor a Form 1012 Mental Illness/Dementia Resident Review that she said she would turn into the MD to sign indicating Resident #64 had MI related to delusional disorders. The 1012 form indicated, Complete this form only for nursing facility residents with a current Negative PASRR Level 1 (PL1) Screening for Mental Illness to determine whether to submit a new positive PL 1 screening form on the Long Term Care Portal because further evaluation is needed. During an interview on 2/04/2026 at 2:09 PM, the SW said if a resident had a mental illness diagnosis, she would expect (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Avir at Grand Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 1638 Vz Cr 1803 Grand Saline, TX 75140	
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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	them to be PASRR positive on their PL 1. She said if a resident had MI, ID, or DD, and were marked negative, they could miss out on services that would benefit them. During an interview on 02/04/2026 at 2:21 PM, the DON said anyone with MI, DD, or ID should be marked as positive on their PL 1 so that they could get all the care that they needed. If a resident was marked negative and they were positive, they could miss out on treatments that would provide them needed care. The DON said if a resident had MI it would be beneficial for their overall quality of life and well-being to get extra services through PASRR. During an interview on 2/04/2026, at 2:27 PM, the ADM said anyone with MI, IDD, ID should be marked as positive on the PL 1, so that they could get all the care that they needed and support services for a better quality of life. He said if the PL 1 was marked negative and should have been positive, it could adversely affect their quality of life because the PASRR services gave them more positive things. The ADM said he had seen residents receive PASRR services and they really seemed to enjoy it. 2. Record review of Resident #9's face sheet, dated 02/03/26, reflected he was an [AGE] year-old male, admitted to the facility on [DATE]. His diagnoses included delusional disorders The onset date was 04/26/24. Record review of Resident #9's quarterly MDS assessment, dated 11/01/25, reflected he had a BIMS score of 99, which indicated he was unable to complete the BIMS interview. His cognitive skills for daily decision making were moderately impaired. He was usually able to make himself understood, and sometimes able to understand others. He received an antipsychotic medication routinely. Record review of Resident #9's PASRR Level 1 Screening, dated 09/11/25, indicated that in Section C, Mental Illness was marked as no, which indicated Resident #9 did not have a mental illness. 3. Record review of Resident #20's face sheet, dated 02/02/26, reflected he was a [AGE] year-old male, admitted to the facility on [DATE]. His diagnoses included Post-Traumatic Stress Disorder (a mental health condition triggered by experiencing or witnessing terrifying events like accidents, abuse, or war, with symptoms lasting over a month). The onset date was 11/02/25. Record review of Resident #20's admission MDS assessment, dated 11/03/25, reflected he had a BIMS score of 05, which indicated severe cognitive impairment. He was sometimes able to make himself understood, and he was sometimes able to understand others. Record review of Resident #20's PASRR Level 1 Screening, dated 11/01/25, indicated that in Section C, Mental Illness was marked as no, which indicated Resident #20 did not have a mental illness. 4. Record review of Resident #47's face sheet, dated 02/03/26, reflected she was a [AGE] year-old female, admitted to the facility on [DATE]. Her diagnoses included Mood disorder , schizoaffective disorder (a mental health problem where you experience psychosis as well as mood symptoms), and Bipolar disorder (This mental health condition causes extreme mood swings that include emotional highs, called mania, and lows, known as depression). The onset date for all three diagnoses was 12/11/25. Further, Resident #47 had a diagnosis of dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), but it was designated as primary. The primary diagnosis was a Mood Disorder. Record review of Resident #47's admission MDS assessment, dated 12/15/25, reflected she had a BIMS score of 00, which indicated severe cognitive impairment. She was sometimes able to make herself understood, and she was sometime able to understand others. She received an antipsychotic medication routinely. Record review of Resident #47's PASRR Level 1 Screening, dated 12/11/25, indicated that in Section C, Mental Illness was marked as no, which indicated Resident #47 did not have a mental illness. The screening further indicated that the resident had a primary diagnosis of dementia. During an interview on 02/03/26 at 01:36PM, the MDS Coordinator said the PASRR Level 1 forms for Resident #9, Resident #20, and Resident #47 were incorrect. She said all three of them should have been marked yes for mental illness. She said Resident #9 and Resident #47 did not have a primary diagnosis of dementia. She said the risk was that these residents could miss out on potential services and counseling they could receive from PASRR. During an interview on 02/04/26 at 01:57PM, the DON said she did not deal with the PASRR Level 1 forms. During an interview on 02/04/26 at 02:01PM, the Interim Administrator said he expected the MDS Coordinator to ensure the PASRR Level 1 forms were (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Avir at Grand Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 1638 Vz Cr 1803 Grand Saline, TX 75140	
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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	filled out correctly. He said the risk was that the residents may not be considered for PASRR services. During an interview on 2/4/26 at 10:05 AM, the VPCO said they did not have a PASRR policy. She said they followed state and federal guidelines for PASRR.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Avir at Grand Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 1638 Vz Cr 1803 Grand Saline, TX 75140	
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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. Based on observation, interview, and record review, the facility failed to provide an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being for residents 1 of 2 units (secure unit) reviewed for quality of life, in that: The facility failed to ensure there were organized activities available to secured unit residents on 02/02/26. The facility failed to ensure the activities calendar was initially posted for February, 2026, and once it was posted, was followed. This failure placed residents at risk for a diminished quality of life, behaviors, isolation, and lack of stimulation. Findings included: During an interview on 02/02/26 at 11:45AM, the family member of a resident in the secure unit, Family Member M, said the only time she saw activities conducted in the secured unit was when occupational therapy or hospice would come in and do some kind of activity. During an observation on 02/02/26 at 10:17AM, the residents in the secured unit were sitting in the dining room watching TV. Some residents were asleep in their wheelchairs or couches, and some were wandering around the hall. There was no activity ongoing at this time. There was an activity schedule posted, but it was for the month of January. There was no activity schedule posted for February. During an observation on 02/02/26 at 02:30PM, there was no activity ongoing at this time. The residents had finished lunch, and some were sitting around in the dining room watching tv. Other residents were up and wandering around the unit. During an interview on 02/02/26 at 02:55PM, the Activity Director said that day was her 3rd full day as the activity director. She said her first day was January 28th, but she was required by the facility to continue to administer medications as a medication aide. She said she was about to step away to go administer more medications. She said she did not have access to the computer in the activity director's office yet, and was unable to access activity director materials. She said she did not have a schedule for activities in the secured unit for February yet. During an interview on 02/03/26 at 09:40AM, the Activity Director provided a schedule of activities for the secured unit for February. Record review of the Activities Schedule for February 2026 for the secured unit reflected the following activities for 02/03/26: 10AM - Music 1PM - Arranging Flowers 4PM - Bible Study 6PM - TV. During an observation on 02/03/26 at 10:18AM, the Activity Director was in the secured unit conducting a coloring activity with the residents. During an observation on 02/03/26 at 01:01PM, there were no activities being conducted in the secured unit at that time. Some residents were still eating lunch. During an interview on 02/03/26 at 1:06PM, CNA N said the Activity Director did not conduct any activities in the secured unit on 02/02/26. She said the aides left out colors for the residents to color. She said there was no specific time when the aides were responsible for doing the activity because they have a lot going on. She said they tried to incorporate activities, but they were doing rounds, smoke breaks, showers, passing trays, and incontinent care. She said the aides had been responsible for activities in the secured unit for the last 2 years. She said the previous activity director only came back to the unit to do activities when state was in the building. She said the risk to the residents was that they could have a decreased quality of life and increased boredom. During an observation on 02/03/26 at 01:13PM, there was no activity being conducted in the secured unit at that time. The CNAs were picking up lunch trays. During an interview on 02/03/26 at 01:15PM, CNA O said the activity in the unit on 02/02/26 was coloring. She said there was no set schedule. She said there was no set schedule because it was hard to fit activities in when the aides are taking care of the residents, including showers, incontinent care, and getting them up for the day. She said the Activity Director did not come to the secured unit to conduct activities on 02/02/26. She said it has been that way for at least 2 years. She said the previous activity director came back to the secured unit for activities a handful of times. She said the risk to the residents was decline and decreased quality of life. During an observation on 02/03/26 at 01:20PM, there was no activity being conducted in the secured unit at that time. During an interview on 02/03/26 at 02:11PM, CNA O said they and the (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Avir at Grand Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 1638 Vz Cr 1803 Grand Saline, TX 75140	
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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Activity Director did not do the arranging flowers activity that was scheduled at 01:00PM that day. During an interview on 02/04/26 at 01:29PM, the Activity Director said she did not conduct any activities in the secured unit on 02/02/26. She said she did go back to the secured unit on 02/02/26 to ask the residents and aides what they liked and did not like to do. She said after lunch she had to work on the medication cart because the other staff needed her help. She said it was her responsibility to ensure activities were being conducted in the secured unit. She said she started in the Activity Director role on the 26th of January. She said she had not yet been able to work full time as an Activity Director, because she was still required to work as a medication aide. She said she was not certified as an Activity Director yet, but she signed up for the Activity Director course on 02/03/26 after the survey team inquired about her certification. She said she would start the course as soon as she got the materials to work on it. She said the risk to the residents was that they could decline due to not having an outlet in activities. She said she is unsure how long the unit has gone without activities. She said in the past when she had worked on the weekend as a med aide, she had not seen many activities in the unit at all. She said she was sick the past weekend and did not come up to the facility for any activities. During an interview on 02/04/26 at 01:57PM, the DON said the Activity Director and the Administrator were responsible for ensuring that activities were scheduled and that the schedule was followed. She said the risk to the residents was a decreased quality of life due to less interaction and brain stimulation. During an interview on 02/04/26 at 02:01PM, the Administrator said his expectation was that activities should have been scheduled and conducted throughout the day. He said they placed a medication aide in the activity director position. He said the activity director had not yet signed up for the activity course until 02/03/25. He said the risk to the residents not receiving activities could cause decreased quality of life due to the drop in stimulation. He said he expected the Activity Director to keep the activity schedule like it was medication. Record review of the facility's policy, Activity Programs, last revised June 2018, reflected: .Activity programs are designed to meet the interests of and support the physical, mental and psychosocial wellbeing of each resident.2. Activities offered are based on the comprehensive resident-centered assessment and the preferences of each resident.6. Activities are scheduled 7(seven) days a week and residents are given an opportunity to contribute to the planning, preparation, conducting, cleanup and critique of the programs.11. Scheduled activities are posted on the resident bulletin board. Activity schedules are also provided individually to residents who cannot access the bulletin board.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Avir at Grand Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 1638 Vz Cr 1803 Grand Saline, TX 75140	
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 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. Based on observations, interviews, and record reviews, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 2 of 4 medication carts (Cart Hall 2 and Cart Halls 1 & 3) reviewed for pharmacy services. The facility failed to ensure the nursing staff responsible for the safekeeping of narcotics performed and documented change of shift narcotic counts on multiple shifts and days for Medication Cart Hall 2 and Cart Halls 1 & 3. This failure could place residents at risk for loss of medications and possible drug diversion. Findings included: During an observation and interview on 02/03/2026 at 09:01 AM, MA-B was noted standing at Medication Cart Hall 2. The top drawer of the cart was open and a key ring with keys on it was noted lying on top of the cart. When asked if MA-B was available for observation of medication administration, MA-B said she was not the medication aide for the residents. MA-B said she was the staffing coordinator. She said she was also a medication aide and helped in that capacity when needed. She said she was checking the medication cart for needed supplies. MA-B said she obtained the keys to the cart from MA-C who was on another hall at that time. She said the key to the narcotic box in the cart was also on the key ring. MA-B said she counted the narcotics with MA-C when she took control of the keys to the cart that morning (02/03/2026). MA-B said she forgot to sign the narcotic count record. During an interview with MA-C at 09:10 AM on 02/03/2026, she said she counted the narcotics with MA-B prior to giving her the keys to the carts and narcotic boxes for Hall Cart 2 and Hall Cart 1 & 2. She said she did not get to the facility in time to count the narcotics with the off-going night nurse every day. She said she counted the narcotics in the carts she would use every day with whoever had the keys. MA-C said she counted Hall Cart 2 and Hall Cart 1 & 3 with MA-B when she arrived at the facility that morning. During a second interview with MA-B on 02/03/2026 at 09:16 AM, MA-B said she did not count the narcotics with MA-C when she arrived at work that morning. During a second interview with MA-C on 02/03/2026 at 09:18 AM, MA-C said she counted narcotics with LVN-E that morning when she arrived to work. During an interview with LVN-E on 02/03/2026 at 09:20 AM, LVN-E said she had not counted the narcotics with MA-B when she arrived to work. During an interview on 02/03/2026 at 09:21 AM with MA-B, MA-C, and LVN-E, MA-C looked at LVN-E and said, I counted with you this morning. LVN-E shook her head no and said she had not counted with MA-C. When surveyor asked MA-C who she had gotten the keys to Hall cart 2 and Hall Cart 1 & 3 from, she did not reply. When asked a second time, MA-C looked at LVN-E. LVN-E then said, In the book and pointed toward Hall Cart 2. When surveyor asked MA-C if the keys to the cart were left unsecured, inside the narcotic count book lying on top of Hall Cart 2, MA-C replied yes. During an interview on 02/03/2026 at 09:32 AM, MA-C said she did not count the narcotics in Hall Cart 2 and Hall Cart 1 & 3 with anyone when she obtained the keys to the carts from the notebook. She said she counted the narcotics by herself. MA-C said it was important to count narcotics every time keys were passed from one person to another to reduce the risk of missing or lost narcotics and other drugs. During an interview with on 02/03/2026 at 10:23 AM, MA-C said she left at 03:00 PM on 02/02/2026. She said counted the narcotics with MA-B and gave her the keys to Cart 2 and Cart 1 & 3. MA-C said she did not work 12-hour shifts. She said she worked from 7AM to 3 PM. She said there was no place on the narcotic count signature sheets to sign for counts done at any time except the beginning and end of the 12-hour shifts. MA-C said she counted the narcotics with MA-B on 02/02/2026 at 3:00 PM and signed that she had performed the count at 6 PM because it was the only spot available to sign. During an interview on 02/03/2026 at 10:26 AM, MA-B said she counted the narcotics on Cart 2 and Cart 1 & 3 with MA-C at 03:00 PM on 02/02/2026. She said she counted the narcotics on the carts with one of the nurses when she left at 5 PM. A review of the Narcotic Count Notebooks for Hall Cart 2 and Hall Carts 1 & 3 noted the first page in the notebooks to have the (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Avir at Grand Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 1638 Vz Cr 1803 Grand Saline, TX 75140	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	following instructions in large, bold print: Please count Narcotics and sign the log sheet daily! Record review of the Controlled Substances Count sheet for Hall Cart 2 indicated spaces available for the 6 AM - 6 PM and 6 PM - 6 AM shifts only. There was 1 missing signature for the 6 PM - 6 AM shift on 02/02/2026 which indicated MA-C had not performed a narcotic count with anyone before relinquishing control of the cart. There were no entries for the performance of narcotic counts on 02/03/2026. Record review of the Controlled Substances Count sheet for Hall Cart 1 & 3 indicated an undated entry below the date of 02/02/2026 for an off-going night nurse with no corresponding signature of the on-coming nursing staff. During an interview and record review with the DON on 02/03/2026 at 10:35 AM, she provided a reconstructed accounting of the exchange of control of Hall Cart 2 which indicated Hall Cart 2 and keys were handed off a total of 8 times from 07:00 AM on 02/02/2026 to 07:00 AM on 02/03/2026. The exchange of control of the cart containing narcotics involved 2 Medication Aides, 4 Licensed Vocational Nurses, and 1 Registered Nurse and resulted in 13 missing signatures for narcotic counts from 07:00 AM on 02/02/2026 through 07:00 AM on 02/03/2026. The DON said she expected the nursing staff to count the narcotics at shift change and any time the keys and control of the medication carts were passed from one person to another. She said she expected nursing staff to be honest about their handling of narcotic counts. She said she expected the keys to the medication carts and narcotics to be maintained in a secure manner and not left on top of the cart in the narcotic book. The DON said narcotic counts and the security of the keys to the carts and narcotics were important for minimizing the risk of missing or lost narcotics. A review of the facility's policy dated 2001 and revised November 2022 and titled Controlled Substances indicated the following: Dispensing and Reconciling Controlled Substances1.Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimizes the time between loss/diversion and detection/follow-up.2.The system of reconciling the receipt, dispensing, and disposition of controlled substances included the following:a.Records of personnel access and usage, .3. Nursing staff count controlled medication inventory at the end of each shift, using these records to reconcile the inventory count.4. The nurse coming on duty and the nurse going off duty make the count together and document and report any discrepancies to the director of nursing services.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Avir at Grand Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 1638 Vz Cr 1803 Grand Saline, TX 75140	
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to notify the resident's representative when there was a decision to transfer the resident from the facility to the hospital resident for 1 of 6 residents (Resident #95) reviewed for resident rights. The facility failed to notify Resident #95's representative when he was sent to the hospital emergency room for a change in condition. This failure could result in the family or guardian not being aware of conditions that may require them to make medical decisions. Findings included: Record review of a facility face sheet dated 5/15/25 indicated Resident #95 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including: Parkinsonism, striatonigral degeneration (a rare, rapidly progressive neurodegenerative disorder causing rigidity, slow movement, tremors, blood pressure drops and lack of muscle control and coordination causing awkward or clumsy movements), dementia without behavioral disturbance, mood disorder, vascular dementia, Parkinson's disease, visual hallucinations and high blood pressure. The face sheet indicated Resident #95's responsible party as emergency contact #1 and there was another family member indicated as emergency contact #2. Record review of a comprehensive admission MDS assessment dated [DATE] for Resident #95 indicated he had a BIMS score of 06, indicating he had severely impaired cognition. Resident #95 required partial assistance from one staff with toileting and showering and supervision with dressing and could feed himself. Resident #95 was occasionally incontinent of Bladder and continent of bowel. Record review of a comprehensive care plan initiated 11/12/2025 for Resident #95 indicated he was at risk for falls and had actual falls on 11/14/2025, 11/16/2025, 12/03/2025, 12/21/2025, 12/29/2025, and 01/11/2026. Noted in the care plan with new interventions initiated with each subsequent fall. The record indicated the resident had no major injuries noted from these falls. Record review of a progress notes for Resident #95 indicated the following: On 11/08/2025 at 09:22 AM Skilled Evaluation: No pain, confused and oriented to person, requires cues, severely impaired cognition, speech clean and usually understands others, no difficulty with cardiovascular, respiratory, gastrointestinal, genitourinary systems. He had no issues with swallowing. He had an abscess wound on his right scapula present on admission. On 12/29/2025 at 04:48 AM Nurse's Note: Called to resident room, noted sitting on floor in front of recliner, Resident is alert and oriented to person, neuros initiated, and WNL. 0 c/o pain or discomfort voiced/noted. NP, RP, and DON notified. On 12/31/2025 at 10:56 PM Nurse's Note: 0 delayed injuries post day 2/3 witnessed fall. Neuro checks continue and remain WNL for resident. No complaints of pain or discomfort voiced/noted. On 01/07/2026 at 1:27 PM Nurse's Note: informed by CNA that resident had unwitnessed fall and hit his head, resident does not complain of pain at this time, RP informed, NP and DON notified, new order for Xray placed, neuros initiated. On 01/07/2026 at 10:13 PM Nurse's Note: neuro checks continue after unwitnessed fall with bruising to left eye with knot present. no signs or symptoms of pain or discomfort present. negative findings from xray. resident is resting in bed with eyes closed. easily alert and responsive. On 01/08/2026 at 3:11 PM Nurse's Note: resident changed room and has not been able to settle, he has been agitated and roaming the hallway trying to go back into his old room. Resident has been redirected several times and becomes angry when trying to push him in his wheelchair to his new room. On 01/11/2026 at 01:20 AM Nurse Note: CNA reported to this nurse that resident laying in the floor, went to resident room and noted resident in the middle of his room laying on the floor on his left side, walker is at the end of roommate's bed, able to follow basic commands, denies pain, ROM WNL, assisted up x2 and tolerated well no signs and symptoms of discomfort, noted redness to mid forehead, other injury noted aside from previous bruising to left forehead, eye and spreading to right eye and scab to left eye, no distress, neuros restarted, spoke with RP #2 and verbalized understanding, RP #1 also made aware, DON and NP also made aware. On 01/14/2026 at 8:30 PM Nurse's Note: Called to resident room, noted resident on floor on hands and (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Avir at Grand Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 1638 Vz Cr 1803 Grand Saline, TX 75140	
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	knees, bed in low position, Resident only responds with moans and groans, resident hair damp, skin is cold and clammy-Blood sugar 135, and vital signs WNL. Bruising noted to face, bilateral upper extremities, back, and chest from previous incidents, no new bruising, or reddened areas noted at this time. Jerking movements to bilateral upper extremities noted. 911 called, Resident trying to get up on bed on his own, resident helped back into bed x2 of staff to minimize risk of further injury NP and DON notified.Review of an unwitnessed fall incident report for Resident #95 dated 01/14/2026 indicated immediate action taken: assessment of resident (indicated above in nurse's note), call 911, called NP and DON notified, attempted to call RP X 3 with no response. The incident report was completed by LVN P.Review of SNF/NF Transfer to Hospital form dated 01/14/2026 for Resident #95 indicated the NP and DON had been notified at the time of transfer. The primary responsible party had not been notified at the time of transfer. There were no documented times the notification attempts were made. LVN P completed the SNF/NF Transfer Form.Review of hospital notes for Resident #95 indicated the resident's responsible party had been contacted by phone on 01/16/2026 and verbally signed the CMS Form 10065-IM explaining Medicare rights as an inpatient and rights to appeal discharge from the hospital on [DATE] at 11:38 AM indicating the RP was aware the resident was in the hospital. Physician hospital notes dated 01/19/2026 indicated Resident #95 had findings of sepsis due to possible UTI and acute enteritis (inflammation of the small intestine) and was started on antibiotics. Physician notes also indicated the resident had a 6 mm stone in the left ureter (tube from kidney to bladder) but was inoperable at that time due to unstable medical condition with urology consult. There was no diagnosis of pneumonia or fractured vertebrae. Resident #95 was nonverbal and unable to follow commands and unable to be redirected easily. Hospital case manager notes for Resident #95 indicated the discharge plan was to discharge back to the nursing facility when stable. During an interview on 02/04/2026 at 9:37 AM Resident #95's responsible party said he was not notified when the resident was sent to the hospital. He said he was usually informed every time something happened, even at 2:00 AM if he had fallen or something. He said he did not know of the resident's transfer until the hospital called him on 02/18/2026.During an interview on 02/04/2025 at 9:25 AM CNA A said she worked on the memory care unit and remembered Resident #95 and said he fell frequently and would not take any assistance from staff. She said he wanted to do everything for himself. She said falls were reported to the charge nurse so they could assess the resident for injuries but Resident #95 usually would not lie there and wait for the nurse to come. She said his short-term memory was really bad, He had to be constantly redirected to not stand during his showers.During an interview on 02/04/2026 at 9:30 AM CNA D said she had worked on the memory care unit. She said Resident #95 fell frequently. She said when he first admitted he was doing pretty well but seemed to go downhill fast. She said he was very stubborn and wanted to do for himself and he was hard to be re-directed because he wanted to do what he wanted to do. She said he had use of a wheelchair but would not use it. She said she was not working the day he was sent to the hospital. During an interview on 02/04/2026 at 9:40 AM LVN F said she was the charge nurse on the memory care unit for the first time on 02/02/2026. She said she was not familiar with Resident #95. She said she was PRN staff and usually worked 2 other halls.During an interview on 02/04/2025 at 9:45 AM the DON said Resident #95 had admitted in November 2025 and had done pretty well for a while but he had started falling a lot. She said he had hit his head a couple of times with no fractures or internal brain bleeding. She said he had bruising on his forehead and a black eye. She said when he fell he would get up before he could be assessed. She said he had a general decline since admission but recently before his discharge he had been declining more rapidly. She said they had therapy try to do some gait training to help build up his strength and increase his steadiness but it was not real successful because his short term memory was so bad he could not remember what he had been taught and carry out the exercise. She said she did not know if the notification to the RP was made when the resident was transferred to the hospital on [DATE].She said he was sent to a small satellite ER on [DATE] and was transferred to the main hospital in a larger city on 01/18/2026. She (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Avir at Grand Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 1638 Vz Cr 1803 Grand Saline, TX 75140	
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	said that same evening there had been several residents fall and the charge nurse could have been distracted if she did not notify the RP. She said family did not visit often. She said the resident had begun falling more and they had tried many different interventions but they were not successful. She said he was very active and hard to re-direct. The DON reviewed Resident #95's record and said the fall incident report dated 01/14/2026 indicated the charge nurse had attempted to call the RP three (3) times and received no answer. She did not know if there was an inability to leave a message. She said she had tried to call LVN P on 02/04/2026 and she did not answer the phone. She said the employee was difficult to contact. She said that she felt 3 attempts to call was adequate in the facility's attempt at notification of the RP. During an interview on 02/04/2026 at 10:05 AM RN J said she was PRN staff but worked the memory unit frequently. She said she was familiar with Resident #95. She said he was very delusional and hard to re-direct. She said he was unsteady on his feet and his gait was poor. She said he wanted to do things he wanted to do and was stubborn. She said she worked with him the week prior to his transfer to the hospital. She said he had bruising to his face and head from a previous fall the week before. She said x-rays had been done with a mobile unit vendor and were negative for any fractures or internal bleeding. She said he had a wheelchair from the facility available for his use but he refused to use it. She said he cursed at staff when they tried to re-direct him. She said his arms were still strong and he would swat at staff to leave him alone so he could do things independently. A phone interview with LVN P who made the transfer for Resident #95 was attempted and the phone was not answered, and the voice mailbox was full and a message could not be left. Record review of a facility policy titled Change in a Resident's Condition or Status revised November 2022 indicated the following: 4. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when:.e. it is necessary to transfer the resident to a hospital/treatment center.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Avir at Grand Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 1638 Vz Cr 1803 Grand Saline, TX 75140	
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 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the activities program is directed by a qualified professional. Based on interviews and record review, the facility failed to ensure the activities program was directed by a qualified professional who was a qualified therapeutic recreation specialist or an activity professional for 1 of 1 facility reviewed for quality of life. The facility did not have a qualified Activities Professional to direct their activities program. This deficient practice could affect any resident and could result in residents not receiving activities that were individualized to match the skills, abilities, and interests/preferences of each resident. Findings were: Record review on 02/3/2026 at 10:30 AM, of an audit of the facility's Administrative and other licensed professional staff's credentials revealed the current Activity Director was not certified. Also, during an audit of the staffing roster, there was no one listed as the official activity director In an interview on 02/03/2026 at 12:00 PM, the HR Coordinator said the facility's Activity Director was not certified In an interview on 02/03/2026 at 12:38 PM, the AD said she had been hired as the medication Aide on 05/05/2024. She said when she was offered the position of AD to try but was not sure if she was going to pursue the position, she said, I have not applied for the AD certification course yet. She said, I really don't have any experience as an AD. In an interview on 02/03/2025 at 2:00 PM, the Administrator said the qualifications to be an Activity Director was to have an AD certificate. He said the current AD started working at the facility on 08/1/2024 as a medication aide and did not have the required certification as an AD. He said it was his responsibility to ensure the AD had enrolled in an AD program. The Administrator said the facility did not have a policy on the requirements for AD. The Administrator said the current AD did not have any of the following state requirements: Licensed, certified or registered, Eligible for certification Had 2 years of experience in a social or recreational program with the last 5 years Had completed a training course approved by the state In an interview on 02/03/2026 at 10:26 AM, the Regional Director stated that the facility did not have a policy on Activity Director.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Avir at Grand Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 1638 Vz Cr 1803 Grand Saline, TX 75140	
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 observations, interviews, and record reviews, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 5 residents (Residents #2) reviewed for infection control and prevention. The facility failed to ensure CNA G and CNA H donned (put on) appropriate PPE (a gown) prior to preparing Resident #2 for a transfer using a Hoyer lift and adjusting his urinary catheter drainage collection bag. This failure could place residents under their care at risk for the transmission of communicable diseases and infections. Findings included: Record review of a face sheet dated 02/02/2026 indicated Resident #2 was an [AGE] year-old male who initially admitted to the facility on [DATE] and re-admitted on [DATE] after a hospital stay. He had diagnoses which included heart disease, chronic kidney failure, influenza A, and sepsis (serious condition resulting from the presence of harmful microorganisms in the blood or other tissues and the body's response, potentially leading to the malfunctioning of various organs, shock, and death). Record review of Resident #2's quarterly MDS assessment dated [DATE] noted Resident #2 had a BIMS of 14 which indicated his cognition was intact. Record review of Resident #2's care plan dated 02/01/2026 indicated he required Enhanced Barrier Precautions to prevent spread of multidrug-resistant organisms. During an observation on 02/02/2026 at 01:15 PM, CNA-G and CNA-H were observed preparing Resident #2 for a transfer from his bed to a shower bed using a Hoyer lift. Upon preparing to enter Resident #2's room, a sign indicating the need for EBP was noted posted on the wall to the left of the outer doorway. A plastic 3-drawer container with PPE in it was noted inside and to the left of the doorway. CNA-G and CNA-H were observed to turn Resident #2 from side to side while placing a Hoyer lift sling under him. Resident #2 was noted to have an open wound to his sacrum area. CNA-H was observed to use his right, gloved hand to reposition Resident #2's foley catheter drainage bag from underneath the bed to the foot of the bed. CNA-G and CNA-H were observed not wearing disposable gowns during this time. During an interview on 02/02/2026 at 01:25 PM, CNA-G said she did not see the EBP sign on the wall beside the door leading to Resident #2's room. She said she knew she was supposed to wear gowns and gloves when providing care to residents with wounds, g-tubes, and foley catheters, but forgot. She said EBP was important in protecting residents and staff from the spread of disease. During an interview on 02/02/2026 at 01:28 PM, CNA-H said he did not know what conditions required EBP but knew the EBP sign meant he was to wear gown and gloves when providing direct care to residents in rooms with the EBP sign outside their doors. He said he did not see the EBP sign on the wall beside the door leading to Resident #2's room. He said it was important to follow infection control protocol to keep from spreading infection. During an interview on 02/03/2026 at 01:50 PM, the DON said she expected staff to follow EBP instructions when caring for residents with foley catheters. She said EBP signs were posted on the outside walls beside the doors to resident rooms to remind staff of the need for gowns and gloves to be used when providing direct patient care. She said she was ultimately responsible for ensuring staff adhere to EBP. Record review of the facility's policy dated 2001 and titled Enhanced Barrier Precautions indicated the following: Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. Policy Interpretation and Implementation. Examples of high-contact care activities requiring the use of gown and gloves for EBPs include: g. device care or use (.urinary catheter, .h.wound care 5.EBPs are indicated for residents with wounds and/or indwelling medical devices regardless of MDRO colonization.		