| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675881 | A. Building<br>B. Wing | 12/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Avir at Pecos | 1819 Memorial Dr<br>Pecos, TX 79772 |

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 0921<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.<br><br>Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for 1 of 1 water dispenser reviewed for physical environment. The facility failed to ensure:A. The water dispenser that was used for the residents was clean and not soiled. B. The floors in the area where the water dispenser was housed were free of dirt.C. The floor tiles in the area where the water dispenser was housed were free of cracks. This failure could affect the residents by placing them at risk for diminished quality of life due to the lack of a well-kept environment. Findings included: In an observation on 12/9/25 at 11:18 am, revealed a locked closet area off of the dining room with a water dispenser that was used for the residents. The water dispenser was soiled with dirt and dust on the top and sides of the unit. The interior portion of the water dispenser was soiled with dust and white spots. The base had standing water. There was a cup 1/2 filled with water sitting on top of the dispenser. The floors had dirt covering them and many of the floor tiles were cracked and broken. In an observation and interview on 12/9/25 at 11:21 am, revealed on RN A's medication cart there was a pitcher filled with water with plastic cups nearby. She said the water was used for the residents when they took their medications or if they requested water. She said the water was obtained from the water dispenser in the closet area off of the dining room. She did not know who was responsible for cleaning the water dispenser. In an interview on 12/9/25 at 1:35 pm, the DON said the facility had one water dispenser for the residents, it was in the closet area next to the dining room. The staff used the dispenser to fill the water cups for the residents when needed. She said she did not know who was responsible for maintaining the water dispenser. She said failing to clean the dispenser and the area had the potential to cause infection. She said no residents had any type of infection related signs or symptoms. In an interview and observation with the Administrator on 12/9/25 at 1:45 pm, the closet area next to the kitchen was observed. He acknowledged the water dispenser, and floor had not been cleaned and many of the tiles were cracked and broken. He said no one had been assigned to clean the dispenser or the area. He said the facility was recently renovated and the area was not done. He said the failure had the potential for infection. He said it was his expectation for the area to be cleaned and it would be assigned. Record review of the facility policy, Cleaning and Sanitation of Dining and Food Services Areas, dated 2023, revealed the following [in part]: Policy: The food and nutrition services staff will maintain the cleanliness and sanitation of the dining room and food service area through compliance with a written, comprehensive cleaning schedule. Procedure: 2. Tasks shall be designated to be the responsibility of specific positions in the department. 5. A cleaning schedule will be posted for all cleaning tasks, and staff will initial the tasks as completed. |

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 |
|---|---|---|