

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675885	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/26/2025
NAME OF PROVIDER OR SUPPLIER  Avir at Caldwell		STREET ADDRESS, CITY, STATE, ZIP CODE  1022 Presidential Corridor Hwy 21 E Caldwell, TX 77836	
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 0684  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals.  (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

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure based on the comprehensive assessment of a resident, the residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for one (Resident #1) of five residents reviewed for quality of care. The facility failed to: 1. Ensure ants were not found on Resident #1's body on 08/13/25 and 08/15/25 which caused large papules (small bumps on the skin that contain fluid or pus) from his right shoulder to elbow, right hip to mid-thigh, abdomen, and between the toes of his feet. 2. Accurately document in Resident #1's EMR regarding the presence of ants/ant bites on his body. 3. Ensure Resident #1 was moved to a different room after ants were found on his body on 08/13/25 until 08/15/25. This failure resulted in an identification of an Immediate Jeopardy (IJ) on 08/25/25 at 7:10 PM and a template was provided. While the IJ was removed on 08/26/25 at 7:06 PM, the facility remained at a level of no actual harm at a scope of pattern that is not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems. These deficient practices could place residents at risk of discomfort, pain, worsening skin impairment issues, and a decreased quality of life. Findings included: Review of Resident #1's undated face sheet reflected an [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including unspecified dementia, dysphagia (difficulty swallowing), muscle weakness, and need for assistance with personal care. Review of Resident #1's quarterly MDS assessment, dated 07/22/25, reflected a BIMS score of 00, indicating he had a severe cognitive deficit. Review of Resident #1's quarterly care plan, dated 07/06/25, reflected he had skin tears related to fragile skin, aging, medication effects, or mobility with an intervention of making sure his environment was safe. Review of Resident #1's NP assessment, dated 08/13/25, reflected the following: [Resident #1] is seen today for a report of possible ant bites to the right arm and right leg. Small red lesions noted to [Resident #1]'s right arm and leg. Review of Resident #1's hospice note, dated 08/13/25 at 12:57 PM and documented by HN D, reflected the following: PC from [LVN A] at (facility) requesting order for Benadryl RN due to ant bites on [Resident #1]'s arm and itching. Verbal order given per s/sx management for Benadryl 25mg 1-2 tablets every 6 hours as needed for itching. Review of Resident #1's progress note, dated 08/13/25 at 3:09 PM and documented by LVN A, reflected the following: [Resident #1] continues with red raised rash to right upper arm and a few patchy areas to the right thigh. He has no complaints of pain or itching at this time. Received PRN order for Benadryl from hospice. Review of Resident #1's physician order, dated 08/13/25, reflected Benadryl Oral Tablet 25 MG - Give 1 tablet by mouth every 6 hours as needed for rash. Review of Resident #1's skin assessment, dated 08/13/25 and completed by LVN A, reflected a rash to his right upper arm. There were no further skin assessments conducted. Review of the facility's pest control invoice, dated 08/14/25, reflected the following: I spoke with the administrator while on site, and she noted nuisance ant activity in room [ROOM NUMBER] (Resident #1's room) . room [ROOM NUMBER] was inspected with live activity of nuisance ants not being observed. Bait was placed in the restroom and bedroom as a precaution. Review of Resident #1's HN B's skin assessment, dated 08/15/25 at 10:44 AM, reflected he had generalized ant bites that were not healing and were pink and beefy red pustules. Review of Resident #1's HN B's progress note, dated 08/15/25 from 10:40 AM - 11:40 AM, reflected the following: [HN B] entered [Resident #1]'s room and found pt awake in bed, [HN B] noted ants crawling on pt's bedding. [HN B] returned to nurses station to tell [LVN C] that the pt needed to be moved to a new room and they needed to contact an exterminator, as ants were in pt's bed. [LVN C] offered for facility aides to change pt bedding. [HN B] stated she would change the bedding, but ants need to be addressed as pt had ant bites on Wednesday (08/13/25). [LVN C] stated the assessment from Wednesday stated pt had a rash. [HN B] went back to pt room, took a picture of ant bites on pt's arm and showed them to [LVN C] who stayed at the nurses station. [HN B] returned to change pt bedding and noted at least 100 ants in pts bed and on pt. [HN B] returned to nurses station to tell [LVN C] that there is a serious issue and pt need to be moved immediately. [HN B] returned to pt room to find [LVN C] had not followed her and was still at nursing station. [HN B] stated loudly that [LVN C] needed to get the DON or the administrator into the patient's room immediately. Multiple HCAs showed up to help [HN B], and eventually [LVN C] did too. [HN B] showed all staff members the multitude of ants in pt's bed. Ants were in between the pt's toes, and on his body from his right leg up to stomach, also removed ants from under pt's scrotum. [LVN C] stated that she was on her first day and was unaware. [THE ADM] showed</p>		

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<p>F 0925</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to maintain an effective pest control program so that the facility was free of pests and rodents for one (Resident #1) of five residents reviewed for physical environment. The facility failed to ensure ants were not found on Resident #1's body on 08/13/25 and 08/15/25 which caused papules (small bumps on the skin that contain fluid or pus) from his right shoulder to elbow, right hip to mid-thigh, abdomen, and between the toes of his feet. This failure resulted in an identification of an Immediate Jeopardy (IJ) on 08/25/25 at 7:10 PM and a template was provided. While the IJ was removed on 08/26/25 at 7:06 PM, the facility remained at a level of no actual harm at a scope of pattern that is not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems. This deficient practice could place residents at risk of discomfort, pain, or infection. Findings included: Review of Resident #1's undated face sheet reflected an [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including unspecified dementia, dysphagia (difficulty swallowing), muscle weakness, and need for assistance with personal care. Review of Resident #1's quarterly MDS assessment, dated 07/22/25, reflected a BIMS score of 00, indicating he had a severe cognitive deficit. Review of Resident #1's quarterly care plan, dated 07/06/25, reflected he had skin tears related to fragile skin, aging, medication effects, or mobility with an intervention of making sure his environment was safe. 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