

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

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675932	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2026
NAME OF PROVIDER OR SUPPLIER Avir at Arbor Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 609 Rio Concho Dr San Angelo, TX 76903	
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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents received reasonable accommodation of needs for 2 of 20 residents (Resident #10 and #55) reviewed for resident rights activities of daily living, received reasonable accommodation of needs. The facility failed to place Residents #10 and #55's call lights within reach. This deficient practice could affect all residents who need assistance with activities of daily living of not having needs met. Findings Include: Record review of Resident #10's admission record dated 04/30/2026 indicated he was admitted to the facility on [DATE] with diagnoses of stroke and heart failure. He was [AGE] years of age. Record review of Resident #10's MDS assessment dated [DATE] indicated in part: BIMS score of = 10 indicating resident was moderately cognitively impaired. Mobility devices = used were walker and wheelchair. Record review of Resident #10's care plan revised on 04/20/2026 indicated in part: Focus: The resident is at risk for falls related to gait/balance problems. Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Record review of Resident #55's admission record dated 04/30/2026 indicated she was admitted to the facility on [DATE] with diagnoses of anxiety and unsteadiness of feet. She was [AGE] years of age. Record review of Resident #55's MDS assessment dated [DATE] indicated in part: BIMS score of= 15 indicating resident was cognitively intact. Mobility devices =used was a wheelchair. Record review of Resident #55's care plan revised on 09/27/2025 indicated in part: Focus: I am at risk for Falls/Safety. Resident will remain free of injuries related to falls and will remain in a safe environment. Assess resident's footwear for proper fit and nonskid soles. Encourage use of call light. Keep call light in reach. Observation and interview on 04/28/2026 at 11:45 AM the rest room call light string in resident room was wrapped around the grab bar by the toilet. Surveyor tried to pull the call light string but it did not trigger the call light due to the string wrapped around the grab bar. Resident #10 said he used the restroom by himself and at times he would use the call light. The resident said that the call light was hard to use due it being tied to the grab bar and sometimes it would not trigger the call light. Observation and interview on 04/30/2026 at 2:48 PM the rest room call light string in resident room was wrapped around the grab bar by the toilet. Resident #55 said she would use the toilet on her own and that if she had to use the call light she would not be able to use it as it was wrapped up on the bar. Interview on 04/30/2026 at 5:04 PM the interim DON said the call light string was supposed to be within reach at all times. She said if the call lights were not within reach then the resident's would not be able to call for help if they needed something. Interview on 04/30/2026 at 5:22 PM the Administrator said it was expected for the call lights to be within reach of the residents. The Administrator said if the call light was not at reach then the resident's would not be able to call for help. Record review of the facility policy titled Resident call system dated 01/2025 indicated in part: Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized work station. Each resident is provided with a means to call staff directly for assistance from his/her bed, from toileting/bathing facilities and from the floor.		

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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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview 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 two (Resident #18) and (Resident #13) of three residents reviewed for PASRR Level 1 screenings. The facility failed to ensure the accuracy of the PASRR Level 1 Screening for Resident #18. The PASRR Level 1 Screening did not indicate a diagnosis of mental illness, although the diagnosis of schizophrenia was present on admission. The facility failed to refer Resident #13 for a PASARR Level II review when she was newly diagnosed with schizophrenia. This failure could place residents with mental illness at risk of not receiving a PASRR Evaluation, individualized care, or special services to meet their needs. Resident #18 A record review of Resident #18's face sheet, dated 4/30/2026, revealed a [AGE] year-old male who was admitted to the facility on [DATE]. His diagnoses included schizoaffective disorder (chronic mental health condition characterized by a combination of symptoms, hallucinations, delusions, disorganized speech, mood disorder symptoms), depression (mental health condition that causes a persistent low mood and loss of interest in activities), generalized anxiety disorder (mental health condition characterized by excessive, uncontrollable, persistent worry about daily life events), insomnia (persistent difficulty falling asleep, staying asleep, or waking too early resulting in poor sleep quality). A record review of Resident #18's quarterly MDS assessment dated [DATE], revealed a BIMS score of 15 which indicated no cognitive impairment. Resident #18's active diagnoses included anxiety, depression and schizophrenia. A record review of Resident #18's PASRR Level 1 Screening completed on 6/11/2025 by the referring hospital revealed Resident #18 did not have a primary diagnosis of dementia and no indicator of mental illness. During an interview on 4/30/2026 at 12:00PM with Resident #18 he stated he has been at the facility since May 2025 but has had several hospital stays. Resident #18 stated he has been transferred to multiple facilities per his choice. He was unsure if he ever received PASRR services prior to admitting to this facility. Resident #13A record review of Resident #13's face sheet, dated 4/30/2026, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included depression (mental health condition that causes a persistent low mood and loss of interest in activities), vascular dementia with psychotic disturbance (cognitive decline caused by vessel damage, accompanied by delusions or hallucinations), and vascular dementia with anxiety (cognitive decline caused by vessel damage that features panic like episodes). A record review of Resident #13's comprehensive MDS assessment dated [DATE], revealed a BIMS score of 15 which indicated no cognitive impairment. Resident #13's active diagnoses included non Alzheimer's dementia (cognitive decline caused by brain diseases other than Alzheimer's), depression and schizophrenia. A record review of Resident #13's PASRR Level 1 Screening completed on 4/11/2019 by the referring hospital revealed Resident #13 had no indicator of mental illness. During an interview on 4/30/2026 at 12:15PM with Resident #13 she stated she has been at the facility since last year. Resident #13 stated she has not received services through PASRR before. During an interview on 4/30/2026 at 4:40 PM, the MDS Coordinator stated Resident #18 had a mental illness diagnosis, thus the PASRR screening was positive, not negative as reflected on the screening form. She stated a corrected screening should have been completed and sent to the local authority for evaluation. The MDS Coordinator stated Resident #13 had just received the diagnosis of schizophrenia on 3/5/2026 and she was unaware of the diagnosis. MDS Coordinator stated she needed to fill out a form to notify the Local Authority of the diagnosis. The MDS Coordinator stated PASRR was her responsibility and she would correct the issue. She stated the risk of PASRR not being accurate could be lack of services for the resident. During an interview on 4/30/26 at 4:49PM, the DON stated she expected the PASRRs to be accurate and timely. She stated if an error in a PASRR was later found, a corrected form was sent. DON stated the MDS Coordinator was responsible (continued on next page)		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	for the accuracy of PASRR documents. She stated residents may not have received the benefits or treatments they needed or were entitled to if the PASRR screening was inaccurate. During an interview on 4/30/2026 at 5:00PM with the Administrator she stated it was the MDS Coordinator's responsibility to update and follow through with PASRR. She stated the risk in not doing so could lead to decrease in quality of life and not receiving services that could be beneficial to the resident. During a record review of facility's policy dated 11/2023 titled PASRR revealed:6. Follow the Texas PASRR Policy for all mandatory meetings and care coordination including any changes that may require a change in residents' PASRR status.Review of the Texas Health and Human Services Detailed Item by Item Guide for Local Authorities and Nursing Facilities to Complete the PASRR Level 1 Screening Form, revised June 2023, and accessed at PASRR Forms and Instructions Texas Health and Human Services revealed in part, The PASRR Level I (PL1) Screening Form is designed to identify individuals who are suspected of having mental illness (MI), intellectual disability (ID) or a developmental disability (DD). Developmental disabilities are also referred to as related conditions.If documentation entered on the PL1 Screening Form indicates a suspicion of MI, ID, or DD, a PASRR Evaluation (PE) must be completed to confirm PASRR eligibility. The PE is designed to confirm the suspicion of MI, ID, or DD and ensure an individual is placed in the most integrated residential setting receiving the specialized services needed to improve and maintain an individual's level of functioning.Examples of MI diagnoses are:SchizophreniaMood Disorder (Bipolar Disorder, Major Depressive Disorder, or other mood disorder)Paranoid DisorderSevere Anxiety DisorderSchizoaffective DisorderPost-Traumatic Stress SyndromeWhat is not considered an MI:Neurocognitive Disorders, such as Alzheimer's disease, other types of dementia, Parkinson's disease, and Huntington's. (DSM-5*), Depression, unless diagnosed as Major Depression; and Anxiety, unless diagnosed with severe anxiety disorder.*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to develop and implement a comprehensive person -centered care plan for each resident, consistent with the resident rights, that included measurable objectives and timeframes to meet a residents medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 3 of 9 residents (Resident #13, #18, and #26) reviewed for care plans.1. The facility failed to ensure a care plan was developed to address Resident #13's psychotropic medication use and schizophrenia diagnosis.2. The facility failed to ensure a care plan was developed to address Resident #18's psychotropic medication use and schizophrenia diagnosis.3. The facility failed to ensure a care plan was developed to address Resident #26's psychotropic medication use and PTSD diagnosis. These failures could place residents at risk for not receiving necessary care and services or having important care needs identified. Findings include: Resident #13A record review of Resident #13's face sheet, dated 4/30/2026, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included depression (mental health condition that causes a persistent low mood and loss of interest in activities), vascular dementia with psychotic disturbance (cognitive decline caused by vessel damage, accompanied by delusions or hallucinations), and vascular dementia with anxiety (cognitive decline caused by vessel damage that features panic like episodes). A record review of Resident #13's comprehensive MDS assessment dated [DATE], revealed a BIMS score of 15 which indicated no cognitive impairment. Resident #13's active diagnoses included non Alzheimer's dementia (cognitive decline caused by brain diseases other than Alzheimer's), depression and schizophrenia. Section N-Medications revealed Resident #13 received antidepressant and antianxiety medications. A record review of Resident #13's order summary dated 4/30/2026 revealed Resident #13 was prescribed buspirone (an antianxiety medication) with an order date of 11/12/2025, duloxetine (an antidepressant medication) with an order date of 11/12/2025. A record review of Resident #13's care plan initiated on 3/19/2026 revealed no evidence of psychotropic medication usage or schizophrenia diagnosis. Resident #18 A record review of Resident #18's face sheet, dated 4/30/2026, revealed a [AGE] year-old male who was admitted to the facility on [DATE]. His diagnoses included schizoaffective disorder (chronic mental health condition characterized by a combination of symptoms, hallucinations, delusions, disorganized speech, mood disorder symptoms), depression (mental health condition that causes a persistent low mood and loss of interest in activities), generalized anxiety disorder (mental health condition characterized by excessive, uncontrollable, persistent worry about daily life events), and insomnia (persistent difficulty falling asleep, staying asleep, or waking too early resulting in poor sleep quality). A record review of Resident #18's quarterly MDS assessment dated [DATE], revealed a BIMS score of 15 which indicated no cognitive impairment. Resident #18's active diagnoses included anxiety, depression and schizophrenia. Section N-Medications revealed Resident #18 takes antipsychotic, antianxiety, and antidepressant medications. A record review of Resident #18's order summary dated 4/30/2026 revealed Resident #18 was prescribed amitriptyline (an antidepressant medication) since 11/10/2025, aripiprazole (an antipsychotic medication) since 11/10/2025, buspirone (an antianxiety medication) since 11/10/2025, duloxetine (an antidepressant medication) since 3/18/2026, and trazodone (an antidepressant medication) since 1/18/2026. A record review of Resident #18's care plan revised on 3/12/2026 revealed no evidence of psychotropic medication usage or schizophrenia diagnosis. Resident #26 Record review of Resident #26's electronic face sheet, dated 04/30/2026, revealed a [AGE] year-old male who was admitted initially to the facility on [DATE] with a readmission on [DATE]. His diagnoses include Chronic Obstructive Pulmonary Disease (a progressive long term lung disease that causes obstructed air flow, making it hard to breathe), Post Traumatic (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Stress Disorder (PTSD) (a mental health condition triggered by experiencing or witnessing terrifying, life threatening, or traumatic events), anxiety disorder (mental health condition characterized by excessive, uncontrollable, persistent worry about daily life events), and suicidal ideations (thinking about, considering, or planning suicide).Record review of Resident #26's quarterly MDS Assessment, dated 02/23/2026, revealed Resident #26 had a BIMS score of 15 which indicated no cognitive impairment. Resident #26 active diagnoses included anxiety, depression, and PTSD. Section N-Medications included antipsychotic and antidepressant usage.Record review of Resident #26's order summary dated 4/30/2026 revealed he was prescribed duloxetine (an antidepressant medication) since 12/8/2025, olanzapine (an antipsychotic medication) since 11/10/2025, and trazadone (an antidepressant medication) since 4/29/2026.Record review of Resident #26's Care Plan, initiated 02/13/2025, revealed no evidence of antipsychotic medication use or diagnosis of PTSD.During an interview on 4/30/2026 at 3:01 PM, the Interim DON stated her expectation was that medications and diagnoses are care planned. The DON stated the effect on the resident for their care plans not being accurate could have caused the resident to have care needs not met. The DON stated that the MDS Coordinator was responsible for updating the care plans based on resident needs. The DON stated what led to this failure was that the facility was transitioning from one electronic health record program to another in October of 2025 and all the care plans have not been completed.During an interview on 4/30/2026 at 3:33 PM with the MDS Coordinator she stated she was responsible for completing care plans with the Interdisciplinary Team. She stated some of the care plans are not complete because in October of 2025 they changed electronic health records. She stated the risk in care plans not being completed and individualized could be a failure to have needs met.During an interview on 4/30/2026 at 5:00PM with the Administrator, she stated they have changed electronic health record programs. The Administrator stated she only had 1 MDS Coordinator right now to enter all care plans. The Administrator agreed that the MDS Coordinator needs to focus on completing care plans. The Administrator stated that the risk of care plans not being completed could be a decreased quality of life by not having needs met.Record review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, dated March 2022, revealed: The comprehensive, person-centered care plan includes measurable objectives and timeframes; to meet the residents highest practicable physical, mental, and physical psychosocial well-being.2. The comprehensive, person-centered care plan is developed within 7 days of the completion of the required MDS assessment.11. Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change.		

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observations, interviews, and record reviews, the facility failed to provide a safe, functional, and comfortable environment for residents in 5 of 6 halls (A, B, C, D and F) in that: Resident rooms and other areas accessible to the residents had drywall damage, lose baseboards, exhaust fan vents with lint built up and restrooms in need of repair. These failures affected the residents and placed them at risk of living in an unsafe and uncomfortable environment . Findings included: Observation on 04/28/2026 at 10:56 AM in resident room A-2 there was lint built up on the exhaust fan vent located in the restroom. Observation on 04/28/2026 at 10:58 AM in resident room A-5 there was lint built up on the exhaust fan vent located in the restroom. Observation on 04/28/2026 at 11:02 AM in resident room B-3 there was lint built up on the exhaust fan vent located in the restroom. Observation on 04/28/2026 at 11:08 AM in resident room C-7 there was lint built up on the exhaust fan vent located in the restroom. Observation on 04/28/2026 at 11:12 AM in resident room D-6 there was lint built up on the exhaust fan vent located in the restroom. Observation on 04/30/2026 at 8:30 AM in resident room F-7A and B the following issues were seen in the restroom. There were some holes in the walls behind the toilet and sink and the baseboard was hanging off the wall. Also, the sheetrock was deteriorating and crumbling in spaces and there were visible holes around plumbing pipes. There was lint built up on the exhaust fan vent. Interview on 04/30/2026 at 4:50 PM the Maintenance Director said they were in the process of cleaning the vents in the restrooms. The Director said they did that periodically but had not done it recently. The Director said he understood how those issues could affect the quality of life for the residents as those issues did not appear to be homelike. Interview on 04/30/2026 at 5:24 PM the Administrator said she understood how the issues with the environment could lead to the residents feeling sad and not having a homelike environment. The Administrator said they would work with getting those issues repaired. Record review of the facility's Maintenance Director job description dated 08/2024 indicated in part: Supervise and coordinate activities of workers (including self) engaged in maintaining and repairing physical structures and contents of buildings and maintaining grounds. Keeps the interior in good repair which includes drywall repair, painting, cleaning carpets and miscellaneous other duties.		

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review the facility failed to develop a baseline care plan within 48 hours of admission that included instructions needed to provide effective and person-centered care of the resident that met professional standards of quality of care for 1 of 5 residents (Resident #80) reviewed for baseline care plans. The facility failed to develop the baseline care plan for Resident #80 within 48 hours following his admission on [DATE]. This failure could place residents at risk for complications due to the potential for their immediate needs not being identified so interventions could be planned and initiated. Findings included: A record review of Resident #80's Resident Face Sheet, dated 4/30/2026, revealed a [AGE] year old male admitted to facility on 4/27/2026 with diagnoses of Chronic Kidney disease stage 5 (most advanced stage of chronic kidney disease requiring dialysis), dependence on renal dialysis (medical treatment that filters waste, toxins, and excess fluids from the blood when the kidneys have failed), neuromuscular dysfunction of the bladder (occurs when nerve damage interrupts signals between brain, spinal cord, and bladder muscles, causing loss of control, urinary retention or overactive bladder symptoms), and anxiety (mental health condition characterized by excessive, uncontrollable, persistent worry about daily life events). A record review on 4/30/2026 of Resident #80's electronic clinical records revealed the facility had not developed an initial baseline care plan within 48 hours of his admission. During an interview on 4/30/2026 at 3:50PM, the Interim Director of Nursing (DON) confirmed that a baseline care plan had not been developed within the 48-hour timeframe. DON stated she started the baseline care plan today. She said her expectation was for the baseline care plans to be completed within the first 48 hours after admission by an RN. Interim DON stated the risk of not completing the baseline care plan was staff not knowing how to care for the resident. During an interview on 4/30/2026 at 5:00PM with the Administrator she stated her expectation was for nursing to complete the baseline care plan upon admission. She stated the risk in not completing the baseline care plan timely could affect the residents' quality of care by staff not knowing how to care for the resident. Baseline care plan policy requested from DON on 4/30/2026 at 3:00pm. No policy for baseline care plans was received prior to exit.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure that a resident who needed respiratory care, was provided such care, consistent with professional standards of practice for 1 of 8 (Resident #45) reviewed for respiratory care in that: Resident #45's oxygen nasal cannula were bagged when not in use. These failures could place all residents who use respiratory equipment at risk for respiratory infections. Findings included: Record review of Resident #45's admission record dated 04/30/2026 indicated he was admitted to the facility on [DATE] with diagnoses of Alzheimer's disease and weakness. He was [AGE] years of age. Record review of Resident #45's MDS quarterly assessment dated [DATE] indicated in part: BIMS =score of 11 indicating resident was moderately cognitively impaired. Section O: Special Treatments, Procedures, and Programs = Oxygen therapy. Observation and interview on 04/30/2026 at 2:25 PM the Resident #45's oxygen nasal cannula tubing was seen wrapped around the back of the oxygen tank with no protective cover or bagged on the back of the wheelchair. Resident #45 said the staff had taken his nasal cannula off after they moved him from his wheelchair to his bed and placed it on the oxygen tank. Interview on 04/30/2026 at 5:12 PM the Administrator was made aware of the observations of the oxygen nasal cannula not stored in the bags. The Administrator said that it was expected for staff to store the cannulas in the bags when they were not in use. The Administrator said if the cannulas were not stored in the bags then that could possibly lead to the residents acquiring respiratory infections. There was no policy provided regrading regarding oxygen administration or storage of nasal cannula tubing .		