

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: 675946	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2026
NAME OF PROVIDER OR SUPPLIER Avir at Temple East		STREET ADDRESS, CITY, STATE, ZIP CODE 1511 Marlandwood Rd Temple, TX 76502	
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 - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record reviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for foodservice safety in 1 of 1 kitchen. The facility failed to ensure food safety on 02/04/2026 by failing to consistently monitor and discard expired food, failing to label and/or date food items, and failing to keep bins, where serving utensils and dishes were stored, clean. These failures could place residents who received meals from the main kitchen at risk for foodborne illnesses. Findings included: Observation on 2/04/2026 at 8:40 AM of the walk-in refrigerator reflected the following:- Corn tortillas with a manufacture date of 10-25-2025 and no expiration date.- A bell pepper in a cardboard box with no date was written on the box. Observation on 2/04/2026 at 8:50 AM of the walk-in freezer reflected the following:- Waffles in a plastic tub with no open or expiration date on the package. - Pie shells that were not sealed and exposed to air - Icing in a piping bag with no open or expiration date on the package. Observation on 8/05/2025 at 9:00 am of the kitchen reflected the following:- Serving utensils stored in a plastic container had food debris at the bottom of the container. - Serving pans stored in a plastic container had food debris at the bottom of the container.- Corn tortillas on a shelf with a manufacture date of 10-25-2025 and no expiration date.- Two boxes that contained 6 1 gallons of Ozarka water stored on the floor.- The juice dispenser had old juice built up on the nozzle. An interview on 2/06/2026 at 12:35 pm with DM. DM stated that the kitchen was cleaned weekly. The DM stated that whoever did the dishes was responsible for cleaning the bins with the pans and utensils. The DM stated that the bins should be cleaned weekly. The DM stated that the dietary aides were responsible for cleaning them after every shift. The DM stated that there was a kitchen cleaning schedule for staff to follow. The DM stated that everybody, but the cook was responsible for labeling food items in the kitchen. The DM stated that they used a first-in, first-out system, with new items going in the back and old items going in the front. The DM stated that regularly checking dates would help ensure items did not expire. The DM stated that all ready-to-eat foods must be labeled with a use-by date or another expiration date. If a resident was served expired food, they could get sick. The DM stated that all staff had received food safety training. An interview on 2/06/2026 at 12:45 pm with DA. The DA stated that the kitchen and bins are cleaned after every service. The DA stated the dishwashers are responsible for cleaning the bins with the utensils and pans. The DA stated that the bins containing pans and utensils are cleaned daily. The DA stated that the night shift is responsible for cleaning the juice machine before they leave each day. The DA said staff have a cleaning schedule for the kitchen, and everyone knows their responsibilities. The DA stated that it is everyone's responsibility for checking dates on food items in the kitchen. The DA stated that old and expired food should be thrown out. The DA stated that to prevent using expired food, she uses older items first. The DA said all ready-to-eat foods must be labelled with a use-by date or another expiration date. If a resident were served expired food, they could get sick. The DA stated that she has had food safety training. An interview on 2/06/2026 at 12:54 pm with the CK. The CL stated the kitchen, and bins are cleaned once a week. The CK stated everyone in the kitchen goes by the cleaning schedule. The CK stated that the dishwasher is responsible for cleaning the bins with the utensils and pans. The CK stated (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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	that the bins with the pans and utensils are cleaned weekly. The CK stated that the juice dispenser should be cleaned every night and soaked in the solution. The CK stated that there everyone has a cleaning schedule for the kitchen. The CK stated that everyone is responsible for checking the dates on kitchen food items to ensure nothing has expired. The CK stated that he uses a first-in, first-out method, placing the old at the front and the new at the back. The CK stated that all ready-to-eat foods must be labelled with a use-by date or another expiration date. The CK stated that if a resident were to be served expired food, they could get sick. The CK stated that he has training on out-of-date food, labeling, and cleaning. Record review of the Manual Cleaning and Sanitizing of Utensils and Portable Equipment Policy that was not dated revealed:Record review of the Food Safety Policy that was not dated:Use the first-in, first-out (FIFO) rotation method. Date packages and place new items behind existing supplies, so that the older items are used first. Store all items at least 6 above the floor with adequate clearance between goods and ceiling to protect from overhead pipes and other contamination.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents who were unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 1 of 1 resident (Resident #1) reviewed for personal hygiene. The facility failed to provide Resident #1 with 2 scheduled showers between 01/24/2026 and 02/04/2026. This failure could place residents who require assistance from staff for personal hygiene at risk of not receiving care and services contributing to overall poor hygiene, risk of experiencing a diminished quality of life, and possible skin infections. The findings included :Record review of Resident #1's Face Sheet, dated 02/04/2026, reflected a [AGE] year-old resident with an initial admission date of 12/08/2025. Resident #1 had diagnoses that included other Osteomyelitis (inflammation or swelling of bone tissue, typically caused by a bacterial or fungal infection); Amputation of right leg below the knee, weakness, and heart failure. Record review of Resident #1's Quarterly MDS Assessment, signed and completed on 02/04/2026, reflected Resident #1 had a BIMS score of 15, indicating the resident was cognitively impaired. Resident #1's MDS assessment indicated that Resident #1 was Dependent (helper assist with the effort for showering). Record review of Resident #1's Comprehensive Person-Centered Care Plan, undated, reflected, [Resident #1] has an ADL self-care performance deficit with interventions, [Resident #1] requires (assistance by (1) staff with showering and as necessary. Record review of Resident #1's shower log revealed Resident #1 did not receive 2 of the 4 showers scheduled on 01/24/2026 and 02/04/2026, Resident #1 received showers on the following dates: 01/28/2026 and 01/31/2026. There were no other showers documented on the resident's electronic health record. During an interview on 02/04/2026 at 12:47 PM, Resident #1's stated that he had not had a shower in a week. Resident #1 stated that there were times that he asked for a shower, and they didn't come. Resident #1 stated that he was supposed to get a shower three times a week . Resident #1 did not appear to be unkempt and there was no odor coming from Resident #1. An Interview on 02/06/2026 at 12:30 pm, the DON stated that if a resident took showers, it should be documented in PCC. The DON stated that staff only marked yes or no when a resident takes or does not take a shower. The DON stated that they didn't give a reason why the residents did not shower. The DON stated that if a resident was refusing showers, then it should be in the care plan. DON stated that Resident #1 would refuse a shower when his brother came to visit and that is why there is a no on checked on the form. An Interview on 02/06/2026 at 12:38 pm, the MDS Coordinator stated that if a resident does not taking showers, then it needs to be logged into PCC . The MDS Coordinator stated that they need to find out the reason why a resident is not getting showers. The MDS Coordinator said that she goes by the progress notes and if a resident is refusing showers, it should be in the progress notes. The MDS Coordinator said that she would then add that to the resident's care plan. If the residents do not take showers they can have odors, build up on the skin, depression, and withdrawals. An Interview on 02/06/2026 at 12:45 pm, RN C stated that missed showers should be in the shower log and in PCC. RN C stated it is important for residents to get showers, because that is when they find issues with the skin. The RN C stated if a resident refuse there is a 24 hour report they use to notify staff on the next shift. The RN C stated that the MDS Coordinator needed to be informed so they can update the care plan so that the residents refuses to shower. The RN C stated that a resident could get a skin infection if they do not get showers. [NAME] interview on 02/06/2026 at 12:55 pm, CNA D stated that showers should be logged in PCC even if a resident refuses a shower. CNA D stated that it is important to log the showers so that other staff know if there is a pattern. The CNA D stated that it is important for residents to get showers because that is when they check residents' skin to see if there are any concerns. The CNA D stated that if a resident does not get showers they can smell and have skin break down. An Interview on 02/06/2026 at 12:55 pm, LVN H stated that when residents are given showers that is when skin and nails are checked. (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	When there are any new issues, it should be reported and documented in PCC. Shower refusals should be documented as the reason why the shower is reused. If a resident refuses it should be in the care plan. LVN H stated that residents could be not get proper care if they are not getting showers. LVN H stated that residents could have skin breakdowns. Record review of facility policy, not dated. titled, Activities of Daily Living (ADL), Supporting, reflected, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.		