

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675980                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY<br>COMPLETED<br><br>12/31/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Avir at Dripping Springs                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1505 W Hwy 290<br>Dripping Springs, TX 78620 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                 |
| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews, and record reviews, the facility failed to properly store, prepare, and distribute food in accordance with professional standards for food service safety for 1 of 1 kitchen. The facility failed to ensure food was properly labeled and dated. These deficient practices could place residents who were served from the kitchen at risk for health complications and foodborne illnesses. Findings Included: Observation on 12/29/2025, at 7:07 AM revealed 3 clear plastic bags containing food items that were undated and unlabeled. The bags contained one bag of corn, one bag of cookie dough, and one bag containing five pie crusts. In an interview on 12/31/2025, at 8:41 AM DA stated she was in-serviced two weeks ago on labeling and dating but does not remember the date. She stated each person in the kitchen is responsible for the labeling and dating of food items. If items are not properly labeled and dated this could cause a resident to become sick. In an interview on 12/31/2025, at 8:48 AM DMIT stated she has been trained on and labeling and dating of foods sometime around the beginning of December. She stated the cooks and aides are responsible for labeling and dating and this also includes the manager. If food items are not labeled and dated correctly the kitchen could potentially give out food that is expired. In an interview on 12/31/2025, at 8:57 AM DM stated all staff in the kitchen are responsible for the labeling and dating of food items in the kitchen. If items are not labeled and dated, they should be discarded because you do not know how long they have been in use. In an interview on 12/31/2025, at 10:39 AM DON stated she expected all kitchen staff to follow facility protocols regarding labeling and dating. If this is not done this could cause residents to become sick and expose them to bacteria. In an interview on 12/31/2025, at 10:49 AM ADM stated, it is his expectation that all items in the kitchen should be labeled and dated immediately after they have been opened, and if this is not done residents could become sick. Record Review of the Food Storage: Cold Foods Policy Revised February 2023, revealed all foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.</p> |                                                                                           |                                                 |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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