

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Avir at Houston		STREET ADDRESS, CITY, STATE, ZIP CODE 2310 S Eldridge Pkwy Houston, TX 77077	
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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents who were incontinent of bladder received appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 of 3 residents (Resident #1) reviewed for incontinent care. The facility failed to ensure CNA A properly cleaned Resident #1 during incontinent care when CNA A did not around Resident #1's buttocks on 06/16/2026. This failure could place residents at risk for pain, infection, injury, and hospitalization. Findings included: Review of Resident #1's face sheet dated 6/16/26 reflected an [AGE] year-old female admitted to the facility on [DATE] with the following diagnoses: cognitive communication deficit, essential primary hypertension (high blood pressure), hyperlipidemia (high fat in the blood), major depression disorder (causes ongoing sadness, hopelessness and loss of interest that lasts at least two weeks, it can affect sleep, energy and relationships) and anxiety (a feeling of fear, dread and uneasiness) and cerebral infarction (ischemic stroke) and left hemiplegia (a form of paralysis that affects one side of the body, usually due to a brain or spinal cord injury). Review of Resident #1's quarterly MDS assessment dated [DATE] reflected Resident #1's BIMS score was 3 indicated impaired cognition. Resident #1 was assessed to require dependent assistance for all ADLs. Resident #1 was further assessed to have functional limitations in range of motion for unilateral upper and lower extremities. Further review revealed Resident #1 required assistance with ADL care with one to two staff assist. Record review of Resident #1's care plan dated 03/13/26 revealed she was incontinent of bowel and bladder. Interventions: perform routine rounding to include incontinence care and brief changes. Observation during incontinent care on 6/16/26 at 11:45 AM, CNA A brought clean linen, wipes, and brief in a plastic bag. CNA A donned clean gloves without using hand sanitizer or washing hands. CNA A unfastened and remove the soiled brief, CNA A said Resident #1 was on her monthly flow, using the wet wipes cleaned her perineal area, without changing gloves she repositioned resident to her left side and wiped in-between the buttocks, CNA A did not clean around the buttocks A removed the clean brief from the plastic bag and placed it under the Resident #1. Interview with CNA A on 6/16/26 at 11:55 AM, she said she started working at the facility about 3 months ago. CNA A said she was very nervous and she forget to clean around the buttocks. CNA A said she had 3 days of orientation with returned demonstration for incontinent care and hand washing with the former DON. CNA A said she knew not cleaning the buttocks could cause more skin breakdown and odors. Interview on 6/16/25 at 1:50 PM, the DON said CNA A was supposed to perform incontinent care in a manner to keep residents clean without any odors. The DON stated her expectation was for the CNAs to clean around resident buttocks and perineal area. She said the aides should have a skilled check-off before working on the floor. They also had in-services on ADL rounding and incontinent care. She stated not performing incontinent care properly could potentially cause resident's skin breakdown and infections. She would have in-service and monitor the staff. Review of the facility's Policies and Procedures Revised August 22 titled: Urinary Continence and Incontinence - Assessment and Management Policy Statement 1. The staff and practitioner will appropriately screen for, and manage, individuals with urinary (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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	incontinence.2.Management of incontinence will follow relevant clinical guidelines.3.The physician and staff will provide appropriate services and treatment to help residents restore or improve bladder function and prevent urinary tract infections to the extent possible.18.As indicated, and if the individual remains incontinent despite treating transient causes of incontinence, the staff will initiate a toileting plan.4.Incontinence care should be individualized at night in order to maintain comfort and skin integrity, and minimize sleep disruption		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain an infection and prevention control program that included, at a minimum, a system for preventing and controlling infections and to help prevent the development and transmission of communicable diseases and infections for 1 (Resident #1) of 3 residents reviewed for infection control. - The facility failed to ensure CNA A washed or sanitized her hands and performed glove changes appropriately while providing incontinence care to Resident #1 on 06/16/26. This deficient practice placed residents at risk for cross contamination and the spread of infection. Finding included: Review of Resident #1's face sheet dated 6/16/26 reflected an [AGE] year-old female admitted to the facility on [DATE] with the following diagnoses: cognitive communication deficit, essential primary hypertension, (high blood pressure), hyperlipidemia (high fat in the blood), major depression disorder (causes ongoing sadness, hopelessness and loss of interest that lasts at least two weeks, it can affect sleep, energy and relationships) and anxiety(a feeling of fear, dread and uneasiness) and cerebral infarction(ischemic stroke)and left hemiplegia(a form of paralysis that affects one side of the body, usually due to a brain or spinal cord injury). Review of Resident #1's quarterly MDS assessment dated [DATE] reflected Resident #1's BIMS score was 3 indicating impaired cognition. Resident #1 was assessed to require dependent assistance for all ADLs. Resident #1 was further assessed to have functional limitations in range of motion for unilateral upper and lower extremities. Further review revealed Resident #1 required ssistance with ADL care with one to two staff assist.Record review of Resident #1's care plan dated 03/13/26 revealed Resident #1 was incontinent of bowel and bladder. Interventions: perform routine rounding to include incontinence care and brief changes. Observation during incontinent care on 6/16/26 at 11:45 AM, CNA A brought clean linen, wipes, and a brief in a plastic bag. CNA A donned clean gloves without using hand sanitizer or washing hands. CNA A did not change gloves, used the same gloves throughout the procedures and left the room with the soiled trash without washing hands to the soiled linen room.Interview on 6/16/26 at 11:55 AM, CNA A said she was very nervous, she stated if she did not wash or sanitize her hands when going from a dirty to clean surface, it could cause cross contamination and a risk of transferring infection.Interview on 6/16/26 at 1:50 PM, the DON said it was the facility's policy for staff to wash or sanitize hands when going from a dirty to clean surface. She stated staff had been in-serviced on infection control and hand hygiene. She stated if hand hygiene or sanitizing was not performed when going from a dirty to clean surface, it could cause an infection.Record review of the facility policy revision date October 2023 updated 1/2025 titled Hand Hygiene, revealed the following: Policy StatementThis facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections.Policy Interpretation and ImplementationAdministrative Practices to Promote Hand Hygiene1.All personnel are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections.2.All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors.Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) are readily accessible and convenient for staff use to encourage compliance with hand hygiene policies. Alcohol-based hand-rub (ABHR) dispensers are placed in areas of high visibility and consistent with workflow throughout the facility.Indications for Hand Hygiene1.Hand hygiene is indicated:a.immediately before touching a resident;b.before performing an aseptic task (for example, placing an indwelling device or handling an invasive medical device);c.after contact with blood, body fluids, or contaminated surfaces;d.after touching a resident;e.after touching the resident's environment;f.before moving from work on a soiled body site to a clean body site on the same resident; andg.immediately after glove removal.2.Use an alcohol-based hand rub containing at least 60% alcohol for most clinical situations.3.Wash hands with soap and water:a.when hands are (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	visibly soiled; andb.after contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella and C. difficile.4.Single-use disposable gloves should be used:a.before aseptic procedures;b.when anticipating contact with blood or body fluids; andc.when in contact with a resident, or the equipment or environment of a resident, who is on contact precautions.5.The use of gloves does not replace hand washing/hand hygiene.		