STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676066	A. Building B. Wing	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Houston	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 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 observation, interview and record review, the facility failed to develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care including initial goals based on admission orders and physician orders for 2 of 4 residents (Resident #18 and Resident #2) reviewed for comprehensive care plans. 1.The facility failed to develop a care plan and interventions to address Resident #18's two diabetic ulcers and a pressure injury in a timely manner.2.The facility failed to develop a care plan and interventions to address Resident #2's great big toe ulcer in a timely manner.These failures could place residents at risk of not having their individual, medical and functional needs identified and cause a physical decline in health.1. Record review of Resident #18's face sheet, dated 06/26/2026, reflected a [AGE] year-old female who was originally admitted to the facility on [DATE]. She had medical diagnoses which included end stage renal disease , amputation of left leg below the knee, morbid obesity with alveolar hypoventilation (when breathing is too shallow or slow to meet the body's needs), type 2 diabetes mellitus with foot ulcer (high blood sugar with foot wound) and non-pressure chronic ulcer of right heel and midfoot with other specified severity. Resident #18 was discharged on 06/25/2026 due to uncontrollable skin pain.Record review of Resident #18's Comprehensive MDS, dated [DATE], reflected she had a BIMS of 15, which indicated she was cognitively intact related to memory and thinking. She required supervision with ADLs like personal hygiene and upper body dressing. She required total assistance with showering, lower body dressing and footwear. Resident #18 was coded for diabetic foot ulcers and surgical wounds. Record review of Resident #18's baseline care plan, dated 06/01/2026, reflected Resident #18 required IV medications while at the facility and was marked as not being at risk of any skin concerns. Record review of Resident #18's progress notes reflected the following:-06/04/2026: [Resident #18] was hospitalized on [DATE] from MRSA bacteremia and required IV vancomycin. She was seen by infectious disease and wound care specialties. Wound history during hospitalization: chronic right heel and foot wounds, including diabetic ulcers and prior surgical sites with dressings maintained clean, dry, and intact . with etiology consistent with diabetic neuropathy (damaged nerves), pressure, and impaired perfusion compounded by ESRD and obesity. Additional risk factors impacting wound healing included immobility, poor nutritional status, glycemic variability, dialysis dependence, and recurrent infection risk related to vascular access.Record review of Resident #18's infection screening, dated 06/04/2026, reflected she had a current infection. She was admitted with and no signs or symptoms of infection.Record review of Resident #18's skin assessments, conducted by WCN A reflected the following:-06/05/2026 at 10:19 a.m.: Resident #18 had a right plantar (sole or bottom of the foot) wound and right heel wound present on admission. Right plantar wound was nearly completely epithelized (when the protective skin layer covers and starts to close the open wound) and had a dry wound bed and the right heel ulcer had granulation tissue (new tissue that covers wound and is the beginning of healing process) covering the bed.Record review of Resident #18's care plan, last captured 06/25/2026, reflected she had the following care areas:-Date Initiated: 06/22/2026. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #18 had potential for pressure ulcer and development of other types of skin injury r/t impaired mobility, disease process diabetes. She had diabetic ulcers to her right foot and a laceration/DTI to her right upper posterior thigh and was at risk for complications/delayed healing .Wound care to right buttocks due to excoriation. Interventions included administering treatments as ordered and monitor for effectiveness, and to obtain and monitor lab/diagnostic work as ordered.-Date Initiated: 06/22/2026. Resident #18 had diabetic ulcers to her right foot, right heel, right plantar with interventions including monitoring pressure areas for color, sensation, temperature and monitor wound for size, depth, necrosis (dead tissue), granulation and infection including green drainage, foul odor, redness and swelling.Record review of Resident #18's Order Summary Report, dated 06/26/2026, reflected she had the following orders:-Start date: 05/30/2026: wound care group to consult for skin and wound conditions/prevention.-Start date: 06/02/2026: Vancomycin HCl in NaCl Intravenous Solution 1.75-0.9 GM/500ML - % - use 1750 mg intravenously one time a day every Monday, Wednesday, Friday for bacteria infection until 06/07/2026.-Start date: 06/02/2026: wound care to right heel, cleanse with wound cleanser, apply collagen sheet to wound, cover with ABD (type of dressing to manage heavy drainage from large wounds), rolled gauze and wrap every day shift on Tuesday, Thursday and Saturday.-Start date: 06/06/2026: wound care to right plantar, cleanse with wound cleanser, apply collagen sheet and gel to wound, cover with bordered gauze and wrap every day shift every Tuesday, Thursday and Saturday. -Start date: 06/17/2026: wound care to right buttocks, cleanse with soap and water, pat dry, apply triad paste, cover with bordered dressing (foam dressing with border, like a bandage).Resident #18's orders did not include any orders for assessing for infection in the right foot . Interview with MDS A on 06/26/2026 at 5:27 p.m., she was the MDS Coordinator for three months. MDS A said she worked with another MDS staff, but she was not in the facility due to a medical procedure . MDS A said nurses gave reports to aides about resident care but Resident #18's interventions on infection and diabetic ulcers should have been in the care plan so staff could provide individualized care to Resident #18. If Resident #18's conditions were not documented in the care plan then that could affect her recovery and the way care was provided to her. MDS A stated that Resident #18's diabetic ulcers were not documented in her baseline care plan. 2. Record review of Resident #2's face sheet, dated 06/26/2026, reflected a [AGE] year-old male who was originally admitted to the facility on [DATE]. Resident #2 had medical diagnoses which included cerebral infarction due to thrombosis of right middle cerebral artery (stroke due to blood clot of right middle artery in the brain) and hemiplegia and hemiparesis following cerebral infarction affecting left dominant side (weakness and paralysis following stroke affecting left dominant side). Record review of Resident #2's baseline care plan, dated 06/13/2026, reflected he was totally dependent on staff for ADLs, which included dressing, footwear, personal hygiene, and showering, along with bed mobility. Resident #2 had no pain nor skin risks documented.Record review of Resident #2's foot evaluation, dated 06/14/2026 at 10:01a.m. by WCN B, reflected Resident #2 was noted as having eschar (necrotic/dead tissue that can spread over severe wounds) noted to left big toe and present upon admission.Record review of Resident #2's progress notes reflected the following:-06/20/2026 at 12:18p.m. by NP K, He had edema (fluid buildup in tissue) of the left foot, dry skin, left lower extremities insensate (lacking sensation). It was an arterial ulcer with full thickness. Resident #2 was recommended for routine in house Podiatry evaluation for management of thickened nails. The staff and Resident #2 verbalized understanding regarding the patient's wound, dressing care, and general treatment recommendations. See treatment recommendations and preventative measures as written. Notified wound RN at bedside and facility staff during post wound rounds.Record review of Resident #2's BIMS evaluation, dated 06/23/2026, reflected he had a score of 11, which indicated moderate cognitive impairment related to thinking and memory. Record review of Resident #2's care plan, dated 06/26/2026, reflected he had the following area care-planned:-Date initiated: 06/26/2026: Resident #2 was admitted with left great toe arterial ulcer and then developed left 2nd toe arterial ulcer, with interventions which included evaluating ulcer characteristics on (continued on next page)

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	weekly rounds with wound care MD and monitor for signs of progression or declination.Record review of Resident #2's Physician Order Summary, dated 06/26/2026, reflected he had the following:-Start date 06/15/2026: left big toe eschar: skin prep daily every day shift.-Start date 06/15/2026: May be seen by Podiatrist as needed.-Start date 06/26/2026: Wound care to left great toe and 2nd toe, apply betadine (liquid solution used to treat/prevent infections), leave open to air every day shift.Record review of Resident #2's skin observations, from 06/14/2026 to 06/26/2026, reflected staff documented no skin concerns and no issues with scratched, redness, discoloration, skin tears or open areas on the resident.-06/25/2026 at 10:27 p.m., RN C wrote Resident #2 had a skin issue on his left dorsum (upper part of a surface) 1st digit (Hallux [big toe]), arterial, wound present on admission. RN C also wrote it was unknown how long the wound had been present.-06/26/2026 at 5:48 p.m., the SW wrote she spoke with hospice regarding toenail care concerns and the hospice nurse would be onsite on 06/29/2026 to provide services. Observation and interview with WCN B on 06/26/2026 at 12:34 p.m., Resident #2's left big toenail was blackened about one inch from the top. WCN B said that was Resident #2's ulcer and it was being treated at the facilityAttempted interview with CNA M on 06/26/2026 at 4:53 p.m., she was Resident #2's aide from 6a.m. to 2 p.m. Voicemail message left and no returned communications as of exit.Attempted interview with CNA G on 06/26/2026 at 4:56p.m., she was an aide on Resident #2's unit from 6 a.m. to 2 p.m. Voicemail message left and no returned communications as of exit.Attempted interview with LVN B on 06/26/2026 at 4:59 p.m., she was Resident #2's nurse from 6 a.m. to 2 p.m. Voicemail message left and no returned communications as of exit.Interview with the DON on 06/26/2026 at 6:50 p.m., she said care plans should be completed immediately and the MDS nurses and the DON were responsible for ensuring resident care and interventions were added to the care plan. Care plans should be done as soon as it is noticed. The DON said Resident #18's diabetic ulcers were not caught until 06/22/2026 .Record review of the facility's policy titled Comprehensive Person-Centered Care Plans, last revised March 2022, it read in part, 7.The comprehensive, person-centered care plan:a.includes measurable objectives and timeframes;b.describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including:(1)services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment;(2)any specialized services to be provided as a result of PASARR recommendations; and(3)which professional services are responsible for each element of care;c.includes the resident's stated goals upon admission and desired outcomes;d.builds on the resident's strengths; ande.reflects currently recognized standards of practice for problem areas and conditions.9.Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making.10.When possible, interventions address the underlying source(s) of the problem area(s), not just symptoms or triggers.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 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure residents received proper treatment and care to maintain mobility and good foot health and provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical conditions and if necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments for 1 of 5 (Resident #2) residents reviewed for foot care .1.The facility failed to ensure Resident #2 did not have long toenails around 3 mm on the three middle bilateral toes, observed on 06/26/2026.2. The facility failed to ensure the NP recommendations made for Resident #2 to see a Podiatrist on 06/20/2026 were followed and no attempts to make a podiatry appointment were made until 06/26/2026 after State Surveyor intervention .These failures could place residents at risk of developing foot problems such as infection and hinder recovery from existing disease processes . Record review of Resident #2's face sheet, dated 06/26/2026, reflected a [AGE] year-old male who was originally admitted to the facility on [DATE]. Resident #2 had medical diagnoses which included cerebral infarction due to thrombosis of right middle cerebral artery (stroke due to blood clot of right middle artery in the brain) and hemiplegia and hemiparesis following cerebral infarction affecting left dominant side (weakness and paralysis following stroke affecting left dominant side). Record review of Resident #2's baseline care plan, dated 06/13/2026, reflected he was totally dependent on staff for ADLs, including dressing, footwear, personal hygiene, and showering, along with bed mobility. Resident #2 had no pain nor skin risks documented.Record review of Resident #2's foot evaluation, dated 06/14/2026 at 10:01a.m., by WCN B, reflected Resident #2 was noted as having eschar (necrotic/dead tissue that can spread over severe wounds) noted to left big toe and present upon admission.Record review of Resident #2's BIMS evaluation, dated 06/23/2026, reflected he had a score of 11, which indicated moderate cognitive impairment related to thinking and memory. Record review of Resident #2's care plan, dated 06/26/2026, reflected he had the following area care-planned:-Date initiated: 06/26/2026: Resident #2 was admitted with left great toe arterial ulcer and then developed left 2nd toe arterial ulcer, with interventions including evaluating ulcer characteristics on weekly rounds with wound care MD and monitor for signs of progression or declination.Record review of Resident #2's Physician Order Summary, dated 06/26/2026, reflected he had the following:-Start date 06/15/2026: left big toe eschar: skin prep daily every day shift.-Start date 06/15/2026: May be seen by Podiatrist as needed.-Start date 06/26/2026: Wound care to left great toe and 2nd toe, apply betadine (liquid solution used to treat/prevent infections), leave open to air every day shift.Record review of Resident #2's progress notes reflected the following:-06/20/2026 at 12:18p.m. by NP K, he had edema (fluid buildup in tissue) of the left foot, dry skin, left lower extremities insensate (lacking sensation). It was an arterial ulcer with full thickness. Resident #2 was recommended for routine in house Podiatry evaluation for management of thickened nails. The staff and Resident #2 verbalized understanding regarding the patient's wound, dressing care, and general treatment recommendations. See treatment recommendations and preventative measures as written. Notified wound RN at bedside and facility staff during post wound rounds.Record review of Resident #2's skin observations, from 06/14/2026 to 06/26/2026, reflected staff documented no skin concerns and no issues with scratched, redness, discoloration, skin tears or open areas on the resident.-06/25/2026 at 10:27 p.m., RN C wrote Resident #2 had a skin issue on his left dorsum (upper part of a surface) 1st digit (Hallux [big toe]), arterial, wound present on admission. Unknown how long the wound had been present.-06/26/2026 at 5:48 p.m., the SW wrote she spoke with hospice regarding toenail care concerns and the hospice nurse would be onsite on 06/29/2026 to provide services. Observation and interview with WCN B on 06/26/2026 at 12:34 p.m., revealed WCN B observed Resident #2's toenails. Resident #2's three middle toes on both feet had thick nails that were around 3mm length each. WCN B said he did not (continued on next page)

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	know if Resident #2's toenails needed to be trimmed but nursing staff should have contacted the SW so she could make a podiatry appointment for Resident #2 . Resident #2 said he had been at the facility for two weeks and someone cut one toenail but not the rest. Resident #2's family member said he visited the previous week and Resident #2's toenails were already long at that time. In a later observation and interview with Resident #2 on 06/26/2026 at 5:20p.m, Resident #2 said he did not think he needed to tell someone about his long toenails because he thought it was part of the facility's responsibility to ensure he received care. Resident #2 said he would like them trimmed for his personal hygiene and his long toenails were not causing pain. Resident #2 was observed with dirt under his fingernails and he said he would like them cleaned and trimmed down.Observation and interview with WCN A on 06/26/2026 at 1:04 p.m., WCN A went into Resident #2's room and observed Resident #2's toenails on both feet and said the toenails on both feet needed trimming. WCN A said someone would come daily to check on his wound on his feet and said she focused on the feet and not the nails but said if a resident's nails were long, nursing staff would tell the SW who would call the podiatrist and put the resident on a list. WCN A said if toenails were not clipped, they could curl up and break the skin. The SW said she will call the podiatrist to schedule an appointment for Resident #2 at the next visit.Interview with the SW on 06/26/2026 at 4:02 p.m., she said Resident #2 was not on her podiatry list at that moment and the MDs would usually reach out to her about any orders for podiatry. The SW said Resident #2's NP or MD should have reached out to her so she could have added Resident #2 on the list for podiatry to see on their next visit to the facility. The SW said the facility had podiatry rounds for newly admitted residents and Resident #2 would have been seen anyway. The SW said podiatry visited every two to three months. The SW said Resident #2's insurance would have only allowed a podiatry visit every two months and they would not come before that time. Attempted interview with CNA M on 06/26/2026 at 4:53p.m., she was Resident #2's aide from 6 a.m. to 2 p.m. Voicemail message left and no returned communications as of exit.Attempted interview with CNA G on 06/26/2026 at 4:56p.m., she was an aide on Resident #2's unit from 6 a.m. to 2 p.m. Voicemail message left and no returned communications as of exit.Attempted interview with LVN B on 06/26/2026 at 4:59 p.m., she was Resident #2's nurse from 6 a.m. to 2 p.m. Voicemail message left and no returned communications as of exit.Interview with the DON on 06/26/2026 at 5:15 p.m., she said she would check on when the last time the podiatry group came and when their next visit would be. If the next visit was too far out, the DON would find another podiatry group to come see Resident #2. The DON said Resident #2 had long nails upon admission. The DON said she would look for communication between the facility and the podiatry group and Resident #2's hospice. In a later interview on 06/26/2026 at 6:50 p.m., the DON said the residents who were on hospice could been seen by their podiatrist sooner. The DON said the facility's nursing staff could have taken care of the dirt under Resident #2's fingernails. The DON said she did not know why staff did not inform the SW about Resident #2's nails. The DON said she did not see any negative outcome if hospice was not contacted. The DON said she now remembered Resident #2's NP put his long toenails into the wound report that the DON and her team received, and she thought she noticed it and was going to have him put on the podiatry list but did not get to complete that task. The DON said typically if she knew about long toenails she would have her nurses come in to assess the residents and put them on the podiatry list. Interview with the HRN on 06/26/2026 at 5:44 p.m., she was resident #2's hospice nurse said there were no records of the facility calling hospice regarding Resident #2's long toenails before 06/26/2026 at 5:30 p.m. The HRN said typically the facility would communicate any changes or updates with hospice to ensure records reflected each other. The HRN said their hospice group could have done those things like clip toenails if they knew the facility wanted hospice to address them for the residents and the facility should have let hospice know and put the NP's request in the documentation and reflect it in the resident's care plan . The HRN did not see any orders for Resident #2 to see a podiatrist. The HRN said hospice was supportive and not primary. Record review of the facility's policy titled Hospice Program last revised July 2017, it read in part, .10. In general, it is the (continued on next page)

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	responsibility of the facility to meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs. These responsibilities include the following:.b.Administering prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care;c.Notifying the hospice about the following:(1)A significant change in the resident's physical, mental, social, or emotional status.(2)Clinical complications that suggest a need to alter the plan of care.(3)A need to transfer the resident from the facility for any condition.(4)The resident's death.d.Communicating with the hospice provider (and documenting such communication) to ensure that the needs of the resident are addressed and met 24 hours per day. Record review of the facility's policy titled Supporting Activities of Daily Living last updated February 2025, it read in part, Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). 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.2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care).

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed ensure that the hospice services met professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services and to meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs for 1 of 4 residents (Resident #2) reviewed for hospice and personal care. The facility failed in notifying Resident #2's Hospice that Resident #2's NP recommended he see a Podiatrist for his long toenails. This failure could place residents at risk of not receiving foot care treatment in a timely manner.Record review of Resident #2's face sheet, dated 06/26/2026, reflected a [AGE] year-old male who was originally admitted to the facility on [DATE]. Resident #2 had medical diagnoses which included cerebral infarction due to thrombosis of right middle cerebral artery (stroke due to blood clot of right middle artery in the brain) and hemiplegia and hemiparesis following cerebral infarction affecting left dominant side (weakness and paralysis following stroke affecting left dominant side). Record review of Resident #2's baseline care plan, dated 06/13/2026, reflected he was totally dependent on staff for ADLs, including dressing, footwear, personal hygiene, and showering, along with bed mobility. Resident #2 had no pain nor skin risks documented.Record review of Resident #2's foot evaluation, dated 06/14/2026 at 10:01a.m., by WCN B, reflected Resident #2 was noted as having eschar (necrotic/dead tissue that can spread over severe wounds) noted to left big toe and present upon admission.Record review of Resident #2's BIMS evaluation, dated 06/23/2026, reflected he had a score of 11, which indicated moderate cognitive impairment related to thinking and memory. Record review of Resident #2's care plan, dated 06/26/2026, reflected he had the following area care-planned:-Date initiated: 06/26/2026: Resident #2 was admitted with left great toe arterial ulcer and then developed left 2nd toe arterial ulcer, with interventions including evaluating ulcer characteristics on weekly rounds with wound care MD and monitor for signs of progression or declination.Record review of Resident #2's Physician Order Summary, dated 06/26/2026, reflected he had the following:-Start date 06/15/2026: left big toe eschar: skin prep daily every day shift.-Start date 06/15/2026: May be seen by Podiatrist as needed.-Start date 06/26/2026: Wound care to left great toe and 2nd toe, apply betadine (liquid solution used to treat/prevent infections), leave open to air every day shift.Record review of Resident #2's progress notes reflected the following:-06/20/2026 at 12:18p.m. by NP K, he had edema (fluid buildup in tissue) of the left foot, dry skin, left lower extremities insensate (lacking sensation). It was an arterial ulcer with full thickness. Resident #2 was recommended for routine in house Podiatry evaluation for management of thickened nails. The staff and Resident #2 verbalized understanding regarding the patient's wound, dressing care, and general treatment recommendations. See treatment recommendations and preventative measures as written. Notified wound RN at bedside and facility staff during post wound rounds.Record review of Resident #2's skin observations, from 06/14/2026 to 06/26/2026, reflected staff documented no skin concerns and no issues with scratched, redness, discoloration, skin tears or open areas on the resident.-06/25/2026 at 10:27 p.m., RN C wrote Resident #2 had a skin issue on his left dorsum (upper part of a surface) 1st digit (Hallux [big toe]), arterial, wound present on admission. Unknown how long the wound had been present.-06/26/2026 at 5:48 p.m., the SW wrote she spoke with hospice regarding toenail care concerns and the hospice nurse would be onsite on 06/29/2026 to provide services. Observation and interview with WCN B on 06/26/2026 at 12:34 p.m., revealed WCN B observed Resident #2's toenails. Resident #2's three middle toes on both feet had thick nails that were around 3mm length each. WCN B said he did not know if Resident #2's toenails needed to be trimmed but nursing staff should have contacted the SW so she could make a podiatry appointment for Resident #2 . Resident #2 said he had been at the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676066	A. Building B. Wing	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Houston	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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	facility for two weeks and someone cut one toenail but not the rest. Resident #2's family member said he visited the previous week and Resident #2's toenails were already long at that time. In a later observation and interview with Resident #2 on 06/26/2026 at 5:20p.m, Resident #2 said he did not think he needed to tell someone about his long toenails because he thought it was part of the facility's responsibility to ensure he received care. Resident #2 said he would like them trimmed for his personal hygiene and his long toenails were not causing pain. Resident #2 was observed with dirt under his fingernails and he said he would like them cleaned and trimmed down.Observation and interview with WCN A on 06/26/2026 at 1:04 p.m., WCN A went into Resident #2's room and observed Resident #2's toenails on both feet and said the toenails on both feet needed trimming. WCN A said someone would come daily to check on his wound on his feet and said she focused on the feet and not the nails but said if a resident's nails were long, nursing staff would tell the SW who would call the podiatrist and put the resident on a list. WCN A said if toenails were not clipped, they could curl up and break the skin. The SW said she will call the podiatrist to schedule an appointment for Resident #2 at the next visit.Interview with the SW on 06/26/2026 at 4:02 p.m., she said Resident #2 was not on her podiatry list at that moment and the MDs would usually reach out to her about any orders for podiatry. The SW said Resident #2's NP or MD should have reached out to her so she could have added Resident #2 on the list for podiatry to see on their next visit to the facility. The SW said the facility had podiatry rounds for newly admitted residents and Resident #2 would have been seen anyway. The SW said podiatry visited every two to three months. The SW said Resident #2's insurance would have only allowed a podiatry visit every two months and they would not come before that time. Attempted interview with CNA M on 06/26/2026 at 4:53p.m., she was Resident #2's aide from 6 a.m. to 2 p.m. Voicemail message left and no returned communications as of exit.Attempted interview with CNA G on 06/26/2026 at 4:56p.m., she was an aide on Resident #2's unit from 6 a.m. to 2 p.m. Voicemail message left and no returned communications as of exit.Attempted interview with LVN B on 06/26/2026 at 4:59 p.m., she was Resident #2's nurse from 6 a.m. to 2 p.m. Voicemail message left and no returned communications as of exit.Interview with the DON on 06/26/2026 at 5:15 p.m., she said she would check on when the last time the podiatry group came and when their next visit would be. If the next visit was too far out, the DON would find another podiatry group to come see Resident #2. The DON said Resident #2 had long nails upon admission. The DON said she would look for communication between the facility and the podiatry group and Resident #2's hospice. In a later interview on 06/26/2026 at 6:50 p.m., the DON said the residents who were on hospice could been seen by their podiatrist sooner. The DON said the facility's nursing staff could have taken care of the dirt under Resident #2's fingernails. The DON said she did not know why staff did not inform the SW about Resident #2's nails. The DON said she did not see any negative outcome if hospice was not contacted. The DON said she now remembered Resident #2's NP put his long toenails into the wound report that the DON and her team received, and she thought she noticed it and was going to have him put on the podiatry list but did not get to complete that task. The DON said typically if she knew about long toenails she would have her nurses come in to assess the residents and put them on the podiatry list. Interview with the HRN on 06/26/2026 at 5:44 p.m., she was resident #2's hospice nurse said there were no records of the facility calling hospice regarding Resident #2's long toenails before 06/26/2026 at 5:30 p.m. The HRN said typically the facility would communicate any changes or updates with hospice to ensure records reflected each other, including requests for services. The HRN said their hospice group could have done those things like clip toenails if they knew the facility wanted hospice to address them for the residents and the facility should have let hospice know and put the NP's request in the documentation and reflect it in the resident's care plan . The HRN did not see any orders for Resident #2 to see a podiatrist. The HRN said hospice was supportive and not primary. Record review of the facility's policy titled Hospice Program last revised July 2017, it read in part, .10. In general, it is the responsibility of the facility to meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care (continued on next page)

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	provided is appropriately based on the individual resident's needs. These responsibilities include the following:.b.Administering prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care;c.Notifying the hospice about the following:(1)A significant change in the resident's physical, mental, social, or emotional status .d.Communicating with the hospice provider (and documenting such communication) to ensure that the needs of the resident are addressed and met 24 hours per day.