

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

Printed: 10/09/2026
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 07/10/2026
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 establish and maintain an infection prevention and control program designed to provide a safe environment and to help prevent the development and transmission of communicable diseases and infections for 3 of 6 residents (Resident #1, Resident #2, and Resident #3) and 1 of 3 staff (MA B). MA B failed to wash or sanitize hands between administering medications to Resident #1, Resident #2, and Resident #3 on 7/9/26 during medication administration. These failures could place residents at risk for spread of infection, cross contamination, and decrease in quality of life. Findings Included: Resident #1 Review of Resident #1's admission assessment dated [DATE] reflected she was an [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included, cough, pain, essential (primary) hypertension (high blood pressure), low potassium, Alzheimer's disease with early onset (a progressive brain disease that slowly destroys memory, thinking skills and the ability to carry out simple daily tasks) anorexia (an eating disorder and mental health condition characterized by severe food restriction an intense fear of gaining weight and a distorted body image), personal history of transient ischemic attack (occurs when blood flow to a part of the brain, spinal cord, or retina temporarily stops, depriving the tissue of oxygen), and cerebral infarction (the necrosis) of brain tissue caused by a prolonged lack of blood flow without residual deficits), (personal history of malignant neoplasm (cancerous tumor) of breast. Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed a BIMS score of 4 indicating severe cognitive impairment. She needed extensive help from 1 staff with ADLs, and limited assistance with eating. Resident #2 Review of Resident #2's admission assessment 7/9/26 reflected she was a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included, fatigue, gangrene (death of body tissue), aphasia (difficulty communicating), chest pain, shortness of breath, low potassium, and essential (primary) hypertension (high blood pressure). Record review of Resident #2's quarterly MDS dated [DATE] revealed a BIMS score that was blank indicating severe cognitive impairment. She needed extensive help from 1 staff with ADLs, and limited assistance with eating. Resident #3 Review of Resident #3's admission assessment 7/9/26 reflected she was an [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included, osteoarthritis, heart failure, constipation, gastro-esophageal reflux disease without esophagitis, and morbid (severe) obesity due to excess calories. Record review of Resident #3's quarterly MDS dated [DATE] revealed a BIMS score was of 10 indicating moderate cognitive impairment. Observation on 7/9/26 at 10:15 a.m. revealed Resident #1 was sitting up in bed in her room. At 10:20 a.m. MA B administered 3 medications and Med Pass supplement to Resident #1 by mouth, then moved medication cart to and did not wash or sanitizer her hands before administering medication to Resident #2. MA B did not wash or sanitize her hands before administering medications to Resident #3. Interview with MA B on (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7/9/26 at 11:30AM, regarding hand washing and using hand sanitizer in-between residents, she said she was nervous and she forgot. MA B said she had in-services about hand washing to prevent infection every month at least bi-weekly. During an interview on 07/9/26 at 4:02 p.m., the DON said staff should wash or sanitize her hands before leaving the resident's room, to prevent cross contamination and spread of germs. Record review of the facility policy on handwashing/hand hygiene date MED-PASS, Inc Revised October 2023 read in part, .tThis facility considers hand hygiene the primary means to prevent the spread of healthcare associated infections. administrative practices to promote hand hygiene #3. hand hygiene products and supplies (soap, towel.). indication for hand hygiene 1 a. immediately before touching a resident, 1b. before performing an aseptic task. 1f. before moving from a soiled body site to a clean body site on the same resident, 1g. immediately after glove removal.		

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure services provided by the facility, as outlined by the comprehensive care plan, met professional standards of quality for one (Resident #1) of one resident reviewed. On 7/9/26, MA B administered a larger amount of Med Pass 2.0 (a high-calorie, high-protein nutritional shake) than what was written in Resident #1's physician orders. These failures could place residents at risk for fluid overload, weight gain, aspiration pneumonia, and abdominal discomfort. Findings Included: Review of Resident #1's admission assessment on 7/9/26 reflected she was an [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included, cough, pain, essential (primary) hypertension (high blood pressure), low potassium, Alzheimer's disease with early onset (a progressive brain disease that slowly destroys memory, thinking skills and the ability to carry out simple daily tasks) anorexia (an eating disorder and mental health condition characterized by severe food restriction an intense fear of gaining weight and a distorted body image), personal history of transient ischemic attack (occurs when blood flow to a part of the brain, spinal cord, or retina temporarily stops, depriving the tissue of oxygen), and cerebral infarction (the necrosis of brain tissue caused by a prolonged lack of blood flow without residual deficits), personal history of malignant neoplasm (cancerous tumor) of breast. Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed a BIMS score of 4 indicating severe cognitive impairment. She needed extensive help from 1 staff with ADLs, and limited assistance with eating. Record review of Resident #1's care plan on 5/27/26 read in part: Med Pass 2.0 (a high-calorie, high-protein nutritional shake) nutrition supplement. Intervention. give nutritional supplements as ordered by physician. Record review of Resident #1's Physician's orders on 1/1/25 read in part: Med Pass 2.0 three times a day 60ml PO. Record review of Resident #1's Medication Administration Record (MAR) dated July 2026 revealed Med Pass 2.0 three times a day 60ml PO. Observation on 7/9/26 at 10:15 AM of MA B administering Resident #1's medications revealed MA B took Resident #1's Med Pass 2.0 Carton, MA B poured 240mls in a glass cup and administered other medications separately by mouth. Interview on 7/9/26 at 10:20AM regarding the amount of Med Pass given to Resident #1 during medication administration, MA B said Resident #1 loved to take a whole cup of Med Pass. In an interview on 7/9/25 at 5:21 p.m. the DON said she expected her Medication Aides to give medication as ordered by the doctor. She said she expected nurses to give medications and Med Pass supplement as ordered by the physician., If they had a question about an order, they needed to call the physician or the charge nurse for clarification. DON said MA B was hired about 3 months ago and she had skills orientation on medication administration. DON said not following physician's orders could cause Resident #1's weight gain and abdominal discomfort. Review of the facility's policy Administering Medications last reviewed in 2019, reflected, Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation Only persons licensed or permitted by this state to prepare, administer and document the administration of medications may do so. 10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication.		

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure that the medication error rate was not five percent or greater. The facility had a medication error rate of 7%, based on 2 errors out of 26 opportunities, which involved 2 of 6 residents (Residents #1 and #2) and 1 of 2 staff (MA B) reviewed for medication errors, in that: MA B failed to administer medication Potassium Chloride ER (Extended Release is a prescription mineral supplement used to treat or prevent low potassium levels in the blood, ER medications the tablet or capsule is designed to dissolve slowly releasing a steady, controlled amount of potassium over several hours. Potassium is an essential mineral that your body uses to keep your heart beating regularly, your muscles moving properly and your nerves communicating is a vital mineral and electrolyte that carries an electrical charge, allowing the body to function) to Resident #1 according to the physician's order and pharmacy recommendation on 7/9/26. - MA B failed to administer medication Potassium Chloride ER to Resident #2 according to the physician's order and pharmacy recommendation on 7/9/26. These failures could place residents at risk of incomplete therapeutic outcomes, increased negative side effects, and decline in health. Resident #1 Review of Resident #1's admission assessment [VT19.1] 7/9/26 reflected she was an [AGE] year old [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included, cough, pain, essential (primary) hypertension (high blood pressure), low potassium, Alzheimer's disease with early onset (a progressive brain disease that slowly destroys memory, thinking skills and the ability to carry out simple daily tasks) anorexia (an eating disorder and mental health condition characterized by severe food restriction an intense fear of gaining weight and a distorted body image), [VT20.1] personal history of transient ischemic attack (occurs when blood flow to a part of the brain, spinal cord, or retina temporarily stops, depriving the tissue of oxygen), and cerebral infarction (the necrosis) of brain tissue caused by a prolonged lack of blood flow without residual deficits), (personal history of malignant neoplasm (cancerous tumor) of breast. Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed a BIMS score of 4 indicating severe cognitive impairment. She needed extensive help from 1 staff with ADLs, and limited assistance with eating. Record review of Resident #1's care plan on dated 5/27/26 read revealed in part: Extended Release (Potassium Chloride) . Intervention . give Potassium Chloride ER as ordered by physician . Record review of Resident #1's physician's orders for dated 12/22/24 read revealed in part: . Potassium Chloride Extended Release 20 MEQ. Give 1 tablet by mouth one time a day for MINERAL . Record review of Resident #1's Medication Administration Record (MAR) dated July 2026 had revealed Oral Tablet Extended Release 20 MEQ (Potassium Chloride) Give 1 tablet by mouth one time a day for MINERAL. Record review of facility's medication scheduled every day /once daily reflected, it should be administered at 9AM. Observation on 7/9/26 at 10:15 AM, during medication administration revealed. MA B picked up Potassium Chloride Extended Release 20 MEQ blister packet and punched it one tablet into medication cup. Blister packet had highlighted Swallow Whole Do not Chew Or Crush. MA B then added and other medications (Amlodipine and Calcium) and crushed all medications and mixed it them in yogurt and administered this to Resident #1 by mouth. Resident #2 Review of Resident #2's admission assessment [VT21.1] 7/9/26 reflected she was a [AGE] year old [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included, fatigue, gangrene (death of body tissue), aphasia (difficulty communicating), chest pain, shortness of breath, low potassium essential (primary) hypertension (high blood pressure). Record review of Resident #2's quarterly MDS assessment dated [DATE] revealed a BIMS (continued on next page)		

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	score was blank indicating severe cognitive impairment. She needed extensive help from 1 staff with ADLs, and limited assistance with eating. Record review of Resident #2's quarterly MDS dated [DATE] revealed a BIMS score was blank indicating severe cognitive impairment. She needed extensive help from 1 staff with ADLs, and limited assistance with eating. Record review of Resident #2's care plan on dated 6/27/26 read revealed in part . diagnosis of low potassium . Intervention . give Potassium Chloride medications as ordered . Record review of Resident #2's physician's orders for dated 3/20/2026 read revealed in part: . Potassium Chloride ER 10 meq, Give 10 meq by mouth one time a day for low potassium . Record review of Resident #2's Medication Administration Record (MAR) dated July 2026 had revealed Potassium Chloride ER 10 meq by mouth every day. Observation and interview on 7/9/26 at 10:35 AM, during medication administration, revealed MA B picked up Potassium Chloride Extended Release 10 MEQ blister packet and punched it out one tablet into medication cup. Blister packet had highlighted Swallow Whole Do not Chew Or Crush . MA B then added and other medications (Eliquis and Metoprolol) and crushed all medications and mixed it them in yogurt. MA B stopped before administering the medication to Resident #2 to check Potassium blister packet after surveyor intervention to read the packet to see if the medication was to be crushed or not, MA B said Potassium 10 meq was given once daily. MA B was shown the highlighted sign on the blister pack which read Swallow Whole Do not Chew Or Crush MA B said [Resident #2] cannot swallow Potassium 10 meq whole, and MA B continued to administer the potassium to Resident #2 by mouth. Interview on 7/9/26 at 11:20 a.m. with MA B regarding not following pharmacy recommendation and notifying the charge nurse on changing Potassium tablet to liquid. MA B said she did not check the blister packet highlighted sign on the Potassium blister packet do not crush or chew, MA B said she will be careful. MA B said crushing Resident #1 and Resident #2's potassium would not work as it should in their blood. Interview with DON on 7/9/26 at 4:00 PM regarding Resident #1 and Resident #2's Potassium ER crushed. DON said she was not aware of it. DON said she was going notify the doctor for start Potassium blood level lab work to be done. DON said she would start in-services to all staff and call the doctor changed to change Potassium tablet to liquid. Record Review of facility's policy Medication Administration Procedures with revised date of April 2019 revealed .4. Medications are administered in accordance with prescriber orders, including any required time frame.5.Medication administration times are determined by resident need and benefit, not staff convenience. Factor that are considered include:a. enhancing optimal therapeutic effect of the medication,b. preventing potential medication or food interactions.10. The individual administering the medication checks the label THREE(3) times to verify right resident, of medication should always be adhered to which includes the right medication, right dosage, right time and right method (route) of administration before giving the medication and the right dose.		

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure that residents were free of significant medication errors for 2 (Resident #1 and Resident #2) of 6 residents reviewed for pharmacy services. MA B failed to administer medication Potassium Chloride ER (Extended Release is a prescription mineral supplement used to treat or prevent low potassium levels in the blood, ER medications the tablet or capsule is designed to dissolve slowly releasing a steady, controlled amount of potassium over several hours. Potassium is an essential mineral that your body uses to keep your heart beating regularly, your muscles moving properly and your nerves communicating is a vital mineral and electrolyte that carries an electrical charge, allowing the body to function) to Resident #1 and Resident #2 according to the physician's order and pharmacy recommendation on 7/9/26 when she administered the Potassium crushed by mouth when the instructions on the blister packet said to Swallow Whole Do not Chew Or Crush. This failure could place residents at risk of adverse reaction related to taking medications. Findings Included: Review of Resident #1's admission assessment [VT19.1] 7/9/26 reflected she was an [AGE] year old [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included, cough, pain, essential (primary) hypertension (high blood pressure), low potassium, Alzheimer's disease with early onset (a progressive brain disease that slowly destroys memory, thinking skills and the ability to carry out simple daily tasks) anorexia (an eating disorder and mental health condition characterized by severe food restriction an intense fear of gaining weight and a distorted body image), [VT20.1] personal history of transient ischemic attack (occurs when blood flow to a part of the brain, spinal cord, or retina temporarily stops, depriving the tissue of oxygen), and cerebral infarction (the necrosis) of brain tissue caused by a prolonged lack of blood flow without residual deficits), (personal history of malignant neoplasm (cancerous tumor) of breast. Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed a BIMS score of 4 indicating severe cognitive impairment. She needed extensive help from 1 staff with ADLs, and limited assistance with eating. Record review of Resident #1's care plan on dated 5/27/26 read revealed in part: Extended Release (Potassium Chloride) . Intervention . give Potassium Chloride ER as ordered by physician . Record review of Resident #1's physician's orders for dated 12/22/24 read revealed in part: . Potassium Chloride Extended Release 20 MEQ. Give 1 tablet by mouth one time a day for MINERAL . Record review of Resident #1's Medication Administration Record (MAR) dated July 2026 had revealed Oral Tablet Extended Release 20 MEQ (Potassium Chloride) Give 1 tablet by mouth one time a day for MINERAL. Record review of facility's medication scheduled every day /once daily reflected, it should be administered at 9AM. Observation on 7/9/26 at 10:15 AM, during medication administration revealed. MA B picked up Potassium Chloride Extended Release 20 MEQ blister packet and punched it one tablet into medication cup. Blister packet had highlighted Swallow Whole Do not Chew Or Crush. MA B then added and other medications (Amlodipine and Calcium) and crushed all medications and mixed it them [NAME] yogurt and administered this to Resident #1 by mouth. Resident #2 Review of Resident #2's admission assessment [VT21.1] 7/9/26 reflected she was a [AGE] year old [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included, fatigue, gangrene (death of body tissue), aphasia (difficulty communicating), chest pain, shortness of breath, low potassium essential (primary) hypertension (high blood pressure). Record review of Resident #2's quarterly MDS assessment dated [DATE] revealed a BIMS score was blank indicating severe cognitive impairment. She needed extensive help from 1 staff with ADLs, and limited assistance with eating. Record (continued on next page)		

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	review of Resident #2's care plan on dated 6/27/26 read revealed in part . diagnosis of low potassium . Intervention . give Potassium Chloride medications as ordered . ^ ^ Record review of Resident #2's physician's orders for dated 3/20/2026 read revealed in part: ^ . Potassium Chloride ER 10 meq, Give 10 meq by mouth one time a day for low potassium . ^ Record review of Resident #2's Medication Administration Record (MAR) dated July 2026 had revealed Potassium Chloride ER 10 meq by mouth every day. ^ Observation and interview on 7/9/26 at 10:35 AM, during medication administration. revealed MA B picked up Potassium Chloride Extended Release 10 MEQ blister packet and punched it out one tablet into medication cup. Blister packet had highlighted Swallow Whole Do not Chew Or Crush . MA B then added and other medications (Eliquis and Metoprolol) and crushed all medications and mixed it them in yogurt. ^ MA B stopped before administering the medication to Resident #2 to check Potassium blister packet after surveyor intervention to review the packet instructions, and MA B said Potassium 10 meq was given once daily. MA B was shown the highlighted sign on the blister pack Swallow Whole Do not Chew Or Crush .MA B said, Resident #2 cannot swallow Potassium 10 meq whole, and MA B continued to administer the potassium to Resident #2 by mouth. ^Interview on 7/9/26 at 11:20 a.m. with MA B regarding not following pharmacy recommendation and notifying the charge nurse on changing Potassium tablet to liquid. MA B said she did not check the blister packet highlighted sign on the Potassium blister packet do not crush or chew, MA B said she will be careful. MA B said crushing Resident #1 and Resident #2's potassium would not work as it should in their blood. Interview with DON on 7/9/26 at 4:00 PM regarding Resident #1 and Resident #2's Potassium ER crushed. DON said she was not aware of it. DON said she was going to notify the doctor for stat (immediate) Potassium blood level lab work to be done. DON said she would start in-services to all staff and call the doctor changed to change Potassium tablet to liquid. Record Review of facility's policy Medication Administration Procedures with revised date of April 2019 revealed .4. Medications are administered in accordance with prescriber orders, including any required time frame.5.Medication administration times are determined by resident need and benefit, not staff convenience. Factor that are considered include:a. enhancing optimal therapeutic effect of the medication,b. preventing potential medication or food interactions.10. The individual administering the medication checks the label THREE(3) times to verify right resident, of medication should always be adhered to which includes the right medication, right dosage, right time and right method (route) of administration before giving the medication and the right dose.		