STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676100	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at San Angelo	5455 Knickerbocker Rd San Angelo, TX 76904

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident for 1 of 2 residents (Resident #8) reviewed for trauma-informed care. The facility failed to ensure Resident #8 had a trauma screening completed upon admission to the facility that identified possible triggers when Resident #8 had a history of trauma. This failure could place residents at an increased risk for psychological distress due to re-traumatization.The findings included: A record review of the face sheet, dated 05/07/26, reflected Resident #8 was a [AGE] year-old female who initially admitted to the facility on [DATE] with a diagnosis of PTSD (mental health condition that develops following a traumatic event characterized by intrusive thoughts about the incident, recurrent distress/anxiety, flashback and avoidance of similar situations). A record review of the quarterly MDS assessment, dated 04/14/26, revealed Resident #8 had clear speech and was understood by others. The MDS revealed Resident #8 was able to understand others. The MDS reflected Resident #8 had a BIMS score of 14, which indicated intact cognition. The MDS reflected Resident #8 had no behaviors or refusal of care. The MDS revealed Resident #8 had an active diagnosis of PTSD. A record review of the comprehensive care plan, revised 10/9/2025, revealed Resident #8 had a history of hallucinating and delusions related to PTSD. The goal was to not experience distress because of these. No triggers or history were noted in the care plan. A record review of Resident #8's, assessments reviewed on 5/7/2026, revealed no assessment to identify Resident #8's trauma or triggers that could cause re-traumatization. During an interview on 05/07/26 beginning at 3:49 PM, the Social Services Director stated she was responsible for completing the initial trauma informed assessments on admission. The Social Services Director stated she was aware the Trauma Informed Assessment was not completed for Resident #8 and she was going to start working on it, but she just started working at the facility last week. The Social Services Director stated there was no trauma screening completed on admission that she was aware of. The Social Services Director stated it was important to ensure residents were screened for a history of trauma, and potential triggers were identified to maintain the correct environment to prevent triggers that could have caused re-traumatization. The Social Services Director stated it would have been important to know the potential triggers to prevent aggravation, frustration, or other behaviors. During an observation and interview on 05/07/26 beginning at 4:02 PM, revealed Resident #8 was sitting up in the dining room eating a snack. Resident #8 did not want to leave the dining room, unable to complete the interview regarding her PTSD diagnosis. During an interview on 05/07/26 beginning at 1:12 PM, the DON stated the Social Worker was responsible for trauma informed care if the resident had a PTSD diagnosis. The DON stated she reviewed the clinical record for psychotropic medication and behaviors. The DON stated she reviewed the diagnosis to ensure the referral was appropriate for admission to the facility. The DON stated she was responsible for monitoring assessments and making sure they were completed. During an interview on 05/07/26 beginning at 4:41 PM, the Administrator stated his expectation was for the (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Social Worker to complete the required assessments based on the resident's diagnosis. The Administrator stated the Social Services Director was responsible for completing the initial social history assessment, which included trauma screening questions. The Administrator stated he was unaware that this had not been completed. The Administrator stated that this Social Worker had only been at the facility for about 2 weeks. The Administrator stated it was important to ensure residents were assessed for a history of trauma, and potential triggers were identified to prevent re-traumatizing and maintaining the safety of the residents and staff. Record review of the Trauma Informed Care and Culturally Competent Care policy, revised August 2022, revealed .To address the needs of trauma survivors by minimizing triggers and/or re-traumatization .