

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: 676120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2026
NAME OF PROVIDER OR SUPPLIER Avir at Sherman		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Sara Swamy Drive Sherman, TX 75090	
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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to incorporate recommendations from a PASRR evaluation report into a resident assessment, care planning, and transition of care for one (Resident #1) of 1 resident reviewed for PASRR services. The facility failed to ensure a complete and accurate PASRR Nursing Facility Specialized Services (NFSS) request form for OT and PT was submitted into the Texas Medicaid & Healthcare Partnership (TMHP) portal within 20 business days after the date of the Interdisciplinary Team (IDT) meeting to facilitate services for Resident #1 as agreed upon in the meeting. This failure placed residents at risk of not receiving specialized PASRR services that would enhance their highest level of functioning. Record review of Resident #1's Quarterly MDS, dated [DATE], reflected he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses included intellectual disabilities (a neurodevelopmental disorder characterized by significantly below average cognitive functioning and deficits in daily living skills), schizophrenia (a chronic and severe brain disorder that affects a person's ability to interpret reality normally), lack of coordination, and cognitive communication deficit. His BIMS score was 07, which indicated Resident #1's cognition was severely impaired. Record review of Resident #1's PASRR Level 1 screening, dated 12/11/25, reflected he was positive for PASRR for an intellectual and developmental disability. Record review of Resident #1's PASRR Evaluation, dated 12/18/25, reflected Resident #1 had diagnoses of intellectual disability which manifested before the age of 18. The evaluation reflected PASRR services recommended Resident #1 receive specialized occupational therapy, specialized physical therapy, and specialized speech therapy, to be provided/coordinated by nursing facility. Review of Resident #1's Initial IDT meeting dated 12/30/25, reflected the PASSR recommendations of Specialized Occupational Therapy, Specialized Physical Therapy and Specialized Speech Therapy for Resident #1. Record review of Resident #1's care plan dated 03/05/26 reflected: PASSR positive related to intellectual disabilities and schizoaffective disorder (a mental health condition that is marked by a mix of hallucinations, delusions and mood disorder symptoms). Goal: PASRR services as agreed upon through the review date. Interventions: . Provide service coordination with a representative from the LIDDA (Local Intellectual and Developmental Disability Authority). Specialized Occupational Therapy. Specialized Physical Therapy. Specialized Speech Therapy. Interview on 06/02/26 at 11:10 AM with the Regional Reimbursement Consultant revealed Resident #1 did not receive any PASRR services of Occupational or Physical Therapy due to the facility did not submit a NFSS request form in TMHP. She stated the Director of Rehab was responsible for submitting the request form, but he was new and did not know much about it. She stated Resident #1 received Occupational Therapy and Physical Therapy services under Medicare. She stated after his discharge from the Medicare Services he was supposed to receive the specialized PASRR services. Interview on 06/02/26 at 12:07 PM with the Director of Rehab revealed Resident #1 did not receive any PASRR services of Occupational or Physical Therapy due to the facility did not submit a NFSS. He stated he did not know he was supposed to submit the form request via the portal. He stated Resident #1 did not receive any PASRR specialized OT or PT services at the facility. Interview on 06/02/26 at 1:50 PM with the Administrator (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revealed he would expect Resident #1 to have received PASSR services as agreed upon during IDT meetings. He stated he would expect follow-up to ensure completion. He stated risk would be the resident was not getting services that could help him on his daily living. He stated he will get corporation staff to provide in-services to the facility staff about the PASRR procedure. Record review of facility's policy PASRR, dated 01/20/2026, reflected . Once the IDT makes its determinations about specialized care, the facility will; include all specialized services and support activities in the resident's comprehensive plan of care. The facility will initiate the request for specialized services within 20 business days of the IDT meeting, .		