

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2026
NAME OF PROVIDER OR SUPPLIER Avir at Emerald Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 5600 Davis Blvd North Richland Hills, TX 76180	
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 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure that at the time each resident was admitted , the facility had physician orders for the resident's immediate care for 1 resident (Resident #1) of 3 residents reviewed for admission orders. The facility failed to ensure that Resident #1, who was admitted on [DATE] with a suprapubic catheter (medical device inserted in the bladder to help drain urine), had physician orders in place for catheter care. This failure could place residents at risk of not receiving essential care upon admission. Findings included: Record review of Resident #1's NT/ST MDS Assessment, dated 07/01/26, reflected the resident was an [AGE] year-old male who admitted to the facility on [DATE]. The resident's BIMS score was not indicated on this document. Record review of Resident #1's face sheet, dated 07/07/26, reflected the resident's diagnoses included: chronic kidney disease, overactive bladder, and infection and inflammatory reaction due to catheter. Record review of Resident #1's baseline care plan, dated 07/01/26, under Bowel & Bladder did not indicate the resident's use of a suprapubic catheter. Record review of Resident #1's progress notes, dated 07/01/26 at 1:25 p.m. by LVN A, reflected the following: [Resident #1] arrived on stretcher via non-emergency transportation. Alert and Oriented to Name, Place, Time and Situation. [Resident #1] is Enhanced barrier Precautions for Suprapubic catheter and Midline (thin tube placed in small vein to give medication and/or fluids) with solo lumen (internal hollow line used to deliver treatment) on left upper arm. [Resident #1] is on Heart healthy diet, regular texture and thin consistency. Receives antibiotic Gentamicin every 48 hours through midline. No visible signs of any infection at IV site noted. [Resident #1] get Eliquis 2.5 mg twice daily and has sustained multiple bruises in result. [Resident #1] has rash in peri area and on sacrum. (triangular bone at the base of spine) Medications are ordered. MD notified and received orders to do BMP, CBC and A1c. Record review of Resident #1's physician orders, dated 07/07/26, reflected in part the following:-Gentamicin 80 mg/50 ML NS injectable 80 mg/50 ml-use 700 mg intravenously every 48 hours related to infection and inflammatory reaction due to indwelling urethral catheter; Order Date: 07/01/26. Further review of this document reflected there was not an order for catheter care. In an observation and interview on 07/07/26 at 11:10 a.m., Resident #1 was sitting in his wheelchair in the room visiting with family. Resident #1 was observed to have a catheter that was hanging below bladder level with a bag cover for privacy. Resident #1 stated he had only been at the facility for about a week and he was concerned about catheter care. Resident #1's family stated Resident #1 was admitted to the facility after being treated in the hospital for a urinary infection with his catheter in place. Resident #1's family stated the urologist recommended Resident #1's catheter be changed every three weeks to reduce the risk of infection, and it was scheduled to be changed yesterday. Resident #1's family stated this was mentioned to one of the nurses, who stated they would notify the MD, and no update had been provided. Resident #1 stated infections caused him a major setback, (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 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and he was terrified of getting another one. Resident #1 stated he could not always tell when he had an infection, but it was easy to get one with the suprapubic catheter. In an interview on 07/07/26 at 2:00 p.m., LVN A stated he worked at the facility for 4 years. He stated he worked with Resident #1 and he admitted with a suprapubic catheter. LVN A stated when a resident was admitted with a catheter, the nurses had to confirm with the MD that there was an order in place for standard catheter care. LVN A stated the orders would include care specific to the type of catheter and residents' needs. LVN A stated Resident #1 should have had an order in place; however, he could not recall seeing one in the chart. LVN A stated he knew how to provide standard catheter care naturally based on years of experience and nursing knowledge; however, it was important for nurses to follow MD orders in case there were any special care needs. In an interview on 07/07/26 at 2:42 p.m., the NP stated residents who admitted to the facility with catheters usually had an established urologist and would follow-up with them for catheter replacements. The NP stated the residents would also come with orders from either the urologist or discharging hospital. The NP stated Resident #1 was new to the facility and she had not seen the resident yet. The NP stated if Resident #1 admitted without orders for catheter care, the expectation would have been for the nurses to notify her or the MD, and she would have advised them to immediately contact the resident's urologist. She stated she had not received a call from the facility regarding Resident #1 not having catheter care orders. The NP stated not having orders in place for at least standard catheter care could place the residents at risk of infections. In an interview on 07/07/26 at 3:30 p.m., the DON stated he was unaware that Resident #1 did not have any orders in place for catheter care. The DON stated he got the urologist's phone number from Resident #1's family and he was about to call for an order. The DON stated it was important to have an order for catheter care in place when a resident admits for continuity of care and so that everyone was on the same page regarding the resident's needs. Record review of the facility's policy titled Physician Orders, updated 02/2025, reflected in part the following: PurposeThe purpose of this procedure is to establish uniform guidelines in the receiving and recording of physician orders to ensure the resident receives the necessary care and services.Recording Orders: admission orders- the licensed nurse will verify admission or readmission order with the physician or physician extender for all residents admitting or readmitting.		