STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676301	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Schertz	3301 Fm 3009 Schertz, TX 78154

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that included measurable objectives and timeframes to meet residents' medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment and described the services to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 1 of 7 residents (Resident #1) reviewed for care plans. The facility failed to complete the Mini Nutritional Evaluation per Resident #1's care plan. This failure could affect residents and place them at risk for not having their needs and preferences met. The findings included: Record review of Resident #1's admission Record reflected a [AGE] year-old female initially admitted [DATE] and re-admitted [DATE]. It further reflected she had diagnoses to include muscle weakness and atrophy, lack of coordination, and cognitive communication deficit. Record review of Resident #1's quarterly MDS assessment, dated 03/27/25, reflected she was unable to complete a Brief Interview for Mental Status (BIMS) with short- and long-term memory problems. It further reflected she had no weight changes in the last month or in the last 6 months. Record review of Resident #1's care plan, reflected Resident #1 was at risk for malnutrition, dated 04/03/25, with interventions to include *Complete Mini Nutritional Evaluation *If malnourished, consult dietician, *If Mini Nutritional Evaluate results indicate risk, consult dietician, *If Mini Nutritional Evaluation results are normal, monitor intake and weights, *If Mini Nutritional Evaluation results indicate malnutrition, consult dietician. Record review of assessments for Resident #1 reflected a Mini Nutritional Assessment, dated 04/09/25, was in progress and not completed. During an interview on 05/08/25 at 12:48PM, the RD revealed he did not know Resident #1 needed to have a Mini Nutrition Evaluation done. He revealed he would expect the facility to let him know when a nutrition evaluation was requested , so he could assess what nutritional interventions were needed to help resident, such as prevent weight loss or providing enough nutrition. (continued on next page)

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
	676301	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Schertz	3301 Fm 3009 Schertz, TX 78154

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/06/25 at 03:10PM, the Regional Nurse Consultant revealed the RD would know how to look up information about what assessment to complete when he came in. He revealed the care plans triggered nutritional assessment so the RD could see it when he came in . Record review of the facility's policy Care Plans, Comprehensive Person-Centered, revised December 2016, reflected, 8. The comprehensive, person-centered care plan will: b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676301	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Schertz	3301 Fm 3009 Schertz, TX 78154

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure a resident maintained acceptable parameters of nutritional status, such as usual body weight or desirable body weight range, unless the resident's clinical condition demonstrated this was not possible or the resident preferences indicated otherwise for 9 of 9 Residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, and #9) whose records were reviewed for nutrition staus maintenence. 1. Record review of the facility's Weights and Vitals Summary from 12/15/24-05/31/25, dated 05/06/25, reflected Residents #3, #4, #5, #8 and #9 did not have any heights documented. 2. Record review of the inspection of scale for facility weights, assessed 05/06/25 at 04:41PM, reflected the last inspection was January 20, 2023, and the next inspection was January 20, 2024, which was not done. 3. Meal percentage intakes were input inaccurately and in advanced in the residents' electronic medical record for Resident # 1, #6 and # 7. 4. The facility failed to contact the RD and the MD when there was a significant weight loss with Resident #1 and Resident #2. 5. The facility failed to complete a Mini Nutritional Evaluation for Resident #1 per her care plan. These failures could affect residents at risk for losing weight and result in unplanned weight loss and a decline in the resident's overall health. The findings were: 1.Record review of the facility's Weights and Vitals Summary from 12/15/24-05/31/25, dated 05/06/25, reflected 58 out of 58 residents did not have any heights documented including Residents #3, #4, #5, # 8 and # 9. Record review of the Dietary Consultant Report, dated 01/29/25, reflected Resident #3, The resident is without a recorded height, look to obtain. And Resident #8, Resident without recorded height, look to obtain. Resident #9, Resident without height, look to obtain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676301	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Schertz	3301 Fm 3009 Schertz, TX 78154

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the Dietary Consultant Report, dated 02/11/25, reflected a recommendation for Resident #4, look to obtain height to help determine BMI status. Record review of the Dietary Consultant Report, dated 04/09/25, reflected a recommendation for Resident #5, look to obtain weight for April 2025 and height. Record review of MDS section K for sampled Residents #1 , #2 , #3, #4, #5, #6, #7 , #8, and #9 revealed heights were entered into the MDS section K. During an interview 05/06/25 at 03:10PM, the ADON and the regional nurse consultant (former DON) revealed there were no heights in PCC because a lot of the data did not transfer from the former electronic medical record to the current electronic medical record . During an interview on 05/08/25 at 12:48PM, the RD revealed heights being entered into PCC was important because he was able to track low BMIs and provide proper interventions. He revealed for instance, if a resident had a low BMI of 15, it would be important for him to assess this resident. He revealed heights also allowed ideal body weight for a resident to be calculated and calculate estimated calories. He revealed he saw there were no heights in PCC and had requested heights to be put in at the time of his assessments. 2. During an interview and record review on 05/06/25 at 04:41PM, the ADM and the Regional Nurse Consultant (former DON) revealed the inspection sticker on the scale would be the most up to date calibration log. Record review of the inspection sticker on the scale for facility weights reflected the last inspection was January 20, 2023, and the next inspection was due to be complete January 20, 2024. REcord review of inspection sticker showed that the date January 20, 2024 was not highlighted as compelte. During an interview on 05/08/25 at 09:00AM, the ADM revealed he expected staff to report to him any issues with the scale to include inaccurate weights. He revealed the staff were aware of this , because he was in charge of maintaining the scale. During an interview on 05/08/25 at 12:05PM, [Scale Company] revealed if a weight scale was used a lot, it should be calibrated often. They further revealed this also depended on the use (how often and what it was used for). They revealed it was up to the customer to keep tabs on this and contact the company for recalibration. They further revealed they recommended to have it inspected at least once a year. Record review of the [Scale Company]'s certificate of inspection and calibration reflected the scale did not have to be adjusted. Record review of the facility's policy, Maintenance Service, revised December 2009, reflected 5. Maintenance personnel shall follow the manufacturer's recommended maintenance schedule. 3. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676301	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Schertz	3301 Fm 3009 Schertz, TX 78154

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #7's Face Sheet reflected a [AGE] year-old male initially admitted [DATE] and re-admitted [DATE]. It further reflected he had diagnoses tof muscle weakness, muscle wasting and atrophy, and vitamin deficiency. Record review of Resident #7's quarterly MDS assessment, dated 09/03/24, reflected a Brief Interview for Mental Status score of 10 out of 15, indicating moderate cognitive impairment. It further reflected he had no weight changes in the last month or in the last 6 months. Record review of Resident #7's care plan reflected Resident #7 was at risk for nutrition impairment [related to] receiving therapeutic diet . with an intervention Maintain accurate meal intake record, created 07/01/24. Record review of Resident #1's admission Record reflected a [AGE] year-old female initially admitted [DATE] and re-admitted [DATE]. It further reflected she had diagnoses to include muscle weakness and atrophy, lack of coordination, and cognitive communication deficit. Record review of Resident #1's quarterly MDS assessment, dated 03/27/25, reflected she was unable to complete a Brief Interview for Mental Status (BIMS) with short- and long-term memory problems. It further reflected she had no weight changes in the last month or in the last 6 months. Record review of Resident #1's care plan, reflected Resident #1 was at risk for malnutrition, dated 04/03/25, with interventions to include *Complete Mini Nutritional Evaluation *If malnourished, consult dietician, *If Mini Nutritional Evaluate results indicate risk, consult dietician, *If Mini Nutritional Evaluation results are normal, monitor intake and weights, *If Mini Nutritional Evaluation results indicate malnutrition, consult dietician. Record review of Resident #6's admission Record reflected an [AGE] year-old female admitted [DATE]. It further reflected she had diagnoses to include hypertension (high blood pressure), atrial fibrillation (irregular heart rhythm), and osteoarthritis of hip. Record review of Resident #6's annual MDS assessment, dated 03/25/25, reflected he had a BIMS score of 07 out of 15, indicating severe cognitive impairment. Record review of Resident #7's meal percent intakes, entered by CNA A, from 08/21/24 to 09/04/24, reflected 09/04/24 at 08:06AM breakfast, lunch, and dinner reflected 76-100% was eaten. It further reflected 09/02/24 at 07:57 AM breakfast, lunch, and dinner reflected 76-100% was eaten. It further reflected 08/30/24 at 06:37 AM breakfast, lunch, and dinner reflected 76-100% was eaten. It further reflected 08/28/24 at 08:09 AM breakfast, lunch, and dinner reflected 76-100% was eaten. It further reflected 08/25/24 at 09:34 AM breakfast, lunch, and dinner reflected 76-100% was eaten. It further reflected 08/23/24 at 07:17 AM breakfast, lunch, and dinner reflected 76-100% was eaten. It further reflected 08/22/24 at 07:42 AM breakfast, lunch, and dinner reflected 76-100% was eaten. It further reflected 08/21/24 at 08:10 AM breakfast, lunch, and dinner reflected 76-100% was eaten . During an interview on 05/06/25 at 03:39PM, CNA A revealed she would enter them after lunch and then re-enter after dinner. She revealed there was no way to enter snacks for the day . She revealed if the meal intake percentages were entered at the same time, then the other CNAs could have entered them and needed to be educated to not enter them early, when the staff did not actually know how much the residents had eaten. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676301	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Schertz	3301 Fm 3009 Schertz, TX 78154

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview and observation on 05/07/25 at 12:44PM, Resident #1 and Resident #6 were no longer eating their lunch meals and were not present at their respective tables. It was observed Resident #1 ate 25% and Resident #6 ate 25% of their respective plates. RN B confirmed Resident #1 ate 25% and Resident #6 ate 25% of their respective plates. During an interview on 05/07/25 at 02:10PM, RN B revealed she reviewed the POC for Resident #6 and Resident #1 for lunch and noted Resident #1 had 51-75% documented and Resident #6 had 76-100% documented, however they both ate 25% of their lunch today. During an interview on 05/07/25 at 02:45PM, CNA A revealed she did not do charting ahead of time, but other CNAs do have access to her EMR. She revealed today Resident #6 ate 76-100% and Resident #1 ate 51-75% because she opened their trays up and each of them ate a little bit of each. She revealed 51% would be half of their plate. CNA revealed the meal intakes should not be documented at the same times and when she documented a meal percentage intake, the percentage meal intake would be time stamped at the time it was entered. During an interview on 05/08/25 at 11:24AM, the Regional Nurse Consultant revealed breakfast to dinner should not have been documented at the same time and he could not explain why intakes reviewed were entered at breakfast time. He revealed that lunch or dinner may have been documented earlier because there was not a spot to document snacks, but then this meant some meals may have not been documented. He revealed the CNAs and nurses have learned how to gauge percentage intake from schooling and their competencies before they get hired . During an interview on 05/08/25 at 12:48PM, the RD revealed when he assessed residents, it was important for meal percentage intakes to be accurate. He revealed it was important, so he knew residents were receiving enough calories and to see if weight loss and weight gain occurred. He further revealed he would provide interventions if residents intakes were low to prevent weight loss. Record review of the facility's policy Charting and Documentation, revised July 2017, reflected 7. Documentation of procedures and treatments will include care-specific details, including: a. the date and time the procedure/treatment was provide . 4. Record review of complaint investigative worksheet claimed the facility was entering in wrong weights for residents (that was different from what the residents actually weighed). Record review of Resident #1's admission Record reflected a [AGE] year-old female initially admitted [DATE] and re-admitted [DATE]. It further reflected she had diagnoses to include muscle weakness and atrophy, lack of coordination, and cognitive communication deficit. Record review of Resident #1's quarterly MDS assessment, dated 03/27/25, reflected she was unable to complete a Brief Interview for Mental Status (BIMS) with short- and long-term memory problems. It further reflected she had no weight changes in the last month or in the last 6 months. Record review of Resident #1's care plan, reflected Resident #1 was at risk for malnutrition, dated 04/03/25, with interventions to include *Complete Mini Nutritional Evaluation *If malnourished, consult dietician, *If Mini Nutritional Evaluate results indicate risk, consult dietician, *If Mini Nutritional Evaluation results are normal, monitor intake and weights, *If Mini Nutritional Evaluation results indicate malnutrition, consult dietician. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676301	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Schertz	3301 Fm 3009 Schertz, TX 78154

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #2's admission Record reflected a [AGE] year-old female initially admitted [DATE] and re-admitted [DATE]. It further reflected she had diagnoses to include muscle weakness and atrophy, lack of coordination, and cognitive communication deficit. Record review of Resident #2's annual MDS assessment, dated 03/25/25, reflected he had a BIMS score of 10 out of 15, indicating moderate impairment. It further reflected he had no weight changes in the last month or in the last 6 months. During interview, observation, and record review on 05/06/25 at 01:34PM, Resident #1 weighed 161#. Record review of Resident #1's weight on 05/05/25 was 171#. The weight loss reflected was -5.8% in 3 days. CNA A revealed the weights were entered on 05/05/25, but they were taken 05/03/25. Resident #1 was not interviewable. During interview, observation, and record review on 05/06/25 at 01:39PM, Resident #2 weighed 197.8#. Record review of Resident #2's weight on 05/05/25 was 208.1#. CNA A revealed the weights were entered on 05/05/25, but they were taken 05/03/25. The weight loss reflected was -4.95% in 3 days. Resident #2 revealed he was not aware if he had any weight changed. During observation and record review on 05/09/25 at 11:32AM, Resident #2 weighed 200.8#. This weight loss reflected was -3.5% in 6 days. During an interview on 05/06/25 at 03:10PM when discussing the weights taken earlier, the ADON revealed the scale was consistently weighing the same weight from month to month showing no significant weights changes. She revealed that due to the weight changes taken today, they were bringing in someone from the scale company to calibrate the scale . During an interview on 05/08/25 at 11:24AM, the Regional Nurse Consultant revealed they did not report weight changes to the RD or the MD because the scale was broken. During an interview on 05/08/25 at 12:48PM, the RD revealed he used weight and vitals exception document to get the significant weight changes . He revealed it was important to know significant weight changes because there might be some nutrition intervention to add for residents as needed. Record review of the certificate of inspection and calibration, dated 05/09/25 reflected the scale was calibrated on 05/09/25 and did not have to be adjusted.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676301	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Schertz	3301 Fm 3009 Schertz, TX 78154

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review the facility failed in accordance with accepted professional standards and practices, to maintain medical records on each resident that are complete; accurately documented, readily accessible for 2 of 8 residents reviewed for care plans (Resident #2 and Resident #6). Resident #2 and Resident #6 did not have care plans accessible in their current active record. These failures could place the residents at risk of not having accurate car plans leading to Residents not recieving person centered individualized care as needed. Findings included: Record review of Resident #2's admission Record reflected a [AGE] year-old female initially admitted [DATE] and re-admitted [DATE]. It further reflected she had diagnoses to include muscle weakness and atrophy, lack of coordination, and cognitive communication deficit. Record review of Resident #2's annual MDS assessment, dated 03/25/25, reflected he had a BIMS score of 10 out of 15, indicating moderate cognitive impairment. Record review of Resident #6's admission Record reflected an [AGE] year-old female admitted [DATE]. It further reflected she had diagnoses to include hypertension (high blood pressure), atrial fibrillation, and osteoarthritis of hip. Record review of Resident #6's annual MDS assessment, dated 03/25/25, reflected he had a BIMS score of 07 out of 15, indicating severe cognitive impairment. There were no care plans accessible in the current electronic medical record. During an interview on 05/09/2025 at 1PM, the MDS Coordinator revealed she was slowly getting the care plans entered into the PCC. She revealed the former electronic medical record was not able to transfer everything over to PCC, the current electronic medical record. She revealed staff knew to ask her for MDS assessments and care plans, if someone needed this information. She revealed this was important to have this information for resident care and so everyone was aware. She revealed MDS assessments were in PCC, but not all care plans. During an interview on 05/09/25 at 01:49PM, the ADM revealed there were no specific trainings for the staff to know they could contact the MDS nurse or ADM 24/7 to get a copy of the MDS assessments or care plans. He further revealed the staff could contact them 24/7 about resident care if they had any questions . During an interview on 05/09/25 at 02:02PM, the Regional Nurse Consultant revealed care plans were considered readily available because they work 24/7 and health care was 24/7, so the staff could call them to find answers about resident care . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676301	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Schertz	3301 Fm 3009 Schertz, TX 78154

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the facility's policy Comprehensive Assessments, updated February 2025, reflected Comprehensive assessments are maintained in the resident's active record for a minimum of 15 months. These assessments are used to develop, review, and revise the resident's comprehensive care plan.