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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676301	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2026

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 observation, interview, and record review, the facility failed to maintain medical records, in accordance with accepted professional standards and practices, which are complete; and accurately documented for 1 of 4 residents (Resident #1) reviewed for documentation. Resident #1's electronic medical record did not contain complete and accurate documentation that LVN B and LVN C recorded in the March 2026 TAR (Treatment Administration Record) that the resident received wound care on 3/9/26, 3/12/26, 3/15/26, and 3/16/26. This failure could result in residents' records not accurately documenting interventions, monitoring, and information provided to nursing and medical staff involved in wound care given to residents.Findings include: Record review of Resident #1's face sheet, dated 3/20/26, reflected an -[AGE] year-old male who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included: dementia (decline in memory cognition), surgical aftercare for digestive system, HTN (hypertension), muscle wasting, lymphedema (localized swelling) and DM (diabetes (too much sugar in the blood stream). The RP was listed as: self.Record review of Resident #1's admissions MDS, dated [DATE], reflected a BIMS score of 14, indicative of no impairment in cognition. The ADLs for: B/B was incontinent of both; Transfer and Mobility was total care. ROM was no impairment. Assistive devices: W/C. Record review of Resident# 1's Care Plan, dated 2/27/26, revealed the goals and interventions included:wound care for pressure ulcers, notify MD for changes, follow treatment orders, pressure release mattress, supplements, and proteins. Record review of Resident #1's physician orders, dated March 2026, reflected: the physician's wound orders were:Great toe left and right (q shift); Left and right heel Tuesday/Thursday/Saturday; and Sacrum q shift and PRN. Record review of Resident #1's March 2026 TAR reflected wound care was not documented as follows:Great toe left and right (q shift): not documented 3/7/26, 3/12/26, and 3/15/26, and 3/16/26 [last wound care was 3/17 and documented]Left and right heel T/T/S: not documented 3/7/26, 3/12/26 [last treatment was on 3/17/26 and documented]Sacrum q shift and PRN: not documented 3/7/26, 3/9/26, 3/12/26, 3/15/26, and 3/16/26 [last treatment was 3/17/26 and documented] Record review of Resident #1's Discharge summary dated [DATE] reflected the resident was sent to the ER per request of a family member. During an observation and interview on 3/20/26 at 5:30 PM, Resident #1 was in a hospital medical bed picking at his dinner meal. The resident was alert and oriented towards person, place, and time. The resident stated he was in the hospital for wound care treatment. The resident stated the nursing home provided him wound care and his wounds had improved. However, the resident stated that he might have missed wound care on some days; the resident could not provide specifics as to the days he had missed wound care. The resident denied ANE at the nursing home. During an interview on 3/20/26 at 9:30 AM, MD stated Resident #1 had poor blood circulation around his toes and had developed dead tissues. The MD stated the skin condition had declined and the resident received daily wound care. The MD stated the resident needed to be assessed by a surgeon to determine whether the resident was a suitable candidate for surgery. The MD stated the resident was not neglected around wound care. During an interview on 3/20/26 at 9:35 AM, the DON stated Resident #1 was discharged to hospital on 3/17/26 because his wounds around (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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