STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676314	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Orem	3730 W. Orem Drive Houston, TX 77045

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 refer all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment for 1 of 2 residents (Resident #2) reviewed for mental illness, disability, or developmental disability.The facility failed to ensure Resident #2, who had a positive PL1, had a PL2 completed.This failure could place residents at risk of mental health needs not being met. Record review of Resident #2's face sheet, dated 5/6/2026, revealed a [AGE] year-old male who was admitted to the facility originally on 11/18/2020 and readmitted on [DATE]. Resident #2 had diagnoses which included Cerebral infarction (the most common type of stroke; occurs when a blood vessel in the brain becomes blocked, cutting off oxygen supply to brain tissue), ESRD (a condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life), Type 2 Diabetes Mellitus (a type of nerve damage that occurs as a complication of diabetes, primarily due to prolonged high blood sugar levels most commonly affecting the legs and feet, leading to symptoms such as pain, numbness, or tingling) , and Major Depressive Disorder (a formal diagnosis in the DSM-5, requiring at least five specific symptoms [like persistent sadness, loss of interest, sleep or appetite changes, fatigue, or thoughts of death] lasting at least two weeks and causing significant daily problems). Record review of Resident #2's quarterly MDS, dated [DATE], revealed a BIMS score of 15, which indicated intact cognition.Record review of Resident #2's care plan revealed a focus, initiated on 5/2/2026 and revised on 5/4/2026, that read Resident #2 has a history of trauma related to PTSD from the Army and the potential for increase in behaviors.Record review of Resident #2's PASARR Level 1 Screening, dated 8/1/2025, completed by MDS Nurse A, revealed in Section C 0100, an answer of yes which indicated Resident #2 had evidence or an indicator of mental illness.During an interview on 5/6/2026 at 2:28 p.m., MDS Nurse A stated he had worked at the facility for two years. MDS Nurse A stated he was responsible for MDS assessments and PASSAR related issues and was involved in creating care plans. MDS Nurse A stated he completed a PL1 for Resident #2 on 8/1/2025 due to a CHOW and noticed Resident #2 had a diagnosis of Major Depressive Disorder which resulted in a positive PL1 for Resident #2. MDS Nurse A stated Major Depressive Disorder was a qualifying condition for mental illness. MDS Nurse A stated he was not aware Resident #2 had a diagnosis of PTSD. MDS Nurse A stated he had not seen a diagnosis of PTSD in Resident #2's medical record and was unclear why it was noted as a focus in Resident #1's most recent care plan. MDS Nurse A stated he was unable to submit the PL1 that was created on 8/1/2025 because the facility did not have an NPI number. MDS Nurse A stated without an NPI number he was unable to submit the PL1 1 to the Simple LTC Portal which would have triggered a need for a PL2. MDS Nurse A stated his resource, and mentor was MDS Nurse B who served as a regional MDS nurse. MDS Nurse A stated the risks to residents who had a positive PL1 and was not submitted to Simple LTC Portal, included residents not receiving services that could have been offered to them. During an interview on 5/6/2026 at 3:22 p.m., the DON stated she was not (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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(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	responsible for PASARR screenings and knew very little about PASARR regulations. The DON stated she assumed Resident #2 had PTSD but realized that assumption was not true. The DON stated Resident #2 did not have an official diagnosis of PTSD. During an interview on 5/6/2026 at 3:57 p.m., MDS Nurse B stated she had worked at the facility since October 2025. MDS Nurse B stated she was the regional MDS nurse and acted as a resource to MDS nurse A. MDS Nurse B stated the facility had undergone a CHOW on August 1, 2025. MDS Nurse B stated anytime a CHOW occurred, the facility needed to wait for the Simple LTC Portal to update NPI and Medicaid numbers. MDS Nurse B stated once the facility received their new numbers, the facility would then upload the positive PL1's into Simple LTC. MDS Nurse B stated there was not a way to upload positive PL1's at that time. MDS Nurse B stated the risks to residents who had a positive PL1 and had not received a PL2 included residents not receiving services if they were not forthcoming with how they felt. MDS Nurse B stated the facility was contracted in-house psychiatric services, and residents with mental illness could be provided with services in the community or could be transported to an outpatient setting if their insurance allowed. MDS Nurse B stated the facility also conducted mood screenings quarterly, and behavior monitoring for those residents on medication for mental health. MDS Nurse B stated residents were constantly monitored, and the facility could provide in-house psychiatric services in the event it was needed. During an interview on 5/6/2026 at 4:20 p.m., the Administrator stated he had worked for the facility since October 2024. The Administrator stated MDS Nurse A was responsible for PASARR related issues. The Administrator stated the facility ownership changed in August of 2025, and he had still been waiting for the CHOW to be completed through the State. Record review of the facility's, undated, policy titled PASSR, read in part, the MDS Coordinator or designee will input all PL1's into the online portal on admission.In the event of positive PL1 that indicates the individual may have ID/DD/ or MI, the MDS Coordinator, Social Worker or designee will.notify LIDDA within 2 calendar days of admission to schedule the IDT and initiate the PE process.2. Monitor the Simple portal daily for the PE.