STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676343	A. Building B. Wing	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Waco	9101 Panther Way Waco, TX 76712

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one (Resident #1) of four residents reviewed for infection control. The facility failed to ensure staff practiced hand hygiene when performing perineal care (Incontinence care). The failure put residents at risk for infection, hospitalization, and decreased quality of life.Findings included: During the record review on 04/05/2026, the medical electronic record of Resident #1 revealed the residents the admission date was 02/03/2026 and the initial admission date was 06/13/2026. Resident #1 had a history of TYPE 2 DIABETES MELLITUS (Blood sugar becomes too high) WITHOUT COMPLICATIONS, SEPSIS (Serious infection), EPILEPSY (Sudden changes in movement or awareness), HYPERLIPIDEMIA (Fat-cholesterol level is high), HYPERTENSION (High blood pressure), POLYNEUROPATHY (Many nerve damage), and ANEMIA (Not enough oxygen in the blood). Resident #1 code status was DNR. During an observation of the Resident #1's perineal care on 04/05/2026 at 11:15 AM, CNA-A performed perineal care by cleansing the resident's anterior area and subsequently repositioned the Resident #1's to provide posterior care without performing hand hygiene during glove change. CNA-A put on a new pair of gloves without hand hygiene, then put on the socks and shoes for Resident #1. During an interview on 04/05/2026 at 11:28 AM, CNA-A stated she changed the gloves three times during care. CNA-A stated that she did not change gloves between the front and back cleaning, but did change gloves after cleaning the back side. CNA-A applied the moisture barrier cream with the second pair of gloves, then CNA-A put the clothes back on the resident and transferred Resident #1 from bed to the wheelchair with the same gloves. CNA-A stated she changed the gloves for the second time, which was the third pair without hand hygiene, and put the socks and shoes back on the resident. CNA-A stated that after putting on her socks and shoes, CNA-A brushed the resident's hair, then washed her hands in the restroom. CNA-A stated she did not perform hand hygiene after changing the gloves.CNA-A stated that if she does not follow proper hand hygiene techniques, she could pass germs to the resident and to herself. During an interview on 04/05/2026 at 3:18 PM, RN-B stated that you wash your hands as soon as you change your gloves. During record review on 04/05/2026 of the facility policy titled Perineal Care, revision date February 2018 stated discard soiled gloves, sanitize hands, and re-glove prior to touching other clean areas like clean linens/adult briefs. The facility policy titled Personal Protective Equipment, revision date February 2018, stated under Applying and Removing Gloves:1. Perform hand hygiene before applying non-sterile gloves.2. When applying, remove one glove from the dispensing box at a time, touching only the top of the cuff.3. When removing gloves, pinch the glove at the wrist and peel away from the hand, turning the glove inside out. 4. Hold the removed glove in the gloved hand and remove the other glove by rolling it down the hand and folding it into the first glove.5. Perform hand hygiene. The policy stated that supplies necessary for hand hygiene include alcohol-based hand rub containing at least 60% alcohol for most clinical situations.

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