

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/25/2025
NAME OF PROVIDER OR SUPPLIER  Avir at Patriot		STREET ADDRESS, CITY, STATE, ZIP CODE  11490 Gateway North Blvd. El Paso, TX 79934	

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 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.  (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:  676468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/25/2025
NAME OF PROVIDER OR SUPPLIER  Avir at Patriot		STREET ADDRESS, CITY, STATE, ZIP CODE  11490 Gateway North Blvd. El Paso, TX 79934	
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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to consult with the resident's physician when there was a significant change in the resident's physical, mental, or psychosocial status for 1 of 3 residents (Resident #1) reviewed for physician notification of changes. The facility failed to immediately consult with the physician and/or Nurse Practitioner when resident's family member requested to transfer Resident #1 to the emergency room for evaluation of ecchymosis and blood blister in the middle of the chest. This failure could place residents at risk of delayed medical treatment. Findings Included: Review of the admission Record dated 10/24/25 revealed Resident #1 was originally admitted to the nursing facility on 03/31/25 and re-admitted on [DATE]. Review of Hospital History &amp; Physical dated 08/11/25 revealed, Resident #1 had ESRD on Hemodialysis (the final stage of kidney disease, where the kidneys can no longer function and need hemodialysis. Hemodialysis is a treatment that uses a machine to filter and clean the blood like a healthy kidney would), Diabetes Mellitus, type II (a condition where the body either does not produce enough insulin or cannot use the insulin it makes effectively, leading to high blood sugar levels), Anemia (a condition in which the body does not have enough red blood cells or hemoglobin, the protein in red blood cells that carries oxygen), GI Bleed (bleeding that occurs in the digestive tract, from the esophagus to the anus) and Dementia (a general term for a group of brain disorders that cause a gradual decline in cognitive abilities such as memory, thinking, language, problem-solving, judgement, and orientation). Review of Quarterly MDS dated [DATE] for Resident #1 revealed, Clear speech. Sometimes makes Self-Understood; Sometimes understand others. BIMS Summary Score 01 - Severely Cognitively Impaired. Functional Limitation in Range of Motion - impairment on both sides to lower extremity. Mobility - dependent chair/bed-to-chair transfer. Incontinent of bowel &amp; bladder. Active Diagnoses: Anemia, ESRD, Diabetes Mellitus, Non-Alzheimer's Dementia, PVD (is a circulation problem where blood vessels outside of your heart and brain become narrowed, blocked, or damaged, often due to a buildup of plaque. This makes it harder for blood to flow to your arms and legs) Special Treatments - Hemodialysis. Review of Care Plan dated initiated: 10/24/25 for Resident #1 revealed, Resident had a fluid blister to mid-chest. Interventions: Administer antibiotic therapy as prescribed. Monitor for signs of progression or desclination (deterioration) blister. Provide wound care per treatment order. Review of Skin assessment dated [DATE] for Resident #1 written by LVN I revealed, Resident noted with blood filled blister to middle of chest area. Review of Event Report dated 10/20/25 at 9:15 PM, written by LVN I for Resident #1 revealed, Incident Date: 10/20/25. Type of Incident: Skin Tear/Discoloration. Location: Resident's Room. Nursing Description: Resident arrived from Dialysis, assessed resident noted blood filled blister to middle of chest next to dialysis port. Resident denies pain to area. Notified NP. New order to clean area with NS and cover with protective dressing, start Cephalexin 250 mg po BID x 10 days prophylactically, and she well be here Thursday to see resident. The family arrived at the facility and were notified of findings and new orders from NP. DON, ADON notified. Resident Description: Resident states, it just happened, she denies a fall, denies someone or something hitting that area of her chest., AAOx3, able to make needs known. The administrator was notified 10/21/25 at 10:02 AM. Review of Hospital emergency room Notes from dated 10/23/25 for Resident #1 revealed, Service Date/Time: 10/23/25 at 9:14 AM. emergency room Discharge Instructions revealed Diagnosis from Today's Visit: S/P hemodialysis catheter insertion, Superficial bruising of chest wall. During an interview on 10/24/25 at 9:14 AM, with LVN A Charge Nurse assigned to Resident #1 in the 300-Hall, said, I know why you are here. [Resident #1's] [family member] told me she was going to call the state, because the dialysis had requested for the nursing home to send the resident to the emergency room for evaluation of the ecchymosis (bruise) and large blister in the middle of the resident's chest, that was close to the dialysis access site. I asked her why the dialysis center could not send the resident to the hospital if she was still at the dialysis center. He said Resident #1 did not have the ecchymosis or the blister in the middle of the chest on Monday 10/20/25 when she was sent to dialysis during the morning shift. He said, I had already left when the resident returned from dialysis on that day during the evening shift. He said the evening nurse called the Nurse Practitioner on 10/20/25, and an order was given to start the resident on an antibiotic and would come to see the resident on Thursday. He said, I returned to work on Wednesday 10/22/25 when the nurse from the dialysis center called me and said the nephrologist (kidney doctor) had recommended the resident be sent to the ER for evaluation of the ecchymosis to make sure it was nothing serious due to the proximity to the dialysis access site. I</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/25/2025
NAME OF PROVIDER OR SUPPLIER  Avir at Patriot		STREET ADDRESS, CITY, STATE, ZIP CODE  11490 Gateway North Blvd. El Paso, TX 79934	
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)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/25/2025
NAME OF PROVIDER OR SUPPLIER  Avir at Patriot		STREET ADDRESS, CITY, STATE, ZIP CODE  11490 Gateway North Blvd. El Paso, TX 79934	
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)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interviews and record review, the facility failed to ensure the resident had the right to prompt efforts by the facility to resolve resident grievances, for one (Resident #2) of three residents reviewed for grievance resolution. The facility failed to ensure prompt efforts to resolve grievances voiced by Resident #2's family who filed a grievance on 08/22/25 and 10/17/25. This failure could place residents at risk of feeling that their voices were not being heard or taken seriously and could cause feelings of worthlessness. Findings included: Review of the admission Record dated 10/27/25 for Resident #2 revealed, original admission date 06/05/25; re-admission [DATE]. Review of Medical Visit dated 10/27/25 for Resident #2 revealed [AGE] year-old female with recurring UTIs (an infection of the urinary tract), now on hospice. History of cystitis (an inflammation of the bladder, the organ that stores urine), chronic UTI (infections of the urinary tract that are either persistent or keep coming back). Resident alert, oriented to person. Review of Quarterly MDS dated [DATE] for Resident #2 revealed, clear speech, makes self-understood; understands others; BIMS Summary Score: 12 (cognitively moderately impaired); Self-Care-substantial/maximal assistance with eating; Dependent with oral hygiene, toileting, shower, dressing, and personal hygiene. Mobility - Dependent with roll left and right, sit to lying, lying to sitting on side of bed, sit to stand, chair/bed transfer, toilet transfer, shower transfer. Incontinent of bowel &amp; bladder. Active Diagnoses: Renal Failure (is when the kidneys stop working properly, are unable to filter waste, remove excessive fluid, and balance chemicals in the blood), Diabetes Mellitus (a chronic condition where the body does not produce enough insulin or cannot use insulin effectively). Review of Care Plan for Resident #2 revealed, Date initiated: 10/16/25 Infection diagnosis of Sepsis (a life-threatening condition that occurs when the body's immune system overacts to an infection). Approaches: Administer medications per order. Monitor/document/report to MD signs and symptoms of delirium, changes in behavior, altered mental status. Date initiated: 10/16/25 The resident has alteration in neurological status r/t encephalopathy (a general dysfunction of the brain). Approaches: Assess for effects of psychotropic meds, dystonia (a movement disorder characterized by involuntary, sustained, or repetitive muscle contractions that cause abnormal postures or twisting movements), akinesia (the inability to initiate or perform voluntary muscle movements, often experienced as being frozen or having difficulty starting to move), rigidity, and tremors. Cueing, reorientation as needed. Date initiated: ADL self-care deficit. Approaches: Bed Mobility requires assistance to maximize independence with turning &amp; repositioning in bed. Requires assistance with personal hygiene, toileting, and transfers. Review of Concern/Grievance Form dated 08/22/25 revealed, Concern From: Was left blank. Resident Name: Resident #2. Name of the person giving the complaint. [family member]. Telephone: Was left blank. Employee filling in this form: Social Worker. Related to: Nursing Care. Description: Resident [family member] c/o of call bell not being placed where resident can see it. Family reports resident has vision problems and needs call light bell attached to center of her chest. Family complains that staff is inconsistent with placement. Persons/Departments contacted on 08/22/25: Social Worker, ADON J, and Administrator. Summary/Findings: Interventions discussed/clinical team. Recommendations/Action Taken: Sign-In Log will be implemented to ensure call bell placement. Resolution of Grievance/Complaint was left blank. Did not document resolution. Identify the methods used to notify the resident and/or resident representative of the resolution: Was left blank. Date of Notification: Was left blank. This form was completed by the Social Worker and Administrator on 08/27/25. Review of Concern/Grievance Form dated 10/17/25 revealed, Communicated by: Family. Name: Resident #2's family member. Relationship: family member/POA. Communicated to: DON, and SW. Name/Dept: DON, Social Worker Communicated via: Verbal. Concerned about: None were checked. Describe concern in detail: Family verbalized concerns: Documented in part - Night nurse LVN P lacks empathy. She focused on facility rules instead of patient care. Nurse asked the family to leave the facility at 9:59 PM, after requesting to stay with the resident. Staff did not check on resident throughout the night. Resident unable to operate call bell. Staff members assigned responsibility for the investigation: DON. Assigned by: Was left blank. Date: Was left blank. Due Date: Was left blank. Findings of investigation: Was left blank. Plan to resolve concern/grievance: Documented in part - DON provided personal cell number to be reached for concerns. Education provided to nurse LVN P. Family will be allowed to remain in the facility after visiting hours to accommodate. Touch call light will be provided. Log will be left at bedside to ensure pt. care and room rounding. Signature of Person completing above report: Was left blank. Signature of Administrator: Was left</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/25/2025
NAME OF PROVIDER OR SUPPLIER  Avir at Patriot		STREET ADDRESS, CITY, STATE, ZIP CODE  11490 Gateway North Blvd. El Paso, TX 79934	
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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/25/2025
NAME OF PROVIDER OR SUPPLIER  Avir at Patriot		STREET ADDRESS, CITY, STATE, ZIP CODE  11490 Gateway North Blvd. El Paso, TX 79934	

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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to maintain clinical records on each resident that were complete and accurately documented, in accordance with accepted professional standards and practices, for 1 of 3 residents (Resident #1) reviewed for clinical records. The facility failed to ensure LVN I accurately documented in Resident #1's Event Report on 10/20/25 when the resident returned from the dialysis center with ecchymosis and a blood blister in the middle of the chest. The facility failed to ensure the DON documented skin assessment for Resident #1 according to facility policy on documentation. The facility failed to ensure LVN I wrote a physician's telephone order on 10/22/25 to send Resident #1 to the emergency room for evaluation of ecchymosis and a blood blister in the middle of the chest. This failure could place residents at risk of having incomplete and inaccurate clinical records. Findings included: Review of the admission Record dated 10/24/25 revealed Resident #1 was originally admitted to the nursing facility on 03/31/25 and re-admitted on [DATE]. Review of Hospital History &amp; Physical dated 08/11/25 revealed, Resident #1 had ESRD on Hemodialysis (the final stage of kidney disease, where the kidneys can no longer function and need hemodialysis. Hemodialysis is a treatment that uses a machine to filter and clean the blood like a healthy kidney would), Diabetes Mellitus, type II (a condition where the body either does not produce enough insulin or cannot use the insulin it makes effectively, leading to high blood sugar levels), Anemia (a condition in which the body does not have enough red blood cells or hemoglobin, the protein in red blood cells that carries oxygen), GI Bleed (bleeding that occurs in the digestive tract, from the esophagus to the anus) and Dementia (a general term for a group of brain disorders that cause a gradual decline in cognitive abilities such as memory, thinking, language, problem-solving, judgement, and orientation). Review of Quarterly MDS dated [DATE] for Resident #1 revealed, Clear speech. Sometimes makes Self-Understood; Sometimes understand others. BIMS Summary Score 01 - Severely Cognitively Impaired. Functional Limitation in Range of Motion - impairment on both sides to lower extremity. Mobility - dependent chair/bed-to-chair transfer. Incontinent of bowel &amp; bladder. Active Diagnoses: Anemia, ESRD, Diabetes Mellitus, Non-Alzheimer's Dementia, PVD (a condition where blood vessels outside your heart and brain narrowed, blocked, or damaged, preventing enough blood from flowing to your limbs and organs) Special Treatments - Hemodialysis. Review of Care Plan dated initiated: 10/24/25 for Resident #1 revealed, Resident had a fluid blister to mid-chest. Interventions: Administer antibiotic therapy as prescribed. Monitor for signs of progression or desclination (deterioration) blister. Provide wound care per treatment order. Review of Skin assessment dated [DATE] for Resident #1 written by LVN I revealed, Resident noted with blood filled blister to middle of chest area. Review of Event Report dated 10/20/25 at 9:15 PM, written by LVN I for Resident #1 revealed, Incident Date: 10/20/25. Type of Incident: Skin Tear/Discoloration. Location: Resident's Room. Nursing Description: Resident arrived from Dialysis, assessed resident noted blood filled blister to middle of chest next to dialysis port. The Event Report did not document the ecchymosis (bruise) around the blood blister. Resident denies pain to area. Notified NP. New order to clean area with NS and cover with protective dressing, start Cephalexin 250 mg po BID x 10 days prophylactically, and she will be here Thursday to see resident. The family arrived at the facility and were notified of findings and new orders from NP. DON, ADON notified. Resident Description: Resident states, it just happened, she denies a fall, denies someone or something hitting that area of her chest., AAOx3, able to make needs known. The administrator was notified 10/21/25 at 10:02 AM. Review of Hospital emergency room Notes dated 10/23/25 for Resident #1 revealed, Service Date/Time: 10/23/25 at 9:14 AM. emergency room Discharge Instructions revealed Diagnosis from Today's Visit: S/P hemodialysis catheter insertion, Superficial bruising of chest wall. Review of Physician Order Summary dated 10/27/25 for Resident #1 revealed, the physician order summary did not document an order to send the Resident #1 to the ER for evaluation of the ecchymosis (bruise) and blister in mid chest. During an observation and interview on 10/24/25 at 9:09 AM with Resident #1 revealed, she was lying in bed awake, was oriented to person and place. Resident said, Look at the bruise on my chest, it does not hurt. I do not know how I got the bruise and the bump in the middle of my chest. It developed suddenly, they sent me to the emergency room, and I was told it was nothing serious. It was observed resident had ecchymosis and a blood blister in the middle of the chest. During an interview on 10/24/25 at 2:45 PM, with LVN I revealed she was assigned to Resident #1 on the 2 PM-10 PM shift on Monday 10/20/25. She said the resident was alert, oriented to person, place, and time and was able to answer questions. She said she had</p>