

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/23/2026
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 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 incorporate the recommendations from the PASRR Level II determination and PASRR evaluation report into the resident's assessment, care planning, and transitions of care for 1 of 3 (Resident #8) residents reviewed for PASRR services. The facility failed to submit a complete and accurate request for nursing facility specialized services in the LTC Online Portal within 20 business days. The LTC online portal was subsequently reopened on 06/27/2026 to allow the facility to resubmit documentation reflecting the 04/16/2026 IDT meeting; submission remained incomplete and was not closed. This failure could place residents who were PASRR positive at risk of not getting the PASRR services for a better quality of life and could lead to a decline in health. Record review of Resident #8's face sheet dated 07/21/2026 revealed a [AGE] year-old female with an initial admission date of 09/22/2023 with a readmission date on 09/20/2024. Resident #8's Diagnoses included Spastic Quadriplegic Cerebral Palsy (severe, lifelong stiffness and tight muscles affecting both arms, both legs, the body's trunk, and the face, caused by an early brain injury), Anxiety Disorders (mental health condition characterized by excessive, persistent, and uncontrollable fear or worry about everyday situations), Depressive Disorders (a common but serious mental health condition), Severe Intellectual Disabilities (the most severe level of intellectual disability) Speech and language development delay due to hearing loss (struggles to learn, understand, or say words clearly because they cannot hear sounds well or consistently), Attention deficit hyperactivity disorder (a brain condition that makes it hard to control attention, impulses, and energy levels), Contracture unspecified joint (a stiff, tight joint that cannot move or straighten all the way, but the medical record does not name which specific body part or joint is affected), Neuromuscular Scoliosis (a sideways curve of the spine caused by an underlying nerve or muscle problem). Record review of Resident #8's quarterly MDS assessment dated [DATE] revealed no BIMS score was noted but the resident was marked as severely impaired (never/rarely made decisions) under the cognitive skills for daily decision making. Record review of Resident #8's PASRR Level 1 Screening Summary dated 04/17/2026 revealed a positive response for a known or suspected diagnosis of intellectual disability. Record review of Resident #8's PASRR Evaluation dated 04/19/2024 revealed she was identified as having an intellectual disability and required specialized services. Record review of Resident #8's PCSP dated 04/21/2026 revealed the IDT meeting was held on 04/16/2026. Attendees included the resident, the PASRR Habilitation Coordinator, Local Authority for IDD, Licensed Social Worker, MDS Coordinator RN, Qualified Intellectual Disability Professional, Legal Guardian, and nursing facility representatives. The following NFSS were identified and confirmed: Durable Medical Equipment. The comments summary revealed Currently not on therapy services. Habilitation coordinator and guardian recommending specialized PT and OT assessments (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 676468	Facility ID: 676468 If continuation sheet Page 1 of 4

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	services to be initiated. Director of therapy will evaluate. The Local Authority for IDD confirmed the selected specialized services. Record review of Resident #8's PT and OT evaluation and plan of Treatment revealed start of care specialized services started on 04/19/2026. During an observation on 07/21/2026 at 10:00 a.m., Resident #8 was observed lying in bed. The resident was nonverbal but intermittently vocalized by yelling. The resident did not appear to be in distress. The call light was observed to be within reach. In an interview on 07/21/2026 at 2:35 p.m., the MDS Coordinator stated she had started employment at the facility the previous day on 07/20/2026. She reported having worked as a PASRR coordinator for approximately four years at another facility. The MDS Coordinator stated that the Level II PASRR evaluation for Resident #8 had been completed on 04/17/2024 and the PASRR Level II determination had been completed on 04/19/2024. She explained that PASRR evaluations were not required to be recertified unless there was a significant change in condition after approximately 30 days. She stated the resident had been admitted to the facility on [DATE]. The MDS Coordinator reported that occupational therapy and physical therapy services were monitored through therapy staff and caseload reviews. She stated the MDS staff were responsible for monitoring required timelines. She stated that if special services were requested, the facility would need to begin processing the NFSS request. She reported the NFSS had been submitted on 07/15/2026 and stated she was unfamiliar with the facility's policy regarding required timelines because she had not yet received facility-specific training. In an interview on 07/23/2026 at 10:12 a.m., the MDS Coordinator opened the LTC Simple system and verified submission dates for Resident #8. She stated the request had been submitted on 04/16/2026 and reviewed on 04/21/2026. She further stated the NFSS was submitted on 04/21/2026 and approved the same day. The MDS Coordinator reported that the facility was responsible for initial and annual submissions, while quarterly reviews and significant changes were submitted by the Mental Health Provider. She stated additional verification with Mental Health Provider was needed because the NFSS reflected a scheduled date of 06/27/2026; however, no PCSP had been submitted through the LTC simple portal. In an interview on 07/21/2026 at 3:21 p.m., the Administrator stated he had been employed at the facility since December 2021 and stated a new PASRR-related meeting had not been rescheduled for Resident #8. The Administrator reported uncertainty regarding the circumstances but believed Mental Health Provider had been unable to attend a scheduled meeting and had requested rescheduling. The Administrator stated no meeting was currently scheduled. He stated the resident had been preparing for discharge to the community and believed this contributed to delays in the process. The Administrator stated there had not been adequate follow-up regarding the meeting and reported the resident remained on rehabilitation services and stated there had been no delay in NFSS services. The Administrator stated the resident had been seen by PT and OT on the day of the interview on 04/16/2026 and had been actively participating in therapy and there had been no delay in care. In an interview on 07/21/2026 at 3:59 p.m., Case Worker V with Mental Health Provider, stated she was not at her desk and could not immediately verify scheduling information. She stated it was the facility's responsibility to submit the NFSS documentation. Case worker V stated a previously scheduled meeting had been canceled because the resident's anticipated discharge location was not ready, resulting in the guardian seeking alternative placement options. She reported the April 2026 meeting had been the last care plan meeting conducted. Case Worker V stated she was responsible for entering the PCSP into the system and reported that no information could be entered if a meeting had not occurred. Upon reviewing emails, she verified that she had initially scheduled a meeting for 06/26/2026 regarding a potential community discharge. She stated the meeting was subsequently canceled due to unresolved community placement arrangements and was later rescheduled for (continued on next page)		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	07/22/2026. Case Worker V reported she entered the information into the system and maintained responsibility for submitting the PCSP. In an interview on 07/21/2026 at 4:09 p.m., DOR J stated he had been employed at the facility for approximately four years and had assumed the DOR position in June 2026. DOR J reported he became involved in the PASRR process the previous week on 07/13/2026 while assisting the MDS staff with submission requirements. He stated the former DOR had managed those responsibilities and he had not previously received instruction regarding required timelines. DOR J stated he had sought assistance from the MDS staff because it was his first time completing the process and he did not initially have system access so was unsure if it was completed or not for June 2026. Regarding Resident #8, he stated some required physician documentation remained pending from his understanding but was unsure. DOR J described the process as requiring therapy evaluations, completion of NFSS documentation, physician and administrator signatures, and submission through the LTC Simple system. He stated he was unfamiliar with required timelines because they had never been communicated to him. DOR J reported that therapy services were not discontinued while authorizations were pending and stated the facility would continue services and seek alternative payment arrangements when necessary. He stated no residents had gone without therapy services due to authorization delays. In an interview on 07/23/2026 at 9:33 a.m., Social Worker E stated she had been employed at the facility for approximately three years. Social Worker E reported attending PASRR meetings and confirmed she attended Resident #8's April 2026 meeting. She stated participants typically included therapy staff, nursing leadership, Mental Health Provider representatives, and the resident's guardian. Social Worker E reported she was not responsible for submitting PASRR-related documentation and had never entered information into the resident's electronic profile. In an interview on 07/23/2026 at 1:22 p.m., former MDS Coordinator B stated responsibility for PASRR-related submissions was shared between the MDS Coordinator and the DOR. MDS Coordinator B explained that MDS staff entered meeting-related information and coordinated submissions, while the DOR was responsible for therapy evaluations, NFSS documentation, obtaining physician signatures, and ensuring submission of required documentation. MDS Coordinator B stated the resident's therapy services had remained active throughout the process. She reported that Mental Health Provider requested an additional meeting and permission to reopen the case due to documentation issues for the submission on 04/16/2026. Former MDS Coordinator B stated she reopened the submission and modified information to allow continued services instead of one-time therapy treatment. She reported the submission remained pending when she left employment with the facility. Former MDS Coordinator B stated she had informed facility leadership and the DOR of the pending status and instructed them to complete the submission process to prevent any interruption in therapy services. She further reported that a meeting had been scheduled for 06/26/2026 at 2:30 p.m. but was canceled on 06/25/2026 and rescheduled due to discharge planning issues involving community placement and case management services. Former MDS Coordinator B stated she no longer had access to the LTC Simple system and could not verify the exact dates of subsequent actions. In an interview on 07/23/2026 at 3:25 p.m., the Administrator stated the June 2026 meeting had not been conducted because it was associated with discharge planning for the resident's anticipated return to the community. The Administrator reported the resident's guardianship status required additional assessments and coordination. The Administrator stated former MDS Coordinator B had informed facility leadership that documentation remained pending from the DOR; however, no specific follow-up assignment had been made after former MDS Coordinator B departure from the facility on 05/29/2026. The Administrator acknowledged the facility failed to adequately follow up on the pending submission and stated no individual had been designated to continue the process. The (continued on next page)		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Administrator reported rehabilitation services continued without interruption and stated therapy services had not been suspended or delayed during the period in question and believes there would not have been a risk since services continued. Record review of the facility's PASRR policy dated 01/20/2026 revealed 2.) The facility will initiate the request for specialized services within 20 business days of the IDT meeting, implemented specialized services therapy within 3 business days after receiving approval from HHSC in the online portal and order CMWX and/or DME withing 5 business days of receiving approval from HHSC in the online portal. 3.) The MDS Coordinator or designee, will document the IDT minutes and all specialized services into the online portal on the PCSP within 3 business days after the IDT meeting and annual thereafter. Nursing facility specialized services; Habilitative physical, speech or occupational Therapy. Record review of state agency website https://www.hhs.texas.gov/regulations/forms/2000-2999/form-2362-receipt-certification-a-qualified-rehabilitatio revealed: Requesting Habilitative Services: A speech, occupational or physical therapist may request habilitative therapies (physical, occupational or speech therapy) for a PASRR-positive person for up to 6 months at a time. Requests for Authorization of Specialized Services for Residents of Nursing Facilities Requesting Authorization of Habilitative Physical, Occupational or Speech Therapy. To request Habilitative therapies, nursing facility providers must submit a Nursing Facility Specialized Service (NFSS) form on the Texas Medicaid and Healthcare Partnership (TMHP) Long Term Care (LTC) Online Portal. Additionally, each request must be accompanied by corresponding signature sheets or other attachments. A licensed therapist must complete and submit the following for each type of habilitative therapy service requested. New Request: New (Submit initial assessment). An initial therapy assessment completed by a licensed therapist is required. The service request must include a treatment plan. PASRR NF Specialized Services (NFSS) - Therapy Signature Page (for Therapist, Referring Physician and Nursing Facility Administrator signatures).		