

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

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676475                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>06/04/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Avir at Madisonville                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>600 Bacon Street<br>Madisonville, TX 77864 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                 |
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| F 0755<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observation, interview and record review the facility failed to ensure to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for three of three medication carts ( A hall and B hall medication cart and A/D hall nurses' medication cart).1. The facility failed to ensure that the medications and/or biological stored in the A hall medication cart were not expired.2. The facility failed to ensure that the medications and/or biological stored in the B hall medication cart were not expired.3. The facility failed to ensure that the medications and/or biological stored in the A/D hall nurses' medication cart were not expired. This deficient practice could place residents at risk for adverse effects and not receiving the therapeutic effects of the medication or treatment.The findings included:An observation on 06/04/2026 at 11:10 AM of the A hall medication cart with MA A revealed a bottle of Artificial Tears eye drops with an expiration date of 05/2026.An observation on 06/04/2026 at 11:17 AM of the B hall medication cart with LVN B revealed a bottle of Vitamin B-Complex tablets with an expiration date of 04/2026.An observation on 06/04/2026 at 11:56 AM of the A/D nurses' medication cart with LVN B revealed a tube of Diclofenac Sodium Topical Gel, 1% with an expiration date of 04/2026.During an interview on 06/04/2026 at 11:12 AM MA A stated the staff who have the keys are responsible for checking the carts for expired medications. MA A stated if expired medications are used for residents, then the medication may not be processed as intended in the resident's body. During an interview on 06/04/2026 at 11:20 AM LVN B stated the person responsible for the cart was responsible for checking for expired medications in the medication carts. LVN B stated medications may not be as effective if administered to residents after the expiration date.During an interview on 06/04/2026 at 11:34 AM the Director of Nurses stated the staff members who are responsible for the medication carts are responsible for checking for expired medications. The Director of Nurses stated if medications are used for the residents, then the expired medication could make the resident sick, or the potency of the medication could be affected. He stated the pharmacist monitored the medication carts monthly to ensure all expired medications and supplies were removed.During an interview on 06/04/2026 at 11:45 AM the Administrator stated the nurses and medication aides were responsible for checking for expired medications on the medication carts. She stated using expired medications for residents could make the residents sick or affect the potency of the medication. She stated the Director of Nurses and the Pharmacist was responsible for monitoring to ensure that the nurses and medication aides removed the expired medications from the medication carts. Review of facility policy titled Medication Labeling and Storage, dated 2001 and last revised February 2023, reflected: ,,,Policy Interpretation and ImplementationMedication Storage.3. If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for (continued on next page)</p> |                                                                                         |                                                 |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br>Avir at Madisonville                                                                           |                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>600 Bacon Street<br>Madisonville, TX 77864 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                              |                                                                                         |                                                 |
| F 0755<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | instructions regarding returning or destroying these items. Medication Labeling. 6. Multi-dose vials that<br>are not opened or accessed are discarded according to the manufacturer's expiration date. |                                                                                         |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide and implement an infection prevention and control program.</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 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 1 of 1 medications room observed for infection prevention and control. The facility failed to ensure that hypodermic needles stored in the medication storage room were not expired. This failure could place residents at risk for infection, hospitalization, and decreased quality of life. The findings included: An observation on [DATE] at 10:48 AM in the medication storage room with LVN B, the following items were revealed to be expired: 1. Ten 21 gauge x 1 inch hypodermic needles with the expiration date of [DATE], 2. Thirty-nine 22 gauge x 1 inch hypodermic needles with the expiration date of [DATE], 3. Three 25 gauge x 1 inch hypodermic needles with the expiration date of [DATE], 4. Eight 22 gauge x 1 inch hypodermic needles with the expiration date of [DATE], 5. One 22 gauge x 1.5 inch hypodermic needle with the expiration date of [DATE]. During an interview on [DATE] at 11:12 AM MA A stated the Director of Nurses was responsible for checking the medication room for expired supplies. She stated if expired supplies are used for resident care, then the resident could be exposed to possible infections. During an interview on [DATE] at 11:20 AM LVN B stated the Director of Nurses was responsible for checking the medication room for expired supplies. She stated that using expired supplies on residents increases the resident's risk of infection. During an interview on [DATE] at 11:34 AM the Director of Nurses stated he was responsible for checking the medication room for expired supplies. The Director of Nurses stated if expired supplies are used for the residents, then the expired supply could make the resident sick. He stated the pharmacist monitored the medication room monthly to ensure all expired supplies were removed. During an interview on [DATE] at 11:45 AM the Administrator stated the nurses and medication aides were responsible for checking for expired supplies in the medication room. She stated using expired supplies for residents could make the residents sick. She stated the Director of Nurses and the Pharmacist were responsible for monitoring to ensure that the nurses and medication aides removed the expired supplies from the medication room. Review of facility policy titled Medication Labeling and Storage, dated 2001 and last revised February 2023, reflected: „,Policy Interpretation and Implementation Medication Storage.3. If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items. Medication Labeling.6. Multi-dose vials that are not opened or accessed are discarded according to the manufacturer's expiration date.</p> |                                                                                         |                                                 |

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| <p>F 0645</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the Pre-admission Screening and Resident Review (PASARR) Level I assessment accurately reflected the resident's status for 1 of 3 residents ( Resident #53). The facility failed to ensure the accuracy of the PASARR Level 1 (PL1) screening for Resident # 53. The PASARR Level 1 screening did not indicate a diagnosis of mental illness, although the diagnosis psychotic disorders with hallucinations due to physiological condition ( a person is experiencing loss of contact with reality, specifically seeing, hearing, or feeling things that aren't there, as a direct physical consequence of an underlying medical illness) was present upon Resident #53's admission date on 03/29/2022. Resident #53 major depressive disorder (experience major depressive episode with no history of previous depressive episodes - sadness, loss of interest in daily activities) was present on, 02/19/2024, after Resident #53 admission dateThis failure could place residents at risk of not receiving a needed assessment (PASARR Evaluation), individualized care, or specialized services to meet their needs.Findings included:Record review of Resident #53's face sheet, dated 06/03/2026, reflected a [AGE] year-old male, admitted [DATE], with the following diagnoses: major depressive disorder, single episode, unspecified (present on 02/19/2026) ( a serious mental health condition characterized by intense feelings of sadness, worthlessness, and loss of interest in activities, lasting at least 2 weeks), hallucinations due to physiological condition ( a person is experiencing loss of contact with reality, specifically seeing, hearing, or feeling things that aren't there, as a direct physical consequence of an underlying medical illness) and, insomnia ( a common sleep disorder characterized by persistent difficulty falling asleep, staying asleep, or waking up too early and struggling to return to sleep, resulting in poor sleep quality and significant daytime impairment). Record review of Resident #53's Quarterly MDS Assessment, dated 03/30/2026, reflected Resident #53 had a BIMS score of 13 indicating his cognition was intact. Resident #53 did not have any behavior or psychosis symptoms. He was assessed to have diagnosis of Psychotic disorder - other than schizophrenia ( a mental health condition that causes a significant disconnection from reality) and depression (a serious mood disorder that causes persistent feelings of sadness, emptiness, and a loss of interest in activities), and insomnia. Record review of Resident #53's Comprehensive Care Plan, revised on 04/16/2026, reflected Resident # 53 was at risk for altered mood status related to inadequate sleep patterns with difficulty falling or staying asleep. Interventions Administer medications as ordered. Record/monitor sleep patterns as needed. Resident #53 had inappropriate behavior of rummaging in drawers and other things that do not belong to him. He had delusional ideas. Interventions: Approach in a calm and reassuring manner. Reinforce positive behavior. Report significant changes in behavior status to MD. Record review of Resident #53's PASARR Level 1 Screening, dated 03/29/2022, reflected that Section C, Primary Diagnosis of Dementia, was marked no, which indicated she did not have dementia, and Mental Illness was marked as No, which indicated Resident #4 did not have a mental illness.Record review of Resident #53's PASARR Level 1 Screening, dated 12/25/2023, reflected that Section C, Primary Diagnosis of Dementia, was marked no, which indicated she did not have dementia, and Mental Illness was marked as No, which indicated Resident #4 did not have a mental illness.During an interview on 06/03/2026 at 1:30 p.m., Resident #53 stated he was not depressed today and had not been depressed over the past several months. Resident #53 stated he had been talking to a therapist in the facility, and it did help. Resident #53 stated he thought he could benefit from more psychiatry visits when he did not feel like his normal self. He stated sometimes he becomes angry and upset. Resident #53 did not want to (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0645</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>discuss any further about his mental status and receiving mental health care. Interview on 06/03/2026 at 9:20 am, The Director of Nurses stated Resident #53's PASARR was not coded correctly. He stated Resident #53 had mental illness and on their PASARR forms it was coded they did not. The Director of Nurses stated it was the MDS Coordinators and Social Workers responsibility to review the PASARR forms when a resident was admitted and if the PASARR forms were not correct they were expected to fill out another one and make the corrections. He stated I do not know why Resident #53's PASARR was not coded correctly or was not checked when Resident # 53 was admitted to the facility. He stated Resident #53 did not have a primary diagnosis of Dementia. The Director of Nurses stated Resident #53 may benefit from PASARR services. Interview on 06/04/2026 at 11:15 am, MDS Coordinator/ LVN C stated Resident # 53 had major depression as his diagnosis. She stated the PASARR did not reflect Resident #53 had a mental illness. She stated the hospital had completed Resident #53's PASARR's prior to the residents being admitted to the facility. She stated it was the Social Workers responsibility to review the PASARRs, when residents were admitted , to ensure they were coded correctly. MDS Coordinator/ LVN C stated Resident #53's was missed. She stated there was a possibility Resident #53 may benefit from services from PASARR. She stated Resident #53 did not have a primary diagnosis of Dementia (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory). She stated she had been in-service on PASARR's , however, she did not recall the date or time. Interview on 06/04/2026 at 11:35 am, Social Worker stated she was responsible to review the PASARR's when the residents was admitted to the facility. She stated she was not an employee at the facility when Resident #53 was admitted . Social Worker stated she did complete one of the PASARR and did not code it correctly. She stated Resident #53 PASARR was expected to be coded he had a mental illness. Social Worker stated she did not know how she missed not coding it correctly. She stated Resident #53 did not have a diagnosis of dementia. She stated he had a diagnosis of major depression and hallucinations. Social Worker stated it was a possibility Resident #53 may have benefited from PASARR services. She stated he was being seen by a therapist. Social Worker stated she had been in-service on PASARR's but did not recall the date or time of the in-service. Record review of the facilities Policy on PASRR, dated 01/20/2026, reflected The aim of the PASRR program is to identify residents with Mental Illness (MI), Intellectual Disability (ID) or Developmental Disability (DD)/Related Conditions (RC) and to ensure they are properly placed , whether in community or in a Nursing Facility (NF) and to ensure they receive the services they require for their MI, or ID/DD. Procedure: The PASRR Level 1 Screen (PL1) The facility Admissions Coordinator or designee will ensure the referring entity provides a copy of the PL1 upon admission. In the event the facility is considering an admission from the community (home, homeless shelter, jail, group home, off the street etc.) and if the facility Interdisciplinary Team (IDT) suspects any MI, ID or DD the community Admissions Coordinator prior to admission will contact the LIDDA and follow the preadmission process. The MDS Coordinator or designee will input all other PL1s into the online portal on admission. This includes negative preadmission PL1s, and PL1s for residents who qualify for exempted or expedited status. When it is determined that a PL1 was filled out incorrectly, the MDS Coordinator, Social Worker or designee will reach out to the hospital/responsible case worker and ask them to correct the form. If the referring case worker is unwilling/unable to correct the PL1 that contains a potential error, the social worker or designee will complete and submit a form 1012 (MI) or new PL1 (ID/DD). A subsequent positive PL1 will be entered according to 1012 findings (MI).</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676475                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>06/04/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Avir at Madisonville                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>600 Bacon Street<br>Madisonville, TX 77864 |                                                 |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for two of six residents (Resident # 14 and Resident # 34) reviewed for care plans. The facility failed to develop a comprehensive care plan to reflect Resident #14 and Resident #34's ADLs as reflected on the MDS. These failures could place residents at risk of not receiving appropriate interventions to meet their medical needs. Findings include: 1. Record review of Resident #14's face sheet, dated 06/03/2026, reflected a [AGE] year-old-male who was admitted to the facility on [DATE]. Resident #14 had diagnoses which included muscle weakness (the affected muscle cannot move normally or contract with the required power, even when you try as hard as you can), cerebral infarction, unspecified (brain tissue death due to a lack of blood flow, but the exact artery blocked or the specific cause remains unidentified), and cognitive communication deficit (occurs when a person has difficulty communicating because of disruptions in brain functions such as attention or memory rather than a primary language or speech impairment). Record review of Resident #14's admission MDS Assessment, dated 04/09/2026, reflected Resident #14 had a BIMS score of 2, which indicated his cognition was severely impaired. Resident #14 required substantial/ maximal assistance (helper does more than half the effort) with the following: personal hygiene, lower and upper body dressing, and oral hygiene. He was dependent on staff for showers and toileting hygiene. Resident #14 required partial/moderate assistance (helper does less than half the effort) with eating. Record review of Resident #14's Comprehensive Care Plan, completed on 04/20/2026 and revised on the following dates: 04/23/2026, 04/24/2026, 04/27/2026, and 06/2/2026 reflected Resident #14's ADLs were not specific as identified on his MDS Assessment. Resident #14 had impaired physical mobility. Interventions: assist Resident #14 with movements/tasks. Ensure Resident #14 is in proper position for tasks. Resident #14 was dependent on staff for meeting emotional, intellectual, physical and social needs related to immobility and physical limitations. Interventions: Resident #14 needed assistance with ADLs as required during the activity (referring to activity programs). Resident #14 had a cerebral vascular accident (commonly known as a stroke, occurs when the blood flow to a part of the brain is interrupted or reduced. This deprives brain tissue of oxygen and vital nutrients, causing brain cells to die within minutes), and has contractures( the permanent tightening or shortening of muscles, skin , or other connective tissues that prevent normal joint movement) to all of his extremities. Interventions: Monitor/ document residents abilities for ADLs and assist Resident #14 as needed. Encourage Resident #14 to do what he is capable of doing for self. 2. Record review of Resident #34's face sheet, dated 06/03/2026, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #34 had diagnoses which included muscle weakness (the affected muscle cannot move normally or contract with the required power, even when you try as hard as you can), and nontraumatic subarachnoid hemorrhage, unspecified (a sudden, spontaneous bleed in the space between the brain and the tissues covering it. The bleeding is confirmed, imaging or medical tests have not identified the exact, specific cause of the bleed). Record review of Resident #34's Quarterly MDS Assessment, dated 04/17/2026, reflected Resident #34 had a BIMS score of 13, which indicated his cognition was intact. Resident #34 required substantial/maximal assistance (helper (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>does more than half the effort with personal hygiene, oral hygiene, and upper body dressing. He was dependent on staff with lower body dressing, toileting hygiene, taking off shoes, and showers. Resident #34 was assessed to require supervision or touching assistance with eating. Record review of Resident #34's Comprehensive Care Plan, dated 04/22/2026, reflected Resident #34's ADLs were not specific as identified on his MDS Assessment. Resident #34 had impaired physical mobility. Interventions: assist Resident #34 with movements/tasks. Ensure Resident #34 was in proper position for tasks. Resident #34 had impaired social interaction. Intervention: Provide assistance with ADLs as needed. He had risk for self-care deficit: bathing, dressing, and feeding. Interventions: Evaluate Resident #34's ability to perform ADLs. Provide assistance with ADLs as needed. In an interview on 06/04/2026 at 11:15 a.m., the MDS Coordinator stated Resident #14 and Resident #34 had ADLs identified on their comprehensive care plan, however, it was not specific to the type of care each resident needed from staff. She stated the comprehensive care plan information was to reflect the residents' MDS. She stated on each Resident's Kardex ( electronic system for the CNAs to refer to when giving ADL care to the residents)the staff follows does list specific information on what type of care Resident #14 and Resident #34 need. The MDS Coordinator stated their care plan needed to be more specific on what type of care each resident needed. She stated the purpose of having a Comprehensive Care Plan was to inform staff how to give the care each resident needed such as physical, behaviors, emotional, activities, type of diet and any other interventions to prevent falls or any injuries. She stated she was responsible to monitor the care plans to ensure they were correct and completed on time. She stated the IDT met once a week and discussed residents' care plans due that week. She stated she had been in-serviced on care plans, however, she did not recall the date or the time. In an interview on 06/04/2026 at 9:50 a.m., the DON stated his expectation was the care plan to be reviewed during care plan meetings to ensure it was correct. He stated the care plan for each resident was a communication tool for all staff to know exactly what type of care each resident needed. He stated ADLs were documented on the comprehensive care plan, however, it was not specific to what type of care Resident # 34 and Resident #14 needed. He stated Resident #14 and Resident #34's ADLs were on their Kardex which matched the MDS. Record Review on 06/04/2026 at 10:00 a.m. reflected Resident #14 and Resident #34's ADLs identified on their MDS were documented on the Kardex the CNAs follows, however, it was not identified on the comprehensive care plan. In an interview on 06/04/2026 at 10:45 a.m. CNA D, stated Resident #14 and Resident #34's ADLs information of how to give care to both residents was on their Kardex. She stated the CNAs follow the Kardex to know how many staff it takes to give care to a resident. CNA D stated all of their ADL information was provided to them on their Kardex and has been on the Kardex since they were admitted to the facility. In an interview on 06/04/2026 at 12:40 p.m., the Administrator stated her expectations of care plans was the IDT discussed care of each resident during the weekly care plan meeting. She stated there were different residents' care plans due each week and all residents' care plans were updated quarterly and as needed. She stated the IDT was expected to ensure the resident's information to give appropriate care to each resident was documented on the care plan whether it was physical, emotional, resident preference, etc. She stated Resident #14 and Resident #34 did have ADLs documented on their care plan, however, it did not reflect what was documented on the MDS. She stated Resident #14 and Resident #34's ADL information documented on their MDS was reflected on the Kardex the CNAs follow when giving care to the resident. Record review of the facility's Care Plan Policy, dated 2001, reflected the following A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. The care plan (continued on next page)</p> |                                                                                         |                                                 |

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

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| NAME OF PROVIDER OR SUPPLIER<br><br>Avir at Madisonville                                                                           |                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>600 Bacon Street<br>Madisonville, TX 77864 |                                                 |
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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | interventions are derived from a thorough analysis of the information gathered as part of the<br>comprehensive assessment. |                                                                                         |                                                 |

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| F 0657<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</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 ensure comprehensive care plans were reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments for two of seven residents (Resident #4 and Resident #52) reviewed for care plans. The facility failed to update the comprehensive care plan to reflect Resident #4's triggers of PTSD (Post Traumatic Stress Disorder). The facility failed to update the comprehensive care plan to reflect Resident #52 received in room activity programs. These failures could place residents at risk of not receiving appropriate interventions to meet their psychosocial and medical needs. Findings include: 1. Record review of Resident #4's face sheet, dated 06/03/2026, reflected a [AGE] year-old-male admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included post-traumatic stress disorder (a psychiatric condition that can develop in individuals who have experienced or witnessed a traumatic, terrifying, or life-threatening event. It lingers long after the danger has passed, causing intense, disturbing thoughts and emotions that disrupt daily functioning), schizoaffective disorder, bipolar type (a chronic mental health condition where a person experiences symptoms such as hallucinations [hearing voices or seeing objects - a sensory experience that feels entirely real but originates within the mind] alongside mood swings such as happiness to intense bursts of sadness), and Alzheimer's disease (a progressive, irreversible brain disorder that slowly destroys memory, thinking skills, and the ability to perform simple daily tasks). Record review of Resident #4's Quarterly MDS Assessment, dated 04/15/2026 reflected Resident #4 had a BIMS score of 10 indicating his cognition was moderately impaired. He was assessed to feeling down, depressed, or hopeless. Resident #4 had an active diagnosis under section I Psychiatric/ Mood Disorder of PTSD and schizophrenia. Record review of Resident #4's Care Plan, dated 04/21/2026, reflected there was not a focus area on the care plan for PTSD with related person-centered goals and interventions or possible triggers for the PTSD. Observation and Interview on 06/02/2026 at 1:05 p.m. Resident #4 was sitting on the side of his bed watching a talk show on television. He stated no one in the facility has asked him about his PTSD and if there was anything that would trigger an episode of PTSD. He stated he preferred to speak with the social worker about his triggers. 2. Record review of Resident # 52's face sheet, dated 06/03/2026, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #52 had diagnoses which included cognitive communication deficit (an impairment in communication skills caused by disrupted thinking and mental processes- such as attention and memory rather than a primary speech issue), cerebral infarction (occurs when a blood vessel in the brain becomes blocked or severely narrowed, cutting off blood flow. The lack of blood deprives brain tissue of essential oxygen and nutrients, causing the affected cells to die), and depression, unspecified (mood disorder that causes persistent feelings of sadness and emptiness. There wasn't enough information yet to meet the strict criteria for a highly specific condition). Record review of Resident #52's admission MDS Assessment, dated 11/04/2025, reflected Resident #52 had a BIMS score of 11, which indicated his cognition was moderately impaired. Resident #52's activity preferences that were very important to him were the following: Listening to music. Be around animals such as pets. Keep up with the news. Do things with group of people. Do favorite activity. Go outside to get fresh air when the weather was good. Participating in religious services and practices. Record review of Resident #52's Quarterly MDS Assessment, dated 04/17/2026, reflected Resident #52 had a BIMS score of 5, which indicated (continued on next page)</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676475                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>06/04/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Avir at Madisonville                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>600 Bacon Street<br>Madisonville, TX 77864 |                                                 |
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| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>his cognition was severely impaired. Record review of Resident #52's Comprehensive Care Plan, revised on 04/23/2026, reflected Resident #52's activity care plan was not revised to meet his current activity preferences (receive in room activities). Record review of the list of residents on the in-room activity program, dated 02/16/2026, reflected Resident #52 was to receive in-room activities. During an observation and interview on 06/05/2026 at 11:00 a.m., revealed Resident #52 was lying in his bed. He was looking toward a western movie on his television. He was in constant motion with his legs. Resident #52 did not make eye contact and was not interview able. Interview on 06/2/2026 at 9:15 a.m., the Activity Director stated Resident #52 was on the in-room activity program. She stated all residents were expected to have their care plan revised to meet their activity preferences. The Activity Director stated she did not revise Resident #52's care plan to meet their current activity preferences of receiving in-room activities. She stated she did not realize she did not revise Resident #52's care plan. She stated, if a resident was feeling lonely, had behavior issues or was depressed the staff would not have the information of the activities to use to help the resident. In an interview on 06/04/2026 at 11:15 a.m., the MDS Coordinator stated Resident #4 had a diagnosis of PTSD. She stated it was not documented on Resident #4's comprehensive care plan of Resident #4's PTSD triggers. The MDS Coordinator stated she missed documenting it on the care plan. She stated the purpose of having a Comprehensive Care Plan was to inform staff how to give the care each resident needed such as physical, behaviors, emotional, activities, type of diet and any other interventions to prevent falls or any injuries. She stated she was responsible to monitor the care plans to ensure they were correct and completed on time. The MDS Coordinator stated the information the CNAs followed on the Kardex - (electronic system for CNAs use to know what type of care to give the residents) came from the care plan. She stated if a resident needed a certain type of care or had behaviors and it was not care planned, the CNAs or nurses would not have that information to know what type of care to give the residents. The MDS Coordinator stated it was the Activity Director's responsibility to ensure the activity care plans of the residents' activity preferences were documented on the care plan. She stated the IDT met once a week and discussed residents' care plans due that week. She stated the Activity Director attended weekly care plan meetings. In an interview on 06/03/2026 at 9:20 a.m., the DON stated his expectation was the care plan to be reviewed during care plan meetings to ensure it was correct. He stated Resident #4's diagnosis of PTSD with interventions of Resident #4's triggers were expected to be care planned. He stated the care plan for each resident was a communication tool for all staff to know exactly what type of care and needs each resident needed. The DON stated anytime a mental health issue was documented on the MDS it was expected to be care planned. He stated all residents were expected to have their activity preferences documented on the comprehensive care plan. He stated if a resident was sad or had behaviors, the staff would refer to the care plan to know what their activity preferences were to re-direct the resident. In an interview on 06/04/2026 at 12:40 p.m., the Administrator stated her expectations of care plans was the IDT discussed care of each resident and if there was a change with anything which included resident preferences the care plan was expected to be revised. She stated the IDT was expected to ensure the resident's information to give appropriate care to each resident was documented on the care plan whether it was physical, emotional, resident preference, activities, etc. Record review of the facility's Comprehensive Care Plan, dated 2001, reflected The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive, quarterly MDS assessment and when a resident experiences a status change. Assessments of residents are ongoing, and care plans are revised as information about the resident and the residents' conditions change.</p> |                                                                                         |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Avir at Madisonville                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>600 Bacon Street<br>Madisonville, TX 77864 |                                                 |
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| <p>F 0677</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</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 ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for two of eight residents (Resident # 14 and Resident # 34) reviewed for ADL care. The facility failed to ensure Resident #14 and Resident #34's nails were cleaned on 06/02/2026. These failures could place residents at risk for poor hygiene, dignity issues, and decreased quality of life. Findings include:1. Record review of Resident #14's face sheet, dated 06/03/2026, reflected a [AGE] year-old-male who was admitted to the facility on [DATE]. Resident #14 had diagnoses which included muscle weakness (the affected muscle cannot move normally or contract with the required power, even when you try as hard as you can), cerebral infarction, unspecified (brain tissue death due to a lack of blood flow, but the exact artery blocked or the specific cause remains unidentified), and cognitive communication deficit (occurs when a person has difficulty communicating because of disruptions in brain functions such as attention or memory rather than a primary language or speech impairment). Record review of Resident #14's admission MDS Assessment, dated 04/09/2026, reflected Resident #14 had a BIMS score of 2, which indicated his cognition was severely impaired. Resident #14 required substantial/ maximal assistance (helper does more than half the effort) with the following: personal hygiene, lower and upper body dressing, and oral hygiene. He was dependent on staff for showers and toileting hygiene. Resident #14 required partial/moderate assistance (helper does less than half the effort) with eating.Record review of Resident #14's Comprehensive Care Plan, completed on 04/20/2026 and revised on the following dates: 04/23/2026, 04/24/2026, 04/27/2026, and 06/2/2026 reflected Resident #14 had impaired physical mobility. Interventions: assist Resident #14 with movements/tasks. Ensure Resident #14 is in proper position for tasks. Resident #14 was dependent on staff for meeting emotional, intellectual, physical and social needs related to immobility and physical limitations. Interventions: Resident #14 needed assistance with ADLs as required during the activity (referring to activity programs). Resident #14 had a cerebral vascular accident (commonly known as a stroke, occurs when the blood flow to a part of the brain is interrupted or reduced. This deprives brain tissue of oxygen and vital nutrients, causing brain cells to die within minutes), and has contractures to all of his extremities. Interventions: Monitor/ document residents abilities for ADLs and assist Resident #14 as needed. Encourage Resident #14 to do what he is capable of doing for self.Observation and interview on 06/02/2026 at 10:52 a.m. revealed Resident #14 was lying in bed. Resident #14's fingernails on his right hand underneath his forefinger, middle and ring fingernails had a blackish/ brownish substance. He stated I don't know when asked about if staff cleaned his fingernails. Resident #14 did not respond to any further questions about his ADL care of fingernails. 2. Record review of Resident #34's face sheet, dated 06/03/2026, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #34 had diagnoses which included muscle weakness (the affected muscle cannot move normally or contract with the required power, even when you try as hard as you can), and nontraumatic subarachnoid hemorrhage, unspecified (a sudden, spontaneous bleed in the space between the brain and the tissues covering it. The bleeding is confirmed, imaging or medical tests have not identified the exact, specific cause of the bleed).Record review of Resident #34's Quarterly MDS Assessment, dated 04/17/2026, reflected Resident #34 had a BIMS score of 13, which indicated his cognition was intact. Resident #34 required substantial/maximal assistance (helper does more than half the effort with personal hygiene, oral hygiene, and upper body dressing. He was dependent (continued on next page)</p> |                                                                                         |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Avir at Madisonville                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>600 Bacon Street<br>Madisonville, TX 77864 |                                                 |
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| <p>F 0677</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>on staff with lower body dressing, toileting hygiene, taking off shoes, and showers. Resident #34 was assessed to require supervision or touching assistance with eating. Record review of Resident #34's Comprehensive Care Plan, dated 04/22/2026, reflected Resident #34 had impaired physical mobility. Interventions: assist Resident #34 with movements/tasks. Ensure Resident #34 was in proper position for tasks. Resident #34 had impaired social interaction. Intervention: Provide assistance with ADLs as needed. He had risk for self-care deficit: bathing, dressing, and feeding. Interventions: Evaluate Resident #34's ability to perform ADLs. Provide assistance with ADLs as needed. Observation and interview on 06/02/2026 at 10:42 a.m. Resident #34 was lying in bed watching a talk show on television. Resident #34's fingernails on his left and right hand underneath his middle and ring fingernails had a blackish/brownish substance. Resident #34 did not want to answer any questions. In an interview on 06/04/2026 at 9:15 a.m., LVN B stated the CNAs were responsible for Residents #14's and #34's nail care. She stated nail care was usually completed on Sundays, as needed and during showers. LVN B stated if a resident had brownish/blackish substance underneath their nails and if a resident swallowed the substance there was a possibility a resident may become ill, such as an infection in the stomach. She stated there was a possibility a resident may have nausea and vomiting. LVN B stated if a resident refused showers, nail care or any type of care the nurses documented in the nurse's progress notes. LVN B stated she was in-serviced on ADL care, and all staff were to report any nail issues with the resident to the nurse. She stated she was not aware of Resident #34 or Resident #14 refusing nail care. In an interview on 06/04/2026 at 9:40 a.m., CNA C stated if a CNA observed any problems with a resident's nails the CNAs was to report it to the nurse supervisor with any resident. CNA C stated the CNAs completed all nail care for residents without a diabetes diagnosis. She stated if there was a blackish substance on the residents' fingertips or underneath their nails and the resident swallowed the blackish substance there was a possibility a resident may become ill, such as nausea and diarrhea. CNA C stated she was in-serviced on cleaning, filing, and trimming residents' nails but she did not recall the date. CNA C stated anytime a resident refused any type of care she reported it to the charge nurse and the charge nurse would document it in the resident's medical record. CNA C stated she had given some care to Resident #34 and Resident #14, however, she did not recall if they refused nail care. In an interview on 06/03/2026 at 9:20 a.m., the Director of Nurses stated the CNAs were responsible to clean and trim all residents' nails except for the residents with diabetes. The Director of Nurses stated the residents' nails were usually cleaned during shower days and as needed. He stated if a resident ingested blackish/brownish substance there was a potential the resident may experience vomiting or diarrhea. The Director of Nurses stated it depended on the type of bacteria. The Director of Nurses stated he expected nail care to be completed as needed and on shower days. He stated anytime there was an issue with nails the staff was to report it to the nurse supervisor. The Director of nurses stated any refusal of care would be documented on the resident's care plan. Record review of the facility's policy on Activities of Daily Living (ADLs), dated 2001, reflected Residents will be provided with care, treatment, and services appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal, and oral hygiene. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care).</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676475                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>06/04/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Avir at Madisonville                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>600 Bacon Street<br>Madisonville, TX 77864 |                                                 |
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| <p>F 0679</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide activities to meet all resident's needs.</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 provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community for two of six residents (Resident # 5, and Resident #52) reviewed for activities. The facility failed to provide Resident #5 and Resident #11 in room activities two- three times per week from May 18, 2026, to June 1, 2026. This failure could place residents at risk for boredom, depression, and a diminished quality of life. Findings include: 1. Record review of Resident #5's face sheet, dated 06/03/2026, reflected an [AGE] year-old male who was admitted to the facility on [DATE] and readmitted [DATE]. Resident #5 had a diagnoses which included unspecified dementia, unspecified severity ( when a person exhibits significant decline in memory and thinking skills, but the exact underlying cause cannot be definitively determined), bed confinement status ( a person is permanently or temporarily confined to bed), and unspecified mood disorder ( a diagnosis mental health professionals use when a person experiences significant emotional distress or impaired daily functioning, but their symptoms do not strictly fit the criteria for a specific mental disorder). Record review of Resident #5's Significant Change MDS Assessment, dated 10/16/2025, reflected Resident #5 had a BIMS score of 4, which indicated severely impaired cognition. Resident #5's vision was highly impaired (object identification in question, but eyes appear to follow objects). The following activities were somewhat important to Resident #5: * Keeping up with the news. Record review of Resident #5's Quarterly MDS Assessment, dated 04/18/2026, reflected Resident #5 had a BIMS score of 5, which indicated severely impaired cognition. Record review of Resident #5's Comprehensive Care Plan, revised on 04/22/2026, reflected Resident #5 needed encouragement to attend group activities he had potential for socialization. Interventions: Offer 1:1 ( in room activities) if group attendance falls below 2 times per week. Resident #5 was dependent on staff for meeting emotional, intellectual, physical, and social needs related his immobility. Resident #5 will maintain involvement in cognitive stimulation, and social activities. Interventions: Review Resident #5's activation needs with the family. Resident #5 needs 1:1 beside/in-room visits and activities if unable to attend out-of-room events. Resident # 5 prefers activities which do not involve demanding cognitive tasks. Resident #5's preferred activities were: reminiscing about his past and watching hunting and fishing shows. Resident #5 prefers the following television channels: fishing, westerns, and hunting. Record review of Resident #5's Activity Progress Notes, in the electronic medical record, reflected in-room activities were not being provided for Resident #5 from 05/18/2026 to 06/01/2026. Record review of the list of residents on the in-room activity program, dated 02/16/2026, reflected Resident #5 was to receive in-room activities. During an observation and interview on 06/03/2026 at 12:15 p.m., Resident #5 was in his room in bed. He was watching a western on television. Resident #5 stated he wished someone would come in his room and talk to him. He stated he would enjoy it very much. Resident #5 stated he would prefer someone to visit with him about 3 or 4 times per week. Resident #5 stated he enjoyed television. He stated television gets old sometimes and he would enjoy someone to talk to. He denied being depressed or sad. Resident #5 stated he did not feel like getting out of bed and going to any activities. He stated he wants someone to come to his room to talk to him. Interview on 06/02/2026 at 9:15 a.m., the Activity Director stated Resident #5 was on the in-room activity program. She stated (continued on next page)</p> |                                                                                         |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Avir at Madisonville                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>600 Bacon Street<br>Madisonville, TX 77864 |                                                 |
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| <p>F 0679</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Resident #5 did not enjoy being out of his room. The Activity Director stated Resident #5 needed in room activities for mental stimulation and for emotional support. The Activity Director stated she had not been providing in-room activities with Resident #5 during the majority of the time in May 2026. She stated she did not have an excuse of why she was not providing Resident #5 in room activities. She stated she had been an Activity Director approximately 2 years. The Activity Director stated she documented activity participation of all residents in their progress notes in the electronic medical records. She stated she did not know the term of activation related to activities. 2. Record review of Resident # 52's face sheet, dated 06/03/2026, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #52 had diagnoses which included cognitive communication deficit ( an impairment in communication skills caused by disrupted thinking and mental processes- such as attention and memory rather than a primary speech issue), cerebral infarction ( occurs when a blood vessel in the brain becomes blocked or severely narrowed, cutting off blood flow. The lack of blood deprives brain tissue of essential oxygen and nutrients, causing the affected cells to die), and depression, unspecified (mood disorder that causes persistent feelings of sadness and emptiness. There wasn't enough information yet to meet the strict criteria for a highly specific condition).Record review of Resident #52's admission MDS Assessment, dated 11/04/2025, reflected Resident #52 had a BIMS score of 11, which indicated his cognition was moderately. Resident #52's activity preferences that were very important to him were the following:Listening to music.Be around animals such as pets.Keep up with the newsDo things with group of people.Do favorite activity.Go outside to get fresh air when the weather was good.Participating in religious services and practices.Record review of Resident #52's Quarterly MDS Assessment, dated 04/17/2026, reflected Resident#52 had a BIMS score of 5, which indicated his cognition was severely impaired.Record review of Resident #52's Comprehensive Care Plan, revised on 04/23/2026, reflected Resident #52 was dependent on staff for meeting emotional, intellectual, physical, and social needs related to immobility and physical limitations. Interventions: Provide a program of activities that is of interest and empowers the resident by encouraging/allowing choice, self-expression and responsibility. Record review of Resident #52's Activity Progress Notes, in the electronic medical record, reflected in-room activities were not being provided for Resident #5 from 05/18/2026 to 06/01/2026. Record review of the list of residents on the in-room activity program, dated 02/16/2026, reflected Resident #52 was to receive in-room activities. During an observation and interview on 06/05/2026 at 11:00 a.m., revealed Resident #52 was lying in his bed. He was looking toward a western movie on his television. He was in constant motion with his legs. Resident #52 did not make eye contact and was not interview able.Interview on 06/02/2026 at 9:15 a.m., the Activity Director stated Resident #52 was on the in-room activity program. She stated she did not have an answer of why Resident #52 did not receive in-room activities. The Activity Director stated if a resident was not receiving activities there was a possibility a resident may become bored or lonely. She stated, It is my responsibility to ensure all residents receives activities. The Activity Director did not respond to any further questions about Resident #52 activity care plan or her process to ensure residents received activities.Interview on 06/04/2026 at 12:45 p.m., The Administrator stated it was very important for the residents unable to come out of their room or unable to participate in group activities to receive activities in their room. She stated the Activity Director was over the activity department and he was her supervisor. She stated there was a possibility that a resident may become lonely if they were not receiving activities in their room. The Administrator stated she expected all activities to be documented on every resident on a daily basis to capture who was attending group activities and what the residents were doing during in-room activities. She stated she expected the participation records to be documented in the (continued on next page)</p> |                                                                                         |                                                 |

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| F 0679<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Activity Director notes in the electronic medical records. Record review of the Activity Director's personnel file reflected how she began working at the facility on 08/08/2024. She had an activity director certificate and does not have an expiration date. Record review of the Facility Activity Programs Policy, dated 2001, reflected Activity programs are designed to meet the interests and support the physical, mental, and psychosocial well-being of each resident. The activities program was provided to support the well-being of residents and to encourage both independence and community interaction. Activities offered are based on the preferences of each resident. Activities are considered any endeavor, other than routine ADLs, in which the resident participates, that is intended to enhance his or her sense of well-being and to promote or enhance physical, cognitive or emotional health. Our activity programs are designed to encourage maximum individual participation and are geared to the individual resident's needs. Residents are given an opportunity to contribute to the planning, preparation, conducting, cleanup and critique of the programs. All activities are documented in the resident's medical record. |                                                                                         |                                                 |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</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 ensure a resident who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections for one of four residents reviewed for catheter care (Resident #4). The facility failed to ensure Resident #4's urinary drainage bag tubing was untangled and bag was kept from being hung on the garbage can. This failure could place residents with indwelling catheters at risk of developing infections. Findings included:Record review of Resident #4's face sheet, dated 06/03/2026, reflected a [AGE] year-old-male admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included retention of urine ( when bladder does not empty completely or at all, the cause can be blockages, medications or nerve issues -nerve damage caused by kidney disease ), benign prostatic hyperplasia with lower urinary tract symptoms ( a noncancerous enlargement of the prostate gland), and obstructive and reflux uropathy (Obstructive uropathy is a blockage in the urinary tract that prevents urine from flowing freely out of the body. Reflux uropathy occurs when urine flows backwards from the bladder toward the kidneys. When labeled as unspecified, it is a general medical classification indicating one or both conditions are present, but the exact cause or location of the blockage/reflux hasn't been specifically).Record review of Resident #4's Quarterly MDS Assessment, dated 04/15/2026 reflected Resident #4 had a BIMS score of 10 indicating his cognition was moderately impaired. He required partial/moderate assistance (helper does less than half the effort) with the following: personal hygiene, showers, lower body dressing. Resident #4 was assessed to have an indwelling catheter.Record review of Resident #4's Comprehensive Care Plan, completed on 04/21/2026, reflected Resident #4 was resistive to proper care/ of his foley catheter bag related to not keeping it in a covered/protective. Interventions: Encourage as much participation/ interaction by Resident #4 as possible during care activities. Give clear explanation of all care activities prior to and as they occur during each contact. Observation on 06/02/2026 at 11:02 a.m. Resident #4 catheter bag was hanging on the garbage can and the tubing had a kink in it. There was overflowing garbage around the tubing and catheter bag.Interview on 06/02/2026 at 11:05 a.m. Resident #4 stated someone in nursing came in his room and picked up his clothes and placed the catheter on the garbage can. He stated, I do not remember the staff name and the staff stated she would remove the catheter from garbage can before she left his room. Resident #4 stated I do not like for the cover to be completely on the urine bag. He did not prefer to respond to any further questions about his catheter. Interview on 06/03/2026 at 9:20 am, The Director of Nurses stated Resident #4's catheter was not to be placed on the garbage can. He stated Resident #4's catheter was to be hanging on the bed off the floor and not on the garbage can. The Director of Nurses stated Resident #4 does refuse have a catheter cover over his bag. He stated Resident #4 may obtain an infection with catheter bag not being around garbage. The Director of Nurses stated there was a possibility if bacteria were in the tubing from the garbage, Resident #4 may develop a Urinary Tract Infection (an infection in any part of your urinary system). The Director of Nurses did not respond to any further questions about Resident #4's catheter.Interview on 06/03/2026 at 4:30 pm, The Administrator stated they follow the catheter policy of keeping the catheter off the floor. She did not respond when asked if it was appropriate for the catheter to be hanging on the garbage can.Interview on 06/04/2026 at 9:15 am, LVN B stated she was not aware of Resident #4 placing his catheter on the garbage can. She stated sometimes he would leave it on the floor when he was angry about something. LVN B stated he does not prefer a (continued on next page)</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676475                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>06/04/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Avir at Madisonville                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>600 Bacon Street<br>Madisonville, TX 77864 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |                                                 |
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| F 0690<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | cover over his catheter bag. She stated if a catheter bag or tubing was next to garbage there was a possibility a resident may develop an infection from the bacteria. She stated a possible Urinary Tract Infection. She stated she had been in-service on proper catheter care and protocol. LVN B did not recall the date or time of the in-service. Interview on 06/04/2026 at 11:15 am, MDS Coordinator LVN C stated anytime a Resident refuses care or be cooperative with staff during care it should be care planned. She stated Resident #4 refusing to use catheter cover bag was care planned, however, there was nothing else about him being uncooperative about his catheter care planned. MDS Coordinator LVN C stated there was a possibility Resident #4 may obtain bacteria through his catheter tubing if it was located anywhere near garbage. She did not respond to any further questions about Resident #4's catheter. Record review of the Facility's Catheter Care, Urinary Policy, dated July 2024, reflected PurposeThe purpose of this procedure is to prevent catheter-associated urinary tract infections.PreparationReview the resident's care plan to assess for any special needs of the resident.Check the resident frequently to be sure he or she is not lying on the catheter and to keep the catheter and tubing free of kinks.Unless specifically ordered, do not apply a clamp to the catheter.The urinary drainage bag must be held or positioned lower than the bladder at all times to prevent the urine in the tubing and drainage bag from flowing back into the urinary bladder.Record review of the facility Catheter Care policy, revised on 10/2022, reflected Proper care will be provided for the management of a foley catheter to drain urine from the bladder and to prevent reflux of urine back into the bladder. The catheter may be anchored or stabilized to prevent urethral tension. It is recommended to anchor on the upper thigh in women or the abdomen in men. |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676475                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>06/04/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Avir at Madisonville                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>600 Bacon Street<br>Madisonville, TX 77864 |                                                 |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review the facility failed to ensure that residents, who needed respiratory care, were provided such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for one (Residents #55) of three residents reviewed for respiratory care. The facility failed to ensure Resident #55's mask for CPAP(Continuous Positive Airway Pressure- a machine that delivers a steady stream of pressurized air through a mask while you sleep, to keep a person's breathing passages from collapsing) was properly stored when not in use on 06/02/2026 and 06/03/2026.This failure could place residents at risk for respiratory infection and not having their respiratory needs met. Findings included: Record review of Resident #55's face sheet, dated 06/03/2026, reflected a [AGE] year-old male, admitted [DATE] and readmitted on [DATE], with the following diagnoses: obstructive sleep apnea ( a common, potentially serious sleep disorder where breathing repeatedly stops and starts during sleep), and seizures ( it temporarily disrupts how brain cells communicate, which can alter a person's behavior, movements, sensations, or state of awareness). Record review of Resident #55's Annual MDS Assessment, dated 03/30/2026, reflected Resident #55 had a BIMS score of 14 indicating his cognition was intact. Resident #55 was assessed to have a non-invasive mechanical ventilator ( a breathing support treatment that delivers air and oxygen into the lungs using a mask rather than an invasive tube inserted down the throat). Record review of Resident #55's Comprehensive Care Plan, revised on 04/17/2026, reflected Resident # 55 had a CPAP (Continuous Positive Airway Pressure- a machine that delivers a steady stream of pressurized air through a mask while you sleep, to keep a person's breathing passages from collapsing) related to obstructive sleep apnea. Interventions: Address/monitor/ document symptoms of snoring and/or daytime sleepiness. Monitor/observe proper use, fitting of face mask to prevent air leaks and discomfort. Record review of Resident #55's Physician Order, dated 04/06/2025, reflected CPAP machine: clean machine and filter every week on Sunday. Observation on 06/02/2026 at 8:55 am, revealed Resident #55 was sitting in his room. It was observed that the resident had a CPAP machine on top of his bedside table with a mask connected to it, the mask was lying on his bed. Did not observe a plastic bag for the mask. Interview on 06/02/2026 at 8:59 am Resident #55 stated there has not been a plastic bag in his room for several days. He stated he asked a staff about getting a bag for the mask , however, no one brought him a plastic bag. Resident #55 stated he did not recall the staff name or their position. He stated he thought the staff was working with nursing.Observation on 06/02/2026 at 10:34 am, revealed Resident #55 was not in his room. It was observed that the resident CPAP mask continued to lay on his bed.Observation on 06/03/2026 at 8:23 am, revealed Resident #55 was not in his room. It was observed that Resident #55's CPAP mask was in the partially opened drawer to his nightstand.Interview on 06/03/2026 at 8:35 am, The Director of Nurses entered Resident #55 room and stated the mask to the CPAP machine was expected to be in a bag with a date and time on the bag when it was placed in the bag. The Director of Nurses stated there was a potential bacteria that could get into the mask and cause respiratory infection. He stated it was the nurses responsibility to ensure the mask was in zip lock bat to prevent any type of bacteria from getting inside the mask.Interview on 06/04/2026 at 9:15 am, LVN B stated any resident with a mask was expected to have a zip lock bag in the room to store the mask. She stated if a CPAP mask was stored on the residents bed and in a drawer there was a potential the resident may develop respiratory infection from the bacteria inside the mask. She stated she had been in-service on storing any type of (continued on next page)</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676475                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>06/04/2026 |
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| F 0695<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | respiratory masks, however, she did not recall the date or time. In an interview on 06/04/2026 at 10:50 am, the ADON stated the CPAP mask should be inside a plastic bag when not in use and not just lying on the bed or inside a drawer to maintain its cleanliness. She stated bagging the masks was important to prevent the development of infections. She stated the nurses supervisors was responsible for making sure the staff was bagging the masks. She stated the expectation was for the staff to bag the mask after taking it off and to monitor if the masks was bagged. She stated she had been in-service on storing breathing masks. The ADON stated she did not recall the date or time. In an interview on 06/04/2026 at 12:45 pm, the Administrator stated that the masks should be bagged when not in use to prevent cross contamination and respiratory infection. She said the expectation was that the staff would be compliant in bagging the masks of the residents. She said she would coordinate with the DON and the ADONs to make sure that the staff was following the in-service about bagging the masks. Record review of the facility's Policy, dated 2001, on CPAP/ BiPAP Support reflected General Guidelines for Cleaning These are general guidelines for cleaning. Specific cleaning instructions are obtained from the manufacturer/supplier of the PAP device. These guidelines are for single-resident use cleaning. Machines must be preprocessed for use between residents by the supplier of the device. |                                                                                         |                                                 |

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| <p>F 0699</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide care or services that was trauma informed and/or culturally competent.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure residents who were trauma survivors received culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident for 1 of 3 residents (Resident #4) reviewed for trauma-informed care. The facility failed to ensure Resident #4 had a trauma screening that identified possible triggers when Resident #4 had a history of trauma. This failure could place residents at an increased risk for severe psychological distress due to re-traumatization. The findings include:1. Record review of Resident #4's face sheet, dated 06/03/2026, reflected a [AGE] year-old-male admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included post-traumatic stress disorder (a psychiatric condition that can develop in individuals who have experienced or witnessed a traumatic, terrifying, or life-threatening event. It lingers long after the danger has passed, causing intense, disturbing thoughts and emotions that disrupt daily functioning), schizoaffective disorder, bipolar type (a chronic mental health condition where a person experiences symptoms such as hallucinations [hearing voices or seeing objects - a sensory experience that feels entirely real but originates within the mind] alongside mood swings such as happiness to intense bursts of sadness), and Alzheimer's disease (a progressive, irreversible brain disorder that slowly destroys memory, thinking skills, and the ability to perform simple daily tasks).Record review of Resident #4's Quarterly MDS Assessment, dated 04/15/2026 reflected Resident #4 had a BIMS score of 10 indicating his cognition was moderately impaired. He was assessed to feeling down, depressed, or hopeless. Resident #4 had an active diagnosis under section I Psychiatric/ Mood Disorder of PTSD and schizophrenia.Record review of Resident #4's Comprehensive Care Plan, completed on 04/21/2026, reflected ( problem initiated on 11/29/2024 and revised on 05/06/2026) Resident #4 had trauma informed care: PTSD. Resident #4 did not have a focus area in the care plan for PTSD with related person-centered goals and possible triggers for the PTSD. Interview on 06/02/2026 at 1:05 p.m. Resident #4 stated no one in the facility has asked me about his PTSD and if there was anything that would trigger an episode of PTSD. He stated he preferred to speak with the social worker about his triggers.In an interview with the MDS Coordinator on 06/04/2026 at 11:15 a.m., she stated Resident #4 should have PTSD triggers identified and documented in his medical record. She stated the Social Worker was responsible for ensuring the PTSD triggers was identified when she did her assessment. The MDS Coordinator stated a trauma screening should have been completed upon admission.Interview with the DON on 06/03/2026 at 9:20 a.m., the DON stated the Social Worker was responsible to ensure an assessment was completed on any resident with diagnosis of PTSD. He stated a residents triggers was expected to be identified during the assessment. He did not respond to any further questions about PTSD.Interview with the Administrator on 06/04/2026 at 12:40 p.m., she stated the Social Worker, and the IDT team was responsible to ensure the PTSD triggers was identified during the care plan. She stated the Social Worker was responsible to obtain a Residents PTSD triggers when she completed her assessment.Requested via email to the Administrator on 06/03/2026 the facility policy on Quality of Care or Trauma Informed Care. Interview with the Administrator on 06/04/2026 at 8:00 a.m. she stated the facility did not have a policy specific to Quality of Care related to Trauma Informed Care or PTSD.</p> |                                                                                         |                                                 |