

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2026
NAME OF PROVIDER OR SUPPLIER Avir at Johnson City		STREET ADDRESS, CITY, STATE, ZIP CODE 206 Haley Rd Johnson City, TX 78636	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on observation, interview, and record review, the facility failed to ensure that nurse aides were able to demonstrate competency in skills and techniques necessary to care for residents' needs as identified through resident assessments and described in the plan of care for one of two nurse aides (CNA A) reviewed for personnel requirements. CNA A was observed sitting down on her phone during her shift as a caregiver on 7/28/2026. This failure placed residents at risk of decreased monitoring and supervision. Findings included: A record review of TULIP on 7/28/2026 reflected a complaint sent to CII on 7/25/2026 at 2:21 PM. The complaint reflected that female nighttime aides were observed speaking on their personal phones at work. An observation on 7/28/2026 at 5:35 AM revealed that CNA A was sitting down near the front door on her phone. During an observation on 7/28/2026 at 5:40 AM, no call lights were observed to be activated on the 100 or 200 halls. During an interview on 7/28/2026 at 5:56 AM, CNA A stated that she was sitting down using her phone because she saw that it was almost time for her to go, she had finished her resident rounding, and she was waiting on the next shift to arrive. During an interview on 7/28/2026 at 10:40 AM, the DON stated that the Administrator was on PTO that week. The DON said there should be no personal phone usage on duty unless there was an emergency. The DON stated that he was not aware of any emergency that morning (7/28/2026). The DON stated that the shifts were 12 hours, and the overnight shift ended at 6:00 AM. The DON stated that staff were trained on the facility's phone policy upon hire. The DON stated that if staff were on their phones during their shift, it could make residents feel ignored, especially if they were cognitively intact. The DON said that some residents were quiet, so CNA A might not see that a resident needed help. A record review of the facility's employee handbook signed by CNA A on 11/15/2025 reflected the following: All employees are prohibited from using cellular telephones, or any other electronic device while on duty throughout the facility.		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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