

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745021	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER Avir at Lindale		STREET ADDRESS, CITY, STATE, ZIP CODE 13905 Fm 2710 Lindale, TX 75771	
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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. (continued on next page)		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review, the facility failed to provide information to residents and their representatives on their rights related to filing grievances or concerns for 9 of 13 confidential residents. The facility failed to ensure 9 of 13 confidential residents were provided through postings in prominent locations; the Grievance Procedure, were provided access to the Grievance form, were provided information regarding who the facility grievance officer was, their contact information, and how to file an anonymous grievance. This failure could place the residents at risk of unresolved grievances and decreased quality of life. Findings include: During the record review of Grievance/Complaints on 10/29/2025 at 10am, 9 of 13 Grievances dated 8/12/25,8/13/25(2) 8/25/24,8/27/25,9/5/25(2),9/8/25 and 9/17/25 had not been followed up by Grievance Officer or Administrator. Interview with Resident Council President on, 10/28/2025 at 11:00am, stated that several Grievances had been filed and had not been responded back with replies from the Grievance Officer nor the Administrator. The Resident Council President stated from July 2025 meeting until October 2025 there have been several grievances filed with no response and when asked, the Grievance Officer would say, he will investigate it for her. Interview with the ADM on 10/28/2025 at 1:14pm; the ADM stated the SW was the Grievance Officer for the facility. The ADM stated the SW was responsible for the review of Grievances and assigned them to department heads. The ADM stated there was no system for submitting a Grievance form anonymously. Grievance forms are available for the Residents outside the SW's office; the Grievance forms were submitted to the SW by the Resident or their family member. The ADM stated the facility should resolve grievances as soon as possible once they were submitted. The ADM stated the procedure for submission of a Grievance was the SW assigned the grievance to the appropriate department, that department addressed the grievance, resolved the grievance, and explained the resolution to the complainant. The resolution was documented on the original Grievance form. The ADM stated completed Grievances were kept in a notebook. The ADM stated he monitored the Grievance process for success by following up with the staff member assigned to resolve the Grievance. The ADM stated he would also meet with the complainant to ensure they were satisfied with the resolution. The ADM stated he was responsible for ensuring staff were trained in the Grievance process. The ADM stated the potential negative outcome for Resident's not having a system to file Grievances anonymously was the Resident may not file a Grievance, and the issue will not be resolved. An interview with the Grievance Officer on 10/29/2025 at 10:30 am who was the SW, said he was responsible for the review of Grievances and assign them to department heads. The SW said there were several grievances that had not been addressed, he had given them to the interim ADM who he found out had not followed up on the grievances, but it was still the responsibility of the Adm/SW to follow up. An interview with the AD on 10/29/2025 at 11AM who assists the residents in filing grievances, she said that is all she does is assist the residents and after it is filed, she has no idea of what happens. Record Review of the Grievance Policy revised January 2017 reflected the following: Policy Statement Residents, family, and resident representatives have the right to voice or file grievances, either orally or in writing, to the facility staff or the agency designed to hear grievances (e.g. the state Ombudsman) You are requested to follow the procedures outlined below when filing grievance or complaint: 1. Any resident, family member or appointed resident representative may file a grievance or complaint concerning care, treatment, behavior of other residents, staff members, theft of property, or any other concerns regarding his or her stay at the facility.2. Residents, family and resident representatives have the right to voice or file grievances without discrimination or reprisal in any form and without fear of discrimination or reprisal.3. All grievances, complaints or recommendations stemming from residents or family groups concerning issues of residents' care in a facility will be considered. Actions on such issues will be responded to in writing including a rationale for the response.4. The administrator has delegated the responsibility of grievance and or complaint investigation to the grievance officer.5. Within five (5) working days of the date you filed the grievance; you will be notified of the results of the investigation. (Note: Complaints of abuse, harassment, or mistreatment will be immediately investigated, and you may request a report of the findings, recommendations, and/or corrective action taken within five (5) working days of the filing of the report.)6. It is the policy of this facility to assist you in filing a grievance or complaint. Should you feel that our staff has not assisted you in this matter, or you feel that you are being discriminated against for taking such steps, you are encouraged to report such incidents to the Administrator at once.7. The grievance officer, administrator and staff will take immediate action to prevent further potential violations of residents' rights while the alleged</p>		

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)		

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F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and records review, the facility failed to provide adequate supervision for 1 of 3 residents (Resident #17) to prevent an avoidable accident. The facility failed to provide a timely response to the call light during change of shift for Resident #17 to prevent an avoidable accident. This resulted in Resident #17 having an actual fall on 08/09/2025, suffering a sprained left ankle injury. The failure could place residents at risk for accidents/ injury over which the facility had control, provided supervision, and assistive devices to each resident to prevent avoidable fall accidents. Finding included: Resident #17, named in the allegation, was not observed, or interviewed during the investigation. Discharge summary records revealed she was discharged on 08/19/2025 to an assisted living facility and was not available during the investigation. A review of Resident #17 face sheet dated [DATE] indicated she was a [AGE] year old female initially admitted on [DATE] with diagnoses of streptococcal infection, insomnia, sepsis unspecified, Parkinson's disease without dyskinesia (movement disorder), lichen sclerosus (condition that causes thin patches of the skin), pain in the left knee, trigger finger, age related osteoporosis, dysphagia (difficulty swallowing foods or liquids), ataxia (impaired balance or coordination), and cognitive communication deficit. A review of Resident #17's, quarterly MDS section C dated 08/5/2025, revealed a BIMS score of 10 (Brief Interview for Mental Status), indicated moderate cognitive impairment. A review of Resident # 17's care plan dated 07/28/2025, Transfers', indicated the resident required moderate assistance. Care Planned focus goals, indicated the resident was at risk for falls related to gait/balance problems, weakness, Parkinson's, difficulty ambulating. The resident was care planned for camera consented for surveillance to be on file. A review of Resident # 17 Nurse's Note dated 08/09/2025, revealed Fall Risk assessment indicated 1-2 falls in past 3 months. Recent hospitalization history in last 30 days, (Gait Balance problem while walking or unstable when making turns). Required use of assistive devices and balance problems while standing. A review of Resident #17's Provider Investigation Report dated 08/11/2025 indicated the resident had an unwitnessed fall dated 8/9/2025 at approximated 6:15AM to 6:30AM. The resident was found on floor near doorway in a slight leaning position, during morning shift change by CNA (C) and CNA (D). The provider investigation report indicated both CNA's immediately notified CN LVN (A), a full assessment was done, Resident #17# was able to answer questions, denied hitting her head, no bruises, or lacerations noted. A review of Resident #17's Provider Investigation Report dated 08/09/2025 at 11:00AM, the resident was transferred to hospital after complaining of left ankle soreness on standing. Hospital post x-ray resulted in sprained left ankle. Review of facility incident/accident reports for the past three (3) months revealed un-witnessed fall incidents report dated 08/03/2025 to 8/28/2025 during the 6PM to 6AM night shift, totaling 11 un-witnessed fall incidents throughout the facility, including hallway's 100, 300, and 400. During an interview on 10/27/2025 at 3:00PM, CNA (C) said, on 08/09/2025, she had arrived for 6AM shift and heard a resident in hallway 200 call for help, she immediately went down the hallway to Resident #17's room and sees the resident on the floor, a second aide arrived just seconds later. CNA (C) said, she immediately goes to get CN LVN (A). CNA (C) said, CN LVN (A) arrived and asked Resident #17 if she was hurt anywhere several times, Resident #17 said no. CNA (C) said, CN LVN (A), continued with her assessment, took the resident's vital signs, checked her head, and asked Resident #17 if she wanted to be sent out to the hospital. Resident #17 said no. CNA (C) said, she and the other aid assisted the resident up and got the resident up in her chair. During an interview on 10/27/2025 at 3:30PM, CNA (D) said on 08/09/2025 she was scheduled for a 6:00AM shift, she was asked to work hallway 200 (due to a CNA was a no show), CNA (D) stated when she arrived, she saw the disturbance and immediately went to Resident #17's room. Resident #17 was lying on the floor and immediately called for the CN LVN (A), she stated, the nurse checked the resident and recalled LVN (A) had asked Resident #17, three times, did she need to go out to the ER and Resident # 17 said no, and that she was fine. Both CNA (C), and CNA (D), identified that the call light was on when they arrived in the room, but was unsure of the length of time due to both CNA's were coming on for the 6AM to 6PM Shift. During an interview on 10/27/2025 at 4:00PM, CN LVN (A) named in the allegation said on 08/09/2025, she was scheduled for 6AM morning shift. While receiving reports and counting narcotics, an aide notified her that Resident #17 was found on the floor. She immediately went to Resident # 17's room, said approximated times was between 6:15AM and 6:30AM, she could not recall if the call light was ON or Off at the time of arrival to Resident # 17's room. LVN (A) said, the resident was in the entry doorway on the floor in a slight leaning position LVN (A) said, at the time of the</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observations, and interviews, and record review the facility failed to serve food that was palatable for 1 of 1 meal reviewed for food palatability. (noon meal 10/28/2025). The facility did not provide palatable and appetizing food for the residents for the 10/28/2025 noon meal. Residents #1, 3, 4, 6, 11, 14, 15 and 19 complained of cold food and food that was not flavorful. These failures could place residents who received food from the kitchen at risk for diminished meal satisfaction and potential weight loss due to poor meal intake. Findings included: 1. During interviews during the initial tour on 10/27/2025 the following was noted: *At 9:46 AM Resident #11 said the food was very cold and very salty at times. *At 9:50 AM Resident #3 said the food was bad. *At 10:09 AM Resident #4 said the food was not that good. *At 10:31 AM Resident #6 said the food was not good. *At 10:33 AM Resident #15's family member said the food here was not very good. *At 10:35 AM Resident #19 said the food was not the greatest lately. **At 11:17 AM Resident #14 said the food is just ok. 2. During observations on 10/28/2025 at 12:00 PM the test tray left the kitchen after the dining room was served, and was hand delivered by the RD. The test tray for the surveyors. On 10/28/2025 at 12:10 PM the test tray arrived in the work room. The plate of food was on a tray and covered with a hard plastic cover. The RD was present with the tasting of the food. The following were found: *Regular tray- spaghetti with thick noodles, tossed green salad, and a garlic bread stick. Spaghetti was cool, seasoned ok. [NAME] tossed salad cool Garlic bread was hard No dessert on tray No drinks on tray The second test tray which came after the last hall trays were served on 10/28/2025 at 12:30 pm Spaghetti was cold, seasoned ok. [NAME] tossed salad cool Garlic bread was hard difficult to chew Cup of diced peaches with whip cream on top - cool No drinks on tray During an interview on 10/28/2025 at 12:30pm The RD agreed with the findings. The spaghetti on the regular tray was not hot, and seasoned ok, the bread stick was hard difficult to bite into, no dessert and no drink. The second test tray's Spaghetti was cold, seasoned ok. [NAME] tossed salad cool. Garlic bread was hard difficult to chew. Cup of diced peaches with whip cream on top - cool No drinks on tray 4. During interviews on 10/28/2025 the following statements were made regarding the noon meal of spaghetti, salad, bread stick and peaches with whip cream: *At 11:35 AM Resident #11 said it's food, but it's not good. She said, I may eat a little of it. *At 11:36 AM Resident #3 said it may look good, but it never tastes good, she said it is always too spicy. *At 11:49 AM Resident #14 said he was going to eat some of the meat. He said he didn't want the rest of it, and he wished they would improve on the food. *At 1:05 PM Resident #1 said her lunch food was cold and very salty. *At 1:20 PM Resident #19 said it probably would have been good if it were not cold and they don't give me enough. *At 1:25 PM Resident #6 said the food was just ok. She said it was not like home cooked food, she said she always has to wait on her tea, and it is never hot. During an interview with the Administrator on 10/27/2025 at 9:30 AM he said that the dietary manager had called in this morning 10/27/2025 and gave her notice to quit and he currently did not have a dietary manager and his thoughts were that, each resident should be provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident, that food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident, the food appears palatable and attractive, and it is served at a safe and appetizing temperature. The Administrator said this deficiency could put the resident at risk for weight loss, and multiple dietary issues. Record Review of the facility's policy for Food Preparation and Service dated revised November 2022 documented the following: Food and nutrition services employees prepare, distribute and serve food in a manner that complies with safe food handling practices</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen. Staff were not wearing bearded hair nets 3 large baking sheets containing carbon build-up were stacked against each other Large and medium steam table pans stacked on rack contained moisture and water on the inside and food particles on the inside The three compartment Sink was stacked and dirty with dirty pots and pans in all three compartments Steam Table dirty with food splatter on glass Dried blood on floor by handwashing sink with no soap and paper towels to wash hands Trash in multiple areas of kitchen debris Open packaged meat, in a 2-door refrigerator, was not labeled, was not in a sealed container. A 2-door refrigerator door left open with freezer residue on outside of the door Refrigerator/Freezer temperature logs had not been taken since 10/20/2025 Dishwasher test log, no test or evidence of test strips for sanitizing dishes, Dishwasher test log had been filled in and completed until end of month Cleaning log dated 09/2025 none for the month of October 2025 The ice machine seal dirty with no mention of when had been last cleaned. This item was not listed to be cleaned on the cleaning facility log. These failures could place residents who ate food from the kitchen at risk of foodborne illness. Findings included: During observations on 10/27/2025, the following was noted in the kitchen: *At 9:00 AM both handwashing sinks for hand washing in the kitchen did not have soap nor paper towels to wash hands, the hand sanitizer before you enter the kitchen was empty/broken. *At 9:04 AM Dishwasher-E was not wearing a beard net. He said his beard net was in his pocket, was never seen wearing the beard net. He was observed running the dishwasher without testing the dip pan for proper sanitizer, he said he did not have the test stripes to do the sanitizer. *At 9:08 AM Cook-H said the dietary manager was not here. Upon identifying the cook: carbon build up on 3 large baking sheets stacked together on a rack, 3 large and 2 medium steam table pans stacked together on a rack with moisture and water on the inside of the pans, food particles on the inside of 2 of the large steam table pans. Cook-H said, I see what you are saying. I haven't worked here that long, and it has been built up over the years. I don't know what to say, I will let the dietary manager know. *At 9:13 AM An open package of meat in the 2-door refrigerator in the kitchen was unlabeled and was not enclosed in a sealed container. The door on the 2-door freezer was open with frost built up on the outside. A box of sweet roll dough with expiration date of 8/8/2025 was sitting on the counter to be used. DA G said she will let the dietary manager know. On a follow-up visit and interview on 10/27/2025 at 10:30 AM Cook-H and DA G said that they were not in-serviced on serving sizes and temperatures and now they found out that the DM had quit. During an interview with the Administrator and ADON, on 10/27/2025 at 10:35 AM, they both said Dietary manager did not have any documentation that staff have been in-serviced on kitchen sanitation. They said they could do it today and were not sure if all the kitchen staff had their food handler's certification but would find out. Both said they were not aware of the condition of the kitchen. *At 10:45 AM on 10/27/2025 Dish washer-F said he did not get trained on dish washing and will not use the dishes until he can prove that they are sanitized and ready for use. During an interview with the Administrator at this same time he said, they will use paper products until they get test strips to show proper sanitization. On a follow up visit and interview with FM/CNA J at 10/27/2025 at 11:00 AM, she said she was trained and able to handle the current situation of the kitchen, she now has serving sizes correct, temps recorded, and steam table cleaned. She has her food managers certification. *At 2:21PM on 10/28/2025, the HR director provided food handlers certification for all the dietary staff Review of facility policy for Food Preparation and Service dated revised November 2022. Food and nutrition services employees prepare, distribute and serve food in a manner that complies with safe food handling practices.</p>		