

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 01/08/2026
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken for 1 of 6 residents (Resident #1) reviewed for abuse and neglect. The facility failed to ensure the provider investigation report was turned into the state survey agency (HHSC) within 5 working days of the reported incident for Resident #1. This failure could place residents at risk for abuse and neglect. Findings included:Record review of Resident #1's face sheet, dated 01/08/26, reflected he was an [AGE] year-old male, admitted on [DATE]. His diagnoses included dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life) and myelopathy (a spinal cord injury from severe compression, often due to aging, herniated discs, or trauma). Record review of Resident #1's quarterly MDS assessment, dated 12/08/25, reflected he had a BIMS score of 08, which indicated moderate cognitive impairment. Record review of the facility's provider investigation report for Resident #1, dated 12/23/25, reflected Resident #1's family reported concerns during a care plan meeting to staff related to inaccuracy of timing of documentation of Resident #1's fall that occurred on 12/18/25. The facility addressed the family's concerns and were satisfied with the outcome of the care plan meeting. Ultimately, the facility's investigation concluded the allegation was inconclusive. The allegation was reported to the state survey agency on 12/21/25. Record review of the TULIP website, accessed on 01/08/25 at 2:19 PM, reflected on the page for intake # 1058073 that a 5-day report or provider investigation report had not been turned into the state survey agency. During an interview on 01/08/26 at 11:31 AM, the Administrator said as far as he knew he did not send in the 5-day investigation report for the incident regarding Resident #1. He said he was not sure what happened. He said there may have been an internet outage, but he was not sure. He said there was no risk to the residents because the report was not turned into the state. He said the interventions were put into place, but the report had not been turned into the state survey agency. Record review of the facility's policy, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, last revised September 2022, reflected: .Follow-up Report1. Within five (5) business days of the incident, the administrator will provide a follow-up investigation report .		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 745021	If continuation sheet Page 1 of 1