

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 02/10/2026
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food under sanitary conditions for 1 of 1 facility kitchens. The facility failed to ensure: - there was soap in the dispenser at the handwash sink by the pantry door and in the dispenser in the bathroom.- a foot operated pedal trash can for each of the handwash sinks.- the sugar bulk bin did not have a scoop inside of product. - the microwave was kept clean.- the reach-in stainless steel freezers and coolers were free from food debris, dried liquid splatters and fingerprints.- thickened liquid products were dated when opened.- an opened box of a frozen food product was reclosed and sealed.- thawing hamburger meat was placed in a container or on a tray to catch meat juices.-a prepared pan of fruit gelatin was labeled and dated. - the drip pan area under the burners on the stove was kept clean.- the deep fryer was kept clean. These failures could place residents who ate food from the kitchen at risk of foodborne illness. Findings included: During observations and interviews on 02/08/2026 of the kitchen the following was noted: *at 10:20 AM the handwash sink by the pantry door had no hand soap in the dispenser. [NAME] B, said at that time, they did not have any for that sink and to use the other sink by the back door. There was no foot-operated trash cans at handwash sinks. Employees had to use 55-gallon trash cans and remove the lid with their clean hands. *at 10:40 AM the employee restroom in the kitchen had no soap in the dispenser. *at 10:47 AM the bulk sugar bin in the pantry had a plastic bowl being used as a scoop left inside the product. *at 10:49 AM the microwave by the kitchen door was heavily soiled with food debris, splatters and spills on the rotating platter and on the walls and the door. *at 10:51 AM the 2 door stainless steel cooler labeled Milk: the bottom shelves had dried spills and splatters. The door sills had wet and dried liquid splatters. There was one 46 oz Nectar Thick Apple juice that had no open date, and one 46 oz. Nectar Thick Orange juice that had no open date. The packaging indicated After opening, may be kept up to 7 days under refrigeration. There was one serving tray with 7-4 oz glasses of orange juice and 3-6 oz glasses of milk had no label or date it was prepared. *at 10:55 AM the 2 door stainless steel freezer labeled Meats: There was one 10 lb. box of Chickenless Tenders Soy Protein Tender Shaped pieces that had the plastic bag opened and not re-sealed. The door sills and lower shelves were soiled with food debris. There were fingerprints on the door handles made with a white dusty substance. *at 10:58 AM the 2 door stainless steel freezer labeled Veggies: had dried liquid drips on the door sills and vents. *at 10:59 AM the 2 door stainless steel freezer (last one on right): had food debris on the door sills in the hinge areas of doors. *at 11:00 AM the 2 door stainless steel cooler (last one on left): there was one 5 pound chub of hamburger meat thawing on top of a cardboard container. There was food debris and dried spills in the cooler gaskets and in the hinge areas of the doors. *at 11:02 AM the 2 door stainless steel cooler (middle on left): there was one half-size 6 deep stainless steel pan that was partially covered with plastic wrap and had an unknown food item inside. There was no label or date on the container. [NAME] B said the container held fruit gelatin. *at 11:05 AM the 2 door stainless steel cooler (first on left): there was food debris and dried liquid splatters on the bottom shelves, door sills, and vents. *at 11:10 AM the Drip pan under the stove burners was caked with thick, black substances and burned food debris, liquids, and a paper clip. *at 11:12 AM [NAME] B said fresh oil (continued on next page)		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Event ID: Facility ID: If continuation sheet Previous Versions Obsolete 745021 Page 1 of 7		

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 02/10/2026
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	was placed in the deep fryer the preceding Tuesday (02/03/2026) because they always have it fresh for fish on Friday. She said nothing had been fried since Friday. The oil in the fryer was dark in appearance and had fried bits of cornmeal floating on the surface. There were four French fries lying on the drain ledge of the fryer. The back area of fryer was caked with thick golden brown and dark brown built up oil. During observations and interviews on 02/09/2026 of the kitchen the following was noted: *at 11:08 AM the employee restroom in the kitchen had no soap in the dispenser. *at 11:35 AM beverage containers were being placed in the ice bin beside the steam table. one 46 oz Nectar Thick Orange Juice had no open date; two 46 oz Nectar Thick apple juice had no open dates; one 46 oz honey thick sweet tea had no open date. DA C said she did not know the thickened liquids had an expiration date. She said they were to date items when they are opened.*at 11:20 AM the DM asked if there had been concerns from the previous day's kitchen tour and she was told what was deficient. She had no comment regarding the findings. *at 11:40 AM there were 5 individual bowls of chili and 5 individual bowls of squash set down in the dry heated steam table well. The DM said they had 5 people on pureed diets so they just prepared the puree and placed it in the individual bowls on the steam table. The DM placed a zippered bag of pureed bread she had gotten from the cooler on the steam table line. She placed a 2 oz scoop beside the bag of bread for serving. *At 12:10 PM tray line service began with 2 cooks serving side by side. [NAME] D was serving the potatoes, and pureed items that were on his end of the steam table. He did not open the bag of pureed bread and serve the pureed bread at any time during service. The dining room was served at 12:25 PM and service continued with 12:29 PM hall 200 cart; 12:35 PM hall 100 cart; 12:44 PM hall 400 cart; and 12:55 PM hall 300 cart. Hall 300 cart left kitchen at 12:55 PM. Pureed bread was not served to any residents receiving pureed food.During an interview on 02/09/2026 the DM rolled her eyes and had no comment when told the residents did not receive their portion of pureed bread. Review of the facility policy titled Sanitation, revised November 2022, indicated .1. All kitchen areas and dining areas are kept clean, free from garbage and debris, and protected from rodents and insects. 2. All utensils, counters, shelves and equipment are kept clean, maintained in good repair and are free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners are kept in good repair. 3. All equipment, food contact surfaces and utensils are cleaned and sanitized using heat or chemical sanitizing solutions.Review of the facility policy titled Food Safety and Sanitation, dated 2023, indicated .d. Employees will wash their hands just before they start work in the kitchen and after smoking, sneezing, using the restroom, handling poisonous compounds or dirty dishes; and touching face, hair, other people or surfaces or items with potential for contamination.The Texas Food Establishment Rules, dated October 2015, revealed:S228.68. Preventing Contamination From Equipment, Utensils, and Linens. (a) Food shall only contact surfaces of: (1) equipment and utensils that are cleaned as specified under SS228.113, 228.114 and 228.115 of this title and sanitized as specified under SS228.116, 228.117 and 228.118 of this title; . S228.114. Frequency of Cleaning.(c) Nonfood-contact surfaces. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues Food and Drug Administration Code, Dated, 2013, indicated the following: 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (B)The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations 3-305.11 Food StorageFood shall be protected from contamination by storing the food:(1) In a clean, dry location;(2) Where it is not exposed to splash, dust or other contamination .4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils (A) Equipment food-contact surfaces and utensils shall be clean to sight and touch. (B) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris .		

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 02/10/2026
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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview, and record review, the facility failed to ensure the menu was followed for 1 of 1 meals (lunch meal) reviewed for menus and nutritional adequacy. Dietary staff did not serve pureed bread during the noon meal on 02/09/26 to any residents eating pureed food provided by the dietary department. This failure could place residents who eat food from the kitchen at risk of not having their nutritional needs met. Findings included: The planned menu dated 02/09/2026 for the noon meal was beef chili, boiled squash, scalloped potatoes, cornbread, and cake with frosting. The diet spreadsheet for the noon meal indicated residents on pureed diets were to receive pureed bread 2 ounce. (#16 dip). During an observation and interview in the dietary department on 02/09/2026 at 11:45 AM the DM retrieved a zipped plastic bag from the cooler that was labeled as pureed bread. She placed it on the serving line and placed a #16 dipper on top of the bag. She said the bread was not cornbread but regular bread. During an observation on 02/09/2026 at 12:10 PM, tray line service began and continued until 12:55 PM. The dietary trays containing pureed food items did not have pureed bread placed on the plates or in a dish on the trays. The DM was not present at the serving line during the entire meal service. During an interview on 02/09/2026 at 01:05 PM, the DM said it was the cook's responsibility to place the pureed bread on the dietary trays. She said she expected bread to be served to all residents if it was part of the menu. Review of a facility Diet Roster dated 02/10/2026 indicated there were 4 residents receiving pureed food from the kitchen. Review of a facility policy titled Menu Checklist: Nutritional and Regulatory Requirements dated 2023 indicated .Grains: Minimum of 6 ounce equivalents per day (including evening snack). Includes breads, grains, cereals. 1 Grain is a 1 ounce equivalent: includes 1 slice of bread, 1 small dinner roll,.		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 02/10/2026
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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure MDS data was electronically transmitted to the CMS System within 14 days after completion of the assessment for 1 of 1 resident reviewed for assessments. (Resident #77) The facility did not transmit an admission MDS assessment within 14 days into the CMS system as required after Resident #77 was admitted . This failure could place residents at risk of having an incomplete record. Findings included: Record review of Resident #77's face sheet indicated she was a re-admission dated 9/20/2025. A record review of the most recent MDS assessment for Resident #77 was dated 09/21/2025. During an interview on 02/10/2026 at 10:30 AM, the MDS Coordinator said Resident #77 was admitted on [DATE] and it was an oversight that this resident's submission was missed. She said they have a new software program that is set to catch any further oversights, and MDS should have been transmitted on 10/4/2025. She said, that the facility does not have its own policy, therefore the policy they use is CMS's RAI Assessment Transmission policy that refers to the electric transmission by state and federal guidelines.		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 02/10/2026
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 0575 Level of Harm - Potential for minimal harm Residents Affected - Many	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. Based on observation and interview, the facility failed to post a list of names, addresses (mailing and email), and telephone numbers of all pertinent state agencies and advocacy groups in a form and manner accessible and understandable to residents and resident representatives for 1 of 1 facility bulletin. The facility failed to post the contact information for the Medicaid Fraud Control Unit in an accessible location. This failure could place residents at risk of not having access to the appropriate agency to report instances of fraud by a Medicaid provider. The findings include: During an observation on 02/09/2026 at 3:15 PM of the facility's required postings bulletin board, the information for the Medicaid Fraud Control Unit was not displayed. During an interview on 02/09/2026 at 3:29 PM, the SW indicated that he was unsure where this required posting was located or if it was posted. During an interview on 02/09/2026 at 3:31 PM, the DON indicated that she was unsure where this required posting was located or if it was posted. During an interview on 02/09/2026 at 3:33 PM, the ADM indicated that he did not have this required posting made available to residents. The ADM indicated that the risk to residents for not having the appropriate required postings available to residents could include a lack of knowledge and information sharing that might assist them in certain situations. During an interview on 02/10/2026 at 10:50 AM the ADM indicated that there was no specific facility policy on required postings and that the facility follows Health and Human Services and Centers for Medicare and Medicaid Services guidelines.		

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 02/10/2026
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 0576 Level of Harm - Potential for minimal harm Residents Affected - Many	Ensure residents have reasonable access to and privacy in their use of communication methods. Based on interview and record review, the facility failed to ensure residents were provided reasonable access to receive their mail in a timely manner for 1 of 9 confidential residents (Confidential Resident #1) reviewed. The facility failed to implement a system to distribute incoming mail daily. This failure could place residents at risk of a delay in residents' personal correspondence, financial information, or other time-sensitive materials. The findings include: During a confidential group interview at an undisclosed date and time, 1 of 9 confidential residents confirmed that they had recently been expecting a package on a Saturday and it was not received until the following Monday. An interview on 02/09/2026 at 1:05 PM with Receptionist A indicated that mail was delivered to a Post Office Box in town, obtained throughout the week, and was distributed directly to residents. Receptionist A indicated that she was unsure if mail was obtained on Saturdays. An interview on 02/10/2026 at 11:01 AM with the ADM, Human Resources manager, and Business Office manager indicated that there was no process for obtaining and distributing mail from the Post Office Box to the residents on Saturdays. The ADM indicated that the key to the Post Office Box had not been made available to the weekend receptionist. The ADM indicated that the risk to residents could include an inability to keep in touch with friends or relatives. Record review of a policy dated February 2021 titled Resident Rights indicated the following: Policy Interpretation and Implementation1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents' rights to:.f. communication with and access to people and services, both inside and outside the facility;.cc. access to a telephone, mail, and email;dd. communicate in person and by mail, email, and telephone with privacy.		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 02/10/2026
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 0579 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide information about how to apply for and use Medicare and Medicaid benefits. Based on observation and interview, the facility failed to display information on how to apply for and use Medicare and Medicaid benefits and how to receive refunds for previous payments covered by such benefits for 1 of 1 facility bulletin. The facility failed to post the appropriate information in a location accessible to residents and their representatives. This failure could place residents at risk of delayed access to entitled benefits, interruption of services, and impaired ability to exercise informed decision-making regarding payment and coverage for their care. The findings include: During an observation on 02/09/2026 at 3:15 PM of the facility's required postings bulletin board, the information for how to apply for and use Medicare and Medicaid benefits was not displayed. During an interview on 02/09/2026 at 3:29 PM, the SW indicated that he was unsure where this required posting was located or if it was posted. During an interview on 02/09/2026 at 3:31 PM, the DON indicated that she was unsure where this required posting was located or if it was posted. During an interview on 02/09/2026 at 3:33 PM, the ADM indicated that the information might be located in the admissions office, but that he did not have this required posting made available to residents. The ADM indicated that the risk to residents for not having the appropriate required postings available to residents could include a lack of knowledge and information sharing that might assist them in certain situations. During an interview on 02/09/2026 at 3:42 PM, the Admissions Director indicated that there is nothing posted within the facility regarding how to apply for and use Medicare and Medicaid benefits, but that she is available to help the residents should they need it. During an interview on 02/10/2026 at 10:50 AM the ADM indicated that there was no specific facility policy on required postings and that the facility follows Health and Human Services and Centers for Medicare and Medicaid Services guidelines.		