

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Avir at Tierra Este		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 Pebble Hills Blvd El Paso, TX 79938	
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 1 of 5 residents (Resident #1) reviewed for comprehensive care plans. The facility failed to develop and implement a comprehensive person-centered care plan with measurable objectives, interventions and timeframes for how staff will meet Resident #1's needs related to her history and risk for dehydration. This failure could place residents at risk of a decline in health due to no care plan being implemented. Record review of Resident #1's face sheet dated 01/14/2026, revealed an [AGE] year-old female who was admitted to the facility on [DATE] and then readmitted to facility on 12/31/2025. Resident #1's diagnoses included type 2 diabetes with hyperglycemia (high amount of glucose in blood), Dehydration (body loses more fluid than its intaking), and Acute kidney failure (kidneys stop working). Record review of Resident #1's MDS dated [DATE], reflected a BIMS score of 02, which indicated severe cognitive impairment. Resident #1 had impairment to one side of upper extremity (Shoulder, Elbow, Wrist, hand), and impairment to both sides of lower extremities (Hip, Knee, Ankle, foot). Record review of Resident #1's Physician's Order Summary Report dated 01/15/2026, revealed that Resident #1 did not have an order for maintaining medical diagnosis for dehydration. Record review of Resident #1's hospital history and physical dated 06/12/2025, revealed a [AGE] year-old female diagnosed with diabetes mellitus, TIAs (Temporary stroke from brief blood flow blockage to the brain), hyperlipidemia (high levels of fats), and Dehydration (loss of water and salts for normal body function). Record review of Resident #1's Care Plan dated 01/15/2026, revealed that Resident #1 did not have any care plans for her medical diagnosis of dehydration. In an interview on 01/14/2026 at 01:20 PM DON stated Resident #1's care plan was discussed during her care plan meetings, specifically for her dehydration. In the care plan meeting it was brought up about the consistency of the fluids. In the hospital records, it was recommended at the hospital level for a G-tube to be placed because she disliked the thickening of the Nectar, but the family member declined it. Resident #1 had a diagnosis of Dysphagia (difficulty swallowing), she could drink thin liquids, but she drank the honey Nectar due to her Renal Failure. DON reviewed Resident #1's care plans and stated that the care plans had nothing regarding dehydration and how to prevent it. The risk of no care plans for dehydration would result in the resident dehydrating again and being readmitted into the hospital. The DON stated that it's the responsibility of the MDS nurse for reviewing residents' care plans. DON stated there's a regional person that also reviews the assessment and usually they'll report back to the Administrator if there was anything wrong with a resident's care plan, in which it was not reported for Resident #1. In an interview on 01/14/2026 at 02:30 PM, MDS nurse stated that care plans were developed when a resident first admitted into the</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 745038
		If continuation sheet Page 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Avir at Tierra Este		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 Pebble Hills Blvd El Paso, TX 79938	
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>facility, then every quarter and with any change of condition. Nursing staff take responsibility as well for overlooking care plans and were placed into PCC correctly. MDS nurse stated there was no specific order for Resident #1's medical diagnosis for dehydration but there was no risk since there was a care plan order for fluid imbalance which could indicate for either at risk for renal failure or dehydration. The care plan stated a goal for Risk for altered Fluid balance which stated intervention/task evaluate blood pressure and Evaluate resident/Representative on methods to relieve dry mouth while maintaining fluid restriction. MDS nurse stated, those are all interventions on the resident's profile that could be used for dehydration, so it is addressed on there. In an interview on 01/14/2026 at 03:11 pm Administrator stated that the responsibility for care plans would be the MDS nurses and the RNs, they go over them and make sure it is all correct and then they sign off on the care plans as well as the QRM who overlook as well to make sure of its input correctly. Since the resident had a medical diagnosis of dehydration there should have been a care plan due to her history of hospitalization due to dehydration and UTIs. The risk was if one doesn't know what symptoms or interactions to look for would affect the health of the resident. Nurses were trained upon hire and come up with their Relias training (learning management designed for healthcare workers to meet regulatory compliance, reduce risk, and improve employee performance) or when in-services were conducted. Nursing staff have had in-services regarding fluid intake in the last month, or month and a half and admin had instructed the managers in the morning meetings to be checking to make sure all pitchers have water and have been offering residents water consistently to prevent any dehydration at the facility. Jelly drops have also been ordered in which were used for Resident #1 as well but unsure if she liked them or not. The facility had been very focused on hydration. Review of facility policy titled Care plans, Comprehensive Person-Centered revision date March 2022, stated 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. Policy interpretation and implementation:7.) The comprehensive, person-centered care plan:b.) describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including:C.) Includes the residents stated goals upon admission and desired outcomes; e.) reflects currently recognized of practice for problem areas and conditions.10.) When possible, interventions address the underlying source (s) of the problem area (s), not just symptoms or triggers.11.) Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change.12.) The interdisciplinary team reviews and updates the care plan:c.) when the resident has been re-admitted to the facility from a hospital stay: and</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Avir at Tierra Este		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 Pebble Hills Blvd El Paso, TX 79938	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 maintain food service practices under sanitary conditions by not ensuring dietary staff performed proper hand hygiene during food handling and meal service. The facility failed to ensure dietary staff A performed good hand hygiene within the context of food handling and sanitation. This failure could place residents at risk of cross contamination and the potential transmission of infectious organisms. Findings included: An observation on 01/14/2025 at 12:10 PM during lunch Dietary staff A was seen using her cell phone before the lunch trays were about to be distributed. Dietary Staff A quickly put her phone away in her pocket and walked up to the food line table to begin placing trays onto carts to be distributed to the residents. Dietary Staff A placed 4 trays onto a cart when LVN A asked Dietary staff A to place an object on the door to prevent it from closing. Dietary staff A went and grabbed a food can and placed it at the bottom of the door to prop open the door. She then went back to the table line and started placing food trays onto carts again. Dietary Staff A was not seen performing hand hygiene during these two transactions. In an observation on 01/14/2025 at 12:20 PM Dietary staff A still had not performed hand hygiene and was asked to provide food covers for residents' trays in which she handled with both hands. She was then asked to provide a resident with salsa and ground chicken, in which she handed to LVN A. She then proceeded to continue with food tray line and placed food trays on the food cart. In an observation on 01/14/2025 at 12:22 PM Dietary staff A walked away into the back of the kitchen where she could not be seen. When she returned to the food line she was seen with gloves on. Unaware if Dietary Staff A performed hand hygiene prior to placing gloves on. In an interview on 01/14/2025 at 12:50 pm the Dietary manager stated, Dietary staff aids were supposed to wash their hands prior to handling food trays on the food line and staff were not allowed to touch anything else after that. If they need to touch anything else, then the food tray staff need to go back and wash their hands before returning to the food tray line. What Dietary Staff A did was not okay for her to do. Dietary Manager stated he needed to do an in-service with her. Dietary Manager stated Dietary Staff A was relatively new and was trained on hand hygiene and when to perform hand hygiene when going to grab something else and then returning to the food line. The risk of her not performing hand hygiene during her handling all the objects she did was a risk for infection control. In an interview on 01/14/2026 at 01:20 PM, DON stated Dietary Staff A should have worn gloves or performed hand hygiene. After handling anything other than food and placing it on the floor would require hand hygiene. The risk was cross contamination and infection. In an interview on 01/14/2026 at 03:11 PM, Administrator stated when staff go from one modality or station to the other, they should be washing their hands. If staff handle nonfood items and then return to the food line, they should be washing their hands before getting to the food line. The risk was cross-contamination, or food poisoning. In an interview on 01/15/2026 at 12:39 pm, Main [NAME] stated he had been employed at the facility for approximately 2 years and 7 months and consistently practiced proper hand hygiene. He further stated that the facility provides hand hygiene training at least every six months and instructs staff especially new hires, that if they touch anything outside of the food tray line, they must immediately perform hand hygiene prior to continuing food service. Failure to wash or sanitize hands after touching non-food items or after handling multiple trays posed a risk to infection control and cross-contamination control or cross contamination. Review of facility policy titled Handwashing/Hand Hygiene revision date October 2023, updated 01/2025, stated The facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections.1.) All personnel are trained and regularly in-serviced on the importance of hand</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Avir at Tierra Este		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 Pebble Hills Blvd El Paso, TX 79938	
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 - Some	hygiene in preventing the transmission of healthcare-associated infections.2.) All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors.		