

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745050	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER Avir at Kerrville		STREET ADDRESS, CITY, STATE, ZIP CODE 1555 Bandera Hwy Kerrville, TX 78028	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure documented assessments accurately reflected the resident's status for 1 of 3 residents (Resident #1) reviewed for assessments. The facility failed to ensure the quarterly MDS submitted on 1/1/2026 for Resident #1 accurately reflected the resident's pain management in section J0100. This failure could result in improper care of residents. Findings included: Record review of Resident #1's admission Record dated 3/18/2026 reflected a [AGE] year-old female admitted to the facility on [DATE]. Relevant diagnoses included pain, unspecified and drug-induced polyneuropathy (nerve damage of the extremities caused by medications, resulting in chronic pain, tingling, weakness, or numbness). Record review of Resident #1's quarterly MDS submitted 1/1/2026 reflected a BIMS score of 14, which indicated intact cognition. Section J0100 of the MDS revealed the following: At any time in the last 5 days, has the resident: A. Received scheduled pain medication regimen? 0. No B. Received PRN pain medications OR was offered and declined? 0. No Record review of Resident #1's Care Plan Report undated/ printed 3/18/2026, revealed the following: Acute Pain Date initiated 10/14/2025. The resident has osteoporosis Date Initiated: 10/30/2025 Revision on: 10/30/2025. Give analgesics PRN for pain. Record review of Resident #1's Order Summary Report dated 3/18/2026 revealed the following physician orders: Acetaminophen Oral Tablet 325 MG (Acetaminophen) Give 2 tablet by mouth every 8 hours as needed for Pain [sic] (order date 11/06/2025) Methocarbamol Oral Tablet 500 MG (Methocarbamol) Give 1 tablet by mouth at bedside for Pain [sic] (order date 12/18/2025) Methocarbamol Oral Tablet 500 MG (Methocarbamol) Give 500 mg by mouth every 6 hours as needed for muscle spasms (order date 12/09/2025) Pregabalin Oral Capsule 150 MG (Pregabalin) Give 1 capsule by mouth three times a day for pain related to DRUG-INDUCED POLYNEUROPATHY [sic] (order date 10/15/2025) tramadol [sic] HCl Oral Tablet 50 MG (Tramadol HCl) Give 1 tablet by mouth at bedtime for Pain Hold for s/s of sedation (order date 12/18/2025) In an interview with Resident #1 on 3/18/2026 at 12:00 PM, she said she has a diagnosis of neuropathy and took Lyrica (brand name for Pregabalin) and Tramadol scheduled three times a day and extra doses as needed when the pain was worse. She said she had been on the same regimen for several years, and her pain level was well controlled by the medications. She said she required the PRN doses of her pain medications several times a week. In an interview with MDS on 3/19/2026 at 9:25 AM, she said she was primarily responsible for MDS completion, but she had been out of the facility on leave for several weeks. She said she did not complete the MDS submitted on 1/1/2026 for Resident #1, but she had reviewed section J0100 and felt it contained inaccurate information. She said the MDS should be completed accurately to ensure accurate reimbursement and for evaluation of residents' needs for long-term stays. Record review of the facility policy titled Comprehensive Assessments dated March 2022, revised February 2025, revealed the following: 1. Comprehensive assessments are conducted in accordance with criteria and timeframes established in the Resident Assessment Instrument (RAI) User Manual.</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
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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>Based on interview and record review, the facility failed to employ a qualified social worker on a full-time basis for 1 of 1 facility reviewed for social work services. The facility failed to employ a full-time social worker for January- March 2026. This failure could result in residents' psychosocial needs not being met and diminished quality of life. Findings included: Record review of the SSA document Facility Summary Report undated/printed 3/13/2026, the facility had a total licensed capacity of 130 beds, and a license expiration date of 5/29/2028. Record review of the facility staff roster, untitled/undated and provided by the facility on 3/17/2026, did not reveal a staff member with the position title of social worker. In an interview with HR on 3/18/2025 at 10:45 AM, he said the facility did not have a full-time social worker. He said the last full-time social worker resigned in mid-December 2025, and the facility had no social worker on a full or part-time basis until Monday (3/16/2026). He said they were actively interviewing for a replacement. In an interview with RN A on 3/18/2026 at 12:01 PM, she said she had attended care plan meetings while acting as the interim ADON for the facility. She said the facility did not have anyone assigned to undertake the social worker duties of the care plan meetings. In an interview with the LSW on 3/18/2026 at 12:20 PM, he said he was working part-time at the facility beginning 3/16/2026 while the facility worked on hiring a social worker full-time. He said prior to 3/16/2026, there was nobody maintaining the social worker's responsibilities for the facility, and he was working on the uncompleted reports and discharge needs of residents. He said he was not aware of any harm or negative outcomes that had resulted from the absence of a social worker at the facility. He said not having a social worker at the building could result in residents' discharge needs not being met or unidentified admission/discharge/social barriers that could affect their care. In an interview with the Admin. on 3/17/2026 at 2:25 PM, he said he was the interim Administrator and had just started at the facility on Monday, 3/16/2026. In a subsequent interview on 3/18/2025 at 9:20 PM, he said the facility had a part-time social worker and had interviewed a candidate for a full-time position earlier that day.</p>		