STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	745050	A. Building B. Wing	06/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kerrville	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents received services in the facility, 1 of 6 residents (Resident #2), reviewed for reasonable accommodation. The facility failed to ensure the call light was within reach for Resident #2, on 6/18/2026. This failure could place residents at risk of not being able to call for help as needed, not receiving care and services in a timely manner.Findings included: Record review of Resident #2's face sheet, dated 6/19/2026, revealed he was a [AGE] year old male, admitted on [DATE] and re-admitted on [DATE] diagnosis included: uninhibited neuropathic bladder (nerve damage to the bladder), retention of urine (bladder does not empty completely), and quadriplegia, C5-C7 incomplete (partial spinal cord injury in the neck). Record review of Resident #2's MDS assessment, dated 5/13/2026, revealed the resident's BIMS score was 13, which indicated cognitive intact. MDS Section GG showed resident was dependent for assistance with ADL's. MDS Section I showed diagnosis of quadriplegia. Record review of Resident #2's care plan revealed Resident #2 .call light for resident, keepcall light in reach at all times, visible to resident, and the resident is informed of its location and use. During an observation on 6/18/2026 at 10:30 am -Resident #2's call light was wrapped around the head of the bed frame, out of sight and out of reach of the resident. During an interview on 6/18/2026 at 10:33 am - Resident #2 stated he could not reach the call light nor could he see it. During an observation and interview on 6/18/2026 at 3:30 pm Nurse A observed the call light wrapped around the residents' bed frame and she stated it was out of the residents' sight and reach. She stated if the resident could not reach the call light, then he could not call for help, which may put the resident at risk for care. During an interview on 6/18/2026 at 3:33 pm CNA B stated the call light should be within residents reach so the resident could call for help. He stated it may impact the residents' care if the call light was not within reach. Record review of the facility's policy titled Call System, Residents showed Residents are provided with a means to call staff for assistance. Each resident is provided with a means to call staff directly for assistance from his/her bed, from toileting/bathing facilities and from the floor.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	745050	A. Building B. Wing	06/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Kerrville	1555 Bandera Hwy Kerrville, TX 78028

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident who was incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 of 6 residents (Resident #2) reviewed for indwelling urinary catheter care. The facility failed to ensure Resident #2's indwelling urinary catheter drainage bag was not lying on the floor. This failure could place residents with indwelling urinary catheter devices at risk for the development of new or worsening urinary tract infections.The findings included: Record review of Resident #2's face sheet, dated 6/19/2026, revealed he was , admitted on [DATE] and re-admitted on [DATE] diagnosis included: uninhibited neuropathic bladder (nerve damage to the bladder), retention of urine (bladder does not empty completely), and quadriplegia, c5-c7 incomplete (partial spinal cord injury in the neck). Record review of Resident #2's MDS assessment, dated 5/13/2026, revealed the resident's BIMS score was 13, which indicated cognitive intact. Record review of Resident #2's care plan revealed Resident #2 Ensure staff aware of correct placement of catheter gravity drainage bag and tubing. During an observation on 6/18/2026 at 10:30 am -Resident #2's catheter bag was lying on the floor During an interview on 6/18/2026 at 10:33 am - Resident #2 stated he did not know why the catheter bag was on the floor. During an observation and interview on 6/18/2026 at 3:30 pm Nurse A observed the catheter bag lying on the floor. She stated it should be secured to the bed below the bladder to prevent a possible infection. During an interview on 6/18/2026 at 3:33 pm CNA B stated the catheter bag should not have been on the floor due to possible infection. Record review of the facility's policy and procedure titled Catheter Care, Urinary, dated 7/2024, revealed, Be sure the catheter tubing and drainage bag are kept off the floor.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to ensure all drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions and were stored in accordance with currently accepted professional principles for 1 of 4 medication/treatment carts reviewed for storage of drugs. The facility failed to ensure the treatment cart was locked and secured when it was left unattended. This failure could place residents at risk of medication misuse and diversion.The findings included: Observation on 6/19/2026 at 10:36 am unlocked treatment cart on the 400 hall, which contained prescribed medications for resident treatments. During an interview on 6/19/2026 at 10:38 am - staff LVN C, stated the cart is a treatment cart and it should have been locked for resident safety, so residents could not access medications.Record review of the facility policy titled Medication Labeling and Storage, revealed, Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others.