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	07/01/2026

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review the facility failed to ensure the assessment accurately reflected the resident's status for one (1) of five (5) residents (Resident #1) reviewed for accuracy of assessments. The facility failed to ensure Resident #1 was coded on her Quarterly MDS assessment, dated 04/30/2026, for having had weight loss of 18.2%, ten percent (10%) or more in the last six (6) months. This failure could place residents at risk of improper or incorrect care and services necessary for their physical, mental, and psychosocial well-being. The findings included: Record review of Resident #1's Face Sheet, dated 06/30/2026, revealed an [AGE] year-old female. She was admitted on [DATE] and readmitted on [DATE]. Record review of Resident #1's Diagnosis Report, dated 06/30/2026 revealed diagnoses included severe protein-calorie malnutrition (not eating enough protein and calories in the diet to meet the body's needs), dysphagia (difficulty swallowing), and muscle wasting and atrophy (the shrinking of muscle or nerve tissue). Record review of Resident #1's Quarterly MDS Assessment, dated 04/30/2026, revealed the assessment reference date and observation end date was 04/30/2026. The resident was rarely/never understood and had severe cognitive impairment with a memory problem. Under Section K - Swallowing/Nutritional Status of the MDS Assessment, Resident #1 was noted to have weighed 80 pounds on the most recent measure in the last 30 days. She was documented has having not lost or gained weight of 5% or more in the last month or 10% or more in the last 6 months. LPN A was noted to have completed Section K on 05/01/2026. The DON was noted to have signed the assessment as complete on 05/26/2026. Record review of Resident #1's Weight Summary, undated accessed 06/30/2026 at 12:01 p.m., revealed Resident #1 had a weight of 80.0 pounds on 04/09/2026. She did not have another weight on the record until 05/04/2026, after Resident #1's Quarterly MDS Assessment observation end date. She did not have a weight on record within one (1) month prior to 04/09/2026 with the closed weight recorded on 02/22/2026 (46 days prior). She had a weight of 97.8 pounds on 10/09/2025, indicating a 17.8 pound or 18.2% weight loss in six (6) months (10/09/2025 to 04/09/2026). During an observation and attempted interview with Resident #1 on 07/01/2026 at 09:37 a.m., Resident #1 was observed lying in bed with a sheet up to her shoulders. She appeared thin but weight status observation was obstructed by bed sheet. Resident #1 was uninterviewable. She nodded her head upon entry to her room but did not vocalize a response or nod her head in relation to the attempted conversation. During an interview on 07/01/2026 at 11:06 a.m., Resident #1's family member stated Resident #1 was placed on hospice care partially due to her declining weight status. During an interview on 07/01/2026 at 05:02 p.m., the DON stated the MDS was completed by a remote (a person who works in a different location) worker. The DON stated she did not know how the staff member, who was completing the MDS Assessments, was assessing the residents for weight changes. She stated an error in documenting a resident's weight change in the MDS would not impact the resident's care. She stated the documentation in the MDS Assessment was for facility revenue purposes. During an interview on 07/01/2026 at 05:42 p.m., LPN A stated she worked as a remote MDS nurse. She stated when reviewing resident weight changes, she would look for a five percent (5%) weight change in one (1) month or a ten percent (10%) weight change in six (6) months. She stated the error (not noting (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

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #1 had significant weight loss) might have been due to oversight. She stated the information might have been entered into the MDS Assessment by another staff member and she might not have had all the information to review prior to having signed the section. She stated the error was an oversight for the resident's weight to not have been coded correctly prior to the assessment's submission. She stated it was the responsibility of the person submitting the information and the registered nurse that reviewed and signed the assessment as complete to ensure accuracy. She stated the error would not impact the resident's care but might impact the facility's reimbursement for Resident #1's care since the weight change might result in Resident #1 having been coded for a higher level of care need. During an interview on 07/01/2026 at 06:07 p.m., the ADMIN stated he did not believe an error in a resident's MDS Assessment for weight status could impact a resident's care but stated it might impact the facility's reimbursement for care. He stated the staff did quality of care meetings which would ensure the resident's care was addressed clinically. Record review of facility policy Weight Assessment and Intervention, date updated 11/25/2024, revealed: Policy StatementResident weights are monitored for undesirable or unintended weight loss or gain.Policy Interpretation and ImplementationWeight Assessment .5. The threshold for significant unplanned and undesired weight loss will be based on the following criteria [where percentage of body weight loss = (usual weight - actual weight)/(usual weight) x 100]: . c. 6 months - 10% weight loss is significant; greater than 10% is severe. Record review of facility policy Change in a Resident's Condition or Status, date revised April 2025, revealed: .8. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.9. If a significant change in the resident's physical or mental condition occurs, a comprehensive assessment of the resident's condition will be conducted as required by current OBRA regulations governing resident assessments and as outlined in the MDS RAI Instruction Manual.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. Based on observation, interview, and record review, the facility failed to post on a daily basis information that included the facility name, current date, total number and actual hours worked by registered nurses, licensed practical or licensed vocational nurses, certified nurse aides directly responsible for resident care per shift and the resident census for two (2) of two (2) days (06/30/2026 and 07/01/2026) reviewed for posting of required information. The facility failed to post the required current nurse staffing and census information at the beginning of each shift on 06/30/2026 and 07/01/2026. These failures could place all residents, their families, and facility visitors at risk of not having access to information regarding staffing data and the facility census. The findings included: During an observation on 06/30/2026 at 10:49 a.m. and 12:27 p.m., a document with the daily census and nurse staffing information was not observed during a facility tour. During an observation on 07/01/2026 at 09:50 a.m. and 12:50 p.m., a document with the daily census and nurse staffing information was not observed during a facility tour. During an interview on 07/01/2026 at 05:02 p.m., the DON stated the document with the daily census and nurse staffing information should be posted and had to verify that the task was not overlooked. She stated the staff member in the scheduler position should be responsible for posting the document; however, the scheduler position recently changed to an as needed position and was working primarily remote (a person who works in a different location). She stated the task had not been reappointed since the change in the Scheduler position. She stated she did not believe there would be an impact on resident care if the document was not posted because the nursing staff had their own assignment sheets and dining room assignment sheets. During an interview on 07/01/2026 at 06:07 p.m., the ADMIN stated the daily census and nurse staffing document was typically posted after the morning meeting. He stated the prior Staffing Coordinator used to be responsible, but that position was currently empty, and the task was reassigned to him. He stated the task seemed to have been missed for the past two days, 06/30/2026 and 07/01/2026. He stated the lack of posting the document would not have impacted the residents, facility guests, or staff because the staffing had been per the facility's normal staffing schedule. Record review of the facility's policy titled, Posting Direct Care Daily Staffing Numbers, dated revised August 2022, revealed, Policy StatementOur facility will post on a daily basis for each shift nurse staffing data, including the number of nursing personnel responsible for providing direct care to residents.Policy Interpretation and Implementation1. Within two (2) hours of the beginning of each shift, the number of licensed nurses (RNs, LPNs, and LVNs) and the number of unlicensed nursing personnel (CNAs and NAs) directly responsible for resident care is posted in a prominent location (accessible to residents and visitors) and in a clear and readable format.