AVIR AT COWHORN CREEK

Report ID: CCN 675949
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§ 1 Facility Identity

Facility	AVIR AT COWHORN CREEK
CCN	675949
Location	5524 COWHORN CREEK, TEXARKANA, TX, 75503
Ownership type	Government - Hospital district
Certified beds	76

§ 2 CMS Federal Record

Civil money penalties on file	$46,315
Deficiency citations — current cycle	28 (33% vs prior 24 months (21))
Deficiency citations — prior 24 months	21
Immediate Jeopardy — current cycle	**2**
Actual-harm (G+) citations — current cycle	0
Special Focus Facility status	Not listed
Abuse icon	**Yes — CMS abuse icon currently listed**

§ 3 Federal Penalties in Context

This facility — penalties on file	$46,315
TX state average	$49,788 (this facility is 0.9× the TX average)
National average	$31,239 (this facility is 1.5× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 28 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F600	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.	**K · Immediate Jeopardy**	Complaint
F675	Honor each resident's preferences, choices, values and beliefs.	**K · Immediate Jeopardy**	Complaint
F727	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.	F	Standard survey
F812	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.	F	Standard survey
F585	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.	E	Complaint
F636	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.	E	Standard survey
F640	Encode each resident’s assessment data and transmit these data to the State within 7 days of assessment.	E	Standard survey
F656	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.	E	Standard survey
F755	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.	E	Standard survey
F804	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.	E	Standard survey
F880	Provide and implement an infection prevention and control program.	E	Standard survey
F755	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.	D	Complaint

F561	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.	D	Complaint
F677	Provide care and assistance to perform activities of daily living for any resident who is unable.	D	Complaint
F806	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.	D	Complaint
F838	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.	D	Complaint
F558	Reasonably accommodate the needs and preferences of each resident.	D	Standard survey
F565	Honor the resident's right to organize and participate in resident/family groups in the facility.	D	Standard survey
F582	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.	D	Standard survey
F637	Assess the resident when there is a significant change in condition	D	Standard survey
F641	Ensure each resident receives an accurate assessment.	D	Standard survey
F644	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.	D	Standard survey
F677	Provide care and assistance to perform activities of daily living for any resident who is unable.	D	Standard survey
F685	Assist a resident in gaining access to vision and hearing services.	D	Standard survey
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	D	Standard survey
F759	Ensure medication error rates are not 5 percent or greater.	D	Standard survey

F806	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.	D	Standard survey
F813	Have a policy regarding use and storage of foods brought to residents by family and other visitors.	D	Standard survey

§ 5 Ownership & Chain Context

Ownership record	Chain: AVIR HEALTH GROUP (118 facilities); Owner on file: GUADALUPE COUNTY HOSPITAL BOARD (organization)
Ownership chain	AVIR HEALTH GROUP (118 facilities)
Penalties vs chain average	$46,315 vs $65,054 (0.7× the chain average)
Current deficiencies vs chain average	28 vs 10.2 (2.7× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	1 / 5 (state avg 2.7 · US avg 3)
Health inspection	1 / 5 (state avg 2.8 · US avg 2.8)
Staffing	2 / 5 (state avg 1.8 · US avg 2.9)
Quality measures (QM)	3 / 5 (state avg 3.8 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/675949
Snapshot SHA-256	350dc0fc2e105c9cd130a743bc718214437c13f7ad1fb9b8f67cd4e6bd31aaee
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 675949.
3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash 350dc0fc2e10.
4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).

This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at https://www.caregiverhelpnow.com/methodology; the Snapshot SHA-256 above pins this record to that methodology version.

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