STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455463	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at the Meadow	8383 Meadow Road Dallas, TX 75231

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a homelike environment by ensuring that 2 residents (Resident #2, and Resident #3) bedroom received the housekeeping services necessary to maintain a sanitary, orderly, and comfortable interior for 2 (Resident #2, and Resident #3) of 8 residents reviewed for physical environment.The facility failed on 06/12/26 to remove the food on the floor from the dinner meal served on 06/11/26 in 2 residents room.This failure could place residents at risk for diminished quality of life due to unsafe, unclean, unhealthy, and unhomelike living conditionsFindings included:During an observation on 06/12/26 at 10:42 A.M., there were chicken strips and dried green peas on the floor underneath Resident #2's bed. There were also chicken strips and dried green peas on the floor between Resident #2's and Resident #3's beds. During an observation on 06/12/26 at 11:48 A.M., there were chicken strips and dried green peas on the floor underneath Resident #2's bed. There were also chicken strips and dried green peas on the floor between Resident #2's and Resident #3's beds. During an observation on 06/12/26 at 12:17 P.M., there were chicken strips and dried green peas on the floor underneath Resident #2's bed. There were also chicken strips and dried green peas on the floor between Resident #2's and Resident #3's beds. Record review of Resident #2's Face Sheet, dated 06/12/24, reflected a [AGE] year old female admitted [DATE] with diagnoses including Parkinson's disease without dyskinesia (the early-to-mid stages of the condition or presentations where involuntary writhing movements have not developed), Alzheimer's disease (a progressive, irreversible brain disorder that slowly destroys memory, thinking skills, and the ability to carry out simple tasks), dementia (a decline in mental ability severe enough to interfere with daily life), encephalopathy (any disease, damage, or malfunction that affects the brain's structure or function), and anxiety (the body's natural response to stress, characterized by feelings of fear, dread, and uneasiness). Record review of Resident #2's Quarterly MDS assessment, dated 04/30/2026, reflected a BIMS score of 00 which indicated severe cognitive impairment, which suggested Resident #2 was unable to recall simple words, state the current month, year, or day, and may have given nonsensical or no responses. In Section GG - Functional Abilities of the MDS Assessment for Resident #2, Section A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident, was coded 5. Code 5 stated Resident #2 required ADL assistance with Setup or Clean-Up assistance meals. Setup or Clean-up assistance required Helper to set up and clean up; resident completed activity. Helper assisted only prior to or following the activity. Record review of Resident #2's Care Plan, dated 04/29/2026, reflected:Focus:[Resident #2] has potential nutritional problem r/t impaired cognition.Diet: Regular diet Regular texture, Regular consistency.Date Initiated: 04/29/2026Revision on: 05/14/2026 Focus: [Resident #2] has an ADL self-care performance deficit r/t Activity Intolerance, Dementia, Impaired balanceDate Initiated: 04/29/2026Revision on: 05/14/2026 Goals: [Resident #2] will maintain and or improve current level of function In (ADLs) through the review date.Date Initiated: 04/29/2026Revision on: 05/14/2026Target Date: 08/07/2026 Intervention/Tasks:EATING: The resident requires set up/clean up assist x1 staff to eat.Date (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Initiated: 04/29/2026Revision on: 05/14/2026 Monitor/document/report PRN any changes, any potential for improvement, reasons for self-care deficit, expected course, declines in function.Date Initiated: 04/29/2026Record review of Resident #3's Face Sheet, dated 06/12/2026, reflected a [AGE] year-old female admitted [DATE] and readmitted on [DATE] with diagnoses including systolic (congestive) heart failure, dementia (a decline in mental ability severe enough to interfere with daily life), Alzheimer's disease (a progressive, irreversible brain disorder that slowly destroys memory, thinking skills, and the ability to carry out simple tasks), stage 3 kidney disease (kidneys have moderate damage and are functioning at 30% to 59% of their normal capacity), cerebral infarction (stroke) and oropharyngeal dysphagia (difficulty transferring food or liquid from the mouth into the throat and esophagus). Record review of Resident #3's Quarterly MDS assessment, dated 05/19/2026, reflected a BIMS score of 3, indicating severe cognitive impairment, which suggested Resident #3 may need extra assistance with daily activities and/or specific tasks and may be in cognitive decline. The MDS Assessment reflected [Resident #3] was independent and did not require assistance eating. Record review of Resident #3's Care Plan, printed 06/12/26, reflected: Focus: [Resident #3] had the potential nutritional problem r/t protein calorie malnutrition and dysphagia. Goals:The resident will comply with recommended diet for weight reduction daily through review date. The resident will not develop complications related to obesity, including skin breakdown, ineffective breathing pattern,altered cardiac output, diabetes, impaired mobility through review date. Interventions/Tasks: Explain and reinforce to the resident the importance of maintaining the diet ordered. Encourage the resident to comply. Explain consequences of refusal, obesity/malnutrition risk factors. Monitor/document/report PRN any s/sx of dysphagia: pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing, refusing to eat, appears concerned during meals. Focus: [Resident #3] was dependent on staff etc. for meeting emotional, intellectual, physical, and social needs r/t Cognitive deficits. Goals: [Resident #3] will maintain involvement in cognitive stimulation, social activities as desired through review date. Interventions/Tasks: EATING: The resident is able to feed self. Focus:[Resident #3] had a Cerebrovascular Accident (CVA) - commonly known as stroke, which occurred when blood flow to a part of the brain was interrupted or reduced, depriving brain tissue of oxygen and nutrients. Goals: The resident will show improvement to maximum potential to perform ADL's by review date. The resident will show improvement to maximum potential with mobility and cognition by review date. Interventions/Tasks: Monitor intake to assure an adequate fluid intake to prevent dehydration. If resident is able to eat, make sure diet is the correct consistency to facilitate safe swallowing. If resident is unable to swallow, give enteral feeding as ordered by the physician. Monitor/document ability to chew and swallow. If resident is presenting with problems, obtain order for Speech therapy to evaluate and treat. During an interview on 06/12/26 at 11:25 A.M., Resident #2 said she did not know how long the food (chicken strips and green peas) observed in her room on 06/12/26 was on the floor in her room. Resident #2 was unable to provide any further information during her interview due to her medical diagnoses. During an interview on 06/12/26 at 11:29 A.M., Resident #2 said she did not know how long the food (chicken strips and green peas) observed in her room on 06/12/26 was on the floor in her room. Resident #3 was unable to provide any further information during her interview due to her medical diagnoses. During an interview on 06/12/26 at 3:07 PM, the Administrator said he had been employed at the facility for 6 years. The Administrator stated he was unaware there was food from the dinner meal on 06/11/26 observed on the floor in Resident #2's and Resident #3's room on 06/12/26. The Administrator stated there was 1 Housekeeper assigned daily to clean the facility's Memory Care Unit. He stated [Housekeeper C] was assigned to the facility's Memory Care Unit. The Administrator stated he was not sure of [Housekeeper C's] work schedule. The Administrator stated the Maintenance Director was the current Interim Housekeeping Supervisor. He stated staff assigned to the 2nd shift (2 PM - 10 PM), 3rd shift (10 PM - 6 AM) in the facility's Memory Care Unit on 06/11/26 should have done rounds every 2 hours, or as needed, and noticed the food on the floor in Resident (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	#2's and Resident #3's room. He stated staff on the 1st shift (6 A.M. - 2 PM) in the facility's Memory Care Unit on 06/11/26 should have done rounds every 2 hours, or as needed, and noticed the food on the floor in Resident #2's and Resident #3's room. He stated a staff member from the 3 shifts should have noticed and cleaned up the food from the floor in Resident #2's and Resident #3' room during their rounds. He stated he would meet with the DON to reeducate staff via In-Service Training on Housekeeping and ensuring the residents' rooms were clean. The Administrator stated he did not feel there was any potential of risk and harm to anyone including Resident #2 and Resident #3 due to there being food on the floor in the residents room. The Administrator stated the facility did not have any policies on Housekeeping and resident rooms. During an attempted telephone interview on 06/12/26 at 3:30 p.m., Housekeeper C did not answer. During an interview on 06/12/26 at 3:31 PM, the Maintenance Director stated he had been employed at the facility for 6 months. He stated he was the Interim Housekeeping Supervisor since the beginning of May 2026. The Maintenance Director stated he had 5 staff members in the Housekeeping Department. He stated there was 1 Housekeeper assigned to the Memory Care Unit where Resident #2 and Resident #3 resided. He stated Houskeeper C was assigned full time to the Memory Care Unit. He stated staff in the facility's Memory Care Unit were responsible for cleaning the debris and trash on the floor in the residents rooms after Housekeeper C completed her shifts. He stated he was unaware that food (chicken strips and green peas) from the dinner meal served on 06/11/26 was observed on the floor on 06/12/26 in Resident #2's and Resident #3's room. The Maintenance Director stated if the food was missed by staff in the facility's Memory Care Unit resided, Housekeeper C would have cleaned the food from the floor during her shift on 06/12/26. He stated the risk of food on the floor in the residents' rooms included a tripping hazard, falls, cross contamination, if someone picked up the food from the floor and ate it, and a choking hazard. He stated harm could be caused if someone picked up the food and ingested it and they had food allergies to the food they ingested. During an interview on 06/12/26 at 3:45 PM, CNA A stated she had been employed at the facility for 1 year. CNA A stated on 06/12/26 she was assigned to the facility's Memory Care Unit where Resident #2 and Resident #3 resided. CNA A stated she was unaware there was food (chicken strips and green peas) from the dinner meal on 06/11/26 observed on the floor in Resident #2's and Resident #3's room on 06/12/26. CNA A stated if she observed food on the floor in a resident's room, she would have immediately picked up the food from the floor by sweeping the floor. She stated she would then mop the floor to ensure the floor was clean. CNA A stated the risk to a resident due food on the floor was infection, due to someone ingested the food which was unhealthy, unclean and unsanitary. CNA A stated harm could be caused to anyone who ingested food from the floor by aspiration (choking). During an interview on 06/12/26 at 3:55 PM, CNA B stated he had been employed at the facility for 1 week. CNA B stated on 06/12/26 he was assigned to the facility's Memory Care Unit. CNA B stated he was unaware there was food (chicken strips and green peas) from the dinner meal on 06/11/26. observed on the floor in Resident #2s and Resident #3's room on 06/12/26. CNA B stated he did a walkthrough of all the rooms in the Memory Care Unit at the beginning of his shift. CNA B stated if he observed food on the floor in a residents room, he would have immediately removed the food and cleaned the floor. CNA B stated after he removed the food from the floor, he would immediately notify the Housekeeping Department and notify them the resident's floor needed a deep clean since there had been food on the floor. CNA B stated if the situation occurred after the Housekeeping Department's working hours, he would mop the floor himself. CNA B stated the Housekeeping Department cleaned the rooms in the facility's Memory Care Unit at least once a day. CNA B stated food on a resident's floor was a potential risk for anyone to pick up the food and ingest it. CNA B stated someone who was on a specialized diet, such as mechanical or pureed, could pick up the food from the floor and ingest the food and experience aspiration (choking). CNA B stated there was a potential for infection due to the ingestion of food on the floor being unhealthy and unsanitary. CNA B stated harm could be caused to anyone who ingested food from the floor. CNA B stated the harm caused would be bacterial and stomach issues. During an (continued on next page)

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