STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675809	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Lancaster	1241 Westridge Ave Lancaster, TX 75146

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 - Some	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 observations, interviews and record reviews, the facility failed to ensure the residents had a right to a safe, clean, comfortable and homelike environment. The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior for four (Residents #1, # 2, #3 and anonymous) of eight residents reviewed for resident rights. The facility failed to ensure Residents #1, #2, #3's and anonymous' rooms and bathrooms were free from accumulated dirt, uneven/mix matched and missing floor tiles, rust stained bathroom fixtures and broken ceiling panel. These failures could place residents at risk of preventing residents from having a homelike experience which could cause illnesses, infections and hazards and could result in deteriorating health and decreased psycho-social well-being. Findings included:During an interview and observation on an undisclosed date and time, Anonymous stated they had issues with the flooring, but had not fallen or tripped over them. They stated the Maintenance Director said he would fix the flooring two or three months ago. There were several tiles that looked missing because they were a darker color (approximately 26 dark grey floor tiles, three tan floor tiles, 14 light grey tiles that did not match the original beige flooring tiles. The floor tiles were uneven, mix matched with gaps and blackish built-up grime between some of the floor tiles. Observed by the bathroom entrance, there was a dry white ceiling tile that was broken with 1/2 inch protrusion, by the A/C vent. Observed at the lower end of the light brown wall located behind the A bed was a 3-foot x 4-inch area of missing paint which left a blackish color on the wall. The floor underneath the sink had blackish areas of dirt around the baseboards with a medium size brown box underneath the sink. There were two black base boards by the bathroom door separated from the wall with crumbled sheetrock exposed. Observed along the baseboard was blackish dirt and grime accumulated along both walls. 1) Record review of Resident #1's Quarterly MDS Assessment, dated 04/24/26, revealed a [AGE] year-old male admitted [DATE]. He had a BIMS score of 99 (Resident unable to complete) and staff assessment for mental status was 03 (severe cognitive impairment). He had no upper or lower extremity limitations with no use of mobility devices. He was independent with most ADLs but needed supervision or touching assistance with bathing. He was always incontinent with bladder and occasionally incontinent with bowels and had medically complex conditions. He was diagnosed with heart failure (heart not pumping blood effectively), hyperlipidemia (high amounts of fats), Cerebral Vascular Accident (stroke), malnutrition (not getting enough nutrients), anxiety (tension, worried, racing heart), asthma (chronic respiratory disease), and need for assistance with personal care. During an attempted interview and observation on 06/11/26 at 11:43 a.m., Resident #1 was sitting in a chair watching TV, but he was not interviewable because of his cognitive deficit. His room had several areas of brownish stains underneath the sink and brownish rust discoloration was inside of the sink. There were blackish colored dirt and grime along the base boards by the closet. Observation reflected a dark greyish 4-inch x 2-inch sticker on the floor by the B Bed.2) Record review of Resident #2's Face Sheet, printed 06/11/26, revealed a [AGE] year-old female admitted [DATE] with diagnoses of schizoaffective disorder (hallucinations, delusions and mood disorder), COPD (progressive lung (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675809	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Lancaster	1241 Westridge Ave Lancaster, TX 75146

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 - Some	disease), bilateral cataracts (cloudy eye lenses in both eyes), age related choroidal atrophy (thinning of eye vessel), muscle weakness (reduced muscle capacity), difficulty walking, unsteadiness on feet, muscle wasting atrophy (loss of thinning muscle tissue) of right and left thigh and lower legs. During an interview and observation on 06/11/26 at 11:51 a.m., Resident #2 stated her room floors had been like this for over a year and said she had not said anything about it because the staff did not care. There were blackish and rust colored stains observed on the floor under the sink with a white box that had brownish splash stains around it. The tiles at the entrance of the room door had blackish dirt and grime along the base boards and the sink. There was a brownish rust stain line and blackish discoloration around the drain hole in the sink. The wall was bumpy and uneven that was painted over and located above the left side of her window. 3) Record review of Resident #3's Quarterly MDS Assessment, dated 05/06/26, revealed a [AGE] year-old female admitted [DATE], a BIMS score 10 indicating moderate cognitive impairment. She had no upper or lower impairment with no use of mobility devices and was independent with most ADLs but needed supervision or touching assistance with showers. She was always continent with bladder and occasionally incontinent with bowels. She had medically complex conditions. She had diagnoses of coronary artery disease (narrowing or blockage of arteries to heart), hypertension (high blood pressure), hyperlipidemia, other fractures (broken bones), non-Alzheimer's dementia (progressive brain disorder causing cognitive and behavioral decline), anxiety (tension, worried, racing heart), depression (sadness), psychotic disorder (severe mental health condition on what was real thoughts), pain in left knee and unsteadiness on feet.During an interview and observation on 06/11/26 at 4:29 pm, Resident #3 stated her toilet was stopped up last month and Maintenance Director A fixed it. She stated the toilet was stopped up again and he fixed it again a few days ago. She stated the toilet was still not flushing all the way at times and sometimes the water would rise up, in the toilet bowl. She stated the toilet might need to be replaced. She stated the last time the toilet did not flush right was today, she stated she saw Maintenance Director A walking up and down the hallway, but he looked so busy all the time. She stated the housekeepers did not clean or mop her floors but did empty the trash daily. She stated she could not remember the last time the flooring was swept and mopped. She stated her room and bathroom had not been swept and mopped since being at this facility. She stated if this facility was taken care of properly, it would be a better place. She stated she did not like the toilet not working and wished they would clean the room better. The bathroom floor was missing 21 tiles and had a very dark brownish color; the floor had several layers of blackish dirt with more blackish dirt accumulated along the baseboards. Two areas of the floor had white paint stains on them and the whole bottom of the toilet bowl was rusty brown. Observation of the back of the toilet seat revealed a large brown stain on it and the sink had blackish colored stains around the sink drain. The base board along the front entrance and bathroom had blackish dirt and grime. Observed was a 2-inch x 1 inch crack in one tile that caused the floor to be uneven. During an interview on 06/12/26 at 1:45 pm, Housekeeper B stated she worked the north hall and that the residents' rooms were swept, mopped and furniture wiped down daily. She stated they used a scraper to get the black stuff that was hard to get off the floor. She stated she asked the Administrator about the need for more floor tiles in some of the residents' rooms and he said he would work on it. She stated some of the room floors were dirty and it did not do any good to sweep and mop them because the missing tiles on the floor looked dirty. She stated the missing tiles in Anonymous and Resident 3's rooms had been like that since she started working here three years ago. She stated at times while she cleaned a room, management would want her to stop cleaning a room to do something else. She stated she needed to completely clean a room before going to another room but sometimes could not. She stated the morning shift CNAs did not wipe up anything, like feces on the toilet and would wait for housekeepers to clean it. She stated the toilet bowl in Resident #3's bathroom had a brownish stain and blackish areas on her floor. She stated Resident #3's toilet and flooring had been like that since she worked here. She stated this facility did not have enough housekeepers because when they hired them, they did not stay. She stated they had (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675809	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Lancaster	1241 Westridge Ave Lancaster, TX 75146

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 - Some	three housekeepers and no floor tech, and she said they did their best to clean the floors with the scraper but could not get all the dirt up. She stated she worked the 7:00 am to 3:00 pm shift and was not aware of any housekeepers who worked after 3:00 pm. During an interview on 06/12/26 at 2:00 pm, Housekeeper C stated she cleaned the south hall rooms and memory care unit. She stated she swept and mopped the floors and wiped down the light fixtures, counter tops, sinks, removed trash, cleaned the bathroom, and wiped the bedside tables. She stated they needed at least one more housekeeper so that it would not be so stressful for them to get the room cleaned. She stated the housekeepers had to clean the common areas first like the front offices, bathrooms, and shower rooms. She stated after that they cleaned the resident's rooms, which she said usually took 15 to 20 minutes cleaning each resident's room and bathroom. She stated she stayed longer for any spills or food on the resident's floor. She stated when urine was on the floor, the CNAs did not clean it up and just left it there for the housekeepers to clean. She stated her hours worked was from 8:00 am - 4:00 pm and she worked weekends. She stated the facility had two laundry aides and she worked in the laundry department every other weekend. She stated the facility needed to change the flooring in some of the residents' rooms and that some of the residents' rooms had new flooring which was easier to clean. She stated she tried to clean the toilets, and they used bleach and a toilet bowl scrubber, but the brownish and black stains did not go away in some of the residents' bathrooms. She stated she wished they were paid more for the work they did because the nursing staff dropped gloves and medication cups on the floor and did not pick them up. She stated she was not the maid for the nurses. She stated they were only paid $12.00 per hour and added they did not have a floor tech. She stated they offered her the floor tech position, but she said management was not going to increase her pay so she said no to the floor tech position. She stated she knew how to professionally strip and buff floors, because she used to work with a professional floor cleaning company. She stated the Maintenance Director has had enough time to look and see what needed to be fixed, like the floors. She stated the floors had not been stripped and buffed since she started working here. She stated the housekeepers dusted the A/C vents and it was still dusty. She stated she noticed the rust stains in the toilets and sinks and had asked the Housekeeping Director if they could paint them and she said no. She stated no one cleaned up spills on the floors when the housekeepers were not there. She stated none of the nursing staff helped with cleaning spills and picking up trash on the floors. She stated she would talk to the Administrator about her concerns, but he was too busy to talk to. During an interview on 06/12/26 at 3:30 pm, Housekeeping Director D stated the facility had three main Housekeepers and there were two part time and two PRN housekeepers. She stated all the residents' rooms were cleaned daily which included the common areas, nurses' station, bathroom, conference room, dining room, therapy gym and four shower rooms. She stated the housekeepers cleaned the nightstands, wiped the overhead lights, blinds, emptied the trash, wiped the windowsills and call lights. She stated they also wiped the beds, TV remotes, doorknobs, swept and mopped and deep cleaned one room per hall, per day. She stated the housekeepers deep cleaned the common areas per day and added the facility did not have a floor tech who stripped and waxed the floors. She stated they had a floor tech, but he left or quit a few months in January 2026. She stated the [NAME] or Van driver stripped and buffed the dining room floor three weeks ago but not the common areas and resident's room. She stated the facility interviewed someone for the Floor tech position, but he was not qualified for it, but they did have a Floor tech position job notice on an employment website. She stated the floors needed to be replaced because the residents' spilled drinks on them and even though they started using the floor scrapers last week, they could not clean the floors effectively. She stated the facility needed a carpet cleaner because some spots did not go away. She stated the housekeeper cleaned the floors, but it often did not look like they did because of the missing tiles in some of the residents' rooms. She stated Resident #3's bathroom and flooring had been like that since she worked here. She stated she had tried to order different cleaners to clean the brown stains but could not get the stains to go away. She stated the facility was supposed to be better than this and the facility (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675809	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Lancaster	1241 Westridge Ave Lancaster, TX 75146

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 - Some	needed teamwork. She stated sometimes she felt like the housekeepers cleaning was not enough because there was no teamwork with cleaning the facility. She stated she went far and beyond by putting up the residents' hangers and clothes and threw away the nursing department's gloves that were on the floor. She stated the nursing staff did not pick their gloves off the floor. She stated when this facility did not have a maintenance director she changed light bulbs, unclogged sinks, moved and made beds. She stated these all fell under nursing and maintenance department duties, but this was the resident's home. She stated Resident #3's toilet was hard to flush and thought it might be the water pressure was low. She stated Resident 3's toilet did not completely flush and was still that way. She stated she trained her staff on how to clean as thoroughly as possible, and she did spot checks to ensure they were cleaning thoroughly. She stated Resident 3's flooring needed new tile because some were missing and uneven. She stated Resident #1 and #2's floors also needed to be replaced, and Resident #1 urinated on the floor when they left for the day. She stated they were not supposed to clean up bodily fluids or clean spills after they left at 5:00 pm, but the nursing staff waited for them to return to work the next day. She stated the new Maintenance Director A had been here for a little over a month, but the staff still called her to fix things. She stated she did not mind doing it if it was for the residents. She stated she wished they had enough of a budget to manage her department and added ADON F ordered supplies for the housekeeping department. She stated she wished she could order for her own department, so she did not have to look for supplies to clean the facility. She stated they had enough carts but could use more brooms and mops. During a telephone interview on 06/12/26 at 4:48 pm, Maintenance Director A stated he started working at this facility a month ago. He stated he absolutely did a good job with the facility's maintenance needs. He stated he fixed Resident #3's toilet last week because it was clogged and had to snake (tool used to clear stubborn clogs) the clog out. He stated he checked Resident #3's toilet today (06/12/26) and it was flushing perfectly fine, but would go back to check it. He stated the toilet was scratched off from the snake device he used and with having to twist and pull up the waste the poop could have caused those stains. He stated a housekeeper needed to clean Resident #3's toilet after he unclogged it, but he had not talked to housekeeping about cleaning it. He stated the housekeeper regularly cleaned the residents' rooms, but stated he had to talk to the housekeepers about making sure they cleaned the toilets after she unclogged them. He stated if sitting water accumulated it could stain the toilet and stated he had not noticed the missing tiles in Resident #3's bathroom. He stated he had just hired a floor tech last week and told the new floor tech he had a big plan to get this facility running the way it was supposed to run. He stated he did have tiles on order and would add Resident #3 to his list to repair the floor. He stated the hallway floors were replaced with new flooring, but the residents' rooms were old. He stated the glue on the residents' floors came up and when they stepped on them, the floors started getting black spots. He stated the facility stripped and buffed the floors a month ago and needed to start stripping and buffing the floors more often. He stated he noticed the uneven wall over Resident #2's window and said the shifting of the facility may have attributed to that and would check it. He stated he noticed the ceiling tiles in one room were broken and protruding, but not noticed the tiles were uneven in that room. He stated many of the repair requests had to go through approval, from corporate first to fix things. He stated he had not noticed the flooring issues in Resident #1's room. He stated he planned to on Monday 06/15/26 to look at each room needing repairs. He stated he was notified of maintenance requests electronically and the staff were good at letting him know when repairs were needed. He stated these residents meant everything to him and if it were his house he would expect someone to come out as soon as possible to repair them. He stated not having repairs completed could affect the residents drastically and they would not be able to live their day-to-day lives like they should. He stated timely repairs in a fashionable manner was his goal because this was the resident's home. During an interview on 06/12/26 at 5:15 pm, the DON stated when housekeepers were not at the facility, the nursing staff were supposed to help keep this place clean. She stated the nursing staff were supposed to take out the trash and gloves and said this (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675809	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Lancaster	1241 Westridge Ave Lancaster, TX 75146

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 - Some	facility was very old. She stated she was not aware the nursing staff was not cleaning up spills after 5:00 pm when no housekeepers were on duty. She stated this building needed a makeover and management was trying to get the building in good condition. She stated the new owners have been making changes since November 2025. She stated it was a safety hazard having missing and uneven tiles on the floors. During an interview on 06/12/26 at 5:52 pm, the Administrator stated he was not aware of any housekeeping issues and not aware of the broken ceiling tile that was protruding from the ceiling. He stated the staff was supposed to notify management about the main issues. He stated the facility just hired a floor tech to address the missing and uneven floor tiles issues and hopefully he would start next week. He stated they planned to get the floors stripped and buffed next week and said the new ownership had 140 facilities in Texas. He stated this was an old facility that would eventually look new and was not aware of the safety issues in some of the residents' rooms. He stated having a broken ceiling tile and missing floor tiles could be a safety issue to the residents. He stated he was not aware of any missing floor tiles or broken ceiling tiles, but would get with the Maintenance Director Monday 06/15/26 to fix them. He stated he would do training with the with staff to be more detailed on things they needed to observe and report to Maintenance Director A. He stated he expected the housekeeping and maintenance departments to clean and fix things correctly. He stated as the facility's administrator he looked at the rooms each day to make sure the O2 signs were up and that the residents' rooms were homelike. He stated the former Maintenance Director was terminated March 2026 and Maintenance Director A started two or three weeks ago. He stated during that time, the facility had no Maintenance Director onsite, the Corporate Maintenance Director E visited once or twice a week for repairs when needed. He stated Housekeeping Director A was responsible for cleaning the facility and the Maintenance Director was responsible for repairs. He stated he was going to count how many floor tiles were needing to be replaced in the rooms and fix the ceiling tile and get with Housekeeping Director on addressing the cleaning concerns. He stated floor and ceiling tile issues could cause issues for the residents and would get with Maintenance Director A this Monday 06/15/26. (After several attempts, the Administrator would not answer how these issues could affect the residents.)Record review of the facility's Resident rights policy undated revealed, (RESIDENT'S RIGHTS A resident has a right to a dignified existence, self determination and communication with and access to persons and services inside and outside the facility. As an employee of this facility you must protect and promote the rights of each resident. Violations of any of the resident rights are against the law.b. A safe, decent and clean living environment and condition .Record review of the Facility's Maintenance Service Policy dated 2001 revealed, Maintenance Service Policy Statement: Maintenance service shall be provided to all areas of the building, grounds, and equipment.Policy Interpretation and Implementation1.The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.2.Functions of maintenance personnel include, but are not limited to:a.maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines.b.maintaining the building in good repair and free from hazards.f.establishing priorities in providing repair service.3.The maintenance director is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner.4.A copy of the maintenance schedule shall be provided to each department director so that appropriate scheduling can be made without interruption of services to residents.10.Maintenance personnel shall follow established safety regulations to ensure the safety and well-being of all concerned.Record review of the Facility's Homelike Environment policy dated 2001 revealed, Policy StatementResidents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.Policy Interpretation and Implementation1.Staff provides person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences.2.The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include:a.clean, sanitary and orderly environment.