

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675840	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/22/2025
NAME OF PROVIDER OR SUPPLIER  Avir at Richland Hills		STREET ADDRESS, CITY, STATE, ZIP CODE  7146 Baker Blvd Richland Hills, TX 76118	

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.  (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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to provide a safe, functional, sanitary, comfortable, and homelike environment for one (100 Hall) of two halls and two (room [ROOM NUMBER] and room [ROOM NUMBER]) of six rooms reviewed for decent living environment. 1. 100 Hall had a leak from the ceiling tile opening, with a trashcan and bucket in the middle of the hallway floor to catch the water. 2. room [ROOM NUMBER] had a socket hanging from the wall. 3. room [ROOM NUMBER] light switch in the bathroom was not fully covered. These failures could result in a resident's diminished quality of life due to an unsafe environment that is not homelike. Findings Included: In an observation and interview on 07/22/25 at 10:05 AM, reflected a half covered light switch in the bathroom of room [ROOM NUMBER]. The resident in room [ROOM NUMBER] stated the covering kept falling off the light switch. The resident in room [ROOM NUMBER] stated it did not cause issues, but her roommate could not see well, and it might have been a problem for her. The light switch covering was sitting in the bathroom. The Maintenance Director stated he covered the light switch the other day and one side of it must have come off. He stated he was not aware that part of the covering had fallen off. He stated the light switch needed to be covered for the safety of the resident, to prevent any possible harm. An observation of the 100 Hall on 07/22/25 at 12:29 PM, reflected missing tile on the ceiling with wires and pink insulation exposed. There was a pink wash basin in the ceiling, with a black, small trashcan and blue bucket, sitting on a towel on the floor, in the middle of the hallway, directly below the opening. There was no water present at the time of the observation. An observation and interview on 07/22/25 at 1:10 PM, reflected the wall socket in room [ROOM NUMBER] was hanging from the wall. The residents in room [ROOM NUMBER] stated the socket had been like that but was still working. Their Family Member was present and stated the wall socket had been like that a while, and the facility knew about it. In an interview on 07/22/25 at 1:56 PM, the Maintenance Director stated he did not do anything with the leak yet, because he was waiting on the facility's corporate office to approve a bid. He stated the roof was not sealed properly when the roof was repaired three years ago. The Maintenance Director stated the leak only happened when there was a downpour of rain. He stated the leak first happened about two months ago. The Maintenance Director stated the risk of the leak was possibly major damage to the roof. The Maintenance Director stated the wall socket was repaired in room [ROOM NUMBER]. He stated there was no risk since the socket was always in the wall unless the resident's bed was moved, which would sometimes pull the socket away from the wall. In an interview on 07/22/25 at 3:31 PM, The Administrator stated she addressed the concern with the leak with the facility's regional office, but they prioritize repairs in their own way. She stated the regional office asked why the bid was so high to repair the leak and more bids were requested. The Administrator stated the regional office now, was trying to determine if they will fix part of the roof or the entire roof. She stated the leak only occurred when it rained. The Administrator stated repairs have been completed quickly in the past if the Maintenance Director was aware of the issues. The Administrator stated the risk of repairs not happening in the facility was the resident's not having a decent environment. Record review of the facility's policy, dated, December 2009, and titled, Maintenance Service, reflected the following: Policy statement Maintenance service shall be provided to all areas of the building, grounds, and equipment. Policy Interpretation and Implementation 1. 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.</p>		