STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676132	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Fort Worth	7100 Trail Lake Dr Fort Worth, TX 76133

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record reviews, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public for 15 of 18 rooms (Rooms 102, 202, 203, 401, 402, 403, 411, 503, 508, 601, 603, 607, 608, 612, and 806) reviewed for physical environment. The facility failed to ensure residents had functioning toilets, sinks, and electrical outlets in Rooms 102, 202, 203, 401, 402, 403, 411, 503, 508, 601, 603, 607, 608, 612, and 806. This failure could place residents at an increased risk of infection or poor sanitation. Findings included:Interview on 10/13/25 at 11:00 AM with Resident #1's Family Member revealed Resident #1 when the resident admitted to the facility on [DATE], the resident was put in a room with a toilet that would not flush. The resident was then moved to a different room, but there was no call light cord in the room, and the air conditioner was not working. Resident #1's Family Member stated the air conditioner plug and the cord had black scorch marks on them. She stated the nurse told them not to plug it in because it was a fire hazard. The resident was then moved to a third room where they noticed the toilet had no seat. They opted to stay in that room because the resident would most likely not use the toilet. She stated their observations were mentioned to staff, and they seemed unfazed. She stated they moved the resident to another facility within 24 hours. Observations on 10/14/25 of the following resident rooms revealed the following: 9:20 AM - room [ROOM NUMBER] (Unoccupied)The toilet would not flush. 9:23 AM - room [ROOM NUMBER] (Unoccupied)The toilet did not have a toilet seat, and the plug for the air conditioner unit was loose in the wall. 9:30 AM - room [ROOM NUMBER] (Unoccupied)The hot water did not turn on at the bathroom sink. 9:32 AM - room [ROOM NUMBER] (Unoccupied)The lighting in the bathroom was dim. 9:34 AM - room [ROOM NUMBER] (Unoccupied)The toilet tank leaked water on the floor when flushed. 9:37 AM - room [ROOM NUMBER] (Unoccupied)The cold water did not turn on at the bathroom sink. 9:40 AM - room [ROOM NUMBER] The light in the bathroom was burnt out. The resident stated he has a urinary catheter and does not use the bathroom.9:42 AM - room [ROOM NUMBER] The hot water did not turn on at the bathroom sink. The resident stated he uses hand sanitizer instead of washing his hands. 9:48 AM - room [ROOM NUMBER] (Unoccupied)There was no hot water at the bathroom sink.9:50 AM - room [ROOM NUMBER] There was no outlet cover for the air conditioner plug. The resident did not notice the condition of the cover. 9:52 AM - room [ROOM NUMBER] The electrical outlet cover was broken. The resident did not notice the condition of the cover. 9:55 AM - room [ROOM NUMBER] There was no outlet cover for the air conditioner plug. The resident did not notice the condition of the cover. 10:00 AM - room [ROOM NUMBER] The toilet would not flush, and the flush handle spun around on the tank. The resident stated he only uses the bathroom to brush his teeth.10:03 AM - room [ROOM NUMBER]The toilet would not flush, and there was no water in the toilet tank. The resident was bedridden. 10:05 AM - room [ROOM NUMBER] The outlet cover for the air conditioner was broken. The resident did not notice the condition of the cover. Interview on 10/14/254 at 10:15 AM, the Administrator stated at the beginning of October 2025 the facility had converted from paper maintenance request forms to a digital system (TELS). He stated all staff received training on how to use the new system for submitting maintenance requests. He stated the new system allowed himself, the DON, and others at the corporate level to see what issues were being reported to the Maintenance Director.Record review of paper maintenance requests from August and September 2025 reflected none of the environmental issues observed on 10/14/25 had been reported to the Maintenance Director. Record review of the electronic log from TELS for the month of October 2025 reflected none of the environmental issues observed on 10/14/25 had been reported to the Maintenance Director. Interview on 10/14/25 at 10:25 AM, RN A stated maintenance requests were submitted on a paper request form that was then placed in the Maintenance Request binder for maintenance to address. She was not aware of any of the issues found on Halls 500, 600, and 800. She stated the residents needed working toilets and hot water for basic sanitation. Interview on 10/14/25 at 10:40 AM, CNA B stated maintenance requests were submitted on a paper form that was put in the binder for the Maintenance Director to work on. She was not aware of any of the issues on Hall 500. She stated it was important for the residents to have a toilet and hot water to prevent infections and for sanitation. Interview on 10/14/25 at 10:44 AM, RN C stated work orders were placed in the maintenance binder to be fixed. She was not aware of the issues on Halls 100, 200, 300, or 400. She stated the residents needed working toilets, hot water, and safe electrical outlets for safety and infection prevention. Interview on 10/14/25 at 10:48 AM, CNA D stated requests for repairs were