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	06/09/2026

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

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation for 4 Residents (Resident# 78, Resident# 62, Resident# 14, and Resident# 20) of 10 Residents reviewed for pharmacy services.The facility failed to ensure proper disposal of Resident #78's Lorazepam (controlled medication) which expired on [DATE]. The facility failed to ensure proper disposal of Resident #62's Tylenol# 3 (controlled medication) which expired on [DATE]. The facility failed to ensure proper disposal of Resident #14's Tramadol HCL tab 50mg- (controlled medication) which expired on [DATE]. The facility failed to ensure proper storage and disposal of Resident #20's Butalbital/acetaminophen - (controlled medication) by taping a narcotic medication and storing it in the medication cart. These failures could place residents at risk of drug diversion, medication error, and risk of pills contamination due to broken seals.Findings included:Resident#78Review of Resident #78's Quarterly MDS Assessment, dated [DATE], reflected a [AGE] year-old male admitted on [DATE]. He had a BIMs score of 10 which indicated moderate cognitive impairment. The resident had diagnoses which included Cirrhosis (the advanced, permanent scarring of liver tissue caused by long-term liver disease or injury). Review of Resident #78's Comprehensive Care Plan, initiated [DATE], reflected: I am at risk for pain presence. Interventions included: Administer pain medications as ordered by physician and assess effectiveness.Review of Resident #78's active physician orders Dated:[DATE] reflected Lorazepam (calming the central nervous system and is primarily used for the short-term relief of anxiety disorders) Give Lorazepam Oral Tablet 0.5MG (Lorazepam) Give 1 tablet by mouth at bedtime for anxiety Active [DATE].Resident# 62Review of Resident #62's Quarterly MDS Assessment, dated [DATE], reflected a [AGE] year-old male admitted on [DATE], with reentry on [DATE]. He had a BIMs score of 06 which indicated severe cognitive impairment. Section J - Health Conditions reflected Resident#62 Received scheduled pain medication. Review of Resident #62's Comprehensive Care Plan, initiated [DATE], reflected: I am at risk for alteration in comfort, at risk for pain presence. Interventions included: Administer pain medications as ordered by physician and assess effectiveness.Review of Resident #62's active physician orders Dated:[DATE] reflected ACETAMINOPHEN-COD #3 TABLET Give 1 tablet orally every 6 hours as needed for PAIN (HOLD FOR SEDATION) related to PAIN Do not exceed 3000mg of acetaminophen in 24 hours Verbal Active [DATE].Resident# 14Review of Resident #14's Quarterly MDS Assessment, dated [DATE], reflected an [AGE] year-old male admitted on [DATE], with reentry [DATE]. He had a BIMs score of 10 which indicated moderate cognitive impairment. His diagnosis included chronic pain. Review of Resident #14's Comprehensive Care Plan, initiated [DATE], reflected: [Resident#14] has chronic pain r/t cancer. Interventions Administer medication per MD orders, offer and give 1/2 hour before treatments or care that are known to be uncomfortable for me. After medication is administered, return and observe for the effectiveness of the medication. If the pain is not relieved by the medication, notify the nurse and/or MD.Review of Resident #14's active physician orders Dated:[DATE] did not reflect orders for tramadol 50mg (prescription medication used to treat moderate to moderate severe (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
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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	pain).Review of Resident #14's active physician orders Dated:[DATE] reflected Lorazepam Oral Tablet 1 MG (Lorazepam) Give 1tablet by mouth every 8 hours as needed for Anxiety for 14 Days start date [DATE].Resident#20Review of Resident #20's Quarterly MDS Assessment, dated [DATE], reflected a [AGE] year-old female admitted on [DATE].She had a BIMs score of 14 which indicated no cognitive impairment. Her diagnosis included chronic pain. Review of Resident #20's Comprehensive Care Plan, initiated [DATE], reflected: [Resident#20] is at risk for chronic pain arthritis. Interventions included: Administer pain medications per order if non-medication interventions are ineffective. Review of Resident #20's active physician orders Dated:[DATE] reflected no active orders for Butalbital/acetaminophen (a prescription medication used to treat tension headaches). Observation on [DATE] at 9:03 AM with LVN A on the 100 hall nurses cart revealed:Resident #78's (Lorazepam I mg) with expiration date of [DATE] and the medication was last administered on [DATE].Resident #62's (Tylenol#3) with expiration date of [DATE] - last administered on [DATE].Resident #14's (Tramadol HCL tab 50mg) tramadol with expiration date of [DATE], the medication was last administered on [DATE].Resident#20's, (Butalbital/acetaminophen) had broken blisters and was secured with tap last administered [DATE].Resident#14's (Lorazepam 1 mg) had broken blisters and was secured with tap. During an interview on [DATE] at 9:16 AM with LVN A stated she was unaware that Resident #78's (Lorazepam), Resident #62's (Tylenol#3), Resident #14's(Tramadol HCL tab 50mg) were expired , and Resident#20's, (Butalbital/acetaminophen) Resident#84's (Lorazepam 1 mg) had broken blisters and were secured with tap. She stated the nurses were responsible for ensuring expired medication was removed from the medications carts and given to the DON for proper destruction. She stated that when blisters bubbles were damaged the pill should be disposed of by two nurses. She stated that the risk to the residents was administration of expired medication which would not being effective to treat the residents' symptoms or could make the residents sicker. She stated that the risk of taping narcotics was that the nurse would not know if the pill that was tapped was the right pill. She stated she had been in serviced on medication administration, and storage. During an interview on [DATE] at 10:24 AM, LVN B stated the nurses were responsible for checking the medication blister packs for broken seals during the count of narcotics at change of shift. She stated all expired narcotics should be removed from the medication cart and given to the DON for proper destruction. She stated that the risk of a damaged blister would be potential for drug diversion and contamination of the medication and expired medication could have bad side effects if administered. She stated she had been in serviced on medication storage.During an interview on [DATE] at 12:04 PM, the ADON stated nurses were responsible for ensuring medication carts were clean and all narcotic medication was properly secured and not expired. She stated that she audited the medication carts weekly, then the pharmacy consultant audits the medication room, and the medication cart every month. She stated she had not had time to audit the carts in the last few weeks because she has been assisting working on the floor. During an interview on [DATE] at 1:04 PM, the DON stated nurses were responsible for ensuring medication carts were clean and all narcotic medication was properly secured and not expired. She stated that the ADON audited the medication carts weekly, then the pharmacy consultant checks the medication room, and the medication cart every month. She stated the risk was that the nurses would not know if the taped pill was the correct medication. She stated that her expectation was that the nurses did the medication rights of administration and checked to make sure the medication was not expired before administration. She stated the nurses and medication aide had been in serviced on medication administration and narcotic count to include not taping medication but wasting the medication witnessed by another nurse. Review of the facility's policy titled Medication Labeling and Storage Revised 02/2023 reflected the following:1.Medications and biologicals are stored in the packaging, containers, or other dispensing systems in which they are received. Only the issuing pharmacy is authorized to transfer medications between containers.3.If the facility has discontinued, outdated, or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure Drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable for 1 resident (Resident#3) medication on 2 medication carts (hall 100 nurses cart and 400/500/600 medication aides cart) reviewed for pharmacy Services.The facility failed to ensure Zofran 4mg (prescription medication for nausea and vomiting) was labeled with patients label before storing in the medication cart. The facility failed to ensure Nystatin powder 100,000 powder units (a prescription-only antifungal medication used to treat fungal and yeast infections), was properly labeled with patients label before storing in the medication cart. The facility failed to ensure nystatin cream 100,000 powder units was properly labeled with patients label before storing in the medication cart. The facility failed to ensure Nitrofurantoin 100MG (a prescription antibiotic used exclusively to treat and prevent urinary tract infections) was properly labeled with patients label before storing in the medication cart. The facility failed to ensure proper storage of opened Acidophilus (meant to keep or improve the healthy bacteria in the body) which required refrigeration per manufacturer's guidelines was observed stored unrefrigerated in the medication cart. The facility failed to properly dispose Resident#3's expired nitroglycerin 0.4MG (medication to treat or prevent acute chest pain). These failures could place residents at risk for compromised unsafe administration, and increased harm to residents. Findings included: Resident#3Record review of Resident #3's Quarterly MDS Assessment, dated 05/13/26, reflected she was a [AGE] year-old female. She was admitted on [DATE] and had a BIMS score of 06, which indicated she had severe cognitive impairment. She had a diagnosis of heart failure (a serious chronic condition where the heart muscle cannot pump enough oxygen-rich blood to meet the body's needs).Record review of Resident #3's Care plan active as of 6/07/2026 revealed the care plan did not include focus, goals, and interventions of the medication.Review of Resident #3's active Physician's Orders, dated 6/07/2026, reflected Nitroglycerin Sublingual Tablet Sublingual (Nitroglycerin) Give 0.4 mg sublingually every 8 hours as needed for Chest pain Active 12/22/2025.Observation on 06/07/2026 at 9:03 AM with LVN A on the 100 hall nurses cart revealed: Seven pills of Zofran 4mg with no prescription labels, Nitrofurantoin 100mg with no prescription label, three bottles of Nystatin powder 100,000 powder units with not prescription labels, one tube of nystatin cream 100,00 units with nor prescription label, and Resident#3's Nitroglycerin 0.4MG which expired on 3/11/2026.During an interview on 06/07/2026 at 9:16 AM with LVN A revealed the nurses were responsible for ensuring all medication was properly labeled before storing in the medication cart. She stated that all expired medication was to be removed immediately from the cart so that it was not available for administration. She stated the risk was medication error. She stated that if a medication did not have label, it was to be removed from the cart and disposed of or she would contact pharmacy for further instructions.Observation on 06/08/2026 at 10:13 AM with MA C on the 400/500/600 hall medication cart revealed Acidophilus that was unrefrigerated.During an interview on 06/08/2026 at 10:16 AM with MA C revealed she was unaware that the acidophilus was supposed to be refrigerated. She stated that medication that required refrigeration and was not refrigerated was no longer effective and was not good for the residents because it would not be effective to treat the residents' symptoms. She stated she had been in serviced on medication storage. During an interview on 06/09/2026 at 1:04 PM, the ADON stated nurses were responsible for ensuring medication carts were clean and medication was properly labelled and stored. She stated that she audited the medication carts weekly, then the pharmacy consultant audited the medication room, and the medication cart every month. She stated that she had not had the time to audit the carts in the last (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	few weeks because she had been working on the floor as a charge Nurse. She stated the risk if medication did not have the proper patients label was that the nurses would not know who the medication belonged to and would administer to the wrong patient. She stated medication that required refrigeration and was not refrigerated would lose its strength and not be effective to treat the residents' symptoms. She stated that expired medication should not have been available in medication cart and anytime because if administered to a resident it could have negative side effects that could make the resident sick. She stated her expectation was that the nurses did the medication rights and check to make sure the medication were properly labeled before administration. She stated the nurses and medication aides had been in serviced on medication storage and labeling. During an interview on 06/09/2026 at 1:04 PM, the DON stated nurses were responsible for ensuring medication carts were clean and medication was labelled and stored properly. She stated that the ADON audited the medication carts weekly, then the pharmacy consultant checks the medication room, and the medication cart every month. She stated the risk of not having proper labels on medication was that the nurses would not know who the medication belonged to and could administer to the wrong patient. She stated medication that required refrigeration could lose its potency and not be effective to treat the residents' symptoms. She stated expired medication could make the resident sicker and not treat the symptoms it was intended to treat. She stated her expectation was that the nurses did the medication rights and check to make sure the medication was properly labeled before administering. She stated the nurse had been in serviced on medication storage and labeling.Review of the facility's policy titled Medication Labeling and Storage Revised 02/2023 reflected the following:Policy headingThe facility stores all medications and biologicals in locked compartments under proper temperature, humidity, and light controls. Only authorized personnel have access to keys.6.Medications requiring refrigeration are stored in a refrigerator located in the medication room at the nurses' station or other secured location. Medications are stored separately from food and are labeled accordingly.Medication Labeling1.Labeling of medications and biologicals dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices.2.The medication label includes, at a minimum:a.medication name (generic and/or brand);b.prescribed dose;c.strength;d.expiration date, when applicable;e.resident's name;f.route of administration; andg.appropriate instructions and precautions.8.If medication containers have missing, incomplete, improper or incorrect labels, contact the dispensing pharmacy for instructions regarding returning or destroying these items.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in the facility's only kitchen reviewed for kitchen sanitation and food storage. 1) The facility failed to ensure food items were properly labeled with the product's name and expiration dates. 2) The facility failed to ensure food items were properly sealed and dated when not in use. These failures could place the residents at risk for food-borne illness and food contamination. Findings included: An observation on 06/07/2026 at 9:25 AM revealed on the table one sheet cake uncovered on the counter. An observation on 06/07/2026 at 9:29 AM revealed in the walk-in refrigerator one bag of mild cheddar cheese, opened, unwrapped and undated. In an interview on 06/07/2026 at 9:35 AM, CK D stated when she opened an item that she knew would not be completely used, she automatically wrote the opened date on the package prior to use and resealed it with saran wrap, placed it in a zip lock bag, or a storage container. CK D stated when she placed leftover food into a storage container or bag, she wrote the name of the item and dated it. CK D stated all kitchen staff were expected to do the same. CK D stated the opened bag of mild cheddar cheese could remain in the original packaging, but it must be securely wrapped with saran wrap, placed in a zip lock bag or plastic container with an opened date written on it. CK D stated the mild cheddar cheese could become stale or air could have seeped in causing it to become hard and develop mold. CK D stated she baked the sheet cake this morning and after it cooled off, she should have covered the cake, labeled it and dated it. CK D stated the worse that could have happened was that the cheese could have been spoiled and the uncovered sheet cake could have been affected with airborne contaminants and caused the residents to become ill. In an interview on 06/07/2026 at 9:55 AM, DA F stated she was trained by the DM to always label items and write the received and/or opened date prior to storing anything. DA F stated the opened mild cheddar cheese should have been securely wrapped with saran wrap, placed in a zip lock bag or a covered storage container prior to being placed back in the refrigerator. DA F stated CK D baked the sheet cake this morning (6/7/26) and placed it on the counter to cool off. DA F stated the sheet cake should have been covered and dated once it cooled off. DA F stated in the future, they should set a timer as a reminder. DA F stated the sheet cake could have become contaminated with airborne particles. DA F stated the mild cheddar cheese could have become stale and molded due to not having an open date or being stored properly. DA F stated not being mindful of these minor details could cause the residents to become sick and develop food poisoning. An observation on 06/08/2026 at 12:05 PM revealed in the walk-in refrigerator the same bag of mild cheddar cheese now wrapped with saran wrap and dated. In an interview on 06/08/2026 at 12:15 PM, the DM stated kitchen staff must make sure everything was properly labeled and dated prior to storage. The DM stated all items regardless of whether they were perishable or not must be unpacked, dated and stored immediately. The DM stated the mild cheddar cheese was delivered to the facility last week on Thursday (6/3/26) and it was opened over the weekend. The DM stated she was unsure who opened the cheese, but it should have been dated and properly stored. The DM stated once the sheet cake had cooled off, it should have been covered, labeled and dated. The DM stated staff may have become busy and failed to cover the sheet cake. The DM stated the mild cheddar cheese could become spoiled due to being a dairy product. The DM stated the cheese could become softened or molded if it was left out or undated. The DM stated she tried not to buy dairy products in bulk due to it not having a long shelf life. The DM stated she would ensure staff were re-educated on dates and proper storage of all products. In an interview on 06/08/2026 at 12:46 PM, CK E stated she made sure she recorded a date on all packages. CK E stated once an item was opened, she added an open date. CK E stated if she must transfer the remaining product to a storage container or zip lock bag, she would write the name of the item on the outside and date it. CK E stated that even open beverages being served to (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	residents must be covered and labeled with a date written on it. CK E stated leftover food should be wrapped with saran wrap, placed in a zip lock bag, or placed in a storage container and dated. CK E stated once the sheet cake had cooled off, it should have been covered and dated to prevent airborne particles from coming into contact. CK E stated the cheese could have become stale, molded or air could have seeped into the opened bag due to not being properly stored. In an interview on 06/08/2026 at 1:10 PM, DA G stated he expected his co-workers to follow procedures to ensure they were keeping all food items safe to prevent spoilage. DA G stated opened cheese could become contaminated and hardened if not stored properly and dated. DA G stated you could use saran wrap, place it in a zip lock bag or storage container with the opened date written on the outside. DA G stated any food products on the counter should be covered, labeled and dated even if the item was being used for the next meal. DA G stated residents could become ill from contamination when proper storage guidelines were not followed. In an interview on 06/09/2026 at 2:12 PM, DA H stated if you open something, you must securely wrap up any remaining product in saran wrap, place it in a secure zip lock bag or storage container and write an opened date on it. DA H said that without an open date written on the mild cheddar cheese, it could be kept in the refrigerator too long and become spoiled due to not knowing when it was opened. DA H said all baked goods must be covered once cooled off to prevent contamination. DA H said the DM completed an in-service today (6/9/26) on if you take something out and open it, make sure you wrap it up securely and date it before you store it. DA H said she did not learn anything new as she already knew the expectations and what needed to be done. In an interview on 06/09/2026 at 2:32 PM, CK I stated the mild cheddar cheese should not have been placed in the refrigerator without an open date nor properly stored. CK I stated leftovers food was stored in storage container and dated. CK I stated they could only leave cooked items in the walk-in refrigerator for 3 days and then it must be discarded. CK I stated this was the residents' home and they wanted them to remain safe. CK I stated the mild cheddar cheese should have been wrapped securely with saran wrap, placed in a zip lock back or storage container with an opened date written on it. CK I stated the sheet cake should have been covered due to the open air and to prevent any airborne particles. CK I said the worse that could have happened was the cheese could have turned bad and caused the residents to become sick. CK I stated the DM in-serviced her today on not leaving items uncovered and ensure you write an open date. CK I stated the DM preached this to them every day and it was no reason for the mild cheddar cheese nor sheet cake to be observed that way by anyone. In an interview on 06/09/2026 at 2:50 PM, the DON stated kitchen staff should have labeled and dated the mild cheddar cheese and sheet cake to know when it should be thrown out. The DON stated the worst thing that could happen was open and undated food could become spoiled and cause the residents to become ill. The DON stated they would definitely be completing in-services and teachings with the entire staff. In an interview on 06/09/2026 at 3:05 PM, the ADM stated the DM ordered all the food items and had her staff label and date everything. The ADM stated the DM was responsible for going behind staff to ensure food items were stocked, labeled and dated. The ADM stated without a doubt, staff should have covered and dated the mild cheddar cheese and the sheet cake. The ADM stated his expectation was for all kitchen staff to adhere to protocol for handling food safely and to follow policies the facility had in place. The ADM said the worst thing that could happen was it could become a habit that perpetuated into something that could make the residents sick. The ADM stated with open and undated food, the residents could become sick or experience an altered digestive tract. Record review of the facility's Food Receiving and Storage Policy with a revised date of November 2022 states: Policy Statement: Foods shall be received and stored in a manner that complies with safe food handling practices. Refrigerated/Frozen Storage 1. All foods stored in the refrigerator or freezer are covered, labeled and dated (use by date). 3. Refrigerated foods are stored in such a way that promotes adequate air circulation around food storage containers. 7. Refrigerated foods are labeled, dated and monitored so they are used by their use-by date, frozen, or discarded.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to coordinate assessments with the pre-admission screening and resident review (PASRR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort for 2 of 4 residents (Resident #10 and Resident #65) reviewed for assessments.1)Resident #10's PASRR Level I was negative for mental illness despite having a diagnosis of anxiety disorder (ongoing uncontrollable, and excessive worry, fear, or dread that significantly interferes with daily life), bipolar disorder (extreme, recurring mood swings), depression (feelings of severe sadness and inability to initiate activity), and PTSD (triggered by witnessing or experiencing a terrifying or life-threatening event).). 2) Resident #65's PASRR Level I screening form did not reflect mental illness, and the resident did not have a PASRR Level II evaluation.These failures could place residents at risk of not receiving necessary specialized services to meet their individual needs. Findings included: Record review of Resident #10's MDS assessment dated [DATE], reflected a [AGE] year-old female, originally admitted to the facility on [DATE], with a BIMS score of 15 which indicated she was cognitively intact. Her diagnoses included: Anxiety Disorder Bipolar Disorder Depression and Post-Traumatic Stress Disorder. Record review of Resident #10's undated Care Plan, reflected she received psychotropic medication to treat symptoms of bipolar disorder, antianxiety to treat anxiety, and antidepressant medications to treat depression. Record review of Resident #10's PASRR Level 1 Screening dated 08/21/2025 after admission, under Section C – PASRR reflected the resident did not have evidence of a mental illness. Record Review of Resident #65's MDS assessment dated [DATE], reflected a [AGE] year-old female admitted to the facility on [DATE]. The residents' BIMS score was 10, indicating the residents' cognition was moderately impaired. Resident #65 diagnoses included Depression , Manic (mood, energy or activity level becomes much higher than usual) Multiple Sclerosis (a disease that causes breakdown of the protective covering of nerves), and Vascular Dementia (type of dementia caused by reduced blood flow to the brain, leading to cognitive decline and memory issues). Record review of Resident #65's Care Plan dated 12/11/2025, reflected psych consultation and follow up as indicated. Record review of Resident #65's PASRR Level 1 Screening dated 10/04/2023, under Section C – PASRR reflected the resident did not have evidence of a mental illness. During an interview on 06/09/2026 at 1:42 PM, the MDS Coordinator stated she oversaw PASRR screenings for the facility. The MDS Coordinator stated upon admission to the facility, if the resident came from a health-setting or facility the PASRR would already be completed. The MDS Coordinator stated the only time the facility would re-evaluate a resident was if something occurred with their behavior or medications that prompted them to complete a new PASRR screening. The MDS Coordinator looked in the system and confirmed that Resident #65's PASRR screening reflected negative. The MDS Coordinator said Resident #65 was admitted to the facility with depression. The (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	MDS Coordinator stated based on Resident #65's diagnoses she could be re-evaluated to see if she qualified for additional services. The MDS Coordinator stated she would forward information over to MHMR to come out to see Resident #65 and depending on the services she fell under she would be evaluated. The MDS Coordinator stated if a resident was deemed negative incorrectly, the resident could be affected by not receiving services that they may have qualified for to help them cope. During an interview on 06/09/2026 at 2:50 PM, the DON stated a Resident could be affected when they were deemed negative incorrectly on their PASRR screening by not receiving what was afforded to them. The DON stated the MDS Coordinator could see from the resident's MDS when she went over their form and had PASSR come out and re-evaluate them. The DON stated they went over PASRRs during their morning meetings and IDT meetings and if something was missing the MDS Coordinator would handle it. During an interview on 06/09/2026 at 3:05 PM, the ADM stated they received a complete PASRR screening prior to anyone admitting from the hospital. The ADM stated once the new resident arrives, they should be assessed because all the information may not be 100% accurate. The ADM stated it was outside of his scope as he was not medical. The ADM stated they discussed any changes in behaviors during daily and quarterly meetings. The ADM stated the worse that could happen with a resident's inaccurate PASRR screening was that the resident would not receive qualified services to assist with meeting their needs. Record Review of the facility's PASRR Policy dated 01/20/2026 reflected in part the following: Purpose: The aim of the PASRR program is to identify residents with Mental Illness (MI), Intellectual Disability (ID) or Developmental Disability (DD)/Related Conditions (RC) and to ensure they are properly placed, whether in community or in a Nursing Facility (NF) and to ensure they receive the services they require for their MI, or ID/DD. 2. When it is determined that a PL1 was filled out incorrectly, the MDS Coordinator, Social Worker or designee will reach out to the hospital/responsible case worker and ask them to correct the form. a. If the referring case worker is unwilling/unable to correct the PL1 that contains a potential error, the social worker or designee will complete and submit a form 1012 (MI) or new PL1 (ID/DD). A subsequent positive PL1 will be entered according to 1012 findings (MI).

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	06/09/2026

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

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation , interviews and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 2 of 7 residents (Resident #68 and Resident#6) reviewed for comprehensive care plans. The facility failed to ensure Resident #68's comprehensive care plan identified bed rail use as an intervention for mobility assistance.The facility failed to ensure Resident #6's comprehensive care plan identified the resident had a Colostomy (a surgical procedure that brings a portion of the large intestine (colon) to the outside of the abdominal wall to create an opening called a stoma. This allows stool to bypass the lower digestive tract and collects in an external pouch). This failure could place residents at risk for not receiving proper care and services due to inaccurate care plans.Findings included:Resident#68Record review of Resident #68's MDS assessment dated [DATE], reflected a [AGE] year-old female, originally admitted to the facility on [DATE] and re-entry 03/21/2026. Her BIMS score was 14 which indicated intact cognitive function. Her diagnoses included: SPONDYLOPATHY (disease of the spine). Record review of Resident #68's Physician Orders dated 06/08/2026, revealed an active order with a start date of 03/26/2025 May use assist bars to bed bil for bed mobility, positioning and transfers.Record Review of Resident #68's comprehensive care plan initiated on 04/21/2026, revealed the care plan did not address the use of side rails as a mobility intervention.Observation on 06/07/2026 at 10:16 AM revealed Resident #68 had half side rails on both sides of her bed.During an interview on 06/07/2026 at 10:17 AM with Resident #68, she reported she used the side rails on her bed every day. She reported she used them mostly to help her reposition herself because of her weight. She reported the side rails were very helpful and denied the rails prevented her ability to get out of bed.Resident#6Record review of Resident #6's MDS assessment dated [DATE], reflected a [AGE] year-old male, originally admitted to the facility on [DATE]. His BIMS score was 13 which indicated moderate cognitive impairment. Resident#6 was coded to have a colostomy. Record review of Resident #6's Physician Orders dated 06/08/2026, revealed an active order with a start date of 01/17/2026 Every shift check skin around stoma site for redness, irritation, excessive bleeding, swelling every shift for Colostomy.Record Review of Resident #6's comprehensive care plan active as of 06/08/2026, revealed the care plan did not address the use of colostomy.During and observation on 06/08/2026 at 9:06 AM revealed Resident #6 had colostomy. During an interview on 06/08/2026 at 9:07 AM with Resident #6, he reported that he had a colostomy and the staff assist with emptying the colostomy. During an interview on 06/08/2026 at 12:00 PM with MDSC she reported the Inter Disciplinary Team was responsible for updating residents care plan. She stated Resident#68's side rail and Resident#6's colostomy should have been added to the resident's care plan. She stated the nursing department was responsible for updating Resident#68's side rails on the care plan and Resident#6's colostomy on his care plan. MDSC reported the risk to residents who did not have accurate care plans was that staff would not know the care needs of the residents. During an interview on 06/09/2026 at 11:45 AM with the ADON, she reported she was responsible for completing the Baseline and Comprehensive Care Plans. She stated that therapy was responsible to assess residents for bed rails, then therapy gave the assessments to the nursing department (ADON and DON) to update the care plans. She stated the risk to residents who did not have accurate care plans was the staff would not know the focus issue that the interventions may not be followed. An attempt to interview therapy director was unsuccessful left voice mail with call back number. During an interview on 06/09/2026 at 11:55 AM with the DON, she reported she was responsible for completing the Baseline and Comprehensive Care Plans. She stated that therapy did (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the assessment on bed rails then she was responsible for updating the care plans. She stated it was an oversight on her part. She stated the risk to residents who did not have accurate care plans was that interventions may not be followed and residents were at risk of not receiving the care needed. Record Review of the Facility Care Plans, Comprehensive Person-Centered dated March 2022, reflected in part: Policy StatementA comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.7.The comprehensive, person-centered care plan:a.includes measurable objectives and timeframes.b.describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including:(1)services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment;(2)any specialized services to be provided as a result of PASARR recommendations; and(3)which professional services are responsible for each element of care;c.includes the resident's stated goals upon admission and desired outcomes;d.builds on the resident's strengths; ande.reflects currently recognized standards of practice for problem areas and conditions. It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs. The comprehensive care plan will describe at minimum the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.