

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/20/2026
NAME OF PROVIDER OR SUPPLIER  Avir at Luling		STREET ADDRESS, CITY, STATE, ZIP CODE  501 W Austin St Luling, TX 78648	
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interviews, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment and provide maintenances services to maintain sanitary, orderly and comfortable interior for 4 of 8 residents (Resident #1, Resident #2, Resident #3, and Resident #4) reviewed for homelike environment and resident rights. The facility failed to ensure Resident #1, Resident #2, Resident #3, and Resident #4 had functioning toilets and sinks in the bathrooms of their resident rooms. This failure could place residents at risk of living in an unclean or unsanitary environment, decreased quality of life, or shame. Findings included: 1. Record review of Resident #1's face sheet reflected a [AGE] year-old male admitted on [DATE] with diagnoses of depression (mood disorder, characterized by persistent sadness, loss of interest in activities) generalized anxiety disorder (a mental health condition characterized by chronic excessive and uncontrollable worry), and paraplegia (paralysis affecting the lower half of the body). Record review of Resident #1's admission MDS, dated [DATE], reflected a BIMS score of 15 which indicated no cognitive impairment. Record review of Resident #1's care plan, dated 12/10/2025, reflected Resident #1 had disturbed sensory perception (brain misinterprets or alters sensory input) with interventions to determine risks related to sensory perception deficit. 2. Record review of Resident #2's face sheet reflected a [AGE] year-old male re-admitted on [DATE] with diagnoses of atherosclerotic heart disease of native coronary artery (condition that impairs blood flow and reduces oxygen delivery to the heart), difficulty walking, other lack of coordination, anxiety disorder (mental health conditions characterized by excessive persistent fear and worry), major depressive disorder (severe common mood disorder characterized by persistent feeling of sadness), unspecified dementia (significant cognitive decline such as memory loss or thinking problems), and post-traumatic stress disorder (mental health condition triggered by experiencing or witnessing terrifying events). Record review of Resident #2's unspecified MDS, dated [DATE], reflected no BIMS score. Record review of Resident #2's care plan, dated 07/24/2025, reflected the resident had anxiety and was at risk for fluctuation of mood with interventions to listen to resident's concerns. Review reflected Resident #2 had post-traumatic stress disorder with interventions to create a relaxing environment. 3. Record review of Resident #3's face sheet reflected a [AGE] year-old male re-admitted on [DATE] with diagnoses of cerebral infarction (occurs when blood clot blocks brain artery and blocks oxygen and nutrients), need for assistance with personal care, unsteadiness on feet, and generalized anxiety disorder (a mental health condition characterized by chronic excessive and uncontrollable worry). Review of Resident #3's quarterly MDS, dated [DATE], reflected a BIMS score of 13 which indicated no cognitive impairment. Record review of Resident #3's care plan, dated 07/24/2025, reflected a self-care deficit with interventions to provide assistance with ADLs/IADLs as needed. 4. Record review of Resident #4's face sheet reflected a [AGE] year-old female re-admitted on [DATE] with diagnoses of Alzheimer's</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 676292
		If continuation sheet Page 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/20/2026
NAME OF PROVIDER OR SUPPLIER  Avir at Luling		STREET ADDRESS, CITY, STATE, ZIP CODE  501 W Austin St Luling, TX 78648	
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>disease (a progressive neurodegenerative disorder characterized by memory loss, cognitive decline and behavioral changes), Parkinson's Disease (progressive neurodegenerative disorder leading to tremors slowness of movement or balance problems), muscle weakness, difficulty walking, and major depressive disorder (severe common mood disorder characterized by persistent feeling of sadness). Record review of Resident #4's annual MDS, dated [DATE], reflected a BIMS score of 11 which indicated moderate cognitive impairment. Record review of Resident #4's care plan, 06/27/2025 reflected Resident #4 was a risk of self-care deficits with interventions to maintain a consistent schedule with daily routine and provide assistances with ADLS and IADLS. During an observation and interview on 01/20/2026 at 10:07 a.m., Resident #1 stated he has no had water in his sink or a working toilet in six weeks. Resident #1 stated that he had to flush his toilet by removing the lid from the tank of the toilet and pouring a gallon of water in it. Resident #1 stated that he was paraplegic and felt he should not have to do that. Resident #1 stated he was unhappy about not having working toilets or sink in his room. Resident #1 stated that he showered in the shower room and that the water worked in the shower room. Resident #1 stated that he told everyone that his toilet and sink did not work. Observation revealed that the toilet in Resident #1's bathroom did not flush and no water came out of the sink. During an observation and interview on 01/20/2026 at 10:18 a.m., Resident #2 stated that the water was not working in his room. He stated sometimes it worked and sometimes it did not. Resident #2 stated that it has not been working for a few months. Resident #2 stated that the toilet takes forever to fill up and that he cannot always flush it. Resident #2 stated that he felt it was unsanitary and a health hazard. Resident #2 stated that he had to go to another hall to take a shower or wash his hands. Resident #2 stated that he was not been able to brush his teeth in his bathroom. Observation revealed the toilet in Resident #2's bathroom did not flush and no water came out of the sink. During an observation and interview on 01/20/2026 at 10:28 AM, Resident #4 stated he had no hot water in his sink and his toilet was full. Resident #4 stated staff brought water into the bathroom to pour into the toilet. Observation revealed that Resident #4's toilet was full of fecal matter and urine and had a foul odor when the door was opened. During an observation and interview on 01/20/2026 11:14 a.m., Resident #3 stated his only issue at the facility was his bathroom. Resident #3 stated his toilet did not flush and water did not coming out of his sink faucet and when it did it was not hot. Resident #3 stated that he had to go to the shower room to brush his teeth and wash his hands or go to the bathroom. Resident #3 stated his bathroom often smelled foul because the toilet did not flush and urine or feces were left sitting in the toilet. Resident #3 stated sometimes the smell was in his room and he did not like it. Resident #3 stated there were gallons of water to flush the toilet but that he had to remove the top of the toilet and pour the water in there. Resident #3 stated staff only flushed the toilet once a day. Observation of Resident #3's bathroom revealed that the water in the sink did not work and the toilet did not flush During an observation and interview on 01/20/2026 at 2:48 p.m., Resident #4's toilet had not been flushed and foul odor remained in his bathroom. Resident #4 stated that no one had come to flush his toilet. During an interview on 01/20/2026 at 2:48 p.m., the MD stated that he put work orders in and that the facility needed replumbing. The MD stated that the facility just had another bid done for the work on the pipes. MD stated that bids were only good for a month and after the month passed, another bid had to be done. The MD stated that the last bid was 01/19/2026. MD stated that it was only the toilets on the right side of the long hallway and the last room on the left side of the long hallway. MD stated that water bottles were being used to flush the toilets. The MD stated that the lid was taken off the tank on the back of the toilet and water was poured to flush to toilet. MD stated that any time a resident had their call light on</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/20/2026
NAME OF PROVIDER OR SUPPLIER  Avir at Luling		STREET ADDRESS, CITY, STATE, ZIP CODE  501 W Austin St Luling, TX 78648	
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>and asked for the toilet to be flushed, it was flushed by staff. MD stated that he went and told residents to ask if they needed their toilet flushed and not to do it themselves. MD stated a lot of the sinks had low pressure. MD stated the facility had problems with the pipes. MD stated that water bottles were put in the resident bathrooms to flush the toilets. MD stated that when the CNAs made room rounds they were also supposed to flush the toilets if needed. During an interview on 01/20/2026 at 2:58 p.m., CNA A stated that staff flushed toilets with resident rooms regularly with the water bottles that were in their rooms. CNA A stated that it should be done if a resident asked and during room rounds. CNA A stated the MD was responsible to ensure the water bottles were filled. CNA A stated that there was an issue with the toilets for a week. CNA A stated she saw a few companies come out but was unsure if it was an issue with the pipes. CNA A stated there were two communal bathrooms that residents were able to use, brush their teeth and wash their hands. During an interview on 01/20/2026 at 3:00 p.m., CNA B stated that she was an agency employee and she knew nothing about the building and had never worker at the facility before. CNA B stated that she did not know about flushing the toilets at a certain time or with water bottles. During an interview on 01/20/2026 at 3:28 PM, CNA C stated that she started at the facility on 01/06/2026 and that was not trained regarding flushing toilets or rounding to ensure they were flushed. During an interview on 01/20/2026 at 3:31 p.m., LVN D stated that she worked as an agency nurse but had been coming to the facility on and off for a few months. LVN D stated that she worked from 6:00 a.m. to 6:00 p.m LVN D stated that she knew there were some plumbing issues going on and the first she heard of it was last week. LVN D stated she heard there was a company out on 01/19/2026. LVN D stated that she thought because of the colder weather something happened with the pipes and a sink was backed up. LVN D stated she was not made aware of issues with toilets not flushing. LVN D stated that residents had the right to have functioning equipment. LVN D stated that she knew there were water bottles and assumed it was used to fill the tank of the toilet and flush them but did not ask what the water bottles were for. LVN D stated that no one informed her to do any type of rounding for flushing the toilet with the water bottles. During an interview on 01/20/2026 at 3:42 p.m., CNA E stated that issues with the residents toilets was dependent on water pressure and that every day was different. CNA E stated that some days were good and some days there was just no water pressure. CNA E stated there were jugs of water for backup in resident bathrooms and they were used to flush the toilets. CNA E stated this was an issue for a month and a half to two months. CNA E stated during rounds, staff was to check the toilets as well. The DON told the staff to use the water jugs. CNA E stated she did not notice any strong odors from Resident rooms. CNA E stated that Resident #1 complained about his toilet not flushing and that staff helped him flush it last night (01/19/2026). CNA E stated the house keeping team and aides helped with flushing the toilets. CNA E stated that staff had basins they could use to brush their teeth. CNA E stated there were also shower rooms on the halls that residents could use that had toilets as well. During an interview on 01/20/2026 at 3:51 p.m., LVN F stated that she usually worked 2:00 p.m. to 10:00 p.m LVN F stated that she was aware there was plumbing issues on the long hall and that the facility had received some bids. LVN F stated that depending on the water pressure if the toilets were able to flush. LVN F stated there was back up bottles of water to flush the toilet with. LVN F stated that water was put into the top of the toilet in the tank to flush it if needed. LVN F stated that staff had to check if the toilet flushed daily. LVN F stated a risk to having the toilet not flush with fecal or urine in it was an infection control risk and would be a hazard to the resident if it sat in the toilet and was not flushed for a prolong period of time. LVN F stated that residents had a right to have equipment work in their rooms. LVN F stated that the toilets were an issue off</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/20/2026
NAME OF PROVIDER OR SUPPLIER  Avir at Luling		STREET ADDRESS, CITY, STATE, ZIP CODE  501 W Austin St Luling, TX 78648	
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>and on for a few months. LVN F stated she had not observed any strong odors and that usually the residents told her when they needed to use the bathroom and the toilet did not flush. During an interview on 01/20/2026 at 4:25 p.m., the ADM stated the toilets on the long hall were good some days and some days they were not. The ADM stated the regional maintenance director was out on 01/19/2026 with a plumbing company. The ADM stated that it was inconsistent because sometimes the water pressure was good and sometime it was not. The ADM stated the facility was getting bids to re-pipe. The ADM stated because of the size of the project corporate requested at least two bids. The ADM stated when the water pressure was not good, there were water bottles available and staff were told to check toilets when they did their rounding. The ADM stated that housekeeping usually checked in each room a few times a day. The ADM stated he told the MD to also make rounds as well. The ADM stated nurses were also told to round and check toilets as well. The ADM stated that the water bottles were used to fill up the back of the tank on the toilet to flush. The ADM stated that residents were offered bottled water to brush their teeth. The ADM stated he was not sure if the DON completed in-service with staff on providing bottled water for residents to brush their teeth, and if not, he would conduct one. The ADM stated that the water pressure issue fluctuated and it was going on from a few weeks to a month. The ADM stated the residents told him when the toilet did not flush and he tried to give them as much information as possible and did not expect for them to flush the toilets themselves with the bottles of water. The ADM stated that staff tried not to have feces or urine sitting in the toilets and stated that he did not know what the risk would be and that it would not be different with the toilet being unable to flush versus the resident not flushing the toilet when it worked. Record review of facility policy titled Quality Control, Environmental Services, with revision date of December 2009 reflected, 1. To assist in maintaining a standard of excellence, our housekeeping and laundry departments have developed a quality control program. Record review of facility policy titled Resident Rights with revision date of February 2021 reflected residents shall be treated with kindness, respect and dignity and have the right to a dignified existence. Record review of facility in-services, dated December 2025 to January 20, 2026, reflected there were no in-services conducted on rounding and ensure toilets were flushed or offering alternatives to brushing teeth and washing hands. Record review of facilities grievances, dated December 2025 to January 20, 2026, reflected no grievances related to concerns with resident bathrooms.</p>		