

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER Brentwood Place Three		STREET ADDRESS, CITY, STATE, ZIP CODE 3505 S Buckner Blvd Bldg 4 Dallas, TX 75227	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide the necessary services for residents who are unable to carry out activities of daily living to maintain good grooming and personal hygiene for 1 (Resident #1) of 6 residents reviewed for ADL's. The facility failed to ensure Resident #1 had his fingernails trimmed and cleaned. These failures could place residents who were dependent on staff for ADL care at risk for loss of dignity, risk for infections and a decreased quality of life. Record review of Resident #1's annual MDS assessment dated [DATE] reflected Resident #1 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses of lack of coordination, unsteadiness on feet, muscle weakness, and hypertension (elevated blood pressure). He had a BIMS of 10 indicating his cognition was moderately impaired. He required partial/moderate assistance with personal hygiene. Record review of Resident #1's Comprehensive Care Plan last revised 08/31/25 reflected the following. Focus: [Resident#1] has an ADL Self Care Performance Deficit related to Activity Intolerance. Goal: [Resident#1] will improve current level of function in and Personal Hygiene, ADL Score through the review date. Interventions/Tasks: Personal hygiene: self-performance Extensive assistance. Personal hygiene: support provided One-person physical assist. An observation on 9/11/25 at 10:40 AM revealed Resident #1 was lying in bed. The nails on both his hands were approximately 0.5cm in length, extending from the tip of his finger, and the fifth fingernails on both hands were chipped. The nails were discolored tan, and the underside had dark brown colored residue. Resident #1 stated he wanted his fingernails trimmed and cleaned. In an interview on 09/11/25 at 10:45 AM, LVN A looked at Resident#1 fingernails and stated they needed to be cleaned and trimmed. LVN A said CNAs and charge nurses were responsible for residents' fingernail care. She stated CNAs were allowed to cut the residents' nails if they were not diabetic. She said she would trim and clean Resident #1's nails right now. LVN A stated the risk to residents was skin break down if they scratched themselves, and infection. In an interview on 09/11/25 at 3:29 PM the DON said all the staff were responsible for making sure residents' fingernails were cleaned and trimmed. The DON further stated nail care should be done as needed and every time aides washed the residents' hands. The DON said nails should be observed daily. The DON said nurses were responsible for trimming the nails of residents who were diabetic, and CNAs could trim other residents' nails. The DON said she expected CNAs to offer to cut and clean nails if they were long and dirty. The DON said if the resident refused, she expected the CNAs to notify the nurse and family. The DON stated the risk to residents they could scratch themselves, and development of infection. Record review of the facility's policy titled, Grooming Care of the Fingernails and Toenails undated, reflected, Purpose: Nail care is given to clean and keep the nails trimmed .</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
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