STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675352	A. Building B. Wing	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Place Three	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure in accordance with applicable state and federal requirements: fire, alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, were reported immediately, but not later than 2 hours if the alleged violation involved abuse or neglect and resulted in bodily injury, to other officials (including the state Agency) and the administrator of the facility for 1 of 1 residents (Resident #1) reviewed for reporting abuse, in that: The Administrator (Abuse preventionist) and the DON failed to follow the facility's abuse policy by not reporting Resident #1's phone catching on fire while he was in his bed on 05/28/26 to HHS. This failure could place residents at risk for abuse and neglect.Findings included: Record review of Resident #1's face sheet, dated 06/03/26, reflected an [AGE] year-old male admitted to the facility on [DATE] with an initial admission date of 04/24/26 with a diagnoses of cognitive communication deficit (difficulty communicating), Schizophrenia (a chronic brain disorder that impairs how a person interprets reality), Hypertension (high blood pressure), Atherosclerosis of Renal Artery (the narrowing of the arteries supplying blood to the kidneys due to plaque buildup). Record review of Resident #1's Comprehensive Minimum Data Set (MDS) assessment, dated 05/07/26, reflected: Section C Brief Interview for Mental Status (BIMS) score reflected a score of 13 which indicated the resident's cognition was intact. Record Review of progress notes dated 05/28/26, wrote by DON reflected, Resident # 1 stated he was hitting his phone on the table, and the phone blew up with fire. He had a partial burn on his diaper, his bed sheet, and a dip hole (a burn in the mattress) in his mattress. No skin issues were noted. He denied pain.Record Review of the in-service titled Resident's cellphone dated 05/28/26, reflected LVN A and LVN B signed the in-service. Record Review of the in-service titled use of fire extinguisher dated 05/28/26, reflected LVN A and LVN B signed the in-service. In an interview on 06/03/26 at 10:41 AM, Resident #1 stated that his phone caught on fire and burned up. Resident #1 stated the fire department came and took his phone, and he had not seen it since then. Resident #1 stated he wasn't sure what caused the phone to blow up. He stated he needed his phone back to play his games so that he won't be depressed. Resident #1 stated he did not get burned by the phone when it caught fire. In an interview on 06/03/26 at 1:01 PM, LVN A stated she was standing across the hall from Resident #1's room and she heard someone yelling for help. LVN A stated she then called out Who is hollering for help?, and Resident #1 responded I am. LVN A stated when she walked in Resident #1's room she smelled smoke but didn't see any fire. LVN A stated Resident #1 then told her, It's a fire and she asked him where the fire was. LVN A stated Resident #1 raised up his sheet, and his phone was as red as fire and when the air hit phone the fire blazed up, and she told Resident #1 to put the cover back down on the phone so it would lessen the fire. LVN A stated she immediately went and started yelling for help to get some assistance to get Resident #1 out of bed. LVN A stated when she walked back into the Resident #1's room, he had the sheet lifted up causing the fire to [NAME] up again and she told him not to do that because it would spread the fire. LVN A stated that she got some help and then got the resident out of bed and evacuated the room. LVN A stated it was enough smoke to make (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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