

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  01/08/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27070</b></p> <p>Based on observation, interview, and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one of three (CNA A) staff members and eight of eight residents (Resident #81, #30, #10, #50, #62, #52, #91 and #73) reviewed for infection control procedures.</p> <p>CNA A failed to perform hand hygiene after direct contact with residents #81, #30, #10, #50, #62, #52, #91, and #73 while serving meals on Hall 600.</p> <p>This failure could place residents at risk for healthcare associated cross contamination and infections.</p> <p>Findings included:</p> <p>Record review of Resident #81's 5-day [other payment] MDS assessment, dated 10/03/2024, revealed a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #81 had diagnoses which included: schizoaffective disorder (mental illness), and depressive disorder (mental illness). Resident #81 was alert and oriented and able to make decisions and required assistance of one staff for activities of daily living.</p> <p>Record review of Resident #30's quarterly MDS Assessment, dated 11/22/24, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #30 had diagnoses which included: hypertension (high blood pressure) and Cerebral infarction (stroke). Resident #30 was alert and oriented, able to make decisions and required one staff for assistance with activities of daily living.</p> <p>Record review of Resident #10's quarterly MDS Assessment, dated 12/07/24, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #10 had diagnoses which included: Hypertension (high blood pressure), Parkinson's disease (disease of muscle and nerves), and cerebral vascular disease (stroke). Resident #10 was alert and oriented and able to make decisions and required one staff for assistance with activities of daily living.</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
---	-------	-----------

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  01/08/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #50's quarterly MDS Assessment, dated 12/13/2024, revealed a [AGE] year-old male who admitted to the facility on [DATE]. Resident #50 had diagnoses which included: Hypertension (increased blood pressure), depressive disorder (mental illness), and muscle wasting (weakness). Resident #50 was moderately cognitively impaired and unable to make decisions and required assistance of one staff for activities of daily living.</p> <p>Record review of Resident #62's quarterly MDS Assessment, dated 12/11/2024, revealed a [AGE] year-old female who admitted to the facility on [DATE]. Resident #62 had diagnoses which included: Hypertension (increased blood pressure), depressive disorder (mental illness), and muscle wasting (weakness). Resident #62 was moderately cognitively impaired and unable to make decisions and required assistance of one staff for activities of daily living.</p> <p>Record review of Resident #52's quarterly MDS Assessment, dated 12/05/2024, revealed a [AGE] year-old male who admitted to the facility on [DATE]. Resident #52 had diagnoses which included: Hypertension (increased blood pressure), cerebral vascular disease (stroke), and muscle wasting (weakness). Resident #52 was severely cognitively impaired and unable to make decisions and required assistance of one staff for activities of daily living.</p> <p>Record review of Resident #91's quarterly MDS Assessment, dated 12/06/2024, revealed a [AGE] year-old female who admitted to the facility on [DATE]. Resident #91 had diagnoses which included: Diabetes (increased blood sugar), seizures (brain disorder), and psychotic disorder (mental illness). Resident #91 was severely cognitively impaired and unable to make decisions and required assistance of one staff for activities of daily living.</p> <p>Record review of Resident #73's quarterly MDS Assessment, dated 12/16/2024, revealed a [AGE] year-old male who admitted to the facility on [DATE]. Resident #73 had diagnoses which included: Hypertension (increased blood pressure), peripheral vascular disease (poor circulation), and osteomyelitis (infection of the bone). Resident #73 was alert and oriented and able to make decisions and required assistance of one staff for activities of daily living.</p> <p>Observation on 01/07/2025 beginning at 8:00 a.m., revealed CNA A had walked down the hallway, did not use hand sanitizer, and served a breakfast tray to Resident #81, touched, and moved the overbed table in the resident's room, touched the hand and shoulder of Resident #81 assisting him to sit up and prepared the meal tray for the resident to eat his breakfast. CNA A did not have on gloves. CNA A was observed to not wash her hands or use hand sanitizer, available in the hallway and in her pocket, that had been provided to her by another staff member.</p> <p>Observation on 01/07/2025 beginning at 8:05 a.m., CNA A was observed to enter Resident #30's room, setting up the resident's breakfast tray, adjusted the overbed table, and unwrapped the utensils, removed tops off drinks for the resident. CNA A did not have on gloves. She did not complete hand hygiene before going to the next resident.</p> <p>Observation on 01/07/2025 beginning at 8:07 a.m., CNA A was observed to enter Resident #10's room touching the resident on the shoulder and hand, setting up the resident's breakfast tray, adjusted the overbed table, and unwrapped the utensils, removed tops off drinks for the resident. CNA A did not have on gloves. She did not complete hand hygiene before going to the next resident.</p> <p>(continued on next page)</p>		

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  01/08/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 01/07/2025 beginning at 8:08 a.m., CNA A was observed to enter Resident #50's room, setting up the resident's breakfast tray, adjusted the overbed table, and unwrapped the utensils, removed tops off drinks for the resident. She did not complete hand hygiene before going to the next resident.</p> <p>Observation on 01/07/2025 beginning at 8:10 a.m., CNA A was observed to enter Resident #62's room, setting up the resident's breakfast tray, adjusted the overbed table, and unwrapped the utensils, removed tops off drinks for the resident. She did not complete hand hygiene before going to the next resident.</p> <p>Observation on 01/07/2025 beginning at 8:11 a.m., CNA A was observed to enter Resident #52's room, setting up the resident's breakfast tray, adjusted the overbed table, and unwrapped the utensils, removed tops off drinks for the resident. She did not complete hand hygiene before going to the next resident.</p> <p>Observation on 01/07/2025 beginning at 8:12 a.m., CNA A was observed to enter Resident #91's room, setting up the resident's breakfast tray, adjusted the overbed table, and unwrapped the utensils, removed tops off drinks for the resident. She did not complete hand hygiene before going to the next resident.</p> <p>Observation on 01/07/2025 beginning at 8:15 a.m., CNA A was observed to enter Resident #73's room, setting up the resident's breakfast tray, adjusted the overbed table, and unwrapped the utensils, removed tops off drinks for the resident. She did not complete hand hygiene before going to the next resident.</p> <p>An interview on 01/07/2025 at 8:25 a.m., CNA A stated she did not complete hand hygiene after having direct contact with residents. CNA A stated she was supposed to use the hand sanitizer in between serving each tray or wash her hands and she had some hand sanitizer in her pocket that had been provided by another staff member earlier. CNA A said she had been educated on completing hand hygiene. CNA A stated she did not sanitize her hands, after the first meal tray that was served because she had been called in to work and she was trying to get the breakfast trays served and she did not want the food to get cold. CNA A stated she knew she could spread germs if she did not clean her hands.</p> <p>An interview with the DON on 01/08/2025 at 11:00 a.m., revealed that all staff must complete hand hygiene after having contact with residents. She stated CNAs were trained to wash their hands with soap and water prior to tray service, then use hand sanitizer between each tray service. The DON stated if the CNAs do not use appropriate hygiene, they can spread germs to the residents and themselves. The DON was the infection control preventionist and she stated they had completed hand washing and hand sanitizing in recent in-services and provided the CNAs with pocket size hand sanitizer.</p> <p>An interview with the Administrator on 01/08/2025 at 11:15 a.m. revealed he could not believe that staff member had not followed their education concerning meal service and hand sanitizer. The Administrator stated he and the DON had both in-serviced and provided personal pocket hand sanitizer to the staff and educating them on the spread of germs, which could happen if they did not practice appropriate hand sanitizing.</p> <p>(continued on next page)</p>		

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  01/08/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of an in-service dated November 2024 revealed CNA A received handwashing and hand sanitizing training, to prevent the spread of infection. Further review of in-service logs revealed an in-service conducted in November 2024 reflected: when passing trays in the hallways, sanitize after going in every room. Remember to wash your hands before starting meal service and use hand sanitizer between each tray served.</p> <p>Record Review of an in-service dated December 2024 revealed CNA A received hand washing and hand sanitizing in-service explaining when to wash hands and when to use hand sanitizing and why to wash your hands and use the hand sanitizer. Further review reflected the use of alcohol gel or washing hands between each meal service tray.</p> <p>Record review of the Facility's Policy titled Hand Hygiene revised June 2020 reflected: To ensure that all individuals use appropriate hand hygiene while at the facility . The facility considers hand hygiene the primary means to prevent the spread of infections . I. Facility staff are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections III. Facility staff follow the hand hygiene procedures to help prevent the spread of infections to other staff, residents, and visitors . IV. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hands rub, etc.) are readily accessible and convenient for the staff use to encourage compliance with hand hygiene policy. V. Facility Staff and volunteers must perform hand hygiene procedures in the following circumstances including but not limited to . A. Wash hands with soap and water: . vi. Before and after food prep . 8. Alcohol-based hand hygiene products can and should be used to decontaminate hands: i. immediately upon entering a resident occupied area (single or multiple bed room, procedures or treatment room) regardless of glove use; . ii. Immediately upon exiting a resident occupied area 9 e.g., before exiting into a common area such as a corridor) regardless of glove use; . iii. Before moving from one resident to another in a multiple-bed room or procedure area regardless of gloves use</p>