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	03/19/2026

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on observation, interview, and record review, the facility failed to provide the Resident Council group a private space for monthly resident council meetings for the facility's only resident council, for 18 of 18 confidential residents reviewed for resident rights. The facility failed to ensure resident council meetings were held in a private meeting space during their monthly scheduled March Resident Council meeting, when staff continued to enter the dining room while the resident council meeting was being held. This failure could place residents at risk of not being able to fully exercise their rights in the facility, which could lead to a lack of trust for staff working in their living environment, and emotional distress.Findings included: An observation of the Resident Council meeting, on 03/17/26 from 2:00 PM to 3:05 PM, revealed a group of eighteen residents were gathered to meet in the facility's dining room. During the meeting, several residents left (exact times unknown), leaving fourteen active participants in the meeting. The room was a large, open space, with tables for seating four people throughout. There were double doors located on each side of the room, which were closed during the time of the meeting. Both sets of double doors had signs printed in a large, red font posted on the outside to inform staff to stay out of the room, due to the resident meeting being held. Residents were seated at tables between the two sets of double doors. The kitchen entrances and a glass door to an outdoor patio area were located along the back wall, opposite the resident meeting. An observation of the Resident Council meeting, on 03/17/26 from 2:00 PM to 3:05 PM., interruptions by staff who were entering the room, sometimes speaking with other staff, sometimes performing noisy tasks, were ongoing throughout the meeting's duration. Observations of interruptions were as follows:- 2:00 PM: to 2:20 PM: Dietary staff intermittently exited the kitchen area into the dining room and noisily handled meal carts and trays from the lunch meal, returning them to the dishwashing portion of the kitchen.- 2:03 PM: A staff member or vendor entered through the double doors and exited through the glass door.-2:19 PM: A staff member started to enter through double doors with a meal cart, which made a loud rumbling sound as it was pushed across the floor. Multiple residents yelled at the staff member to turn around and go back out, and he did.- 2:22 PM: A dietary staff member exited the kitchen and was working by the meal carts near the kitchen doors. The surveyor informed the worker that they were not supposed to be in the room during the resident meeting, and the worker re-entered the kitchen.- 2:23 PM: A dietary staff member walked through the dining room, past the surveyor and residents having a meeting, and when the surveyor told her she was not supposed to be in the dining room at this time, she asked if she could clock out and go home. She exited the dining room through a set of double-doors, and soon after re-entered the dining room, crossed past the meeting participants, and exited through the glass door in the back of the dining room.- 2:28 PM: A dietary staff member exited the kitchen, walked between tables where the residents were seated for the meeting, saying sorry, sorry, and entered a door on the front wall of the dining room, closing the door behind her.- 2:40 PM: The Activity Director entered through a set of double doors, and walked past the meeting participants, apologizing for the interruption, and exited through the glass door in the back of the dining room.- 2:43 PM: two dietary staff members exited the kitchen and started working with the trays and meal carts again.- 2:44 PM: A resident crossed the room to talk to the dietary staff members and told staff they were not supposed to be there during (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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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident Council meetings Staff told the resident they were told to come out and do their work.2:45 PM:- A nursing staff member entered through a set of double doors, with a pitcher, and walked to the ice machine near one of the kitchen doors. The staff member was trying to scoop ice and was noisily banging on the ice in the machine to break it up, and was talking and laughing with the dietary staff who were working on the carts. 2:46 PM:. The Activity Director entered through the glass doors, walked past the meeting to the double doors, and exited the dining room.-2:59 PM: Staff member entered through double doors and exited through the glass door. Interviews with anonymous residents attending the confidential meeting on 03/17/26 between 2:00 PM and 3:05 PM, anonymous residents attending the meeting commented that there usually were a lot of interruptions in the meeting, and it was not very private. One anonymous resident said during the meeting they saw staff looking in through the small, square windows of the double doors, and not coming in because they saw the surveyor, but on days when the surveyor was not in the meeting, staff just entered when they pleased, and it was even worse. Throughout the meeting multiple residents also commented that the staff had morning meetings, and they were not allowed to interrupt them for any reason because the meetings were private, and they felt they should get the same kind of courtesy. An interview on 03/19/26 at 9:27 AM with the Activity Director revealed she understood the Resident Council meetings were important because were the residents' time to get together and talk about the good, the bad, and the indifferent in the facility, which she said was their home. She said they held the meetings in the dining room for privacy, because it had doors they could close, and she personally tried to find ways to keep the staff out of the room during the meeting. She said sometimes there were not very many people going in and out of the room during the meeting. She said she passed through because she had just gone to the store to get ready for the party they were having, and she thought the meeting was almost over. She said she would work wholeheartedly to make sure the staff knew how important the resident's right to privacy for their meeting was, and she would reconsider the time and location of the meetings. She said that particular meeting time was chosen by the Resident Council President, but she thought they might be able to agree upon a better time and place for the meeting, but they could not stop certain people from doing certain things. An interview on 03/19/26 at 10:00 AM with the Administrator and DON revealed the Administrator was aware of the issue with the Resident Council meeting being interrupted by staff. He said they planned to have the meeting in the conference room, going forward, so they would have more privacy. He said the staff should only be in the meeting when the Resident Council President invites them, because it was the regulation. When asked by the surveyor if he could say why it was in the regulations, he responded that he just followed the (regulations written in) black and white. An interview on 03/19/26 at 11:12 AM with the Dietary Manager revealed she had been informed about the Resident Council meetings being held in the dining room, and that staff needed to stay out during that time. She said she had talked to her staff about it and told them if they needed to break down the meal carts, to do it in the dishwashing area, and if they had to go into the dining room to retrieve a cart, to be very quiet. She said she was aware the residents had a right to privacy in their meeting, so they could talk about anything they were concerned about with each other. She said she was going to talk with her staff so they could plan ahead and be ready to do a better job of accommodating the next meeting. She said she would also talk to the management team about better times to hold the meeting, because at the time the meeting was held on 03/17/26, some of the dietary staff were getting off work, and they were trying to clean everything up after lunch. Review of the Resident Council policy, revised 06/2020, reflected: Purpose; To promote the exercise of a resident's right to organize and participate in resident groups at the Facility. Policy : [.] II. The Facility must provide a resident council with a private space to meet. Review of the Privacy and Dignity policy, revised 06/2020, reflected: Purpose: To ensure that care and services provided by the Facility promote and/or enhance privacy, dignity and overall quality of life. Policy: The Facility promotes resident care in a manner and an environment that maintains or enhancesdignity and respect, in full recognition of each resident's individuality. (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procedure: I. Staff assists the resident in maintaining self-esteem and self-worth. [.] IX. The following rights to privacy are a part of the admission agreement and the resident is informed of these rights during the admission process A. Residents are afforded a right to privacy and confidentiality. Review of the Resident Rights policy, revised 08/2020, reflected: Purpose: To promote and protect the rights of all residents at the Facility. Policy: All residents have a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility including those specified in this policy. The Facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment, that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The Facility will protect and promote the rights of the resident and provide equal access to quality of care regardless of diagnosis, severity of condition, or payment source. The Facility will ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the Facility. Employees are to treat all residents with kindness, respect, and dignity and honor the exercise of residents' rights. Procedure: I. State and federal laws guarantee certain basic rights to all residents of the Facility. These rights include, but are not limited to, a resident's right to: [.] E. Privacy and confidentiality including the right to privacy in his/her specific oral, written, and electronic communications; F. Voice grievances [.] II. The Facility makes every effort to assist each resident in exercising his/her rights by providing the following services: [.]B. Residents are encouraged to participate in activities of their choice [.] D. Residents are encouraged to participate in resident and family group meetings. E. The Facility does not hamper [.] a resident for exercising his or her rights.

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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 observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety in the facility's only kitchen reviewed for food safety.1. The facility failed to ensure the stand-by freezer food items were dated and labeled.2. The facility failed to ensure the stand-by refrigerator food items were dated, labeled, and sealed.3. The facility failed to ensure that serving utensils were used when handling food items.These failures could place residents at risk for foodborne illness and foodborne intoxication.Findings included:During an observation on 03/17/2026 at 8:48 a.m. of the facility's only kitchen revealed:In the stand-by freezer:a package of food with the name covered, dated 4/11/26In the stand-by refrigerator:a used bag of shredded cheese, with no label or datea used bag of hard-boiled eggs, dated 03/16/26 with no use by date During an interview on 03/17/2026 at 8:59 a.m., the Dietary Manager revealed the frozen freezer item was minestrone soup and the date was supposed to read 03/11/26. She said staff were expected to put the date received on food items when they came off the delivery truck. The Dietary Manager said if a food item was opened, staff were expected to add the opened on and use by date, and food items were to be used within 3 days after opening. She indicated the importance of sealing food items after opening was to keep the food items fresh and prevent molding and contamination.During an observation on 03/18/2026 at 12:20 p.m., [NAME] E was observed using the same pair of gloves to handle slices of bread, slices of cheese, and cooked chicken patties to make three sandwiches, and then proceeded to serve food on the steam tray table using serving utensils. At this time, the Corporate RD intervened and said the sandwiches could not be served, and she had the cook clean her hands and change gloves. The Corporate RD informed [NAME] E that it was cross contamination.On 03/19/2026 at 1:30 p.m., the state surveyor attempted to interview [NAME] E, but she was unable to at that time.On 03/19/2026 at 2:10 p.m., the state surveyor attempted to call and interview [NAME] E. She did not answer and a voicemail could not be recorded.During an interview on 03/19/2026 at 2:38 p.m., the Corporate RD said she intervened and stopped the sandwiches from being served because of cross contamination. The Corporate RD said [NAME] E was touching everything (food items with the same gloves) and it could be a risk to residents with allergies. She said staff were expected to date and label food items when delivered and after opening, and food items were to be sealed to prevent them from turning bad. The facility's Kitchen Sanitation - Operation and Cleaning policy, dated 1/1/25, reflected: Purpose: To maintain the highest standard of cleanliness and sanitation in the facility's kitchen and food service areas, ensuring the safety and well-being of our residents by preventing foodborne illness and complying with all state, local, and federal regulations.Policy: This policy applies to all staff in the dietary department, including dietary managers, cooks, dietary aides, registered dietitians, and any other staff or contractors working in or around the kitchen area.Procedure:I. Staff HygieneAll kitchen staff must: .D. Practice proper glove usage during meal preparation and serving when use of hands is required .IV. Food StorageA. All items must be:i. Clearly labeled and dated upon delivery, when opened, and with an expiration or discard date.ii. Stored off the floor and away from walls.iii. Covered and wrapped securely to prevent contamination.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview, and record review, the facility failed to respect and value resident's dignified existence for 1 of 6 halls (hall 300) reviewed for resident rights.The CNA failed to knock on residents' doors and introduce themself before entering the room for 4 of 10 rooms on 300 hall.This failure could please residents at risk for a negative psychosocial outcome and impact overall quality of life for residents.Findings included:During an observation on 03/18/2026 at 5:41 a.m. revealed CNA C and CNA D were doing rounds prior to shift change. CNA C was seen walking into 4 of 10 resident rooms on hall 300, without knocking or introducing herself.During an interview on 03/18/2026 at 5:44 a.m., CNA C revealed she was supposed to knock on residents' doors, say her name, and what she was there for before entering the residents' rooms. She said she had just provided ice to residents and was doing rounds one more time before leaving. CNA C indicated it was important to knock and greet residents before entering because residents need to be aware when staff were entering their room, and staff could not just barge in.During an interview on 03/18/2026 at 5:52 a.m., CNA D revealed CNAs do rounds before shift change to make sure residents were okay. She said before entering a resident's room, staff were to knock on the door, wait for residents to respond, announce self, and see what residents needed. She said it was important to knock and announce herself to give privacy because this was the resident's home, and that had to be respected. CNA D said it was the residents' right to have privacy.During an interview on 03/19/2026 9:27 a.m., LVN B revealed staff were to knock, give residents time to respond, introduce themselves, and let residents know why they were at their room before walking in. She said it was important for their privacy, and it was their right.During an interview on 03/19/2026 at 1:18 p.m. with Resident #3, she said sometimes CNAs do not knock on her door before entering. She indicated it bothered her.During an interview on 03/19/2026 at 1:40 p.m. with Resident #4, she said sometimes staff do not knock before entering (her room), but not often. She said if her door was closed and staff just walked in, it bothered her and she indicated she wanted a little respect.During an interview on 03/19/2026 1:44 p.m., CNA F revealed staff were to knock on the resident's door and let the resident know who the staff member was before entering the room. She said this was their home and (staff) could not just walk into their room, it was a respect thing and their right. During an interview on 03/19/2026 at 2:15 p.m., the ADON revealed she expected CNAs to knock on the resident doors, introduce themselves, and let residents know why they were at their room before entering. She said it was their (the residents') home and we were invited in. The facility's Privacy and Dignity policy, dated 06/2020, reflected: PurposeTo ensure that care and services provided by the Facility promote and/or enhance privacy, dignity and overall quality of life.PolicyThe Facility promotes resident care in a manner and an environment that maintains or enhances dignity and respect, in full recognition of each resident's individuality.Procedure.VI. The Facility respects the resident's private space and property.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation, interview, and record review, the facility failed to ensure each resident's right to personal privacy and confidentiality of personal records for 1 of 7 residents (Resident #1) reviewed for resident rights.The facility failed to protect Resident #1's confidential record by placing the resident's pharmacy receipt on top of a treatment cart which was sitting in hall 100 unattended. This failure could place residents at risk of their confidential information exposed to unauthorized personnel.Findings included:During an observation on 3/17/2026 at 8:45 a.m. revealed an unoccupied treatment cart in hall 100. On top of the treatment cart was Resident #1's pharmacy receipt for morphine. The receipt included Resident#1's name, date of birth , medication name (morphine), and the dosage of medication. During an interview on 3/17/2026 at 8:50 a.m., LVN A stated Resident #1 was discharged yesterday. He stated there should not be resident information in open areas because of HIPAA violation. He stated the residents had the right for their information to be kept confidential.During an interview on 3/17/2026 at 9:00 a.m., the treatment nurse stated resident information should not be placed on top of the cart that was visible to everyone because it violated HIPAA. She stated she was not sure who placed the medication receipt on top of the treatment cart. During an interview on 3/18/2026 at 12:17 p.m., the DON stated she was not sure how resident's information was left in open area. She stated the resident was discharged . She stated her expectation of her staff was to keep all residents' information private and secured. She stated residents had a right to keep their information private. She stated an in-service was done on 3/17/2026 regarding confidentiality of resident information.Record review of facility's in-service record, dated 3/17/2026, revealed the DON provided an in-service on HIPAA. In-service topics included Resident information kept in a secured location; discharged resident medication remove from the cart.Record review of facility's Electronic Protected Health Information Security, Medical record manual - HIPAA policy, dated 2/2025, revealed the policy stated resident medical records will be maintained in a system in a manner that protects the [resident] information from unauthorized use, access, modification or destruction.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents received adequate supervision 1 of 1 (Resident #2) residents reviewed for microwave use.The facility failed to ensure Resident #2 was not alone in the staff conference room using the microwave to warm up his coffee. This failure could place residents at risk of burning themselves when trying to consume microwaved food and beverages.Findings included:Record review of Resident #2's face sheet, dated 03/18/2026, revealed a [AGE] year-old man admitted to the facility on [DATE] with a primary diagnosis of an infection following a (surgical) procedure.Record review of Resident #2's MDS, dated [DATE] revealed he had a BIMS of 15.Record review of Resident #2's care plan, dated 03/11/2026, revealed he was a risk for falls related to gait/balance problems (walking and balance problems) and had ADL self-care performance deficit related to post right knee arthroplasty (surgery to replace or repair knee). Interventions included physical and occupational therapy and 1-person staff assistance.During an observation on 03/18/2026 at 6:13 a.m., Resident #2 was in the staff conference room, sitting on his walker while using the microwave to warm up his coffee. Resident #2 said he was just warming up his coffee. He indicated staff had previously offered to warm his coffee in the past but not that morning and he did not want to bother them. Resident #2 proceeded to leave the room with steaming coffee in his right hand and pushed his walker with his left hand.Record review of Resident #2's hot liquid safety evaluation, dated 3/6/2026, reflected he had impaired functional mobility, but did not have any other risk factors regarding hot liquids safety risk.During an observation and interview on 03/18/2026 at 7:00 a.m., the ADM revealed residents were not allowed to use the microwave and would remove it from the staff conference room a to an office where it could be secured. He proceeded to remove the microwave from the staff conference room.During an interview on 03/19/2026 9:27 a.m., LVN B revealed residents were not allowed to warm up their own coffee in the microwave because it was a high risk for an accident to occur or burn from liquids being too hot. She indicated Resident #2 would be a high risk for a fall and burn because he used a walker. LVN B indicated residents who had or tried to utilize the microwave were educated on having staff warm their coffee and residents were monitored so they did not use the microwave. During an interview on 03/19/2026 at 1:44 p.m. CNA F revealed residents were not allowed to use the microwaves because they could burn themselves. She indicated if residents wanted coffee warmed up, she would talk with their nurse and warm the coffee for them to meet their needs. During an interview on 03/19/2026 at 2:15 p.m., the ADON revealed when Resident #2 left the staff conference room on 03/18/2026 (after heating up his coffee), she told Resident #2 he could not use it (microwave) and it was care planned. The ADON said he could have spilled the coffee on himself, even if he just went to drink it, he could have burned himself. She said he could have tilted (the walker) and fell. She said she educated Resident #2, and the ADM was working to put a code on the staff conference room door and until then the microwave was removed from the staff conference room. The facility's [Corporate Name] Skilled Management Hot Beverage Protocol, undated, reflected: Do not place [sic] cof f ee or beverage machines with hot surfaces in areas that residents have direct access to (dining room, lobby, activity room, therapy gyms, etc.). The dietary team members must obtain and record the temperature of any hot beverage (e.g., coffee, hot tea, hot cocoa, hot water, etc.) that leaves the kitchen area, regardless of the amount of hot beverage being provided to a resident or staff member. Hot beverages must not exceed 140 F degrees when delivered to the dining area, to a [sic] sta member, or to a resident. The temperate setting of [sic] co ee machines and brewers located in the kitchen should not exceed 165 F degrees. Hot beverages should not be served directly from the [sic] co ee machine, brewing pot or hot water source. Hot beverages should be provided in carafes, air pot, or other insulated containers. Temperatures should be obtained and recorded for hot beverages prior to meal (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	services.Temperatures should not exceed 140 F degrees. Hot beverage logs should be completed for every meal. Hot water must not be dispensed and given to a resident at any time. If the resident requests hot water, the kitchen will ask the reason. If the resident wants hot tea or hot cocoa, the kitchen will prepare the drink, check the temperature, and then deliver it to [sic] he resident or requestor. All hot beverages will be served in a coffee mug. [sic] Sta must assist residents with the removal of the lid when adding cream and sugar to prevent spillage when the lid is removed, and ensure the lid is placed back on cup tightly. Residents with identified risk factors on the Hot Liquids Assessment should be supervised when consuming hot beverages.

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview, and record review, the facility failed to store drugs and biologicals in locked compartment for 1 of 4 carts reviewed for medication and biological storage.The facility failed to ensure a bottle of wound cleaner was not sitting on the side of an unoccupied cart in hall 100.This failure could place residents at risk of adverse reaction and injury. Findings included:During an observation on 3/17/2026 at 8:45 a.m., an unoccupied treatment cart in hall 100 was locked with a bottle of wound cleanser exposed on the side of the treatment cart. The wound cleanser bottle was half empty. There was residents present in hall 100 at the time of observation. During an interview on 3/17/2026 at 8:50 a.m., LVN A stated he was not sure who was using the treatment cart because the cart was shared amongst the nurses. He stated all drugs and biologicals should be stored inside a locked cart to prevent injuries or adverse reactions to residents if they got ahold of biologicals. During an interview on 3/17/2026 at 9:00 a.m., the treatment nurse stated the treatment cart was an extra treatment cart that was shared amongst the nurses to provide wound care when she was not available. She stated all biologicals should be stored in locked compartments. She stated a resident could get ahold of the bottle and could have ingested the fluid inside the bottle, which could cause injury to the resident. During an interview on 3/18/2026 at 12:17 p.m., the DON stated all carts should stay locked and there should be no drugs or biologicals out in the open. She stated she could not state a specific risk. She stated the risk depended on which resident got ahold of the biological and what type of biological it was. She stated both LVN A and the treatment nurse informed her of the incident and an in-service was conducted with all nurses on cart safety.Record review on 3/18/2026 at 1:57 p.m. revealed an in-service on cart safety was conducted on 3/17/2026 by the DON. Record review of facility's Medication storage policy, dated 1/2026, revealed the policy stated, carts must remain locked and always secured. These standards are required to ensure resident safety and regulatory compliance. The policy also stated that access is restricted to authorized, licensed staff.