

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/29/2024
NAME OF PROVIDER OR SUPPLIER  Brodie Ranch Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2101 Frate Barker Rd Austin, TX 78748	

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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>38073</p> <p>Based on observation, interview, and record review the facility failed to have the results of the most recent survey of the facility posted in a place readily available to residents, family members and legal representatives for 1 of 1 survey results books.</p> <p>The facility failed to ensure a binder placed on a table at the entrance of the facility and titled Survey Results contained the results of the most recent full recertification survey.</p> <p>This failure placed residents at risk of not having all the information necessary to make decisions about living at the facility.</p> <p>Findings included:</p> <p>Observation on 03/29/24 at 12:50 PM revealed a white three-ring binder on a console table just inside the entrance doors to the facility. The binder had Survey Results printed on the front. Within the binder were results of State Agency surveys dating back to 2021, but the results from the most recent full recertification survey, held from 02/06/24 to 02/08/24, were not present anywhere in the binder. The binder did contain a Notice of Accepted Plan of Correction Form referencing the full recertification survey dated 02/08/24.</p> <p>Review of the Statement of Deficiencies form CMS-2567 dated 02/08/24 reflected the facility was cited for failure to ensure the right to survey results.</p> <p>Review of the State Agency Notice of Accepted Plan of Correction found in the Survey Results binder on 03/29/24 reflected the following: The plan of correction and/or evidence of compliance may be accepted as determination of correction in lieu of conducting an on-site follow-up visit. A desk review may be performed. If, during a future visit, violations or deficiencies that were considered corrected through a desk review are discovered not to have</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
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<p>F 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>been corrected, enforcement actions may be recommended. The notice was dated 03/20/24 and signed by the State</p> <p>Agency program manager assigned to the facility.</p> <p>During confidential interviews on 03/29/24 between 12:55 PM and 01:40 PM, four anonymous residents stated they had</p> <p>wondered what the results of State Agency investigations were and remembered that results were available on the</p> <p>table by the front doors. One resident stated s/he would like to have been able to see the results prior to entering the</p> <p>facility so s/he would know if the facility was a safe place to live. Another resident stated s/he felt the facility was his/her</p> <p>home and s/he should know what was happening in his/her home. S/he also stated s/he would want to know if the same</p> <p>problems were happening to others as were happening to him/her. S/he stated there were times when s/he had an issue and</p> <p>did not speak up about it, because s/he was afraid s/he was the only person with the problem. The other two resident did</p> <p>not elaborate but said it was important to them to have the survey results available for them or their family members to</p> <p>read.</p> <p>During an interview on 03/29/24 at 02:30 PM, the ADM stated ensuring the survey results were available to residents, family members, and visitors was his responsibility. He stated he had just started working at the facility as the administrator two weeks prior and had already inquired about obtaining a copy of the survey results from 02/08/24. He stated he thought he had requested the survey results the week prior, but he was not certain which day he had made the request. The ADM stated the only potential negative outcome he could imagine of the survey results not being available to residents was that residents might be more outspoken about a problem they were having if they could see in writing that the problem was also a problem for others in the facility and according to the regulations.</p> <p>Review of facility policy dated 10/04/16 and titled Resident Rights reflected the following: Information and Communication. You have the right to: . examine the results of the most recent survey of the facility conducted by Federal or State surveyors, and any plan of correction in effect with respect to the facility.</p>		