STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676267	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brodie Ranch Nursing and Rehabilitation Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49097 Based on observation, interview, and record review, the facility failed to 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 for 3 of 10 residents (Resident #31, Resident #71, and Resident #76) reviewed for rights. The facility failed to ensure CNA B knocked on Resident #31, Resident #71, and Resident #76's doors when going into the residents' rooms. The deficient practice could place residents at risk of feeling like their privacy was being invaded or the facility was not their home. Findings included: Review of Resident #31's Face Sheet dated 03/24/2025 revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #31's diagnoses included heart disease, muscle wasting, shortness of breath, pain in joint, cognitive communication deficit (problems with communication), dysphagia (difficulty swallowing), heart failure, morbid (severe) obesity, dependency on oxygen, anxiety (feeling of uneasiness or worry), unsteadiness on feet, chest pain, hyperlipidemia (high cholesterol), and hypertension (high blood pressure). Record review of Resident #31's Quarterly MDS assessment dated [DATE] revealed Resident #31 had a BIMS score of 12 indicating moderate cognitive impairment. Review of Resident #71's Face Sheet dated 03/24/2025 revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #71's diagnoses included dementia (memory, thinking, difficulty), muscle wasting, unsteadiness on feet, abnormalities of gait and mobility, need for assistance with personal care, pain in left knee, muscle weakness, hypertension (high blood pressure), dysphagia (difficulty swallowing), and cognitive communication deficit (problems with communication). Record review of Resident #71's Quarterly MDS dated [DATE] revealed Resident #71 had a BIMS score of 04 indicating severe cognitive impairment. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676267	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brodie Ranch Nursing and Rehabilitation Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #76's Face Sheet dated 03/24/2025 revealed he was a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #76's diagnoses included disorder of brain, epilepsy (seizure disorder), lack of coordination, urinary tract infection, muscle wasting, dysphagia (difficulty swallowing), cerebral infraction (stroke), cognitive communication deficit (problems with communication) and retention of urine. Record review of Resident #76's Quarterly MDS dated [DATE] revealed Resident #76 had a BIMS score of 11 indicating moderate cognitive impairment. Observation of 400 hall on 03/24/2025 at 12:55 p.m., revealed CNA B did not knock on Resident #31, Resident #71 and Resident #76's door before entering. An interview with Resident #31 on 03/25/2025 at 9:06 a.m., revealed that staff did not always knock on her door. She said that staff would forget to knock. She would like for them to knock all the time because there were times she would be changing. She said it irritated her when staff would come in and out so much without knocking. An interview with Resident #76 on 03/25/2025 at 9:14 a.m., revealed that staff did not always knock. He said that he would like for staff to knock all the time. He said he would get irritated when staff just walked into his room, especially when he had the door closed. During an attempted interview with Resident #71 on 03/25/2025 at 9:25 a.m., she only said she was good, but she was cold and wanted some coffee. An interview with CNA B on 03/19/2025 at 1:11 p.m., revealed that she had been trained on resident rights. She said the policy for knocking was that staff were supposed to always knock before entering. She said that all staff were required to knock before entering the resident's room. She said that there was no time that the staff should not knock before entering. She said if staff did not knock, the resident may feel disrespected or that staff were invading their privacy. She said that the charge nurse or management monitor to ensure staff were knocking on the residents' doors. She said that the charge nurse or management monitored by observations and asking the residents. She said she was not sure why she did not knock on the residents' doors before entering. An interview with the DON on 03/26/2025 at 9:09 a.m., revealed she and staff had been trained on resident rights. She said the policy was that staff were to knock on the door and allow a coherent resident to respond. She said that for a noncoherent resident, staff were to knock on the door, and tell the resident what they were and what they were there for. She said that staff were to knock except if it was an emergency such as the resident on the floor. she said it was important for staff to knock because it was the resident's right. She also said that if staff did not knock on the door, the resident may feel exposed. She said that all management was responsible for monitoring to ensure staff were knocking. She said that management monitored it by doing frequent rounds, and in-service trainings. She said she did not know why the staff were not knocking on the doors. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676267	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brodie Ranch Nursing and Rehabilitation Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview with the ADM on 03/26/2025 at 9:20 a.m., revealed that he and staff had been trained on resident rights. He said the policy was to knock on the door and inform the resident what they were there to do. He said all staff were supposed to knock before entering the residents' room. He said that it was important for staff to knock on the residents' door for their privacy. He said the resident may feel like their privacy was not being respected. He also said the resident may not know who the staff member was, and it may scare them. He said that the charge nurse and all department heads were to monitor to ensure that staff were knocking on the door. He said management monitored knocking by observation of the halls. He said he did not know why staff were not knocking on residents' doors before entering. Record Review of Resident Rights dated July 2017 revealed residents have the right to be treated with respect and dignity. Residents have the right to personal privacy and confidentiality.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676267	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brodie Ranch Nursing and Rehabilitation Center	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)
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. 49065 Based on observation, interview, and record review, the facility failed to ensure that drugs and biologicals used in the facility were stored properly for 1 (Hall 200-MA Cart) of 7 Medication carts reviewed for drug storage. The facility failed to ensure one medication cart (Hall 200-MA Cart) was locked and that medications were securely stored. This failure could place residents at risk to obtain and take medications not prescribed for them which could result in resident's harm due to adverse medication reactions. Findings include: Observation on 03/26/25 at 11:15 AM revealed the medication cart, assigned to MA-A located on 200 hall, was unattended and unlocked for approximately 10 minutes, and medications were accessible to residents. The cart was unlocked, and multiple staff walked down the hall and past the unlocked medication cart but failed to lock the cart. In an interview on 3/26/25 at 11:20 AM, MA-A stated, the policy was to keep the medication cart locked 24 hours a day/7 day a week and to never leave it unattended unlocked. He stated it was important to keep the cart locked because anybody could steal the drugs and residents could take the pills. He also stated, if a resident had taken the pills, then staff would have to call the nurse and the doctor to report it. He stated the resident could become sick and could require hospitalization if they had taken medications from the cart. He stated that he was told to go to the dining room and he messed-up and forgot to lock the cart. In an interview with RN-C on 3/26/25 at 11:29 AM, she stated, the policy was to keep the medication cart locked. She stated it was important to keep residents or anybody else from getting medications. She stated residents getting the medications could be dangerous and a resident could take a controlled medication. She stated a resident could take a medication that they were allergic to. She also stated the resident could get sick, intoxicated, or die by taking medications from the cart. In an interview on 3/26/25 at 12:56 PM, the DON stated, the policy was for the medication cart to be locked to secure the medications. She stated it was important to secure medications and avoid having residents opening the cart and getting medications. She stated residents could take medication from the cart which could cause adverse effects with their own medications. She also stated examples of adverse effects could include nausea or headaches. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676267	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brodie Ranch Nursing and Rehabilitation Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 3/26/25 at 12:58 PM the ADM stated, the policy for medication pass was the charge nurse should lock the medication cart if going away from the cart at any time. He stated this was important, so a resident doesn't get in the cart and take medications not prescribed for them. He stated the unlocked cart could result in drug diversions and residents could miss getting their medications. He also stated that residents could take medications that were contraindicated with their own medications and that could cause adverse unwanted affects. He stated an example of an adverse effect possible was a laxative could cause excessive bowel movements. A record review of facility policy titled, Medication Storage in The Facility-FAC19Rev 2 and dated 11/13/18 reflected the following: .Medications and biological's are stored safely, securely, and properly . The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676267	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brodie Ranch Nursing and Rehabilitation Center	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 51289 Based on observation, interview, and record review, the facility failed to prepare foods by methods that conserve nutritive value, flavor, and appearance in the facility's only kitchen for 20 of 21 residents (Resident #42, Resident #47, Resident #63, Resident #19, Resident #361, and confidential group interview (15 of 16 residents)). The [NAME] prepared food as early as 2 hours and 45 minutes prior to meal service as observed on 03/24/2025 at 9:15 a.m. and 03/25/2025 at 9:35 a.m. The [NAME] held food in shallow pans uncovered on top of the stove for more than 2 hours and 45 minutes prior to meal service. Regular test tray rendered a low temperature and bland flavor. Pureed test tray rendered a low temperature and bland flavor. Food lacked seasoning and was unacceptable to residents. Food was prepared and held at low temperatures for hours prior to meal service. Puree food was served to residents with visible lumps and required chewing. Food was served at unpreferable and unappetizing temperature for the residents. Facility was aware of the resident's complaints about food being served at unappetizing temperatures and not flavorful, and the complaints were not addressed. These failures could compromise and destroy nutritive value of food and placed residents, who ate food from the kitchen, at risk of illness or injury. Finding included: Observation on 03/24/2025 at 9:15 a.m., during the initial brief tour of the kitchen, revealed the following: Mealtime schedule posted in the entrance of the dining room noted lunch was served at 12:00 p.m. The vegetable for the regular, mechanical soft, and puree diets, which consisted of broccoli, was in a shallow pan filled with water sitting on the stove uncovered. Observation on 03/24/2025 at 1:06 p.m. of the survey test tray revealed the following: (continued on next page)

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 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brodie Ranch Nursing and Rehabilitation Center	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Regular test tray was delayed and delivered 66 minutes after the start of the meal service time of 12:00 p.m. o meatballs were salty in flavor. o peaches and cream were bland in flavor. Observation on 03/25/2025 at 9:35 a.m. to confirm time for temperature checks revealed the following: The vegetables for the regular, mechanical soft, and puree diets, which included green and yellow squash, was in a shallow pan filled with water sitting on the stove uncovered. Observation on 03/25/2025 at 11:37 a.m. to complete temperature checks on cooked foods ready for food service revealed: Squash for regular and mechanical soft meals remained on the stove with burner off and uncovered rendered a temperature for pan #1 of 135 degrees and pan #2 of 88 degrees. Observation on 03/25/2025 at 1:13 p.m. of the survey test tray revealed the following: Regular test tray was delayed and delivered 73 minutes after the start of meal service time of 12:00 p.m. Puree test tray was delayed and delivered 73 minutes after the start of meal service time of 12:00 p.m. Regular diet chicken fried chicken temperature reading was 149 degrees. Regular diet zucchini temperature reading was 95 degrees and was bland in flavor. Regular diet mashed potatoes temperature reading was 99 degrees, and creamy and bland in flavor. Pureed zucchini temperature reading was 90 degrees and was mushy and bland in flavor. Pureed chicken fried chicken temperature reading was 89 degrees, had a greasy flavor, no seasoning, and bland in flavor. Pureed cake had visible lumps which required chewing and was bland in flavor. During an interview on 03/24/2025 at 10:06 a.m., Resident #42 stated the facility needs a new cook .the food, we are not going to talk about. Resident #42 would not go into details. During an interview on 03/24/2025 at 10:48 a.m., Resident #47 stated, some of the food is good and some is bad referring to the flavor. During an interview on 03/24/2025 at 11:04 a.m. Resident #63 stated, the food is not appetizing, the food comes cold, and it is the same thing all the time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676267	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brodie Ranch Nursing and Rehabilitation Center	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 03/24/2025 at 3:40 p.m. Resident #19 stated, the food is cold, breakfast eggs are almost always cold, and lunch and dinner is usually lukewarm, but never hot. A confidential group interview on 03/25/2025 at 2:00 p.m. revealed 15 out of 16 residents stated the food is constantly cold, not flavorful, and lacks variety. During an interview on 03/26/2025 at 10:46 a.m., the DM stated the cook begins preparing lunch at 9:00 a.m. , and at 11:30 am, cooked food temperatures should be checked followed by serving at 12:00 p.m. During an interview on 03/26/2025 at 10:56 a.m., the AD stated that Resident Council information was provided to the ADM and DON. She stated the complaints of cold food, needing food warmers, and not flavorful foods is consistent, and she notified the DM each time. She stated she oversees the Resident Council activities. She stated the kitchen changed a few things such as more vegetables but has not resolved the consistent complaints. She stated lunch is scheduled at 12:00 p.m. in the dining room followed by service to the resident rooms 30 minutes later. She stated lunch typically begins at 12:00 p.m. with some variations of 15-20 minutes. During an interview on 03/26/2025 at 11:19 a.m. with Resident #361, she stated the food is not bad and stated that sometimes breakfast is cold but states the facility staff are getting it worked out. During an interview on 03/26/2025 at 11:57 a.m., CNA G stated the residents' food is usually out in the halls at 12:30 p.m. or later. CNA G stated she could not recall the resident's specific complaints regarding cold food. During an interview on 03/26/2025 at 12:12 p.m., CNA H stated, at times, she will take the trays and warm them up if the residents ask. She stated this usually occurs because they left the tray sitting for some time. During an interview on 03/26/2025 at 12:33 p.m., CNA I stated breakfast is served about 8:00 a.m. in hallway 400 and. stated lunch is usually served about 12:30 p.m. or 12:45 p.m. He stated he received some complaints about cold food and options, which he reported to the charge nurse. During an interview on 03/26/2025 at 1:47 p.m., CK D stated she normally begins preparing lunch at 10 a.m. for all diets, at 10:30 a.m. - 11:00 a.m. she begins to observe meal tickets, at 11:30 a.m. conducts cooked food temperature checks, and at 12:00 p.m. begins meal service for dining room tickets. She stated she usually begins meal service for room tickets about 12:25 p.m. She said she is very strict about having the plates hot and if they are not hot, she will enter them into the oven to warm up before serving. She states she does not send her food out cold. She stated that she has received a few resident complaints due to lack of flavor but stated she cannot do much to adjust the flavor of the foods as she follows the recipes and the residents do not like this response. She stated there are some foods that come with more salt than others at times, such as gravy. During an interview on 03/26/2025 1:59 p.m., DA E stated that she has heard complaints of food not having flavor, but stated on occasion she will taste the food for the cook, and she believes it is seasoned well and flavorful. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676267	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brodie Ranch Nursing and Rehabilitation Center	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 03/26/2025 2:04 p.m., DA F stated food is cold at times as kitchen staff will deliver the carts of food to the resident hallways, and direct care staff will leave them sitting for a bit of time, which could potentially cause the food to be cold. She stated breakfast is prepared and trays are ready by 7:30 a.m. for dining room service but could not recall what time meals are taken out to the residents in the dining room nor the hallways. She stated she has tasted the food and has not seen a concern with the flavor. During an interview on 03/26/2025 at 2:09 p.m., the DM stated vegetables and starch foods should be prepared no earlier than 90 minutes before meal service. She stated that food preparation can start 3 hours before meal service. She stated that she is not sure why CK D would begin preparing vegetables more than 165 minutes before meal service but would discuss this with her. She stated she is not sure why there are issues with food coming out cold. She stated the AD has notified her of food being served cold to the residents. She stated she has not been notified by the AD of resident complaints regarding the flavor of the foods. She stated that she and the other cooks follow the recipes and the seasoning recommended. She stated she also meets with residents on one-on-one to get information on their preferences. She stated this is the first she has heard that food is not flavorful. She stated residents notified her of more fruits and vegetables being requested. She stated that foods being cold can be contributed to not having hot plate bottoms with lids, which has been conveyed to the dietician and AD who communicate to ADM. She stated she does not get complaints about foods directly and has not been given information from resident council meetings or AD. During an interview on 03/26/2025 at 3:15 p.m., the DM stated her corporate resource staff instructed her to respond to surveyor that there is no set-in stone time for kitchen staff to begin preparing foods to the time when food is served. She stated she believes it should be no more than 3 hours prior to meal service Giving the DM the example of zucchini sitting from 9:35 a.m. until 12:00 p.m., she agreed this was too long for vegetables to be out in the open uncovered. She stated vegetables should be the last item to cook for meal service, and that is what she trains her staff to follow. Review of the facility's document titled Grievances from March 2024 to March 2025 revealed: 07/20/2024 resident states that lunch tray comes out late and that he had to go get it from a cart. Review of the facility's document titled Resident Council Meeting Minutes from April 2024 to March 2025 revealed: April 2024 Resident Council attendees discussed food variety and service; and requested more variety food options for snack and meals. July 2, 2024 Resident Council attendees discussed that a lot of the food is still being brought to them cold; Requested to get hot plates/warming carts to keep the food warm; Complained that when they can order the fried eggs, they come out cold; Do not like the catfish - not enough flavor; Stated that the noodles are being overcooked and coming out rubbery; Requested to have more variety of side options other than oranges and applies. September 6, 2024, Resident Council attendees discussed food still coming out cold, even in the dining room; and requested to get food warming carts and better lids to help keep the food from getting cold. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676267	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brodie Ranch Nursing and Rehabilitation Center	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	October 4, 2024, Resident Council attendees discussed the request for food warmers to keep the food from coming out cold; and also requested for more seasoning on the meat. November 8, 2024, Resident Council attendees discussed food coming out cold; requested for warming carts and better food covers to keep the food warm; and wants the meats and sides to be more seasoned. December 6, 2024, Resident Council attendees discussed wanting the meats and sides to have more seasoning. January 10, 2025, Resident Council attendees discussed food trays being delivered to the rooms cold; and requested food warming carts to keep the food from getting cold. February 7, 2025, Resident Council attendees discussed the meat and vegetables needing more seasoning; and requested baked veggies instead of boiled. March 12, 2025 Requested for the vegetables to be baked instead of boiled. Review of the facility's document titled Diet and Nutrition Care Manual reviewed and approved on 05/23/2024 by Medical Director, Administrator, Registered Dietician Nutritionist, Director of Nursing, Speech Language Pathologist, and Food Service Director reflected: IDDSI Food and Drink Texture Descriptions Food/Drink Consistency Level 4, Extremely Thick - Pureed Does not require chewing. No lumps Foods to Avoid on an IDDSI Level 4: Pureed Diet Food Characteristics and Examples of Foods to AVOID visible lumps in pureed food or yogurt.