STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676270	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Place Four	3505 S Buckner Blvd Bldg 5 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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that a resident who needs respiratory care was provided such care, consistent with professional standards of practice for 1 (Residents #1) of 4 reviewed for oxygen. The facility failed to ensure Residents #1 had a written orders for oxygen administration when Resident#1 was receiving oxygen therapy on 05/27/26. This failure placed residents who received oxygen therapy at risk for inadequate or inappropriate amounts of oxygen delivery and ineffective treatment. Record review of Resident #1's quarterly MDS assessment, dated 04/02/26, revealed Resident #1 was [AGE] years old male admitted to facility on 12/29/25 and readmitted [DATE]. Resident#1 active diagnosis included: Stroke, Heart Failure, High Blood Pressure, High Blood Sugar, respiratory failure, and Chronic Obstructive Pulmonary Disease (a progressive, irreversible lung disease that makes it hard to breathe.).Resident#1 had a BIMS score of 11/15 indicating moderate cognitive impairment. Section O-C1 reflected resident did require oxygen while residing at the facility. Record review on 05/27/26 of Resident#1's care plan dated 05/05/26 revealed no indication of oxygen therapy. Record review on 05/27/26 of Resident #1's physician's orders revealed: no order for oxygen therapy. Observation on 05/27/26 at 09:13 AM revealed Resident #1 was lying in bed with use of oxygen at 4.5 liters per minute nasal cannula. Resident#1 was unable to answer interview r/t his mental status. The oxygen tubing was dated 05/25/26. There was Oxygen in Use sign placed on the door frame of Resident#1's room. Observation and interview on 05/27/26 at 11:32 LVN A reviewed Resident #1's orders and confirmed there was no order for oxygen therapy in the system and went and physically checked Resident#1 and confirmed he was on oxygen at 4.5 liter/minutes. She stated she was familiar with Resident#1 and he was on oxygen all the time, and she did not check to make sure there was an order for the oxygen therapy. She stated she would contact the physician and get the order for oxygen therapy for Resident#1. She stated it was the responsibility of the nurses to physically assess residents every shift and confirm all the residents were receiving care according to the doctor's orders. LVN A stated the nursing staff was responsible to monitor Resident #1's oxygen each shift daily, and report all the changes to physician. LVN A stated not following physician orders could cause a risk to the resident breathing patterns. Interview with the DON on 05/27/26 at 11:37 AM, the DON stated Resident #1 was on oxygen. The DON stated nursing staff should be checking Resident #1's water, tubing, and level of oxygen flow on each shift daily, and confirm the therapy with the physician order. The DON stated it was the nursing staff's responsibility to check the oxygen level daily and every shift, enter new orders from the physician and document Resident #1's need for oxygen therapy. The DON stated not having Doctor order for resident's oxygen therapy could place the resident at risk of not receiving proper dose, and breathing issues. Record review of facility's policy titled Oxygen Administration revised June 2020, reflected: Purpose: To prevent or reverse hypoxemia and provide oxygen to the tissues. Policy I. Initiation of Oxygen A. A physician's order is required to initiate oxygen therapy, except in an emergency situation. The order shall include i. Oxygen flow rate ii. Method of administration (e.g., nasal cannula)iii. Usage of therapy (continuous or prn) iv. Titration instructions (if indicated) v. Indication for use B. In an emergency situation or when a physician's order cannot be immediately obtained, oxygen may be (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	initiated by a Licensed Nurse in the presence of acute chest pain or anyother acute situation in which hypoxia is suspected. C. A physician is to be contacted as soon as possible after initiation of oxygen therapy inemergency situations, for verification and documentation of the order for oxygen therapy consultation, and further orders.II. Oxygen saturations will be measured and documented at a minimum of daily for resident's receiving oxygen therapy .