

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/20/2025
Form Approved OMB
No. 0938-0391

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 12/22/2022
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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45307</p> <p>Based on record review and interview, the facility failed to ensure all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made to the administrator of the facility and to other officials including the State Survey Agency in accordance with the State law through established procedures for 1 of 1 Residents (Resident #36) reviewed for reportable incidents in that:</p> <p>The facility did not report to HHSC (State Agency) within 24 hours that Resident #36 had reported missing over four hundred dollars in cash.</p> <p>This failure placed residents at risk for misappropriation of property not being reported to the State Agency by the facility.</p> <p>The findings included:</p> <p>Record review of Resident #36's face sheet revealed he was admitted on [DATE] with diagnoses which included end stage renal disease (final, permanent stage of chronic kidney disease, where kidney function has declined to the point that the kidneys can no longer function on their own), Hepatitis B, depression, and unspecified pain.</p> <p>Record review of Resident #36's MDS dated [DATE] revealed a BIMS score of 10 which indicates cognitively intact.</p> <p>Record review of facility Abuse and Neglect policy titled Abuse: Prevention of Prohibition Against dated 10. 2022 revision date revealed: All allegations of abuse, neglect, misappropriation of resident property, or exploitation should be reported immediately to the Administrator. 2. Allegations of abuse, neglect, misappropriation of resident property, or exploitation will be reported outside the Facility and to the appropriate State or Federal agencies in the applicable timeframes, as per this policy and applicable regulations.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 676267
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a grievance form titled Grievance Form dated received 12/09/2022 by the SW revealed Resident stated he is missing money from a month and a half ago. and Resident stated he had money in an envelope that he left in his drawer. Resident stated he normally takes his money with him, but he forgot it one day. The Administrator's signature is indicated at the bottom of the form with the date signed missing.</p> <p>In an interview on 12/20/2022 at 11:33 AM, Resident #36 stated he had been missing cash for over 2 months and he had not received any compensation or investigation from the facility into the whereabouts of his money. Resident #36 stated he had an envelope holding over four hundred dollars in his bedside dresser. Resident #36 stated when he went out of the facility a few months ago on pass, he returned to find the envelope of cash missing. Resident #36 stated he reported this to the SW a week ago and was provided a lockbox to store his money in and offered to open a trust account with the facility.</p> <p>In an interview on 12/20/2022 at 4:32 PM, the SW stated she recognized the grievance form and recalls the conversation with Resident #36. The SW stated at the time she received the grievance from Resident #36 on 12/09/2022, she asked him where he believed the money went and proceeded to report the grievance to the Administrator the same day. The SW stated she did not complete an investigation apart from asking Resident #36 where he believed the cash went and informing the Administrator as that was his responsibility. The SW stated she offered Resident #36 a trust account and a lockbox.</p> <p>In a phone interview on 12/20/2022 at 5:02 PM, the Administrator stated the incident with Resident #36 reporting over four hundred dollars missing was not reported to HHSC. When asked why it was not reported, the Administrator stated he was not aware he needed to report the incident regarding Resident #36 and described the event to not be a reportable event. The Administrator stated Resident #36 was not harmed, so he did not report it. The Administrator stated he was not aware of the threshold for reporting potential misappropriation of property to HHSC. The Administrator stated the policy for reporting allegation of ANE are to be reported to himself immediately so he may report it to HHSC immediately, and that he is the abuse prohibitionist and ensures allegations are reported. The Administrator stated at the time of the grievance being submitted, he was not confident Resident #36 was capable of amassing over four hundred dollars in the facility as he only receives a small sum from his family member periodically.</p> <p>In an interview on 12/23/2022 at 2:14 PM, the DON stated she was not aware of the grievance submitted by Resident #36 related to missing cash. The DON stated the responsibility of reporting incidents to HHSC and law enforcement is shared between herself and the Administrator. The DON stated she was not aware of the threshold for constituting a potential misappropriation of property or if this event would be reported to HHSC. The DON stated the Administrator did not describe a reported grievance of a resident reported missing over four hundred dollars in cash.</p> <p>Record review of facility policy related to grievances titled Grievance Process dated 1.2022 revealed The Grievance official/ Designee completes the Grievance Resolution Forms, takes appropriate corrective action in accordance with State law if the alleged violation of resident's rights is confirmed by the facility or an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency within its area of responsibility. The Grievance Official or designee will contact all parties with the outcome.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45307</p> <p>Based on record review and interview, the facility failed to ensure that all alleged violations involving abuse are thoroughly investigated and results reported of all investigations to the State Survey Agency, within 5 working days of the incident for 1 (Resident #36) of 1 resident reviewed for investigation of alleged violations.</p> <p>The facility failed to properly investigate allegations of misappropriation of Resident #36's property.</p> <p>This failure could place residents at risk of allegations not being investigated.</p> <p>The findings included:</p> <p>Record review of Resident #36's face sheet revealed he was admitted on [DATE] with diagnoses which included end stage renal disease (final, permanent stage of chronic kidney disease, where kidney function has declined to the point that the kidneys can no longer function on their own), Hepatitis B, depression, and unspecified pain.</p> <p>Record review of Resident #36's MDS dated [DATE] revealed a BIMS score of 10 which indicates cognitively intact.</p> <p>Record review of facility Abuse and Neglect policy titled Abuse: Prevention of Prohibition Against dated 10. 2022 revision date revealed: All allegations of abuse, neglect, misappropriation of resident property, or exploitation should be reported immediately to the Administrator. 2. Allegations of abuse, neglect, misappropriation of resident property, or exploitation will be reported outside the Facility and to the appropriate State or Federal agencies in the applicable timeframes, as per this policy and applicable regulations.</p> <p>Record review of a grievance form titled Grievance Form dated received 12/09/2022 revealed Resident stated he is missing money from a month and a half ago. Within the area Steps Take to Investigate Grievance it stated Resident stated he had money in an envelope that he left in his drawer. The Resident stated he normally takes his money with him, but he forgot one day. Resident has a bank account at an outside bank. Resident stated that his friend [NAME] takes him to the bank and no one else has access to his account. Under the section Summary of Findings/Conclusion stated Asked resident if he wanted to open a trust fund at facility, Resident stated he prefers to keep his bank account. Provided resident a lockbox with key for valuables. Asked resident to notify social worker or [Business Office Manager] when he receives money so that it can be inventoried. Resident agreed. The Administrator's signature is indicated at the bottom of the form with the date signed missing.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 12/20/2022 at 11:33 AM, Resident #36 stated he had been missing cash for over 2 months and he had not received any compensation or investigation from the facility into the whereabouts of his money. Resident #36 stated he had an envelope holding over four hundred dollars in his bedside dresser. Resident #36 stated when he went out of the facility a few months ago on pass, he returned to find the envelope of cash missing. Resident #36 stated he reported this to the SW a week ago and was provided a lockbox to store his money in and offered to open a trust account with the facility. Resident #36 stated no search was completed or he was not aware of any search for the missing cash.</p> <p>In an interview on 12/20/2022 at 4:32 PM, the SW stated she recognized the grievance form and recalls the conversation with Resident #36. The SW stated at the time she received the grievance from Resident #36, she asked him where he believed the money went and proceeded to report the grievance to the Administrator. The SW stated she did not complete an investigation apart from asking Resident #36 where he believed the cash went and informing the Administrator as that was his responsibility to complete the investigation. The SW stated she offered Resident #36 a trust account and a lockbox as a form of reparation and prevention for potential further loss.</p> <p>In a phone interview on 12/20/2022 at 5:02 PM, the Administrator stated the incident with Resident #36 reporting over four hundred dollars missing was not reported to HHSC. When asked why it was not reported, the Administrator stated he was not aware he needed to report the incident regarding Resident #36 and described the event to not be a reportable event. The Administrator stated Resident #36 was not harmed, so he did not report it. The Administrator stated he was not aware of the threshold for reporting potential misappropriation of property to HHSC. The Administrator stated at the time of the grievance being submitted, he was not confident Resident #36 was capable of amassing over four hundred dollars in the facility as he only receives a small sum from his family member periodically. The Administrator stated after receiving the grievance from the SW, a search of Resident #36's room was completed but no other residents or staff were questioned, and no further investigation was completed. The Administrator stated the policy for reporting allegation of ANE are to be reported to himself immediately so he may report it to HHSC immediately, and that he is the abuse prohibitionist and ensures allegations are reported.</p> <p>In an interview on 12/23/2022 at 3:37 PM, the DON stated she was not aware of the grievance submitted by Resident #36 related to missing cash. The DON stated the responsibility of reporting incidents to HHSC and law enforcement is shared between herself and the Administrator. The DON stated she was not aware of the threshold for constituting a potential misappropriation of property or if this event would be reported to HHSC. The DON stated the Administrator did not describe a reported grievance of a resident reported missing over four hundred dollars in cash. The DON stated the grievance should have been reported based on the description. The DON stated she did not herself investigate and the responsibility of conducting an investigation would be the abuse prohibition preventionist, which was the Administrator.</p> <p>Record review of facility policy related to grievances titled Grievance Process dated 1.2022 revealed The Grievance official/ Designee completes the Grievance Resolution Forms, takes appropriate corrective action in accordance with State law if the alleged violation of resident's rights is confirmed by the facility or an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency within its area of responsibility. The Grievance Official or designee will contact all parties with the outcome.</p> <p>(continued on next page)</p>		

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of facility policy related to grievances titled Grievance Process dated 1.2022 revealed The Grievance official/ Designee completes the Grievance Resolution Forms, takes appropriate corrective action in accordance with State law if the alleged violation of resident's rights is confirmed by the facility or an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency within its area of responsibility. The Grievance Official or designee will contact all parties with the outcome.		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45857</p> <p>Based on observation, interview and record review, the facility failed to review and revise the person-centered care plan to reflect the current condition for 1 (Resident #8) of 8 resident reviewed for care plan revisions.</p> <p>1. Resident 8's care plan was not updated to reflect interventions of resident's dietary orders.</p> <p>This deficient practice could affect residents by placing them at risk of not receiving appropriate interventions to meet their current needs.</p> <p>Findings include:</p> <p>1. Record review of Resident 8's care plan, dated 12/19/22, revealed an admitted [DATE] with diagnosis of fracture of left femur (broken leg bone), muscle wasting, cognitive communication deficit (difficulty with communication), seizures, and altered mental status(disruption in how your brain works that causes a change in behavior).</p> <p>Record review of Resident 8's admission MDS, dated [DATE], revealed a BIMS of 12 indicating moderate cognitive impairment. Under section GG functional abilities and goals, oral hygiene shows the resident needed partial or moderate assistance to clean teeth or dentures: The ability to insert and remove dentures into and from the mouth and manage denture soaking and rinsing with use of equipment. Under section K swallowing/Nutritional Status the resident was indicated as none of the above for swallowing disorders or nutritional approaches such as feeding tubes or mechanically altered diets.</p> <p>Record review of Resident 8's quarterly review MDS, dated [DATE], revealed contained dashes under section C for cognition. Under section K none of the above was selected for swallowing disorder and mechanically altered diet was selected for nutritional approaches.</p> <p>Record review of Resident 8's care plan, initiated on 11/04/22, and revised on 11/18/22, revealed a potential for nutritional problems related to dementia, anemia, and no natural teeth. Intervention or tasks show a regular diet and thin liquid. Another area revealed oral/dental health problems related to no natural teeth with interventions to monitor/document/report to provider as needed signs and symptoms of oral/dental problems needing attention: Pain (gums, toothache, palate), abscess, debris in mouth, lips cracked or bleeding, teeth missing, loose, broken, eroded, decayed, tongue (black, coated, inflamed, white, smooth), ulcers in mouth, Lesions (wounds/sores).</p> <p>Record review of a document titled Nutrition/Hydration risk Evaluation, dated 11/7/22, revealed under section IV. Oral health status Teeth/Dentures in Good Condition.</p> <p>Record review of Resident 8's order summary, dated 12/19/22, revealed an order for regular diet: Pureed texture, nectar thick consistency, due to silent aspiration risk, 1:1 assistance with feeding, pills whole or crushed in puree, with a start date of 12/07/22 and no end date.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of document containing information on a swallow study for Resident 8, dated 12/07/22, stated meal diet recommendations .Meal Diet Solids: Pureed, Max assist, 1:1 with all po intake, sit upright, only feed when pt awake/alert/responsive. Pills crushed and given in pure, Liquids: Thin liquids, per cup or straw, 1:1 assistance with all intake, sit upright. Strategies for Pills: choking risk- crush meds or liquid form . ineffective compensatory strategies: cued cough, Self feeding . Under section titled MDS Worksheet Recommendations stated I8000 additional active diagnosis codes: Dysphagia following unspecified cerebral vascular disease .additional active diagnosis codes Oropharyngeal dysphagia .Section K0100 Swallowing Disorders signs and symptoms-complaints of difficulty or pain when swallowing+. Section K0510 Nutritional Approaches-mechanically altered diet. Section GG functional abilities and goals 01-02 MAX ASSISTANCE-is unable to feed self, fully dependent.</p> <p>Record review of document titled Resident 8, dated 12/19/22, revealed under eating Diet as ordered by the physician: regular diet, thin liquids. Eating: The resident is able to feed self .</p> <p>During an observation and interview on 12/18/22 at 4:09 p.m. Resident 8 was in her room in bed. A meal tray was at her bedside on the bedside table. The plate of food was mostly eaten and contained mixed whole vegetables. The Resident stated she tried to feed herself. She stated sometimes they puree her food and sometimes they don't. She stated today it was not pureed today but she was able to eat the meat because it was tender. No staff was observed in the resident's room. She stated she used to have dentures, but they were lost at the hospital before she got here.</p> <p>During an observation on 12/19/22 at 1:42 p.m. Resident 8 was observed eating in her room alone. The food appeared pureed. The Resident stated her food was pureed today. She stated last night her food was not pureed and contained mixed vegetables.</p> <p>During an interview on 12/21/22 at 4:36 p.m. RN F stated she cared for Residents on the 300 hall where Resident 8 resided. She stated Resident 8 was independent with meals. She stated they set up her meals, but she was independent after the set up. She stated Resident 8 was on a regular diet. She stated Resident 8 does not have any oral issues. She stated the Resident eats good. She stated when she does a physical assessment on a resident, she checks their whole body. She stated she knows Resident 8 well, she came with dentures, and eats regular food. She stated there is a risk of choking if a resident has dysphagia (difficulty in swallowing food or liquid) and is not receiving the correct diet. She stated the speech therapist updates the orders from regular to puree. She stated nursing staff is usually notified on the change shift report and will add it to the progress notes. She stated she is not sure the last time she saw the resident have regular food, but she does know her son brings in regular food for the resident sometimes.</p> <p>During a follow up interview on 12/21/22 at 5:07 p.m. ADON D stated Resident 8 did not have dentures and was changed from regular to a puree diet earlier that month. She stated this would not be considered a significant change in condition.</p> <p>During an interview on 12/21/22 at 6:00 p.m. the DON stated Resident 8 needs assistance with getting her food to her mouth and was on a nectar and puree diet. She stated the resident was OK to be left alone while eating. She stated they try their best to update the care plan and MDS to reflect the orders. She stated if the care plans or MDS are not updated to accurately reflect the residents current condition staff would not know the current interventions and the resident who had no teeth could choke or aspirate.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/22/22 at 12:15 p.m. Speech Pathologist C stated Resident 8 had a swallow study done that showed silent aspiration (usually has no symptoms, and people aren't aware that fluids or stomach contents have entered their lungs). She stated the resident had a few sets backs since admission to the facility including a phenytoin toxicity (toxicity happens when you have high levels of phenytoin in your body that become harmful. It can cause symptoms of abnormal gait, confusion, irritability, agitation, respiratory distress, tremors, hallucinations, mental status alterations, peripheral neuropathy, dysphagia or difficulty in swallowing) and a fall resulting in a fracture. She stated her swallowing deteriorated after the phenytoin toxicity and possibly after a stroke she had in the past. She stated prior to the puree diet the resident was on a mechanical soft diet. She stated the resident was aspirating on liquids in front of her when she first assessed her. Since then all the residents involuntary movements had resolved. She stated she received the swallow study on 12/7/22, updated the diet orders, sent a change of diet request to the dietary staff, and notified nursing.</p> <p>During an interview on 12/22/22 at 3:51 p.m. MDS E stated she was responsible for the MDS and care plans. She stated she either will look in the resident's EMRs or go physically look at the resident. She stated another traveler MDS personnel did the MDS for Resident 8. She stated she did sign off on the Residents current MDS on 12/7/22 and marked it as not assessed. She stated she is still learning how to do MDS assessments. She stated she asked Resident 8 if she had any mouth sores and the Resident stated she could gum it. She stated she would need to ask her MDS resource if any of the updates from the swallow study would need to be updated in the MDS.</p> <p>Record review of the facility's policy titled Comprehensive Person Centered Care Planning, dated 11/2016, stated Policy: It is the policy of this facility that the interdisciplinary team (IDT) shall develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment .3. the facility team will provide a written summary of the baseline care plan to the resident and the representatives that includes the initial goals of the resident, a summary of medications and dietary instructions, and any services and treatments to be administered .4. The facility IDT will develop and implement a comprehensive person-centered care plan for each resident within seven days of completion of the resident's minimum data set prices (MDS) and will include residence needs identified in the comprehensive assessment, any specialized service as a result of passar recommendation, and residence goals and desired outcomes, preferences for future discharge and discharge plans.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45307</p> <p>Based on record review, observation, and interview the facility failed to ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences for 1 of 2 residents (Resident #12) reviewed for respiratory care, in that:</p> <p>Resident #12 did not have sufficient oxygen flow based on the physician's order.</p> <p>This failure could place residents at-risk of improper care.</p> <p>The findings included:</p> <p>Record review of Resident #12's face sheet revealed she was admitted to the facility on [DATE] with diagnoses which included falls and right distal femur and patella fracture (broken kneecap).</p> <p>Record review of Resident #12's Physician Order Summary of all orders revealed there was an order for oxygen administration at 4L/MIN via NC.</p> <p>Observation on 12/19/2022 at 4:53 PM revealed the oxygen level on the oxygen concentration machine to be at 2L/MIN.</p> <p>In an interview and observation on 12/19/2022 at 5:01 PM, LVN TT stated Resident #12 received oxygen in her room and while she moved throughout the facility due to shortness of breath. LVN TT stated he checked the oxygen anytime he was in her room. LVN TT stated the oxygen flow rate was not appropriate and asked the Surveyor if Resident #12 might have moved it. Resident #12 did not state if the oxygen level was moved. LVN TT was observed to increase the oxygen flow rate to 4L/MIN from 2L/MIN and stated he usually checks it but forgot this most recent wellness check. LVN TT stated Resident #12's oxygen saturation levels were above 95% based on the last oxygen saturation test. LVN TT stated he knew the correct oxygen flow rate was supposed to be 4L/minute by reviewing her physician's orders. LVN TT stated the risk associated with not maintaining Resident #12's oxygen flow rate was that Resident #12 might aspirate (when a foreign object goes down the lungs by accident).</p> <p>In an interview on 12/19/2022 at 5:09 PM Resident #18 stated she was Resident #12's roommate and heard Resident #12 state that Resident #12 was feeling light-headed today. Resident #18 stated she did not report this to staff.</p> <p>In an interview on 12/23/2022 at 3:49 PM, the DON stated her expectation for all staff providing care to residents would be to notify nursing staff if there is a concern with compliance with the resident's physician's orders. The DON stated nursing staff complete wellness checks on residents every 2 hours, but some are more or less as needed based on their comprehensive care plan. The DON stated she would expect nursing staff to be able to review the physician's orders to ensure Resident #12's oxygen flow rate was at 4L/MIN and anything lower could result in Resident #12 to aspirate. The DON stated the care staff likely missed checking the oxygen due to moving too quickly. The DON stated she monitors direct care staff in compliance reviews.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Brodie Ranch Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 Frate Barker Rd Austin, TX 78748	
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a phone interview on 12/20/2022 at 5:12 PM, the Administrator stated his expectation for nursing staff and providing respiratory care would be to follow the physician's orders and ensure oxygen flow rate is at the level described within the order. The Administrator stated the risk associated with allowing the oxygen flow to be less than the order specifies is that the resident could aspirate.</p> <p>Record review of the facility's policy titled Oxygen Administration dated 05/2007 revealed step #13 in the procedure for providing oxygen treatment is to: 13. Reassess oxygen flowmeter for correct liter flow.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>44978</p> <p>Based on interview and record review, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week in that:</p> <p>There was no RN coverage on 10/02/2022, 10/09/2022, 10/15/2022, 10/16/2022, 10/23/2022, 10/29/2022, 10/30/2022, 11/05/2022, 11/13/2022, 11/19/2022, 11/20/2022, 11/26/2022, 11/27/2022, 12/03/2022, 12/04/2022, 12/10/2022, 12/11/2022, 12/17/2022, and 12/18/2022.</p> <p>This deficient practice could place residents at risk for not having their nursing and medical needs met.</p> <p>The findings were:</p> <p>Record review of the facility generated PBJ report from 10/01/2022 - 12/19/2022 revealed RN's coverage was not provided for at least 8 hours on the following dates:</p> <p>Tuesday 10/08/2022- Registered Nurse with Administrative duties worked 5.88 hours</p> <p>Sunday 11/06/2022- Registered Nurse with Administrative duties worked 4.38 hours</p> <p>Record review of the facility generated PBJ report from 10/01/2022 - 12/19/2022 revealed RN's coverage was not provided on the following dates: 10/02/2022, 10/09/2022, 10/15/2022, 10/16/2022, 10/23/2022, 10/29/2022, 10/30/2022, 11/05/2022, 11/13/2022, 11/19/2022, 11/20/2022, 11/26/2022, 11/27/2022, 12/03/2022, 12/04/2022, 12/10/2022, 12/11/2022, 12/17/2022, and 12/18/2022.</p> <p>During an interview with the DON on 12/21/2022 at 6:12 p.m. the DON stated, I did not think there was a regulation to have 8 hours of RN coverage a day. She did not feel that not having an RN at the facility for 8 hours a day every day impacted Resident care.</p> <p>During an interview with the Administrator on 12/21/2022 at 8:53 p.m. the Administrator explained, he was aware there were days with no RN coverage at the facility, stating he had reviewed the PBJ report provided. He went on to say the facility had multiple postings in multiple different places attempting to hire RN's but had been unsuccessful to date. He did not feel it had impacted Resident care.</p> <p>No policy for RN Coverage was provided prior to exit.</p> <p>45307</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>44978</p> <p>Based on observations and interviews, the facility failed to post nurse staffing on a daily basis at the beginning of each shift in a prominent place readily accessible to residents and visitors in that:</p> <p>Nurse staffing was not posted for 4 days in a prominent place readily accessible to residents and visitors.</p> <p>This facility failure could affect residents by lack of information regarding the number and type of care givers available, and result in lack of care.</p> <p>The findings were:</p> <p>Observation on 12/18/2022 at 9:45 a.m. revealed nurse staffing was not posted.</p> <p>Observation on 12/19/2022 at 9:00 a.m. revealed nurse staffing was not posted.</p> <p>Observation on 12/20/2022 at 8:30 p.m. revealed nurse staffing was not posted.</p> <p>Observation on 12/21/2022 at 1:39 p.m. revealed nurse staffing was not posted.</p> <p>In an interview with the DON on 12/21/2022 at 6:12 p.m. the DON explained, the previous staffing coordinator posted the daily coverage, however since the facility did not currently have a staffing coordinator working at the facility, she did not think it had been posted. The DON stated she had not seen the daily nursing staffing posted since the survey began on 12/18/2022 and possibly even before that but could not remember an exact date. She said there was a book for staff to look at behind the nurses' desk in a 3 ring binder but it was not available for Residents or everyone to see. She was unaware of whether or not the nurse staffing being posted affected the Residents in any way and said she had not thought about that before.</p> <p>In an interview with the Administrator on 12/21/2022 at 9:05 p.m. he stated he was unaware the current nurse staffing was not posted on a daily basis during the observations, which occurred during survey. He explained the nursing coverage should be posted so that Residents, family members, visitors and staff members know who is in the building. The Administrator stated the daily nursing staffing should have been posted.</p> <p>45307</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>45307</p> <p>Based on observation, record review, and interview, the facility failed to employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment for 1 of 1 main kitchen reviewed for sufficient dietary staff, in that:</p> <p>The facility failed to have sufficient dietary staff to prepare the noon meal timely on 12/19/22; the meal was scheduled for 12:00 PM and did not begin until 1:21 PM.</p> <p>This failure could prevent residents who consumed food prepared from the kitchen from receiving their meals on time.</p> <p>The findings included:</p> <p>Record review of the CMS-672 provided by the facility on 12/18/2022 revealed a census of 65 residents. Two residents were receiving tube feedings; twenty-two residents were on a modified-consistency diet (chopped or pureed food), and zero residents required assistive devices while eating.</p> <p>Observation on 12/19/2022 from 12:02 PM to 1:52 PM revealed two total staff within the kitchen: a DM and [NAME] UU. The DM was observed to be taking food items out of an oven and placing them on the steam table. [NAME] UU was observed to fill cups with water, milk, and juice and wrap them in plastic cling wrap. During the meal observation both dietary staff were observed to move throughout the kitchen preparing trays and evaluate meal ticket compliance.</p> <p>In an interview on 12/19/2022 at 12:09 PM, the DM stated she was not the DM of this facility but was from another facility by the same managing company and was here to assist the kitchen while a new DM was screened and hired. The DM stated she was not aware of other staff in the kitchen apart from herself and [NAME] UU. The DM stated she only has been helping this facility since today (12/19/2022). The DM stated she was not aware of the mealtime schedule for this facility and deferred to [NAME] UU.</p> <p>In an interview on 12/19/2022 at 12:17 PM, [NAME] UU stated the dining room was the first to be served but normally only 1-3 residents come to eat in the dining room and most eat in their own rooms. [NAME] UU stated the dining room was to be served at 12:00 - 12:15 PM but the first hall was supposed to be served at 12:30 PM. [NAME] UU stated she was one of only 2 other Cooks at the facility as there was no Dietary Manager employed at the facility. [NAME] UU stated the facility had not had a DM at the building for over 2 months. [NAME] UU stated there are only 5 total dietary staff and no more than 3 work at any given time and stated it was usually just 2 staff working in the kitchen.</p> <p>Observation on 12/19/2022 at 1:21 PM revealed the first meal trays being served to the residents in the dining area.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 12/20/2022 at 11:35 AM, the Regional Dietary Manager (RDM) stated the facility was attempting to hire a new DM and several more dietary staff. The RDM stated the facility tried to get the food out on time but cannot due to the low number of staff.</p> <p>In a phone interview on 12/20/2022 at 5:12 PM, the Administrator stated his expectation for resident meals was that they are received on-time or within an appropriate amount of time so as not to let the food become cold. The Administrator stated the risk associated with mealtimes being late from lack of dietary staff would be a lack in quality of care.</p> <p>In an interview on 12/23/2022 at 3:25 PM, the DON stated her expectation for resident's receiving meals from the kitchen would be that they received the meals in appropriate time that it was still warm. The DON stated she believed there were currently not enough staff in the kitchen, but they were hiring more. The DON stated the transition in managing companies has caused the lack of dietary staff. The DON stated the late mealtime to resident could cause a lack of quality of care. The DON stated the facility did not have a policy for sufficient dietary staff or mealtimes apart from the scheduled mealtimes.</p> <p>Record review of the staff roster (undated) provided by the facility revealed that [NAME] UU's date of hire was 11/07/2022.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45307</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for kitchen sanitation in that:</p> <p>The facility failed to ensure meat stored in the walk-in refrigerator contained a label and date.</p> <p>This failure could place residents at risk for cross-contamination and foodborne illnesses.</p> <p>The findings included:</p> <p>Observation on 12/18/2022 beginning at 10:38 AM revealed a log of red, uncooked meat in a plastic shrink wrap without a date or label.</p> <p>In an interview on 12/18/2022 at 10:46 AM, [NAME] NN stated the beef in the walk-in refrigerator was last used the previous day for the dinner meal. [NAME] NN stated the newly hired [NAME] UU must have forgotten to put a label and date on the beef. [NAME] NN stated he saw it this morning when he began his shift and was waiting to reach out to [NAME] UU to make sure the correct label was used. [NAME] NN stated the risk associated with keeping and using unlabeled and undated food is potential foodborne illness to residents as the kitchen cannot know when an item was opened or will expire. [NAME] NN stated since there was no DM in the facility for the last few months, no training on labeling or dating had taken place.</p> <p>Observation on 12/18/2022 12 10:52 AM, [NAME] NN was observed to place a label on the uncooked ground meat that included the date to destroy the item and what it was.</p> <p>In an interview on 12/19/2022 at 12:17 PM, [NAME] UU stated she was working on 12/17/2022 for the lunch and dinner shift and forgot to place a label and date on the beef in the walk-in refrigerator. [NAME] UU stated the risk associated with not placing labels and dates on food would be being unaware of the open date of an item and risking foodborne illness.</p> <p>In an interview on 12/20/2022 at 11:35 AM, the Regional Dietary Manager (RDM) stated the kitchen was expected to keep all items in the walk-in refrigerator, especially meat, with a label and date as soon as it is opened. The RDM stated the risk of not labeling and dating food would be not knowing when it expires and can cause foodborne illness if used.</p> <p>In a phone interview on 12/20/2022 at 5:12 PM, the Administrator stated his expectation for food storage would be all items have a label and date. The Administrator stated the risk associated with keeping unlabeled and undated food items would be the items could mistakenly be used and cause foodborne illness. The Administrator stated the DM would monitor for compliance in the kitchen and the facility was in the process of hiring another DM.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 12/23/2022 at 3:25 PM, the DON stated her expectation for food storage would be all items have a label and date. The DON stated the risk associated with keeping unlabeled and undated food items would be the items could mistakenly be used and cause foodborne illness.</p> <p>Record review of the staff roster (undated) provided by the facility revealed that [NAME] UU's date of hire was 11/07/2022.</p> <p>Record review of the facility nutritional policy titled Food Storage, dated 8/2007, revealed It is the policy of this facility that food storage areas shall be maintained in a clean, safe, and sanitary manner. The policy did not specify food storage policy or procedure specific to maintaining labels or dates on food items.</p> <p>Record review of US Food Code, dated 2017, revealed (F) MEAT and POULTRY that is not a READY-TO-EAT FOOD and is in a PACKAGED form when it is offered for sale or otherwise offered for consumption, shall be labeled to include safe handling instructions as specified in LAW, including 9 CFR 317.2(l) and 9 CFR 381.125(b).</p> <p>Record review of US Food Code, dated 2017, revealed The shelf life of ROP foods is based on storage temperature for a certain time and other intrinsic factors of the food (pH, aw, cured with salt and nitrite, high levels of competing organisms, organic acids, natural antibiotics or bacteriocins, salt, preservatives, etc.). Each package of food in ROP must bear a use-by date. In some cases such as cook chill or sous vide processing when none of these intrinsic factors are present, a temperature lower than 3 C (38 F) must be the controlling factor for C. botulinum and L. monocytogenes growth and/or toxin formation. This use by date cannot exceed the number of days specified in one of the ROP methods in Section 3-502.12 or must be based on laboratory inoculation studies. The date assigned by a retail repacker cannot extend beyond the manufacturer's recommended expiration or pull date for the food. The use-by date must be listed on the principal display panel in bold type on a contrasting background for any product sold to consumers. Any label on packages intended for consumer sale must contain a combination of a sell-by date and use-by instructions which makes it clear that the product must be consumed within the number of days determined to be safe as specified under Section 3-502.12 of the Food Code. Foods, especially fish, that are frozen before or immediately after packaging and remain frozen until use should bear a label statement, Important, keep frozen until used, thaw under refrigeration immediately before use. Raw meat and poultry packaged using ROP methods must be labeled with safe handling instructions found in 9 CFR 317.2(l) and 9 CFR 381.125(b)</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45857</p> <p>Based on observations, interviews, and record reviews, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases for 9 of 47(Resident's #2, #11, #17, #34, #56, #63, #70, #124, #227) and by 2 of 50 staff (LVN B and CNA B) reviewed for infection control, in that:</p> <ol style="list-style-type: none"> 1. Residents #2, #17, #34, #56, #63, #70, and #227 did not have signs posted the door which indicated any type of isolation precautions were in place. 2. Staff LVN B and CNA B entered Resident #124's room, who was positive for COVID-19, without proper PPE for a COVID-19 positive resident. LVN B failed to practice infection control precautions while provided care to Resident #124. <p>These deficient practices placed residents at risk of exposure to COVID-19/Infectious Disease, a decline in health and/or death.</p> <p>The findings were:</p> <ol style="list-style-type: none"> 1. Record review of Resident 2's MDS, dated [DATE], revealed an admitted [DATE] with diagnoses including heart failure, hypertension (high blood pressure), asthma (a condition in which your airways narrow and swell and may produce extra mucus. This can make breathing difficult and trigger coughing, a whistling sound (wheezing) when you breathe out and shortness of breath), and respiratory failure. <p>Record review of Resident 11's MDS, dated [DATE], revealed an admitted [DATE] with diagnoses including heart failure, hypertension (high blood pressure), and hyperlipidemia (high cholesterol).</p> <p>Record review of Resident 17's MDS, dated [DATE], revealed an admitted [DATE] with diagnoses including cancer (abnormal cell growth), anemia (lack enough healthy red blood cells to carry adequate oxygen to your body's tissues), asthma (a condition in which your airways narrow and swell and may produce extra mucus. This can make breathing difficult and trigger coughing, a whistling sound (wheezing) when you breathe out and shortness of breath), hypertension (high blood pressure), bowel disease, and diabetes (an impairment in the way the body regulates and uses sugar (glucose) as a fuel).</p> <p>Record review of Resident 34's MDS, dated [DATE], revealed an admitted [DATE] with diagnoses including anemia (lack enough healthy red blood cells to carry adequate oxygen to your body's tissues), coronary artery disease (major blood vessels supplying the heart are narrowed), renal insufficiency (poor function of the kidneys), diabetes mellitus (an impairment in the way the body regulates and uses sugar (glucose) as a fuel), and asthma (a condition in which your airways narrow and swell and may produce extra mucus. This can make breathing difficult and trigger coughing, a whistling sound (wheezing) when you breathe out and shortness of breath).</p> <p>(continued on next page)</p>		

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<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 56's MDS, dated [DATE], revealed an admitted [DATE] with diagnoses including hypertension (high blood pressure), renal insufficiency (poor function of the kidneys), and malnutrition (bad nutrition).</p> <p>Record review of Resident 63's MDS, dated [DATE], revealed an admitted [DATE] with diagnoses including hypertension (high blood pressure), fracture (broken bone), Alzheimer's disease (brain disorder that causes problems with memory, thinking and behavior), dementia (symptoms that affects memory, thinking and interferes with daily life), and hyperlipidemia (high cholesterol).</p> <p>Record review of Resident 70's MDS, dated [DATE], revealed an admitted [DATE] with diagnoses including cancer (abnormal cell growth), cirrhosis (a degenerative disease of the liver resulting in scarring and liver failure), renal insufficiency (poor function of the kidneys), and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>Record review of Resident 227's admission record, dated 12/19/22, revealed an admitted [DATE], with diagnoses of seizures (Sudden, uncontrolled electrical disturbance in the brain which can cause changes in behavior, movements, feelings, and consciousness), COVID-19 (a virus), epilepsy (a neurological disorder that causes seizures or unusual sensations and behaviors), cerebral infarction (A cerebral infarction, or stroke, is a brain lesion in which a cluster of brain cells die when they don't get enough blood), and asthma (a condition in which your airways narrow and swell and may produce extra mucus. This can make breathing difficult and trigger coughing, a whistling sound (wheezing) when you breathe out and shortness of breath).</p> <p>Record review of facility document titled COVID-19 Resident testing log, dated 12/9/22, revealed Resident 2, 17, 34, 56, 63, 70, and 227 tested positive for COVID-19 on 12/5/22.</p> <p>During an observation and interview on 12/18/22 at 11:31 a.m. Resident 70 was observed in a room on hallway 300. The resident was in his bed eating candy and stated he did not know where his roommate was. No signs for COVID-19 precautions were noted inside or outside the resident's room or on any room of the 300 hallway. No PPE station was located outside the resident's room or any rooms on the 300 hallway.</p> <p>During an observation on 12/18/22 at 4:16 p.m. Resident 227 is observed in a room on the 300 hallway. There are no signs for COVID-19 contact precautions on the door or in the room. There is no PPE station located outside the room.</p> <p>During an observation on 12/18/22 between 11:00 a.m. and 4:16 p.m. staff is observed providing care to residents on the 300 hallway with N95 mask only and only sanitizing hands between resident rooms.</p> <p>(continued on next page)</p>		

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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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/18/22 at 5:22 p.m. the DON stated Resident 227 should still be on COVID-19 contact precautions. She stated unknown staff had removed the signs before the resident's isolation period had ended. The signs stated the resident was on droplet precautions for COVID and how to put on and take off PPE. The DON confirmed Residents 2, 17, 34, 56, 63, 70, and 227 should have been on COVID-19 isolation precautions. The DON stated they should remain on isolation precautions through the 10th day, and it would be lifted on the 11th day. The 11th day would have been 12/19/22. She stated they should have remained on isolation until 12/18/22 at midnight. The DON confirmed staff was not wearing the proper PPE in-between residents with positive COVID-19 status and residents with negative COVID-19 status all day on the 300 and 400 hallways on 12/18/22.</p> <p>During an interview on 12/20/22 LVN A stated he worked two shifts on the 300 hallway on 12/18/22. He stated he thought all COVID-19 positive residents were on the 100 hallway because that was where they used to put all positive COVID residents. He stated he was not aware Residents 70 and 227 were still supposed to be on isolation for active COVID-19 infection. He stated he stated he would normally see signs showing the resident was positive for COVID-19 and a PPE station outside the residents door area. He stated he provided care all day on 12/18/22 to residents on the 300 hallway without the proper PPE.</p> <p>2. During an interview on 12/20/22 at 5:40 pm LVN A stated Resident 124 was just admitted to the facility that afternoon and had an active COVID-19 diagnosis.</p> <p>During an observation and interview on 12/20/22 at 5:58 p.m. the door to Resident 124's room was open and a red sign with the word HOT was written on it. Two other signs on how to don and doff PPE were noted on the door. CNA B entered Resident 124's room with a N95 mask only. CNA B was observed looking at the COVID-19 signs on the door. CNA B stated this was a COVID room and left the room. CNA B was seen on the 400 hallway and nurses' station afterwards.</p> <p>During an observation on 12/20/22 at 6:09 p.m. Resident 124's call light was observed on from the light in the hall. LVN A was observed entering Resident 124's room with an N95 mask and eyeglasses. The call light was observed turned off. LVN A walked out of the resident's room, returned to a nurse cart, and walked down to the 400 hallway.</p> <p>During an observation and interview on 12/20/22 at 6:23 p.m. Resident 124's room door was open. LVN A was observed in the resident's room at the bedside. LVN A had on an N95 mask, gloves, and eyeglasses. From the hallway, this surveyor asked LVN A if the resident had COVID. LVN A confirmed the resident had COVID and he did not have on the proper PPE. LVN A stated he was doing a skin assessment to make sure the resident did not have any skin break down. He stated he was supposed to have on an isolation gown. LVN A exited the room with the same gloves he touched the resident with. LVN A opened a drawer to a PPE storage container outside the resident's room and removed an isolation gown. LVN A then began to put on the gown, with the contaminated gloves still on. LVN A then went back into Resident 124's room and closed the door.</p> <p>During an interview on 12/20/22 at 6:27 p.m. the DON stated staff was aware there was a COVID positive resident on the 100 hallway. She stated they placed signs on the door and PPE outside the room. She stated LVN A should have had full PPE to include an N95 mask, an isolation gown, eye protection, and gloves on to enter Resident 124's room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/20/22 at 6:49 p.m. LVN A stated he was aware Resident 124 was COVID positive. He stated he got sidetracked and went in his room twice without the proper PPE. He stated he went in once to turn off the call light and again to perform a quick focused assessment because the resident had fallen, and he wanted to see his wounds. He stated by not properly donning and doffing PPE for COVID positive resident, he could place non COVID positive resident at risk by spreading COVID, and they could die or suffer from symptoms for a long time.</p> <p>During an interview on 12/20/22 at 7:09 p.m. CNA B stated she did not know Resident 124 had COVID at first. She stated the call light was on and the resident's door was open. She stated she did not see the signs at first. Once she entered the room, she saw the signs from the corner of her eye and immediately left the room. CNA B stated she should have had pull PPE on to enter Resident 124's room. She stated if she did not wear the proper PPE, she was at risk to contract COVID-19 and spread it to other residents.</p> <p>During an interview on 12/21/22 at 8:54 a.m. the DON stated new admission with positive COVID-19 infection would be placed on the 100 hallway. She stated the facility did not have a designated hot zone. She stated if a resident on another hallway became COVID positive, did not have a roommate, they would have isolated in place. The DON stated they are following the current COVID-19 Response for Nursing Facilities for guidance.</p> <p>Record review of HHSC's, COVID-19 Response for Nursing Facilities dated 11/28/22, revealed on page 22, The CDC's two quarantine options are: Option #1 - Quarantine can end after day 10 without testing if the person has experienced no symptoms as determined by daily monitoring. Option #2 - Quarantine can end after day 7 if the person tests negative on a viral test (i.e., PCR or antigen test) and has experienced no symptoms as determined by daily monitoring. The test must occur on day 5 or later. Quarantine cannot be discontinued earlier than after day 7. Page 41 revealed PPE Use When Caring for Residents with COVID-19: HCP should wear all suggested PPE when caring for residents with COVID-19 infection and suspected COVID-19 infection, in accordance with CDC guidance. Per the CDC, all suggested PPE includes: N95 respirator, Eye protection, Gloves, Gown</p> <p>Record review of the CDC's Interim Infection Prevention and Control Recommendations, dated, states Patient Placement: Place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom. If cohorting, only patients with the same respiratory pathogen should be housed in the same room. MDRO colonization status and/or presence of other communicable disease should also be taken into consideration during the cohorting process. HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).</p>		