

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455983	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER St. Catherine Center		STREET ADDRESS, CITY, STATE, ZIP CODE 300 West Highway 6 Waco, TX 76712	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949</p> <p>Based on interview and record review the facility failed to ensure residents had the right to be informed of, and participate in, his or her treatment which included, the right to be informed in advance, by the physician or other practitioner or other professional, of the risks and benefits of proposed care, treatment and treatment alternatives or treatment options to choose the alternative or option he or she preferred for one of (Resident #1) of three residents review for medication changes.</p> <p>The facility failed to obtain written consent from Resident #1's Representative (RP) before administering her Seroquel (for psychosis).</p> <p>This failure could place residents at risk of not having their preferred responsible party represent them in medical and care decisions.</p> <p>Findings included:</p> <p>Review of Resident #1's undated face sheet reflected an [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including dementia, depression, anxiety, and delirium (a change in mental abilities).</p> <p>Review of Resident #1's quarterly MDS assessment, dated 09/09/24, reflected a BIMS of 1, indicating a severe cognitive impairment. Section M (Medications) reflected she was receiving an antipsychotic, antidepressant, and hypnotic.</p> <p>Review of Resident #1's quarterly care plan, dated 07/09/24, reflected she had a potential for drug-related complications associated with use of psychotropic medications related to depression, anxiety, and delirium with an intervention of consulting with the pharmacy and MD to consider a dosage reduction when clinically appropriate.</p> <p>Review of Resident #1's Consent for Antipsychotic Medication Treatment, dated 05/10/23, reflected an order for Seroquel - 75 mg/twice daily for amelioration (improvement) of psychosis. The consent form was not signed by her RP.</p> <p>Review of Resident #1's Consent for Antipsychotic Medication Treatment, dated 05/23/24, reflected an order for Seroquel - 100 mg/twice daily for amelioration (improvement) of psychosis. The consent form was not signed by her RP.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/10/24 at 12:52 PM, Resident #1's RP stated she was not notified nor did she give consent to Resident #1 being on Seroquel. She stated she would like to be informed of the medication changes so she was involved in the care of Resident #1.</p> <p>During an interview on 09/10/24 at 1:55 PM, the DON stated whenever an order for a psychotropic medication was given for a resident, he expected a consent to be signed by the resident or the resident's RP. He stated it was the SW who normally ensured they were signed. He stated the importance of obtaining a signed consent before administering any psychotropic medications was because it was part of the rules and regulations and it was important to inform family of possible side effects. He stated their policy did not address that a consent was needed, however, it did include the consent attached. He stated he would be addressing this on the corporate level.</p> <p>Review of the facility's Psychotropic Medication Policy, revised 11/2022, reflected the following:</p> <p>Psychotropic medications may be considered for residents but only after medical, physical, functional, psychological, emotional psychiatric, social and environmental causes of behavioral symptoms have been identified and addressed.</p>		