

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 12/09/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to ensure that a resident who needed respiratory care and services, including oxygen administration, was provided with such care, consistent with professional standards of practice for 1 (Resident #1) of 5 residents reviewed. The facility failed to apply Resident #1's APAP (Automatic Positive Airway Pressure- a type of non-invasive mechanical ventilator) machine at HS (Hour of Sleep) for 15 days out of 29 for the month of October. This failure could place residents who require respiratory care at risk of distress including respiratory failure leading to hospitalizations or even death. Findings include: Record review of Profile Face Sheet dated 10/29/2025 reflected Resident #1 was admitted on [DATE] with diagnosis of Cerebral Palsy, Spastic Quadriplegic Cerebral Palsy, Muscle Weakness, and Dysphagia.[JM1] Record review of Resident #1's Physicians Orders reflected an order to Apply APAP (Automatic Positive Airway Pressure) machine at HS (Hour of Sleep) dated 04/24/2025. Record review of Resident #1's care plan dated 10/02/2025 reflected Problem: PULMONARY: Resident #1 has potential for SOB[JM2] and/or respiratory complications related to recent respiratory failure now with order for APAP at HS. Goal: [NAME] [JM3] will have no respiratory complications or signs or symptoms of shortness of breath. Intervention: Provide treatment per physician's orders and monitor for response. Observe for side effects and inform physician. The Care plan also reflected that Resident #1 Required total assistance with ADLs including mobility and transfers, Record review of Resident #1s MDS dated [DATE] reflected he had a BIMS of 06 indicating impaired cognition. The MDS also reflected Resident #1 used a noninvasive mechanical ventilator. Record review of Treatment record Dated October 2025 reflected that Resident #1s APAP machine was applied at HS with no documented refusals each night. Record review of Resident #1s progress notes for October 2025 reflected there were no documented refusals of APAP application. Record review of Resident #1s APAP Compliance Calendar Report (an internal device report) for the month of October 2025 provided by The Respiratory Company showed that Resident #1 had 15 days without his APAP device usage. This report indicated that the device was not turned on or used for dates 10/01/25, 10/02/25, 10/07/25, 10/08/25, 10/09/25, 10/10/25, 10/11/25, 10/12/25, 10/15/25, 10/18/25, 10/22/25, 10/24/25, 10/25/25, 10/25/25, and 10/26/25. In an interview on 10/29/25 at 9:00am Resident #1's responsible party stated she had received a call from the supply company of the APAP machine. The RP stated they were concerned for Resident #1s condition due to no usage data shown from the internal report x15 days for the month of October. The RP stated she asked the Unit Supervisor and was told Resident #1 sometimes refused his APAP machine. She stated the unit manager said that Resident #1 had been more compliant over the last couple of weeks. The RP stated the machine was very important for Resident #1 to wear because without it he could stop breathing and have respiratory failure. The RP stated she was unsure if he refused one time, they were going back to offer the machine again to ensure he is wearing it. The RP stated the nurses must place the face mask on and turn the machine on due to Resident #1s limited mobility related to cerebral palsy. In an observation on 10/29/25 at 2:00pm Resident #1 was sleeping in his bed with the head of the bed raised. He appeared comfortable and clean. In an interview on 10/29/25 at 2:33pm with The Respiratory Therapist stated there were 15 days Resident #1 did not have the APAP machine in use.[JM4] The Respiratory Therapist stated Resident #1 had a diagnosis of Spastic Quadriplegic Cerebral Palsy, and breathing muscles and lungs required extra help to maximize lung expansion to receive as much oxygen as needed within the body. Resident #1 was not as aware at night when sleeping he should be breathing. The APAP machine is a noninvasive ventilator provided tidal volume (an amount of air that is forced in and out of the lungs) and back up breaths, forcing the lungs to remain open and prevent any co2 (Carbon Dioxide) build up within the lungs that could cause respiratory failure. The Respiratory therapist stated the negative effects of not wearing the machine include hospital readmission, and respiratory failure. In an interview on 10/29/25 at 3:15pm- The Unit Supervisor stated Resident #1 was supposed to wear the APAP mask every night. Some nights Resident #1 had refused to wear the mask, but not lately. The Unit Manager stated the nurses were responsible for placing the mask on Resident #1s' face and turning the machine on. The Unit Manger stated if Resident #1 refused to wear the mask, then it should be documented on the treatment record and within the Progress notes. The Unit Manger stated the purpose of the APAP was to assist Resident #1 breath while sleeping and the negative effects from not wearing the machine were respiratory issues decreased oxygen levels and co2 build up leading to resp failure. In an interview on 10/29/25 at 3:45pm The DON stated Resident #1</p>		