



TEXAS
Health and Human
Services

NF Provider Updates with HHSC Long-Term Care Regulation

March 13, 2024

For more information:

Web: [Nursing Facilities \(NF\) Provider portal](#)

Email: LTCRPolicy@hhs.texas.gov | Phone: (512) 438-3161

NF Updates

Panelist

Robert Ochoa

Senior Policy Specialist
Policy & Rules
Long-Term Care Regulation



Overview

Updates and information included in this webinar:

- Announcements and reminders
- Priority alerts and notifications, training opportunities
- DSHS update
- CDC isolation for COVID-19 guidance
- Consent for antipsychotic/neuroleptic medication form
- State Long-Term Care Ombudsman
- Updates related to NFA, NATCEP CBT, AEM, STEAR
- MDS-RAI
- PASRR
- TMF Health Quality Institute
- Top 10 deficiencies cited during fiscal year 2023 inspections – Health #3: Label/Store Drugs and Biologicals



Next Webinar:

Wednesday, June 12, 2024 2:30pm

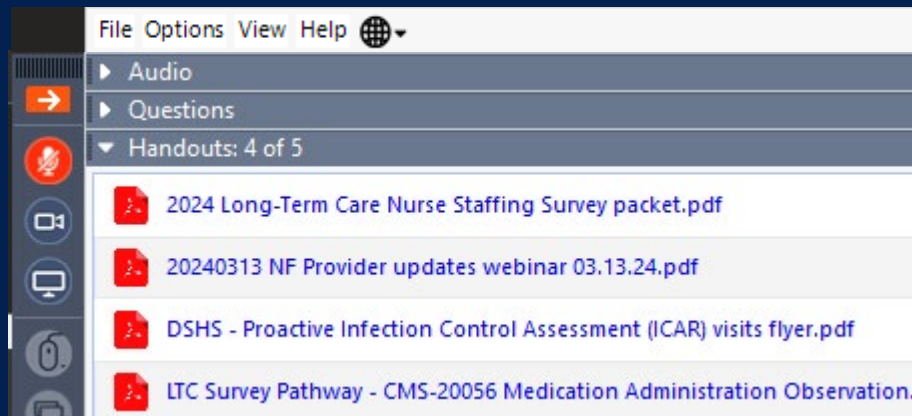
- Registration information is sent at least two weeks before each webinar via [GovDelivery email](#).
- An alert is also posted to the [Nursing Facility Provider Portal](#) in the Communications section.
- The recording and slides from today's webinar will be posted to the [Nursing Facility Provider Portal](#) and sent out via [GovDelivery alerts](#).
- Webinar recordings and slides are typically posted within a few days of the session.



TEXAS
Health and Human
Services

Webinar Handout

The PDF version of this slide presentation is included in the handouts section of this webinar platform.



1. Today's slide deck PDF
2. 2024 Long-Term Care Nurse Staffing Survey packet
3. DSHS ICAR visits flyer
4. Medication Administration Observation survey pathway

2024 Long-Term Care Nurse Staffing Study: Attention Directors of Nursing

The Texas Center for Nursing Workforce Studies' 2024 Long-Term Care Nurse Staffing Study will be open through **Friday, March 15.**

The purpose of this confidential survey is to assess nurse staffing issues among employers of nurses throughout the state and to gather data that helps nursing advocates and lawmakers make informed decisions regarding the nursing shortage in Texas.

Please take the opportunity to make your voice heard.

[Long-Term Care Nurse Staffing Survey](#)

Email questions about the survey: TCNWS@dshs.texas.gov.



TEXAS
Health and Human
Services

Clarification on Licensure Renewals

All licensed long-term care providers must submit a renewal application in the Texas Unified Licensure Information Portal (TULIP) before their current license expires.

HHSC encourages providers to submit the application as soon as possible within the 120 days prior to the expiration of their license, so that if there are issues with TULIP, the provider has time to work with TULIP Support prior to their license expiring.

If the provider is waiting on pending documentation, it is better to submit the renewal application with the deficiency and upload a letter explaining the missing required documentation.



TEXAS
Health and Human
Services

HHSC Phishing Alert

January 31, 2024

Texas Health and Human Services Commission is aware that an unauthorized third party impersonating the agency sent an email requesting the verification/update of information related to Long-Term Care licensure.

This is not a legitimate request from HHSC. If you clicked the link to verify/update information and entered any information into a webpage, we recommend you reset your password immediately.

HHSC does not request verification or information update via third party email addresses or websites.



TEXAS
Health and Human
Services

Quality Incentive Payment Program (QIPP)

- HHSC [published an updated version](#) of the [SFY 2024 Quality Metrics and Associated Performance Requirements \(PDF\)](#) to reflect recent changes made to Component 3 metrics.
- HHSC has revised the [proposed quality metrics and performance requirements](#)
- [State Fiscal Year 2025 QIPP \(Year 8\) Dates to Remember, Eligibility](#)
- [HHSC Adopts Quality Incentive Payment Program Amendment](#)

[Email QIPP](#) with any questions.



TEXAS
Health and Human
Services

Personal Needs Account (PNA)

[IL 2024-03: Personal Needs Allowance \(PNA\)](#)

[Overpayment Error](#)

- This information letter provides information regarding PNA supplemental payments for months prior to January 2024.



TEXAS
Health and Human
Services

NF Updates

Panelist

Rachael Holden

Policy Specialist
Policy & Rules
Long-Term Care Regulation



In-Person Training Opportunities

2024 LTCR Provider In-Person Training Opportunity

Workshop for Nursing Facility Directors of Nursing

Wednesday, March 20: 8:30 a.m. to 4:30 p.m., and

Thursday March 21: 8:30 a.m. to 4:30 p.m.

San Antonio – [Register here for in-person class](#)

More training opportunities:

- [Joint Training](#)
- [OASIS Training](#)



TEXAS
Health and Human
Services

Webinar Training Opportunities

- **Workshop for Nursing Facility DONs: A Snapshot**
Thursday, March 14: 9 a.m.–noon
[Register here for webinar.](#)
- **Plan of Removal Basics for Nursing Facilities**
Tuesday, March 19: 1–3 p.m.
[Register here for webinar](#)
Thursday, April 18: 10 a.m.–noon
[Register here for webinar](#)
Wednesday, April 24: 1–3 p.m.
[Register here for webinar](#)
- **Dehydration: Prevention and Intervention in Long-Term Care Communities**
Tuesday, March 26: 1–3 p.m.
[Register here for webinar.](#)



TEXAS
Health and Human
Services

In-Person Training Opportunities - April

The Survey and Enforcement Process for Nursing Homes – NF: classes are all day, 8:30 a.m. to 4:30 p.m.
 [register using the link in this slide's title]

April							2024
The Survey and Enforcement Process for Nursing Homes classes listed below had available registration as of 7a.m. Tuesday, March 12, 2024							
The number in parentheses is the maximum number of available slots for registration - it is NOT the number of slots left. Classes fill quickly.							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	1	2	3	4	5	6	
all MARCH 2024 classes are full	7	8	9 San Angelo (15 max)	10 San Angelo (15 max)	11 El Paso (11 max)	12 El Paso (11 max) Midland (15 max)	13
	14	15	16	17	18	19 Bryan (18 max)	20
21	22	23 Abilene (15 max)	24 Abilene (15 max)	25	26 Lubbock (15 max)	27	



Continuing Education – Long-Term Care Modules: best practices education

The Texas Health and Human Services Commission and the University of Texas at Austin School of Nursing are pleased to announce a collaborative effort to improve long-term care in Texas.

[Johnson-Turpin Center: Continuing Nursing Education](#)

This partnership includes updating eight web-based courses delivering best practices education to providers of long-term care in Texas nursing homes.

Each course will provide education and resources for physicians, nurses, pharmacists, direct care staff, residents and their family members.



TEXAS
Health and Human
Services

Continuing Education – Long-Term Care Modules: best practices education

The first two courses in the series modules are available:

- Infection Prevention and Control.
- Reducing Antipsychotic Use in Long-term Care Facilities.

Continuing education credit is available for registered nurses, certified nurse aides and licensed nursing facility administrators.

The information provided will help guide the decision-making process and improve care, using evidence-based best practices. Registration is free.

For more information, visit [Johnson-Turpin Center: Continuing Nursing Education](#).



TEXAS
Health and Human
Services

NF Updates

Texas Department of State Health Services

David Gruber

Associate Commissioner of Regional and Local Health Operations, Border Health, Emergency Preparedness and the Texas Center for Infectious Disease

DSHS: dshs.texas.gov



Department of State Health Services

Links to current information:

- [Influenza \(Flu\)](#)
- [be informed - natural disasters](#)
- [News and Alerts](#)

- Facebook: facebook.com/TexasDSHS
- Twitter: @TexasDSHS



NF Updates

Panelist

Jennifer Moore, MSN-PH, RN

Clinical Policy Specialist
Policy & Rules
Long-Term Care Regulation



CDC Isolation Guidance for COVID-19

Recent changes in the public COVID-19 isolation guidelines do not apply to nursing facilities. CDC isolation guidance for COVID-19 for nursing facilities remain unchanged.

- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)

Note: please see the *Proactive Infection Control Assessment (ICAR) Visits flyer* in the handouts section. If your facility is interested in participating, email ICAR@dshs.texas.gov.



TEXAS
Health and Human
Services

Consent for Antipsychotic or Neuroleptic Medication Treatment – HHSC Form 3713

Antipsychotic and neuroleptic medication(s) administered in nursing facilities (NFs) **must use HHSC Form 3713** to document written consent.

- Form 8763 is not an updated version of Form 3713
- Form 8763 is only used by State Supported Living Centers (SSLCs)
- We are reviewing and editing Form 3713 to ensure it reflects “use for nursing facilities” to lessen any further confusion



TEXAS
Health and Human
Services

NF Updates

Texas Long-Term Care Ombudsman

Patty Ducayet
State Long-Term Care Ombudsman
512-438-4356

Patricia.Ducayet@hhs.texas.gov

Statewide phone: 800-252-2412

Statewide email:
ltc.ombudsman@hhs.texas.gov

Office of the Long-Term Care Ombudsman:

https://apps.hhs.texas.gov/news_info/ombudsman/



TEXAS
Health and Human
Services

Office of the State Long-Term Care Ombudsman

- Discharge notices
- Uncommon denials for Medicaid renewals



TEXAS
Health and Human
Services

www.texashhs.org/ltcombudsman

<https://www.facebook.com/texasltcombudsman>

NF Updates

Panelist

Caroline Sunshine

Policy Specialist
Policy & Rules
Long-Term Care Regulation



Revisions to NFA Licensure and Internship Requirements

26 TAC [Chapter 555](#) revised, December 2023.

- **Definitions:** [National Association of LTC Administrator Boards \(NAB\)](#) domains updated; name of testing company changed.
- **Application Requirements:** number of academic credits in NAB domains reduced from 15 to 12.
- **Licensure Requirements:** additional option for NFA candidates to qualify.
 - Holding BA/BS with coursework in NAB domains;
 - Having at least 1 year of experience as admin/assistant admin of record in another state;
 - Completing internship meeting requirements in [§555.13](#); and
 - Passing both state and NAB exams.



TEXAS
Health and Human
Services

Revisions to NFA Licensure and Internship Requirements, cont.

- **Internship Requirements:**
 - No longer required to be at a NF of 60 beds or more – can now be at one of any size.
 - Clarifies that must be at same facility at which preceptor serves as administrator.
- **Exam Requirements:**
 - Applicant who wants to re-take exam after previously not passing must pay appropriate fee each time they test.
- **Provisional Licenses:**
 - Phrase “Substantially similar” removed regarding licensing requirements in other states.
 - If internship hours in another state do not meet requirements, provisional licensee must complete required internship hours under supervision of HHSC-licensed preceptor.
- [PL 2024-01 Revisions to NFA Licensure and Internship Requirements](#)



TEXAS
Health and Human
Services

NATCEP Computer-Based Training

- 26 TAC [Chapter 556](#) soon to be revised.
- Definition of classroom portion of CNA training revised to include HHSC's Computer-Based Training (CBT).
- Nurse Aide Training and Competency Programs (NATCEPs) may not deny admission to a nurse aide trainee solely because they completed the classroom training through HHSC's CBT.
- Any other criteria a NATCEP may have for admission are still applicable.



TEXAS
Health and Human
Services

NATCEP CBT, cont.

- Credentials of NATCEP directors and instructors revised for greater consistency with federal requirements at 42 CFR [§483.152](#).
- A provision is added stating that either the program director or a program instructor must have at least one year of providing long-term care services in a nursing facility.
- This provides NATCEPs more flexibility to meet federal guidelines at 42 CFR [§483.152\(a\)\(5\)\(i\)](#).
- Policy guidance will be issued timely.



TEXAS
Health and Human
Services

Authorized Electronic Monitoring

- [PL 2024-03](#) issued to provide guidance on AEM.
- AEM definition in 26 TAC [§554.101\(14\)](#): the placement of an electronic monitoring device in a resident's room and using the device to make tapes or recordings after making a request to the facility to allow electronic monitoring.
- Requirements to Conduct:
 - [Form 0066](#) - Request for AEM;
 - [Form 0067](#) - Consent by Roommate for AEM (if applicable); and
 - Notice at room entrance that AEM is being conducted (NF's responsibility).
- New roommate situations: If a new resident moves into the room and hasn't yet consented to AEM, it must stop until the new roommate provides their consent.
- Helpful if NF can work with new roommate to consent to AEM ahead of move-in or find another arrangement agreeable to both parties.



TEXAS
Health and Human
Services

AEM, Cont.

- Facilities must post sign outside entrance saying that AEM may be taking place.
- Facilities must make reasonable accommodations for AEM, e.g.:
 - Providing reasonably secure place to mount surveillance camera or other monitoring device; or
 - Providing access to power sources for device.
- Device must meet Life Safety Code requirements.
- A facility must permit a resident or their representative to monitor their room, and must not discharge them because of:
 - request for AEM or
 - discovery of covert electronic monitoring.
- Consideration of individual circumstances – AEM situations can and do vary.
- NFs may need to balance various resident rights, needs, and preferences, along with the preferences of their representatives, if they have them.



TEXAS
Health and Human
Services

STEAR Registration

- Texas Health & Safety Code [§242.0395](#) requires all NFs to register with the Texas Information Referral Network at 211.
- Facilities register by calling 211 or emailing [HHSC Form 1085](#) to stear@tdem.texas.gov.
- HHSC then adds them to the State of Texas Emergency Assistance Registry (STEAR).
- Annual re-registration required.
- STEAR will notify facilities when they are added to the Registry. Providers can then go to <https://stear.tdem.texas.gov> and re-register annually.
- See [PL 2024-02](#) for more information.



TEXAS
Health and Human
Services

NF Updates

Panelist

Susan Edgeman BSN, RN, RAC-CT
State RAI MDS Coordinator, Texas HHSC, LTC Regulatory

Susan.Edgeman@hhs.texas.gov

iPhone (210) 551-9569



MDS Update: MDS Automation Support

MDS Automation contact info: Data and Systems Management (DSM), Texas HHSC Regulatory Services Division (RSD)

- Garth Shackelford RSD_MDS_Support@hhs.texas.gov
- Tim Smith RSD_MDS_Support@hhs.texas.gov
- PLEASE DO NOT INCLUDE any Personally Identifiable information (PII)
- **The QIES/iQIES Service Center is normally the first line of assistance for SNF/NF providers**
 - **Hours: Monday - Friday | 8am - 8pm ET (800) 339-9313**
 - iqies.cms.gov



TEXAS
Health and Human
Services

MDS Updates: Proper Coding in Section I

I0020. Indicate the resident's primary medical condition category

Complete only if A0310B = 01 or if state requires completion with an OBRA assessment

Indicate the resident's primary medical condition category that best describes the primary reason for admission

Enter Code

<input type="text"/>	<input type="text"/>
----------------------	----------------------

01. Stroke
02. Non-Traumatic Brain Dysfunction
03. Traumatic Brain Dysfunction
04. Non-Traumatic Spinal Cord Dysfunction
05. Traumatic Spinal Cord Dysfunction
06. Progressive Neurological Conditions
07. Other Neurological Conditions
08. Amputation
09. Hip and Knee Replacement
10. Fractures and Other Multiple Trauma
11. Other Orthopedic Conditions
12. Debility, Cardiorespiratory Conditions
13. Medically Complex Conditions

I0020B. ICD Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------



TEXAS
Health and Human
Services

MDS Updates: Proper Coding in Section I



TEXAS
Health and Human
Services

Active Diagnoses in the last 7 days - Check all that apply

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

Cancer

- I0100. Cancer (with or without metastasis)

Heart/Circulation

- I0200. Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
- I0300. Atrial Fibrillation or Other Dysrhythmias (e.g., bradycardias and tachycardias)
- I0400. Coronary Artery Disease (CAD) (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD))
- I0500. Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombo-Embolism (PTE)
- I0600. Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)
- I0700. Hypertension
- I0800. Orthostatic Hypotension
- I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)

Gastrointestinal

- I1100. Cirrhosis
- I1200. Gastroesophageal Reflux Disease (GERD) or Ulcer (e.g., esophageal, gastric, and peptic ulcers)
- I1300. Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease

Genitourinary

- I1400. Benign Prostatic Hyperplasia (BPH)
- I1500. Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)
- I1550. Neurogenic Bladder
- I1650. Obstructive Uropathy

Infections

- I1700. Multidrug-Resistant Organism (MDRO)
- I2000. Pneumonia
- I2100. Septicemia
- I2200. Tuberculosis
- I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)
- I2400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)
- I2500. Wound Infection (other than foot)

MDS Updates: Proper Coding in Section I

Metabolic

- I2900. Diabetes Mellitus (DM)** (e.g., diabetic retinopathy, nephropathy, and neuropathy)
- I3100. Hyponatremia**
- I3200. Hyperkalemia**
- I3300. Hyperlipidemia** (e.g., hypercholesterolemia)
- I3400. Thyroid Disorder** (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)

Musculoskeletal

- I3700. Arthritis** (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA))
- I3800. Osteoporosis**
- I3900. Hip Fracture** - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)
- I4000. Other Fracture**

Neurological

- I4200. Alzheimer's Disease**
- I4300. Aphasia**
- I4400. Cerebral Palsy**
- I4500. Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke**
- I4800. Non-Alzheimer's Dementia** (e.g. Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)

Neurological Diagnoses continued on next page



TEXAS
Health and Human
Services

MDS Updates: Proper Coding in Section I

Neurological - Continued

- I4900. Hemiplegia or Hemiparesis
- I5000. Paraplegia
- I5100. Quadriplegia
- I5200. Multiple Sclerosis (MS)
- I5250. Huntington's Disease
- I5300. Parkinson's Disease
- I5350. Tourette's Syndrome
- I5400. Seizure Disorder or Epilepsy
- I5500. Traumatic Brain Injury (TBI)

Nutritional

- I5600. Malnutrition (protein or calorie) or at risk for malnutrition

Psychiatric/Mood Disorder

- I5700. Anxiety Disorder
- I5800. Depression (other than bipolar)
- I5900. Bipolar Disorder
- I5950. Psychotic Disorder (other than schizophrenia)
- I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)
- I6100. Post Traumatic Stress Disorder (PTSD)



TEXAS
Health and Human
Services

MDS Updates: Proper Coding in Section I

Pulmonary

- I6200. Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis)
- I6300. Respiratory Failure

Vision

- I6500. Cataracts, Glaucoma, or Macular Degeneration

None of Above

- I7900. None of the above active diagnoses within the last 7 days

Other

I8000. Additional active diagnoses

Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.

A.	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
B.	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
C.	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
D.	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
E.	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
F.	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
G.	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
H.	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
I.	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
J.	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										



TEXAS
Health and Human
Services

Texas NFs Must Not Submit MDS Optional State Assessment (OSA)

Texas nursing facilities (NFs) must not transmit Minimum Data Set (MDS) Optional State Assessments (OSAs) to the Centers for Medicare and Medicaid Services (CMS) Internet Quality Improvement and Evaluation System (iQIES).

- **Texas HHSC has received additional clarification from CMS that Texas NFs must not submit the OSA because Texas does not use the OSA to calculate the Resource Utilization Group (RUG).**



TEXAS
Health and Human
Services

MDS Updates: OSA Clarification

Texas NFs Must Not Submit MDS Optional State Assessment (OSA)

- CMS' only intent with the OSA was to provide state Medicaid agencies the ability to obtain a RUG calculation when they have no other means to do so. The OSA was not intended for other uses. Texas providers may use the OSA in their vendor software or electronic health records for their own purposes; however, they must not transmit those assessments to CMS.

Important: see [Issue Identified Affecting RUG Score Calculations for LTC Nursing Facilities | Texas Health and Human Services](#)

- Recent reports of RUG errors and E.H.R software
- Contact [TMHP](#) and HHS Provider Claims Services [(512) 438-2200]



TEXAS
Health and Human
Services

Contact Information

Susan Edgeman BSN, RN, RAC-CT
State RAI MDS Coordinator

Susan.Edgeman@hhs.texas.gov

iPhone (210) 551-9569

Note: My desk phone (210) 431-5106 is scheduled for deletion

Please be aware some emails have been sent to my spam folders. I check spam; however, if I don't get back to you timely, I may not have received your email.

PLEASE CALL ME ON MY iPhone

THANK YOU!



TEXAS
Health and Human
Services

NF Updates

Panelist

Valerie Krueger
Manager

PASRR Policy and Specialized Services
IDD and Behavioral Health Services

PASRR.Support@hhsc.state.tx.us





TEXAS
Health and Human
Services

Preadmission Screening and Resident Review (PASRR)

Valerie Krueger, Manager

PASRR Policy and Specialized Services



TEXAS
Health and Human
Services

Discharging on the old PL1 Screening Form

Discharging on the old PL1 Screening Form (1 of 3)



TEXAS
Health and Human
Services

Form Actions:

Section A.

Submitter Information

Discharging on the old PL1 Screening Form (2 of 3)



TEXAS
Health and Human
Services

B0400.	• Birth Date	04/24/1964
B0500.	Age at Time of Screening	50
B0600.	• Gender	1. Male
B0650.	Individual is deceased or has been discharged?	
B0655.	Deceased/Discharged Date	mm/dd/yyyy

Discharging on the old PL1 Screening Form (3 of 3)



TEXAS
Health and Human
Services

Alternate Placement Disposition		
E0500.	Admission Information	<p>♦ A. Admitted to</p> <input type="text" value=""/> <p>B. Admitted to Other</p> <input type="text" value=""/>
E0600.	Specify Community Program	<p>A. Community Program</p> <input type="text" value=""/> <p>B. Other Community Program</p> <input type="text" value=""/>
E0700.	Name of ICF/IID Facility	<input type="text" value=""/>
E0800.	Own Home/Family Home Comments	<input type="text" value=""/>
E0900.	♦ Alternate Placement Date of Entry	mm/dd/yyyy <input type="text" value=""/>



TEXAS
Health and Human
Services


Discharging on the new PL1 Screening Form

Discharging on the new PL1 Screening Form (1 of 4)



TEXAS
Health and Human
Services

PASRR Level 1 Screening

 **Unlock Form**

Current Status: Awaiting PE | Name: John Doe | DLN: 231365000003 | Username: nfpasrr_ext

Form Actions:

Print **Use as Template** **Update Form**
Add Note

Section A Section B Section C Section D Section E Section F Discharge

Submitter Information

Collapse ^

Discharging on the new PL1 Screening Form (2 of 4)



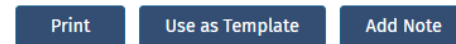
TEXAS
Health and Human
Services

PASRR Level 1 Screening



Current Status: Awaiting PE | Name: John Doe | DLN: 231365000003 | Username: nfpasrr_ext

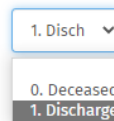
Form Actions:



Discharge Information

Collapse ^

H0100. Individual is deceased or has been discharged?



H0150. Deceased/Discharged Date



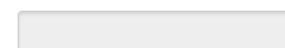
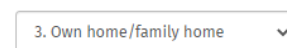
Alternate Placement Disposition

Collapse ^

Admission Information

H0200A. Admitted to

H0200B. Admitted to Other



Discharging on the new PL1 Screening Form (3 of 4)



TEXAS
Health and Human
Services

Specify Community Program

H0300A. Community Program

H0300B. Other Community Program

H0400. Name of ICF/IID Facility

● H0500. Own Home/Family Home Comments
home."/>

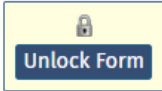
● H0600. Alternate Placement Date of Entry

Discharging on the new PL1 Screening Form (4 of 4)



TEXAS
Health and Human
Services

PASRR Level 1 Screening



Current Status: PL1 Inactive | Name: John Doe | DLN: 231365000003 | Username: nfpasrr_ext

Form Actions:

[Print](#) [Use as Template](#) [Add Note](#)

[Section A](#) [Section B](#) [Section C](#) [Section D](#) [Section E](#) [Section F](#) [Discharge](#)

Submitter Information Collapse ^

HHSC PASRR Resources

1. [PASRR Forms & Instructions | Texas Health and Human Services](#)
2. For questions regarding PASRR, please email:
3. PASRR.Support@hhsc.state.tx.us



TEXAS
Health and Human
Services

PASRR Mailbox Support Tips (1 of 2)

When sending an email to the PASRR mailbox, please keep in mind the following:

- Include as much detail as possible
- Send the Document Locator Number (DLN) of the PASRR form(s) rather than names, Social Security Number, etc.
- Do not send an encrypted email – send the DLN so there is no need for an encrypted email.
- Include your contact information.
- Do not copy other HHSC staff, mailboxes, or other staff on your email.



TEXAS
Health and Human
Services

PASRR Mailbox Support Tips (2 of 2)

- Do not send duplicative emails.
- If your question is about an error message or an error code you have received, include a screen shot.
- If you are having a TMHP LTC online portal issue, call TMHP first. Only contact the PASRR Unit if they are unable to assist you and include in the email: the date, time, name of person you talked to and the case number TMHP assigned you.

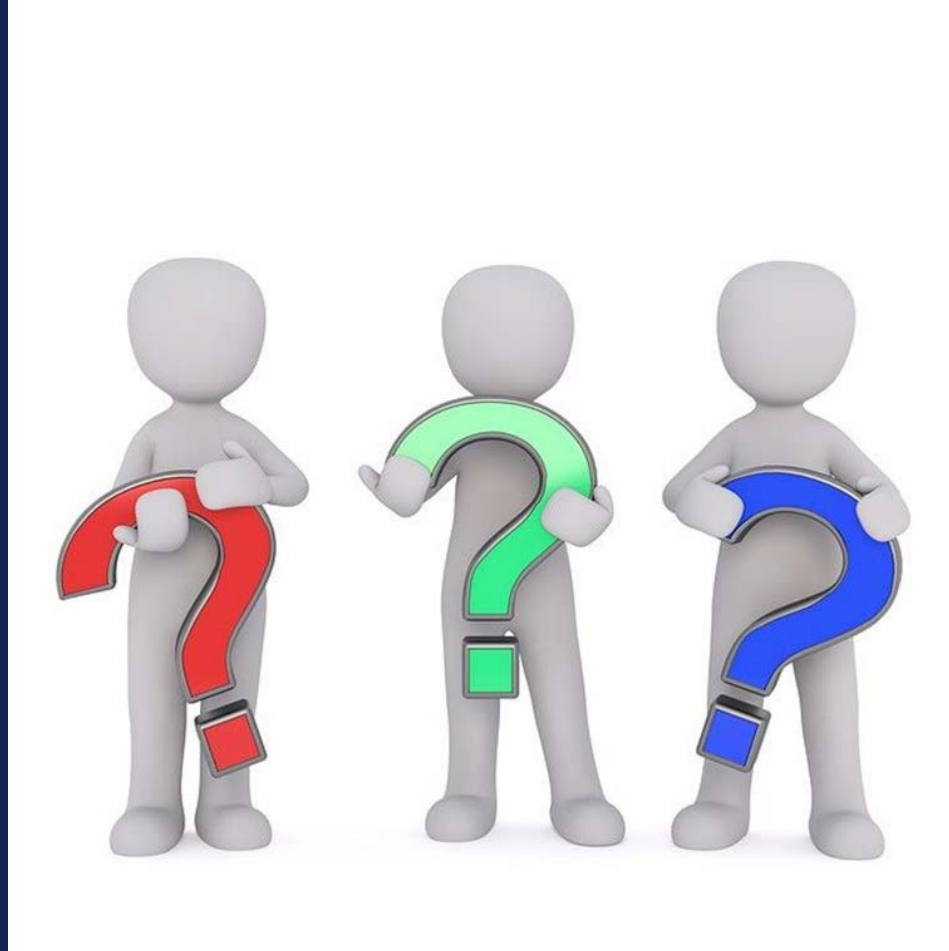


TEXAS
Health and Human
Services



TEXAS
Health and Human
Services

Questions



TMF Health Quality Institute CMS Quality Innovation Network- Quality Improvement Organization (QIN-QIO)

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist

Upcoming NHSN Events

National Healthcare Safety Network (NHSN) Training for Health Care Personnel (HCP) Influenza Vaccination Data Reporting:

- Thursday, March 28, 2024, at 1 p.m. CT – webinar replay
 - › [Register](#)
- Thursday, April 25, 2024, at 1 p.m. CT – webinar replay
 - › [Register](#)

NHSN HCP Influenza Vaccination Data Reporting

- [NHSN HCP Flu Vaccination webpage](#)
- NHSN slides:
 - › [Healthcare Personnel Safety \(HPS\) Component Healthcare Personnel Vaccination Module Influenza Vaccination Summary Long-Term Care Facilities](#)
- Component:
 - › [Enrollment Level 3 Access and HPS Component Activation](#)
 - › This document provides instructions on how long-term care facilities can activate the HPS

****Do not re-enroll your facility in NHSN****

Count Down to Flu Reporting

- Due no later than May 15
- Can be reported for a final count after March 31
- Must add HCP component to the facility's account, if not already added

See the following TMF recordings and tools:

- [LTC Connect: New Year, New NHSN Refresher](#)
- [How to Use the NHSN Annual Flu Vaccine for HCPs Tracker](#)
- [Annual Flu Vaccine Reporting for HCPs Tracker](#)

Flu Season

Oct. 1 – March 31 each season

- Calculated once each year
- Calculated about 45 days after the close of the first quarter
- Shows up on Care Compare, usually in the July update

6.1 Task 1 Influenza Vaccination (Suppressed)

42 CFR 480.120 requires TMF Health Quality Institute to disclose aggregate statistical information that does not implicitly or explicitly identify individual patients, practitioners or reviewers. Counts smaller than 11 have been suppressed to meet this requirement.

Filters: Provider filter applies to all pages of this report.

Recruited Provider

All

State

TX

QIS

All

Scrollable Data by Selected Filter

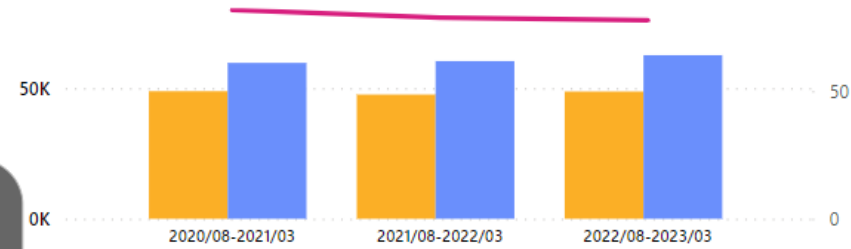
State	Numerator	Denominator	Providers
TX			
2020/08-2021/03	48,843	59,691	980
2021/08-2022/03	47,568	60,381	980
2022/08-2023/03	48,726	62,655	980

13,929 Residents declined the flu vaccine

Adj RIR
-22.3%

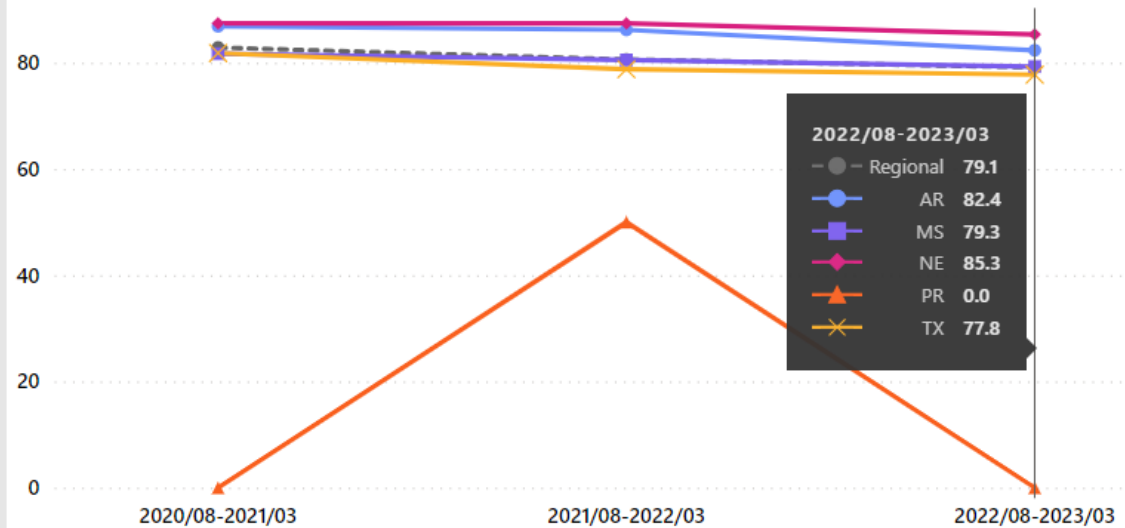
Trends by Period and Selected Filter

● Numerator ● Denominator ● Rate (%)



Rates by State and Period (%)

● Regional ● AR ● MS ● NE ● PR ● TX ● Provider



Desired Outcome



Care Compare Data

<p>Percentage of short-stay residents who needed and got a flu shot for the current flu season</p> <p>↑ Higher percentages are better</p>	<p>43.2%</p> <p>National average: 76.2%</p> <p>Texas average: 80.9%</p>
<p>Percentage of healthcare personnel who got a flu shot for the current season</p> <p>↑ Higher percentages are better</p>	<p>Not available ¹⁰</p> <p>National average: 47%</p> <p>▼</p>
<p>Percentage of short-stay residents who needed and got a vaccine to prevent pneumonia</p> <p>↑ Higher percentages are better</p>	<p>23.8%</p> <p>National average: 79.7%</p> <p>Texas average: 86.5%</p>

Care Compare Data

Percentage of long-stay residents who needed and got a flu shot for the current flu season

↑ *Higher percentages are better*

96.4%

National average: 94.7%

Texas average: 97%

Percentage of long-stay residents who needed and got a vaccine to prevent pneumonia

↑ *Higher percentages are better*

69.3%

National average: 92%

Texas average: 96.2%

National Training – COVID-19 Vaccination

[CDC and CMS Present Stories from the Field: Immunization Strategies for Long-Term Care](#)

- Features Birchwood of Beeville, Texas
- Includes nursing home teams discussing successful strategies to:
 - › Overcome COVID-19 vaccine hesitancy and fatigue
 - › Schedule onsite vaccination clinics
 - › Address staff turnover
- Handout: [CDC and CMS Present Stories from the Field: Immunization Strategies for Long-Term Care](#)

NHSN COVID-19 Vaccination Data

NHSN data as of:

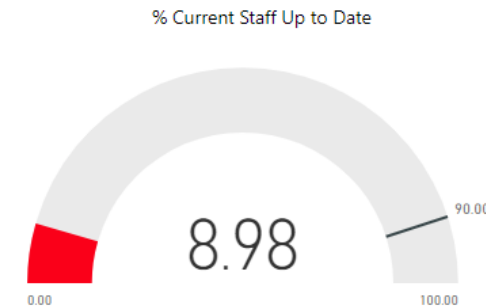
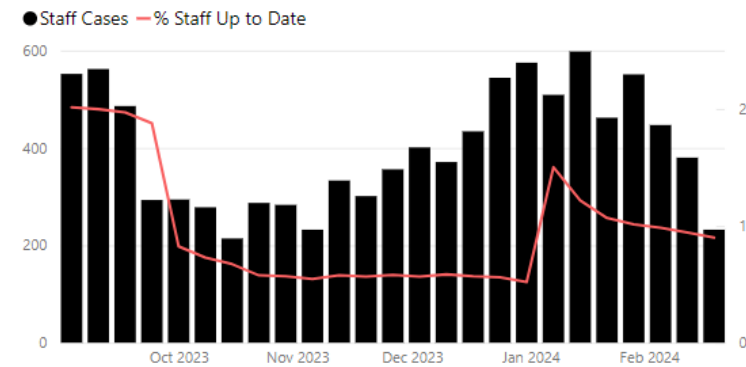
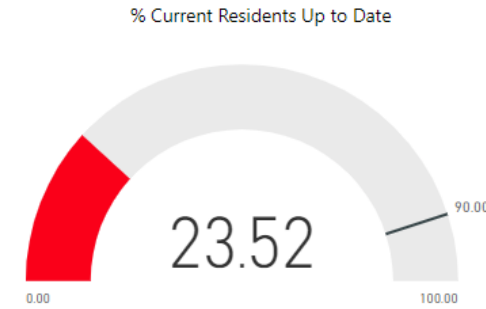
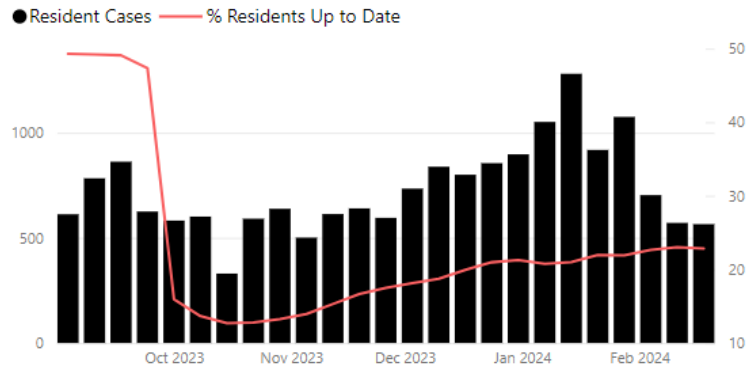
Sunday, February 18, 2024

Latest Week Ending

Select a view



AR MS NE PR TX



6.2 Task 1 Pneumococcal Vaccine (Suppressed)

42 CFR 480.120 requires TMF Health Quality Institute to disclose aggregate statistical information that does not implicitly or explicitly identify individual patients, practitioners or reviewers. Counts smaller than 11 have been suppressed to meet this requirement.

Filters: Provider filter applies to all pages of this report.

Recruited Provider

All

State

TX

QIS

All

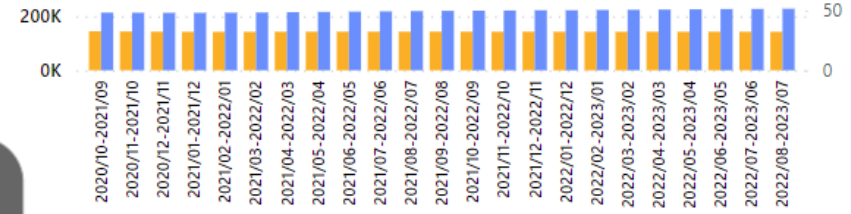
Adj RIR
-17.4%

Scrollable Data by Selected Filter

State	Numerator	Denominator	Providers
2021/05-2022/04	142,764	215,962	977
2021/06-2022/05	142,893	216,906	977
2021/07-2022/06	143,027	217,886	977
2021/08-2022/07	143,046	218,921	977
2021/09-2022/08	143,127	219,799	977
2021/10-2022/09	143,025	220,418	977
2021/11-2022/10	142,818	221,108	977
2021/12-2022/11	142,953	221,938	977
2022/01-2022/12	142,569	221,928	977
2022/02-2023/01	142,559	223,164	977
2022/03-2023/02	142,600	223,876	977
2022/04-2023/03	142,765	224,735	977
2022/05-2023/04	142,665	225,612	977
2022/06-2023/05	142,815	226,601	977
2022/07-2023/06	142,635	227,002	977
2022/08-2023/07	142,478	227,695	977
2022/09-2023/08	142,442	228,273	977
2022/10-2023/09	142,588	229,554	977

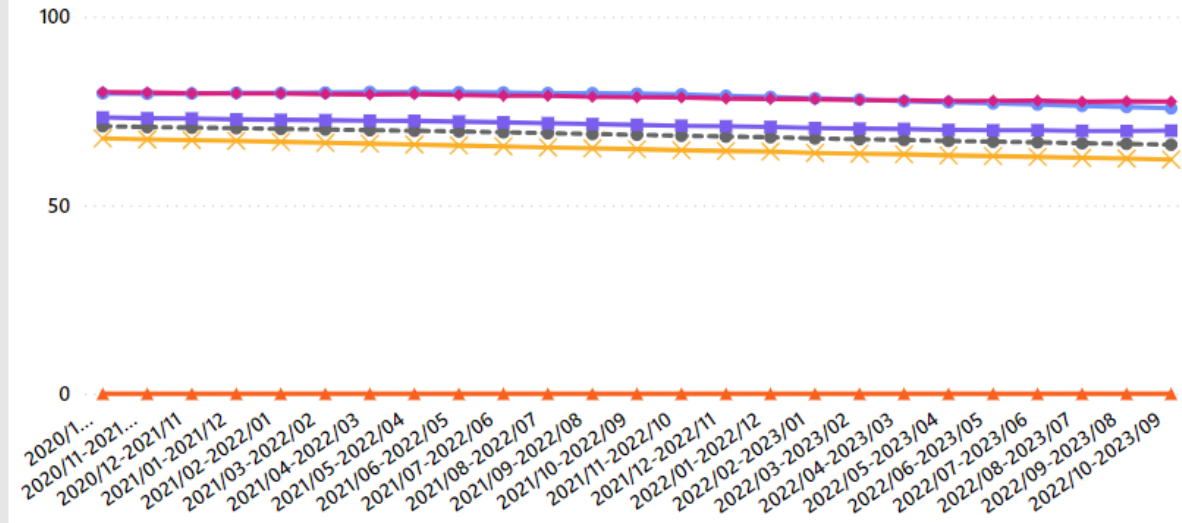
Trends by Period and Selected Filter

● Numerator ● Denominator ● Rate (%)



Rates by State and Period (%)

● Regional ● AR ● MS ● NE ● PR ● TX ● Provider



Sepsis and Facility-Acquired Infections

- Rates going up or staying close to the same
- Possible outcome of decreasing vaccinations
- Recent readmissions:
 - › Determine how many residents came back with an infection that you were unaware of when they left
 - › Evaluate the quality improvement opportunity for each one
 - › Step back and look at the entire facility practices
 - Antibiotic stewardship
 - Early identification of changes of condition

2.3 Task 1 Facility-Acquired Infections (Suppressed) - COVID

42 CFR 480.120 requires TMF Health Quality Institute to disclose aggregate statistical information that does not implicitly or explicitly identify individual patients, practitioners or reviewers. Counts smaller than 11 have been suppressed to meet this requirement.

Filters: Provider filter applies to all pages of this report.

Recruited Provider

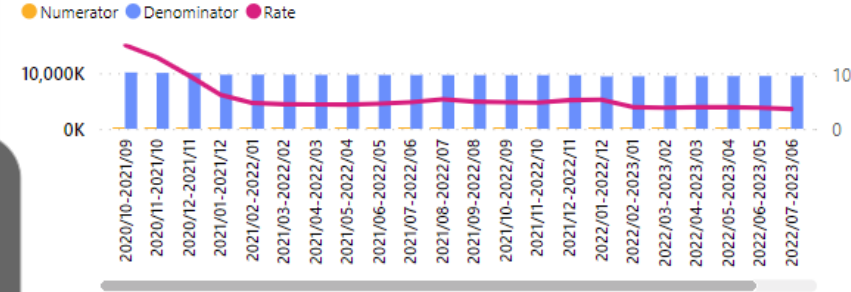
All

State: TX Category: All QIS: All

81.9%
RIR Long Stay

62.2%
RIR Short Stay

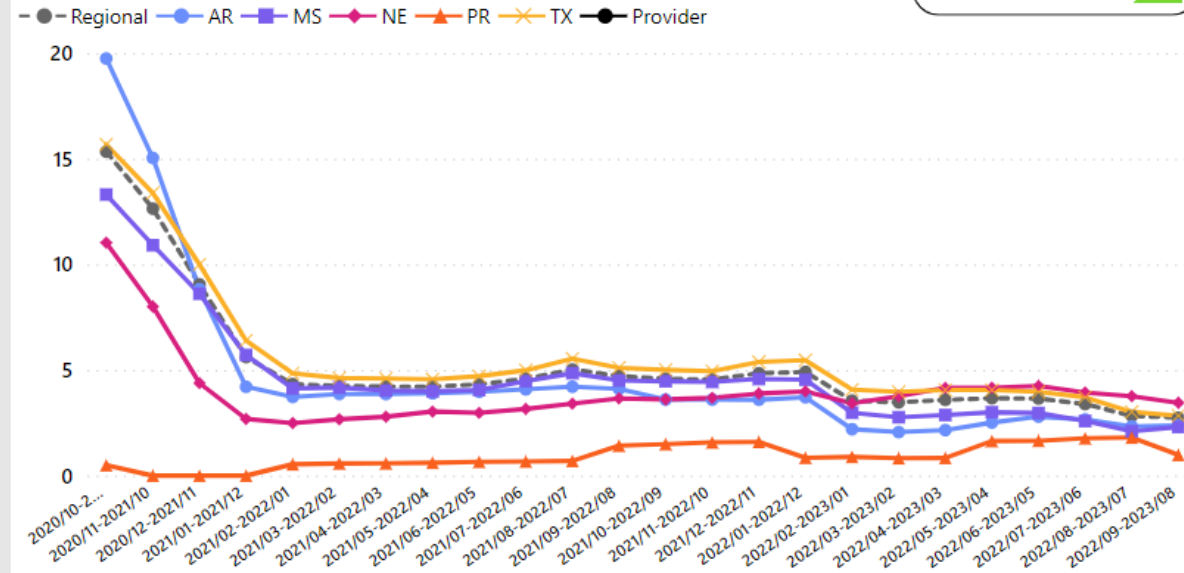
Trends by Period and Selected Filter



Scrollable Data by Selected Filter

State	Numerator	Denominator	Providers
TX			
2020/10-2021/09	2,485	10,127,294	977
2020/11-2021/10	2,094	10,045,665	977
2020/12-2021/11	1,626	10,006,048	977
2021/01-2021/12	1,107	9,719,109	977
2021/02-2022/01	1,048	9,732,918	977
2021/03-2022/02	1,042	9,725,245	977
2021/04-2022/03	1,008	9,691,510	977
2021/05-2022/04	984	9,683,401	977
2021/06-2022/05	992	9,674,707	977
2021/07-2022/06	1,032	9,653,076	977
2021/08-2022/07	1,126	9,649,288	977
2021/09-2022/08	1,069	9,642,104	977
2021/10-2022/09	1,028	9,630,696	977
2021/11-2022/10	1,008	9,634,455	977
2021/12-2022/11	1,044	9,632,230	977
2022/01-2022/12	1,006	9,413,710	977
2022/02-2023/01	804	9,442,695	977

Rates by State and Period (LS per 100,000 and SS per 100)



2.3 Task 1 Facility-Acquired Infections (Suppressed) - PNE

42 CFR 480.120 requires TMF Health Quality Institute to disclose aggregate statistical information that does not implicitly or explicitly identify individual patients, practitioners or reviewers. Counts smaller than 11 have been suppressed to meet this requirement.

Filters: Provider filter applies to all pages of this report.

Recruited Provider

All

State

TX

Category

All

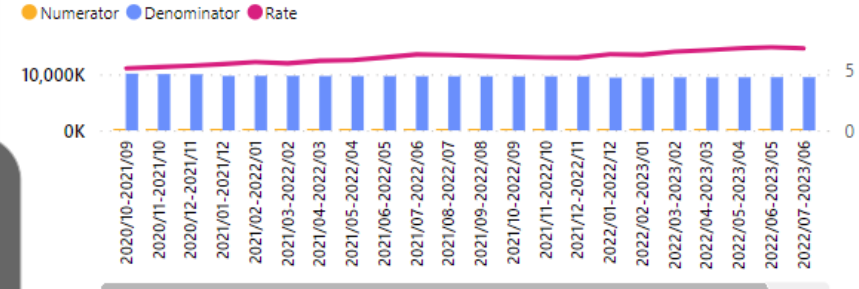
QIS

All

-35.5%
RIR Long Stay

-33.3%
RIR Short Stay

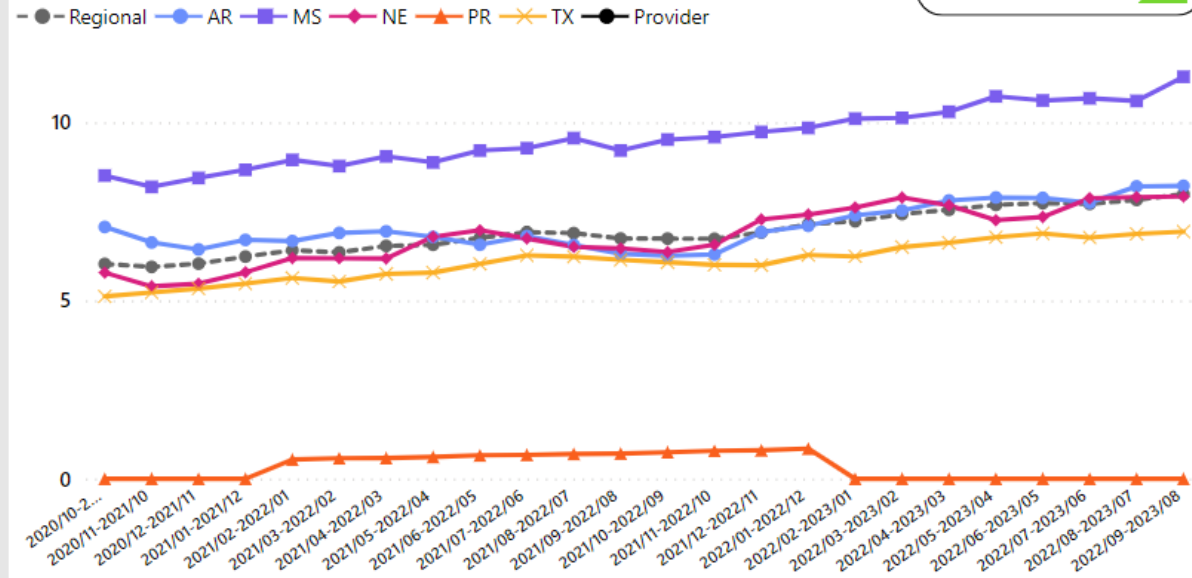
Trends by Period and Selected Filter



Scrollable Data by Selected Filter

State	Numerator	Denominator	Providers
2021/04-2022/03	992	9,691,510	977
2021/05-2022/04	1,010	9,683,401	977
2021/06-2022/05	1,055	9,674,707	977
2021/07-2022/06	1,075	9,653,076	977
2021/08-2022/07	1,061	9,649,288	977
2021/09-2022/08	1,068	9,642,104	977
2021/10-2022/09	1,042	9,630,696	977
2021/11-2022/10	1,042	9,634,455	977
2021/12-2022/11	1,059	9,632,230	977
2022/01-2022/12	1,085	9,413,710	977
2022/02-2023/01	1,097	9,442,695	977
2022/03-2023/02	1,138	9,462,565	977
2022/04-2023/03	1,153	9,457,799	977
2022/05-2023/04	1,176	9,477,152	977
2022/06-2023/05	1,202	9,490,861	977
2022/07-2023/06	1,188	9,487,170	977
2022/08-2023/07	1,175	9,490,821	977
2022/09-2023/08	1,177	9,517,749	977

Rates by State and Period (LS per 100,000 and SS per 100)



2.3 Task 1 Facility-Acquired Infections (Suppressed) - Sepsis

42 CFR 480.120 requires TMF Health Quality Institute to disclose aggregate statistical information that does not implicitly or explicitly identify individual patients, practitioners or reviewers. Counts smaller than 11 have been suppressed to meet this requirement.

Filters: Provider filter applies to all pages of this report.

Recruited Provider

All

State: TX

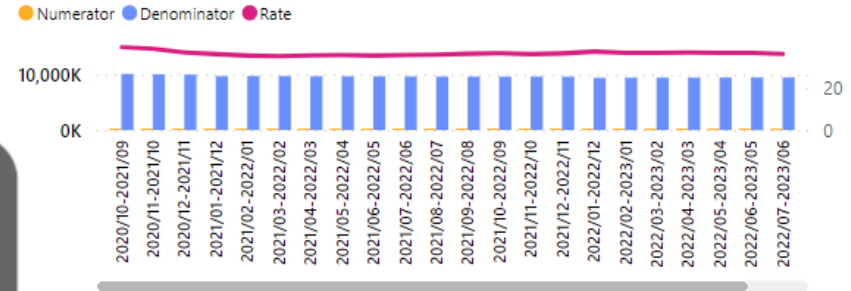
Category: All

QIS: All

9.4%
RIR Long Stay

4.1%
RIR Short Stay

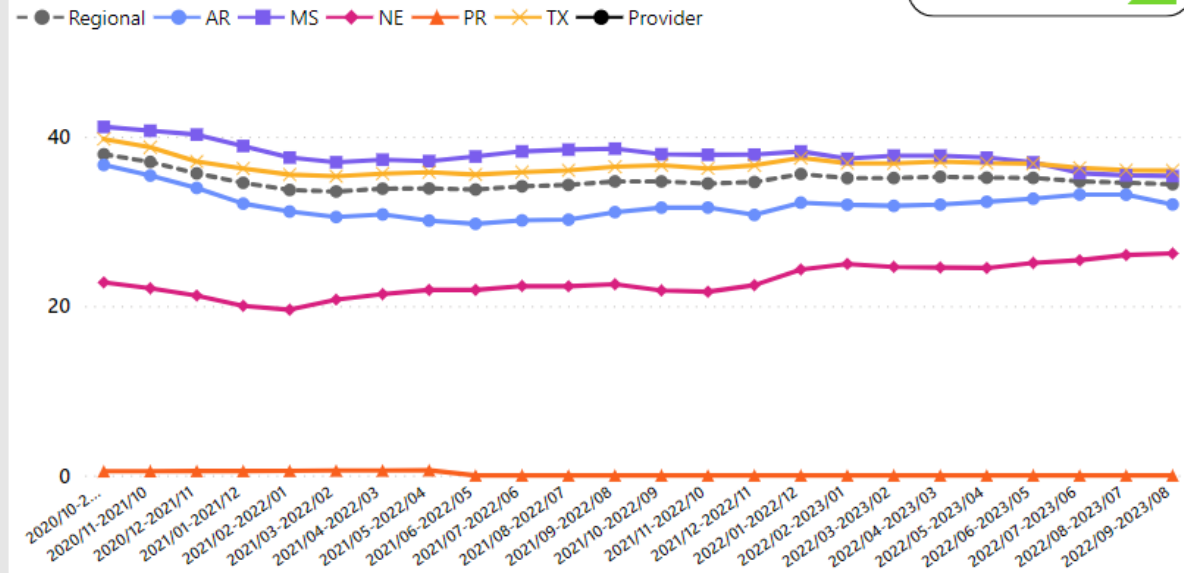
Trends by Period and Selected Filter



Scrollable Data by Selected Filter

State	Numerator	Denominator	Providers
2021/04-2022/03	6,784	9,691,510	977
2021/05-2022/04	6,806	9,683,401	977
2021/06-2022/05	6,805	9,674,707	977
2021/07-2022/06	6,794	9,653,076	977
2021/08-2022/07	6,806	9,649,288	977
2021/09-2022/08	6,847	9,642,104	977
2021/10-2022/09	6,848	9,630,696	977
2021/11-2022/10	6,795	9,634,455	977
2021/12-2022/11	6,843	9,632,230	977
2022/01-2022/12	6,857	9,413,710	977
2022/02-2023/01	6,736	9,442,695	977
2022/03-2023/02	6,713	9,462,565	977
2022/04-2023/03	6,735	9,457,799	977
2022/05-2023/04	6,704	9,477,152	977
2022/06-2023/05	6,671	9,490,861	977
2022/07-2023/06	6,574	9,487,170	977
2022/08-2023/07	6,517	9,490,821	977
2022/09-2023/08	6,467	9,517,749	977

Rates by State and Period (LS per 100,000 and SS per 100)



FOR LONG-TERM CARE NURSES

PROTECT YOUR RESIDENTS FROM SEPSIS.

GET AHEAD
OF SEPSIS

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

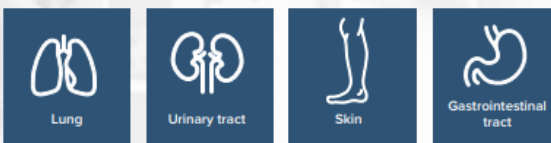
Sepsis is a medical emergency. You play a critical role. Protect your residents by **ACTING FAST**.

Infections put your residents at risk for sepsis. Anyone can get an infection, and **almost any infection, including COVID-19, can lead to sepsis. With your fast recognition and treatment, most residents survive.**

WHAT CAUSES SEPSIS?

Bacterial infections cause most cases of sepsis. Sepsis can also be a result of other infections, including viral infections, such as COVID-19 or influenza, or fungal infections. The most frequently identified pathogens that cause infections that can develop into sepsis include *Staphylococcus aureus* (staph), *Escherichia coli* (*E. coli*), and some types of *Streptococcus*. COVID-19 can have a similar presentation and a similar clinical course to some forms of sepsis. Many residents who require hospitalization for COVID-19 have signs or symptoms that meet the definition of sepsis.

Infections that lead to sepsis most often start in the:



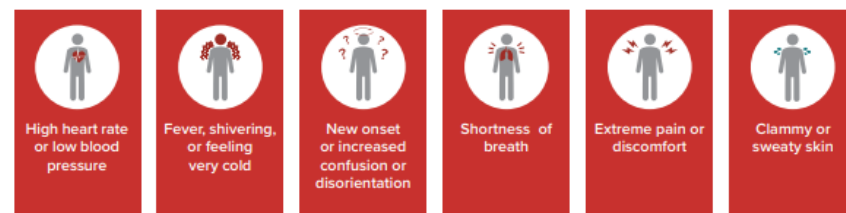
WHO IS AT RISK?

Anyone can develop sepsis, but some people are at higher risk for sepsis:



WHAT ARE THE SIGNS AND SYMPTOMS OF SEPSIS?

A resident with sepsis might have one or more of the following signs or symptoms:



Residents with sepsis should be urgently evaluated and treated by a healthcare professional.

SEPSIS STATS Each year:



HOW CAN I GET AHEAD OF SEPSIS?

As a long-term care nurse, you can:

- **Know sepsis signs and symptoms** to identify residents early and get them immediate treatment.
- **ACT FAST** if you suspect sepsis.
- **Prevent infections** by following infection control practices (e.g., hand hygiene, appropriate indwelling medical device management, communicating signs and symptoms of infection to the healthcare professional overseeing care of the resident, cleaning and disinfection) and ensuring residents receive recommended vaccines.
- **Educate your residents, their families, and other staff about:**
 - Preventing infections
 - Keeping cuts and wounds clean until healed
 - Managing chronic conditions
 - Recognizing early signs and symptoms of worsening infection and sepsis and seeking immediate care if signs and symptoms are present

Sepsis is a medical emergency. You play a critical role. Protect your residents by **ACTING FAST.**

WHAT SHOULD I DO IF I SUSPECT SEPSIS?

- **Know your facility's existing guidance for diagnosing and managing sepsis.**
- **Immediately alert the healthcare professional overseeing care of the resident if it is not you.**
- **Start antibiotics as soon as possible in addition to other therapies appropriate for the patient.** If a specific bacterial cause of sepsis is known, therapy should be targeted to optimize treatment and broad-spectrum antibiotics might not be needed.
- **Check resident progress frequently.** Treatment requires urgent medical care, usually in an intensive care unit in a hospital, and includes careful monitoring of vital signs and often antibiotics. Early and frequent reassessment of residents with sepsis should be undertaken to determine the appropriate duration and type of therapy.

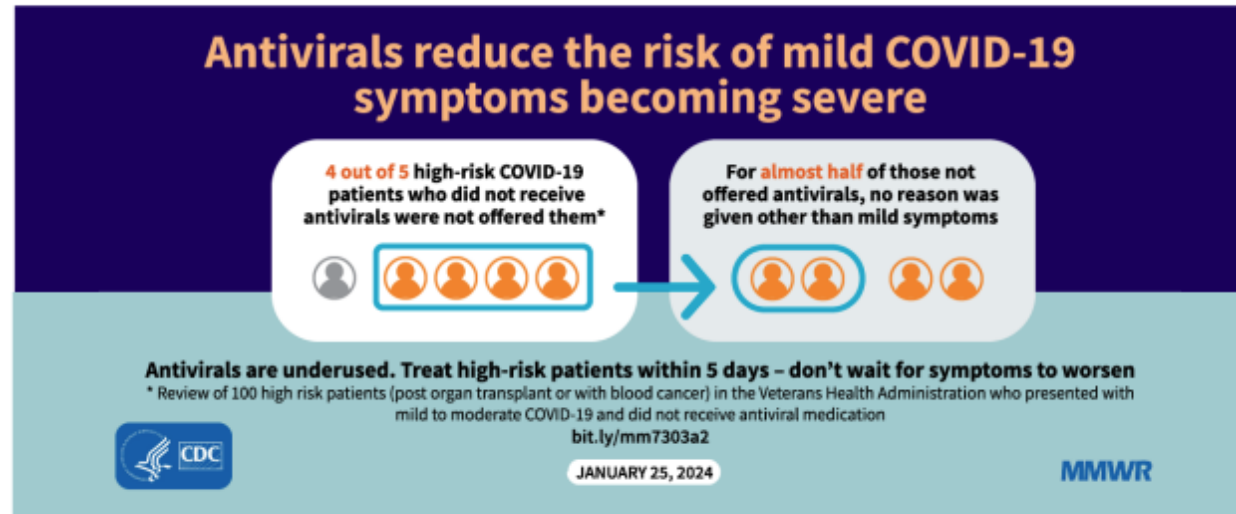
To learn more about sepsis and how to prevent infections, visit www.cdc.gov/sepsis or call **1-800-CDC-INFO**.

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.



CS331106-A | 08/04/2022

Don't Wait — TREAT!



Source: [Underuse of Antiviral Drugs to Prevent Progression to Severe COVID-19](#), Centers for Disease Control and Prevention (CDC)

- The antiviral drugs **ritonavir-boosted nirmatrelvir (Paxlovid)** and **remdesivir (Veklury)** are the preferred treatments for eligible adults and children who are at high risk for progression to severe COVID-19.
- Use of the antiviral drugs Paxlovid and Veklury is approved by the U.S. Food and Drug Administration (FDA); molnupiravir (Lagevrio) is authorized for emergency use.
- Clinicians should consider COVID-19 treatment in individuals with [mild-to-moderate COVID-19](#) who have one or more [risk factors for severe COVID-19](#). Treatment must be started as soon as possible and within 5–7 days of symptom onset.
- Plan for [therapeutics](#) in advance in the event of a positive test result to prevent severe COVID-19-associated illness, including death.

Risk factors for severe COVID-19:

- Age over 50 years, with risk increasing substantially at age 65 and older
- [Being unvaccinated](#) or not being [up to date](#) on [COVID-19 vaccination](#)
- [Specific medical conditions](#), including immunocompromising conditions

COVID-19 Therapeutics Fact Sheet

The spectrum of medical therapies to treat COVID-19 is rapidly evolving and these medications are used at different times. Therapeutics are indicated for the treatment of mild to moderate COVID-19 in non-hospitalized individuals with laboratory-confirmed SARS-CoV-2 infection, who are at high risk for progressing to severe disease and/or hospitalization.

People who test positive for the virus are more likely to get very sick from COVID-19, especially:

- » [Age over 50 years](#), with risk increasing substantially at age \geq 65 years
- » Being unvaccinated or not being [up to date](#) on COVID-19 vaccinations
- » [Specific medical conditions](#), including immunocompromising conditions, chronic lung disease, cardiovascular disease, diabetes or obesity

Treatment Options

It is important to check with the Administration for Strategic Preparedness and Response (ASPR) [Treatment Options for COVID-19](#) prior to initiating therapy, as recommendations are frequently updated due to viral mutations. The below table is **current as of Feb. 20, 2024**.

Therapeutic	Type of treatment	Start time after symptoms first appear
Paxlovid	Oral antiviral (pills)	As soon as possible and up to 5 days
Lagevrio (molnupiravir)	Oral antiviral (pills)	As soon as possible and up to 5 days
Veklury [®] (remdesivir)	IV infusion antiviral	As soon as possible and up to 7 days

Every person who tests positive for COVID-19 should be evaluated to determine whether the use of an available therapeutic is appropriate. Therapeutics can prevent serious illness and save the lives of high-risk individuals who would otherwise be at risk of severe complications.

Resources

- » [COVID-19 Therapeutics Announcements](#), ASPR
- » [COVID-19 Treatments and Medications](#), Centers for Disease Control and Prevention (CDC)
- » [Find COVID-19 Medications](#), ASPR
- » Fact sheets for health care providers (PDFs):
 - » [Paxlovid](#), U.S. Food and Drug Administration (FDA)
 - » [Veklury/Remdesivir Prescribing Information](#), Gilead Sciences, Inc.
 - » [Lagevrio/Molnupiravir](#), FDA
- » [Paxlovid Eligibility Screening Checklist Tool](#) (PDF), FDA National Institutes of Health
- » [Therapeutic Management of Nonhospitalized Adults with COVID-19](#), National Institutes of Health (NIH)

VACCINE BLITZ



- Screen residents for eligibility for upcoming clinic
- Review and utilize vaccine process and Resident COVID-19 Vaccination Plan of Action
 - U.S. Spanish
 - Spanish for Puerto Rico

**Number of Residents
Eligible for Updated
COVID-19 Vaccine:**

Staff Name Responsible for Screening:

Date to Be Completed:



Avoid the Unknown...

Ensure that all vaccines are counted. Avoid reporting “unknown” vaccine status in National Healthcare Safety Network (NHSN) by completing the **S-E-A-R-C-H**:

S

Search your state vaccine registry

R

Review discharge documents closely

E

Early vaccine discussion

C

Check the resident's common working file

A

Ask a pharmacist

H

Hospital record request

CME Training Event

- TMF’s [Enhancing Care and Safety: Post-Pandemic Best Practices for Nursing Facility Leadership and Physicians](#) is an on-demand monthly training series to help nursing home medical directors shape the ethos and operational excellence of the facilities they oversee
- Physicians will earn continuing medical education and medical directors will earn certified medical director credit for each monthly topic through November 2024

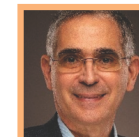
Earn Continuing Medical Education (CME) Credit for Physicians and Certified Medical Directors

Enhancing Care and Safety: Post-Pandemic Best Practices for Nursing Facility Leadership and Physicians – Employee Health and Safety

Sign up now: <https://learn.tmf.org>



Swati Gaur, MD, MBA, CMD, AGSF
Medical Director
Northeast Georgia Health
Associate Chief Medical Officer
Rainmakers



Karl E. Steinberg, MD, CMD, HMDC, HEC-C
Chief Medical Officer
Northeast Georgia Health
Beechan Health, Mariner Healthcare Central



Mamata Yanamadala, MBBS, MS
Associate Professor
Northeast Georgia Health
Duke University School of Medicine

TMF Health Quality Institute’s *Enhancing Care and Safety: Post-Pandemic Best Practices for Nursing Facility Leadership and Physicians* is an on-demand monthly training series to help nursing home medical directors shape the ethos and operational excellence of the facilities they oversee.

Physicians will earn continuing medical education (CME) and medical directors will earn Certified Medical Director (CMD) credit for each monthly topic through November 2024.

For questions, please contact TMF Health Quality Institute at NHConnect@tmf.org.

Enhancing Care and Safety: Post-Pandemic Best Practices for Nursing Facility Leadership and Physicians – Employee Health and Safety Physician CME

- This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) through the joint providership of TMF Health Quality Institute and Rainmakers. TMF Health Quality Institute is accredited by TMA to provide continuing medical education for physicians.
- TMF Health Quality Institute designates this enduring material for a maximum of 1.0 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CMD Credit Statement

- This CME activity has been pre-approved by the American Board of Post-Acute and Long-Term Care Medicine (ABPLM) for a total of **1 management hour** toward certification as a Certified Medical Director (CMD) in post-acute and long-term care medicine. The CMD program is administered by the ABPLM. Each physician should claim only those hours of credit actually spent on the activity.

Certificate of Attendance

- TMF Health Quality Institute Continuing Education has designated 1.00 contact hours for attendance.

How Vaccines Are Working



CONTROL Disease

Reduce symptoms of illness, hospitalization and death

Examples: Seasonal flu and COVID-19

Immunity can wane over time, which is why we need vaccines each year



Epidemics may occur locally



Multiple infections can occur over a lifetime



ELIMINATE Transmission

Absence of the disease-causing agent in a location

Examples: Measles and polio

United States has maintained measles elimination for almost 20 years and polio elimination since 1988



While measles or polio may enter the U.S. from unvaccinated individuals, the organism will die out if it does not find an unvaccinated person to infect



The risk for measles in the U.S. is usually low because most citizens are vaccinated beginning in childhood



Universal vaccination of infants and children is the only means of eliminating these diseases



ERADICATE Disease

Worldwide absence of the disease-causing agent

Example: Smallpox (only known disease to have been eradicated)

Eradication is due to vaccinations



CMS-Targeted COVID-19 Training

For frontline nursing home staff and management learning *module test-out available*

- Available through the [CMS Quality, Safety & Education Portal \(QSEP\)](#)
- Five frontline nursing home staff modules with three hours total training time
- Ten management staff modules with four hours total training time
- [QSEP Group Training Instructions – English](#) (PDF)
- [QSEP Group Training Instructions – Spanish](#) (PDF)

CMS-Targeted COVID-19 Training – New Tools

- [User Guide: CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management](#)
- **Kudos Kit**
 - › [Press Release Template – customizable](#)
 - › [A Customizable Printable Poster](#)
 - › [A Standard, Non-customizable Printable Poster](#)
 - › [Printable Badges for Staff](#)
 - › [Printable Badges for Management](#)
 - › [Sample Social Media Post](#)



March Nursing Home Connect Events

Thursdays, 1:30 – 2:30 p.m. CT

March 14

[NHSN Reporting Made Easy](#)

March 21

[Preventing Adverse Drug Events in Long-Term Care](#)

March 28

[The Taste of Satisfaction](#)

Register [once](#) for multiple TMF QIN-QIO events.

TMF QIN-QIO Resources

Website: tmfnetworks.org

- [How to Create an Account on the TMF Networks.org](#)
- [Calendar of Events](#)
- [Nursing Home Resources](#)
- [Quality Measures Video Series and Resources](#)
- [Quality Assurance Performance Improvement Video Series](#)
- [Nursing Home Recorded Events](#)

Need Assistance?

Connect With Us!



Email

nhnetwork@tmf.org

Submit requests for help with NHSN and/or quality improvement assistance.



Follow Us on Facebook

[TMF QIN Nursing](#)
[Home Quality](#)
[Improvement](#)
[Facebook](#)

NF Updates

Panelist

Sandra Wiegand LSSBB, CPHQ, SMQT

Senior Policy Specialist
Policy & Rules
Long-Term Care Regulation



Top 10 Deficiencies: Health FY 2023

Rank	Tag	Description
1	F880	Infection Prevention and Control: 42 CFR 483.80(a)(1)(2)(4), (e), (f)
2	F812	Food Procurement, Store/Prepare/Serve-Sanitary:42 CFR 483.60(i)(1)(2)
3	F761	Label/Store Drugs and Biologicals: 42 CFR 483.45(g), (h)(1)(2)
4	F656	Develop/Implement Comprehensive Care Plan: 42 CFR 483.21(b)(1)
5	F689	Free of Accident Hazards/Supervision/Devices: 42 CFR 483.25(d)(1)(2)
6	F755	Pharmacy Services: 42 CFR 483.45(a),(b)(1)-(3)
7	F677	ADL Care Provided for Dependent Residents: 42 CFR 483.24(a)(2)
8	F695	ADL Care Provided for Dependent Residents: 42 CFR 483.25(i)
9	F842	Resident Records - Identifiable Information: 42 CFR 483.20(f)(5) ; 483.70(i)(1)-(5)
10	F684	Quality of Care: 42 CFR 483.25



Top 10 Deficiencies: Life Safety Code FY23

Rank	Tag	Description – NFPA 101
1	K521	Heating Ventilation and Air Conditioning
2	K372	Subdivision of Building Spaces - Smoke Barrier Construction
3	K324	Cooking Facilities
4	K353	Sprinkler System - Maintenance and Testing
5	K918	Electrical Systems - Essential Electrical System Maintenance and Testing
6	K321	Hazardous Areas - Enclosure
7	K211	Means of Egress - General
8	K511	Utilities - Gas and Electric
9	K741	Smoking Regulations
10	K222	Egress Doors



Top 10 Deficiencies: Health #3 – Label/Store Drugs and Biologicals

§483.45 Pharmacy Services

The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

- §483.45(g)

Labeling of drugs and biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

- F761 – ranked number four cited deficiency in FY 2022.



TEXAS
Health and Human
Services

Top 10 Deficiencies: Health #3 – Label/Store Drugs and Biologicals

§483.45 Pharmacy Services

- §483.45(h) Storage of Drugs and Biologicals

(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.



TEXAS
Health and Human
Services

Top 10 Deficiencies: Health #3 – Label/Store Drugs and Biologicals

To cite deficient practice at F761, LTCR's investigation will generally show that the facility failed to:

- Ensure that all drugs and biologicals used in the facility are labeled in accordance with professional standards, including expiration dates and with appropriate accessory and cautionary instructions; or
- Store all drugs and biologicals in locked compartments, including the storage of schedule II-V medications in separately locked, permanently affixed compartments, permitting only authorized personnel to have access except when the facility uses single unit medication distribution systems in which the quantity stored is minimal and a missing dose can be readily detected, or
- Store medications at proper temperatures and other appropriate environmental controls to preserve their integrity.



TEXAS
Health and Human
Services

Top 10 Deficiencies: Health #3 – Label/Store Drugs and Biologicals

The intent of this requirement is that the facility, in coordination with the licensed pharmacist, provides for:

- Accurate labeling, to facilitate consideration of precautions and safe administration, of medications; and
- Safe and secure storage (including proper temperature controls, appropriate humidity and light controls, limited access, and mechanisms to minimize loss or diversion) of all medication.



LTCR uses the Medication Administration Observation Long-Term Care Survey Pathway to determine compliance.

Medication Administration Observation LTC Survey Pathway

[CMS | Nursing Homes](#) > Survey Resources (ZIP) in downloads section towards bottom of page

This pathway is used by LTCR to determine compliance at F761, as well as F658, F755, F759, F760 and F880.

Providers can use these same resources to understand the requirements related to medication administration, drug and biological labeling, storage and handling, and how surveyors determine compliance.

- Medication Administration Observation Long-Term Care (LTC) survey pathway included as a webinar handout.



TEXAS
Health and Human
Services

Medication Administration Observation LTC Survey Pathway

Medication Administration Observation: Make random medication observations of several staff over different shifts and units, multiple routes of administration -- oral, enteral, intravenous (IV), intramuscular (IM), subcutaneous (SQ), topical, ophthalmic, and a minimum (not maximum) of 25 medication opportunities. Do NOT preselect residents for observation. Observe and document all of the resident's medications for each observed medication administration (this does not mean all of the medications for that resident on different shifts or times). Additionally, if possible, observe medications for a sampled resident whose medication regimen is being reviewed. Otherwise, observe medications for any resident to whom the nurse is ready to administer medications.

General Medication Administration

NOTE: There may be times when the surveyor should intervene before the person administering the medication makes a potential medication error. If a surveyor intervenes to prevent a medication error from occurring, each potential medication error would be counted toward the facility's medication error rate.

- Hand hygiene was performed prior to handling medication(s) and after administering medication(s) if resident contact was necessary.
- The correct medication was administered to the resident.
- The correct medication dose was administered to the resident.
- Medications administered with a physician's order.
- Medications administered as ordered (e.g., before, after, or with food such as antacids).
- Medications administered before the expiration date on the label.
- Medications administered to the resident via the correct route.
- Medication held and physician notified in the presence of an adverse effect, such as signs of bleeding or abnormal lab results with anticoagulants.
- Checked pulse and/or blood pressure prior to administering medications when indicated/ordered.
- Staff ensured medications were administered to the resident (e.g., left medications at bedside).
- Resident was properly positioned to receive medications (e.g., head of the bed is elevated at an angle of 30-45°).
- Resident was properly informed of the medications being administered.
- Medication cart was locked if left unattended in resident care area.
- If a controlled medication was administered, make sure the count in the cart matches the count in the facility's reconciled records.
- Insulin suspensions – "mix" or "roll" the suspension without creating air bubbles.
- Shake a drug product that is labeled "shake well," such as Dilantin Elixir.
- Nutritional and dietary supplements are given as ordered and documented by staff but not counted in the medication observation except for vitamins and minerals. Administration of vitamins and minerals are part of medication administration observation and errors with vitamins and minerals are counted in the error rate calculation.



TEXAS
Health and Human
Services

Medication Administration Observation LTC Survey Pathway



TEXAS
Health and Human
Services

Injection Practices and Sharps Safety (Medications and Infusates)

- Injections are prepared using clean (aseptic) technique in an area that has been cleaned and is free of contamination (e.g., visible blood, or body fluids).
- Needles, cannulas, and syringes are used for one resident.
- Medication vials (labeled single dose) are used for one resident.
- Bags of IV solutions and medication administration are used for one resident.
- Mixed the suspension (e.g., insulin) without creating air bubbles.
- Multi-dose vials used for more than one resident are kept in a centralized medication area and do not enter the immediate resident treatment area (e.g., resident room). If multi-dose vials enter the immediate resident treatment area they are dedicated for single-resident use only.
- Multi-dose vials which have been opened or accessed (e.g., needle-punctured) are dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for the opened vial.
- Multi-dose vials that are not opened or accessed (e.g., needle-punctured) should be discarded according to the manufacturer's expiration date.
- Insulin pens containing multiple doses of insulin are meant for single-resident use only, and must never be used for more than one person even when the needle is changed,
- Insulin pens must be clearly labeled with the resident's name and other identifier(s) to verify that the correct pen is used on the correct resident.
- Insulin pens should be stored in a sanitary manner to prevent cross-contamination.
- The rubber septum on any medication vial, whether unopened or previously accessed, is disinfected with alcohol prior to piercing.
- Proper technique used for IV/IM/SQ injection.
- Sharps containers are readily accessible in resident care areas.
- Sharps are disposed of in puncture-resistant sharps containers.
- Sharps containers are replaced when the fill line is reached.
- Sharps containers are disposed of appropriately as medical waste.
- IM/SQ injection sites are rotated.
- Insulin pens used for one resident.
- Observe for the safe use of point of care devices (e.g., blood glucose meter, International Normalized Ratio (INR) monitor).
- Finger stick devices (both lancet and lancet-holding devices) are used for one resident.
- If used for more than one resident, the point-of-care testing device (e.g., blood glucose meter, INR monitor) is cleaned and disinfected after every use according to manufacturer's instructions. If manufacturer does not provide instructions for cleaning and disinfection, then the device should not be used for more than one resident.
- IV pumps are clean and a protocol exists for cleaning between residents.

Medication Administration Observation LTC Survey Pathway

Topical, Ophthalmic, and Inhalation Medications

- Transdermal patch sites are rotated.
- Transdermal patch is dated and timed.
- Used transdermal patches are disposed of properly.
- Multiple eye drops administered with adequate time sequence between drops.
- Inhaler medication administered, handled, or stored according to physician's orders and/or manufacturer's instructions.
- Single-dose vials for aerosolized medications used for one resident.
- Metered dose inhalers administered per manufacturer instructions.
- Sterile solutions (e.g., water or saline) are used for nebulization.
- Jet nebulizers used for single resident or cleaned and stored as per facility policy (e.g., rinsed with sterile water, and air-dried between treatments on the same resident).
- Gloves worn when in contact with respiratory secretions and changed before contact with another resident, object, or environmental surface.



TEXAS
Health and Human
Services

Documentation of Observations:

	Date/Time	Resident Name	Room/Bed	Drug / Dosage / Route <i>(oral, enteral, IV, IM, SQ, topical, ophthalmic, etc.)</i>	Adminis- tration Error	Prescriber's Order If Administration Error (Describe Error as Necessary)	Staff Name
1.					<input type="checkbox"/>		
2.					<input type="checkbox"/>		
3.					<input type="checkbox"/>		
4.					<input type="checkbox"/>		

Medication Administration Observation LTC Survey Pathway

Decisions:

1. Does the facility ensure that it is free of medication error rates of five percent or greater? Yes No F759
2. Does the facility ensure that residents are free of any significant medication errors? Yes No F760
3. Did the facility provide medications and/or biologicals and pharmaceutical services to meet the needs of the resident?
 Yes No F755
4. Did the facility appropriately label and store drugs and biologicals in accordance with currently accepted professional principles?
 Yes No F761
5. Did the facility implement appropriate infection prevention and control practices during medication administration including hand hygiene, injection safety and point-of-care testing? Yes No F880
6. Did the facility meet professional standards of quality? Note: If F658 is cited, an associated tag should be cited.
 Yes No F658

Question #4 above relates to determining compliance with F761, the third most cited tag during FY 2023.



TEXAS
Health and Human
Services



TEXAS
Health and Human
Services

Questions?

For more information:

Web: [Provider Portal: LTC Providers - Nursing Facilities \(NF\)](#)

Email: LTCRPolicy@hhs.texas.gov | Phone: (512) 438-3161



TEXAS
Health and Human
Services

Thank you!

For more information:

Web: [Provider Portal: LTC Providers - Nursing Facilities \(NF\)](#)

Email: LTCRPolicy@hhs.texas.gov | Phone: (512) 438-3161