



TEXAS
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Services

Welcome to the

ALF Provider

Webinar with LTCR

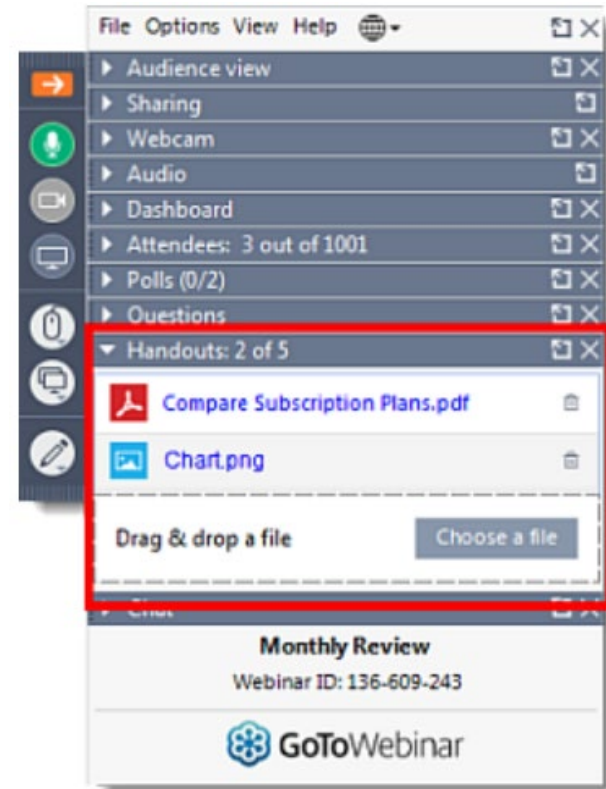
April 12, 2023



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Handout

A pdf version of this presentation is available in the **Handout** section of your control panel. Save the file to your computer to view or print later.





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ALF Resources

[ALF Provider Portal](#) - Find answers to most common questions

Resources and tools for ALFs:

- [Infection Prevention and Control Measures for Common Infections in LTC Facilities](#)
- [Provider Letters](#)
- [FAQ](#) – Frequently Asked Questions for ALF Providers



FY 2022 Annual Report

HHSC Publishes Long-term Care Regulation FY 2022 Annual Report

This report contains information pertaining to our regulation of ALFs and other long-term care providers.

[Read the report.](#)

FY 2022 Annual Report Top Violations



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The [FY 2022 Annual Report](#) also contains a listing of the top violations cited during ALF inspections for FY 2022.

- Fire Drills
- Resident Assessment & Service Plan
- Medications
- Dietary Services
- Employee Misconduct Registry
- Resident's Bill of Rights
- Fire Alarm System
- Abuse, Neglect or Exploitations reportable to HHSC
- Emergency Preparedness and Response
- Fire Sprinkler System

Top Violations Cited During Inspections for FY 2022



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#1 - Safety Operations: Fire Drills

[§553.104\(d\)](#)

Rule – Conduct and document at least one quarterly fire drill on each shift with at least one drill each month.

Citation - The facility failed to conduct required fire drills on the required form.

Top Violations Cited During Inspections for FY 2022



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#2 - Resident Assessment & Service Plan [§553.259\(b\)](#)

Rule – Comprehensive assessment must be completed within 14 days of admission.

Citation - The facility failed to assess a resident, develop, approve, sign, or follow a service plan within the allowable time.

Top Violations Cited During Inspections for FY 2022



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#3 - Coordination of Care - Medications

[§553.261\(a\)\(1\)\(A\)](#)

Rule – Medication administration by a person who holds a current license or med aide permit.

Citation - The facility failed to ensure that a licensed person or a trained, authorized, and delegated person administered medications according to physician's orders.

Top Violations Cited During Inspections for FY 2022



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#4 - Coordination of Care - Dietary Services [§553.261\(e\)\(6\)](#)

Rule – Food must be obtained from sources that comply with laws relating to food and food labeling.

Citation - The facility failed to procure food from acceptable sources, or failed to handle food, subject to spoilage, as required.

Top Violations Cited During Inspections for FY 2022



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#5 (tied) - Facility Employees – Misconduct Registry

[§553.257\(b\)\(2\)](#)

Rule – Facility must search EMR and NAR before hiring an employee.

Citation - The facility failed to search the employee misconduct registry and nurse aide registry before hiring to determine if the individual is unemployable.

Top Violations Cited During Inspections for FY 2022



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#5 (tied) - Rights – Residents Bill of Rights
[§553.267\(a\)\(3\)\(E\)\(ii\)](#)

Rule – The resident must be treated with respect and has the right to be free from abuse, neglect, and exploitation.

Citation - The facility failed to ensure each resident was free from abuse, neglect, and exploitation.

Top Violations Cited During Inspections for FY 2022



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#7 – Safety Operations: Fire Alarm ITM Program [§553.104\(g\)\(1-3\)](#)

Rule – Establish a program to inspect, test, and maintain the fire alarm system and execute the program at least once every six months.

Citation - The facility failed to have a program to inspect, test, and maintain the fire alarm system and keep records of inspection, testing, and maintenance.

Top Violations Cited During Inspections for FY 2022



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#8 - Abuse, Neglect, or Exploitation Reportable to HHSC

[§553.273\(d\)](#)

Rule – ALF must immediately make an oral report to HHSC of ANE and investigate the allegation and send written report no later than fifth calendar day after oral report

Citation - The facility failed to immediately make an oral report of alleged ANE or send a written report of the investigation to HHSC when required.

Top Violations Cited During Inspections for FY 2022



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#9 - Emergency Preparedness and Response [§553.275\(b\)](#)

Rule – ALF must conduct and document a risk assessment for potential internal and external emergencies/disasters relevant to the facility's operation and location.

Citation - The facility failed to conduct and document a risk assessment for potential emergencies or disasters.

Top Violations Cited During Inspections for FY 2022



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#10 – Safety Operations: Fire Sprinkler ITM
[§553.104\(h\)\(4-7\)](#)

Rule – Inspect, test, and maintain the required sprinkler system.

Citation - The facility failed to inspect, test, and maintain fire sprinkler system components.



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Candida auris

Panelist: Bijendra Bhandari

Infection Prevention Policy Specialist

For more information:

Web: [Candida auris Provider Information](#)

General Information about *Candida auris*



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- [*Candida auris*](#) (C. auris) is a type of yeast (fungus) that has been causing severe illness in hospitalized patients.
- In some residents, this yeast can enter the bloodstream and spread throughout the body, causing serious invasive infections.
- This yeast often does not respond to commonly used antifungal drugs, making infections difficult to treat.

DRUG-RESISTANT **CANDIDA AURIS**

THREAT LEVEL **URGENT**



323

Clinical cases
in 2018



90%

Isolates resistant to at
least **one** antifungal

30%

Isolates resistant to at
least **two** antifungals

Candida auris (*C. auris*) is an emerging multidrug-resistant yeast (a type of fungus). It can cause severe infections and spreads easily between hospitalized patients and nursing home residents.

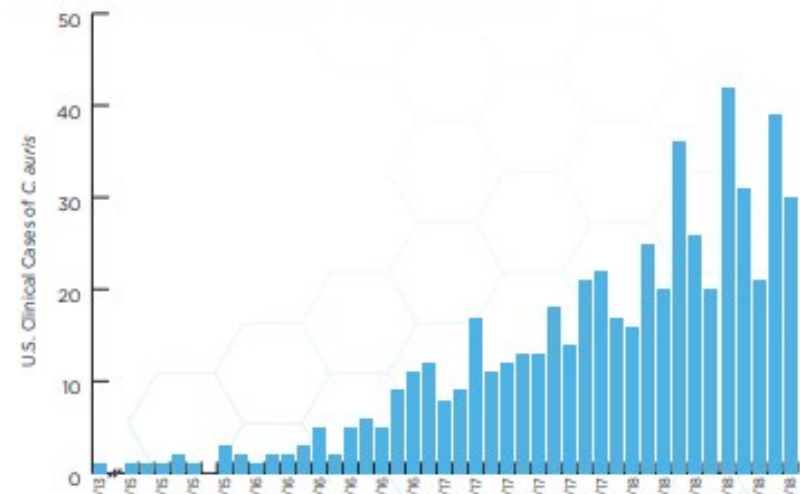
WHAT YOU NEED TO KNOW

- *C. auris*, first identified in 2009 in Asia, has quickly become a cause of severe infections around the world.
- *C. auris* is a concerning drug-resistant fungus:
 - Often multidrug-resistant, with some strains (types) resistant to all three available classes of antifungals
 - Can cause outbreaks in healthcare facilities
 - Some common healthcare disinfectants are less effective at eliminating it
 - Can be carried on patients' skin without causing infection, allowing spread to others

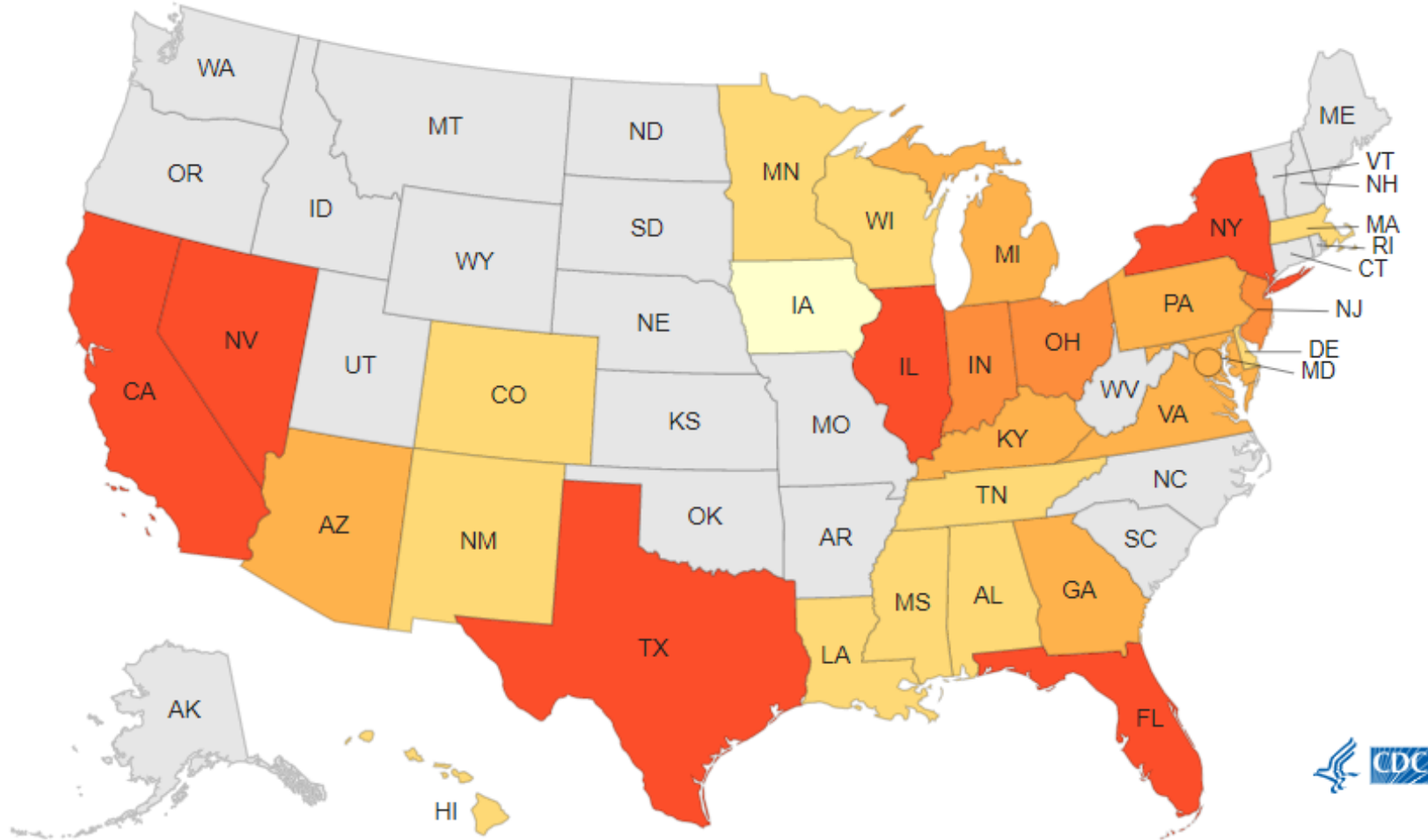
Data represents U.S. cases only. Isolates are pure samples of a germ.

CASES OVER TIME

C. auris began spreading in the United States in 2015. Reported cases increased 318% in 2018 when compared to the average number of cases reported in 2015 to 2017.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



Number of *C. auris* clinical cases through December 31, 2022

In the most recent 12 months, there were 2,377 clinical cases and 5,754 screening cases (January 2022 - December 2022).

- 0 clinical cases and at least 1 screening case
- 1 to 10
- 11 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- 1001 or more

[CDC - Tracking Candida auris](https://www.cdc.gov/fungal/diseases/candida-auris/index.html)

Reporting cases of *Candida auris*



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Healthcare facilities that suspect they have a resident with *C. auris* infection should contact state or local public health authorities and CDC (candidaauris@cdc.gov) immediately for guidance.

Per the Department of State Health Services [\(DSHS\) 2023 Notifiable Conditions Report](#) healthcare providers should report cases within one workday.



Texas Department of State
Health Services

Texas Notifiable Conditions - 2023

Report all Confirmed and Suspected cases

24/7 Number for Immediately Reportable – 1-800-705-8868

Unless noted by*, report to your local or regional health department using number above or find contact information at <http://www.dshs.texas.gov/idcu/investigation/conditions/contacts/>

Contact Information



Access List Online



A – L	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) ¹	Within 1 week	Legionellosis ²	Within 1 week
Amebic meningitis and encephalitis ²	Within 1 week	Leishmaniasis ²	Within 1 week
Anaplasmosis ²	Within 1 week	Listeriosis ^{2, 3}	Within 1 week
Anthrax ^{2, 3, 25}	Call Immediately	Lyme disease ²	Within 1 week
Arboviral infections ^{2, 4, 5}	Within 1 week	Malaria ²	Within 1 week
*Asbestosis ⁶	Within 1 week	Measles (rubeola) ²	Call Immediately
Ascariasis ²	Within 1 week	Meningococcal infection, invasive (<i>Neisseria meningitidis</i>) ^{2, 3}	Call Immediately
Babesiosis ^{2, 5}	Within 1 week	Mumps ²	Within 1 work day
Botulism (adult and infant) ^{2, 3, 7, 25}	Call Immediately ⁷	Paragonimiasis ²	Within 1 week
Brucellosis ^{2, 3, 25}	Within 1 work day	Pertussis ²	Within 1 work day
Campylobacteriosis ²	Within 1 week	*Pesticide poisoning, acute occupational ⁸	Within 1 week
*Cancer ⁹	See rules ⁹	Plague (<i>Yersinia pestis</i>) ^{2, 3, 25}	Call Immediately
Candida auris ^{2, 3, 10}	Within 1 work day	Poliomyelitis, acute paralytic ²	Call Immediately
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) ^{2, 11}	Within 1 work day	Poliovirus infection, non-paralytic ²	Within 1 work day
Chagas disease ^{2, 5}	Within 1 week	Prion disease such as Creutzfeldt-Jakob disease (CJD) ^{2, 12}	Within 1 week
*Chancroid ¹	Within 1 week	Q fever ²	Within 1 work day
*Chickenpox (varicella) ¹³	Within 1 week	Rabies, human ²	Call Immediately
* <i>Chlamydia trachomatis</i> infection ¹	Within 1 week	Rubella (including congenital) ²	Within 1 work day
*Contaminated sharps injury ¹⁴	Within 1 month	Salmonellosis, including typhoid fever ^{2, 3}	Within 1 week
*Controlled substance overdose ¹⁵	Report Immediately	Shiga toxin-producing <i>Escherichia coli</i> ^{2, 3}	Within 1 week
Coronavirus, novel ^{2, 16}	Call Immediately	Shigellosis ²	Within 1 week
Coronavirus Disease 2019 (COVID-19) ²	Within 1 week	*Silicosis ¹⁷	Within 1 week
Cryptosporidiosis ²	Within 1 week	Smallpox ^{2, 25}	Call Immediately
Cyclosporiasis ²	Within 1 week	*Spinal cord injury ¹⁸	Within 10 work days

Symptoms of C. auris infection



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- Symptoms can vary greatly; a laboratory test is needed to determine whether a resident has a C. auris infection.
- Symptoms may not be noticeable, because residents with C. auris infection are often already sick in the hospital with another serious illness or condition.
- Symptoms of C. auris infection depend on the part of the body affected. C. auris can cause many different types of infection, such as bloodstream infection, wound infection, and ear infection.

Who is at risk?



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- It often affects people who have had frequent hospital stays or live in nursing homes.
- Healthy people usually don't get C. auris infections.

C. auris is more likely to affect residents who have [weakened immune systems](#) from conditions such as blood cancers or diabetes, receive lots of antibiotics, or have devices like tubes going into their body (for example, breathing tubes, feeding tubes, catheters in a vein, or bladder catheters)

Invasive Infection



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- [Invasive candidiasis](#) is a serious infection that can affect the blood, heart, brain, eyes, bones, and other parts of the body.
- Any invasive infection, which includes bloodstream infection with any *Candida* species, can be serious and even fatal.

Colonization vs Infection



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- Colonization, or being colonized with *C. auris*, means that a person has the fungus somewhere on their body but **does not have an infection** or symptoms of infection.
- People who are colonized with *C. auris* may not know and can pass the fungus to another person.
- Infection is the invasion of a host organism's bodily tissues by *C. auris*.

[Pathogen Reduction & Decolonization to Prevent Infections](#)

Duration of Precautions



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Residents in healthcare facilities often remain colonized with *C. auris* for many months, perhaps indefinitely, even after an acute infection (if present) has been treated and resolves.

[CDC recommends](#) continuing [Contact Precautions](#) or [Enhanced Barrier Precautions](#), depending on the healthcare setting, for the entire duration of all inpatient healthcare stays, including those in long-term healthcare facilities.

An individual with a past (resolved) *C. auris* infection may infect others around them.

Infection Prevention & Control for *Candida auris*



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The primary [infection control measures](#) for prevention of *C. auris* transmission in healthcare settings are:

- Adherence to [hand hygiene](#).
- Appropriate use of [Transmission-Based Precautions](#) based on setting.
- [Cleaning and disinfecting](#) the patient care environment (daily and terminal cleaning) and reusable equipment with recommended products, including focus on shared mobile equipment (e.g., glucometers, blood pressure cuffs).
- Communication about resident's *C. auris* status when resident is [transferred](#).

Resident Placement



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- In ALFs, although single-resident rooms are not required for residents with *C. auris*, facilities with the capacity to offer single rooms for these individuals may choose to do so.
- Healthcare providers can find recommendations about resident placement in nursing homes using Enhanced Barrier Precautions in [CDC's FAQs about Enhanced Barrier Precautions](#) in Nursing Homes.



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Candida auris

For more information and additional resources, visit the CDC's website:

[Candida auris Provider Information](#)



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Texas Culture Change Coalition Conference

The Texas Culture Change Coalition will host their in-person Spring 2023 conference titled, ***Texans Coming Together for Residents, for Staff, for All.***

Tuesday, April 18
8 a.m.–5 p.m.
Edinburg, TX 78541

This year's theme: "A Day Focused on Person-Centered Senior Care." Continuing education credit for multiple disciplines will be provided for this event.

For more info, visit the [Texas Culture Change Coalition website](#). To register for this event, [click here](#).



PL 2023-07

[Provider Letter 2023-07, Temporary Closures \(PDF\).](#)

- Temporary closure is defined as cessation of operations for longer than 30 days with plans to resume operations
- Allows ALFs opportunity to temporarily cease operations due to unexpected or unforeseen natural disaster or event.
- Gives ALFs time to complete repairs and resume operations.
- Each temporary closure is considered on a case-by-case basis.



PL 2023-07 (continued)

[Provider Letter 2023-07, Temporary Closures \(PDF\).](#)

- Temporary closures at discretion of LTCR
- To request closure, submit request to LTCR Licensing and Credentialing and appropriate regional contact
- Request to reopen must be submitted to LTCR Licensing within 90 days of temporary closure start date
- Facility maintains its license while temporarily closed. License shows as active in TULIP.



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CMS to End Blanket Waivers – Temporary Nurse Aides

CMS to End Blanket Waivers Related to Texas Temporary Nurse Aides on May 11

- CMS [blanket waiver \(PDF\)](#) allowing temporary nurse aides to work for longer than four months without completing their Nurse Aide Training and Competency Evaluation Program (NATCEP) or Competency Evaluation Program (CEP), will end May 11, 2023.
- All nursing aide training emergency waivers for states and facilities will end on May 11, 2023.
- Facilities have until September 10, 2023, to have all nurse aides who hired prior to the end of the public health emergency complete a NATCEP/CEP.

Refer to [PL 2023-05 \(PDF\)](#) and [PL 2021-19 \(PDF\)](#) for additional information.



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PL 2021-41 (Revised)

HHSC Long-term Care Regulation has published revised [Provider Letter 2021-41, Health Maintenance Activities \(PDF\)](#), for assisted living facilities.

- Explains what health maintenance activities (HMAs) are and how they can be used in ALFs.
- What activities may qualify as an HMA for a resident
- Tasks that in the context of an ALF are not allowed to be designated as HMAs
- RN assessment of the client
- FAQs on HMAs



PL 2022-29 (Revised)

[Provider Letter 2022-29, New Rules Implementing HB 1423, SB 199, SB 271 and SB 383, 87th Legislature, Regular Session, 2021 \(PDF\).](#)

The revised letter provides additional guidance to ALF providers regarding the Employee Applicant Out-of-State Background Check Disclosure Statement and Memory Care Disclosure Statement.

If a name-based criminal history check is not available for an applicant because the state only offers fingerprint-based checks, facilities should document that the state does not offer name-based criminal history checks and include documentation in the employee's personnel file.



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Expedited PPE Delivery for LTC Providers

[Expedited PPE Delivery for LTC Providers](#)

This alert informs LTC providers that expedited delivery is available for a limited time for personal protective equipment through the Texas Division of Emergency Management.

These items include surgical masks, N95 masks, KN95 masks, gloves, hand sanitizer and disinfectant wipes. Each of these items have a specific shelf life.

LTC providers, who have a current need for these specific resources, can submit requests by visiting star.tdem.texas.gov and selecting the "Expedited PPE" button.

The generic passcode for the inventory listed above is: 112518. Items are available on a first-come, first-served basis. This system is only to be used on a one-time basis for expedited PPE only.



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Extreme Weather Preparedness

ALFs must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures.

ALFs with generators should perform any maintenance or needed testing while the weather is mild. This will ensure the equipment functions in case power loss due to extreme weather conditions.

It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Multi-story buildings should review any other needed measures should evacuation be required and have a plan in place for how to move residents around or out of the building if there is a loss of power.

2023 Hurricane Season



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ALFs are reminded to review their emergency preparedness and response plans before Atlantic hurricane season begins, which runs June 1–Nov. 30. LTC providers should make updates, if necessary.

Providers affected by an adverse event, such as severe weather, or expect they will need to temporarily exceed capacity due to a disaster, should contact their HHSC [LTC Regulatory regional office](#).

Please refer to [§553.275](#) for more important information regarding emergency preparedness and response.



Reportable Diseases

[§553.261\(f\)\(3\)](#) – ALFs must immediately report the name of any resident with a reportable disease as specified in:

[25 TAC Chapter 97 Subchapter A – Control of Communicable Diseases](#)

Report to city health officer, county health officer, or health unit director having jurisdiction.

No longer required to report to CII.



Resident Rights

Reminder: Resident's Bill of Rights –
[§553.267](#)

- Each resident has the right to participate in activities of social, religious, or community groups unless the participation interferes with the rights of others.
- Each resident has the right to personal visitation with any person of the resident's choice



Webinar Recordings and PDFs

Where can I find previous webinars?

Recordings and PDFs of previous ALF webinars are available from the [ALF Portal](#).

Past webinars are listed in the **Webinars** section.

Access the slides and a recording of the last webinar below:

- [January 11, 2023 - ALF COVID-19 Q&A Webinar Slides \(PDF\)](#)
- [January 11, 2023 - ALF COVID-19 Q&A Webinar Recording](#)

Next scheduled webinar: July 12, 2023



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Gov Delivery Provider Alerts

Sign up for GovDelivery:

<https://service.govdelivery.com/accounts/TXHHSC/subscriber/new>

- Under 'Provider Alerts'
- Check 'Assisted Living Facilities (ALF) Resources'

☐ Provider Alerts

- ☐ Aging and Disability Resource Centers (ADRCs)
- ☒ Assisted Living Facilities (ALF) Resources
- ☐ Assisted Living and Residential Care (ALRC) Resources
- ☐ Community Attendant Services (CAS)

Receive e-mail notification for:

- Provider Alerts
- Webinar Notices
- Provider Letter Notices



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Training Opportunities

[April 2023 LTCR Provider Training Opportunities](#)

Long-term Care Regulation staff and program providers are invited to attend the trainings hosted in April.

Please verify if registering for a webinar or in-person class. If you register for any classes and cannot attend, please cancel your registration.

For additional joint training opportunities, please visit the [Provider Joint Training website](#).



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LTC Ombudsman



Patty Ducayet

State Long-term Care Ombudsman

Telework Phone: (512) 438-4356

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

Statewide Contact for an LTC Ombudsman:

Phone: (800) 252-2412 or

Email: ltc.ombudsman@hhs.texas.gov



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Q&A



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How to Contact

Jennifer Morrison, Manager

Jennifer.morrison@hhs.texas.gov

LTCR Policy Mailbox

LTCRPolicy@hhs.texas.gov

ALF Provider Portal

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/assisted-living-facilities-alf>



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Thank you!
