

Regulatory Services Annual Report

**As Required by
Texas Health and Safety Code §242.005**

**Texas Health and Human Services
February 2025**



TEXAS
Health and Human
Services

Revised 4/10/2025

Table of Contents

Executive Summary	4
Introduction.....	6
Background.....	8
Trends in Long-Term Care.....	9
Complaints and Incidents	9
Visits and Contacts.....	9
Facility Capacity and Occupancy	10
Enforcement Data	11
Credentialing Data	11
Improvement Initiatives and Projects	13
Reforms to Waiver Survey Process.....	13
Implementing House Bill 4696	14
LTCR Recruitment and Retention	15
Individualized Skills and Socialization	16
Texas Unified Licensure Information Portal (TULIP)	17
Program Manager Review	18
Authority for CNA Fingerprint Checks	18
Conclusion	20
List of Acronyms	21
Appendix A. Overview of Complaint and Incident Intakes	23
Complaints	23
Incidents	23
Priority Assignment	23
Appendix B. Assisted Living Facility (ALF) and Unlicensed Facility	28
ALF and Unlicensed Facility Actions	28
Appendix C. Credentialing Programs.....	46
Credentialing Program Activity	46
Appendix D. Day Activity and Health Services (DAHS) Facility	51
DAHS Actions	51
Appendix E. Home and Community Support Services Agency (HCSSA)	60

HCSSA Actions	60
Appendix F. Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)	88
ICF/IID Actions.....	88
Appendix G. Nursing Facilities (NF)	98
NF Actions	98
Appendix H. Prescribed Pediatric Extended Care Centers (PPECCs) ...	116
PPECC Actions	116
Appendix I. Provider Investigations.....	123
Provider Investigations Activity	123
Appendix J. Trends.....	133
LTCR Regions in Texas.....	133
HHSC Waiver Contract Areas	135
Regulated Facilities	137
Changes in Regulated Facilities	139
HCSSAs.....	146
Changes in HCSSAs.....	149
Regulated Waiver Programs.....	151
Changes in Waiver Programs	154
Comparisons to Other States	155
Overview of Enforcement Activities	156
Top 10 Rankings.....	160
Informal Dispute Resolutions for Fiscal Year 2024	184
Appendix K. Waiver Programs – Home and Community-based Services (HCS) and Texas Home Living (TxHmL).....	190
HCS and TxHmL Contracts.....	190
HCS and TxHmL Complaints and Referrals	191

Executive Summary

The Texas Health and Human Services Commission's (HHSC) Regulatory Services Division (RSD) Long-term Care Regulation (LTCR) department regulates facilities, agencies, programs, and individual providers of long-term care services in Texas. Texas Health and Safety Code §242.005 requires HHSC to prepare an annual report on the operation and administration of its responsibilities under Chapter 242. This report describes the regulation of nursing facilities and other entities that provide long-term care and has been prepared to meet the reporting requirement of Texas Health and Safety Code §242.005. This report also meets the requirement of Texas Health and Safety Code §242.0442(a), as enacted by House Bill 1423, 87th Legislature, Regular Session, requiring HHSC to evaluate its ability to regulate nursing facilities.

This report provides data on the number of providers licensed and/or certified; LTCR surveys, inspections, and investigations of these providers; and enforcement actions taken against providers for failing to comply with applicable health and safety standards.

It should be noted that LTCR faced unprecedented workload increases due to the COVID-19 pandemic in 2020 but has continued with long-term improvement initiatives as part of HHSC transformation efforts, which are detailed throughout this report. These efforts included the following:

- Improving consistency of survey practices statewide, including participating in the Long-term Care Facilities Council and reforming the survey process, so HHSC staff consistently survey and investigate regulated facilities across the state.
- Strengthening Quality Assurance.
- Implementing a new electronic messaging system to distribute timely emergency notifications to providers and HHSC staff, such as disaster notifications.

LTCR worked with the 88th Legislature to address staff turnover that was exacerbating workload backlogs and to clarify HHSC's authority to conduct fingerprint-based background checks for certified nurse aides, who serve as the frontline staff providing direct care to residents in nursing facilities.

LTCR is also finalizing implementation of key legislation from the 88th Legislature that directly impacts the quality and efficiency of surveys and investigations. One

notable piece of legislation is House Bill 4696, which consolidates investigations of abuse, neglect, and exploitation (ANE) for certain long-term care providers into a single regulatory function. HHSC anticipates a stronger and more coordinated response to allegations and a more transparent and efficient process for providers and complainants as this law is implemented over the biennium. More detail on implementation of HB 4696 can be found in the “Projects and Initiatives” section of this report.

HHSC believes all these efforts are essential to its mission of protecting the health and safety of the hundreds of thousands of individuals receiving services in regulated long-term care settings statewide.

Introduction

The LTCR department's mission is to protect the health and safety of the more than 1 million older Texans and those with disabilities who need services and supports. LTCR continues fulfilling these critical functions in a state with a rapidly growing older population by regularly evaluating the best approaches to address resource needs, including resolving workload backlogs.

The LTCR program regulates facilities, agencies, programs, and individual providers of long-term care services through:

- Regularly scheduled inspections and surveys
- Complaint and incident investigations
- Follow-up visits to ensure compliance with health and safety requirements.
- Enforcement actions
- Other contacts required for carrying out state and federal licensure or certification responsibilities, such as telephone monitoring.
- Investigating allegations of abuse, neglect, and exploitation involving individuals receiving long-term care (LTC) services

The following LTC facilities, agencies, and programs must be licensed or, if exempt from licensure, certified by the state or federal government, and comply with licensure rules or federal certification requirements to operate in Texas:

- Assisted living facilities (ALFs)
- Day activity and health services facilities (DAHS), including providers of individualized skills and socialization services.
- Home and community support services agencies (HCSSAs)
- Intermediate care facilities for individuals with an intellectual disability or related condition (ICFs/IID)
- Nursing facilities (NFs)
- Prescribed pediatric extended care centers (PPECCs)
- Home and Community-based Services (HCS) waiver providers (state-certified, exempt from licensure)
- Texas Home Living (TxHmL) waiver providers (state-certified, exempt from licensure)

The LTCR department also conducts the following activities and programs related to the administration of professionals who work in LTC facilities:

- Nursing facility administrator licensing and investigations
- Nurse Aide Training and Competency Evaluation Program (NATCEP)
- Nurse aide certification
- Medication aide permitting
- Employee Misconduct Registry (managed by Regulatory Enforcement)

Background

According to the U.S. Census Bureau, per the 2020 Census¹ there were nearly 3.8 million people in Texas age 65 and older that made up approximately 13.1 percent of the total Texas population of 29.1 million. The Texas Demographic Center² projects that this group will be one of the fastest growing in Texas and by 2050, this group is expected to grow to 7.3 million.

By 2050, Texans aged 65 and older will make up 17.4 percent of the total Texas population. According to a demographer with the U.S. Census Bureau, “The aging of baby boomers means that within just a couple decades, older people are projected to outnumber children for the first time in U.S. history.” As the older adult population increases, Texas will need more health and human services and supports for older residents, their caregivers, and communities.

Most older Texans live in one of the 25 metropolitan areas in Texas. The 77 metro area counties contain 83 percent of the population aged 60 and older. The remaining 17 percent of the older adult population lives in 177 rural counties. Sixty-eight rural counties have a population density of less than seven people per square mile; less than 1 percent of Texans aged 60 and older live in these less densely populated counties.³

In Texas, the growth of the aging population and increased longevity will mean a marked increase in the number of people aged 85 and older. In 2010, the population aged 85 and older was 305,000; by 2050, it is expected to increase to 1.6 million, an increase of over 400 percent. This segment of the population will increase from 1.2 percent to 2.8 percent of the total state population. Rates of disability and serious chronic illness tend to increase with age. This rapid increase in the number of the oldest people is expected to increase the need for long-term services and supports. (Source: Texas Demographic Center, “Aging in Texas”).

¹ [TEXAS: 2020 Census](#)

² Texas Demographic Center at the University of Texas at San Antonio: population projections according to 1.0 migration scenario, updated October 2022. [TDC - 2022 Projections](#)

³ [Texas State Plan on Aging 2015 - 2017](#)

Trends in Long-Term Care

Complaints and Incidents

To protect the health and safety of individuals receiving long-term care services, the RSD Complaint and Incident Intake (CII) unit processes and triages complaints about providers, as well as incidents reported by providers. CII assigns these complaints and incidents a priority level based on the severity of the situation and routes them to the LTCR Survey Operations team, which investigates within prescribed timeframes based on priority level. While the workload of LTCR Survey Operations staff for comprehensive licensure surveys is predictable, the number of complaints and incidents is highly variable and has a significant impact on workloads.

The overall number of NF complaints held relatively steady, (12,034 in FY 2023 to 12,736 in FY 2024), while the number of provider-reported incidents decreased somewhat over the same period (22,491 to 21,112).

For ALFs, the number of both complaints and incidents increased, though not by large margins. ALF complaints increased from 3,035 in FY 2023 to 3,119 in FY 2024, while incidents increased from 3,532 to 3,933).

Visits and Contacts

The number of visits and contacts that LTCR Survey Operations has with facilities, agencies, and other LTC providers is affected by the number of providers, the number of complaints and incidents, and the availability of staff to complete the work. The number of these visits and contacts has held fairly steady after a spike across all provider types in 2020 due to the COVID-19 pandemic.

Please note that the Individualized Skills and Socialization program is a new provider type, hence the "NA" for 2020 data in this chart below.

Number of Visits and Contacts to LTC Facilities and Agencies by LTCR Surveyors FY 2020 and 2024:

Program	FY 2020	FY 2024
Nursing Facilities	15,641	14,778
Assisted Living Facilities	5,997	3,863
HCSSAs	2,900	2,557

Program	FY 2020	FY 2024
ICF/IID	3,657	3,431
DAHS	910	441
DAHS with ISS	NA	39
DAHS ISS Only	NA	765
PPECC	15	27

Facility Capacity and Occupancy

Along with the aging population, Texas has seen an increasing need for long-term care services, particularly for ALFs. The number of ALFs has stayed approximately the same since 2020; however, the number of beds in these ALFs increased by 3.0 percent (79,978 to 82,352 in FY 2024). Over this same timeframe, NFs, ICFs/IID, and traditional DAHS facilities have decreased (1.7 percent, 5.6 percent, and 12 percent, respectively). HHSC licensed its first PPECC facility in 2018 and now has 11 licensed PPECC facilities serving children with acute medical needs.

Historically, ALFs have been the fastest-growing segment of long-term care in Texas. However, this year saw a small decrease from the number of ALFs in FY 2020. In FY 2024, Texas had 2,008 compared to 2,028 ALFs in FY 2020. Given that the decrease in ALFs (1 percent) is lower than the decrease in NFs (1.7 percent), this trend reflects the fact that more consumers are choosing ALFs as an alternative to NF care, in part because residents might need assistance with activities of daily living but not the continual access to medical care that NFs provide. The increase in ALF beds also is likely a function of providers obtaining ALF licenses to care for very diverse populations, including residents with higher medical needs than those historically served in this program.

In January 2023, LTCR implemented a new license for Individualized Skills and Socialization providers, who operate under a DAHS license. These new licensees drove a notable increase of 775 DAHS licenses. More information about the implementation of this program is found further in this report.

In FY 2024, the occupancy rate for ICFs/IID was 61 percent. When the occupancy data for ICFs/IID is broken down between the state-operated state supported living centers (SSLCs) versus private and community-based facilities, SSLCs have a much lower occupancy rate (42.3 percent versus 85.9 percent). ICFs did see a decrease in occupancy during 2020 and 2021 due to families moving individuals from these facilities back home during the COVID-19 pandemic. However, the ICF occupancy from 2021 to 2024 did increase from 78.8 percent to 85.9 percent.

NFs saw a decrease from FY 2019 to FY 2020 (67.4 occupancy in 2019 to 57.1 percent in 2020). The pandemic likely affected occupancy over that year due to the number of residents admitted to hospitals, as well as those who declined to move into a NF or died due to COVID-19. Since 2020, however, NFs have seen a steady increase in occupancy, from 57.1 percent to 63.2 percent in FY 2024.

HHSC has also seen growth of 15.90 percent in the number of HCSSA licenses since 2020 – from 6,680 that year to 7,742 in FY 2024. This might have affected the number of licenses issued and occupancy of the beds associated with those facility licenses, as more individuals were likely receiving care at home.

Enforcement Data

In 2020, Regulatory Services consolidated its enforcement activities across all regulated provider types under a new Regulatory Enforcement Department. This department now conducts enforcement reviews and handles all enforcement cases and activities. A key part of LTCR's process is to refer cases to Regulatory Enforcement to take appropriate enforcement actions when providers fail to comply with applicable federal and state statutes and regulations. This includes making recommendations to the Centers for Medicare and Medicaid Services (CMS) on the appropriate amount for a Civil Money Penalty (CMP) to issue against a provider for failure to comply with federal regulations. Since CMS makes final determinations on CMP amounts assessed, LTCR will defer to CMS to provide this data.

In FY 2024, the state enforcement data in TULIP shows HHSC assessed:

- NFs, 95 administrative penalties assessed in the amount of \$3,390,450.
- ALFs, 119 administrative penalties assessed in the amount of \$361,175.
- ICFs, 61 administrative penalties assessed in the amount of \$1,297,725.

Credentialing Data

A key function of LTCR is the licensing, permitting, and certification of nursing facility administrators, medication aides, and certified nurse aides (CNAs).

In FY 2022, there were 6,812 active aides on the medication aide registry; in FY 2024, there were 6,901 medication aides (an increase of 89 medication aides or 1.3 percent).

In FY 2022, there were 119,182 certified nurse aides on the registry; in FY 2024 there were 93,128 certified nurse aides, (a decrease of 26,054 CNAs or 21.9 percent).

The number of nursing facility administrators increased from 1,795 in FY 2022 to 2,003 in FY 2024, or 11.6 percent.

In July 2023, HHSC added certified nurse aides, medication aides, and nurse aide training and competency evaluation programs to the Texas Unified Licensure Information Portal (TULIP), which experienced multiple IT problems. HHSC provided an initial grace period that extended until November 30, 2024, and issued an alert via Gov delivery to let aides know. (More details about the agency's efforts to address issues related to TULIP can be found later in this report.)

Some of the initial decrease in the number of active medication aides could be related to waivers initiated during the pandemic that allowed these individuals to delay renewal of their certification during FY 2022. The number of medication aides has not increased to pre-pandemic levels. However, due to TULIP issues, the grace period allowed medication aides to delay renewals of their certification, which likely lowered the current number of active medication aides in FY 2024.

While the number of certified nurse aides had increased to above pre-pandemic levels prior to the implementation of TULIP, the current active certified nurse aides in FY 2024 shows a decrease. However, again, this is likely due to the grace period that allowed certified nurse aides to temporarily delay renewals of their certification.

Improvement Initiatives and Projects

The LTCR program strives to continually improve on quality measures, consistency, efficiency, and accountability and has undertaken an array of initiatives to improve the services it provides to individuals receiving long-term care services, providers, and other stakeholders. Many of these efforts focus on improving survey and enforcement processes so that regulated entities are treated fairly and consistently across the state, while being held accountable to provide quality care to the vulnerable individuals they serve.

Reforms to Waiver Survey Process

As part of ongoing transformation efforts to achieve efficiencies and strengthen support for programs, LTCR implemented changes to its HCS survey process in September 2023. HHSC implemented this reform initiative following a 2022 Office of the Inspector General (OIG) audit of HCS oversight, in addition to concerns expressed by state lawmakers regarding the health and safety of people receiving services through the HCS program. This initiative now ensures HCS surveyors are cross trained to both survey and cite a provider for violations of its Medicaid contract, as well as to conduct statutorily required health and safety reviews of individual residences. It also increases the number of qualified staff who can conduct full regulatory visits.

LTCR also developed rules that took effect in June 2023 that allow HCS surveyors to confirm compliance with the residential requirements and issue citations for violations of noncompliance. Regulatory Enforcement staff can also impose administrative penalties if warranted, as outlined in Title 26 of the Texas Administrative Code (TAC) §565.181.

These rules also make all HCS certification surveys unannounced, which brings residential visits for three- and four-person group homes into compliance with state statute. This rule includes new requirements for program providers to increase their oversight of residences, such as complying with several elements on a new residential survey checklist that was codified in this rule set.

This rule project revised the HCS certification standards, codified the residential review checklist in the Texas Administrative Code, and required program providers to more closely oversee HCS host-home program providers, who contract with HHSC to provide services. HCS providers also now ensure the condition of the residence in addition to the health and safety of the individual.

LTCR also has initiated a new rule project to strengthen communication between the HCS provider and HHSC regarding when providers open a new location or voluntarily close a location. The rule is expected early FY 2026.

Finally, LTCR has launched a collaborative initiative with HHSC's Medicaid-CHIP Services (MCS). LTCR will now review critical incident data reported in MCS' Critical Incident Management System (CIMS) to ensure these incidents are resolved to the satisfaction of the individual receiving HCS services and to prevent similar incidents from occurring to the extent possible.

Implementing House Bill 4696

During the 88th session, lawmakers worked closely with HHSC and the Department of Family and Protective Services (DFPS) on legislation to completely transition jurisdictional authority to investigate allegations of abuse, neglect, or exploitation (ANE) from DFPS to HHSC in two long-term care programs – ICF and HCS. (Note: HHSC already had authority to investigate ANE in the HCSSA program.) House Bill 4696 passed the House and Senate human services committees with all members voting in favor of the bill. The bill continued its passage through the full Legislature and became law on September 1, 2023, after receiving the governor's signature.

This law addressed the bifurcated process and will create efficiencies for workload management for LTCR. DFPS has been processing ANE intakes for ICF, HCSSA, HCS, and TxHmL providers. However – for these same providers – HHSC processes intakes alleging they violated state and federal regulations. Providers have long voiced concerns about staff from both agencies conducting dual investigations based on different sets of statutes and regulations, which creates confusion and lengthens the time agency staff are on site with a provider.

After HB 4696 is fully implemented, HHSC will generate a single intake to be investigated by one surveyor, who will be fully cross-trained to investigate the ANE allegation as well as assess the provider's regulatory compliance. This also allows for the same surveyor to systematically review a provider's ANE policies and practices to ensure they protect consumers, in addition to focusing on an employees' actions related to an incident of ANE. HCS will follow two other LTCR programs that underwent this same transition – HCSSAs, which were finalized on September 1, 2023, followed by the ICF program on March 1, 2024.

Investigating ANE and program regulatory compliance during a single visit allows for strengthened enforcement remedies for regulatory noncompliance, including terminating a provider's ability to provide services in serious situations. Finally,

managing ANE investigations will be more efficient with the use of only one data system that can generate real-time data for strategic planning, including assigning and tracking of investigations.

Additionally, LTCR is working with HHSC's Medicaid CHIP Services division and agency leadership on internal policy changes to clarify the scope of LTCR Provider Investigations' (PI) authority to investigate ANE in relation to HCS providers.

LTCR Recruitment and Retention

The LTCR department has had longstanding challenges with recruiting and retaining staff, particularly front-line surveyors, which was exacerbated by the COVID-19 pandemic. In response, leadership has undertaken an array of initiatives, including the following that is focused on recruitment:

LTCR coordinated with HHSC Communications to improve the LTCR recruitment webpage, including producing and publishing videos of LTCR surveyors and investigators in the field; links to apply to jobs; and an email inbox for potential applicants to ask LTCR about vacant positions. Communications also posted ads on different HHSC social media platforms in 2024, including LinkedIn and X, formerly known as Twitter. HHSC Communications also developed a realistic job preview video for potential applicants and posted recruitment ads to social media in three regions throughout 2024. These ads included a 30-second video highlighting the benefits of working as a surveyor or investigator.

Other initiatives included:

- Revising all LTCR job descriptions with plain language and highlighting the rewards of working in long-term care and the excellent state benefits associated with these positions.
- Coordinating monthly with HHSC Human Resources (HR) on recruitment efforts such as attendance at job fairs statewide and promotion of LTCR job postings via social media and targeted ads in publications such as the Board of Nursing's magazine.
- Coordinating with HR to establish market pay rates to be more competitive with the private sector for the following classifications:
 - ▶ Nurses
 - ▶ Nutritionists
 - ▶ Social Services Surveyors

- Inspectors
- Engineers
- Architects

Initiatives related to staff retention include:

- Establishing weekend-only surveyor positions (Friday to Monday) to offer staff additional schedule flexibility and retain staff not wanting to work a full week.
- Improving staff trainings and leadership development, including the launch of the LTCR Leadership Academy and the Regional Leadership Program. The seven members of the academy's first class graduated in December 2022 after developing and presenting process improvement ideas to enhance LTCR's quality, consistency, efficiency, and accountability.
- Attending in-person job fairs statewide and distributing material such as brochures that highlight the benefits of working for LTCR; and
- Strengthening internal communications and promoting consistency through two well-attended all-staff conferences. LTCR also has improved its newsletter and other internal communication tools to highlight work accomplishments, service anniversaries, personal milestones, and key updates.

Individualized Skills and Socialization

The Centers for Medicare & Medicaid Services (CMS) required HHSC to develop a plan to ensure that the settings where services are provided to individuals with intellectual and developmental disabilities (IDD) are appropriate. HHSC determined that day habilitation services in the Medicaid 1915(c) home and community-based services (HCBS) waiver programs should be replaced with more integrated services, referred to as Individualized Skills and Socialization. Providers of this new service are now being licensed as a Day Activity Health Services (DAHS) facility, an existing program, with an additional category for Individualized Skills and Socialization. HHSC began accepting initial applications for this new program on December 1, 2022.

LTCR worked with other HHSC divisions to fully implement this program in 2023. This included developing a regulatory process related to licensure, surveys, complaint and incident intake, and enforcement. As of December 2024, LTCR was regulating 775 providers of Individualized Skills and Socialization services

statewide. LTCR continues to provide communication and guidance on the licensure and survey processes through updates to the HHSC website, presentations at conferences and provider meetings, and outreach to individual providers.

LTCR is working on a rule initiative with the Regulatory Services Division's Enforcement department to strengthen health and safety regulations for individuals who receive individualized skills and socialization services. Rules are anticipated to take effect in early FY 2026.

Texas Unified Licensure Information Portal (TULIP)

HHSC continues to evaluate ways to improve the licensure process to ensure a steady pipeline of qualified staff is available to meet the needs of Texas NFs.

In 2019, LTCR began preliminary work to update TULIP to add modules for credentialing the professionals who work in long-term care settings. Once completed, this expansion will enhance efficiency by replacing the current paper application process and allowing nursing facility administrators (NFAs), certified nurse aides (CNAs), and medication aides (MAs) to conduct all credentialing activities online.

The TULIP credentialing module for NFAs was launched in February 2022. However, HHSC IT reported various problems with its development, which resulted in HHSC giving NFAs an extended grace period that allowed those who had an active license in February 2022 to remain active until the database was fully functional. This grace period ended January 31, 2023.

The TULIP credentialing module for CNAs, MAs, and nurse aide training and competency evaluation programs (NATCEP) was implemented July 2023. This implementation also experienced multiple issues, including delays with registrations and the submission of applications for licensure or certification. Since this affected so many of these professionals, HHSC granted a grace period allowing those who had an active license in June 2023 to remain active until November 30, 2024. HHSC IT will continue to correct TULIP issues, and LTCR will continue to process licensure applications as timely and efficiently as possible.

In January 2024, HHSC IT initiated a new TULIP call center and TULIP webform for submitting issues directly to HHSC IT. This replaced the TULIP Support email box that had been in place previously.

Program Manager Review

As part of an ongoing effort to increase efficiency and consistency across the state and to provide guidance to management, an LTCR management review team interviewed new and tenured program managers in all eight regions across nearly all long-term care programs. Program managers serve a critical role over the day-to-day operations in the field, as well as serve as liaisons between survey teams, the assistant regional directors, and regional directors. LTCR leadership work to ensure program managers have the tools and resources they need to carry out their many responsibilities.

In addition to interviews, the review team extensively reviewed records each region uses to conduct business and the job aids created by individual staff. Topics covered during interviews and record reviews included training/resources, management of the team, data entry, hiring and onboarding, and other general processes.

In response to this comprehensive review, LTCR will be developing an array of resources to assist program managers, including detailed trainings on requested topics; maps and checklists that outline key processes, including primary daily activities as well as more intermittent duties; and a mentorship program for new program managers. Each of these tools and resources will be compiled into a program manager handbook that can be readily accessed and navigated.

Authority for CNA Fingerprint Checks

Current criminal background checks required for nurse aides are through the Texas Department of Public Safety (DPS) name-based checks, which provide only an initial, snapshot view of an individual's criminal history. Requiring the use of FBI fingerprint-based checks will allow HHSC to receive ongoing notifications of any criminal history nationwide, including arrests, prosecutions, and convictions, and will eliminate the need for a facility to conduct name-based background checks on a nurse aide or another employee before and after hiring. This will directly strengthen health and safety protections for long-term care residents receiving direct care from these professionals.

DPS indicated that the statute needed to explicitly establish HHSC as the licensing authority over CNAs in order for LTCR to obtain criminal history record information (CHRI) from a fingerprint-based background check for certified nurse aides since they are certified but not licensed by the state, like nursing facility administrators and medication aides. In response, the 87th Legislature enacted Senate Bill 1103,

to clarify HHSC's authority in statute. Following the passage of that legislation, HHSC submitted another request to DPS to be the state liaison with the Federal Bureau of Investigations (FBI) to receive FBI fingerprint-based background check information.

In August 2022, DPS indicated that the FBI would not be approving this request. In November, DPS notified all state agencies conducting or requesting fingerprint-based background checks of changes to requirements they must meet to access FBI criminal history information. This notification indicated that statute must be updated and a request resubmitted, and House Bill 4123 from the 88th session implementing the statutory changes took effect September 1, 2023. HHSC's revised request to the FBI was submitted to DPS on September 1, 2023, and the agency had not received an FBI response as of the finalization of this report.

Conclusion

HHSC leadership remains committed to streamlining regulatory practices, reducing duplicative regulation, limiting unnecessary expenditures, and using technology and innovation wherever possible. This is critical given the demands facing providers, individuals receiving services, and state agencies in a fast-changing health and human services environment.

A key part of this effort is to continue focusing on quality improvement. For providers, this means further developing LTCR quality assurance programs to improve operations, compliance with regulations, and services to clients. For HHSC, it means continuing efforts within LTCR and other areas of the agency to assist providers in their path toward continual improvement. Texas continues to make significant strides on key quality measures, including a major reduction in the inappropriate use of antipsychotic medications in NFs, which HHSC believes it is vital to maintain this momentum.

To achieve this vision of transformation and improvement, LTCR intends to employ many of the tactics and strategies used during the COVID-19 pandemic, such as quick, close communication and collaboration with advocates, providers, families, and other important stakeholders. Working together with this group, LTCR pledges to continue pursuing innovations to achieve our shared goal of better protecting the health and safety of our most vulnerable Texans.

List of Acronyms

Acronym	Full Name
ADL	Activities of daily living
ALF	Assisted living facility
AP	Administrative penalty
CFC	Community First Choice
CFR	Code of Federal Regulations
CHRI	Criminal history record information
CII	Complaint and Incident Intake
CMP	Civil money penalty
CMS	Centers for Medicare and Medicaid Services
CNA	Certified Nurse Aide
DAHS	Day activity and health services
DFPS	Department of Family and Protective Services
DPS	Department of Public Safety
FY	Fiscal year
HAB	Habilitation
HB	House Bill
HCS	Home and Community-based Services
HCSSA	Home and community support services agencies
HHSC	Health and Human Services Commission
HRC	Human Resources Code
HSC	Health and Safety Code
IA	Imposing authority
ICF/IID	Intermediate care facility for individuals with an intellectual disability or related condition
IJ	Immediate jeopardy/Immediate threat (IT)
IR	Informal reconsideration
LAR	Legally Authorized Representative
LSC	Life Safety Code
LTC	Long-term care
LTCR	Long-Term Care Regulation

Acronym	Full Name
NF	Nursing facility
NFA	Nursing facility administrator
NFPA	National Fire Protection Association
OAG	Office of the Attorney General
OASIS	Outcome and Assessment Information Set
OSC	Opportunity to show compliance
PAS	Personal attendant services
PDP	Personal development plan
PPECC	Prescribed pediatric extended care center
RN	Registered Nurse
RSD	Regulatory Services Division
S&C	Survey and certification
Sec	Section
SB	Senate Bill
SNF	Skilled nursing facility
SP3	STAR+PLUS Pilot Program
SQC	Substandard quality of care
SSLC	State supported living center
TAC	Texas Administrative Code
TGC	Texas Government Code
THRC	Texas Human Resources Code
TOC	Texas Occupations Code
TULIP	Texas Unified Licensure Information Portal
TxHmL	Texas Home Living

Appendix A. Overview of Complaint and Incident Intakes

Complaints

A complaint allegation is an assertion that a requirement of state licensure or federal regulation has been violated. A complaint allegation can be oral or written and can come directly from individuals or residents, family members, health care providers, advocates, law enforcement, or other state agencies.

Incidents

An incident is an official notification to HHSC from a provider that the physical or mental health or welfare of a resident has been or might be adversely affected by mistreatment, neglect, or abuse. These reports also include injuries of unknown source and exploitation or misappropriation of consumer or resident property.

Priority Assignment

The Long-Term Care section of Complaint and Incident Intake (CII) evaluates each complaint and incident based on its unique circumstances and assigns a priority to it for an investigation. When timeliness is crucial to the health and safety of a resident(s), an investigation can be initiated immediately by telephone, regardless of the priority code assignment. After the initial contact, each complaint is assigned a priority. These priorities are as follows:

- Immediate jeopardy – Priority 1: entrance as soon as possible but no later than 24 hours
- Non-immediate jeopardy – High Priority 2: entrance on or before 18 calendar days
- Non-immediate jeopardy – Medium – entrance on or before 45 days
- Non-immediate jeopardy – Low: Track and trend

These timeframes begin upon receipt of any report to CII.

Immediate Jeopardy

Immediate response by regulatory investigators is warranted because a provider allegedly created or allowed a present and ongoing situation in which the provider's

noncompliance with one or more requirements of licensure or certification has failed to protect residents from abuse, neglect, or mistreatment or has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. Immediate jeopardy is assigned one of the following priorities:

- On-or-before 24 hours (all provider types except HCSSA)
- On-or-before 2 working days (HCSSA only)

Facility 14-Day (all provider types except HCSSAs)

This priority applies when the present or ongoing threat of continued abuse, neglect, or mistreatment has been removed. The resident is no longer in imminent danger; however, the provider's alleged noncompliance with one or more requirements of licensure or certification might have or has a high potential to cause harm that affects a resident's mental, physical, or psychosocial status and is of such consequence that a rapid response by LTCR is indicated. There is evidence or suspicion that system(s) failure contributed to or brought on the threat. Usually, specific rather than general information (e.g., descriptive identifiers, individual names, date, time, location of occurrence, description of harm) will factor into the assignment of this level of priority.

Facility 45-Day (applies to HCSSAs with accreditation from deemed agencies with CMS Location authorization, as well as non-deemed agencies)

This priority applies when the provider's alleged noncompliance with one or more requirements of licensure or certification has a low potential for more than minimal harm or resulted in physical, mental, or psychosocial harm that did not directly affect client health and safety and functional status. This priority can also be assigned for alleged violations of regulations that do not directly affect clients' health and safety.

Facility 30-Day (non-immediate jeopardy; applies to DAHS and PPECC)

This priority applies when a provider's alleged noncompliance with one or more requirements of licensure or certification has caused, or may cause, harm that is of

limited consequence and does not significantly impair individuals' mental, physical, and/or psychosocial status.

Next On-Site (applies to all provider types except DAHS and PPECC)

The next on-site investigation can be conducted from the day the intake is received until the provider's next health inspection. Allegations may assert that one or more of the following exist:

- Individuals/residents have been harmed. Potential for no more than minimal harm
- Individuals/residents did not experience significant discomfort or impairment in their mental or physical status.
- There has been no known negative outcome for individuals/residents, and there is low potential for more than minimal harm.
- Alleged violations do not directly impact individuals'/residents' health and safety.

Intakes prioritized as next on-site can be conducted during:

- Health survey inspection/licensure inspection
- Priority 1 investigation
- Priority 2 investigation
- On-site follow-up
- Status check

Non-Immediate Jeopardy

This priority applies when there has been no known negative individual/resident outcome with potential for more than minimal harm. The alleged violations do not directly impact individual/resident health and safety.

Next On-Site (applies to all provider types)

Allegations may assert that one or more of the following exist:

- Individuals/residents have been harmed with a potential for no more than minimal harm.

- Individuals/residents did not experience significant discomfort or impairment in their mental or physical status.
- There has been no known negative outcome for individuals/residents, and there is low potential for more than minimal harm.
- Alleged violations that do not directly impact individuals'/residents' health and safety.

Intakes prioritized as Next On-site can be conducted during:

- Health survey inspection/licensure inspection
- Priority 1 investigation
- Priority 2 investigation
- On-site follow-up
- Status check

Professional Review

A provider who has cause to believe the physical or mental health or welfare of a resident has been or may be adversely affected by mistreatment, neglect, or abuse must self-report to CII immediately upon learning of the alleged conduct or conditions. This notice could include injuries of unknown source and exploitation or misappropriation of resident property.

CII staff assign a professional review priority when a provider self-reports an incident and the provider's oral report indicates that the provider's immediate corrective action is reasonably likely to ensure that abuse, neglect, mistreatment, or injury to the resident will not occur again, or at least not while the provider conducts its investigation and professional quality assurance staff reviews the provider's written investigation report.

Based on review of the provider investigation report, if further investigation is warranted to assess whether the provider's abuse prohibition policies ensure compliance with regulatory requirements, the professional review unit will send notification to regulatory regional staff to schedule an on-site investigation.

Regional Off-Site Review

An incident (and/or complaint) that does not warrant an on-site investigation may be given an off-site administrative review. LTCR staff can perform an off-site administrative review (e.g., written/verbal communication with a facility or review

of documentation) to determine whether further action is necessary. For example, an on-site survey may not be required if there is sufficient evidence that the facility does not have continuing noncompliance and the alleged event occurred before the last standard survey. LTCR may review the information during the next on-site visit.

Financial (Medicaid-certified only)

These investigations involve complaint allegations related to a Medicaid-certified provider's failure to appropriately manage resident trust funds or applied income, or failure to reimburse prorated refunds due to a resident when the resident is admitted to a Medicaid bed or has been discharged.

Withdrawn

A complaint report filed with CII is withdrawn at the request of the complainant, except when harm to a resident is alleged.

No Action Necessary

CII determines it has no jurisdiction to investigate a complaint or incident, or a report to another agency, board, or entity is required.

Appendix B. Assisted Living Facility (ALF) and Unlicensed Facility

ALF and Unlicensed Facility Actions

The tables in this appendix contain information relating to Texas Health and Safety Code, Title 4, Subtitle B, Chapter 247, Assisted Living Facilities, facility actions and unlicensed facility actions, by category, for fiscal year (FY) 2024.

Administrative Penalties

Basis for Imposing

HHSC can assess an administrative penalty against a person who:

- Violates Texas Health and Safety Code (HSC) Chapter 247 or a rule, standard, or order adopted under this chapter, or a term of a license issued under this chapter.
- Makes a false statement, that the person knows or should know is false, of a material fact:
 - On an application for issuance or renewal of a license or in an attachment to the application.
 - With respect to a matter under investigation by the regulatory agency.
- Refuses to allow a representative of the department to inspect:
 - A book, record, or file required to be maintained by an ALF.
 - Any portion of the premises of a facility.
- Willfully interferes with the work of a representative of the regulatory agency or the enforcement of HSC Chapter 247.
- Willfully interferes with a representative of the regulatory agency preserving evidence of a violation of HSC Chapter 247 or a rule, standard, or order adopted under this chapter, or a term of a license issued under this chapter.
- Fails to pay a penalty assessed under HSC Chapter 247 before the 30th day after the date the assessment of the penalty becomes final.
- Fails to notify the regulating agency of a change of ownership before the effective date of the change of ownership.

Imposed

An action can be recommended by:

- The regional survey or investigation team and supported during enforcement review.
- The regional or state office regulatory staff, considering the survey or investigation findings or evaluating the facility's history or performance.

State regulatory staff impose the action when the administrative penalty recommendation has been reviewed and confirmed by state office. The facility is formally notified of the administrative penalty citation and the penalty amount. Additionally, the notice includes information about the appeal process available to the facility.

Assessed

Penalties assessed are the final actions after the appeal process has been completed (or an agreement to settle has been reached) and a final amount has been decided, or if the person charged consents to the penalty or does not respond in a timely manner to the notice of the penalty. The facility is notified of the amount to be paid and the date payment is due. A lump sum payment or a monthly payment plan can be agreed upon during the appeal or settlement process.

Injunctive/Other Relief and Civil Penalty Referrals

HHSC can refer a licensed or unlicensed ALF to the Office of the Attorney General (OAG) or district attorney or county attorney under HSC Chapter 247. When a case is resolved through settlement, a portion of the payment is designated a civil penalty and normally deposited to general revenue. The OAG receives the portion designated as attorney fees and costs.

Although there may be several survey or investigative visits to the same ALF resulting in civil penalty recommendations, the recommendations are generally consolidated into one case when referred to the OAG.

A civil penalty can be awarded if an ALF violates a licensing rule and LTCR determines the violation threatens resident health and safety, or if the ALF is operating without a license.

Amelioration of Violations

In certain situations, the HHSC Executive Commissioner can allow, in lieu of demanding payment of an administrative penalty, the use (under the agency's supervision) of any portion of the penalty to ameliorate the violation or to improve services (other than administrative services) in the ALF affected by the violation.

Trusteeships

LTCR, through the OAG, can petition a court of competent jurisdiction for the involuntary appointment or appointment by agreement of a trustee to operate an ALF if one or more of the following conditions exist:

- The ALF is operating without a license.
- The ALF's license has been suspended or revoked.
- License suspension or revocation procedures against an ALF are pending and an imminent threat to the health and safety of the residents exists.
- An emergency presents an immediate threat to the health and safety of residents.
- The ALF is closing (whether voluntarily or through an emergency closing order), and arrangements for relocation of the residents to other licensed institutions have not been made before closure.

Emergency Suspension and Closing Orders

LTCR will suspend an ALF's license or order an immediate closing of all or part of the ALF if:

- The agency finds that the ALF is operating in violation of the licensure rules.
- The violation creates an immediate threat to the health and safety of a resident.

The order suspending a license or closing a part of an ALF is either immediately effective on the date the license holder receives written notice, or on a later date specified in the order. This suspension can occur simultaneously with any other enforcement provision available to HHSC. The order is effective for 10 days.

Denial of License

LTCR can deny an ALF's license when the ALF does not meet licensure rules.

More specifically, it can deny an ALF's license if an ALF:

- Violates HSC Chapter 247 or the rules adopted under it in a repeated or substantial manner.
- Aids, abets, or permits a substantial violation of the rules.
- Fails to submit required information and documents needed to complete the application process or provides false or fraudulent information.
- Fails to pay certain fees.
- Has had a license revoked, has been debarred or excluded from the Medicare or Medicaid program, has a court injunction prohibiting the applicant or manager from operating an ALF, has been subject to certain enforcement actions, has a criminal conviction, has an unsatisfied judgment, has been evicted, or has had a license suspended.
- Committed any act described by HSC §247.0451(a)(2)-(6).
- Has violated HSC §247.021.
- Any controlling person subject to refusal or denial as described in Texas Administrative Code (TAC), Title 26, Part 1, Chapter 560, Denial or Refusal of License.

Revocation of License

The regulating agency can revoke a facility's license for a violation of HSC Chapter 247, or a rule adopted under this chapter.

More specifically, it can revoke a license when the license holder:

- Violates HSC §247.0451(a)(2)-(6).
- Violates HSC Chapter 247 or the rules adopted under it in a repeated or substantial manner.
- Submits false or misleading statements on an application.
- Uses subterfuge or other evasive means to obtain a license.
- Conceals a material fact or fails to disclose a material fact on a license application.
- Violates HSC §247.021.

ALF Facility Administrative Penalties

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
01	AMARILLO	050721	BROOKDALE MEDI PARK WEST	06/21/23	\$4,250	09/05/23	\$0	\$0
01	AMARILLO	103381	GOODLIFE SENIOR LIVING AND MEMORY CARE	04/13/24	\$1,000	07/17/24	\$0	\$0
01	AMARILLO	110158	GOOD LIFE SENIOR LIVING AND MEMORY CARE	05/20/24	\$3,000	07/17/24	\$0	\$3,000
01	LUBBOCK	103433	WILSHIRE PLACE SENIOR LIVING	10/24/23	\$2,250	02/20/24	\$0	\$0
01	LUBBOCK	000595	THE CALLANDER HOUSE-SOUTH	11/07/23	\$3,750	03/04/24	\$0	\$0
02	EASTLAND	103376	THE WOODLANDS ASSISTED LIVING	10/04/23	\$700	04/03/24	\$0	\$0
02	EL PASO	106827	LEGACY AT CIMARRON	02/02/24	\$2,250	05/06/24	\$0	\$0
02	EL PASO	000728	SIMPATICO EAST ASSISTED LIVING AND MEMORY CARE	04/22/24	\$2,250	07/01/24	\$0	\$0
02	GRANBURY	104024	WATERVIEW ASSISTED LIVING	10/04/23	\$3,000	01/17/24	\$0	\$0
03	ANNA	000717	BRINLEE CREEK RANCH	09/21/23	\$6,000	01/17/24	\$0	\$6,000
03	ARLINGTON	050057	COMPASSION OF FAITH	03/08/23	\$350	09/05/23	\$0	\$350
03	ARLINGTON	100222	CASTLEROCK ASSISTED LIVING LP	05/18/23	\$450	09/05/23	\$0	\$0
03	CARROLLTON	030359	ATRIA CARROLLTON	03/17/23	\$2,250	09/11/23	\$0	\$0
03	DALLAS	103088	EVERGREEN ASSISTED LIVING LLC	08/25/23	\$3,750	11/14/23	\$0	\$3,750
03	DALLAS	106161	LAKEWEST ASSISTED LIVING	09/14/23	\$4,000	01/08/24	\$0	\$4,000
03	FLOWER MOUND	000398	FLOWER MOUND ASSISTED LIVING COMMUNITY	04/27/23	\$3,750	09/13/23	\$0	\$0
03	IRVING	105957	MACARTHUR HILLS	08/28/23	\$2,250	01/08/24	\$0	\$0
03	IRVING	105957	MACARTHUR HILLS	05/08/24	\$2,500	07/11/24	\$0	\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
03	PLANO	030405	SPRING CREEK	06/29/23	\$2,250	12/06/23	\$0	\$0
04	BEAUMONT	105185	PELICAN BAY	02/13/24	\$3,000	04/30/24	\$0	\$0
04	CARTHAGE	102017	CARRIES ASSISTED LIVING CENTER	11/22/23	\$3,050	02/12/24	\$0	\$3,050
04	LONGVIEW	000382	BROOKDALE LONGVIEW	09/05/23	\$3,000	11/06/23	\$0	\$0
04	LONGVIEW	106015	ARABELLA OF LONGVIEW	01/19/24	\$3,250	04/09/24	\$0	\$0
04	LUFKIN	107217	PINNACLE SENIOR LIVING OF LUFKIN	09/08/23	\$3,250	11/20/23	\$0	\$0
04	MOUNT PLEASANT	000428	HERITAGE PARK VILLAGE	06/12/24	\$2,250	08/05/24	\$0	\$0
04	NACOGDOCHES	000491	MEADOWVIEW PLACE	07/14/23	\$2,250	10/03/23	\$0	\$0
04	TEXARKANA	104639	MAGNOLIA ASSISTED LIVING LLC	06/24/23	\$2,250	09/06/23	\$0	\$0
04	TYLER	102945	AZALEA TRAILS ASSISTED LIVING AND MEMORY CARE COMMUNITY	08/03/23	\$2,250	10/30/23	\$0	\$0
04	TYLER	000308	EAST TEXAS ALF REUNION INN LLC	08/07/23	\$2,250	11/13/23	\$0	\$0
04	TYLER	110513	PRIMROSE OF TYLER	09/25/23	\$2,250	12/18/23	\$0	\$0
05	AUSTIN	106074	PECAN RIDGE MEMORY CARE	06/24/23	\$3,500	02/12/24	\$0	\$0
05	AUSTIN	030176	PARMER WOODS AT NORTH AUSTIN	07/16/23	\$2,250	09/18/23	\$0	\$0
05	AUSTIN	101766	SHADY HOLLOW ASSISTED LIVING	10/12/23	\$3,800	02/12/24	\$0	\$3,800
05	AUSTIN	110472	SOCO VILLAGE	10/24/23	\$2,250	01/29/24	\$0	\$0
05	AUSTIN	030112	COLONIAL GARDENS OF AUSTIN A-2	11/07/23	\$3,750	02/12/24	\$0	\$0
05	AUSTIN	000482	COLONIAL GARDENS OF AUSTIN A-1	11/07/23	\$2,350	02/26/24	\$0	\$0
05	AUSTIN	100114	SODALIS AUSTIN	11/22/23	\$3,000	04/10/24	\$0	\$0
05	AUSTIN	106074	PECAN RIDGE MEMORY CARE	12/06/23	\$3,150	04/15/24	\$0	\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
05	AUSTIN	106074	PECAN RIDGE MEMORY CARE	12/30/23	\$3,150	05/06/24	\$0	\$0
05	AUSTIN	000948	BROOKDALE NORTH AUSTIN	01/29/24	\$3,000	04/09/24	\$0	\$0
05	AUSTIN	106074	PECAN RIDGE MEMORY CARE	03/22/24	\$2,500	05/29/24	\$0	\$0
05	BASTROP	100336	ARGENT COURT	08/17/23	\$3,000	12/20/23	\$0	\$0
05	BRENNHAM	101116	RUTH DALLMEYER LA ROCHE MANOR	02/15/24	\$3,000	05/15/24	\$0	\$0
05	BRYAN	106931	PARC AT TRADITIONS	12/04/23	\$2,250	02/20/24	\$0	\$0
05	BUDA	103686	PROVIDENT MEMORY CARE BUDA	09/19/23	\$2,250	01/17/24	\$0	\$0
05	BURLESON	106481	ELK CREEK SENIOR LIVING COMMUNITY	11/02/23	\$2,250	01/17/24	\$0	\$0
05	BURLESON	110700	WILSHIRE	01/31/24	\$3,000	04/09/24	\$0	\$0
05	BURLESON	110700	WILSHIRE	03/14/24	\$2,350	05/28/24	\$0	\$0
05	CEDAR PARK	106257	THE AUBERGE AT CEDAR PARK - A MEMORY CARE COMMUNITY	08/30/23	\$2,250	12/13/23	\$0	\$0
05	CEDAR PARK	030240	POINTE AT CEDAR PARK	10/31/23	\$3,100	03/13/24	\$0	\$0
05	CEDAR PARK	106075	SUNDANCE AT BRUSHY CREEK	02/09/24	\$1,000	05/29/24	\$0	\$1,000
05	CLEBURNE	106182	BRISTOL PARK AT CLEBURNE	11/17/23	\$2,250	01/17/24	\$0	\$0
05	GEORGETOWN	102467	ROCKY HOLLOW LODGE	10/04/23	\$2,300	12/22/23	\$0	\$0
05	GEORGETOWN	102467	ROCKY HOLLOW LODGE	04/17/24	\$2,750	07/24/24	\$0	\$0
05	GEORGETOWN	106641	ROCKY HOLLOW LAKE HOUSE	07/09/24	\$3,750	08/21/24	\$0	\$3,750
05	HORSESHOE BAY	106255	CELESTECARE OF HORSESHOE BAY MEMORY CARE	06/10/23	\$2,250	09/13/23	\$0	\$0
05	LLANO	103674	CELESTECARE OF LLANO	01/02/24	\$2,250	03/13/24	\$0	\$0
05	MIDLOTHIAN	106233	MIDTOWNE ASSISTED LIVING	09/27/23	\$2,350	12/12/23	\$0	\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
05	MIDLOTHIAN	110315	LEGACY OAKS OF MIDLOTHIAN	01/01/24	\$2,250	03/06/24	\$0	\$0
05	PFLUGERVILLE	110306	MOUNTAIN VIEW ASSISTED LIVING	12/15/22	\$3,750	07/29/24	\$0	\$0
05	PFLUGERVILLE	100306	WELLS POINT LODGE	08/05/23	\$2,250	11/13/23	\$0	\$0
05	ROUND ROCK	107007	DOUBLE CREEK ASSISTED LIVING	08/21/23	\$2,250	11/03/23	\$0	\$0
05	ROUND ROCK	107007	DOUBLE CREEK ASSISTED LIVING	10/10/23	\$2,250	01/08/24	\$0	\$0
05	ROUND ROCK	105170	THE ROSE AT ROUND ROCK	11/27/23	\$2,300	02/12/24	\$0	\$0
05	ROUND ROCK	105170	THE ROSE AT ROUND ROCK	12/11/23	\$2,250	02/20/24	\$0	\$0
05	ROUND ROCK	107093	FAMILY TREE ASSITED LIVING	12/11/23	\$2,350	03/25/24	\$0	\$2,350
05	ROUND ROCK	106613	ROUND ROCK ASSISTED LIVING, LLC	01/23/24	\$6,000	05/06/24	\$0	\$6,000
05	ROUND ROCK	107093	FAMILY TREE ASSITED LIVING	05/24/24	\$5,450	07/29/24	\$0	\$5,450
05	ROUND ROCK	030119	THE COTTAGES AT CHANDLER CREEK II	05/24/24	\$2,250	08/14/24	\$0	\$0
05	ROUND ROCK	030118	THE COTTAGES AT CHANDLER CREEK I	05/24/24	\$2,250	08/21/24	\$0	\$2,250
05	SAN MARCOS	000635	RESCARE PREMIER TOWN	06/09/23	\$2,250	10/30/23	\$0	\$0
05	SAN MARCOS	050254	BROOKDALE SAN MARCOS NORTH	01/12/24	\$2,250	04/01/24	\$0	\$0
05	WEST LAKE HILLS	105870	BELMONT VILLAGE WEST LAKE HILLS TENANT LLC	10/02/23	\$2,250	01/03/24	\$0	\$2,250
05	WEST LAKE HILLS	105870	BELMONT VILLAGE WEST LAKE HILLS TENANT LLC	03/06/24	\$825	07/10/24	\$0	\$0
05	WIMBERLEY	110314	ALEXIS POINTE	05/27/24	\$2,250	08/05/24	\$0	\$0
06	CONROE	104479	ABOVE AND BEYOND ASSISTED LIVING	10/26/22	\$1,500	05/28/24	\$0	\$1,500

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
06	CONROE	104479	ABOVE AND BEYOND ASSISTED LIVING	01/18/23	\$16,250	06/03/24	\$0	\$16,250
06	HOUSTON	030179	GRACE EXTENDED RESIDENTIAL ASSISTED LIVING	11/02/22	\$3,000	12/13/23	\$0	\$0
06	HOUSTON	100984	TEXAS COMMUNITY CARE LIVING CENTRE	06/23/23	\$2,250	11/14/23	\$0	\$250
06	HOUSTON	105482	THE HERITAGE AT ELDRIDGE PARKWAY	06/30/23	\$3,300	11/03/23	\$0	\$0
06	HOUSTON	030371	BEST PERSONAL CARE FACILITY	07/07/23	\$2,250	10/18/23	\$0	\$0
06	HOUSTON	030283	TEXAS COMMUNITY CARE PERSONAL CARE HOME	07/07/23	\$2,250	11/03/23	\$0	\$250
06	HOUSTON	105335	VILLAGE OF MEYERLAND	09/06/23	\$2,250	12/04/23	\$0	\$0
06	HOUSTON	106551	AVALON MEMORY CARE- TUCKERTON	09/06/23	\$6,000	12/12/23	\$0	\$0
06	HOUSTON	000884	LAKEWOOD 24 HR PERSONAL CARE	09/27/23	\$3,000	01/17/24	\$0	\$0
06	HOUSTON	106874	KINGFISHER SENIOR LIVING LLC	10/11/23	\$3,000	01/22/24	\$0	\$3,000
06	HOUSTON	103856	SWEET HOME	01/05/24	\$2,250	04/10/24	\$0	\$0
06	HOUSTON	010305	HALL'S PERSONAL CARE	03/24/24	\$3,750	07/10/24	\$0	\$3,750
06	HOUSTON	000983	GOOD LIVING COMMUNITY CARE INC III	04/15/24	\$4,550	07/11/24	\$0	\$0
06	HOUSTON	100115	GOOD LIVING COMMUNITY CARE INC #4	04/15/24	\$4,550	07/17/24	\$0	\$0
06	KATY	105724	VERANDA HOUSE ASSISTED LIVING - KATY	08/07/23	\$2,250	10/18/23	\$0	\$0
06	LEAGUE CITY	105782	ORCHARD PARK AT VICTORY LAKES	11/17/23	\$3,100	04/01/24	\$0	\$0
06	LEAGUE CITY	105782	ORCHARD PARK AT VICTORY LAKES	02/05/24	\$4,000	05/06/24	\$0	\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
06	PEARLAND	103887	COLONIAL OAKS AT PEARLAND	08/14/23	\$5,500	12/18/23	\$0	\$0
06	SPRING	110544	THE LANDING AT AUGUSTA WOODS	02/21/24	\$2,050	08/05/24	\$0	\$0
06	SUGAR LAND	106134	LONDON RIDGE - SUGAR LAND	03/26/24	\$2,250	07/01/24	\$0	\$0
06	SUGAR LAND	106280	OPTIMUM PERSONAL CARE - SUGAR LAND	04/14/24	\$3,000	06/12/24	\$0	\$3,000
06	TOMBALL	100721	THE HERITAGE TOMBALL	07/06/23	\$2,250	01/11/24	\$0	\$0
08	DEL RIO	105079	SOUTHWEST ASSISTED LIVING MEMORY CARE	12/16/23	\$5,250	03/18/24	\$0	\$0
08	KERRVILLE	000590	CRESCENT COMMUNITY ASSISTED LIVING	11/03/23	\$2,300	01/17/24	\$0	\$1,840
08	LIVE OAK	110651	SERENITY OAKS ASSISTED LIVING AND MEMORY CARE	07/14/23	\$8,250	01/17/24	\$0	\$0
08	MOORE	000716	COUNTRY VIEW CARE CENTER	08/03/23	\$2,250	12/06/23	\$0	\$0
08	NEW BRAUNFELS	106312	ELAN WESTPOINTE	06/15/23	\$2,250	10/09/23	\$0	\$0
08	SAN ANTONIO	000652	CAMINO REAL SENIOR LIVING	10/22/21	\$12,500	01/17/24	\$0	\$0
08	SAN ANTONIO	102535	FENWOOD RESIDENTIAL HOME CARE	05/14/22	\$3,100	06/17/24	\$0	\$3,100
08	SAN ANTONIO	000313	BROOKDALE NACOGDOCHES	05/04/23	\$3,500	10/18/23	\$0	\$0
08	SAN ANTONIO	030045	COLONIAL GARDENS OF SAN ANTONIO SA-1	07/06/23	\$2,250	10/16/23	\$0	\$0
08	SAN ANTONIO	000652	CAMINO REAL SENIOR LIVING	07/24/23	\$800	01/17/24	\$0	\$0
08	SAN ANTONIO	106230	THE SEASONS ON TEZEL LLC	08/03/23	\$2,250	01/03/24	\$0	\$2,250
08	SAN ANTONIO	106230	THE SEASONS ON TEZEL LLC	08/26/23	\$2,400	01/11/24	\$0	\$2,400

LT CR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
08	SAN ANTONIO	106556	AVALON MEMORY CARE- MYSTIC PARK	08/27/23	\$2,250	03/04/24	\$0	\$2,250
08	SAN ANTONIO	105598	THE LANDING AT STONE OAK	11/08/23	\$2,250	01/29/24	\$0	\$0
08	SAN ANTONIO	106767	SODALIS AT STONE OAK	02/21/24	\$6,000	05/08/24	\$0	\$0
08	SAN ANTONIO	110189	IMAGINE WELLNESS ASSISTED LIVING, LLC	03/05/24	\$2,250	04/29/24	\$0	\$2,250
08	SAN ANTONIO	100473	INCARNATE WORD RETIREMENT COMMUNITY INC	04/11/24	\$2,250	07/24/24	\$0	\$0
08	SAN ANTONIO	030383	SODALIS SAN ANTONIO	05/16/24	\$7,500	08/05/24	\$0	\$0
11	CORPUS CHRISTI	000927	VILLA RESIDENTIAL CARE OF CORPUS CHRISTI NORTHWEST	07/28/23	\$2,250	11/06/23	\$0	\$0
11	CORPUS CHRISTI	000815	THE WATERFORD AT CORPUS CHRISTI	03/24/24	\$3,000	05/15/24	\$0	\$0
11	MCALLEN	105027	BARCELONA ASSISTED LIVING	05/25/23	\$2,250	01/08/24	\$0	\$0
Totals					\$361,175		\$0.00	\$89,090

HHSC imposed 119 total ALF administrative penalties.

Notes:

“Imposed” is the total amount of penalty after the state has reviewed and confirmed the administrative penalty citation and amount. This is the amount due and payable if there is no alternative amount resulting from an appeal held or settlement agreement reached.

“Assessed” is the amount of penalty due after the appeal process has been completed (or an agreement to settle has been reached) and a final amount has been decided, or if the person charged consents to the penalty or does not respond timely to the notice of the penalty.

“Balance Due” is the amount of penalty the facility owes. These amounts do not necessarily reflect the final amount the facility may owe. The amounts can change based on a hearing or negotiated settlement. An administrative penalty with a negative balance may indicate an overpayment or that the penalty was rescinded after payment.

ALF Injunctive/ Other Relief and Civil Penalty Referrals to the OAG

HHSC did not process any Injunctive/Other Relief and Civil Penalty Referrals to the OAG related to ALFs for FY 2024.

LTCR Region	City	Facility ID or CR No.	Facility	Date Referred
04	NAPLES	103419	BLUEBONNET ELITE ASSISTED LIVING	07/19/2022

Unlicensed Facility Injunctive/Other Relief and Civil Penalty Referrals to the OAG

HHSC did not process any Injunctive/Other Relief and Civil Penalty Referrals to the OAG related to Unlicensed Facilities for FY 2024.

LTCR Region	City	Facility ID or CR No.	Facility Owner Initials	Date Referred
04	ORANGE	NA	JT	08/24/2023
06	MISSOURI CITY	NA	EO	11/14/2023
06	HOUSTON	NA	FW	12/02/2024
08	SAN ANTONIO	NA	JM	06/03/2024
08	NEW BRANUNFELS	NA	CB	08/21/2024
06	HOUSTON	106832	CJ	11/13/2023

ALF Amelioration of Violations

HHSC did not process any ameliorations for violations related to ALFs for FY 2024.

ALF Trusteeships Ordered

HHSC did not order any trustees placed in ALFs for FY 2024.

ALF Emergency Suspension and Closing Orders

HHSC did not issue any emergency suspension and closing orders related to ALFs for FY 2024.

ALF License Denials and Revocations

LTCR Region	City	Facility ID	Facility	Action	Action Date
01	CANYON	000762	SKYWEST ASSISTED LIVING CENTER BY SHAW	Deny Renewal	07/17/24
03	DALLAS	103088	EVERGREEN ASSISTED LIVING LLC	Deny Renewal	05/30/24
03	DALLAS	104581	EVERGREEN ASSISTED LIVING LLC	Deny Renewal	05/28/24
03	DALLAS	104581	EVERGREEN ASSISTED LIVING LLC	Deny Renewal	07/01/24
03	DALLAS	104808	NEW HORIZON HOMES LLC	Deny Initial	06/04/24
03	DALLAS	105845	FAITH MINISTRIES OF TEXAS	Deny Renewal	08/22/24
03	EULESS	106639	AVENDELLE ASSISTED LIVING OF EULESS	Deny Renewal	02/29/24
03	IRVING	000685	CENTRE FOR NEURO SKILLS UNIT 3	Denial of Request for Change	12/13/23
03	LANCASTER	103420	BRIXTON VILLAGE ASSISTED LIVING	Denial of Request for Change	02/29/24
03	PRINCETON	030128	VILLA ASUNCION INDEPENDENT AND ASSISTED LIVING CENTER	Deny Renewal	09/13/23
03	PRINCETON	104286	VILLA ASUNCION INDEPENDENT AND ASSISTED LIVING CENTER	Deny Renewal	09/25/23
05	AUSTIN	103582	RUBY'S HOME AT LAKELINE LLC	Deny Renewal	03/13/24
05	BRYAN	105402	CARRIAGE INN-BRYAN	Deny Renewal	07/01/24
05	MARBLE FALLS	000875	GATEWAY VILLA	Deny Renewal	03/12/24
06	CONROE	110115	CURA HEALTHCARE SERVICES	Deny Renewal	08/26/24
06	CYPRESS	107161	SPRING CYPRESS ASSISTED LIVING AND MEMORY CARE	Denial of Request for Change	06/24/24
06	HOUSTON	000483	PARADISE LTC LIVING II	Deny Renewal	02/29/24

LTCR Region	City	Facility ID	Facility	Action	Action Date
06	HOUSTON	000757	THE FORUM AT MEMORIAL WOODS	Deny Renewal	02/26/24
06	HOUSTON	102852	NIXON ASSISTED LIVING "TOO"	Denial of Request for Change	12/06/23
06	HOUSTON	105482	THE HERITAGE AT ELDRIDGE PARKWAY	Deny Renewal	07/24/24
06	HOUSTON	106197	TG ASSISTED LIVING SERVICES INC.	Deny Initial	10/11/23
06	HUMBLE	111574	CFRANK ASSISTED LIVING, LLC	Deny Initial	05/28/24
06	HUMBLE	111574	CFRANK ASSISTED LIVING, LLC	Deny Initial	07/11/24
06	KATY	102834	SUNRISE OF CINCO RANCH	Deny Renewal	11/29/23
06	MISSOURI CITY	100261	QUALITY PERSONAL CARE HOMES INC	Deny Renewal	06/10/24
06	SPRING	107001	NEW HAVEN ASSISTED LIVING OF SPRING	Deny Renewal	09/18/23
06	SUGAR LAND	106279	OPTIMUM PERSONAL CARE-SUGAR LAND	Deny Renewal	01/11/24
06	TOMBALL	010328	SOUTHERN KNIGHTS SENIOR LIVING COMMUNITY	Deny Renewal	05/28/24
08	SAN ANTONIO	010230	ST MARYS ASSISTED LIVING INC	Deny Renewal	04/10/24
08	SAN ANTONIO	100251	THE GARDENS OF CASTLE HILLS	Deny Renewal	06/24/24
08	SAN ANTONIO	100252	THE GARDENS OF CASTLE HILLS	Deny Renewal	06/10/24
08	SAN ANTONIO	100252	THE GARDENS OF CASTLE HILLS	Deny Renewal	06/11/24

HHSC issued 32 total ALF license denials and revocations.

ALF: All Intakes by Priority and LTRC Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	42	72	355	98	211	321	144	34	1,277
Facility 14-day	18	45	187	51	86	157	72	21	637
Facility 18-day	75	142	658	242	415	514	245	76	2,367
Facility 45-day	63	148	611	214	375	449	187	53	2,100
Agency Next Onsite	10	21	82	37	78	82	31	14	355
Regional Offsite Review	1	6	14	15	8	10	3	2	59
Non-IJ Low - Track and Trend	6	5	60	15	26	18	15	4	149
Financial	0	0	0	0	0	1	0	0	1
No Action Necessary	0	2	10	9	9	28	5	0	63
Withdrawn	0	1	14	8	1	9	9	2	44
Totals	215	442	1,991	689	1,209	1,589	711	206	7,052

ALF: Complaints by Priority and LTRC Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	35	54	270	68	168	236	113	26	970
Facility 14-day	9	22	101	21	31	66	33	7	290
Facility 18-day	46	51	300	84	189	232	103	29	1,034
Facility 45-day	24	40	187	87	117	130	72	15	672
Agency Next Onsite	2	5	23	10	19	20	6	1	86
Regional Offsite Review	0	0	2	0	2	2	0	0	6
Non-IJ Low - Track and Trend	1	1	2	0	1	2	1	0	8
Financial	0	0	0	0	0	1	0	0	1
No Action Necessary	0	0	2	1	0	10	2	0	15
Withdrawn	0	1	13	7	1	8	5	2	37
Totals	117	174	900	278	528	707	335	80	3,119

ALF: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	7	18	85	30	43	85	31	8	307
Facility 14-day	9	23	86	30	55	91	39	14	347
Facility 18-day	29	91	358	158	226	282	142	47	1,333
Facility 45-day	39	108	424	127	258	319	115	38	1,428
Agency Next Onsite	8	16	59	27	59	62	25	13	269
Regional Offsite Review	1	6	12	15	6	8	3	2	53
Non-IJ Low - Track and Trend	5	4	58	15	25	16	14	4	141
No Action Necessary	0	2	8	8	9	18	3	0	48
Withdrawn	0	0	1	1	0	1	4	0	7
Totals	98	268	1,091	411	681	882	376	126	3,933

Unlicensed Facility: All Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	No Region	Total
Facility 24-hour	0	3	41	2	5	41	11	5	6	114
Agency 45-day	0	0	1	0	0	1	0	0	0	2
Facility 14-day	1	5	24	0	5	27	15	3	0	80
Facility 18-day	3	17	72	9	11	53	17	10	0	192
Facility 30-day	0	0	0	0	0	0	1	0	0	1
Facility 45-day	0	11	140	13	26	92	52	9	0	343
Agency Next Onsite	0	3	4	1	4	11	4	1	0	28
Non-IJ Low - Track and Trend	0	0	1	0	0	0	0	0	0	1
No Action Necessary	1	1	6	0	0	7	1	0	0	16
Withdrawn	1	2	2	0	0	1	0	0	0	6
Totals	6	42	291	25	51	233	101	28	6	783

Unlicensed Facility: Complaint Intakes by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	No Region	Total
Facility 24-hour	0	3	41	2	5	41	11	5	6	114
Agency 45-day	0	0	1	0	0	1	0	0	0	2
Facility 14-day	1	5	23	0	5	27	15	3	0	79
Facility 18-day	3	16	70	9	11	53	17	10	0	189
Facility 30-day	0	0	0	0	0	0	1	0	0	1
Facility 45-day	0	11	136	13	25	92	52	9	0	338
Agency Next Onsite	0	3	4	1	4	11	4	1	0	28
Non-IJ Low - Track and Trend	0	0	1	0	0	0	0	0	0	1
No Action Necessary	1	1	6	0	0	6	1	0	0	15
Withdrawn	1	2	2	0	0	1	0	0	0	6
Totals	6	41	284	25	50	232	101	28	6	773

Unlicensed Facility: Incidents by Priority and LTCR Region

Intake Priority	02	03	05	06	Total
Facility 14-day	0	1	0	0	1
Facility 18-day	1	2	0	0	3
Facility 45-day	0	4	1	0	5
No Action Necessary	0	0	0	1	1
Totals	1	7	1	1	10

Appendix C. Credentialing Programs

Credentialing Program Activity

LTCR operates the following programs related to the administration and operation of long-term care facilities during fiscal year (FY) 2024:

- Nursing Facility Administrator Licensing and Investigation
- Medication Aide Permits
- Nurse Aide Training and Competency Evaluation
- Nurse Aide Certification
- Employee Misconduct Registry

Credentialing Program Counts by Fiscal Year

Credentialing Program	FY 2022	FY 2023	FY 2024
Licensed Nursing Facility Administrators	1,795	2,011	2,003
Active Medication Aides (MA)	6,816	8,982*	6,901
Approved Nurse Aide Training and Competency Evaluation Programs (facility-based)	340	377**	255
Approved Nurse Aide Training and Competency Evaluation Programs (not facility-based)	553	568**	519
Active Certified Nurse Aides listed on the Nurse Aide (NA) Registry	119,182	127,418***	93,128

Notes:

*FY 2023 – total MAs is not accurate due to TULIP issues, grace period and incorrect data. Some MAs are listed Active with an Expired expiration date. Some MAs are listed Expired with an Active expiration date.

**FY 2023 total NATCEPs may be impacted as of 7/5/2023, NATCEP were unable to submit application for new and renewals.

***FY 2023 total Active NAs is not accurate due to TULIP issues, grace period and incorrect data. Some NAs are listed Active with an Expired expiration date. Some NAs are listed Expired with an Active expiration date.

Nursing Facility Administrator Program

Activity	Action	FY 2022	FY 2023	FY 2024
New licenses	Issued	108*	128*	120
License renewals***	Renewed	545*	1,237*	899
Provisional licenses	Issued	14*	20*	10
Referrals****	Received	112	265 + 13CH**	342
Complaints against nursing facility administrators*****	Received	1	0	2
New sanctions against administrator license	Imposed	49	52 + 2CH**	95
Nursing facility administrators required sanctions	Fulfilled	14	11	90
Administrative penalties	Assessed	9	4	2
National Association of Boards of Examiners of Long-term Care Administrators exams	Administered	142	186	243
State exams	Administered	123	158	177

Notes:

*FY 2022 licensing numbers are low due to the ongoing functionality in NFA TULIP and grace period for NFAs, per Provider Letter 2022-20. FY 2023 totals for initial, renewal and provisional licenses issued may be impacted by FY 2022 TULIP issues. (Grace Period and applicants not being able to submit in 2022 but did submit in 2023.)

**Please note Criminal History (CH) are now being received and processed by Care.com, a background check website, for NFAs and MAs and have been added to statistics above accordingly.

***Nursing facility administrators are licensed for two years.

****Nursing facility administrators are automatically referred to the regulatory professional credentialing enforcement unit for investigation when substandard quality of care or an immediate jeopardy is identified at a Medicaid- or Medicare-certified facility during their tenure.

*****Complaints received from the public.

Medication Aide Program

Activity	Action	FY 2022	FY 2023	FY 2024
New medication aide permits	Issued	701	951*	1,051
Testing dates at schools	Scheduled	112	191	245
Initial exams	Administered	574	876	1,051
Retest dates	Scheduled	122	165	143
Permits	Renewed	8,401	8,037**	8,499
Complaints	Received	1	5 + 3CH***	9
Sanctions	Imposed	1	2 + 1CH***	4

Notes:

*FY 2023 – due to TULIP issues (staff unable to add MAs to TULIP) not all MAs that tested in FY 2023 were added to TULIP by 8/31/2023.

**Total MA renewals may be impacted due to TULIP registration issues, MAs unable to submit renewal application in TULIP and Grace Period.

***Please note Criminal History (CH) are now being received and processed by CARE for NFAs and MAs and have been added to statistics above accordingly.

Nurse Aide Training and Competency Evaluation Program (NATCEP)

Activity	Action	FY 2022	FY 2023	FY 2024
New NATCEPs	Approved	138	181**	120
NATCEPs	Renewed	100	242***	535
NATCEPs withdrawn from Participation	Withdrew	62	43	123
Competency Evaluation Programs	Approved	179	146	64

Notes:

*Renewal totals in FY 2021 were low due to the survey backlog resulting from the COVID-19 pandemic.

**New totals may be impacted due to TULIP issues, as of 7/5/2023, NATCEPs were unable to submit new applications.

***Renewal totals for FY 2023 continue to be impacted by survey backlog and TULIP issues, as of 7/5/23, NATCEP were unable to submit renewals.

Nurse Aide Registry

Activity	Action	FY 2022	FY 2023	FY 2024
New nurse aides to program	Added	16,340	14,194*	13,209
Nurse aides removed from active status	Removed	31,205	24,522**	43,558
Nurse aides from expired status to active status	Returned	53,208	10,490***	19,169
New misconduct referrals received/processed	Processed	16	37	47
Employee misconduct cases	Dismissed	4	3	2
Employee misconduct cases	Revoked	15	20	13
Client contacts made by mail	Contacted	52,444	59,250	0*****
Public inquiries	Received	1	0	0
Client contacts made by telephone	Contacted	62,544	91,802****	80,605
Client contacts made by email	Contacted	27,541	25,285	4,694*****

Notes:

*FY 2023 – due to TULIP issues (staff unable to add NAs to TULIP and issues with receiving exam results from Prometric) not all NAs that tested in FY 2023 were added to TULIP by 8/31/23.

**FY 2023 – total is not accurate due to TULIP issues, grace period and incorrect data. Some NAs are listed Active with an Expired expiration date. Some NAs are listed Expired with an Active expiration date.

***FY 2023 total is not accurate due to TULIP issues, grace period and incorrect data. Some NAs are listed Active with an Expired expiration date. Some NAs are listed Expired with an Active expiration date.

****FY 2023 – volume increased due to implementation of TULIP.

*****Due to implementation of TULIP on 7/5/2023, NAR no longer receives mail in forms.

*****Due to implementation of TULIP on 7/5/2023, emails are referred to the NAR call center for assistance.

Employee Misconduct Registry

Activity	Action	FY 2022	FY 2023	FY 2024
New employee misconduct referrals	Processed	67*	156	161
New unlicensed facility employees to the registry	Added	11	31	32
New unlicensed CDS, HCSSA, HCS, ICF/IID, SSLC, and state hospital employees to the registry	Added	75	84	57

Note:

*FY 2022 EMR referral numbers were down because of Provider Investigations backlog of cases and low staffing in the HHSC programs that conduct these investigations.

Appendix D. Day Activity and Health Services (DAHS) Facility

DAHS Actions

The tables in this appendix contain information relating to Texas Human Resources Code (HRC), Title 6, Chapter 103, Day Activity and Health Services, facility actions, by category, for fiscal year (FY) 2024.

Administrative Penalties

Basis for Imposing

LTCR can assess an administrative penalty against a person who:

- Violates HRC Chapter 103; a rule, standard or order adopted under this chapter; or a term of a license issued under this chapter.
- Makes a false statement, that the person knows or should know is false, of a material fact:
 - On an application for issuance or renewal of a license or in an attachment to the application.
 - With respect to a matter under investigation by the regulatory agency.
- Refuses to allow a representative of the agency to inspect:
 - A book, record, or file required to be maintained by a DAHS facility.
 - Any portion of the premises of a DAHS facility.
- Willfully interferes with the work of a representative of the agency or the enforcement of HRC Chapter 103.
- Willfully interferes with a representative of the agency preserving evidence of a violation of HRC Chapter 103 or a rule, standard, or order adopted under this chapter, or a term of a license issued under this chapter.
- Fails to pay a penalty assessed under HRC Chapter 103 before the 30th day after the date the assessment of the penalty becomes final.
- Fails to notify the agency of a change of ownership before the effective date of the change of ownership.

Imposed

An action can be recommended by:

- The regional survey or investigation team and supported during enforcement review.
- Regional or state office staff, considering the survey or investigation findings or evaluating the DAHS facility's history and performance.

LTCR imposes the action when the administrative penalty recommendation has been reviewed and confirmed by state office staff. The DAHS facility is formally notified of the administrative penalty citation and the penalty amount. Additionally, the notice includes information about the appeal process available to the DAHS provider.

Assessed

Penalties assessed are the final actions after the appeal process has been completed (or an agreement to settle has been reached) and a final amount has been decided, or if the person charged consents to the penalty or does not respond in a timely manner to the notice of the penalty. The provider is notified of the amount to be paid and the date payment is due. A lump-sum payment or a monthly payment plan may be agreed upon during the appeal or settlement process.

Injunctive or Other Relief Referrals to the OAG

Injunctive or other relief cases are referred to the OAG for action if the regulating agency finds a violation that creates an immediate threat to client health and safety, or the DAHS facility is operating without a license.

Emergency Suspension and Closing Orders

LTCR will suspend a DAHS facility's license or order an immediate closing of all or part of the DAHS facility if:

- The agency finds that the DAHS facility is operating in violation of the licensure rules.
- The violation creates an immediate threat to the health and safety of a client.

The order suspending a license or closing a part of a DAHS facility is immediately effective on the date the license holder receives written notice or on a later date specified in the order. This suspension of a license may occur simultaneously with

any other enforcement provision available to the agency. The order is valid for 10 days.

Denial of License

The regulating agency can deny a DAHS facility's license when: the DAHS facility substantially fails to comply with certain rule requirements or the license holder aids, abets, or permits substantial violation of the rules, fails to provide required information or provides false or fraudulent information, or fails to pay certain fees; the license holder has operated a DAHS facility that has been decertified or had its contract terminated, has been subject to sanctions, has a criminal conviction, has an unsatisfied final judgment, or has been evicted or had its license suspended; or any controlling person is subject to denial or refusal of a license as described in Texas Administrative Code, Title 26, Part 1, Chapter 560, Denial or Refusal of License.

Revocation of License

LTCR can revoke the license of a license holder who violates the rules or standards for licensing required by HRC Chapter 103.

The agency also can revoke a license if the licensee submitted false or misleading statements in the application for license, used subterfuge or other evasive means to obtain a license, or concealed a material fact or failed to disclose information that would have been the basis to deny a license.

The revocation of a license can occur simultaneously with any other enforcement provision.

DAHS Facility Administrative Penalties

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
03	CEDAR HILL	110402	NUSTART ADULT DAY CENTER	10/19/23	\$3,200		\$0	\$3,200
03	LANCASTER	105128	ANGELS OF HANDS ADULT DAY CARE CENTER	04/20/23	\$2,250		\$0	\$0
03	PLANO	104478	SUNRAY ACTIVITY AND HEALTHCARE SERVICES, LLC.	05/14/24	\$6,300	07/29/24	\$0	\$0
08	EAGLE PASS	102162	KEYWEST ADULT DAY CARE INC	10/19/23	\$3,300		\$0	\$0
08	SAN ANTONIO	001541	CAREPLEX ADULT DAY CARE CENTER INC	09/08/23	\$8,800		\$0	\$8,800
08	SAN ANTONIO	010229	LA ESTRELLA ADULT DAY CARE	10/17/23	\$7,800		\$0	\$0
08	SAN ANTONIO	010229	LA ESTRELLA ADULT DAY CARE	01/17/24	\$900		\$0	\$0
08	SAN ANTONIO	000521	ACTS- ADULT DAY & ACTIVITY CENTER	01/25/24	\$300		\$0	\$0
11	BROWNSVILLE	110533	EL CENIZO ADULT DAY CARE	09/29/23	\$1,400		\$0	\$0
11	EDINBURG	104584	EL CENTRO ADULT DAY CARE CENTER	09/07/23	\$6,950		\$0	\$6,950
11	ELSA	003312	SANTA CRUZ DAY CARE FOR ADULTS LLC	02/07/24	\$600		\$0	\$0
11	LAREDO	103101	LA LUZ ADULT DAY CARE LLC	05/23/23	\$300	09/27/23	\$0	\$0
11	MCALLEN	104709	MI JARDIN ADULT DAY CARE CENTER #3	05/05/23	\$600		\$0	\$0
11	MISSION	106951	LOS PRIMITOS ADULT DAY CARE LLC	06/02/23	\$1,625		\$0	\$0
Totals					\$44,325		\$0.00	\$18,950

HHSC imposed 14 total DAHS administrative penalties.

Notes:

“Imposed” is the total amount of penalty after the state has reviewed and confirmed the administrative penalty citation and amount. This is the amount due and payable if no alternative amount results from an appeal or if no settlement agreement reached.

“Assessed” is the amount due after the appeal process has been completed (or an agreement to settle has been reached) and a final amount and due date have been decided, or the person accepts the determination by the regulating agency or fails to respond to the notice letter in a timely manner.

“Balance Due” is the amount of penalty the DAHS owes. These amounts do not necessarily reflect the final amount the DAHS may owe. The amounts can change based on a hearing or negotiated settlement.

DAHS Facility Injunctive or Other Relief Referrals to the OAG

HHSC did not refer any DAHS facilities to the OAG for injunctive/other relief for FY 2024.

DAHS Facility Emergency Closing Orders

HHSC did not issue any emergency closing orders for DAHS facilities for FY 2024.

DAHS Facility License Denial and Revocation

LTCR Region	City	Facility ID	Facility	Action	Action Date
05	BRENHAM	111412	EMBRACING ANGELS	Deny Renewal	07/03/24
06	HOUSTON	111127	DIVINITY CARE CENTER	Deny Initial	07/03/24
06	HOUSTON	111127	DIVINITY CARE CENTER	Deny Initial	08/21/24
08	DEL RIO	111459	MARY GRAINGER	Deny Initial	06/26/24

HHSC issued 4 total DAHS facility license denials and revocations.

DAHS Facility: All Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	2	2	10	0	1	13	13	29	70
Facility 14-day	1	2	3	0	1	9	6	18	40
DAHS 14-Day	6	17	12	6	2	15	25	80	163
Facility 18-day	0	0	1	0	0	1	3	4	9
Facility 30-day	0	1	0	0	0	2	2	5	10
Facility 45-day	2	4	3	1	2	2	3	13	30
Agency Next Onsite	0	0	0	0	0	0	0	1	1
Regional Offsite Review	0	0	0	0	0	1	0	1	2
No Action Necessary	0	0	0	0	1	1	0	1	3
Withdrawn	0	2	0	0	1	1	0	2	6
Totals	11	28	29	7	8	45	52	154	334

DAHS Facility: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	2	2	9	0	1	13	13	27	67
Facility 14-day	1	2	2	0	1	9	6	16	37
DAHS 14-Day	5	13	7	6	0	14	17	66	128
Facility 18-day	0	0	1	0	0	1	2	1	5
Facility 30-day	0	1	0	0	0	1	2	4	8
Facility 45-day	0	2	1	1	2	1	2	12	21
No Action Necessary	0	0	0	0	1	0	0	0	1
Withdrawn	0	1	0	0	1	1	0	2	5
Totals	8	21	20	7	6	40	42	128	272

DAHS Facility: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	05	06	08	11	Total
Facility 24-hour	0	0	1	0	0	0	2	3
Facility 14-day	0	0	1	0	0	0	2	3
DAHS 14-Day	1	4	5	2	1	8	14	35
Facility 18-day	0	0	0	0	0	1	3	4
Facility 30-day	0	0	0	0	1	0	1	2
Facility 45-day	2	2	2	0	1	1	1	9
Agency Next Onsite	0	0	0	0	0	0	1	1
Regional Offsite Review	0	0	0	0	1	0	1	2
No Action Necessary	0	0	0	0	1	0	1	2
Withdrawn	0	1	0	0	0	0	0	1
Totals	3	7	9	2	5	10	26	62

DAHS ISS Only Facility: All Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	13	19	51	9	27	55	31	16	221

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 14-day	5	23	23	6	15	16	19	9	116
DAHS 14-Day	20	90	112	47	52	74	45	36	476
Facility 18-day	5	10	17	3	9	5	4	3	56
Facility 30-day	2	4	6	3	4	1	3	1	24
Facility 45-day	5	19	12	8	14	10	5	3	76
Agency Next Onsite	2	7	5	3	4	5	0	1	27
Regional Offsite Review	0	0	0	0	1	0	0	0	1
Non-IJ Low - Track and Trend	1	0	0	0	0	0	0	0	1
No Action Necessary	0	3	1	0	1	3	2	0	10
Withdrawn	1	1	3	5	1	2	1	0	14
Totals	54	176	230	84	128	171	110	69	1,022

DAHS ISS Only Facility: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	9	13	40	7	21	44	23	12	169
Facility 14-day	3	14	17	3	11	9	15	8	80
DAHS 14-Day	12	53	57	31	33	38	32	29	285
Facility 18-day	0	1	2	0	1	3	2	0	9
Facility 30-day	2	3	3	2	4	1	3	1	19
Facility 45-day	0	6	7	6	5	9	4	0	37
Agency Next Onsite	2	2	1	3	2	5	0	1	16
Regional Offsite Review	0	0	0	0	1	0	0	0	1
No Action Necessary	0	2	1	0	0	3	0	0	6
Withdrawn	1	1	3	4	1	2	0	0	12
Totals	29	95	131	56	79	114	79	51	634

DAHS ISS Only Facility: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	4	6	11	2	6	11	8	4	52
Facility 14-day	2	9	6	3	4	7	4	1	36
DAHS 14-Day	8	37	55	16	19	36	13	7	191
Facility 18-day	5	9	15	3	8	2	2	3	47
Facility 30-day	0	1	3	1	0	0	0	0	5
Facility 45-day	5	13	5	2	9	1	1	3	39
Agency Next Onsite	0	5	4	0	2	0	0	0	11
Non-IJ Low - Track and Trend	1	0	0	0	0	0	0	0	1
No Action Necessary	0	1	0	0	1	0	2	0	4
Withdrawn	0	0	0	1	0	0	1	0	2
Totals	25	81	99	28	49	57	31	18	388

Appendix E. Home and Community Support Services Agency (HCSSA)

HCSSA Actions

The tables in this appendix contain information relating to HSC, Title 2, Subtitle G, Chapter 142, Home and Community Support Services, agency actions, by category for fiscal year (FY) 2024.

Administrative Penalties

Basis for Imposing

An administrative penalty can be assessed against a person who violates requirements of HSC Chapter 142 or Texas Administrative Code (TAC), Title 26, Part 1, Chapter 558, Licensing Standards for Home and Community Support Service Agencies, or Texas Occupations Code, Title 3, Subtitle A, Chapter 102, Solicitation of Patients.

Imposed

HHSC imposes the action when the administrative penalty recommendation has been reviewed and confirmed by state office. The HCSSA is formally notified of the administrative penalty citation and the penalty amount. Additionally, the notice includes information about the appeal process available to the HCSSA.

Assessed

Penalties assessed are the final actions after the appeal process has been completed (or an agreement to settle has been reached) and a final amount and due date have been decided, or the person accepts the determination by LTCR or fails to respond to the notice letter in a timely manner. The HCSSA is notified of the amount to be paid and the date payment is due. A lump-sum payment or a monthly payment plan can be agreed upon during the appeal or settlement process.

Denials of License Application

HHSC can deny a license for any of the reasons specified in 26 TAC §558.21 (relating to denial of an application for a license), such as:

- Failure to comply with the statute.
- Failure to comply with the licensure requirements.
- Knowingly aiding, abetting, or permitting another person to violate the statute or licensure requirements.
- Failure to meet the criteria for a license established in 26 TAC §558.11 (relating to criteria and eligibility for licensing).

Denials of License Renewal

LTCR also can deny the application to renew a license of an existing HCSSA.

Expirations of License (in Lieu of Enforcement Actions)

Instead of pursuing additional enforcement actions, LTCR can choose to allow a HCSSA to let its license expire.

Immediate Suspensions

The suspension of a HCSSA license can be on an emergency basis. The suspension is effective immediately and is in effect until lifted. The HCSSA is provided an opportunity for a hearing no later than seven days after the effective date of the suspension.

Surrenders of License (in Lieu of Enforcement Actions)

LTCR can offer a HCSSA the option to surrender its license, instead of receiving additional enforcement actions.

License Revocations

HHSC can revoke a license issued to an applicant or agency if the applicant or agency:

- Fails to comply with any provision of HSC Chapter 142.
- Fails to comply with any provision of 26 TAC Chapter 558.
- Engages in conduct that violates Texas Occupations Code Chapter 102.

HCSSA Administrative Penalties

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
01	ABILENE	007334	OUTREACH HOME CARE	09/27/23	\$500	10/17/23	\$0	\$0
01	AMARILLO	011386	THE BASICS AT JAN WERNER	10/10/23	\$1,050	10/26/23	\$0	\$0
01	BROWNFIELD	002205	BRMC HOME CARE	08/25/23	\$625	10/13/23	\$0	\$0
01	BROWNWOOD	011726	GIRLING PERSONAL CARE	08/24/23	\$1,125	09/07/23	\$1,125	\$0
01	BROWNWOOD	018129	ELARA CARING	06/05/24	\$2,000	07/03/24	\$0	\$0
01	DALHART	005693	COON MEMORIAL HOSPITAL HOME CARE	03/22/24	\$500	07/11/24	\$0	\$0
01	GRANBURY	010782	INTERIM HEALTHCARE	08/10/23	\$500	08/24/23	\$0	\$0
01	LUBBOCK	017836	THRIVE SKILLED PEDIATRIC CARE	08/01/23	\$1,000	08/15/23	\$0	\$0
01	LUBBOCK	004822	ESSENTIAL HOME HEALTH	08/11/23	\$1,550		\$0	\$0
01	LUBBOCK	007152	CUIDADO CASERO HOME HEALTH LUBBOCK LLC	09/12/23	\$1,250	10/17/23	\$0	\$0
01	LUBBOCK	001401	CAPROCK HOME HEALTH SERVICES INC	10/10/23	\$500	10/25/23	\$0	\$0
01	LUBBOCK	021601	HOME INSTEAD	10/25/23	\$750	03/15/24	\$0	\$0
01	LUBBOCK	020365	ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES	11/10/23	\$500	02/23/24	\$0	\$0
01	WICHITA FALLS	015831	ENHABIT HOME HEALTH	07/28/23	\$625	08/24/23	\$625	\$0
01	WICHITA FALLS	020349	ANGELS CARE HOSPICE	11/07/23	\$850	02/01/24	\$0	\$0

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
02	EL PASO	015392	LIFESPAN HOME CARE	08/04/23	\$750	09/25/23	\$750	\$0
02	EL PASO	016371	SAN LORENZO ADULT PROVIDER SERVICES AND PEDIATRICS LLC	08/15/23	\$500	09/01/23	\$0	\$0
02	EL PASO	010357	TENDER CARE HOME HEALTH & HOSPICE	09/01/23	\$1,250	09/18/23	\$0	\$0
02	EL PASO	006339	LA FAMILIA HOME HEALTH	10/16/23	\$600	01/11/24	\$600	\$0
02	EL PASO	012684	HOMEWATCH CAREGIVERS	10/26/23	\$625	11/27/23	\$0	\$0
02	EL PASO	020897	BUENA VIDA HOME HEALTH, LLC	11/06/23	\$500	12/04/23	\$0	\$0
02	EL PASO	009845	GLOBAL HOSPICE CARE INC	11/22/23	\$500	03/29/24	\$0	\$0
02	EL PASO	018567	GOOD SAMARITAN SOCIETY HOSPICE	03/07/24	\$650	05/28/24	\$0	\$0
03	ADDISON	013821	SILVERADO HOSPICE-DALLAS/FORT WORTH	09/29/23	\$500	11/09/23	\$500	\$0
03	ARLINGTON	009477	PRUDENTIAL HEALTH CARE SERVICES INC	08/04/23	\$1,700	09/12/23	\$0	\$0
03	ARLINGTON	010434	VANA HOME HEALTH INC	08/25/23	\$625	09/14/23	\$0	\$0
03	ARLINGTON	018099	ANGEL WINGS HOSPICE	09/08/23	\$675	10/15/23	\$0	\$0
03	ARLINGTON	010724	ROPHEKA HOMEHEALTH AGENCY	09/28/23	\$600	10/17/23	\$0	\$0
03	ARLINGTON	019849	DFW HOME HEALTH ARLINGTON	10/02/23	\$1,500	10/25/23	\$0	\$0
03	ARLINGTON	011615	TRANSITIONAL HOME HEALTH CARE, INC.	12/05/23	\$1,400	02/20/24	\$0	\$1,400

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
03	ARLINGTON	009477	PRUDENTIAL HEALTH CARE SERVICES INC	12/06/23	\$750	12/21/23	\$0	\$0
03	ARLINGTON	018673	HEAVEN SENT HEALTHCARE	04/05/24	\$500	05/09/24	\$0	\$500
03	AUBREY	018808	SOVEREIGN HOSPICE INC	08/11/23	\$625	08/24/23	\$0	\$0
03	BEDFORD	011831	RESTORATIVE CARE HOME HEALTH SERVICES INC	02/06/24	\$625	04/09/24	\$0	\$0
03	CARROLLTON	010977	REGAL HEALTHCARE INC	10/26/23	\$725	02/01/24	\$0	\$0
03	CARROLLTON	019731	FIRST TEXAS HOSPICE LLC	02/12/24	\$675	03/21/24	\$0	\$0
03	CARROLLTON	017423	YELLOW ROSE HOSPICE	07/23/24	\$670	08/05/24	\$0	\$670
03	CEDAR HILL	012455	ABBACARE HOME HEALTH INCORPORATED	05/09/24	\$625	05/22/24	\$0	\$0
03	CROWLEY	019214	HEART AND HANDS PRIVATE CARE, LLC	03/26/24	\$1,250	06/24/24	\$0	\$0
03	DALLAS	019310	ISERVE HEALTHCARE	08/18/23	\$1,625	09/12/23	\$1,625	\$0
03	DALLAS	016482	FMS-NORTH TEXAS HOME STAFF ASSIST	08/25/23	\$500	09/07/23	\$500	\$0
03	DALLAS	007146	AFFORDABLE ELDER CARE INC	09/14/23	\$575	10/20/23	\$0	\$0
03	DALLAS	013451	FIRST CALL OF DALLAS INC	09/15/23	\$625	10/17/23	\$0	\$625
03	DALLAS	012649	J-JIREH HEALTHCARE SERVICES LLC	09/20/23	\$3,125	01/10/24	\$3,125	\$0
03	DALLAS	012434	VISITING ANGELS	09/21/23	\$500	11/06/23	\$0	\$0
03	DALLAS	013623	DANIELLA HOME HEALTH SERVICES INC	09/28/23	\$1,000	10/18/23	\$1,000	\$0

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
03	DALLAS	022178	SPERO HEALTHCARE SERVICE, LLC	10/10/23	\$500	11/14/23	\$0	\$0
03	DALLAS	011756	GIRLING PERSONAL CARE	11/22/23	\$1,400	04/19/24	\$0	\$0
03	DALLAS	012982	ALTRUIST HOME HEALTH CARE SOLUTIONS, INC.	11/28/23	\$1,250	02/23/24	\$0	\$281.20
03	DALLAS	013320	ANOINTED HOSPICE DALLAS	12/13/23	\$750	02/22/24	\$0	\$0
03	DALLAS	010373	PASSION 05 HEALTH SERVICES INC	12/29/23	\$1,350	01/22/24	\$1,350	\$0
03	DALLAS	015633	DIVINEHEART HEALTHCARE INC	01/25/24	\$500	08/01/24	\$0	\$500
03	DALLAS	021835	SOUTHERN COMFORT HEALTH CARE SERVICES LLC	03/05/24	\$1,500	06/20/24	\$0	\$0
03	DENTON	013533	TRIO HOME CARE	09/15/23	\$700	10/10/23	\$0	\$0
03	DENTON	015793	CLEAR PATH HOME CARE LLC	03/20/24	\$625	06/03/24	\$0	\$0
03	DESOTO	017729	APEX HOMECARE INC	08/30/23	\$1,250	09/12/23	\$0	\$0
03	DUNCANVILLE	006374	FIRST CHOICE HOME HEALTH CARE LLC	10/27/23	\$1,350	01/23/24	\$1,350	\$0
03	DUNCANVILLE	008117	STATE HOME HEALTH CARE INC	11/09/23	\$500	01/19/24	\$500	\$0
03	FORT WORTH	021822	CORNERSTONE CAREGIVING	08/03/23	\$3,800	08/21/23	\$0	\$0
03	FORT WORTH	019450	KLARUS HOSPICE	08/23/23	\$700	09/06/23	\$0	\$0
03	FORT WORTH	006982	VITAS HEALTHCARE OF TEXAS LP	10/02/23	\$1,150	10/30/23	\$0	\$0
03	FORT WORTH	007555	COOK CHILDRENS HOME HEALTH	10/13/23	\$500	12/21/23	\$500	\$0

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
03	FORT WORTH	016183	HEART TO HEART HOSPICE OF FORT WORTH LLC	10/23/23	\$625	01/16/24	\$0	\$0
03	FORT WORTH	015871	ASSISTING HANDS OF FORT WORTH WEST	11/03/23	\$630	12/04/23	\$0	\$0
03	GARLAND	013321	MED- CERT HOME CARE LLC	07/10/23	\$625	08/03/23	\$625	\$0
03	GARLAND	016701	ACME HEALTHCARE, INC.	08/30/23	\$625	09/05/23	\$0	\$0
03	GARLAND	012640	MIRACLE HEALTHCARE SERVICES INCORPORATED	09/05/23	\$500	09/29/23	\$500	\$0
03	GARLAND	013151	TRINITY ANGELS HEALTHCARE SERVICES INC	09/20/23	\$650	10/10/23	\$0	\$0
03	GARLAND	018680	SIMPLICITY HEALTH CARE SERVICES	01/22/24	\$1,500	07/02/24	\$0	\$0
03	GRAND PRAIRIE	012538	NEWPORT HOME HEALTH AGENCY	06/23/23	\$1,250	09/05/23	\$0	\$0
03	GRAND PRAIRIE	012771	SAFEWAY HEALTHCARE SERVICES INC	07/17/23	\$3,000	09/22/23	\$0	\$0
03	GRAND PRAIRIE	013312	E E CORNERSTONE HOME HEALTH INC	08/09/23	\$500	09/14/23	\$0	\$0
03	GRAND PRAIRIE	011653	PRUDENT CHOICE HOMECARE SERVICE INC	09/12/23	\$3,400	10/19/23	\$0	\$0
03	GRAND PRAIRIE	010917	INTEGRITY HOME HEALTH CARE SERVICES	05/20/24	\$250	08/02/24	\$0	\$0
03	GRAPEVINE	013152	CUSTOM CARE HOSPICE	10/11/23	\$525	11/08/23	\$0	\$0
03	HOUSTON	018034	AGELESS LIVING HOME HEALTH LLC	08/14/23	\$525		\$0	\$0

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
03	IRVING	008330	LONE STAR HOME HEALTH SERVICES	06/09/23	\$2,500	06/23/23	\$2,500	\$0
03	IRVING	018622	COSMETIC COMPANIONS LLC	07/27/23	\$1,000	09/28/23	\$1,000	\$0
03	IRVING	018622	COSMETIC COMPANIONS LLC	07/27/23	\$1,000	09/28/23	\$1,000	\$0
03	IRVING	015098	ELARA CARING	01/17/24	\$725	02/28/24	\$725	\$0
03	LEWISVILLE	012578	ANCHOR PULMONARY REHAB AND HOME HEALTH CARE SERVICES LLC	08/09/23	\$2,875	10/17/23	\$2,875	\$0
03	LITTLE ELM	018795	CREST HOME CARE	08/09/23	\$1,400	09/05/23	\$0	\$0
03	MANSFIELD	019111	SCENIC HEALTHCARE HOSPICE LLC	07/31/23	\$2,025	08/25/23	\$0	\$0
03	MESQUITE	017869	ESPREE HEALTH SERVICES	07/27/23	\$1,875	09/29/23	\$1,875	\$0
03	PANTEGO	013670	MIG HOME HEALTH CARE INC	07/03/23	\$500	08/04/23	\$500	\$0
03	PLANO	010216	GOSHEN HEALTHCARE SERVICES LLC	03/27/24	\$620	07/31/24	\$0	\$0
03	PLANO	016741	DELTA HOSPICE LLC	04/17/24	\$1,000	05/01/24	\$0	\$0
03	PLANO	016565	AMERISTARS BEST CARE INC	05/17/24	\$600	07/29/24	\$0	\$0
03	RICHARDSON	013184	SHALOM HOME HEALTH SERVICES	08/11/23	\$625	08/28/23	\$0	\$0
03	RICHARDSON	018454	GUARDIAN ANGELS AT HOME CARE INC	09/01/23	\$3,125	09/18/23	\$0	\$0
03	RICHARDSON	009686	GOOD SHEPHERD HOME HEALTHCARE AGENCY	10/12/23	\$1,375	11/21/23	\$0	\$0
03	RICHARDSON	009773	HEALTHWATCH PROFESSIONALS	11/28/23	\$650	02/02/24	\$0	\$0

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
03	RICHARDSON	019319	COMPLETETX HOSPICE	03/05/24	\$675		\$0	\$0
03	RICHARDSON	010353	CENTURY HOME HEALTHCARE SERVICES LLC	05/06/24	\$625	07/09/24	\$0	\$0
03	RICHARDSON	012208	THE HOME HEALTH TEAM	06/24/24	\$650	07/22/24	\$0	\$0
03	SHERMAN	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH	11/22/23	\$750	02/07/24	\$750	\$0
03	SHERMAN	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH	01/09/24	\$1,000	04/15/24	\$0	\$1,000
03	THE COLONY	009559	V-CARE HOME HEALTH INC	08/28/23	\$750	09/11/23	\$0	\$0
03	WYLIE	021433	ANCARE HOME HEALTH	08/08/23	\$500	08/21/23	\$0	\$0
04	BEAUMONT	017041	AMAZING ANGELS HOSPICE	08/09/23	\$625	09/01/23	\$0	\$0
04	BEAUMONT	016801	EDUCARE COMMUNITY LIVING CORPORATION TEXAS	10/26/23	\$625	01/02/24	\$0	\$0
04	BEAUMONT	015501	SETX HOME CARE	01/09/24	\$625	01/25/24	\$0	\$0
04	BEAUMONT	021013	MAELEE HOME HEALTHCARE LLC	04/16/24	\$525	06/03/24	\$0	\$525
04	CHESTER	004081	EAST TEXAS HOME HEALTH	08/23/23	\$500	09/11/23	\$0	\$0
04	GREENVILLE	017965	ELARA CARING	10/14/23	\$2,150	12/06/23	\$0	\$0
04	GUN BARREL CITY	022078	ENHABIT HOSPICE	07/28/23	\$1,950	08/14/23	\$0	\$0
04	HENDERSON	015639	ASSISTCARE	09/05/23	\$500	10/04/23	\$0	\$0
04	JASPER	011269	ELARA CARING	04/24/24	\$700	06/04/24	\$0	\$0
04	LONGVIEW	016855	THEN THERES CHEERFUL GIVERS HHA INC	08/01/23	\$1,475	08/23/23	\$0	\$0

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
04	LUFKIN	007379	A PINEYWOODS HOME SERVICES INC	09/13/23	\$500	09/27/23	\$500	\$0
04	MOUNT VERNON	008273	ELARA CARING	09/08/23	\$750	10/16/23	\$0	\$0
04	NEW WAVERLY	014937	RYZOLVE LLC	01/30/24	\$625	08/02/24	\$0	\$0
04	PARIS	012513	MAYS PLUS, INC	08/23/23	\$1,875	09/27/23	\$1,875	\$0
04	PARIS	017326	SUMMIT HOSPICE LLC	09/19/23	\$500	10/04/23	\$0	\$0
04	PITTSBURG	018735	UT HEALTH EAST TEXAS HOME HEALTH SERVICES	04/18/24	\$1,850	05/03/24	\$0	\$0
04	PORT ARTHUR	017281	TREASURE SERVICES INCORPORATED	09/14/23	\$1,000	09/28/23	\$0	\$0
04	SULPHUR SPRINGS	020457	HERITAGE HOME HEALTH OF EAST TEXAS	09/20/23	\$550	10/18/23	\$0	\$0
04	SULPHUR SPRINGS	017040	HOPEWELL HOME HEALTHCARE LLC	03/21/24	\$1,975	08/05/24	\$0	\$0
04	TERRELL	015063	AMERICAN HOME HOSPICE INC	11/10/23	\$1,150		\$0	\$1,150
04	TEXARKANA	018419	SENIORS 4 SENIOR CARE	02/29/24	\$1,250	05/20/24	\$0	\$0
04	TYLER	019357	VIRTUOUS HOMECARE LLC	08/29/23	\$1,125	09/14/23	\$0	\$1,125
04	TYLER	017818	RELIANT AT HOME	09/07/23	\$625	09/29/23	\$625	\$0
04	TYLER	014848	AVEANNA HEALTHCARE	11/03/23	\$700	11/15/23	\$0	\$0
04	TYLER	011762	GIRLING PERSONAL CARE	02/02/24	\$625		\$0	\$0
04	WILLS POINT	015835	NEW LIFE HOME HEALTHCARE	11/07/23	\$500	12/20/23	\$0	\$0
05	AUSTIN	016178	SYNERGY HOMECARE	07/20/23	\$625	08/30/23	\$0	\$0

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
05	AUSTIN	012568	RIGHT AT HOME 1202	08/09/23	\$1,250	08/23/23	\$0	\$0
05	AUSTIN	015057	EDWARD'S HOME HEALTH & HOSPICE	08/23/23	\$1,450	09/06/23	\$0	\$0
05	AUSTIN	013558	FARMERS HOMECARE	09/07/23	\$625	10/02/23	\$625	\$0
05	AUSTIN	017964	RAINIER HOMECARE	09/29/23	\$1,075	10/24/23	\$0	\$0
05	AUSTIN	018747	PEDIATRIC HOME HEALTHCARE LLC	12/12/23	\$625	12/28/23	\$0	\$0
05	BASTROP	019184	BLUEBONNET HOME HEALTH CARE OF TEXAS, INC.	10/23/23	\$500	02/15/24	\$500	\$0
05	BRYAN	018783	SENIOR HELPERS	11/08/23	\$625	12/05/23	\$0	\$0
05	BRYAN	018783	SENIOR HELPERS	11/10/23	\$625	11/30/23	\$625	\$0
05	BURNET	016739	ASCENSION AT HOME	08/18/23	\$500	09/28/23	\$0	\$0
05	CEDAR PARK	018417	HOMEWELL SENIOR CARE OF NORTH/WEST AUSTIN	08/18/23	\$625	08/30/23	\$0	\$0
05	COLLEGE STATION	016142	ENHABIT HOME HEALTH	09/29/23	\$500	10/17/23	\$0	\$0
05	KYLE	019564	JOL HEALTHCARE	09/27/23	\$1,250	11/03/23	\$1,250	\$0
05	ROUND ROCK	019459	SPRING HILLS HOME CARE ROUND ROCK	08/30/23	\$3,000	11/08/23	\$3,000	\$3,000
05	ROUND ROCK	017185	CHRISTY GRACE HEALTH CENTER INC	11/02/23	\$1,500	02/05/24	\$0	\$0
05	TEMPLE	004135	GENTIVA	08/31/23	\$625	09/13/23	\$0	\$0

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
05	TEMPLE	021474	MORADA TEMPLE	01/10/24	\$675	03/19/24	\$0	\$0
05	WACO	010507	ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS	10/12/23	\$750	12/12/23	\$750	\$0
06	BAYTOWN	008280	SEV HOME CARE INC	06/29/23	\$625	08/22/23	\$0	\$0
06	HOUSTON	010153	PACIFIC CARE HOME HEALTH SERVICES LLC	07/21/23	\$1,250	08/02/23	\$625	-\$625
06	HOUSTON	018442	UC ULTIMATE THERAPY SERVICES INC	07/21/23	\$1,250	09/28/23	\$1,250	\$0
06	HOUSTON	018269	TRADITIONS HEALTH	07/26/23	\$500	09/22/23	\$500	\$0
06	HOUSTON	009419	NEWCHANNEL HEALTHCARE SERVICES	08/04/23	\$625	09/25/23	\$625	\$0
06	HOUSTON	010331	TIMELESS HOME HEALTH INC	08/15/23	\$500	09/29/23	\$0	\$0
06	HOUSTON	012392	ARISING HEALTHCARE SERVICES INC	08/17/23	\$625	08/29/23	\$0	\$0
06	HOUSTON	010018	DECENCY HOME HEALTH CARE SERVICES INC	08/17/23	\$500	09/28/23	\$0	\$0
06	HOUSTON	013263	TRANSITION HOME HEALTH CARE	08/23/23	\$500	09/11/23	\$0	\$0
06	HOUSTON	002522	CENTRAL HOME HEALTH SERVICES OF TEXAS, LLC	08/23/23	\$500	09/29/23	\$500	\$0
06	HOUSTON	009242	AC HEALTH SERVICES INC	08/24/23	\$625	10/11/23	\$0	\$0
06	HOUSTON	009242	AC HEALTH SERVICES INC	09/06/23	\$625	10/11/23	\$0	\$0
06	HOUSTON	015201	HARBOR HOUSE	09/08/23	\$900	10/13/23	\$0	\$0
06	HOUSTON	006605	F K BOLD HEALTHCARE INC.	09/14/23	\$625	09/27/23	\$0	\$0

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
06	HOUSTON	012284	COSMEC HEALTH CARE RESOURCE INC	09/21/23	\$625	10/20/23	\$0	\$0
06	HOUSTON	018681	OPTIMUM CARE SERVICES	09/21/23	\$675	11/05/23	\$0	\$0
06	HOUSTON	019354	INTERIM HEALTHCARE HOUSTON SOUTHEAST	09/26/23	\$0	11/01/23	\$0	\$0
06	HOUSTON	018241	BY YOUR SIDE HOSPICE LLC	09/27/23	\$1,775	10/30/23	\$0	-\$10
06	HOUSTON	001994	HOUSTON HOSPICE	09/29/23	\$750	10/18/23	\$0	\$0
06	HOUSTON	011022	AROSA	10/19/23	\$2,375	01/26/24	\$0	\$2,375
06	HOUSTON	013630	UNITED AMERICA HOME HEALTH SERVICES CORPORATION	11/03/23	\$575	01/16/24	\$0	\$0
06	HOUSTON	021799	GRACE RACE PALLIATIVE HOSPICE LLC	11/28/23	\$500	12/29/23	\$0	\$0
06	HOUSTON	005652	EXCEL E CARE	12/07/23	\$500	01/22/24	\$0	\$0
06	HOUSTON	020069	ALASAN COMFORT CARE, INC.	01/23/24	\$625	03/27/24	\$0	\$625
06	HOUSTON	013695	RASHA HOME HEALTH SERVICES INC	01/25/24	\$725	02/23/24	\$0	\$725
06	HOUSTON	013695	RASHA HOME HEALTH SERVICES INC	01/25/24	\$725	02/23/24	\$0	\$725
06	HOUSTON	018069	REAL COMFORT HEALTHCARE INC	01/26/24	\$600	02/21/24	\$0	\$0
06	HOUSTON	015950	SUPERIOR INTEGRATED HOME HEALTH CARE, INC	03/19/24	\$625	07/12/24	\$0	\$0

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
06	HOUSTON	019735	HERITAGE HOSPICE	04/09/24	\$650	07/29/24	\$0	\$0
06	HOUSTON	012241	ENHABIT HOME HEALTH	04/24/24	\$1,000	07/10/24	\$0	\$0
06	HOUSTON	015944	FAVOR HOME CARE INC.	04/30/24	\$700	08/02/24	\$0	\$700
06	HOUSTON	012161	NICHE HOME HEALTH SERVICES INC	06/10/24	\$725		\$0	\$0
06	HOUSTON	013588	NORTH HOUSTON HEALTHCARE SERVICES INC	06/12/24	\$625	07/31/24	\$0	\$625
06	HOUSTON	010800	PATIENT CAREGIVERS LLC	07/22/24	\$2,200	08/16/24	\$0	\$0
06	HOUSTON	009075	ACCU CARE HOME HEALTH SERVICES	07/29/24	\$675	08/08/24	\$0	\$0
06	KATY	018612	ABSTAR CARE	08/23/23	\$625	09/15/23	\$625	\$625
06	KATY	021213	UNICARE PALLIATIVE & HOSPICE CARE, LLC	11/03/23	\$1,350	12/18/23	\$0	\$0
06	KATY	013971	HUCKEYE HEALTH SERVICES LLC	12/20/23	\$650	02/22/24	\$0	\$0
06	LAREDO	012249	ABC HOME HEALTH LLC	07/06/23	\$3,100	09/05/23	\$3,100	\$0
06	MISSOURI CITY	013497	NESTAR MED CARE LLC	10/17/23	\$500	11/10/23	\$500	\$0
06	PARK ROW	018773	CAREGIVERS 24HRS SERVICE	08/22/23	\$500	09/28/23	\$0	\$500
06	PARK ROW	018773	CAREGIVERS 24HRS SERVICE	08/22/23	\$500	09/28/23	\$0	\$500
06	PARK ROW	018773	CAREGIVERS 24HRS SERVICE	08/23/23	\$625	09/29/23	\$0	\$625
06	PARK ROW	018773	CAREGIVERS 24HRS SERVICE	08/23/23	\$625	09/29/23	\$0	\$625
06	ROSENBERG	013156	QUALITY CAREGIVERS HEALTH CARE INC	06/27/23	\$1,000	09/06/23	\$0	\$0

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
06	ROSENBERG	010105	SIERCAM HEALTHCARE SERVICES LLC	06/11/24	\$600	07/22/24	\$0	\$600
06	STAFFORD	011090	ESTAN HEALTHCARE SERVICES INC	09/21/23	\$1,175	10/12/23	\$0	\$0
06	STAFFORD	019135	HOMEWELL CARE SERVICES	11/10/23	\$625	01/03/24	\$0	\$0
06	SUGAR LAND	019833	CEDAR HOSPICE, INC.	11/10/23	\$575	03/01/24	\$0	\$0
06	SUGARLAND	012555	BENEFICIENT HEALTHCARE	07/27/23	\$500	09/06/23	\$0	\$0
06	SUGARLAND	020091	BLESSED HANDS HOSPICE & PALLIATIVE CARE, INC.	04/23/24	\$625	05/13/24	\$0	\$0
06	SUGARLAND	020091	BLESSED HANDS HOSPICE & PALLIATIVE CARE, INC.	04/23/24	\$625	05/13/24	\$0	\$0
06	TEXAS CITY	020473	BCM HEALTH LLC	03/01/24	\$700	05/15/24	\$0	\$0
08	BOERNE	008948	CREST HOME HEALTH	09/21/23	\$500	10/10/23	\$0	\$0
08	CANYON LAKE	019497	SENIOR HELPERS	10/19/23	\$550	12/29/23	\$0	\$0
08	KERRVILLE	018823	TRI COUNTY HOME HEALTH	08/03/23	\$1,750	09/06/23	\$1,750	\$0
08	LEON VALLEY	017875	LONE STAR PROVIDER CARE LLC	09/18/23	\$625	10/20/23	\$0	\$625
08	SAN ANTONIO	016567	CHOICE HEALTH AT HOME	08/18/23	\$550	09/08/23	\$0	\$0
08	SAN ANTONIO	004137	MED TEAM INC	09/13/23	\$500	09/25/23	\$0	\$0
08	SAN ANTONIO	015357	LOVING CARE HOME HEALTH LLC	10/06/23	\$1,375	10/30/23	\$0	\$1,375
08	SAN ANTONIO	009902	THANK YOU NURSES LTD	10/20/23	\$1,200	12/29/23	\$0	\$0
08	SAN ANTONIO	013878	AVEANNA HEALTHCARE	10/23/23	\$750	01/18/24	\$0	\$0

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
08	SAN ANTONIO	015800	COMFORT KEEPERS	11/10/23	\$2,325	03/04/24	\$0	\$0
08	SAN ANTONIO	018266	AIP HOSPICE LLC	11/14/23	\$675	01/02/24	\$0	\$0
08	SAN ANTONIO	017453	S. A. NURSES HOME HEALTH AGENCY	12/15/23	\$550	01/18/24	\$0	\$0
08	SAN ANTONIO	015675	BRIGHTSTAR CARE	02/23/24	\$625	03/15/24	\$0	\$0
08	SAN ANTONIO	008669	QUALITY HOME HEALTH CARE SERVICES	03/07/24	\$650	07/18/24	\$0	\$0
11	-	311500	CASA AZUL ADULT DAY CARE LLC	06/12/23	\$300		\$0	\$0
11	ALICE	013683	MI CASA HOME HEALTH AGENCY	07/25/23	\$1,125	08/02/23	\$1,125	\$0
11	ALTON	016955	PALLI-MED HOSPICE LLC	07/26/23	\$4,150	08/18/23	\$0	\$0
11	ALTON	016955	PALLI-MED HOSPICE LLC	07/26/23	\$4,150	08/18/23	\$0	\$0
11	BROWNSVILLE	004014	SAN MARTIN HOME HEALTH INC	06/29/23	\$1,875	08/31/23	\$1,875	\$0
11	BROWNSVILLE	009377	ALIVIO HOME HEALTH INC	08/09/23	\$2,500	08/28/23	\$0	\$0
11	BROWNSVILLE	007069	ANGELES HOME HEALTH INC	11/02/23	\$625	11/10/23	\$625	\$0
11	BROWNSVILLE	010912	PTL HEALTH CARE, INC	11/09/23	\$500	01/22/24	\$0	\$0
11	CORPUS CHRISTI	012607	BROOKDALE AT HOME CORPUS CHRISTI	08/17/23	\$625	09/01/23	\$0	\$0
11	CORPUS CHRISTI	017636	CARE OPTIONS FOR KIDS	09/01/23	\$1,125	10/05/23	\$0	\$0
11	CORPUS CHRISTI	011952	PRIME CARE HOME HEALTH INC	05/23/24	\$625	08/02/24	\$0	\$0

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
11	EDCOUCH	011744	GOOD SHEPHERD PRIMARY HEALTH CARE LLC	09/01/23	\$1,475	11/03/23	\$1,475	\$0
11	HARLINGEN	011456	ALL ABOUT KIDS HOME HEALTH	09/12/23	\$1,000	09/26/23	\$0	\$0
11	LAREDO	012627	MAR-DEL HOME HEALTH LLC	08/03/23	\$1,250	09/01/23	\$1,250	\$0
11	LAREDO	012103	DNA HOME HEALTH SERVICES LLC	08/21/23	\$500	09/12/23	\$500	\$0
11	LAREDO	018362	ALPHA PRIMARY CARE LLC	09/11/23	\$500	09/13/23	\$0	\$0
11	LAREDO	014576	ESTRELLA PROVIDER SERVICES LLC	09/12/23	\$500	09/26/23	\$0	\$0
11	MCALLEN	017491	VITAL CONNECTIONS	07/19/23	\$3,750	09/06/23	\$0	\$1,875
11	MCALLEN	010061	STEPPING STONES HOME CARE SERVICES LTD	08/18/23	\$750	09/13/23	\$750	\$0
Totals					\$223,620		\$52,725	\$23,266.20

HHSC imposed 229 total HCSSA administrative penalties.

Notes:

“Imposed” is the total amount of penalty after the state has reviewed and confirmed the administrative penalty citation and amount. This is the amount due and payable if no alternative amount results from an appeal or if no settlement agreement reached.

“Assessed” is the amount due after the appeal process has been completed (or an agreement to settle has been reached) and a final amount and due date have been decided, or the person accepts the determination by HHSC or fails to respond to the notice letter in a timely manner.

"Balance Due" is the amount of penalty the HCSSA owes. These amounts do not necessarily reflect the final amount the HCSSA may owe. The amounts can change based on a hearing or negotiated settlement.

HCSSA Licensure Actions

LTCR Region	City	License Number	Agency	Action	Action Date
01	IRVING	NA	GREYSTONE	Deny CHOW	09/27/2023
02	EL PASO	021043	DESERT STAR HOSPICE	Revocation	12/27/2023
02	EL PASO	020735	ESPERANZA HOME HEALTHCARE SERVICES	Revocation	01/09/2024
02	EL PASO	020804	MEDELLA HEALTHCARE, INC.	Revocation	01/09/2024
02	EL PASO	019457	SISTER SISTERS IN HOME CARE SERVICES LLC	Revocation	02/02/2024
02	EL PASO	021062	MEDICA ESTA HOME HEALTH LLC	Revocation	02/16/2024
03	ADDISON	020420	AADL HEALTHCARE SERVICES, LLC	Deny Renewal	10/09/2023
03	ARLINGTON	018673	HEAVEN SENT HEALTHCARE	Revocation	08/19/2024
03	CARROLLTON	009432	SPECTRUM HOME HEALTH	Denial of Request for Change	12/27/2023
03	DALLAS	019281	NATURAL COMFORT HOSPICE, LLC	Deny Renewal	10/09/2023
03	DALLAS	015928	SALUS HOME HEALTH SOLUTIONS	Denial of Request for Change	12/01/2023
03	FLOWER MOUND	019065	A'SFRED CARE	Deny Renewal	12/18/2023
03	GARLAND	020799	COVENANT HOME HEALTH LLC	Deny Renewal	06/24/2024
03	IRVING	019855	AZORA HEALTHCARE LLC	Deny Renewal	12/01/2023
03	MCKINNEY	020397	ARIETELLA HEALTHCARE LLC	Deny Renewal	05/17/2024
03	MESQUITE	012652	SAS HOME HEALTH SERVICES INC	Deny Renewal	10/31/2023
03	RICHARDSON	020185	CAREAID HOME HEALTH AGENCY LLC	Deny Renewal	12/15/2023

LTCR Region	City	License Number	Agency	Action	Action Date
03	SHERMAN	016205	VISIONARY HOME HEALTH CARE LLC	Denial of Request for Change	12/05/2023
03	SHERMAN	016205	VISIONARY HOME HEALTH CARE LLC	Denial of Request for Change	12/05/2023
03	WYLIE	020277	GREATER JOY HOME HEALTHCARE SERVICES LLC	Deny Renewal	11/20/2023
03	NA	NA	FORNEY ASSISTED LIVING	Deny Initial	10/23/2023
03	NA	NA	WONDER WOMAN CREATIONS	Deny Initial	01/08/2024
03	NA	NA	ASHLEY AUSTIN-HILL	Deny Initial	04/09/2024
03	NA	NA	HELEN GAFFNEY	Deny Initial	05/29/2024
03	NA	NA	ANGELS UNITED	Deny Initial	06/12/2024
03	NA	NA	JR DEVELOPMENT GROUP LLC DBA THE CREST HOUSE	Deny Initial	06/24/2024
03	NA	010939	ALL BY GRACE HOME HEALTH CARE INC	Revocation	06/24/2024
03	NA	NA	ESTEEMED SENIOR LIVING	Deny Initial	06/26/2024
03	NA	NA	HELIX REAL ESTATE INVESTMENT GROUP	Deny Initial	07/11/2024
04	HEARTLAND	019814	THE SUMMIT HOME CARE INC	Deny Renewal	01/29/2024
04	TYLER	018169	HEATON HEALTH SERVICES AGENCY LLC	Deny Renewal	02/02/2024
04	NA	NA	VORTEX HEALTHCARE LLC	Deny Initial	10/09/2023
04	NA	NA	LINDA BAILEY	Deny Initial	04/30/2024
05	AUSTIN	021797	DESTINY RESIDENTIAL CARE SERVICES INC	Revocation	01/09/2024
05	AUSTIN	021009	HOME MANAGEMENT CARE TEXAS, INC	Revocation	01/09/2024
05	AUSTIN	021731	FIRSTLIGHT OF NORTH AUSTIN	Revocation	02/02/2024
05	AUSTIN	022229	A1 HOME CARE, LLC	Revocation	02/16/2024
05	AUSTIN	021146	HENRY HOME HEALTHCARE LLC	Revocation	02/16/2024

LTCR Region	City	License Number	Agency	Action	Action Date
05	AUSTIN	020775	HOME HELPERS HOME CARE	Revocation	02/16/2024
05	AUSTIN	022717	IREMIA HOSPICE AGENCY	Revocation	07/30/2024
05	AUSTIN	022742	MOORE HELPING HANDS LLC	Revocation	07/30/2024
05	BRYAN	021894	A&T HOME HEALTH AGENCY, LLC	Revocation	02/02/2024
05	DALE	020986	ELLA'S PERSONAL ASSISTANCE AND COMPANION CARE SERVICES LLC	Revocation	01/09/2024
05	ELGIN	021780	PEACE OF MIND HOME HEALTH LLC	Revocation	02/16/2024
05	GEORGETOWN	021574	THE JEWEL GROUP SERVICES	Revocation	02/26/2024
05	GLENN HEIGHTS	020888	CHATTY CATHY CARING FOR YOUR SENIOR	Revocation	02/26/2024
05	GRANDVIEW	021508	ALL FOR ONE HOME CARE LLC	Revocation	01/09/2024
05	GRANDVIEW	021826	KOUNTRY KARE HHS LLC	Revocation	02/16/2024
05	KILLEN	022733	DUNAMIS HEALTHCARE SYSTEMS LLC	Revocation	07/29/2024
05	PFLUGERVILLE	020078	WISTERIA HOME CARE	Deny Renewal	09/11/2023
05	PFLUGERVILLE	022223	TRUSTED HEALING HANDS LLC	Revocation	01/23/2024
05	PFLUGERVILLE	021831	CUÈ HOME CARE	Revocation	02/02/2024
05	PFLUGERVILLE	022263	BRIGHTER DAYS HOME CARE	Revocation	02/16/2024
05	PFLUGERVILLE	022554	1ST HEALTH LLC	Revocation	07/30/2024
05	RED OAK	020734	CAREGIVERS OF FAITH HOME CARE OF DALLAS LLC	Revocation	01/09/2024
05	TEMPLE	021777	CARE AND HOPE HOME HEALTH AND HOSPICE	Revocation	01/29/2024
05	NA	NA	AMCU HEALTH INC	Deny Initial	09/20/2023
06	CONROE	021947	HOME LIFE CAREGIVERS LLC	Revocation	01/23/2024
06	CONROE	020442	A PERFECT HOME HEALTHCARE LLC	Deny Renewal	05/14/2024

LTCR Region	City	License Number	Agency	Action	Action Date
06	HOUSTON	021636	ROSENBERG HOME HEALTH CARE CORP	Denial of Request for Change	10/09/2023
06	HOUSTON	020244	WESTIN MEDICAL GROUP LLC	Deny Renewal	10/09/2023
06	HOUSTON	017841	ABBIS CARE TEAM	Deny Renewal	10/31/2023
06	HOUSTON	021110	FIRST CHOICE STAFFING AGENCY	Revocation	11/14/2023
06	HOUSTON	021356	ALTRUISTIC CARE PROVIDERS	Revocation	12/01/2023
06	HOUSTON	021056	HERSTEL CARE CORPORATION	Revocation	12/01/2023
06	HOUSTON	021147	TEXAS FIRST STEP HEALTHCARE SERVICE, INC	Revocation	12/01/2023
06	HOUSTON	010441	UAC HEALTH CARE SERVICES LLC	Revocation	12/04/2023
06	HOUSTON	021452	PREMIER HOSPICE	Deny Renewal	12/05/2023
06	HOUSTON	021298	ABOVE ALL NEEDS LLC	Revocation	12/15/2023
06	HOUSTON	020178	HOLISTIC PALLIATIVE HOSPICE, INC.	Revocation	01/04/2024
06	HOUSTON	022039	GENTLE SOULS HOSPICE AND PALLIATIVE CARE INC.	Revocation	01/05/2024
06	HOUSTON	021442	LEAD HOME HEALTH CARE, LLC.	Revocation	01/23/2024
06	HOUSTON	019068	BJ & M HEALTHCARE SERVICES LLC	Revocation	02/09/2024
06	HOUSTON	021737	D&D PALLIATIVE & HOSPICE LLC	Revocation	02/09/2024
06	HOUSTON	021065	VINESSEE HOSPICE LLC	Revocation	02/09/2024
06	HOUSTON	017921	REGIONAL HOSPICE INC	Deny Renewal	02/20/2024
06	HOUSTON	010441	UAC HEALTH CARE SERVICES LLC	Revocation	02/27/2024
06	HOUSTON	021318	DUNKELLY NURSING SERVICES	Revocation	04/02/2024
06	HOUSTON	019092	MAXIMUM CARE HEALTHCARE SERVICES, LLC	Deny Renewal	04/18/2024
06	HOUSTON	016848	PRUDENT HEALTH MANAGEMENT INC	Deny Renewal	06/24/2024

LTCR Region	City	License Number	Agency	Action	Action Date
06	HOUSTON	020597	SUPREME HOME CARE SERVICES INC.	Revocation	06/24/2024
06	HOUSTON	020597	SUPREME HOME CARE SERVICES INC.	Revocation	06/24/2024
06	HOUSTON	013695	RASHA HOME HEALTH SERVICES INC	Revocation	06/28/2024
06	HOUSTON	020331	STAR OF TEXAS HOME HEALTH LLC	Revocation	07/10/2024
06	HOUSTON	022411	VINO B HEALTHCARE SERVICES INC	Revocation	07/16/2024
06	HOUSTON	020331	STAR OF TEXAS HOME HEALTH LLC	Revocation	08/01/2024
06	HOUSTON	020650	DIMPLES HOSPICE LLC	Deny Renewal	08/26/2024
06	HOUSTON	022730	DIVINE ENCOUNTER HOSPICE INC	Revocation	08/30/2024
06	KATY	018612	ABSTAR CARE	Denial of License Renewal	12/11/2023
06	KATY	020585	PREMIER PALLIATIVE & HOSPICE CARE INC.	Deny Renewal	12/11/2023
06	KINGWOOD	011779	BETHEL HOSPICE OF HOUSTON INC	Revocation	10/16/2023
06	MISSOURI CITY	021555	ESTEEM CONCIERGE NURSING	Revocation	11/13/2023
06	MISSOURI CITY	022515	ARTISTIC HOME DIALYSIS, LLC	Revocation	07/16/2024
06	MONTGOMERY	020851	FOCUS POINT HOME CARE INC	Revocation	10/13/2023
06	PARK ROW	018773	CAREGIVERS 24HRS SERVICE	Revocation	02/26/2024
06	RICHMOND	020008	ROSY ANGELS HEALTH CARE SYSTEM LLC	Deny Renewal	10/13/2023
06	RICHMOND	020366	CENTREPOINTE	Deny Renewal	11/16/2023
06	RICHMOND	021219	NEW COAST HEALTH SERVICES LLC	Revocation	12/11/2023
06	RICHMOND	021849	AMBIENCE HOSPICE & PALLIATIVE CARE INC	Revocation	01/23/2024
06	RICHMOND	020380	TYBLESS HEALTH SERVICES LLC	Revocation	02/20/2024
06	RICHMOND	022454	IMMACULATE PALLIATIVE HOSPICE CARE LLC	Revocation	03/15/2024
06	RICHMOND	022070	GOLDEN CARE HOME HEALTH LLC	Revocation	03/19/2024

LTCR Region	City	License Number	Agency	Action	Action Date
06	SPRING	018855	MY PILLOWS PERSONAL HOME CARE SERVICES AGENCY	Revocation	03/01/2024
06	SPRING	021308	SPRING HOME HEALTH SERVICES LLC	Revocation	04/02/2024
06	NA	NA	SWEET PEA PERSONAL HOME CARE I	Deny Initial	09/27/2023
06	NA	NA	EASTLAND ASSISTED LIVING	Deny Initial	12/22/2023
06	NA	NA	THE HOUSTON LAUNCH PAD	Deny Initial	12/22/2023
06	NA	NA	INSEPARABLE CARE	Deny Initial	01/26/2024
06	NA	NA	ELEVATED LIVING ASSISTANCE	Deny Initial	03/22/2024
06	NA	NA	ADENIKE KOTUN	Deny Initial	04/15/2024
06	NA	NA	LIVING IN SERENITY LLC	Deny Initial	05/08/2024
06	NA	NA	AGILEMETHODOLOGY CONSULTING LLC	Deny Initial	07/11/2024
06	NA	NA	JESUS WILL MINISTRY	Deny Initial	07/12/2024
06	NA	NA	JUSTIN ANOWEY	Deny Initial	07/26/2024
06	NA	NA	DIVINE FAVOR TRANSITIONAL LIVING	Deny Initial	08/07/2024
07	NA	NA	RIZA COOPER	Deny Initial	04/22/2024
07	NA	NA	ZELEVIE HEALTH OF WACO LLC	Deny Initial	06/10/2024
08	BOERNE	022172	TOBEH HEALTH CARE SERVICES, LLC	Revocation	12/15/2023
08	LA VERNIA	022378	AMERICARE TEXAS VETERAN SERVICES	Revocation	05/29/2024
08	SAN ANTONIO	006603	PERSONAL CARE MANAGEMENT INC	Revocation	10/09/2023
08	SAN ANTONIO		PRECISE RESPITE CARE INC.	Deny Initial	11/03/2023
08	SAN ANTONIO	015338	HONORCARE HOME HEALTH	Deny Renewal	12/01/2023
08	SAN ANTONIO	021385	AMARIS HOSPICE INC	Revocation	12/11/2023

LTCR Region	City	License Number	Agency	Action	Action Date
08	SAN ANTONIO	016997	AMEDIA HOSPICE LLC	Denial of Request for Change	12/15/2023
08	SAN ANTONIO	022407	CLOVER HOME HEALTH, PROFESSIONAL LIMITED LIABILITY COMPANY	Denial of Request for Change	12/27/2023
08	SAN ANTONIO	022231	A-1 PERSONAL ATTENDANT SERVICES LLC	Revocation	06/04/2024
08	SAN ANTONIO	022233	ANGELUS HOSPICE AND PALLIATIVE CARE LLC	Revocation	06/04/2024
08	SAN ANTONIO	017163	BRIT-TEX NURSING SERVICES INC	Deny Renewal	06/17/2024
08	SAN ANTONIO	022252	QUALICARE SAN ANTONIO	Revocation	06/17/2024
08	NA	NA	SECOND BAPTIST CHURCH	Deny Initial	09/27/2023
08	NA	NA	CARMELITA'S LOVE LLC	Deny Initial	04/15/2024
10	NA	NA	MCKINLEY HOUSE, LLC	Deny Initial	05/09/2024
11	BROWNSVILLE	020748	PROVIDING PROVIDERS LLC	Revocation	12/01/2023
11	BROWNSVILLE	022261	MONARCA PROVIDER SERVICES LLC	Revocation	12/27/2023
11	EDINBURG	022305	LA FLORIDA MULTISERVICES, LLC	Revocation	02/09/2024
11	EDINBURG	018008	SUPERIOR HOME CARE INCORPORATED	Deny Renewal	04/01/2024
11	ELSA	020936	HERNANDEZ HOME HEALTH, LLC	Revocation	12/01/2023
11	HARLINGEN	022167	HANDS OF ANGELS HOSPICE LLC	Revocation	12/15/2023
11	LOS FRESNOS	022037	EMPOWERED HOME CARE LLC.	Revocation	10/31/2023
11	PHARR	022193	BIT OF HEAVEN PRIMARY HOME CARE, INC.	Revocation	12/15/2023
11	PHARR	022751	YOURS TRULY PROVIDER HOME CARE, LLC.	Revocation	08/19/2024
11	PORT ISABEL	022360	ANGELS BY THE SEA LLC	Revocation	02/20/2024
11	SAN BENITO	021701	ALL ABOARD HOME HEALTH LLC	Denial of Request for Change	12/27/2023

LTCR Region	City	License Number	Agency	Action	Action Date
NA	TEXARKANA	310891	TEXARKANA RESOURCES FOR THE DISABLED, INC.	Deny Initial	12/13/2023
NA	NA	NA	STEVE KLINE	Deny Initial	09/08/2023
NA	NA	NA	KEPRIN HOSPICE LLC	Deny Initial	09/11/2023
NA	NA	NA	TRUE LOVE HOME HEALTH CARE	Deny Initial	09/18/2023
NA	NA	NA	TERRIONEE GARRETT	Deny Initial	09/29/2023
NA	NA	NA	ARTBE WORLD INC DBA BLUEBONNET ELITE ASSISTED LIVING	Deny Initial	10/02/2023
NA	NA	NA	ESSENTIAL CARE HOME HEALTH	Deny Initial	10/09/2023
NA	NA	NA	YAHWEH CARING HANDS HOME HEALTHCARE	Deny Initial	10/30/2023
NA	NA	NA	TOTAL TEAM HOME HEALTHCARE	Deny Initial	11/07/2023
NA	NA	NA	A TOUCHING CARE LLC	Deny Initial	11/20/2023
NA	NA	NA	BVBH AT HOME LLC	Deny Initial	12/05/2023
NA	NA	NA	INTEGRATED GENERATIONS HOME HEALTH	Deny Initial	12/08/2023
NA	NA	NA	KEPRIN HOSPICE LLC	Deny Initial	12/12/2023
NA	NA	NA	ONIEL KURUP	Deny Initial	12/15/2023
NA	NA	NA	TERRIONEE GARRETT	Deny Initial	01/16/2024
NA	NA	NA	UVALDE HOME HEALTH CARE	Deny Initial	02/05/2024
NA	NA	NA	MAFER HOMECARE, LLC.	Deny Initial	03/12/2024
NA	NA	NA	EVELYN JOHNSON	Deny Initial	04/09/2024
NA	NA	NA	TRADITIONAL CARE HOME HEALTH, LLC	Deny Initial	07/08/2024
NA	NA	NA	GREENSTAFF HOME CARE LLC	Deny Initial	07/15/2024

HHSC imposed 163 total HCSSA licensure actions.

Note: Applications with “NA” under column “City” are applications that were denied.

HCSSA: All Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Agency 2-day	34	20	228	53	38	108	84	155	720
Agency 45-day	331	121	824	325	255	430	395	643	3,324
Agency 90-day	3	1	3	2	1	4	2	1	17
Agency Next Onsite	159	48	341	185	120	228	187	277	1,545
Regional Offsite Review	105	34	164	141	83	201	166	126	1,020
Non-IJ Low - Track and Trend	2	0	1	2	3	1	0	3	12
No Action Necessary	46	20	54	28	14	60	26	40	288
Withdrawn	2	2	13	2	2	9	8	3	41
Totals	682	246	1,628	738	516	1,041	868	1,248	6,967

HCSSA: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Agency 2-day	25	19	152	33	21	82	63	135	530
Agency 45-day	100	64	368	120	87	222	192	358	1,511
Agency 90-day	3	1	3	2	1	4	2	1	17
Agency Next Onsite	25	17	123	29	22	101	57	131	505
Regional Offsite Review	5	2	62	10	6	90	56	11	242
Non-IJ Low - Track and Trend	0	0	0	0	1	0	0	1	2
No Action Necessary	4	1	11	5	1	13	4	2	41
Withdrawn	1	2	9	2	1	9	5	3	32
Totals	163	106	728	201	140	521	379	642	2,880

HCSSA: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Agency 2-day	9	1	76	20	17	26	21	20	190
Agency 45-day	231	57	456	205	168	208	203	285	1,813
Agency Next Onsite	134	31	218	156	98	127	130	146	1,040

Incident Priority	01	02	03	04	05	06	08	11	Total
Regional Offsite Review	100	32	102	131	77	111	110	115	778
Non-IJ Low - Track and Trend	2	0	1	2	2	1	0	2	10
No Action Necessary	42	19	43	23	13	47	22	38	247
Withdrawn	1	0	4	0	1	0	3	0	9
Totals	519	140	900	537	376	520	489	606	4,087

Appendix F. Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)

ICF/IID Actions

The tables in this appendix contain information relating to HSC, Chapter 252, Intermediate Care Facilities, for licensed ICF/IID actions, by category, for fiscal year (FY) 2024.

Administrative Penalties

Basis for Imposing

HHSC can assess an administrative penalty against an ICF/IID that violates HSC Chapter 252, or a rule, standard, or order adopted, or license issued, under HSC Chapter 252.

Imposed

An action can be recommended by:

- The regional survey or investigation team and supported during enforcement review.
- Regional or state office regulatory staff, considering the survey or investigation findings or evaluating the ICF/IID's history or performance.

HHSC imposes the action when the administrative penalty recommendation has been reviewed and confirmed by state office staff. The ICF/IID is formally notified of the administrative penalty citation and the penalty amount. Additionally, the notice includes information about the appeal process available to the ICF/IID.

Assessed

Penalties assessed are the final actions after the appeal process has been completed (or an agreement to settle has been reached) and a final amount and due date have been decided, or the person accepts the determination by HHSC or fails to respond to the notice letter in a timely manner. The ICF/IID is notified of the amount to be paid and the date payment is due. A lump-sum payment or a monthly payment plan can be agreed upon during the appeal or settlement process.

Injunctive/Other Relief and Civil Penalties

Injunctive/other relief and civil penalty cases are referred to the OAG for action. When a case is resolved through settlement, a portion of the payment is designated a civil penalty and normally deposited to general revenue. The OAG receives the portion designated as attorney fees and costs.

One or more survey or investigative visits may result in a recommendation for civil penalties for an ICF/IID depending on the findings. These visits are generally consolidated into one case per ICF/IID for referral.

A civil penalty may be awarded if the ICF/IID violates a licensing rule and the state determines that the violation creates a threat to the health and safety of a resident.

Amelioration of Violations

In certain situations, the HHSC executive commissioner can allow, in lieu of demanding payment of an administrative penalty, the use (under the supervision of the agency) of any portion of the penalty to ameliorate the violation or to improve services (other than administrative services) in the ICF/IID affected by the violation.

Trusteeships

LTCR, through the OAG, can petition a court of competent jurisdiction for the involuntary appointment or appointment by agreement of a trustee to operate an ICF/IID if one or more of the following conditions exist:

- The ICF/IID is operating without a license.
- The ICF/IID's license has been suspended or revoked.
- License suspension or revocation procedures against an ICF/IID are pending and an imminent threat to the health and safety of the residents exists.
- An emergency exists that presents an immediate threat to the health and safety of the residents.
- The ICF/IID is closing (whether voluntarily or through an emergency closing order), and arrangements for relocation of the residents to other licensed/certified ICFs/IID or into a waiver program have not been made before closure.

Emergency Suspension and Closing Orders

LTCR will suspend an ICF/IID's license or order an immediate closing of all or part of the ICF/IID if:

- The agency finds that the ICF/IID is operating in violation of licensure rules.
- The violation creates an immediate threat to the health and safety of a resident.

The order suspending a license or closing a part of an ICF/IID is immediately effective on the date the license holder receives written notice or on a later date specified in the order. This suspension of a license may occur simultaneously with any other enforcement provision available to state regulators. The order is effective for 10 days.

Denials of License

LTCR can deny an ICF/IID's license when the ICF/IID does not meet licensure rules or when the ICF/IID fails to maintain compliance with these rules on a continuous basis.

It can deny an ICF/IID's license if an applicant, manager, or affiliate:

- Substantially fails to comply with licensure requirements or has violations that posed or pose a serious threat to health and safety or fails to maintain compliance on a continuous basis.
- Aids, abets, or permits a substantial violation of HSC Chapter 252.
- Fails to submit required information and documents needed to complete the application process or provides false or fraudulent information.
- Fails to pay certain fees.
- Has had a license revoked, has been debarred or excluded, has an unsatisfied final judgment, has been decertified or evicted, has a license suspended, or has a criminal conviction.
- Is subject to denial or refusal as described in 26 TAC, Chapter 560, Denial or Refusal of License.

Revocations of License

LTCR can revoke an ICF/IID's license if it finds that the license holder has violated the requirements established under HSC Chapter 252 and that violation either jeopardizes the health and safety of residents, is repeated, or is a substantial violation of HSC Chapter 252.

LTCR also can revoke an ICF/IID's license if the license holder submitted false or misleading statements in the application for license, used subterfuge or other evasive means to obtain a license, concealed a material fact, or failed to disclose information that would have been the basis for denial, or received monetary or other remuneration from a person or agency that furnishes services or materials to the ICF/IID for a fee.

The revocation of a license may occur simultaneously with any other enforcement provision available to LTCR.

ICF/IID Administrative Penalties

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
01	CANYON	007518	IDLEWOOD COMMUNITY HOME	09/14/23	\$18,400	01/08/24	\$5,000.00	\$0
01	LUBBOCK	003848	41ST STREET COMMUNITY HOME	06/27/23	\$17,250	12/22/23	\$5,000.00	\$0
01	LUBBOCK	007334	CAPROCK	11/17/23	\$8,900	04/03/24	\$5,000.00	\$5,000
01	LUBBOCK	003951	5814 6TH STREET	03/28/24	\$17,600	07/10/24	\$5,000.00	\$0
02	ABILENE	007578	WOODRIDGE	10/27/23	\$12,000	01/31/24	\$5,000.00	\$0
02	ABILENE	007259	GRACE RESIDENTIAL	01/19/24	\$5,400	05/13/24	\$5,000.00	\$0
02	ABILENE	003728	ABILENE COMMUNITY RESIDENCE	03/25/24	\$7,800	06/12/24	\$5,000.00	\$5,000
02	ABILENE	010198	EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	04/17/24	\$10,400	06/24/24	\$5,000.00	\$0
02	WICHITA FALLS	003759	OUACHITA FLATS	06/13/24	\$9,450	08/26/24	\$5,000.00	\$5,000
03	ARLINGTON	003601	EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	03/30/22	\$25,750	12/12/23	\$5,000.00	\$0
03	ARLINGTON	007302	CEDAR OAKS COMMUNITY HOME	04/29/24	\$9,400	07/24/24	\$0	\$9,400
03	DENTON	007206	EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	11/15/23	\$8,300	03/12/24	\$5,000.00	\$0
03	FORT WORTH	007544	COUNTRY MANOR COMMUNITY HOME	03/27/23	\$55,350	09/13/23	\$5,000.00	\$0
03	FORT WORTH	003683	CRAIG STREET	07/05/23	\$23,250	12/04/23	\$5,000.00	\$0
03	FORT WORTH	003636	HASTINGS	12/04/23	\$38,500	08/05/24	\$5,000.00	\$5,000
04	BEAUMONT	007457	ADA LIVING CENTER	04/11/23	\$13,800	10/18/23	\$5,000.00	\$0
04	BEAUMONT	007457	ADA LIVING CENTER	06/02/23	\$16,050	09/20/23	\$5,000.00	\$0
04	BEAUMONT	007457	ADA LIVING CENTER	07/07/23	\$10,750	09/20/23	\$5,000.00	\$0
04	BEAUMONT	003690	NOTTINGHAM LIVING CENTER	03/15/24	\$0	05/15/24	\$5,000.00	\$5,000
04	BEAUMONT	003690	NOTTINGHAM LIVING CENTER	05/03/24	\$5,875	07/01/24	\$5,000.00	\$5,000
04	CLEVELAND	003891	LEGION ST. COMMUNITY RESIDENCE	05/10/24	\$5,000	07/11/24	\$0	\$5,000
04	ELKHART	003868	EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	03/29/24	\$950	06/03/24	\$0	\$0
04	GLADEWATER	007293	WOODBINE COMMUNITY HOME	08/22/23	\$19,200	11/20/23	\$5,000.00	\$0
04	GREENVILLE	007205	100 PATTI J STREET	06/13/24	\$1,100	08/21/24	\$0	\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
04	LUFKIN	007534	510 JEFFERSON	10/25/23	\$2,375	12/18/23	\$0	\$0
04	PALESTINE	007294	CRESTVIEW COMMUNITY HOME	03/01/24	\$13,250	05/06/24	\$5,000.00	\$0
04	PALESTINE	007456	REDWOOD TERRACE COMMUNITY HOME	03/01/24	\$13,150	05/13/24	\$5,000.00	\$0
04	PALESTINE	007456	REDWOOD TERRACE COMMUNITY HOME	03/04/24	\$9,875	05/15/24	\$5,000.00	\$5,000
05	AUSTIN	007631	CRAIG DRIVE	07/20/23	\$60,200	10/30/23	\$5,000.00	\$0
05	AUSTIN	007264	DELAWARE COURT	11/21/23	\$25,950	02/26/24	\$5,000.00	\$0
05	AUSTIN	007542	CEDAR VALLEY COMMUNITY RESIDENCE	04/25/24	\$3,000	07/24/24	\$0	\$3,000
05	BERTRAM	003675	BERTRAM COMMUNITY RESIDENCE	12/01/23	\$10,750	02/20/24	\$5,000.00	\$5,000
05	BURNET	003879	HIGHLAND LAKES COMMUNITY RESIDENCE	07/20/23	\$18,900	10/03/23	\$4,550.00	\$0
05	BURNET	007221	SUNSET COMMUNITY RESIDENCE	07/20/23	\$19,350	10/16/23	\$4,550.00	\$0
05	BURNET	007221	SUNSET COMMUNITY RESIDENCE	10/12/23	\$18,450	12/20/23	\$4,550.00	\$0
05	PFLUGERVILLE	007633	WILDRIDGE	04/19/24	\$46,000	08/21/24	\$5,000.00	\$0
05	TEMPLE	007220	EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	05/20/24	\$11,950	08/07/24	\$5,000.00	\$0
06	BAYTOWN	007411	MAPLEWOOD LIVING CENTER	04/19/24	\$28,300	08/12/24	\$5,000.00	\$5,000
06	CHANNELVIEW	007560	CLASSIC GROUP HOME	10/19/23	\$3,250	03/04/24	\$0	\$0
06	CYPRESS	003654	ARMADILLO TRAILS GROUP HOME	11/14/23	\$9,125	03/04/24	\$5,000.00	\$5,000
06	CYPRESS	110559	TAMMY HOUSE	03/29/24	\$12,200	07/29/24	\$5,000.00	\$5,000
06	HOUSTON	003888	SABLE LANE COMMUNITY HOME	07/03/23	\$32,850	09/13/23	\$5,000.00	\$0
06	HOUSTON	003746	LAKELAND	07/28/23	\$23,750	12/13/23	\$5,000.00	\$0
06	HOUSTON	003907	JERSEY VILLAGE	08/30/23	\$15,500	12/04/23	\$5,000.00	\$0
06	HOUSTON	003684	CAREW HOUSE	02/28/24	\$18,450	05/29/24	\$5,000.00	\$0
06	HOUSTON	003960	DEERFIELD	03/18/24	\$12,000	08/14/24	\$5,000.00	\$5,000
06	HOUSTON	007486	BOSWORTH LIVING CENTER	04/01/24	\$38,950	06/12/24	\$5,000.00	\$5,000
06	PASADENA	007322	PONCA LIVING CENTER	08/01/23	\$11,125	12/06/23	\$4,550.00	\$0
06	PASADENA	007336	SAN JACINTO LIVING CENTER	04/08/24	\$21,700	07/01/24	\$5,000.00	\$0
06	SPRING	007378	GREEN VALLEY HOUSE	05/03/24	\$16,400	07/29/24	\$5,000.00	\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
08	SAN ANTONIO	007487	CADES COVE HOUSE	09/27/21	\$119,000	03/06/24	\$5,000.00	\$0
08	SAN ANTONIO	003662	ENCINO VALLEY	04/21/23	\$59,000	02/15/24	\$5,000.00	\$0
08	SAN ANTONIO	007348	CHISOLM TRAIL	05/11/23	\$29,600	01/29/24	\$5,000.00	\$0
08	SAN ANTONIO	003662	ENCINO VALLEY	06/23/23	\$95,150	04/03/24	\$5,000.00	\$0
08	SAN ANTONIO	007207	HUNTERS CIRCLE	10/07/23	\$25,100	12/20/23	\$5,000.00	\$0
08	SAN ANTONIO	007253	APRICOT	10/23/23	\$17,600	12/12/23	\$5,000.00	\$0
08	SAN ANTONIO	007487	CADES COVE HOUSE	01/26/24	\$15,000	03/18/24	\$5,000.00	\$0
08	SAN ANTONIO	007287	SAGE TRAIL	03/05/24	\$11,400	04/22/24	\$5,000.00	\$0
08	SAN ANTONIO	003649	PEBBLE BOW	05/10/24	\$11,450	08/12/24	\$5,000.00	\$0
08	UVALDE	007500	NOPAL COMMUNITY HOME	09/29/22	\$18,150	02/20/24	\$5,000.00	\$0
08	UVALDE	007500	NOPAL COMMUNITY HOME	12/15/22	\$59,000	02/20/24	\$5,000.00	\$0
Totals					\$1,297,725		\$268,200.00	\$82,400

HHSC imposed 61 total ICF/IID administrative penalties.

Notes:

“Imposed” is the total amount of penalty after the state has reviewed and confirmed the administrative penalty citation and amount. This is the amount due and payable if there is no alternative amount resulting from an appeal held or if no settlement agreement is reached.

“Assessed” is the amount of penalty due after the appeal process has been completed (or an agreement to settle has been reached) and a final amount has been decided, or if the person charged consents to the penalty or does not respond timely to the notice of the penalty.

“Balance Due” is the amount of penalty the ICF/IID owes. These amounts do not necessarily reflect the final amount the ICF/IID may owe. The amounts can change based on a hearing or negotiated settlement. An administrative penalty with a negative balance may indicate an overpayment or that the penalty was rescinded after payment.

ICF/IID Injunctive Relief or Other Relief and Civil Penalty Referrals to the OAG

HHSC did not refer any ICFs/IID to the OAG for injunctive/other relief and civil penalties for FY 2024.

ICF/IID Amelioration of Violations

HHSC did not process any requests for ameliorations for ICFs/IID in FY 2024.

ICF/IID Trusteeships

HHSC did not place a trustee in any ICFs/IID in FY 2024.

ICF/IID Emergency Suspension and Closing Orders

HHSC did not issue an emergency suspension and closing order in any ICFs/IID in FY 2024.

ICF/IID License Denials and Revocations

LTCR Region	City	Facility ID	Facility	Action	Action Date
01	WOLFFORTH	007491	ANNADALE MANOR INC.	Deny Renewal	10/02/23
03	ARLINGTON	007302	CEDAR OAKS COMMUNITY HOME	Deny Renewal	03/20/24
03	DALLAS	007321	?6520 BRADDOCK PLACE?	Deny Renewal	05/20/24
03	DALLAS	100362	ABILITY CONNECTION TEXAS JUBILEE HOUSE	Deny Renewal	06/19/24
03	FORT WORTH	007430	SUMMER HOUSE 2	Deny Renewal	09/06/23

HHSC issued 5 total ICF/IID facility license denial and revocation.

ICF/IID: All Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	37	227	88	70	314	85	96	132	1,049
Facility 14-day	6	27	13	5	46	16	9	9	131

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 18-day	48	175	142	72	241	105	89	150	1,022
Facility 45-day	34	127	104	69	189	67	66	133	789
Agency Next Onsite	4	16	8	3	12	2	7	7	59
Regional Offsite Review	0	0	1	0	1	0	0	1	3
Non-IJ Low - Track and Trend	3	4	8	2	2	3	4	7	33
Financial	1	1	5	1	2	1	7	1	19
No Action Necessary	1	6	5	3	6	2	4	0	27
Withdrawn	2	0	1	0	1	5	1	1	11
Totals	136	583	375	225	814	286	283	441	3,143

ICF/IID: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	25	97	54	39	134	42	63	61	515
Facility 14-day	2	16	6	3	27	5	5	2	66
Facility 18-day	14	63	70	26	80	34	48	66	401
Facility 45-day	9	31	49	23	45	28	26	39	250
Agency Next Onsite	0	7	4	0	2	0	1	3	17
Non-IJ Low - Track and Trend	1	0	2	0	0	1	1	0	5
Financial	1	1	5	1	2	1	6	1	18
No Action Necessary	0	1	2	1	2	1	1	0	8
Withdrawn	2	0	0	0	1	4	1	1	9
Totals	54	216	192	93	293	116	152	173	1,289

ICF/IID: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	12	130	34	31	180	43	33	71	534
Facility 14-day	4	11	7	2	19	11	4	7	65
Facility 18-day	34	112	72	46	161	71	41	84	621
Facility 45-day	25	96	55	46	144	39	40	94	539
Agency Next Onsite	4	9	4	3	10	2	6	4	42

Incident Priority	01	02	03	04	05	06	08	11	Total
Regional Offsite Review	0	0	1	0	1	0	0	1	3
Non-IJ Low - Track and Trend	2	4	6	2	2	2	3	7	28
Financial	0	0	0	0	0	0	1	0	1
No Action Necessary	1	5	3	2	4	1	3	0	19
Withdrawn	0	0	1	0	0	1	0	0	2
Totals	82	367	183	132	521	170	131	268	1,854

Appendix G. Nursing Facilities (NF)

NF Actions

The tables in this appendix contain information relating to HSC, Chapter 242, Convalescent and Nursing Homes and Related Institutions, Nursing Facility actions, by category, for fiscal year (FY) 2024.

Administrative Penalties

HHSC can assess administrative penalties for each violation of the statutes or rules, including each violation found in a single survey. A violation that is the subject of a penalty is presumed to continue on each successive day until it is corrected. The date of correction alleged by the NF in its written plan of correction will be presumed to be the actual date of correction unless it is later determined by LTCR that the correction was not made by that day or was not satisfactory.

HHSC can impose an administrative penalty against:

- An applicant for a license
- A license holder
- A partner, officer, director, or managing employee of an applicant or a license holder.
- A person who controls a NF

Basis for Imposing

HHSC can impose an administrative penalty when a NF licensed under HSC Chapter 242, fails to meet specified rules and requirements found in 26 TAC Chapter 554, Nursing Facility Requirements for Licensure and Medicaid Certification.

HHSC can assess an administrative penalty against a person who:

- Violates HSC Chapter 242 or a rule, standard, or order adopted, or license issued, under HSC Chapter 242.
- Makes a false statement, that the person knows or should know is false, of a material fact:
 - On an application for issuance or renewal of a license or in an attachment to the application.

- With respect to a matter under investigation by HHSC.
- Refuses to allow a representative of HHSC to inspect:
 - A book, record, or file required to be maintained by a NF.
 - Any portion of the premises of a NF.
- Willfully interferes with the work of a representative of HHSC or the enforcement of HSC Chapter 242.
- Willfully interferes with a representative of the state preserving evidence of a violation of a rule, standard or order adopted, or license issued, under HSC Chapter 242.
- Fails to pay a penalty assessed by the state under HSC Chapter 242, by the 10th day after the date the assessment of the penalty becomes final.
- Fails to notify HHSC of a change of ownership before the effective date of the change of ownership.
- Willfully interferes with or retaliates against the State Long-Term Care Ombudsman, a certified ombudsman, or an ombudsman intern.

No NF will be penalized because of a physician's or consultant's nonperformance beyond the NF's control or if documentation clearly indicates the violation is beyond the NF's control.

Imposed

An action can be recommended by:

- The regional survey or investigation team and supported during enforcement review.
- Regional or state office regulatory staff, considering the survey or investigation findings or evaluating the NF's history and performance.

HHSC imposes the action when the administrative penalty recommendation has been reviewed and confirmed by state office staff. The NF is formally notified of the administrative penalty citation, the penalty amount, and the due date. Additionally, the notice includes information about the appeal process available to the NF.

Assessed

Penalties assessed are the final actions after the appeal process has been completed (or an agreement to settle has been reached) and a final amount has been decided, or the NF consents to the administrative penalty, fails to respond to

the HHSC's notice letter in a timely manner, or fails to correct the violation to HHSC's satisfaction. The NF is notified of the amount to be paid and the date payment is due. A lump-sum payment or a monthly payment plan can be agreed upon during the appeal or settlement process.

Injunctive/Other Relief and Civil Penalties

HHSC refers injunctive/other relief and civil penalty cases to the OAG for action. A civil penalty may be awarded if a NF violates a licensing rule and LTCR determines the violation threatens the health and safety of a resident. When a case is resolved through settlement, a portion of the payment is designated a civil penalty and normally deposited to general revenue. The OAG collects attorney fees and costs for civil penalty cases.

One or more survey or investigative visits for a NF can be referred for civil penalty. These multiple visits are generally consolidated into one case per NF for referral.

Amelioration of Violations

In certain situations, the HHSC executive commissioner can allow, in lieu of demanding payment of an administrative penalty, the use (under the supervision of the agency) of any portion of the penalty to ameliorate the violation or to improve services (other than administrative services) in the NF affected by the violation.

Trusteeships

HHSC, through the OAG, can petition a court of competent jurisdiction for the involuntary appointment of a trustee to operate a NF if one or more of the following conditions exist:

- The NF is operating without a license.
- The NF's license has been suspended or revoked.
- License suspension or revocation procedures against a NF are pending and an imminent threat to the health and safety of the residents exists.
- An emergency exists that presents an immediate threat to the health and safety of the residents.
- The NF is closing and arrangements for relocation of the residents to other licensed institutions have not been made before closure.

Emergency Suspension and Closing Orders

HHSC can suspend a NF's license or order an immediate closing of part of the NF if:

- It finds the NF is operating in violation of licensure rules.
- The violation creates an immediate threat to the health and safety of a resident.

The order suspending a license or closing a part of a NF is immediately effective on the date the license holder receives a written notice or on a later date specified in the order. This suspension of a license may occur simultaneously with any other enforcement provision available to LTCR. The order is valid for 10 days.

Suspension of Admissions

If HHSC finds that a NF has committed an act for which a civil penalty can be imposed under HSC §242.065, the HHSC executive commissioner can order the NF to immediately suspend admissions.

Denial of License

LTCR can deny a NF's license when the NF does not meet licensure rules or when the NF does not have a satisfactory history of compliance with state and federal NF regulations.

LTCR can deny a NF's license if the applicant or controlling party:

- Does not have a satisfactory history of compliance.
- Fails to submit required information and documents needed to complete the application process.
- Has had a license revoked, has allowed a license to expire or surrendered a license when revocation action was pending, has been debarred or excluded, has an unsatisfied final judgment, has been decertified or evicted, has had a license suspended, or has a criminal conviction.
- Violated HSC Chapter 242 or a rule, standard, or order adopted, or license issued, under HSC Chapter 242, in either a repeated or substantial manner, or aids, abets, or permits a substantial violation of HSC Chapter 242.
- Fails to pay certain fees.
- Committed any act described by HSC §242.066(a)(2)-(6).

- Fails to comply with HSC §242.074.
- Fails to meet the minimum standards of financial condition.
- Fails to notify the state survey agency of a significant adverse change in financial condition.
- Is subject to denial or refusal as described in 26 TAC, Chapter 560, Denial or Refusal of License.

Revocation of License

HHSC can revoke a license if the license holder (or other person described in HSC §242.032(d)):

- Violated HSC Chapter 242 or a rule, standard, or order adopted, or license issued, under HSC Chapter 242, in either a repeated or substantial manner.
- Committed any act described by HSC §242.066(a)(2)-(6).
- Failed to comply with HSC §242.074.

The revocation of a license can occur simultaneously with any other enforcement provision available to LTCR.

Civil Money Penalties

To participate in the Medicare or Medicaid program, or both, LTC facilities must be certified as meeting federal participation requirements. LTC facilities include SNF for Medicare and NF for Medicaid. Among the remedies available to the Secretary of the US Department of Health and Human Services, Administrator for the Centers for Medicare and Medicaid Services (CMS) and the state under the Social Security Act to address NF noncompliance is a civil money penalty (CMP). CMPs can be imposed to remedy noncompliance at amounts per day. CMS and HHSC can also impose penalties on a “per-instance” basis of noncompliance. The statute additionally permits the Secretary and the state to impose a CMP for past instances of noncompliance even if a NF is in compliance at the time of a current survey. In accordance with Code of Federal Regulations (CFR), Title 42, Chapter IV, Subchapter G, Part 488, Subpart F, Section 488.436, if the NF waives the right to a hearing, in writing, within 60 days from the date of the notice imposing the civil money penalty, CMS or the state reduces the civil money penalty amount by 35 percent.

In determining the amount of penalty, CMS or HHSC must take into account:

- The NF's history of noncompliance, including repeated deficiencies.
- The NF's financial condition
- The factors specified in 42 CFR §488.404 (regarding the seriousness of the deficiency)
- The NF's degree of culpability

CMS can impose CMPs against Medicare or Medicare/Medicaid-certified NFs. HHSC can impose CMPs only against Medicaid-certified NFs.

Nursing Facility Administrative Penalties

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
01	AMARILLO	103019	USSERY ROAN TEXAS STATE VETERANS HOME	07/05/23	\$23,500	12/13/23	\$0	\$0
01	DALHART	004079	COON MEMORIAL HOME	08/30/23	\$52,000	01/08/24	\$0	\$0
01	LUBBOCK	004491	MI CASITA NURSING AND REHABILITATION	05/24/23	\$24,500	09/19/23	\$0	\$24,500
01	MEMPHIS	005131	MEMPHIS CONVALESCENT CENTER	12/17/23	\$13,250	02/26/24	\$0	\$0
01	WHEELER	005178	WHEELER NURSING & REHABILITATION	07/21/23	\$20,000	09/20/23	\$0	\$20,000
02	ABILENE	004028	CORONADO NURSING CENTER	02/24/23	\$196,000	01/10/24	\$0	\$196,000
02	ABILENE	106050	SILVER SPRING	08/07/23	\$32,000	12/06/23	\$0	\$0
02	MIDLAND	004982	FOCUSED CARE AT MIDLAND	02/11/24	\$16,800	05/06/24	\$0	\$0
02	SAN ANGELO	102530	SAN ANGELO NURSING AND REHAB	07/28/23	\$14,000	11/13/23	\$0	\$14,000
02	SAN ANGELO	000170	MEADOW CREEK NURSING AND REHABILITATION	03/01/24	\$16,350	05/28/24	\$0	\$16,350
03	DALLAS	005126	BRENTWOOD PLACE ONE	07/21/23	\$9,350	10/10/23	\$0	\$9,350
03	DALLAS	000114	TREEMONT HEALTHCARE AND REHABILITATION CENTER	01/31/24	\$1,200	04/15/24	\$0	\$0
03	DALLAS	004607	SOUTH DALLAS NURSING & REHABILITATION	05/31/24	\$36,500	08/26/24	\$0	\$0
03	DUNCANVILLE	103341	DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER	05/19/23	\$86,000	11/27/23	\$0	\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
03	FORT WORTH	102791	TRAIL LAKE NURSING & REHABILITATION	08/24/23	\$20,300	02/20/24	\$0	\$20,300
03	FORT WORTH	004980	CARADAY OF FT. WORTH	10/14/23	\$21,250	01/22/24	\$0	\$21,250
03	FORT WORTH	102791	TRAIL LAKE NURSING & REHABILITATION	10/21/23	\$11,250	03/20/24	\$0	\$11,250
03	FORT WORTH	104767	REMARKABLE HEALTHCARE OF FORT WORTH	11/10/23	\$13,500	01/17/24	\$0	\$13,500
03	FORT WORTH	005388	MARINE CREEK NURSING & REHABILITATION	04/14/24	\$27,350	06/19/24	\$0	\$27,350
03	GAINESVILLE	004335	RENAISSANCE CARE CENTER	06/19/23	\$25,000	10/13/23	\$0	\$0
03	GARLAND	110116	ADVANCED HEALTH & REHAB CENTER OF GARLAND	10/19/22	\$57,000	03/08/23	\$0	\$57,000
03	HURST	005106	OAKMONT GUEST CARE CENTER LLC	08/24/23	\$22,200	11/13/23	\$0	\$0
03	IRVING	004426	ASHFORD HALL	03/22/24	\$12,000	05/22/24	\$0	\$12,000
03	LAKE WORTH	005143	LAKE LODGE NURSING & REHABILITATION	02/29/24	\$22,850	04/30/24	\$0	\$0
03	MANSFIELD	004357	MANSFIELD NURSING & REHABILITATION CENTER	06/17/23	\$22,000	09/20/23	\$2,000.00	\$0
03	MESQUITE	004532	WILLOWBEND NURSING AND REHABILITATION CENTER	09/15/23	\$20,850	11/21/23	\$0	\$0
03	SHERMAN	004864	FOCUSED CARE AT SHERMAN	04/05/24	\$18,500	06/26/24	\$0	\$0
04	BEAUMONT	005256	SPINDLETOP HILL NURSING AND REHABILITATION CENTER	07/20/23	\$16,500	09/19/23	\$0	\$0
04	BEAUMONT	004472	HARMONY CARE AT BEAUMONT	04/23/24	\$17,400	06/24/24	\$0	\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
04	BONHAM	100534	CLYDE W COSPER TEXAS STATE VETERANS HOME	12/08/23	\$21,500	02/12/24	\$0	\$0
04	DAINGERFIELD	004568	WINDSOR PLACE	12/28/23	\$12,500	02/26/24	\$0	\$0
04	HEMPHILL	005240	HEMPHILL CARE CENTER	07/13/23	\$20,000	11/15/23	\$0	\$20,000
04	HUGHES SPRINGS	004969	GRACE HILL NURSING CENTER	03/20/24	\$1,000	04/29/24	\$0	\$0
04	KILGORE	004515	ARBOR GRACE GUEST CARE CENTER	02/08/23	\$130,000	12/28/23	\$0	\$130,000
04	LINDALE	110661	LINDALE SPECIALTY CARE CENTER	06/28/24	\$18,500	08/28/24	\$0	\$18,500
04	LONGVIEW	005217	SUMMER MEADOWS	02/15/24	\$13,000	04/01/24	\$0	\$0
04	MONT BELVIEU	110342	MONT BELVIEU REHABILITATION & HEALTHCARE CENTER	10/04/23	\$17,000	01/22/24	\$0	\$0
04	PALESTINE	004584	PALESTINE HEALTHCARE CENTER	06/28/23	\$28,500	12/08/23	\$0	\$0
04	PALESTINE	004584	PALESTINE HEALTHCARE CENTER	08/09/23	\$13,500	11/20/23	\$0	\$0
04	PALESTINE	005360	LEGACY AT TOWN CREEK	06/06/24	\$12,000	08/14/24	\$0	\$12,000
04	PARIS	004586	PARIS HEALTHCARE CENTER	08/25/23	\$20,000	11/13/23	\$0	\$20,000
04	PARIS	004958	BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER	03/02/24	\$7,000	05/13/24	\$0	\$0
04	PORT ARTHUR	005322	CASCADES AT PORT ARTHUR	04/14/23	\$124,000	11/13/23	\$0	\$0
04	PORT ARTHUR	005322	CASCADES AT PORT ARTHUR	04/14/23	\$124,000	11/13/23	\$0	\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
04	RUSK	004304	CHEROKEE TRAILS NURSING HOME	07/27/23	\$0	10/11/23	\$0	\$0
04	TERRELL	005158	TERRELL HEALTHCARE CENTER	02/15/24	\$19,000	05/15/24	\$0	\$0
04	TYLER	005229	BRIARCLIFF HEALTH CENTER	02/06/24	\$27,050	06/12/24	\$0	\$0
05	AUSTIN	004570	AUSTIN HEALTHCARE AND REHABILITATION CENTER	08/09/23	\$52,000	01/10/24	\$0	\$52,000
05	AUSTIN	100244	PARK BEND HEALTH CENTER	08/21/23	\$31,650	12/28/23	\$0	\$31,650
05	AUSTIN	005261	GRACY WOODS NURSING CENTER	08/24/23	\$13,850	12/06/23	\$0	\$13,850
05	AUSTIN	000213	BROOKDALE WESTLAKE HILLS	08/27/23	\$31,000	08/21/24	\$0	\$0
05	AUSTIN	004570	AUSTIN HEALTHCARE AND REHABILITATION CENTER	09/21/23	\$52,000	01/10/24	\$0	\$52,000
05	AUSTIN	004570	OASIS AT AUSTIN	11/21/23	\$13,000	02/20/24	\$0	\$13,000
05	BERTRAM	004522	BERTRAM NURSING & REHABILITATION	10/05/23	\$10,250	12/20/23	\$0	\$0
05	BRENNHAM	000203	FOCUSED CARE AT BRENNHAM	12/15/23	\$48,500	06/12/24	\$0	\$48,500
05	CLEBURNE	004525	COLONIAL MANOR NURSING CENTER	12/23/23	\$24,000	03/12/24	\$0	\$24,000
05	CORSICANA	104875	EPIC NURSING & REHABILITATION	05/19/23	\$49,250	11/15/23	\$0	\$0
05	GOLDTHWAITE	004411	GOLDTHWAITE HEALTH & REHAB CENTER	05/25/24	\$19,000	08/28/24	\$0	\$19,000
05	HUTTO	106146	FALCON RIDGE REHABILITATION	11/01/23	\$10,250	01/08/24	\$0	\$0
05	KILLEEN	107017	KILLEEN NURSING & REHABILITATION	10/21/23	\$14,000	12/13/23	\$0	\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
05	KILLEEN	107017	KILLEEN NURSING & REHABILITATION	11/11/23	\$10,550	01/24/24	\$0	\$0
05	LLANO	004545	LLANO NURSING AND REHABILITATION CENTER	12/15/23	\$14,600	03/04/24	\$0	\$14,600
05	MIDLOTHIAN	106083	MIDLOTHIAN HEALTHCARE CENTER	08/28/23	\$16,000	11/29/23	\$2,000.00	\$0
05	PFLUGERVILLE	005300	PFLUGERVILLE CARE CENTER	08/21/23	\$34,500	12/13/23	\$0	\$34,500
05	SAN MARCOS	005265	HAYS NURSING AND REHABILITATION CENTER	05/02/24	\$9,350	06/24/24	\$0	\$0
05	SCHULENBERG	004070	PARADIGM AT THE OAK	05/15/23	\$22,250	06/10/24	\$0	\$0
05	TAYLOR	004106	S.P.J.S.T. REST HOME 1	06/06/24	\$18,650	07/29/24	\$0	\$0
05	TEMPLE	004748	REGENCY MANOR HEALTHCARE CENTER	05/03/23	\$30,500	11/14/23	\$0	\$0
05	WACO	004837	CORAL REHABILITATION AND NURSING OF WACO	04/29/23	\$208,000	10/16/23	\$0	\$208,000
05	WAXAHACHIE	004114	FOCUSED CARE OF WAXAHACHIE	07/17/23	\$20,000	10/10/23	\$0	\$0
05	WAXAHACHIE	004939	PLEASANT MANOR HEALTHCARE AND REHABILITATION	02/14/24	\$20,200	04/15/24	\$0	\$0
05	WHITNEY	004809	TOWN HALL ESTATES - WHITNEY INC	03/19/24	\$30,150	08/26/24	\$0	\$0
06	HOUSTON	005149	PARADIGM AT WOODWIND LAKES	06/15/23	\$86,000	12/22/23	\$0	\$86,000
06	HOUSTON	005149	PARADIGM AT WOODWIND LAKES	07/17/23	\$67,500	01/10/24	\$0	\$67,500

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
06	HOUSTON	000272	UNIVERSITY PLACE NURSING CENTER	08/16/23	\$258,100	05/20/24	\$0	\$258,100
06	HOUSTON	102294	PARK MANOR OF WESTCHASE	09/01/23	\$70,250	01/10/24	\$0	\$0
06	HOUSTON	101489	PARK MANOR OF CYPRESS STATION	09/25/23	\$26,500	12/12/23	\$0	\$0
06	HOUSTON	101489	PARK MANOR OF CYPRESS STATION	09/25/23	\$26,500	12/12/23	\$0	\$0
06	HOUSTON	004371	BIRCHWOOD OF SPRING BRANCH	02/19/24	\$23,000	05/06/24	\$0	\$0
06	HOUSTON	004301	HARMONY CARE AT GOLFCREST	03/20/24	\$20,000	06/07/24	\$0	\$20,000
06	LA PORTE	004145	BAY RIDGE HEALTHCARE CENTER	03/07/24	\$37,000	08/21/24	\$0	\$37,000
06	MISSOURI CITY	105892	WINDSOR QUAIL VALLEY POST-ACUTE HEALTHCARE	02/29/24	\$37,050	06/17/24	\$0	\$0
06	PASADENA	102161	FOCUSED CARE AT PASADENA	02/20/24	\$44,000	06/12/24	\$0	\$44,000
06	TEXAS CITY	004807	SEABREEZE NURSING AND REHABILITATION	07/23/23	\$79,500	12/04/23	\$0	\$79,500
08	BOERNE	005334	RIVERVIEW NURSING & REHABILITATION	09/01/23	\$13,250	11/13/23	\$0	\$0
08	HONDO	004531	COMMUNITY CARE CENTER OF HONDO	11/14/23	\$14,750	03/18/24	\$0	\$0
08	SAN ANTONIO	005076	SOUTHEAST NURSING & REHABILITATION CENTER	08/19/23	\$152,000	12/06/23	\$0	\$152,000
08	SAN ANTONIO	110280	HARBOR VALLEY HEALTH AND REHABILITATION	10/27/23	\$5,750	01/17/24	\$0	\$5,750

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
08	SAN ANTONIO	004721	CASTLE HILLS REHABILITATION AND CARE CENTER	03/23/24	\$9,650	08/28/24	\$0	\$0
08	SAN ANTONIO	005109	WINDCREST NURSING AND REHABILITATION	05/30/24	\$36,700	08/19/24	\$0	\$36,700
11	BEEVILLE	004950	BIRCHWOOD OF BEEVILLE	06/16/24	\$18,350	07/29/24	\$0	\$18,350
11	BEEVILLE	004950	BIRCHWOOD OF BEEVILLE	06/16/24	\$18,350	07/29/24	\$0	\$18,350
11	LAREDO	105179	LAREDO NURSING AND REHABILITATION CENTER	10/16/23	\$29,250	02/13/24	\$0	\$29,250
11	MCALLEN	005321	BRIARCLIFF NURSING AND REHABILITATION CENTER	12/22/23	\$11,800	05/08/24	\$0	\$0
11	ROBSTOWN	004818	ROBSTOWN NURSING AND REHABILITATION CENTER	02/23/24	\$23,750	05/08/24	\$0	\$0
Totals					\$3,390,450		\$4,000.00	\$2,006,950

HHSC imposed 95 total NF administrative penalties.

Notes:

“Imposed” is the total amount of penalty after the state has reviewed and confirmed the administrative penalty citation and amount. This is the amount due and payable if no alternative amount results from an appeal held or settlement agreement reached.

“Assessed” is the amount due after the appeal process has been completed (or an agreement to settle has been reached) and a final amount has been decided, or the NF consents to the administrative penalty, fails to respond to the agency’s notice letter in a timely manner, or fails to correct the violation to the agency’s satisfaction.

"Balance Due" is the amount of penalty the NF owes. These amounts do not necessarily reflect the final amount the NF may owe. The amounts can change based on a hearing or negotiated settlement. An administrative penalty with a negative balance may indicate an overpayment or that the penalty was rescinded after payment.

NF Injunctive/Other Relief and Civil Penalty Referrals to the OAG

HHSC did not refer any NFs for injunctive/other relief or civil penalties to the OAG in FY 2024.

NF Amelioration of Violations

LTCR Region	City	Facility ID	Facility	Decision	Decision Date	Amount Ameliorated
03	JUSTIN	005269	LONGMEADOW HEALTHCARE CENTER	Approved	11/15/23	\$25,600
04	BEAUMONT	004472	HARMONY CARE AT BEAUMONT	Denied	08/16/24	\$0
04	KILGORE	004515	ARBOR GRACE GUEST CARE CENTER	Denied	03/06/24	\$0
05	CORSICANA	104875	EPIC NURSING & REHABILITATION	Denied	03/26/24	\$0
05	PFLUGERVILLE	104157	PFLUGERVILLE NURSING AND REHABILITATION CENTER	Approved	10/10/23	\$13,750
05	WAXAHACHIE	004939	PLEASANT MANOR HEALTHCARE AND REHABILITATION	Denied	07/11/24	\$0
08	SAN ANTONIO	104259	PECAN VALLEY REHABILITATION AND HEALTHCARE	Approved in Part	09/14/23	\$4,000

HHSC processed 7 total NF amelioration request.

NF Trusteeships

HHSC did not order any trustees placed in NFs in FY 2024.

NF Closures Under Trusteeship

HHSC did not close any NFs under trusteeship in FY 2024.

NF Emergency Suspension and Closing Orders

HHSC did not issue any emergency suspension or closing orders to a NF in FY 2024.

NF Suspensions of Admission

HHSC did not issue any suspension of admission orders to a NF in FY 2024.

NF License Denials and Revocations

LTCR Region	City	Facility ID	Facility	Action	Action Date
02	EL PASO	005251	THE MONTEVISTA AT CORONADO	Denial of Request for Change	09/06/23
03	CARROLLTON	105841	REMARKABLE HEALTHCARE OF PRESTONWOOD	Deny CHOW	04/29/24
03	DENTON	004799	DENTON REHABILITATION AND NURSING CENTER	Denial of Request for Change	04/29/24
03	DENTON	004799	DENTON REHABILITATION AND NURSING CENTER	Denial of Request for Change	07/17/24
03	FORT WORTH	104767	REMARKABLE HEALTHCARE OF FORT WORTH	Deny CHOW	04/23/24
03	FORT WORTH	104767	REMARKABLE HEALTHCARE OF FORT WORTH	Revocation	04/30/24
03	WHITESBORO	004209	WHITESBORO HEALTH AND REHABILITATION CENTER	Deny Renewal	12/12/23
04	HUNTINGTON	103330	HUNTINGTON HEALTH CARE & REHABILITATION CENTER	Deny Renewal	05/20/24
04	LONGVIEW	005217	SUMMER MEADOWS	Deny Renewal	01/08/24
05	AUSTIN	004570	OASIS AT AUSTIN	Revocation	07/24/24
05	FAIRFIELD	004425	FAIRVIEW HEALTHCARE RESIDENCE	Deny Renewal	02/26/24

LTCR Region	City	Facility ID	Facility	Action	Action Date
06	HOUSTON	100082	THE CONCIERGE	Denial of Request for Change	12/22/23
06	HOUSTON	100082	THE CONCIERGE	Deny Initial	03/20/24
06	KINGWOOD	103062	REGENT CARE CENTER OF KINGWOOD	Deny Renewal	04/09/24

HHSC issued 14 total NF facility license denial and revocation.

NF: All Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	173	393	1,026	582	687	867	590	263	4,581
Facility 14-day	236	303	830	515	537	595	423	236	3,675
Facility 18-day	470	811	2,071	1,352	1,399	1,597	1,190	709	9,599
Facility 45-day	689	981	2,488	1,793	1,592	1,764	1,358	761	11,426
Agency Next Onsite	112	172	522	427	287	351	253	142	2,266
Regional Offsite Review	1	2	18	7	2	12	9	1	52
Non-IJ Low - Track and Trend	89	118	317	265	185	190	181	107	1,452
Financial	16	51	178	126	79	123	49	14	636
Track and Trend	0	0	0	0	0	0	1	0	1
No Action Necessary	4	15	28	18	18	23	5	12	123
Withdrawn	0	3	13	6	7	1	7	0	37
Totals	1,790	2,849	7,491	5,091	4,793	5,523	4,066	2,245	33,848

NF: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	134	326	879	443	576	750	473	197	3,778
Facility 14-day	48	81	320	145	179	232	123	67	1,195
Facility 18-day	124	322	915	396	608	672	453	203	3,693

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 45-day	112	240	684	331	514	546	352	149	2,928
Agency Next Onsite	16	30	98	53	64	61	39	12	373
Non-IJ Low - Track and Trend	6	4	11	14	6	7	6	4	58
Financial	16	50	176	125	79	122	49	14	631
Track and Trend	0	0	0	0	0	0	1	0	1
No Action Necessary	0	4	9	6	7	13	2	2	43
Withdrawn	0	3	13	6	7	1	6	0	36
Totals	456	1,060	3,105	1,519	2,040	2,404	1,504	648	12,736

NF: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	39	67	147	139	111	117	117	66	803
Facility 14-day	188	222	510	370	358	363	300	169	2,480
Facility 18-day	346	489	1,156	956	791	925	737	506	5,906
Facility 45-day	577	741	1,804	1,462	1,078	1,218	1,006	612	8,498
Agency Next Onsite	96	142	424	374	223	290	214	130	1,893
Regional Offsite Review	1	2	18	7	2	12	9	1	52
Non-IJ Low - Track and Trend	83	114	306	251	179	183	175	103	1,394
Financial	0	1	2	1	0	1	0	0	5
No Action Necessary	4	11	19	12	11	10	3	10	80
Withdrawn	0	0	0	0	0	0	1	0	1
Totals	1,334	1,789	4,386	3,572	2,753	3,119	2,562	1,597	21,112

Appendix H. Prescribed Pediatric Extended Care Centers (PPECCs)

PPECC Actions

The tables in this appendix contain information relating to HSC Title 4, Subtitle B, Chapter 248A, Prescribed Pediatric Extended Care, facility actions, by category, for fiscal year (FY) 2024.

Administrative Penalties

Basis for Imposing

HHSC can assess an administrative penalty against a person who:

- Violates Texas Health and Safety Code (HSC) Chapter 248A or a rule, standard, or order adopted under this chapter, or a term of a license issued under this chapter.
- Makes a false statement, that the person knows or should know is false, of a material fact:
 - On an application for issuance or renewal of a license or in an attachment to the application.
 - With respect to a matter under investigation by the regulatory agency.
- Refuses to allow a representative of the department to inspect:
 - A book, record, or file required to be maintained by a PPECC.
 - Any portion of the premises of a facility.
- Willfully interferes with the work of a representative of the regulatory agency or the enforcement of HSC Chapter 248A.
- Willfully interferes with a representative of the regulatory agency preserving evidence of a violation of HSC Chapter 248A or a rule, standard, or order adopted under this chapter, or a term of a license issued under this chapter.
- Fails to pay a penalty assessed under HSC Chapter 248A before the 30th day after the date the assessment of the penalty becomes final.
- Fails to notify the regulating agency of a change of ownership before the effective date of the change of ownership.

Imposed

An action can be recommended by:

- The regional survey or investigation team and supported during enforcement review.
- The regional or state office regulatory staff, considering the survey or investigation findings or evaluating the facility's history or performance.

State regulatory staff impose the action when the administrative penalty recommendation has been reviewed and confirmed by state office. The facility is formally notified of the administrative penalty citation and the penalty amount. Additionally, the notice includes information about the appeal process available to the facility.

Assessed

Penalties assessed are the final actions after the appeal process has been completed (or an agreement to settle has been reached) and a final amount has been decided, or if the person charged consents to the penalty or does not respond in a timely manner to the notice of the penalty. The facility is notified of the amount to be paid and the date payment is due. A lump sum payment or a monthly payment plan can be agreed upon during the appeal or settlement process.

Injunctive/Other Relief and Civil Penalty Referrals

HHSC can refer a PPECC to the OAG under HSC Chapter 248A. When a case is resolved through settlement, a portion of the payment is designated a civil penalty and normally deposited to general revenue. The OAG receives the portion designated as attorney fees and costs.

Although there may be several survey or investigative visits to the same PPECC resulting in civil penalty recommendations, the recommendations are generally consolidated into one case when referred to the OAG.

A civil penalty can be awarded if a PPECC violates a licensing rule and LTCR determines the violation threatens resident health and safety, or if the PPECC is operating without a license.

Amelioration of Violations

In certain situations, the HHSC Executive Commissioner can allow, in lieu of demanding payment of an administrative penalty, the use (under the agency's supervision) of any portion of the penalty to ameliorate the violation or to improve services (other than administrative services) in the PPECC affected by the violation.

Trusteeships

HHSC, through the OAG, can petition a court of competent jurisdiction for the involuntary appointment or appointment by agreement of a trustee to operate a PPECC if one or more of the following conditions exist:

- The PPECC is operating without a license.
- The PPECC's license has been suspended or revoked.
- License suspension or revocation procedures against a PPECC are pending and an imminent threat to the health and safety of the minors exists.
- An emergency presents an immediate threat to the health and safety of minors.
- The PPECC is closing (whether voluntarily or through an emergency closing order), and discharge plans for minors have not been made before closure.

Emergency Suspension and Closing Orders

HHSC will suspend a PPECC license or order an immediate closing of all or part of the PPECC if:

- The agency finds that the PPECC is operating in violation of the licensure rules.
- The violation creates an immediate threat to the health and safety of a minor.

The order suspending a license or closing a part of a PPECC is either immediately effective on the date the license holder receives written notice, or on a later date specified in the order. This suspension can occur simultaneously with any other enforcement provision available to HHSC. The order is effective for 10 days.

Denial of License

LTCR can deny a PPECC's license when the PPECC does not meet licensure rules.

More specifically, it can deny a PPECC's license if a PPECC:

- Violates HSC Chapter 248A or the rules adopted under it in a repeated or substantial manner.
- Aids, abets, or permits a substantial violation of the rules.
- Fails to submit required information and documents needed to complete the application process or provides false or fraudulent information.
- Fails to pay certain fees.
- Has had a license revoked, has been debarred or excluded from the Medicaid program, has a court injunction prohibiting the applicant or administrator from operating a PPECC, has been subject to certain enforcement actions, has a criminal conviction, has an unsatisfied judgment, has been evicted, or has had a license suspended.
- Committed any act described by HSC §248A.201.
- Has violated HSC §248A.021.
- Any controlling person subject to refusal or denial as described in TAC, Title 26, Part 1, Chapter 560, Denial or Refusal of License.

Revocation of License

The regulating agency can revoke a facility's license for a violation of HSC Chapter 248A, or a rule adopted under this chapter.

More specifically, it can revoke a license when the license holder:

- Violates HSC Chapter 248A or the rules adopted under it in a repeated or substantial manner.
- Submits false or misleading statements on an application.
- Uses subterfuge or other evasive means to obtain a license.
- Conceals a material fact or fails to disclose a material fact on a license application.
- Violates HSC §248A.021.
- Any controlling person subject to refusal or denial as described in TAC, Title 26, Part 1, Chapter 560, Denial or Refusal of License.

PPECC Administrative Penalties

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
11	EDINBURG	110341	RGV KIDZ PLACE	07/31/23	\$2,625		\$0	\$0
Totals					\$2,625		\$0.00	\$0

HHSC imposed 1 total PPECC administrative penalties.

Notes:

“Imposed” is the total amount of penalty after the state has reviewed and confirmed the administrative penalty citation and amount. This is the amount due and payable if no alternative amount results from an appeal held or settlement agreement reached.

“Assessed” is the amount due after the appeal process has been completed (or an agreement to settle has been reached) and a final amount has been decided, or the NF consents to the administrative penalty, fails to respond to the agency’s notice letter in a timely manner, or fails to correct the violation to the agency’s satisfaction.

“Balance Due” is the amount of penalty the NF owes. These amounts do not necessarily reflect the final amount the NF may owe. The amounts can change based on a hearing or negotiated settlement. An administrative penalty with a negative balance may indicate an overpayment or that the penalty was rescinded after payment.

PPECC Injunctive/Other Relief and Civil Penalty Referrals

HHSC did not refer any PPECCs to the OAG for injunctive/other relief or civil penalties for FY 2024.

PPECC Ameliorations of Violations

HHSC did not process any requests for ameliorations for PPECCs for FY 2024.

PPECC Trusteeships

HHSC did not request a trustee be placed in any PPECCS for FY 2024.

PPECC Emergency Closing Orders

HHSC did not issue any emergency closing orders for PPECCs for FY 2024.

PPECC License Denial and Revocation

HHSC did not deny or revoke any licenses for PPECCs for FY 2024.

PPECC: All Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	1	1	1	1	4	1	1	1	1
Facility 18-day	0	0	2	1	3	0	0	2	1
Facility 30-day	0	0	1	0	1	0	0	1	0
Facility 45-day	0	0	1	0	1	0	0	1	0
Agency Next Onsite	0	0	1	1	2	0	0	1	1
Totals	1	1	6	3	11	1	1	6	3

PPECC: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	1	1	1	1	4	1	1	1	1
Facility 18-day	0	0	0	1	1	0	0	0	1
Facility 45-day	0	0	1	0	1	0	0	1	0
Agency Next Onsite	0	0	0	1	1	0	0	0	1

Complaint Priority	01	02	03	04	05	06	08	11	Total
Totals	1	1	2	3	7	1	1	2	3

PPECC: Incidents by Priority and LTCR Region

Incident Priority	06	Total
Facility 18-day	2	2
Facility 30-day	1	1
Agency Next Onsite	1	1
Totals	4	4

Appendix I. Provider Investigations

Provider Investigations Activity

The tables in this appendix contain information relating to HRC, Chapter 48, Investigations and Protective Services for Elderly Persons and Persons with Disabilities, Investigations of Abuse, Neglect, and Exploitation of Individuals Receiving Services from Certain Providers, by category, for fiscal year (FY) 2024.

Source of Report for Provider Investigations Intakes

Source of Report	Count	Percentage
Medical Personnel	1490	17.72%
Victim	1488	17.70%
Institutional Personnel	1483	17.64%
Community Agency	821	9.76%
Other	621	7.39%
Anonymous	336	4.00%
Law Enforcement	325	3.87%
Provider	300	3.57%
Parent	296	3.52%
Relative	280	3.33%
State Agency	235	2.79%
DFPS Staff	167	1.99%
School	127	1.51%
Legal/Court	108	1.28%
Friend-Neighbor	106	1.26%
Blank/Unknown	106	1.26%
Unrelated Home Member	73	0.87%
Financial Institution	19	0.23%
Day Care Provider	12	0.14%
24 Hour Care Provider	8	0.10%
Parent's Paramour	3	0.04%
Fictive Kin	2	0.02%

Source of Report	Count	Percentage
Board & Care (APS)	1	0.01%
Religious Entity	1	0.01%
Total	8408	100.00%

Average Length of Completed Provider Investigations by Region

HHSC Region	Investigations	Average Days Open
1- Lubbock	241	173.3
2- Abilene	583	72.2
3- Arlington	785	174.2
4- Tyler	346	64.0
5- Beaumont	228	77.9
6- Houston	541	43.1
7- Austin	1,200	116.9
8- San Antonio	627	117.4
9- Midland	554	109.8
10- El Paso	213	97.7
11- Edinburg	635	25.3
Out of State	25	278.4
Statewide	5,978	100.8

Note:

Provider Investigations, a legacy program from the Department of Family and Protective Services (DFPS), for now continues to operate according to the DFPS regional structure and map, not those of LTCR: [DFPS - Map of DFPS Regions](#) (texas.gov)

Provider Investigations Referred to Law Enforcement by Provider Type

Provider Type	Notification of Investigation	Investigation Report
HCS	507	173

Provider Type	Notification of Investigation	Investigation Report
State Supported Living Centers	370	179
State Hospitals	227	98
Private ICF-IID	173	72
Community Providers	82	26
Community Centers	48	15
State Centers	40	13
Other	26	11
Total	1,473	587

Notes:

Notifications are sent on investigations which involve a child or involve an adult and is believed to constitute a criminal offense.

This data includes all cases in which a final investigation report was sent regardless of investigation disposition.

Types of Confirmed Allegations in Completed Provider Investigations

Allegation	Count	Percentage
Neglect	175	47.55%
Physical Abuse	144	39.13%
Exploitation	41	11.14%
Emotional Abuse	7	1.90%
Sexual Abuse	1	0.27%
Total	368	100.00%

Characteristics of Victims in Confirmed Provider Investigations

Sex	Race/Ethnicity	Confirmed Victims
Female	Anglo	60
Female	African American	37
Female	Hispanic	29

Sex	Race/Ethnicity	Confirmed Victims
Female	Other	2
Female	Asian	1
Male	Anglo	83
Male	Hispanic	48
Male	African American	31
Male	Other	7
Male	Asian	3
Unknown	Other	1
Unknown	Anglo	1
Total		303

Note:

A completed investigation may have more than one victim.

Characteristics of Perpetrators in Confirmed Facility Investigations

Counts by Race or Ethnicity

Sex	Race/Ethnicity	Confirmed Victims
Female	African American	50
Female	Hispanic	33
Female	Anglo	29
Female	Other	13
Male	African American	55
Male	Hispanic	30
Male	Anglo	22
Male	Other	9
Male	Asian	1
Unknown	Other	11
Total		253

Note:

A completed investigation may have more than one victim and each perpetrator may have more than one victim.

Counts by Age Group

Sex	Age Group	Confirmed Perpetrators
Female	18-25	26
Female	26-35	27
Female	36-45	28
Female	46-55	24
Female	56-65	18
Female	Over 65	2
Male	18-25	28
Male	26-35	30
Male	36-45	30
Male	46-55	13
Male	56-65	15
Male	Over 65	1
Unknown	18-25	2
Unknown	36-45	5
Unknown	56-65	1
Unknown	Unknown	3
Total		253

Note:

A completed investigation may have more than one victim and each perpetrator may have more than one victim.

Completed Provider Investigations by Fiscal Year

Fiscal Year	Completed Investigations
2015	12,021
2016	19,553
2017	20,723
2018	23,079

Fiscal Year	Completed Investigations
2019	20,681
2020	18,887
2021	14,867
2022	11,202
2023	15,301
2024	5,978
Total	162,292

Completed Provider Investigations by Provider Type

Setting	Completed Investigations	Percentage of Total
HCS	1878	31.42%
State Supported Living Centers	1560	26.10%
State Hospitals	1288	21.55%
Private ICF-IID	457	7.64%
Community Providers	383	6.41%
State Centers	211	3.53%
Community Centers	112	1.87%
Other	89	1.49%
Total	5978	100.00%

Disposition of Completed Provider Investigations by Provider Type by Count

Region	Confirmed	Confirmed – Reportable Conduct	Unconfirmed	Inconclusive	Unfounded	Other	Blank	Totals
Community Providers	3	5	38	6	1	284	46	383
SSLC	98	18	1,028	98	185	126	7	1,560
HCS	42	17	1,093	302	4	409	11	1,878
State Hospitals	24	4	692	48	149	355	16	1,288
Private ICF-IID	13	1	245	63	1	106	28	457
Community Centers	1	2	50	10	0	45	4	112
State Center	3	0	121	5	48	34	0	211
Other	1	0	8	0	0	68	12	89
Statewide	185	47	3,275	532	388	1,427	124	5,978

Note:

"% Other" and "% Blank" include cases referred back to the provider or closed at intake because they do not meet the definitions of abuse, neglect, or financial exploitation and therefore are not investigated.

Disposition of Completed Provider Investigations by Provider Type by Percentage

Region	% Confirmed	% Confirmed – Reportable Conduct	% Unconfirmed	% Inconclusive	% Unfounded	% Other	% Blank	% Totals
Community Providers	0.1%	0.1%	0.6%	0.1%	0.0%	4.8%	0.8%	6.4%
SSLC	1.6%	0.3%	17.2%	1.6%	3.1%	2.1%	0.1%	26.1%

Region	% Confirmed	% Confirmed – Reportable Conduct	% Unconfirmed	% Inconclusive	% Unfounded	% Other	% Blank	% Totals
HCS	0.7%	0.3%	18.3%	5.1%	0.1%	6.8%	0.2%	31.4%
State Hospitals	0.4%	0.1%	11.6%	0.8%	2.5%	5.9%	0.3%	21.5%
Private ICF-IID	0.2%	0.0%	4.1%	1.1%	0.0%	1.8%	0.5%	7.6%
Community Centers	0.0%	0.0%	0.8%	0.2%	0.0%	0.8%	0.1%	1.9%
State Center	0.1%	0.0%	2.0%	0.1%	0.8%	0.6%	0.0%	3.5%
Other	0.0%	0.0%	0.1%	0.0%	0.0%	1.1%	0.2%	1.5%
Statewide	3.1%	0.8%	54.8%	8.9%	6.5%	23.9%	2.1%	100.0%

Note:

"%Other" and "% Blank" include cases referred back to the provider or closed at intake because they do not meet the definitions of abuse, neglect, or financial exploitation and therefore are not investigated.

Disposition of Completed Provider Investigations by Region by Count

Region	Confirmed	Confirmed – Reportable Conduct	Unconfirmed	Inconclusive	Unfounded	Other	Blank	Totals
1 - Lubbock	10	3	150	34	1	41	2	241
2 - Abilene	16	2	359	55	24	109	18	583
3 - Arlington	20	7	374	121	46	205	12	785
4 - Tyler	6	5	172	26	63	67	7	346
5 - Beaumont	11	1	133	25	11	27	20	228
6 - Houston	11	5	290	30	28	169	8	541

Region	Confirmed	Confirmed – Reportable Conduct	Unconfirmed	Inconclusive	Unfounded	Other	Blank	Totals
7 - Austin	45	12	698	96	8	315	26	1,200
8 - San Antonio	15	2	291	43	61	209	6	627
9 - Midland	21	5	337	45	32	94	20	554
10 - El Paso	9	1	119	24	15	41	4	213
11 - Edinburg	20	3	345	22	99	145	1	635
Out of State	1	1	7	11	0	5	0	25
Statewide	185	47	3,275	532	388	1,427	124	5,978

Note:

"% Other" and "% Blank" include cases referred back to the provider or closed at intake because they do not meet the definitions of abuse, neglect, or financial exploitation and therefore are not investigated.

Provider Investigations, a legacy program from the Department of Family and Protective Services (DFPS), for now continues to operate according to the DFPS regional structure and map, not those of LTCR: [DPFS – Map of DFPS Regions \(Texas.gov\)](https://www.dfps.gov/about-us/regions)

Disposition of Completed Provider Investigations by Region by Percentage

Region	% Confirmed	% Confirmed – Reportable Conduct	% Unconfirmed	% Inconclusive	% Unfounded	% Other	% Blank	% Totals
1 - Lubbock	0.2%	0.1%	2.5%	0.6%	0.0%	0.7%	0.0%	4.0%
2 - Abilene	0.3%	0.0%	6.0%	0.9%	0.4%	1.8%	0.3%	9.8%
3 - Arlington	0.3%	0.1%	6.3%	2.0%	0.8%	3.4%	0.2%	13.1%
4 - Tyler	0.1%	0.1%	2.9%	0.4%	1.1%	1.1%	0.1%	5.8%

Region	% Confirmed	% Confirmed – Reportable Conduct	% Unconfirmed	% Inconclusive	% Unfounded	% Other	% Blank	% Totals
5 - Beaumont	0.2%	0.0%	2.2%	0.4%	0.2%	0.5%	0.3%	3.8%
6 - Houston	0.2%	0.1%	4.9%	0.5%	0.5%	2.8%	0.1%	9.0%
7 - Austin	0.8%	0.2%	11.7%	1.6%	0.1%	5.3%	0.4%	20.1%
8 - San Antonio	0.3%	0.0%	4.9%	0.7%	1.0%	3.5%	0.1%	10.5%
9 - Midland	0.4%	0.1%	5.6%	0.8%	0.5%	1.6%	0.3%	9.3%
10 - El Paso	0.2%	0.0%	2.0%	0.4%	0.3%	0.7%	0.1%	3.6%
11 - Edinburg	0.3%	0.1%	5.8%	0.4%	1.7%	2.4%	0.0%	10.6%
Out of State	0.0%	0.0%	0.1%	0.2%	0.0%	0.1%	0.0%	0.4%
Statewide	3.1%	0.8%	54.8%	8.9%	6.5%	23.9%	2.1%	100%

Note:

"% Other" and "% Blank" include cases referred back to the provider or closed at intake because they do not meet the definitions of abuse, neglect, or financial exploitation and therefore are not investigated.

Provider Investigations, a legacy program from the Department of Family and Protective Services (DFPS), for now continues to operate according to the DFPS regional structure and map, not those of LTCR: [DPFS – Map of DFPS Regions \(Texas.gov\)](#)

Lipscomb, Lubbock, Lynn, Martin, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Scurry, Sherman, Stonewall, Swisher, Terry, Wheeler, Yoakum

Region 2

Counties: Archer, Baylor, Brewster, Brown, Callahan, Clay, Coke, Coleman, Comanche, Concho, Crane, Crockett, Culberson, Eastland, Ector, El Paso, Erath, Glasscock, Hood, Hudspeth, Irion, Jack, Jeff Davis, Jones, Kimble, Loving, Mason, McCulloch, Menard, Midland, Montague, Palo Pinto, Parker, Pecos, Presidio, Reagan, Reeves, Runnels, Schleicher, Shackelford, Somervell, Stephens, Sterling, Sutton, Taylor, Terrell, Throckmorton, Tom Green, Upton, Ward, Wichita, Wilbarger, Winkler, Young

Region 3

Counties: Collin, Cooke, Dallas, Denton, Grayson, Rockwall, Tarrant, Wise

Region 4

Counties: Anderson, Angelina, Bowie, Camp, Cass, Chambers, Cherokee, Delta, Fannin, Franklin, Gregg, Hardin, Harrison, Henderson, Hopkins, Houston, Hunt, Jasper, Jefferson, Kaufman, Lamar, Liberty, Marion, Morris, Nacogdoches, Newton, Orange, Panola, Polk, Rains, Red River, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Titus, Trinity, Tyler, Upshur, Van Zandt, Walker, Wood

Region 5

Counties: Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Ellis, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Johnson, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Navarro, Robertson, San Saba, Travis, Washington, Williamson

Region 6

Counties: Austin, Brazoria, Colorado, Fort Bend, Galveston, Harris, Matagorda, Montgomery, Waller, Wharton

Region 8

Counties: Atascosa, Bandera, Bexar, Calhoun, Comal, Dewitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Nueces, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala

Region 11

Counties: Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Live Oak, Jim Hogg, Jim Wells, Kennedy, Kleberg, McMullen, Refugio, San Patricio, Starr, Webb, Willacy, Zapata

HHSC Waiver Contract Areas



Waiver Contract Areas and the Counties They Serve

Area 1

Armstrong, Bailey, Briscoe, Carson, Castro, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Donley, Floyd, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Wheeler

Area 2

Archer, Baylor, Brown, Callahan, Childress, Clay, Coleman, Comanche, Cottle, Dickens, Eastland, Erath, Foard, Hardeman, Haskell, Hood, Jack, Johnson, Jones, King, Knox, McCulloch, Mills, Montague, Palo Pinto, Parker, San Saba, Shackelford, Somervell, Stephens, Stonewall, Tarrant, Taylor, Throckmorton, Wichita, Wilbarger, Wise, Young

Area 3

Collin, Cooke, Dallas, Denton, Fannin, Grayson

Area 4

Anderson, Angelina, Bowie, Camp, Cass, Chambers, Cherokee, Delta, Ellis, Franklin, Gregg, Hardin, Harrison, Henderson, Hopkins, Houston, Hunt, Jasper, Jefferson, Kaufman, Lamar, Liberty, Marion, Montgomery, Morris, Nacogdoches, Navarro, Newton, Orange, Panola, Polk, Rains, Red River, Rockwall, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Titus, Trinity, Tyler, Upshur, Van Zandt, Walker, Wood

Area 5

Austin, Brazoria, Colorado, Fort Bend, Galveston, Harris, Matagorda, Waller, Wharton

Area 6

Bastrop, Bell, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Gonzales, Grimes, Guadalupe, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Robertson, Travis, Washington, Williamson

Area 7

Atascosa, Bandera, Bexar, Blanco, Calhoun, Comal, De Witt, Dimmit, Edwards, Frio, Gillespie, Goliad, Hays, Jackson, Karnes, Kendall, Kerr, Kimble, Kinney, La Salle, Lavaca, Llano, Mason, Maverick, McMullen, Medina, Menard, Real, Refugio, Schleicher, Sutton, Uvalde, Val Verde, Victoria, Wilson, Zavala

Area 8

Andrews, Borden, Brewster, Coke, Concho, Crane, Crockett, Culberson, Dawson, Ector, El Paso, Fisher, Gaines, Garza, Glasscock, Howard, Hudspeth, Irion, Jeff Davis, Kent, Loving, Martin, Midland, Mitchell, Nolan, Pecos, Presidio, Reagan,

Reeves, Runnels, Scurry, Sterling, Terrell, Terry, Tom Green, Upton, Ward, Winkler, Yoakum

Area 9

Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, San Patricio, Starr, Webb, Willacy, Zapata

Regulated Facilities

Facility Counts by Program Type

Program	Count	% of all Facilities
Assisted Living	2,008	39.5%
DAHS	367	7.2%
DAHS-ISS	43	0.9%
DAHS-ISS ONLY	732	14.4%
ICF/IID	734	14.4%
Nursing	1,189	23.4%
PPECC	11	0.2%
Total	5,084	NA

Facilities in Texas by Program and LTCR Region

LTCR Region	ALF Count	DAHS Count	DAHS-ISS Count	DAHS-ISS ONLY Count	ICF/ IID Count	NF Count	PPECC Count	Total Count
01	100	4	5	30	35	82	1	255
02	106	25	2	51	82	133	0	399
03	596	34	4	137	154	222	3	1,150
04	146	5	4	76	113	187	2	533
05	256	6	1	85	128	184	0	660
06	527	55	22	211	85	164	2	1,066
08	234	33	2	89	108	140	1	607
11	43	205	5	51	29	77	2	412
Totals	2,008	367	43	732	734	1,189	11	5,084

Facilities in Texas Percent by Program and LTCR Region

LTCR Region	% of all Asst. Living	% of all DAHS	% of all DAHS-ISS	% of all DAHS-ISS ONLY	% of all ICF/IID	% of all NF	% of All PPECC	% of Total
01	5.0%	1.1%	11.6%	4.1%	4.8%	6.9%	9.1%	5.0%
02	5.3%	6.8%	4.7%	7.0%	11.2%	11.2%	0.0%	7.8%
03	29.7%	9.3%	9.3%	18.7%	21.0%	18.7%	27.3%	22.6%
04	7.3%	1.4%	9.3%	10.4%	15.4%	15.7%	18.2%	10.5%
05	12.7%	1.6%	2.3%	11.6%	17.4%	15.5%	0.0%	13.0%
06	26.2%	15.0%	51.2%	28.8%	11.6%	13.8%	18.2%	21.0%
08	11.7%	9.0%	4.7%	12.2%	14.7%	11.8%	9.1%	11.9%
11	2.1%	55.9%	11.6%	7.0%	4.0%	6.5%	18.2%	8.1%

Facility Visits/Contacts by HHSC Surveyors by LTCR Region

LTCR Region	ALF	DAHS	DAHS-ISS	DAHS-ISS Only	ICF/IID	NF	PPECC	Un-licensed	Total
01	293	14	6	57	142	1,252	3	0	1,767
02	307	31	0	67	420	1,484	0	0	2,309
03	958	56	6	196	669	3,350	6	38	5,279
04	317	5	3	73	553	1,825	3	2	2,781
05	662	1	1	68	563	2,596	1	0	3,892
06	820	59	19	179	424	1,968	6	51	3,526
08	403	43	2	98	488	1,582	4	27	2,647
11	103	232	2	27	172	721	4	2	1,263
Totals	3,863	441	39	765	3,431	14,778	27	120	23,464

Notes:

“Visits/Contacts” consist of all on-site, off-site, and combination inspections and investigations done by LTCR survey staff.

“Unlicensed” includes visits to locations without a state license. During the visit, regulatory staff will determine if the location is providing services in violation of state licensing rules, providing services that have no licensure requirements, or not providing services.

Facility Visits/Contacts Compared to the Number of Facilities

Facility Type	Facility Count	% of All Facilities	Facility Visits/Contacts	% of All Visits/Contacts
ALF	2,008	36.2%	3,863	16.5%
DAHS	367	6.6%	441	1.9%
DAHS-ISS	43	0.8%	39	0.2%
DAHS-ISS ONLY	732	13.2%	765	3.3%
ICF/IID	734	13.2%	3,431	14.7%
NF	1,189	21.5%	14,778	62.9%
PPECC	11	0.2%	27	0.1%
Unlicensed	459	8.3%	120	0.5%
Totals	5,543	NA	23,464	NA

Notes:

“Visits/Contacts” consist of all on-site, off-site, and combination inspections and investigations done by LTCR survey staff.

The “Unlicensed” row includes visits to locations without a state license. During the visit, regulatory staff will determine if the location is providing services in violation of state licensing rules, providing services that have no licensure requirements, or not providing services.

Changes in Regulated Facilities

Facility Counts in FY 2020 and FY 2024

Program	FY 2020 Count	FY 2020 Percentage	FY 2024 Count	FY 2024 Percentage
ALF	2,028	45.3%	2,008	39.5%
DAHS	426	9.5%	367	7.2%
DAHS-ISS	0	0.0%	43	0.8%

Program	FY 2020 Count	FY 2020 Percentage	FY 2024 Count	FY 2024 Percentage
DAHS-ISS ONLY	0	0.0%	732	14.4%
ICF/IID	794	17.8%	734	14.4%
NF	1,220	27.3%	1,189	23.4%
PPECC	5	0.1%	11	0.2%
Totals	4,473	NA	5,084	NA

ALF Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2020	2,028	1.2%	79,978	5.1%
2021	2,025	-0.1%	80,832	1.0%
2022	2,012	-0.6%	81,289	0.6%
2023	2,003	-0.4%	81,718	0.5%
2024	2,008	0.2%	82,352	0.8%
Percent Change FY 2020 to 2024	NA	-1.0%	NA	3.0%

DAHS Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2020	426	-1.1%	42,268	-1.0%
2021	420	-1.4%	41,693	-1.3%
2022	398	-5.2%	39,580	-5.1%
2023	388	-2.5%	39,042	-1.4%
2024	367	-5.4%	37,195	-4.7%
Percent Change FY 2020 to 2024	NA	-13.8%	NA	-12.0%

DAHS with Individualized Skills and Socialization Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2020	NA	NA	NA	NA
2021	NA	NA	NA	NA
2022	NA	NA	NA	NA
2023	38	NA	3,329	NA
2024	43	13.2%	3,942	18.4%
Percent Change FY 2020 to 2024	NA	13.2%	NA	18.4%

DAHS-Individualized Skills and Socialization Only Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2020	NA	NA	NA	NA
2021	NA	NA	NA	NA
2022	NA	NA	NA	NA
2023	709	NA	48,391	NA
2024	732	3.2%	47,645	-1.5%
Percent Change FY 2020 to 2024	NA	3.2%	NA	-1.5%

ICF/IID Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2020	794	-0.6%	11,197	-0.8%

Fiscal Year	Number of Facilities	Facilities: Percent Growth/Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2021	787	-0.8%	11,160	-0.3%
2022	784	-0.4%	11,127	-0.3%
2023	761	-2.9%	10,809	-2.9%
2024	734	-3.5%	10,566	-2.2%
Percent Change FY 2020 to 2024	NA	-7.6%	NA	-5.6%

Note:

“Number of Licensed or Certified Beds” reflects the number ICF/IID beds authorized by CMS for participation in the Medicaid program.

State-Operated ICF/IID Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2020	15	0.0%	5,979	0.0%
2021	15	0.0%	5,979	0.0%
2022	15	0.0%	5,979	0.0%
2023	15	0.0%	5,979	0.0%
2024	15	0.0%	5,979	0.0%
Percent Change FY 2020 to 2024	NA	0.0%	NA	0.0%

Note:

“Number of Licensed or Certified Beds” reflects the number of ICF/IID beds authorized by CMS for participation in the Medicaid program.

Private and Community-operated ICF/IID Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2020	779	-1.4%	5,202	-4.3%
2021	772	-0.9%	5,165	-0.7%
2022	769	-0.4%	5,148	-0.3%
2023	746	-3.0%	4,830	-6.2%
2024	719	-3.6%	4,587	-5.0%
Percent Change FY 2020 to 2024	NA	-7.7%	NA	-11.8%

NF Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/ Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2020	1,220	0.1%	138,209	0.3%
2021	1,217	-0.2%	139,363	0.8%
2022	1,206	-0.9%	137,598	-1.3%
2023	1,194	-1.0%	136,137	-1.1%
2024	1,189	-0.4%	135,803	-0.2%
Percent Change FY 2020 to 2024	NA	-2.5%	NA	-1.7%

Note:

“Number of Licensed or Certified Beds” includes all types - Medicare, Medicaid, and private pay.

PPECC Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2020	5	150.0%	279	181.0%

Fiscal Year	Number of Facilities	Facilities: Percent Growth/Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2021	7	40.0%	377	35.1%
2022	8	14.3%	433	143.9%
2023	9	12.5%	473	9.2%
2024	11	22.2%	593	25.4%
Percent Change FY 2020 to 2024	NA	120.0%	NA	112.5%

Occupancy Trends for ICF/IID

Fiscal Year	Number of Occupants State Operated ICF/IID	Occupants: Percent Growth/ Loss	Occupancy Rates State Operated ICF/IID	Number of Occupants Private & Community Operated ICF/IID	Occupants: Percent Growth/ Loss	Occupancy Rates Private & Community Operated ICF/IID
2020	2,630	0.0%	43.9%	4,306	-6.6%	83.7%
2021	2,453	-6.7%	45.7%	4,595	6.7%	78.8%
2022	2,599	6.0%	43.4%	4,515	-1.7%	80.6%
2023	2,547	-2.0%	42.6%	4,396	2.6%	87.9%
2024	2,532	-0.6%	42.3%	4,175	-5.0%	85.9%
Percent Change FY2020 to 2024	NA	-3.7%	NA	NA	-3.0%	NA

Note:

Occupancy Trends for ICF/IID data obtained from the HHSC Client Assignment & Registration System (CARE).

Occupancy Trends for NF

Fiscal Year	Number of Occupants Nursing Facilities	Occupants: Percent Growth/ Loss	Occupancy Rates Nursing Facilities
2020	78,919	-17.8%	57.1%
2021	77,650	-1.6%	56.2%

Fiscal Year	Number of Occupants Nursing Facilities	Occupants: Percent Growth/ Loss	Occupancy Rates Nursing Facilities
2022	81,706	5.2%	67.9%
2023	85,238	4.1%	63.0%
2024	85,287	0.1%	63.2%
Percent Change FY 2020 to 2024	NA	8.1%	NA

Note:

NF data is summed from three sources: the September 2023 Medicaid Occupancy Report for facilities participating in Medicaid, the last recertification visit for Medicare-only facilities and the last licensure visit for licensed-only facilities.

ALF: LSC Visits, Applications Timelines

In accordance with Texas Health and Safety Code, Title 4, Subtitle B, Chapter 247, Subchapter B, Section 247.0262, Report on Life Safety Code Surveys, HHSC is including information on the number of Life Safety Code surveys for an initial assisted living facility license when the department first visits the facility to conduct the survey more than 60 days after the date the applicant notifies the department that the applicant is ready for the initial survey.

During fiscal year 2024, HHSC conducted 57 initial Life Safety Code visits for assisted living facilities. Eight visits exceeded the 60-day limit set by this statute:

ALF Application Timelines

Program	Average Days: Assign Dt to Response Required	Average Days: Time in Response Required	Average Days: Pending LSC to LSC Compliance	Average Days: Pending Health Visit to License Issued
Assisted Living	3.6	58.1	72.7	60.3

Program	Average Days: Payment Received to Approved or Licensed Issued	Average Days: CHOW Payment Received to Temporary License	Average Days: CHOW Payment Received to Standard License
Assisted Living	182.6	109.3	141.3

Facility Visits/Contacts by Regulatory Surveyors for FY 2020-24

Facility Type	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
ALF	5,997	6,375	4,908	3,121	3,870
DAHS	910	572	430	427	441
DAHS-ISS	NA	NA	NA	20	39
DAHS-ISSONLY	NA	NA	NA	434	765
ICF/IID	3,657	3,630	3,962	3,318	3,431
NF	15,641	14,876	16,345	15,784	14,778
PPECC	15	20	10	22	27
Unlicensed	91	29	62	152	120
Totals	26,311	25,502	25,717	23,278	23,471

Notes:

Visits/Contacts consist of all on-site, off-site and combination inspections and investigations done by LTCR survey staff.

The Unlicensed row includes visits to locations without a state license. During the visit, regulatory staff will determine if the location is providing services in violation of state licensing rules, providing services that have no licensure requirements, or not providing services.

HCSSAs

HCSSA Counts by Agency Type

Agency Type	Count	% of All Agencies
Home health and hospice parents	6,812	88.0%
Home health branches	607	7.8%
Alternate delivery sites	323	4.2%
Total	7,742	NA

HCSSA Counts by LTCR Region

LTCR Region	Parent Count	% of Parent Total	Branch Count	% of Branch Total	Alternate Delivery Site Count	% of Alternate Delivery Site Total	Total Count	% of Total
01	276	4.1%	66	10.9%	27	8.4%	369	4.8%
02	202	3.0%	9	1.5%	10	3.1%	221	2.9%
03	1,908	28.0%	132	21.7%	94	29.1%	2,134	27.6%
04	373	5.5%	70	11.5%	45	13.9%	488	6.3%
05	420	6.2%	75	12.4%	41	12.7%	536	6.9%
06	2,204	32.4%	73	12.0%	44	13.6%	2,321	30.0%
08	569	8.4%	79	13.0%	43	13.3%	691	8.9%
11	860	12.6%	103	17.0%	19	5.9%	982	12.7%
Totals	6,812	NA	607	NA	323	NA	7,742	NA

HCSSA Visits/Contacts by Regulatory Surveyors by LTCR Region

LTCR Region	HCSSA
01	122
02	142
03	601
04	324
05	305
06	634
08	174
11	255
Total	2,557

Note:

Visits/Contacts consist of all on-site, off-site, and combination inspections and investigations done by LTCR survey staff.

HCSSA Counts by Category of Service

Category of Service	Parent	Branch	Alternate Delivery Site
Licensed and certified home health	1,875	257	0
Licensed and certified home health w/ dialysis	6	0	0
Licensed home health Services	3,002	453	1
Licensed home health Services w/ dialysis	37	1	0
Personal assistance services	4,676	353	0
Hospice	1,374	0	324

Note:

HCSSAs can provide more than one category of service from the same parent or branch.

HCSSA Counts by Category of Service by LTCR Region

Category of Service	01	02	03	04	05	06	08	11	Total
Licensed and certified home health	155	66	680	195	131	516	145	244	2,132
Licensed and certified home health w/ dialysis	0	0	0	1	0	4	0	1	6
Licensed home health Services	187	82	1,050	238	210	1,037	242	410	3,456
Licensed home health Services w/ dialysis	1	0	9	1	0	26	0	1	38
Personal assistance services	166	156	1,474	215	304	1,611	334	769	5,029
Hospice	94	42	393	132	129	525	242	141	1,698

Note:

HCSSAs can provide more than one category of service from the same parent or branch.

Changes in HCSSAs

HCSSA Counts for FY 2020 and FY 2024

Agency Type	FY 2020	FY 2024
Home health and hospice parents	5,860	6,812
Home health branches	579	607
Alternate delivery sites	241	323
Totals	6,680	7,742

HCSSA Visits/Contacts by LTCR Surveyors for FY 2020-24

Agency	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
HCSSA	2,900	2,588	2,058	3,133	2,557

Note:

Visits/Contacts consist of all on-site, off-site and combination inspections and investigations done by LTCR survey staff.

HCSSA Trends

Fiscal Year	Number of Parents	Parents: Percent Growth/Loss	Number of Branches	Branches: Percent Growth/Loss	Number of Alternate Delivery Sites	Alternate Delivery Sites: Percent Growth/Loss	Total Number of Agencies	All: Percent Growth/Loss
2020	5,860	3.3%	579	-14.9%	241	-10.4%	6,680	1.3%
2021	6,173	5.3%	584	0.9%	258	7.1%	7,015	5.0%
2022	6,571	6.4%	595	1.9%	281	8.9%	7,447	6.2%
2023	6,808	3.6%	607	2.0%	322	14.6%	7,737	3.9%
2024	6,812	0.1%	607	0.0%	323	0.3%	7,742	15.9%
Percent Change FY 2020 to 2024	NA	16.2%	NA	4.8%	NA	34.0%	NA	15.9%

Regulated Waiver Programs

The following tables and charts represent snapshots of regulated waiver program counts on November 17, 2023. Counts of individuals and providers in the program at the time the data was extracted may differ from those during the reported survey period. The number of waiver contracts include open providers who were serving at least one individual at the time of reporting.

Waiver Program and Consumer Counts

Program Type	Count of Waiver Contracts	% of all Contracts	Consumers	% of All Consumers
HCS	899	76.6%	30,607	91.7%
TxHmL	274	24.4%	2,782	8.3%
Totals	1,173	NA	33,389	NA

Contracts in Texas by Waiver Program and Contract Area

Waiver Contract Area	HCS Contracts	% of All HCS Contracts	TxHmL Contracts	% of All TxHmL Contracts	Total Contracts	% of All Contracts
1	12	1.3%	4	0.4%	16	1.8%
2	114	12.7%	39	4.3%	153	17.0%
3	156	17.4%	52	5.8%	208	23.1%
4	127	14.1%	36	4.0%	163	18.1%
5	263	29.3%	73	8.1%	336	37.4%
6	75	8.3%	20	2.2%	95	10.6%
7	80	8.9%	22	2.4%	102	11.3%
8	24	2.7%	7	0.8%	31	3.4%
9	48	5.3%	21	2.3%	69	7.7%
Totals	899	NA	274	NA	1173	NA

Reviews of Waiver Programs by State Reviewers by Contract Area

Waiver Contract Area	HCS	TxHmL	Totals
1	16	5	21
2	117	22	139
3	121	17	138
4	131	28	159
5	241	45	286
6	61	9	70
7	88	16	104
8	47	5	52
9	68	21	89
Totals	890	168	1,058

Note:

Reviews consist of all certifications, intermittent and follow-up reviews, or visits by LTCR staff conducted in FY 2023.

Reviews of Waiver Programs Compared to the Number of Waiver Programs

Program Type	Contract Count	% of All Contracts	% of All Reviews
HCS	899	76.6%	84.1%
TxHmL	274	23.4%	15.9%
Total	1,173	NA	NA

Note:

Reviews consist of all certifications, intermittent, and follow-up reviews, or visits by LTCR staff conducted in FY 2023.

HCS Residential Category Consumer Counts

Residential Category	Individuals	% of Individuals
Own home or family home	7,037	22.99%

Residential Category	Individuals	% of Individuals
Foster care	14,099	46.06%
Three-person group home	4,525	14.78%
Four-person group home	4,276	13.97%
Temporarily Discharged	670	2.19%
Totals	30,607	NA

Note:

Individuals temporarily discharged remain in the waiver program but are not currently receiving services and are not counted in the existing residential categories. Temporarily discharged individuals may return to any residential category upon returning to service.

HCS Residential Reviews

Residential Category	Reviews Completed	% of All Reviews
Own home or family home	NA	NA
Foster care	737	52.1%
Three-person group home	382	27.0%
Four-person group home	296	20.9%
Total	1,415	NA

Notes:

As of November 2023, the Salesforce environment for Residential Review data entry is not functioning. Beginning February 2024, survey staff began logging the provider data for residential reviews in a centralized electronic form. Residential reviews prior to that were completed on hard copy and uploaded into NeuDocs and are not included in these totals.

Residential Reviews are not conducted in own home or family home settings as they are not residential service settings.

Changes in Waiver Programs

Waiver Program Contract and Consumer Counts for FY 2020 and FY 2024

Program Type	FY 2020 Contracts	FY 2020 Individuals	FY 2024 Contracts	FY 2024 Individuals
HCS	878	27,492	899	30,607
TxHmL	341	3,856	274	2,782
Totals	1,219	31,348	1,173	33,389

Waiver Program Contract and Consumers by Percentage for FY 2020 and FY 2024

Program Type	FY 2020 % of All Contracts	FY 2020 % of All Individuals	FY 2024 % of All Contracts	FY 2024 % of All Individuals
HCS	72.0%	85.0%	76.6%	91.7%
TxHmL	28.0%	15.0%	23.4%	8.3%

HCS Trends

Fiscal Year	Number of HCS Contracts	HCS: % Growth/Loss	HCS Individuals	HCS Individuals: % Growth/Loss
2020	878	+3.0%	27,492	+3.3%
2021	885	+0.8%	28,776	+4.7%
2022	907	+2.5%	29,393	+2.1%
2023	903	-0.4%	30,647	+4.3%
2024	899	-0.4%	33,389	+8.9%
Percent Change FY 2020 to 2024	NA	+2.4%	NA	+21.4%

Note:

HCS Contract counts include only contracts through which at least one individual is provided services.

TxHmL Trends

Fiscal Year	Number of TxHmL Contracts	TxHmL Contracts: % Growth/Loss	TxHmL Individuals	TxHmL Individuals: % Growth/Loss
2020	341	-6.5%	3,856	-19.8%
2021	325	-4.7%	3,551	-7.9%
2022	315	-3.1%	3,193	-10.1%
2023	299	-5.1%	2,900	-9.2%
2024	274	-8.4%	2,782	-4.1%
Percent Change FY 2020 to 2024	NA	-19.6%	NA	-27.9%

Reviews of Waiver Programs by Regulatory Reviewers for FY 2020-24

Provider Type	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
HCS	795	966	622	625	890
TxHmL	233	252	178	150	168
Totals	1,032	1,218	800	775	1,058

Note:

Reviews consist of all certifications, intermittent and follow-up reviews, or visits by regulatory waiver survey and certification staff conducted FY 2023.

Comparisons to Other States

CMS Region VI (which includes Arkansas, Louisiana, New Mexico, Oklahoma, and Texas) for FY 2024, Texas accounts for:

- 67 percent of all active certified long-term care facilities and agencies
- 77 percent of certified HHAs
- 76 percent of certified Hospices
- 81 percent of all certified NF immediate jeopardy enforcements

Nationwide, Texas accounts for:

- 15 percent of all certified HHAs/Hospices

- 14 percent of all certified ICFs/IID
- 8 percent of all certified NFs
- 10 percent of all onsite hours in certified facilities
- 13 percent of all certified NF federal enforcement cases
- 23 percent of all certified NF immediate jeopardy enforcements

Overview of Enforcement Activities

Administrative Penalties

During FY 2024, HHSC imposed administrative penalties against facilities and agencies, including:

- 119 against ALFs
- 14 against DAHS
- 229 against HCSSAs
- 61 against ICFs/IID
- 95 against NFs
- 1 against PPECCs

Facility Referrals to the OAG

LTCR Region	City	Facility ID or CR No.	Facility Owner Initials	Date Referred
04	NAPLES	103419	JL	07/19/2022

Facility Amelioration Requests

In certain situations, the HHSC executive commissioner can allow, in lieu of demanding payment of an administrative penalty, the use (under agency's supervision) of any portion of the penalty to ameliorate the violation. The amelioration plan must improve services (other than administrative services) or quality of care of residents in the NFs, ICFs/IID, or ALFs affected by the violation.

Approved amelioration amounts for FY 2024:

- \$25,600 to install two Tovertafel devices to provide residents additional activities.
- \$13,750 to purchase DS Smart Equipment and subscriptions to enhance quality of care and resident satisfaction.
- \$4,000 for Virtual Dementia Training Tours training by Second Winds for two days

Denial of License

During FY 2024, HHSC denied initial and renewal applications for licensure for facilities and agencies, including:

- 28 ALFs
- 4 DAHS-ISS Only
- 76 HCSSAs
- 5 ICF/IID
- 8 NFs

License Revocations

During FY 2024, HHSC revoked facility and agency licenses, including:

- 79 HCSSAs

HCSSA Expiration of Licenses (in Lieu of Enforcement Actions)

Instead of pursuing additional enforcement actions, LTCR can allow a HCSSA to let its license expire. During FY 2024, no HCSSAs were allowed to have their licenses expire in lieu of further enforcement actions.

HCSSA Surrender of Licenses (in Lieu of Enforcement Actions)

At HHSC's discretion, a HCSSA can surrender its license instead of receiving additional enforcement actions. In FY 2024, zero HCSSAs surrendered their licenses in lieu of further enforcement actions.

Vendor Holds

During FY 2024, HHSC placed zero waiver contracts on vendor hold.

Denial of Certification

During FY 2024, HHSC denied 2 certifications to waiver contracts.

Unlicensed Facilities

LTCR addresses violators of state licensing laws who operate facilities without a required license. The agency responds to complaints from the public and other entities alleging facilities are operating without a license and, if LTCR finds a facility is in violation of licensure laws, HHSC can refer a facility to the OAG for relocation of residents, injunctive relief, and/or civil penalties.

During FY 2024, HHSC referred the following unlicensed facilities for injunctive/other relief and civil penalties to the OAG:

LTCR Region	City	Facility ID or CR No.	Facility Owner Initials	Date Referred
04	ORANGE	437996	JT	08/24/2023
06	HOUSTON	457203	FW	12/02/2024
06	HOUSTON	106832	CJ	11/13/2023
06	MISSOURI CITY	438418	EO	11/14/2023
08	NEW BRANUNFELS	462251	CB	08/21/2024
08	SAN ANTONIO	454466	JM	06/03/2024

Trust Fund Monitoring

LTCR routinely monitors resident funds in Medicaid-contracted NFs and ICFs/IID for compliance with state and federal guidelines. LTCR also performs change of ownership/closure audits on outgoing ownership, and investigates financial complaints referred by CII staff.

In FY 2024 LTCR completed:

- 637 financial investigations resulting in \$1,623,561.64 in NF and ICF/IID resident refunds.

- 1,141 routine monitoring visits resulting in \$19,486,127.33 in NF and ICF/IID resident refunds.
- 185 change of ownership/closure audits resulting in \$6,161,278.39 in NF and ICF/IID resident refunds.

Top 10 Rankings

Certification Deficiencies and Licensure Violations

Top 10 Violations Cited During Inspections for FY 2024: ALF

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
553.267(a)(3)(E)(ii)	Rights-Res Bill of Rights	The facility failed to ensure each resident was free from abuse, neglect, and exploitation.	1	2	135
553.259(b)	Adm Policy & Procedure - Resident Assessment & Service Plan	The facility failed to either assess a resident or to develop, approve, sign, or follow a service plan within the allowable time.	2	1	87
553.257(b)(5)	Annual Search of NAR and EMR	The facility failed to search the NAR and EMR annually.	3	7	78
553.104(d)	Facility Construction: Safety Operations: Fire Drills	The facility failed to conduct required fire drills and document fire drills on the required form.	4	3	76
553.261(a)(1)(A)	Coordination of Care-Medications	The facility failed to ensure that a licensed person or a trained, authorized, and delegated person administered medications according to physician's orders.	5	3	66
553.261(e)(6)	Coordination of Care-Dietary Services	The facility failed to procure food from acceptable sources, or failed to handle food, subject to spoilage, as required.	6	5	55

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
553.273(d)	Abuse, Neglect, or Exploitation Reportable to HHSC	The facility failed to immediately make an oral report of alleged ANE or send a written report of the investigation to HHSC when required.	7	6	54
553.257(b)(2)	Facility Employees: Misconduct Registry	The facility failed to search the employee misconduct registry and nurse aide registry before hiring to determine if the individual is unemployable.	8	10	48
553.261(f)(4)(C)	Coordination of Care-Infection Prev & Control	The facility failed to ensure that all employees providing services were screened for tuberculosis within two weeks of employment and annually.	8	NA	48
553.273(b)	Abuse, Neglect, or Exploitation Reportable to	The facility failed to follow its internal policies regarding the prevention, detection, and reporting of abuse, neglect, or exploitation.	10	NA	46

Top 10 Violations Cited During Inspections for FY 2024: DAHS and DAHS w/ISS

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
559.64(c)(1)-(5)	Emergency Preparedness & Response/Plan	The facility failed to include a risk assessment, a description of the resident population including services and assistance they require, a section for each core function of emergency management, a fire safety plan in their emergency preparedness and response plan, or a section for self-reporting incidents.	1	NA	29
559.43(a)(7)	Sanitation/ General-Odors/ Refuse/ Hazards	The facility failed to keep the building clean and well maintained.	2	1	28

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
559.64(b)(3)	Emergency Preparedness & Response/Admin	The facility failed to evaluate and change the emergency preparedness and response plan as needed within 30 days after an emergency situation, remodeling or adding on to the facility, or at least annually.	2	2	28
559.42(b)(2)(D)	LSC/Interpretations- fire alarm inspection	The facility failed to have a program to inspect, test, and maintain the fire alarm system at least once every six months.	4	5	25
559.42(c)(1)(G)(iv)	Personal Safety/ Fire- Smoking Regulations	The facility failed to provide the proper containers to allow for the emptying of ashtrays in smoking areas.	4	3	25
559.43(a)(8)	Sanitation/ General-Rest Room Facilities	The facility failed to provide adequate restrooms for men and women.	6	7	20
559.42(b)(2)(F)(ii)(I)	LSC/Interpretations-hardware opens single motion	The facility failed to have exit doors equipped with hardware that opens with a single motion.	7	NA	19
559.43(a)(9)	Sanitation/ General-Odor Ventilation	The facility failed to properly ventilate bathrooms or other areas used for soiled or unsanitary tasks.	7	5	19
559.64(e)	Training	The facility failed to train staff on their responsibilities under the emergency preparedness and response plan.	9	NA	17
559.42(b)(1)	LSC/ Principles of NFPA for Day Care Centers	The facility failed to meet a requirement of the Life Safety Code that is not also listed in the licensing standards.	10	7	13

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
559.64(c)(1)-(5)	Emergency Preparedness & Response/Plan	The facility failed to include a risk assessment, a description of the resident population including services and assistance they require, a section for each core function of emergency management, a fire safety plan in their emergency preparedness and response plan, or a section for self-reporting incidents.	1	NA	29

Top 10 Violations Cited During Inspections for FY 2024: DAHS ISS-Only

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
559.225(d)(1)	General Requirements	The facility failed to notify HHSC upon learning of alleged abuse, neglect, exploitation, or critical incident(s) involving an individual receiving services in accordance with TAC §559.241.	1	3	18
559.227(c)(2)(C)	Program Requirements	The facility failed to ensure all service providers fulfilled the responsibilities of the position including providing protective supervision through observation and monitoring.	2	NA	12
559.229(d)	Environment and Emergency Response Plan	The facility failed to meet all plan requirements regarding the eight core functions of emergency management.	3	4	11
559.229(b)(1)	Environment and Emergency Response Plan	The facility failed to develop and implement an Emergency Response Plan.	3	5	11

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
559.229(f)	Environment and Emergency Response Plan	The facility offering on-site services failed to conduct unannounced drills for emergency situations identified based on the results of the risk assessment required by subsection (c)(1) of this section; and failed to establish procedures to: perform a fire drill at least once every 90 days with all occupants of the building at the time of the fire drill at expected and unexpected times and under varying conditions, relocate all occupants of the building to a predetermined location where participants must remain until a recall or dismissal signal is given; and complete the HHSC Fire Drill Report Form for each required fire drill.	5	NA	10
559.225(c)(2)	General Requirements	The facility failed to create policies and procedures that protect the rights of individuals receiving services, including the right to control his or her on-site schedule and activities, unlimited access to his or her food, unannounced visitation rights under reasonable circumstances, and physical building access.	6	NA	9
559.227(a)(1)(C)	Program Requirements	The facility failed to have a policy addressing the delegation of responsibility in the administrator's absence.	6	2	9
559.225(e)(5)	General Requirements	The facility failed to post a brochure, letter, or website information outlining hours of operation, holidays, and a description of activities offered, in an area readily accessible to individuals and the public.	6	5	9
559.225(a)(2)	General Requirements	The facility failed to search the appropriate registries to determine employment eligibility prior to offering employment.	9	NA	8
559.227(k)	Program Requirements	The facility failed to ensure service providers received required initial and ongoing trainings within the required timeframes and on the mandatory topics, and that the training was documented in the service providers' record.	9	NA	8

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
559.227(k)(1)(B)(i)	Program Requirements	The facility failed to ensure service providers received CPR training.	9	10	8

Top 10 Deficiencies Cited During Inspections for FY 2024: Home Health Agencies

CFR	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
484.45(a)	Encoding and transmitting OASIS	The agency failed to encode and electronically transmit each completed OASIS assessment to the CMS system, regarding each beneficiary with respect to which information is required to be transmitted (as determined by the Secretary), within 30 days of completing the assessment of the beneficiary.	1	NA	63
484.60(a)(2)(i-xvi)	Plan of care must include the following	The agency failed to include any of the following in the plan of care: all pertinent diagnoses; patient's mental, psychosocial and cognitive status; types of services/equipment needed; frequency and duration of visits; prognosis, functional limitations; activities permitted; nutritional requirements; all medications/ treatments; safety measures against injury; patient's risk for emergency department visits and hospital re-admission including interventions; training to patient and caregiver for timely discharge; patient-specific interventions, education and goals; information on advance directives; and additional items from the agency or physician.	2	1	46
484.60(a)(1)	Plan of care	The agency failed to identify changes in health or functional status in the individualized plan of care or review every 60 days or more frequently when indicated and signed by the physician.	3	3	20

CFR	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
484.65(d)(1)(2)	Performance improvement projects	The HHA should have at least one performance improvement project either in development, on-going or completed each calendar year.	4	7	18
484.60(e)(1)	Visit schedule	The agency failed with the visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA.	4	4	18
484.50(c)(8)	Written notice for non-covered care	The agency failed to receive proper written notice, in advance of a specific service being furnished, if the Home Health Agency believes that the service may be non-covered care; or in advance of the HHA reducing or terminating on- going care. The HHA must also comply with the requirements of 42 CFR 405.1200 through 405.1204.	6	8	16
484.55(c)(5)	A review of all current medications	The agency failed to review all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.	7	5	15
484.75(b)(3)	Provide services in the plan of care	The agency failed to provide services that are ordered by the physician as indicated by the plan of care.	8	10	14
484.70(a)	Infection Prevention	The agency failed to follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.	9	10	12
484.105(b)(1)(ii)	Responsible for all day-to-day operations	The agency's administrator failed to manage the day-to-day operations.	9	2	12

Top 10 Violations Cited During Inspections for FY 2024: HHA

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
558.287(a)(1)	Quality Assess/Performance Improvement - Level B	The agency failed to have, implement, and review a quality assessment and performance improvement program consistent with state requirements.	1	2	79
558.260(a)	Continuing Education in Agency Administrator - Level B	The agency's administrator or alternate administrator failed to complete 12 hours of continuing education in the required topics within each 12 months in that job as required for the position of the administrator or alternate administrator of an agency.	2	10	64
558.249(c)(1)-(2)	Self-Reported Incidents of A, N & E - Level B	The agency failed to immediately report within 24 hours, knowledge of an alleged act of abuse, neglect, or exploitation of a client by an agency employee, contractor, or volunteer to the Department of Family and Protective Services and to HHSC.	3	1	60
558.247(a)(5)(B)	Verify Employability/Use Unlicensed Personnel - Level B	The agency failed, after the initial verification of employability, to search the nurse aide and employee misconduct registries at least every 12 months for an unlicensed employee with face-to-face client contact who was most recently hired on or after September 1, 2009.	4	9	51
558.287(c)	Quality Assessment/Performance Improvement - Level B	The agency failed to make sure its quality assessment and performance improvement committee met at least twice a year to address identified problems and concerns in service delivery.	5	4	47
558.404(f)(2)	Personal Assistance Services - Level A	The agency failed to make sure the files of clients receiving personal assistance services included a properly developed individualized service plan that had all the required elements.	6	NA	44

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
558.246(a)(3)	Personnel Records - Level A	The agency failed to include verification of license, permits, reference(s), job experience, or educational requirements to verify qualifications for each position a person accepted in its personnel records.	7	NA	38
558.523(e)	Personnel Requirements for a Survey - Level B	The agency failed to provide a surveyor entry to the agency to begin a survey within two hours of when notified of the surveyor's arrival during regular business hours or failed to designate an agency representative who could grant a HHSC surveyor entry to the agency to conduct a survey.	8	7	36
558.247(a)(3)	Verify Employability/Use Unlicensed Person - Level B	The agency employed an unlicensed person with face-to-face client contact before it searched the nurse aide and employee misconduct registries or employed an unlicensed person who was listed in either registry as unemployable.	9	NA	35
558.256(q)(1)	Emergency Response System	The agency administrator and alternate administrator failed to enroll in an emergency communication system in accordance with instructions from HHSC.	9	NA	35

Top 10 Deficiencies Cited During Inspections for FY 2024: Hospice

CFR	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
418.100(b)	Governing Body and Administrator	The hospice failed to ensure a governing body (or designated persons so functioning) assumes full legal authority and responsibility for the management of the hospice, the provision of all hospice services, its fiscal operations, and continuous quality assessment and performance improvement. A qualified administrator appointed by and reporting to the governing body is responsible for the day-to-day operation of the hospice. The administrator must be a hospice employee and possess education and experience required by the hospice's governing body.	1	5	11
418.56(e)(4)	Coordination of Services	The hospice failed to develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to provide for and ensure the ongoing sharing of information between all disciplines providing care and services in all settings, whether the care and services are provided directly or under arrangement.	2	2	10
418.54(d)	Update of Comprehensive Assessment	The hospice failed to ensure that the update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.	2	4	10

CFR	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
418.56(b)	Plan of Care	The hospice failed to ensure all hospice care and services furnished to patients and their families must follow an individualized written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire.	4	1	8
418.104(a)(7)	Content - Physician Orders	The hospice failed to ensure the clinical record contained correct clinical information for physician's orders available to the patient and hospice.	5	9	7
418.54(c)(7)	Content of Comprehensive Assessment	The hospice failed to incorporate in the plan of care the social, spiritual, and cultural factors from the initial bereavement assessment that may impact the needs of the patient's family and other individuals and their ability to cope with the patient's death and considered in the bereavement plan of care.	5	10	7
418.56(d)	Review of the Plan of Care	The hospice interdisciplinary group failed to (in collaboration with the individual's attending physician, if any) review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days.	5	3	7
418.54(b)	Timeframe for Completion of Assessment	The IDT (Interdisciplinary Team) failed to complete the comprehensive assessment within five days as required.	5	10	7

CFR	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
418.56	Condition of Participation: Interdisciplinary	The hospice failed to meet one or more requirements identified in paragraph (a) of this rule, to include: designation of an interdisciplinary group or groups which, in consultation with the patient's attending physician, must prepare a written plan of care for each patient and the plan of care must specify the hospice care and services necessary to meet the patient and family-specific needs identified in the comprehensive assessment as such needs relate to the terminal illness and related conditions; preparation of written plans of care for five of seven patient(s) whose clinical records were reviewed; and ensuring that the patient and the primary care giver received education and training provided by the hospice as to their responsibilities for the care and services identified in the plan of care.	9	6	6
418.76(h)(1)(i)	Supervision of Hospice Aides	The hospice failed to ensure that the registered nurse make an on-site visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit.	9	6	6

Top 10 Violations Cited During Inspections in FY 2024: Hospice

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
558.301(a)(9)(D)	Client Records - Level A	The agency failed to have clinical and progress notes in each client record as applicable and/or to make sure staff wrote these notes on the day of service and that the agency placed these notes into the client records within 14 working days.	1	NA	11

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
558.523(e)	Personnel Requirements for a Survey - Level B	The agency failed to provide a surveyor entry to the agency to begin a survey within two hours of when notified of the surveyor's arrival during regular business hours or failed to designate an agency representative who could grant a HHSC surveyor entry to the agency to conduct a survey.	1	6	11
558.507(a)	Agency Cooperation with a Survey	The agency did not allow HHSC to go into and survey the agency to find out if the agency follows state licensing laws and rules.	1	6	11
558.247(a)(5)(B)	Verify Employability/Use Unlicensed Person - Level B	The agency failed, after the initial verification of employability, to search the nurse aide and employee misconduct registries at least every 12 months for an unlicensed employee with face-to-face client cont. who was most recently hired on or after September 1, 2009.	4	NA	8
558.247(a)(3)	Verify Employability/Use Unlicensed Person - Level B	The agency employed an unlicensed person with face-to-face client cont. before it searched the nurse aide and employee misconduct registries or employed an unlicensed person who was listed in either registry as unemployable.	5	NA	7
558.282(f)(6)	Client Conduct, Resp & Rights - Level B	The agency failed to ensure a client's right to be free from abuse, neglect, and exploitation by the agency's employees, volunteers, or contract staff.	5	NA	7
558.222	Compliance	The agency failed to comply with state laws and rules to maintain licensure.	5	NA	7
558.287(c)	Quality Assess/Perf Improvement - Level B	The agency failed to make sure its quality assessment and performance improvement committee met at least twice a year to address identified problems and concerns in service delivery.	5	NA	7

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
558.811(b)	Hospice Comprehensive Assessment - Level B	The IDT failed to complete the comprehensive assessment within the five day timeframe.	9	NA	6
558.821(c)	Hospice Plan of Care - Level B	The agency failed to provide care and services according to the IDT's written plan of care.	9	1	6

Top 10 Deficiencies Cited During Inspections for FY 2024: ICF/IID - Health

CFR	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
483.410(a)(1)	Governing Body	The governing body failed to provide operating direction over the facility's policies, procedures, and budget.	1	1	245
483.420(d)(1)	Staff Treatment of Clients	The facility failed to develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.	2	5	134
483.470(l)(1)	Infection Control	The facility failed to maintain a program for prevention, control, and investigation of infections as well as provide a sanitary environment to avoid infections.	3	4	132
483.420(a)	Client Protections	The facility failed to ensure the rights of all clients.	4	7	117
483.410	Governing Body and Management	The facility failed to ensure that specific governing body and management requirements are met.	5	10	101
483.430(a)	Qualified Intellectual Disability Professional	The Qualified Intellectual Disability Professional failed to coordinate and monitor individuals' program plans.	6	3	91

CFR	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
483.470(i)(1)	Evacuation Drills	The facility failed to hold fire drills under varied conditions, at least quarterly for each shift of personnel.	7	7	80
483.460(c)	Nursing Services	The facility failed to provide nursing services in accordance with individuals' needs.	8	6	73
483.460(k)(2)	Drug Administration	The facility failed to ensure there were no medication errors.	9	2	70
483.430(e)(1)	Staff Training Program	The facility failed to provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.	10	NA	67

Top 10 Deficiencies Cited During Inspections for FY 2024: ICF/IID - Life Safety Code

TAG	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
S353	Sprinkler System - Maintenance and Testing	The facility failed to comply with requirements for testing, maintaining, and inspecting a sprinkler system.	1	5	102
S511	Utilities - Gas and Electric	The facility failed to comply with requirements for gas equipment, gas piping, or electrical wiring.	2	3	72
S345	Fire Alarm System - Testing and Maintenance	The facility failed to comply with requirements related to the testing and maintenance of a fire alarm system or for retaining records related to the fire alarm system.	2	2	72
S363	Corridor - Doors: National Fire Protection As	The facility failed to comply with requirements related to corridor doors.	4	1	63

TAG	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
S222	Egress Doors	The facility failed to comply with requirements for egress doors including latches or locks.	5	4	40
S741	Smoking Regulations	The facility failed to comply with requirements for smoking regulations, including adopting a plan to address where smoking is permitted, or failed to provide noncombustible safety type ashtrays or receptacles in convenient locations.	6	7	39
S712	Fire Drills	The facility failed to comply with requirements for conducting fire drills or ensuring staff are familiar with the procedures.	7	8	34
S711	Evacuation and Relocation Plan	The facility failed to comply with emergency evacuation and relocation plan requirements, including maintaining a written emergency plan, training staff and residents on the plan, or ensuring appropriate parties have access to the plan.	8	6	30
S359	Sprinkler System – Installation	All Impractical Evacuation Capability facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with 33.2.3.5.3.	9	10	26
S211	Means of Egress – General	The facility failed to comply with the requirements for a designated means of escape, which will be continuously maintained clear of obstructions and impediments to full instant use in the case of fire or emergency.	10	9	24

Top 10 Deficiencies Cited During Inspections for FY 2023: NF – Health

CFR	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
483.80(a)(1)(2)(4)(e)(f)	Infection Prevention & Control	The facility failed to comply with requirements related to an infection prevention and control program.	1	1	748

CFR	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
483.60(i)(1)(2)	Food Procurement, Store/Prepare/Serve -Sanitary	The facility failed to comply with certain requirements related to food sources, storage, and safe handling.	2	2	673
483.21(b)(1)(3)	Develop/Implement Comprehensive Care Plan	The facility failed to comply with certain requirements related to the development and implementation of a person-centered care plan.	3	4	587
483.25(d)(1)(2)	Free of Accident Hazards/Supervision /Devices	The facility failed to comply with accident prevention requirements.	4	5	505
483.45(g)(h)(1)(2)	Label/Store Drugs and Biologicals	The facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles, and included the appropriate accessory and cautionary instructions, and the expiration date when applicable.	5	3	450
483.45(a)(b)(1)-(3)	Pharmacy Services/Procedures /Pharmacist/Records	The facility failed to comply with requirements related to the provision of pharmaceutical services.	6	6	399
483.25(i)	Respiratory/Tracheostomy Care and Suctioning	The facility failed to ensure each resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals, and preferences.	7	8	325

CFR	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
483.24(a)(2)	ADL Care Provided for Dependent Residents	The facility failed to ensure residents who were unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral.	8	7	313
483.20(f)(5)	Resident Records - Identifiable Information	The facility failed to comply with resident identifiable information and medical records requirements.	9	9	292
483.10(i)(1)-(7)	Safe/Clean/Comfortable/Homelike Environment	The facility failed to provide a safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible, including: failing to ensure the resident can receive care and services safely; failing to exercise reasonable care for the protection of the resident's property from loss or theft; and failing to provide housekeeping and maintenance services, clean bed and bath linens in good condition, private closet space, adequate and comfortable lighting levels, comfortable and safe temperature levels, or comfortable sound levels.	10	NA	274

Top 10 Deficiencies Cited During Inspections for FY 2024: NF – Life Safety Code

TAG	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
0521	Heating Ventilation and Air Conditioning	The facility failed to comply with Life Safety Code requirements for heating, ventilation, and air conditioning systems.	1	1	341
0353	Sprinkler System - Maintenance and Testing	The facility failed to comply with requirements for testing, maintaining, and inspecting a sprinkler system or for retaining records related to the sprinkler system.	2	4	258
0372	Subdivision of Building Spaces - Smoke Barrie	The facility failed to construct smoke barriers in accordance to certain Life Safety Code requirements or with the required resistance ratings.	3	2	245
0918	Electrical Systems - Essential Electric System	The facility failed to test and maintain the generator or alternate power source as required by the Health Care Facilities Code.	4	5	214
0321	Hazardous Areas – Enclosure	The facility failed to comply with requirements related to the protection of hazardous areas.	5	6	204
0324	Cooking Facilities	The facility failed to comply with requirements related to cooking facilities or cooking equipment.	6	3	176
0511	Utilities - Gas and Electric	The facility failed to comply with the National Fuel Gas Code or the National Electric Code related to equipment using gas or related gas piping.	7	8	165
0211	Means of Egress – General	The facility failed to comply with requirements for egress, including aisles, passageways, corridors, exit discharges, or exit locations.	8	7	145
0741	Smoking Regulations	The facility failed to comply with requirements for smoking regulations, including adopting a plan to address where smoking is permitted, or failed to provide noncombustible safety type ashtrays or receptacles in convenient locations.	9	9	126

TAG	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
0345	Fire Alarm System - Testing and Maintenance	The facility failed to test and maintain a fire alarm system in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code, and make records of system acceptance, maintenance and testing readily available.	10	NA	118

Principles

Top 10 Principles Cited During Reviews for FY 2024: HCS

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
565.23(d)(4)	Residential Requirements	The program provider failed to ensure there are working smoke alarms in each bedroom and immediately outside the bedrooms.	1	NA	90
565.25(j)	Programmatic Requirements	A program provider failed to enter critical incident data in the HHSC data system no later than the last calendar day of the month that follows the month being reported in accordance with the HHSC guidance found on the HHSC website.	2	NA	69
565.31(f)(4)	Abuse, Neglect, and Exploitation Requirements	The program provider failed to complete and send to HHSC the Form 8494, Notification Regarding an Investigation of Abuse, Neglect or Exploitation, located on the HHSC website within 14 calendar days after the date the program provider receives the final investigative report.	3	NA	36

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
565.25(d)	Programmatic Requirements	The program provider failed to make available all records, reports, and other information related to the delivery of HCS Program and CFC services as requested by the Texas Health and Human Services Commission (HHSC), other authorized agencies, or the Centers for Medicare and Medicaid and deliver such items, as requested, to a specified location or delivered electronically if available.	4	NA	35
565.25(b)(1)	Programmatic Requirements	The program provider failed to conduct an onsite inspection of a residence in host home/companion care before providing services and quarterly thereafter.	5	NA	29
565.11(a)(3)	Service Delivery	The program provider failed to provide or obtain as needed and without delay all HCS Program and CFC services for an individual.	6	NA	20
565.11(a)(4)	Service Delivery	The program provider failed to maintain a system of delivering HCS Program and CFC services that is continuously responsive to changes in the individual's personal goals, condition, abilities, and needs as identified by the service planning team.	7	NA	19

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
565.7(b)(2)(A)	Staff Member and Service Provider Requirement	The program provider failed to ensure staff members and services providers were qualified to deliver required services from the person-directed plan, individual plan of care, and implementation plan to meet the needs of each individual it provides services to as evidence by a lack of documented training specific to the individual's needs and characteristics conducted before service provision and at least every twelve months thereafter.	7	NA	19
565.1(a)	Emergency Communication System	The program provider failed to enroll in the HHSC emergency communication system.	9	NA	18
565.11(a)(41)(I)	Service Delivery	The program provider failed to maintain a single record related to HCS Program and CFC services provided to an individual for an IPC year that included documentation supporting the recommended level of need, including the Inventory for Client and Agency Planning booklet, assessments and interventions by qualified professionals, and time sheets of service providers.	9	NA	18

Top 10 Principles Cited During Reviews for FY 2024: TxHmL

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
566.11(n)	Quality Assurance	Program provider must enter critical incident data in the data system no later than the last calendar day of the month that follows the month being reported.	1	3	10
566.7(q)(1)	Program Provider Service Delivery	Program provider may determine that an individual does not require a nursing assessment if: nursing services are not on the IPC and the program provider has determined that no nursing task will be performed as documented on the "Nursing Task Screening Tool".	2	NA	4
566.7(d)(1)	Program Provider Service Delivery	If a report alleges ANE by a service provider/staff member/volunteer/controlling person; or if a program provider is notified by HHSC of an allegation of ANE program provider must: as necessary: obtain immediate medical/psychological services; and assist in obtaining ongoing medical/psychological services.	3	NA	3
566.15(a)(3)	Reqs Related to the ANE of an Individual	Program provider must: conduct training on reporting ANE before a staff member/service provider/volunteer assumes job duties and annually thereafter.	3	NA	3
566.1(a)	Emergency Response System	The program provider designee failed to enroll in the HHSC emergency communication system.	5	NA	2
566.9(r)	Qualified Personnel	Program provider must comply with Background Checks.	5	NA	2

TAC	Title	Description	FY 2024 Rank	FY 2023 Rank	FY 2024 Cites
566.11(o)(2)(A)	Quality Assurance	Program provider must ensure that: the alternate to the CEO: performs the duties during the CEO's absence.	5	NA	2
566.9(d)(1)	Qualified Personnel	Program provider must: conduct initial/periodic training that ensures staff members/service providers are trained/qualified to deliver services.	5	NA	2
566.7(f)	Program Provider Service Delivery	Program provider must ensure that an individual's progress/lack of progress toward achieving identified outcomes is documented in observable/measurable terms and is available for review by the service coordinator.	5	NA	2
566.11(a)(21)	Quality Assurance	Program provider must: obtain an acknowledgement stating information provided to the individual or LAR and that is signed by: the individual/LAR; the program provider staff; and a third-party witness.	5	NA	2
566.11(a)(21)(C)	Quality Assurance	Program provider must: obtain an acknowledgement stating information provided to the individual or LAR and that is signed by: a third-party witness.	5	NA	2
566.7(c)(2)(B)	Program Provider Service Delivery	Program provider must: develop: in conjunction with the individual/family/LAR, an IP for: a transportation plan, if included on the PDP.	5	NA	2

Informal Dispute Resolutions for Fiscal Year 2024

IDR Outcomes	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total	Month Avg
NF Cases Received	11	38	26	22	16	14	20	30	28	25	21	18	269	22.4
NF Cases Withdrawn/Denied	1	5	4	0	5	3	3	4	3	3	2	3	36	3.0
NF Cases Reviewed	19	24	35	25	15	11	16	27	32	20	24	23	271	22.6
NF % Completed Timely	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%
NF Cases Amended	11	10	23	8	8	5	2	9	15	7	9	13	120	10.0
<i>NF % Cases Amended</i>	<i>58%</i>	<i>42%</i>	<i>66%</i>	<i>32%</i>	<i>53%</i>	<i>45%</i>	<i>13%</i>	<i>33%</i>	<i>47%</i>	<i>35%</i>	<i>38%</i>	<i>57%</i>	<i>NA</i>	<i>42%</i>
NF Cases Amended/Rejected post IDR	5	4	12	20	9	1	4	1	6	10	4	13	89	7.4
NF Citations Reviewed	98	76	153	100	56	34	52	95	108	56	107	94	1029	85.8
NF Citations Deleted	21	10	37	12	12	4	2	14	14	6	22	20	174	14.5
NF Citations Partially Deleted	6	2	2	4	2	2	0	4	3	2	6	6	39	3.3
NF Severity/Scope Changed	6	14	29	5	2	4	2	4	18	10	4	8	106	8.8

IDR Outcomes	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total	Month Avg
NF Citations Moved	0	4	1	0	2	0	0	0	2	0	0	2	11	0.9
NF Citations Unchanged	65	46	84	79	38	24	48	73	71	38	75	58	699	58.3
<i>NF % Citations Amended</i>	<i>34%</i>	<i>39%</i>	<i>45%</i>	<i>21%</i>	<i>32%</i>	<i>29%</i>	<i>8%</i>	<i>23%</i>	<i>34%</i>	<i>32%</i>	<i>30%</i>	<i>38%</i>	<i>NA</i>	<i>30%</i>
ALF Cases Received	1	6	3	2	1	1	0	3	5	6	4	4	36	3.0
ALF Cases Withdrawn/Denied	1	1	0	0	0	0	0	1	1	0	1	1	6	0.5
ALF Cases Reviewed	3	0	4	4	3	1	1	0	3	4	7	4	34	2.8
ALF % Completed Timely	100%	N/A	100%	100%	100%	100%	100%	N/A	100%	100%	100%	100%	N/A	100%
ALF Cases Amended	1	0	1	1	0	0	0	0	1	0	1	0	5	0.4
<i>ALF % Cases Amended</i>	<i>33%</i>	<i>NA</i>	<i>25%</i>	<i>25%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>NA</i>	<i>33%</i>	<i>0%</i>	<i>14%</i>	<i>NA</i>	<i>NA</i>	<i>15%</i>
ALF Cases Amended/Rejected post IDR	0	0	0	1	0	0	0	0	0	0	1	0	2	0.2
ALF Citations Reviewed	4	0	8	5	6	2	2	0	3	5	17	8	60	5.0
ALF Citations Deleted	2	0	0	2	0	0	0	0	1	0	0	0	5	0.4

IDR Outcomes	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total	Month Avg
ALF Citations Partially Deleted	0	0	0	0	0	0	0	0	0	0	1	0	1	0.1
ALF Severity/Scope Changed	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
ALF Citations Moved	0	0	1	0	0	0	0	0	0	0	0	0	1	0.1
ALF Citations Unchanged	2	0	7	3	6	2	2	0	2	5	16	8	53	4.4
<i>ALF % Citations Amended</i>	<i>50%</i>	<i>NA</i>	<i>13%</i>	<i>40%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>33%</i>	<i>0%</i>	<i>6%</i>	<i>0%</i>	<i>NA</i>	<i>17%</i>
ICF Cases Received	3	5	1	0	1	3	2	4	4	1	4	3	31	2.6
ICF Cases Withdrawn/Denied	1	0	0	0	0	0	1	1	0	0	0	0	3	0.3
ICF Cases Reviewed	1	5	3	0	1	2	2	3	3	3	5	1	29	2.4
ICF Completed Timely	100%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%
ICF Cases Amended	0	2	2	0	0	1	0	1	0	1	2	1	10	0.8
<i>ICF % Cases Amended</i>	<i>NA</i>	<i>40%</i>	<i>67%</i>	<i>NA</i>	<i>0%</i>	<i>50%</i>	<i>0%</i>	<i>33%</i>	<i>0%</i>	<i>33%</i>	<i>40%</i>	<i>100%</i>	<i>NA</i>	<i>28%</i>
ICF Cases Amended/Rejected post IDR	0	0	1	2	0	0	0	0	0	0	1	0	4	0.3

IDR Outcomes	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total	Month Avg
ICF Citations Reviewed	6	20	14	0	2	7	4	14	10	9	21	4	111	9.3
ICF Citations Deleted	0	4	1	0	0	0	0	0	0	0	2	2	9	0.8
ICF Citations Partially Deleted	0	0	2	0	0	0	0	6	0	0	10	2	20	1.7
ICF Severity/Scope Changed	0	0	0	0	0	0	0	0	0	3	0	0	3	0.3
ICF Citations Moved	0	0	0	0	0	2	0	0	0	0	0	0	2	0.2
ICF Citations Unchanged	6	16	11	0	2	5	4	8	10	6	9	0	77	6.4
<i>ICF % Citations Amended</i>	<i>0%</i>	<i>20%</i>	<i>21%</i>	<i>0%</i>	<i>0%</i>	<i>29%</i>	<i>0%</i>	<i>43%</i>	<i>0%</i>	<i>33%</i>	<i>57%</i>	<i>100%</i>	<i>NA</i>	<i>15%</i>
Total Cases Received	15	49	30	24	18	18	22	37	37	32	29	25	336	28.0
Total Cases Withdrawn/ Denied	3	6	4	0	5	3	4	6	4	3	3	4	45	3.8
Total Cases Reviewed	23	29	42	29	19	14	19	30	38	27	36	28	334	26.0
Total % Completed Timely	100%	100%	100%	100%	100%	100%	100%	100%	200%	100%	100%	100%	N/A	100%
Total Cases Amended	12	12	26	9	8	6	2	10	16	8	12	14	135	11.3

IDR Outcomes	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total	Month Avg
<i>Total % Cases Amended</i>	<i>52%</i>	<i>41%</i>	<i>62%</i>	<i>31%</i>	<i>42%</i>	<i>43%</i>	<i>11%</i>	<i>33%</i>	<i>42%</i>	<i>30%</i>	<i>33%</i>	<i>50%</i>	<i>NA</i>	<i>39%</i>
Total Cases Amended/ Rejected post IDR	5	4	13	23	9	1	4	1	6	10	6	13	95	7.9
Total Citations Reviewed	108	96	175	105	64	43	58	109	121	70	145	106	1200	100.0
Total Citations Deleted	23	14	38	14	12	4	2	14	15	6	24	22	188	15.7
Total Citations Partially Deleted	6	2	4	4	2	2	0	10	3	2	17	8	60	5.0
Total Severity/Scope Changed	6	14	29	5	2	4	2	4	18	13	4	8	109	9.1
Total Citations Moved	0	4	2	0	2	2	0	0	2	0	0	2	14	1.2
Total Citations Unchanged	73	62	102	82	46	31	54	81	83	49	100	66	829	69.1
<i>Total % Citations Amended</i>	<i>32%</i>	<i>35%</i>	<i>42%</i>	<i>22%</i>	<i>28%</i>	<i>28%</i>	<i>7%</i>	<i>26%</i>	<i>31%</i>	<i>30%</i>	<i>31%</i>	<i>38%</i>	<i>NA</i>	<i>28%</i>
HCS # of Tags IDR'd	6	0	1	0	5	0	6	0	4	1	7	0	30	4.29
HCS # of Tags Supported	6	N/A	1	N/A	5	N/A	4	N/A	4	1	7	N/A	28	4.00

Notes:

"Severity/Scope Changed" represents tags that were only reduced in Severity/Scope (S/S). It does not include the number of tags with SQC/IJ findings that were deleted/partially deleted. Those are included in the "Citations Deleted" and "Citations Partially Deleted" counts.

"Citations Moved" represents tags that were moved from one regulatory requirement to another to reflect the appropriate citation.

"Cases Amended/Rejected post IDR" only includes cases/citations where regulatory disagreed with a recommended deletion or reduction in S/S. It does not include cases or citations where regulatory decided to delete citations recommended to be upheld in IDR.

Appendix K. Waiver Programs – Home and Community-based Services (HCS) and Texas Home Living (TxHmL)

HCS and TxHmL Contracts

The tables in this appendix contain information relating to the Home and Community-based Services and Texas Home Living waiver programs, by category, for fiscal year (FY) 2024.

Vendor Hold

If LTCR determines that the program provider is not in compliance at the end of the follow-up review, it recommends a vendor hold be placed on payments due to the program provider. LTCR conducts a second on-site follow-up review between 30 and 45 calendar days after the effective date of the vendor hold.

HHSC began imposing administrative penalties for HCS and TxHmL program providers on March 1, 2021. As a part of the rules implementing administrative penalties, program providers are required to submit a plan of correction for any violations listed in the final report. If the program provider does not submit a plan of correction or a revised plan of correction, LTCR may recommend vendor hold until a plan of correction can be approved by HHSC.

Denial of Certification

If LTCR determines that the program provider is not in compliance at the end of the follow-up review to vendor hold, it recommends denial of certification of the program provider and recommends termination of its waiver program provider agreement.

LTCR can recommend denial of certification of a program provider's contract if there is a hazard to the health, safety, or welfare of individuals and the hazard is not eliminated before the end of any review or based on a program provider's serious or pervasive noncompliance with one or more of the certification principles.

As part of the new rules for administrative penalties, program providers are now required to provide a plan of removal in the event an Immediate Threat is confirmed. HHSC may recommend a denial of certification of the program provider if the program provider does not provide a plan of removal, HHSC does not approve

the plan of removal, or the program provider does not implement the approved plan of removal.

LTCR may also recommend denial of certification for the program provider's failure to submit a plan of correction or revised plan of correction.

HCS Vendor Holds

Waiver Contract Area	Waiver Contract City	Contract Number	Contract	Visit Exit Date
3	The Colony	001009183	Caring Disability Provider	10/18/2023
5	Sugar Land	001007999	Nanny's MHMR Care Inc.	02/02/2024

TxHmL Vendor Holds

HHSC did not recommend vendor hold for any TxHmL in FY 2024.

HCS Denials of Certification

Waiver Contract Area	Waiver Contract City	Contract Number	Contract	Visit Exit Date
7	Richmond	1021990	N2 Care Services Inc	11/18/2023

TxHmL Denial of Certifications

HHSC did not recommend denial of certification for any TxHmL in FY 2024.

HCS and TxHmL Complaints and Referrals

Complaints

Complaints are received by the Intellectual and Developmental Disabilities Ombudsman. If the complaint is related to health and safety of the individuals or potential noncompliance, the complaint is referred to regulatory staff, which reviews the complaint to determine follow-up actions.

The actions are determined by:

- The severity of the complaint

- The number and severity of other complaints received about that program provider.
- The pattern and trends of any reported abuse, neglect, or exploitation associated with the program provider.
- The performance of the program provider on certification surveys

Desk Review

LTCR completes a desk review of the complaint if it is determined that there is low risk to those served by that program provider. The determination of low risk is made if the complaint did not involve issues that relate to the health or safety of those served and if contact with the program provider indicates the situation has been satisfactorily resolved.

On-Site Visit

LTCR conducts an on-site visit if there is significant risk to the clients involved in the complaint. If the program provider is found to be out of compliance with one or more certification principles, the results are recorded in an intermittent survey.

HCS and TxHmL Complaints

Waiver Program	Referred to Waiver Program	On-site Review Conducted
HCS	313	NA
TxHmL	3	NA
Total	316	NA

Note:

Due to the migration of survey records into ASPEN in January 2021 and provider information, including complaints and on-site requests, into Salesforce, on-site review data is not currently available. Additionally, issues with the functionality of Salesforce at launch affected survey data entry and assignment of work. As of November 2024, LTCR continues working on processes to capture this data in Salesforce.