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# NF Provider Updates with HHSC Long-Term Care Regulation

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**June 14, 2023**

For more information:

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

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

# NF Updates

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## Panelist

Caroline Sunshine

Policy Specialist  
Policy & Rules  
Long-Term Care Regulation



# Overview

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Updates and information included in this webinar:

- Announcements and reminders
- DSHS – update
- Priority alerts and notifications
- COVID-19 public health emergency termination
- LTC Ombudsman
- Top 10 deficiencies cited during fiscal year 2022 inspections
- Health #1: infection prevention and control
- Infection Prevention, Control and Immunizations critical element pathway
- Quality Monitoring Program
- RAI-MDS
- PASRR
- TMF Health Quality Institute



# Next Webinar:

## Wednesday, September 13, 2023 2:30pm

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



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# Hurricane Season: June 1 to November 30

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Providers are reminded to review their emergency preparedness and response plans before hurricane season begins. Ensure staff is aware of how to implement the facility's plans.

- Receiving facilities and transportation contracts
- Maintaining infection control measures during evacuation or sheltering-in-place; ensuring PPE is available, in addition to other supplies including water, food, medicine
- Contingencies – power loss, communications, staffing

Providers affected by an adverse event or who need to temporarily exceed capacity due to a disaster, should contact their [HHSC LTCR Regional Office](#).



# 2023 Quality in LTC Conference

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HHSC and The University of Texas Steve Hicks School of Social Work are hosting the [2023 Quality in Long-Term Care Conference](#).

Free to attend.

CE credit is available for certain disciplines.

Location: Renaissance Hotel, Austin, August 22–23

[Register here](#)



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Topics include:

- Caring for people with dementia
- Infection prevention and control
- Long COVID considerations in LTC
- Advances in LTC, aging and disability services.



# NF Updates

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## **Texas Department of State Health Services**

### **David Gruber**

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

### **Angel H. Angco-Barrera, MBA, BSN, RN**

Director of Public Health Nursing  
Division of Regional and Local Health Operations

DSHS: [dshs.texas.gov](https://dshs.texas.gov)



# Department of State Health Services

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Links to current information:

- [Influenza \(Flu\)](#)
- [be informed - natural disasters](#)
- [News and Alerts](#)
  
- Facebook: [facebook.com/TexasDSHS](https://facebook.com/TexasDSHS)
- Twitter: @TexasDSHS





# NF Updates

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## Panelist

Sandra Wiegand CPHQ, SMQT

Senior Policy Specialist  
Policy & Rules  
Long-Term Care Regulation



## PL2023-07 Temporary Closures

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Provides guidance about temporary closure processes.

- Allows providers to temporarily cease operations due to an unexpected or unforeseen natural disaster or event.
- Gives providers time to complete repairs and resume operations without having to reapply for licensure or certification.

Temporary closure is defined as a cessation of operations for longer than 30 days with plans to resume operations.



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## QSO-23-10-NH

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### QSO-23-10-NH: Strengthened Enhanced Enforcement for Infection Control Deficiencies and Quality Improvement Activities in Nursing Homes

This revised guidance strengthens enforcement efforts for noncompliance with infection control deficiencies, including more stringent remedies for deficiencies that result in actual harm or immediate jeopardy to residents.



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# Revised Enhanced Enforcement for Infection Control Deficiencies

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F880 Infection Prevention and Control - Immediate Jeopardy citations

Enforcement remedies include:

- Directed Plan of Correction including Root Cause Analysis and working with a Quality Improvement Organization or hiring an Infection Control Consultant to develop and implement a corrective action plan.
- Discretionary Denial of Payment for New Admissions with a 15-day notice period to achieve substantial compliance.
- Civil Money Penalty with a twenty percent increase adjustment.



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# Revised Enhanced Enforcement for Infection Control Deficiencies

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## F880 Infection Prevention and Control - Actual Harm citations

### Enforcement remedies include:

- Directed Plan of Correction including Root Cause Analysis and working with a Quality Improvement Organization or hiring an Infection Control Consultant to develop and implement a corrective action plan.
- Discretionary Denial of Payment for New Admissions with a 15-day notice period to achieve substantial compliance.
- Civil Money Penalty with a twenty percent increase adjustment.



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# Revised Enhanced Enforcement for Infection Control Deficiencies

F880 IP&C and F887 staff immunization mandate cited at No Actual Harm with Potential for More Than Minimal Harm

Enforcement remedies include:

- Directed Plan of Correction including Root Cause Analysis and working with a Quality Improvement Organization or hiring an Infection Control Consultant to develop and implement a corrective action plan.
- Discretionary Denial of Payment for New Admissions with a 30-day notice period to achieve substantial compliance.
- Additional remedies may apply if F887 is cited at Actual Harm or Immediate Jeopardy.



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# NF Updates

## Texas Long-Term Care Ombudsman

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

[Patricia.Ducayet@hhs.texas.gov](mailto:Patricia.Ducayet@hhs.texas.gov)

Statewide phone: 800-252-2412

Statewide email:  
[ltc.ombudsman@hhs.texas.gov](mailto:ltc.ombudsman@hhs.texas.gov)

Office of the Long-Term Care Ombudsman:

[https://apps.hhs.texas.gov/news\\_info/ombudsman/](https://apps.hhs.texas.gov/news_info/ombudsman/)





# Texas Long-Term Care Ombudsman Program

- Advocates for residents of nursing facilities and assisted living facilities
- Mandated by state and federal law, Human Resources Code and the Older Americans Act
- Protects the health, safety, welfare, and rights of residents
- Functions independently of long-term care (LTC) facilities and other government functions
- Provides free services that are confidential and available statewide



# State and Local LTC Ombudsman Offices

## **State office:**

- Our primary function is to support the work of ombudsmen in local offices

## **28 local offices:**

- Each office has a Managing Local Ombudsman and volunteers
- Larger programs have additional staff ombudsmen
- Volunteers receive the same initial training as staff



# LTC Ombudsman Program

Ombudsmen help protect the health, safety, welfare, and rights of people living in nursing facilities and assisted living facilities.

Ombudsmen:

- Provide information and assistance
- Identify, investigate, and work to resolve complaints
- Educate residents and others
- Represent residents' interests



## LTC Ombudsman – Access 26 TAC §554.413

- Immediate, private, and unimpeded access to a resident and to enter the facility
- Immediate and unimpeded access to the name and contact information of a resident representative
- Immediate access to all files, records, and other information concerning a resident, including an incident report involving a resident, if the ombudsman has consent of the resident, LAR, or with State Ombudsman approval
- Immediate access to the administrative records, policies, and documents of the facility to which the residents or general public have access



# LTC Ombudsman Program Consent & Confidentiality Requirements

Ombudsmen must have consent or State Ombudsman approval to:

- Work on a resident's behalf
- Access records
- Reveal a person's name or identifying characteristics
- Share confidential information with other agencies and services





# Discharge Is the #1 Complaint Made to an Ombudsman

## NFs - 26 TAC §554.502

- Notice must be given to residents
- A copy of the notice must be given to the ombudsman if the facility initiates discharge
- A resident has a right to appeal
- Physician documentation is required in discharges related to care

## Notes on Discharge

- Discharge should be a last resort
- Discharge must be safe and orderly
- Discharge planning should begin when the resident moves in, and updated and discussed throughout the resident's course of care and treatment



# LTC Ombudsman Grievances

- A grievance means a complaint about an ombudsman
- Make a grievance about an ombudsman to their supervisor
  - If you don't know who the supervisor is, ask the ombudsman, call 800-252-2412, or email [ltc.ombudsman@hhs.texas.gov](mailto:ltc.ombudsman@hhs.texas.gov)
- A grievance can be escalated to the state office





# Contact Information

## LTC Ombudsman

[ltc.ombudsman@hhs.texas.gov](mailto:ltc.ombudsman@hhs.texas.gov)

1-800-252-2412, enter zip code

Find a managing local ombudsman:  
[www.texashhs.org/litcombudsman](http://www.texashhs.org/litcombudsman)

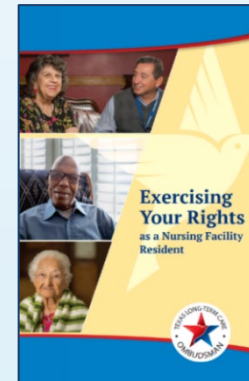
Policy Manual: [Ombudsman Policies and Procedures Manual \(texas.gov\)](http://www.texas.gov)

<https://hhsc.mypinnaclecart.com/long-term-care-ombudsman/nursing-facilities-resident-rights-booklet/>

## Patty Ducayet

[Patricia.Ducayet@hhs.texas.gov](mailto:Patricia.Ducayet@hhs.texas.gov)

512-438-4356



# NF Updates

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## Panelist

Kevin Knippa

Senior Policy Specialist  
Policy & Rules  
Long-Term Care Regulation



# End of Public Health Emergency (PHE)

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COVID-19 Public Health Emergency ended on **May 11, 2023.**

HHSC alert - [CMS Issues Revised NF COVID-19 Visitation Guidance and Retires Testing Memo](#)

- CMS issued revised [QSO 20-39](#) Nursing Home Visitation
- CMS allowed QSO-20-38 on COVID-19 Testing to expire

CMS [Fact Sheet](#) provides information about COVID-19 PHE waivers and flexibilities.



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# End of PHE - Nurse Aide Waiver

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The waiver allowing temporary nurse aides (TNAs) to work longer than four months without certification ended May 11.

All TNAs hired before May 11th must be certified by September 10.

All TNAs hired on or after May 11 will have 4 months from their date of hire to become certified.

- [PL 2021-19 Certification Process for Nurse Aides Training and Working Under a Waiver](#)
- [PL 2023-05 End of Temporary Waivers of Certain LTCR Requirements During COVID-19 Public Health Emergency](#)



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# End of PHE – SNF 3-day Waiver

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CMS temporarily waived the requirement for a three-day prior hospitalization for coverage of a SNF stay under [Medicare](#) during the COVID-19 PHE.

- Waiver ended May 11, 2023, with the end of the PHE.



# End of PHE – ABHR Waiver

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CMS waived the prescriptive requirements about alcohol-based hand rub placement as described in life safety code requirements. (NFPA 101, Life Safety Code, 2012 edition).

- Waiver ended May 11, 2023, with the end of the PHE.



# End of PHE – ABHR Waiver

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Per NFPA 101:

- ABHRs can be installed in a corridor as long as the corridor is at least six feet wide
- Each dispenser must not exceed the following capacity:
  - 0.32 gallons if located in rooms, corridors or spaces open to the corridor
  - 0.53 gallons if located in a suite of rooms



# End of PHE – ABHR Waiver

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Per NFPA 101, ABHR dispensers:

- Must be spaced at least four feet apart horizontally.
- Cannot installed above, below or to the side of an ignition source if the ABHR is also within 1 inch of the ignition source.

Note: ignition sources include electrical outlets and switches



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## Panelist

Bijendra Bhandari

Infection Prevention Policy Specialist  
Policy & Rules  
Long-Term Care Regulation



# End of PHE – COVID-19 Reporting

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- NHSN reporting requirement remains unchanged. Requirement ends on December 31, 2024. ([QSO 23-13](#))
- NFs must also continue to report COVID-19 to the local health department.
- NFs that are licensed-only and not reporting to NHSN must report COVID-19 cases to DSHS



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# End of PHE – COVID-19 Reporting

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NFs must continue to report COVID-19 cases to HHSC CII.

All NFs shall report to HHSC CII within 24 hours of:

- first confirmed positive case of COVID-19 in staff or residents
- any new confirmed case of COVID-19 in staff or residents after a facility has been without new cases for 14 days or longer

[PL 2022-16 COVID-19 Reporting Guidance](#)



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# End of PHE – IP and Testing guidance

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COVID-19 testing for residents or staff:

- QSO-20-38-NH has been retired.
- NFs must continue testing staff and residents during outbreaks in accordance with [CDC](#) guidance.
- NF must follow medical provider recommendations for testing residents who have signs and symptoms.



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# End of PHE – Outbreak Testing

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CDC - testing must be performed for all residents and staff, regardless of vaccination status:

- identified as close contacts
- on the affected unit if using a broad-based approach

Testing is recommended immediately, but not earlier than 24 hours after the exposure. If negative, test again:

- 48 hours after the first negative test and, if negative,
- 48 hours after the second negative test.



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# End of PHE – Visitation

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According to [QSO 20-39](#), NFs must post visual alerts (signs, posters) at the entrance and in strategic places (waiting areas, elevators, cafeterias).

These alerts should include instructions about current IPC recommendations, such as when to use source control.

CMS still expects facilities to adhere to infection prevention and control recommendations in accordance with accepted [national standards](#).



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# End of PHE – Visitation

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Visitation is allowed for all residents at all times.

- Staff, Residents, and visitors must follow the [Core Principles of COVID-19 Infection Prevention and Control](#).
- Visitors can share a meal with or feed the resident they are visiting



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# End of PHE – Visitation

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During outbreak investigations:

- Visitation can still occur during an outbreak.
- The visit should ideally occur in the resident's room.
- Residents and their visitors should wear well-fitting source control and physically distance, if possible, during the visit.



# End of PHE – Source Control

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Universal source control (facemask use) will no longer be required because of Community Transmission levels.

According to [CDC](#), source control (facemasks) must be used by individuals who:

- Have suspected or confirmed COVID-19 or other respiratory infection
- Had close contact (residents and visitors) with someone with COVID-19
- Had higher-risk exposure (staff) with someone with COVID-19



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# End of PHE – Source Control

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Source control (facemasks) must also be worn by individuals:

- Residing or working on a unit or area of the facility experiencing a COVID-19 or other outbreak of respiratory infection.
- Caring for residents who are moderately to severely immunocompromised.
- Following recommendations from public health authorities.



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[Interim IPC Recommendations for HCP During the COVID-19 Pandemic](#)

# End of PHE

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Please refer to the following for most recent COVID-19 related guidance:

- [QSO-20-39-NH](#)
- Nursing Home Visitation [Frequently Asked Questions](#)
- Interim IPC Recommendations for [Healthcare Personnel](#)



# NF Updates

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## Panelist

Catherine Anglin

Program Manager  
Policy & Rules  
Long-Term Care Regulation



# Top 10 Deficiencies: FY2022

Rank	Tag	Description
1	F880	<b>Infection Prevention and Control: 42 CFR 483.80(a)(1)(2)(4)(e)(f)</b>
2	F812	Food Procurement, Store/Prepare/Serve - Sanitary: 42 CFR 483.60(i)(1)(2)
3	F656	Develop/Implement Comprehensive Care Plan: 42 CFR 483.21(b)(1)
4	F761	Label/Store Drugs and Biologicals: 42 CFR 483.45(g)(h)(1)(2)
5	F842	Resident Records - Identifiable Information: 42 CFR 483.20(f)(5); 483.70(i)(1)-(5)
6	F755	Pharmacy Services: 42 CFR 483.45(a)(b)(1)-(3)
7	F689	Free of Accident Hazards/Supervision/Devices: 42 CFR 483.25(d)(1)(2)
8	F677	ADL Care Provided for Dependent Residents: 42 CFR 483.24(a)(2)
9	F684	Free of Accident Hazards/Supervision/Devices: 42 CFR 483.25(d)(1)(2)
10	F609	Reporting of Alleged Violations: 42 CFR 483.12(c)(1)(4)





# Top 10 Deficiencies:

## #1 – Infection Prevention and Control

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[42 CFR 483.80\(a\)\(1\)\(2\)\(4\)\(e\)\(f\)](#)

- TAG F880 - The facility failed to comply with requirements related to an infection prevention and control program.
- Ranked number one cited deficiency in FY 2021, as well.



# Infection Prevention, Control & Immunizations Critical Element Pathway

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

This pathway is used by LTCR to determine compliance at F880, F881, F882, F883, F885, F886, and F887.

Providers can use these same resources to understand the IPC requirements and how surveyors determine compliance.

IPC critical element pathway included as a webinar handout.



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# Infection Prevention, Control & Immunizations Critical Element Pathway

The infection prevention and control program (IPCP) must be facility-wide and include all departments.

1. Did the staff implement appropriate standard and transmission-based precautions (if applicable)? [F880]



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## Transmission-Based Precautions (TBP):

☐ Determine if appropriate transmission-based precautions are implemented, including but not limited to:

- For a resident on contact precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
- For a resident on droplet precautions: staff don a facemask and eye protection (goggles or face shield) within six feet of a resident and prior to resident room entry;
- For a resident on airborne precautions: staff don a fit-tested N95 or higher-level respirator prior to room entry of a resident;
- For a resident with an undiagnosed respiratory infection: staff follow standard, contact, and droplet precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis);
- Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then reusable resident medical equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare settings and effective against the identified organism (if known) prior to use on another resident.
- Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare settings and effective against the organism identified (if known) at least daily and when visibly soiled.

# Infection Prevention, Control & Immunizations Critical Element Pathway

2. Does the facility have IPCP including policies, procedures and education that are current, based on national standards, reviewed at least annually? [F880]



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## IPCP Standards, Policies, and Procedures:

- ☐ The facility established a facility-wide IPCP including written IPCP standards, policies, and procedures that are current and based on the facility assessment [according to §483.70(e)] and national standards (e.g., for undiagnosed respiratory illness and COVID-19).
- ☐ The facility's policies or procedures include which communicable diseases are reportable to local and/or state public health authorities. The facility has a current list of reportable communicable diseases.
- ☐ Staff (e.g., infection preventionist) can identify and describe the communication protocol with local/state public health officials (e.g., to whom and when communicable diseases, healthcare-associated infections (as appropriate), and potential outbreaks must be reported).
- ☐ The policies and procedures are reviewed at least annually.



# Infection Prevention, Control & Immunizations Critical Element Pathway

## 3. Did the facility provide appropriate infection surveillance? [F880]

### Infection Surveillance:

- ☐ The facility prohibits employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit disease. Staff are excluded from work according to national standards.
- ☐ The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of infections, communicable diseases and outbreaks among residents and staff. Interview staff and review the surveillance plan to determine how the staff monitors residents to identify possible infections and communicable diseases.
- ☐ The plan includes early detection, management of a potentially infectious, symptomatic resident that requires laboratory testing and/or the implementation of appropriate TBP/PPE (the plan may include tracking this information in an infectious disease log).
- ☐ The plan uses evidence-based surveillance criteria (e.g., CDC NHSN Long-Term Care or revised McGeer Criteria) to define infections and the use of a data collection tool.
- ☐ The plan includes ongoing analysis of surveillance data and documentation of follow-up activity in response.
- ☐ The facility has a process for communicating at time of transfer to an acute care hospital or other healthcare provider the diagnosis to include infection or multidrug-resistant organism colonization status, special instructions or precautions for ongoing care such as transmission-based precautions, medications [e.g., antibiotic(s)], laboratory and/or radiology test results, treatment, and discharge summary (if discharged).



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# Infection Prevention, Control & Immunizations Critical Element Pathway

4. Did the facility have measures to prevent the growth of Legionella and other opportunistic waterborne pathogens in building water systems? [F880]



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## Water Management:

Through interview (or record review as necessary), determine whether the facility has:

- ☐ Assessed (e.g., description of the building water systems using text and flow diagrams) where Legionella and other opportunistic waterborne pathogens can grow and spread;
- ☐ Measures to prevent the growth of Legionella and other opportunistic waterborne pathogens in building water systems that is based on nationally accepted standards (e.g., ASHRAE, CDC, U.S. Environmental Protection Agency or EPA). For example, control measures can include visible inspections, disinfectant, temperature control (that may require mixing valves to prevent scalding);
- ☐ A way to monitor the measures they have in place (e.g., testing protocols, acceptable ranges), and established ways to intervene when control limits are not met; and
- ☐ Had a resident with legionellosis since the last recertification survey. Interview the infection preventionist (IP) to determine whether the facility has had a case(s). Interview the IP (and perform record review as necessary) to determine what actions the facility took in response to the identified case in the facility. The State Survey Agency should work with local/state public health authorities, if possible, to determine if the water management program was inadequate to prevent the growth of Legionella or other opportunistic waterborne pathogens and whether the facility implemented adequate prevention and control measures once the issue was identified.

# Infection Prevention, Control & Immunizations Critical Element Pathway

## 5. Did the facility store, handle, transport, and process linens properly? [F880]

### Laundry Services:

- ☐ Determine whether staff handle, store, and transport linens appropriately including, but not limited to:
  - Using standard precautions (e.g., gloves, gowns when sorting and rinsing) and minimal agitation for contaminated linen;
  - Holding contaminated linen and laundry bags away from his/her clothing/body during transport;
  - Bagging/containing contaminated linen where collected, and sorted/rinsed only in the contaminated laundry area (double bagging of linen is only recommended if the outside of the bag is visibly contaminated or is observed to be wet on the outside of the bag);
  - Transporting contaminated and clean linens in separate carts; if this is not possible, the contaminated linen cart should be thoroughly cleaned and disinfected per facility protocol before being used to move clean linens. Clean linens are transported by methods that ensure cleanliness, e.g., protect from dust and soil; and
  - If a laundry chute is in use, laundry bags are closed with no loose items.
- ☐ Laundry Rooms – Determine whether staff:
  - Maintain/use washing machines/dryers according to the manufacturer's instructions for use;
  - If concerns, request evidence of maintenance log/record; and
  - Use detergents, rinse aids/additives, and follow laundering directions according to the manufacturer's instructions for use.



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# Infection Prevention, Control & Immunizations Critical Element Pathway

## 6. Did the facility conduct ongoing review for the antibiotic stewardship? [F881]

### Antibiotic Stewardship Program:

☐ Determine whether the facility has an antibiotic stewardship program that includes:

- Written antibiotic use protocols on antibiotic prescribing, including the documentation of the indication, dosage, and duration of use of antibiotics;
- Protocols to review clinical signs and symptoms and laboratory reports to determine if the antibiotic is indicated or if adjustments to therapy should be made and identify what infection assessment tools or management algorithms are used for one or more infections (e.g., SBAR tool for urinary tract infection (UTI) assessment, Loeb minimum criteria for initiation of antibiotics);
- A process for a periodic review of antibiotic use by prescribing practitioners: for example, review of laboratory and medication orders, progress notes and medication administration records to determine whether or not an infection or communicable disease has been documented and whether an appropriate antibiotic has been prescribed for the recommended length of time. Determine whether the antibiotic use monitoring system is reviewed when the resident is new to the facility, when a prior resident returns or is transferred from a hospital or other facility, during each monthly drug regimen review when the resident has been prescribed or is taking an antibiotic, or any antibiotic drug regimen review as requested by the QAA committee;
- Protocols to optimize the treatment of infections by ensuring that residents who require antibiotics are prescribed the appropriate antibiotic; and
- A system for the provision of feedback reports on antibiotic use, antibiotic resistance patterns based on laboratory data, and prescribing practices for the prescribing practitioner.



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# Infection Prevention, Control & Immunizations Critical Element Pathway

7. Did the facility designate at least one qualified Infection Preventionist, who is responsible for the facility's Infection Prevention and Control Program? [F882]

## **Infection Preventionist (IP):**

During interview with facility administration and Infection Preventionist(s), determine the following:

- ☐ The facility designated one or more individual(s) as the infection preventionist(s) who are responsible for the facility's IPCP.
- ☐ The Infection Preventionist (s) works at least part-time at the facility.
- ☐ The Infection Preventionist(s) completed specialized training in infection prevention and control.

Review facility records for the following related to the designated IP:

- ☐ Professional training: the facility must provide documentation of the IP's primary professional training. There must be one of the following:
  - Certificate/diploma or degree in nursing; or
  - Bachelor's degree (or higher) in microbiology or epidemiology; or
  - Associate's degree or higher in medical technology or clinical laboratory science; or
  - Completion of training in another related field such as that for physicians, pharmacists, and physician's assistants.
- ☐ Specialized training in infection prevention and control.
  - Completed prior to assuming the role of the IP; and
  - Evidence of completion is available (e.g., certificate).



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# Infection Prevention, Control & Immunizations Critical Element Pathway

8. Did the facility provide influenza and/or pneumococcal immunizations as required or appropriate for residents? [F883]

9. Did the facility educate and offer COVID-19 immunization as required or appropriate for residents? [F887]

## **Influenza, Pneumococcal, and COVID-19 Immunizations for Residents:**

- ☐ Review the records of the five residents (influenza, pneumococcal, and COVID-19) for documentation of:
- Screening and eligibility to receive the vaccine(s);
  - The provision of education related to the influenza, pneumococcal, and COVID-19 vaccines (such as the benefits and potential side effects);
  - The administration of vaccines in accordance with national recommendations, which includes doses administered.
  - Facilities must follow the CDC and Advisory Committee on Immunization Practices (ACIP) recommendations for vaccines; and



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# Infection Prevention, Control & Immunizations Critical Element Pathway

10. Did the facility maintain staff documentation of screening, education, offering, and current COVID-19 vaccination status? [F887]



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## Educate and Offer COVID-19 Immunizations for Staff

☐ Review facility documentation for sampled staff for evidence of:

- Screening and eligibility to receive the vaccine(s);
- The provision of education regarding the benefits, risks and potential side effects associated with the vaccine;
- Being offered the vaccine or provided information on obtaining the vaccine;
- The administration of vaccines, if accepted in accordance with national recommendations.

☐ As necessary, review facility policies and procedures and interview staff to determine:

- How staff are educated on the benefits, risks and potential side effects before being offered a vaccine, for each dose offered;
- How staff vaccination status is documented;
- How staff are screened for eligibility (e.g., medical contraindications, previous vaccination), vaccines offered, and consent is obtained; and
- If the facility provided information to staff on obtaining the vaccine if it is not available in the facility.



# NF Updates

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## Panelist

Rachael Holden

Policy Specialist  
Policy & Rules  
Long-Term Care Regulation



# HHSC's Quality Monitoring Program

The [Quality Monitoring Program](#) (QMP) helps detect conditions in NFs that could be detrimental to the health, safety and welfare of residents.

- QMP is not a regulatory program and does not conduct surveys.
- Quality monitors include nurses, pharmacists and dietitians.
- QMP prioritizes visits to NFs with a history of resident care deficiencies or that have been found to have a higher-than-average risk of being cited for significant deficiencies in future surveys.





# QMP: Activities and Resources

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Quality monitors may:

- Recommend changes to policies or procedures
- Conduct staff or in-service training
- Offer technical assistance
- Educate staff about evidence-based practices

Nursing Facility trainings:

- Alzheimer's Disease and Dementia Care
- Virtual Dementia Tour
- Person-Centered Thinking Training

Information on [Evidence-based Practices](#) include advance care planning, dining and meal service, fall prevention and management, and many more.

Contact: [QMP@hhs.texas.gov](mailto:QMP@hhs.texas.gov) or (512) 438-4399



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# Correction

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The March 8 webinar provided an incorrect rule reference. It stated:

Nurse aides have the option to use 100 hours of work training and experience in a NF to qualify to sit for the exam. This process is outlined in [PL 2021-19](#) and was written into permanent rule at 26 TAC [§554.1001\(a\)\(4\)\(A\)\(ii\)](#).

- The correct rule reference for this is 26 TAC [§556.100](#).



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# Emergency Response System: Required Staff Registration and Response

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The administrator and director of nursing must enroll in the emergency communication system in accordance with instructions from HHSC.

NFs must respond to requests for information received through the emergency communication system.

Read [PL 2022-32](#), Blackboard Connect Emergency Communication System, for more info.

[26 TAC §554.1914](#)



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# Emergency Response System: Required Registration and Response

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LTCR will assess compliance with this requirement.

NFs could be cited for noncompliance or be subject to enforcement remedies if the administrator and director of nursing are not registered or the provider failed to respond to requests for information.

- The system has been utilized several times and LTCR is aware that not all providers are registered.
- Some providers have registered but did not specifically register the administrator or DON.



# NF Updates

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## Panelist

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

[Susan.Edgeman@hhs.texas.gov](mailto:Susan.Edgeman@hhs.texas.gov)



# Upcoming MDS Changes

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- Draft Item Sets have been out
- Keep checking [CMS MDS website](#) for the final version of the RAI Manual
- Check for ICD-10 updates on the MDS technical site
- Be mindful of the new, expanded coding instructions in Oct 2023
- Plan now to ensure IDT understand coding instructions and changes to ARDs rules for OBRAs etc.
- Plan to promote collaboration with IDT and document
- Ensure staff/resident/families provide input
- Ensure appropriate documentation supports MDS coding





# MDS Update

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- Plan to manage increase workload, expanded demographic questions, section changes for example Section Q, discharge to community
- Check Appendices for new instructions for interviews
- Ensure staff are familiar with the changes to section GG
- Consider reviewing Section GG language and make any changes to care plan instructions
- Check nursing and facility policies on resident assessment



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# MDS Changes

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- Note changes in Section J, Pain Assessment
- Ensure Accurate ICD-10 diagnoses with support documentation
- Review Section N new med reconciliation and High-risk Drug Classes
- Ensure all meds have an indication for use



# MDS Changes

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- For Texas Medicaid, ensure staff understand the differences between Section G and Section GG
- Consider tools such as worksheets laminated pages of both Section G and GG
- Describe rationale for coding, what is happening with the resident for both sections, document staff input, probing questions
- Document IDT collaboration and thought processes



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# MDS Updates – TMHP: Recent News

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- [Upcoming Changes to MDS Assessments on the TMHP LTC Online Portal on October 1](#)
- TMHP will update 55 fields in Resource Utilization Group (RUG) section to allow users to manually enter and validate data for the purpose of calculating a RUG value.
- Currently, these fields are read-only and auto-filled with data from the CMS extract files.
- Following the update, the fields will no longer be auto-filled on MDS OBRA assessments with an assessment reference date (ARD) on or after October 1, 2023, and users will be required to enter the data into the LTCOP.



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# MDS Update: TMHP Announcement

## 5/19/2023

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- Note: All other fields in the RUG section will continue to be auto-filled and read-only.
- Providers that are using a third-party vendor for long-term care Medicaid information (LTCMI) submissions must ensure that the vendor is aware of these changes and coordinate RUG field submission with them.



# MDS Update: Copy of TMHP Announcement 5/19/2023

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- Note: Users currently complete the LTCMI section on the LTCOP, and there will be no change to this process.
- Detailed requirements for this MDS update will be finalized in the coming weeks and communicated in upcoming notifications.
- If you have questions, call the TMHP LTC Help Desk at 800-626-4117 (select option 1 and then option 7).



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

Monika Maxwell, RN, TeamSTEPPS Master Trainer

# National Healthcare Safety Network (NHSN) Webinar

Updates to COVID-19 Vaccination Modules for June 2023 – NHSN Long-term Care Facility Component

- [Register for June 20, 2023](#), 1 p.m. CT
- [Register for June 27, 2023](#), 1 p.m. CT (replay session)

**Tip: Attend the live June 20 session!**

## NHSN Updates

Updates will be visible within the NHSN application and will take effect beginning the week of **June 12, 2023**.

If you have questions regarding reporting requirements,  
please email CMS: [DNH\\_TriageTeam@cms.hhs.gov](mailto:DNH_TriageTeam@cms.hhs.gov)

## NHSN Updates, cont.

- **Point-of-Care Test Reporting Tool**
  - › No enhancements
- **COVID-19 Pathway Data Reporting**
  - › “Long-term care facilities that are CMS-certified must continue to report to the **LTCF COVID-19 Module Surveillance Pathways** (Resident Impact and Facility Capacity, Staff and Personnel Impact, and Therapeutics) and the COVID-19 Vaccination Module even though the Public Health Emergency has been declared over as of May 11, 2023.”
  - › “In 2020, CMS published an IFC (CMS-5531-IFC) requiring all LTC facilities to report COVID-19 information using the Centers for Disease Control and Prevention (CDC), National Healthcare Safety Network (NHSN) (42 CFR 483(g)). This requirement was extended through a final rule (CMS-1747-F) and is set to terminate on Dec. 31, 2024. This excludes the requirements at § 483.80(g)(1)(viii), which will continue to support national efforts to control the spread of COVID-19.”

## NHSN Updates, cont.

- **Resident Impact and Facility Capacity (RIFC) Pathway**
  - › Elements to be **removed**:
    - Admissions
    - Primary series
      - Not vaccinated
      - Partial vaccination
      - Complete primary vaccination series
    - Additional or booster vaccination
    - One booster
    - Two or more boosters
    - Influenza
    - Testing availability

# NHSN Updates, cont.

- **RIFC Pathway, cont.**
  - › Elements to be **removed**:
    - Supplies and PPE shortages
      - Urgent need
      - Supply items
      - N95 respirator
      - Face mask
      - Eye protection
      - Gowns
      - Gloves



## NHSN Updates, cont.

- **RIFC Pathway, cont.**

- › Elements to be **added**:

- Not up to date (auto-populated by the system, does not require entry by the user)
    - Hospitalizations with a positive COVID-19 test
    - Hospitalizations with a positive COVID-19 test and up to date

Review the table of instructions as well as the RIFC Guidance located on the [LTCF COVID-19 Module Webpage](#) for additional assistance with reporting data to this pathway.

## NHSN Updates, cont.

- **Staff and Personnel Impact Pathway**
  - › Elements to be **removed**:
    - COVID-19 deaths
    - Influenza
    - Staffing shortages
- **Therapeutics Pathway**
  - › This pathway will be removed and facilities will no longer need to report data to this pathway.

## NHSN Updates, cont.

- **State Veterans Homes COVID-19 Event Reporting Tool:**
  - › No enhancements

If you have questions about any of these updates, please email the NHSN Helpdesk at [NHSN@cdc.gov](mailto:NHSN@cdc.gov) with the topic of the message in the subject line.

## Increase Access to Level 3

1. Go to [SAMS NHSN User FAQs](#) and [How to Add a User](#).
  - › All facilities are strongly encouraged to have **at least two** registered users with Level 3 access.


**Note:** Experian ID verification process is **recommended**.

1. See the [About SAMS](#) website.
2. Email [nhsn@cdc.gov](mailto:nhsn@cdc.gov) with **SAMS LEVEL 3 ACCESS** in the subject line for assistance with any questions related to this process.
3. See [How to Set Up the Entrust Soft Token Using a Mobile Device, Tablet or Computer](#).

## Level 3 SAMS Access

- Always log in with the SAMS grid card or the Entrust soft token option
- Always go to the NHSN Application: **NHSN Reporting**

Menu

 My Profile

 Logout

Links

SAMS User Guide

SAMS User FAQ

Identity Verification  
Overview

My Applications

National Healthcare Safety Network System

• [NHSN Reporting](#) \*

Always select to report

NHSN Long Term Care Reporting

• ~~[NHSN LTC Reporting](#)~~  
• ~~[NHSN LTC Enrollment](#)~~

Do Not Use.

\* Strong credentials required.



# CMS Training for the MDS 3.0 RAI v1.18.11 Updates

- [TMF Forum Post](#)
- 11 **pre-training** videos to view on the [CMS YouTube channel](#) – about 4.5 hours total training time
- [Live session registration](#) for June 21 Skilled Nursing Facility (SNF) Guidance Training Program: Coding Workshop from 11:30 a.m. and 4 p.m. CT
- [Skilled Nursing Facility \(SNF\) Quality Reporting Program \(QRP\) Training](#) webpage

# Upcoming TMF QIN-QIO Training

## LTC Connect

### Preventing ED Visits

Thursday, June 15, 2023

1:30 – 2 p.m. CT

### Staff Culture – Stability and Retention

Thursday, July 20, 2023

1:30 – 2 p.m. CT

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

# TMF QIN-QIO Resources

Website: [tmfnetworks.org](https://tmfnetworks.org)

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

# Need Assistance?

*Connect With Us!*



## Email

[nhnetwork@tmf.org](mailto:nhnetwork@tmf.org)

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



## Follow Us on Facebook

[TMF QIN Nursing](#)  
[Home Quality](#)  
[Improvement](#)  
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# Preadmission Screening and Resident Review (PASRR)

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**Valerie Krueger**  
**Manager, PASRR Policy**  
**IDD and Behavioral Health Services**

## **LTC Online Portal Enhancements for the PASRR Level 1 (PL1) Screening Form and PASRR Evaluation (PE) Forms**

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- Beginning June 30, 2023, the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Online Portal will be modified to enhance the PL1 Screening Form and the PE form.
- The enhancements will improve usability and functionality of the forms to identify all potentially PASRR-eligible individuals and recommend the appropriate specialized services. Information about these upcoming changes will be available in future articles on the TMHP website.



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# Trainings for the updated PL1 Screening Form

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Texas Health and Human Services (HHSC) in partnership with SimpleLTC will be hosting two trainings for nursing facilities to review the updated PL1 Screening Form deploying June 30th, 2023.

- These trainings will demonstrate various functions of the updated PL1 Screening Form as well as identify the new changes that are being implemented on June 30, 2023.
- The first training was held on June 6, 2023. The second training will be held June 20, 2023, 1:30 – 2:30 pm.
- Go to SimpleLTC to register for the second training - [https://ntst.zoom.us/webinar/register/WN\\_naAhVsXATmmBbcDdq\\_INZA](https://ntst.zoom.us/webinar/register/WN_naAhVsXATmmBbcDdq_INZA)



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# Updated PL1 Screening Form

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The updated PASRR Level 1 Screening Form, Detailed Item by Item Guide for Local Authorities and Nursing Facilities to Complete the PASRR Level 1 Screening Form, and Detailed Item by Item Guide for Referring Entities to Complete the PASRR Level 1 Screening Form will be posted to the HHSC PASRR website on June 30, 2023.

<https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/preadmission-screening-resident-review-pasrr>



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# Reminder for Inactivating PL1 Screening Forms

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- Nursing Facilities (NFs) are responsible for inactivating all PL1 screening forms when a person is discharged or deceased.
- NFs should review their list of current PL1 Screening Forms and inactivate any forms when a person is no longer in the NF.



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# How to Inactivate a PL1 Screening Form

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The section of the PL1 Screening Form to update for a person when deceased or discharged depends on whether it is the old PL1 Screening Form or the newly updated PL1 Screening Form.

- Section B0650-0655 and Sections E0500A – E0900 are completed on PL1 Screening Forms submitted before June 30, 2023.
- The Discharge tab is completed on PL1 Screening Forms submitted on or after June 30, 2023.



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# Types of Emails to Refer to the HHSC PASRR Unit – 1 of 2

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Email [PASRR.Support@hhsc.state.tx.us](mailto:PASRR.Support@hhsc.state.tx.us) about the following:

- Assistance or cooperation from a Referring Entity, NF or LA
- Assistance with locating information to complete and submit the PL1 Screening form, PE, PASRR Comprehensive Service Plan (PCSP) and Nursing Facility Specialized Services (NFSS) forms
- Assistance locating forms, people residing in or entering a NF, LAs, or additional training resources



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# Types of Emails to Refer to the HHSC PASRR Unit – 2 of 2

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- Policy guidance on PASRR processes, specialized services and therapist assessments
- Questions specifically related to mental illness, intellectual disability, or developmental disability or related conditions

For additional learning opportunities, information, and forms: <https://www.hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr>



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# PASRR Support Tips – 1 of 3

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

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



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# PASRR Support Tips – 2 of 3

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- Do not copy other HHSC staff, mailboxes, or other staff on your email.
- If your question is about an error message or an error code you have received, include a screen shot (remember to black out person's name).
- If you are having a TMHP LTC online portal issue, call TMHP first. Only contact the PASRR Unit if they are unable to assist you and include in the email: the date, time, name of person you talked to and the case number TMHP assigned you.



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# PASRR Support Tips – 3 of 3

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- For Minimum Data Set (MDS) Long-Term Care Medicaid Information (LTCMI) form submission error messages, contact TMHP at 800-626-4117, option 1.
- Call HHSC Provider Claims Service (PCS) at 512-438-2200, option 1, about the following:
  - Denials or pending denials of people who have established prior permanent medical necessity
  - Resolution of forms in Manual Workflow (such forms have been rejected by Service Authorization System (SAS) and must be reviewed by HHSC PCS)



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# HHSC PASRR Contact Information

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For questions regarding PASRR, please email:

[PASRR.Support@hhsc.state.tx.us](mailto:PASRR.Support@hhsc.state.tx.us)



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# Questions?

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## **For more information:**

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

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



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# Thank you!

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**For more information:**

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

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