



Long-Term Care Regulatory Provider Letter

Number: PL 2023-21
Title: Required Trainings for Nursing Facility Staff
Provider Types: Nursing Facility (NF)
Date Issued: December 4, 2023

1.0 Subject and Purpose

This letter lists trainings required for nursing facility staff.

2.0 Background/History

In response to stakeholder inquiries, HHSC is providing this simplified and updated list of required trainings for nursing facility staff . It includes trainings required by:

- [Title 26, Chapter 554, Texas Administrative Code;](#)
- [Code of Federal Regulations, Title 42, Subchapter G, Part 483;](#) and
- The Centers for Medicare and Medicaid Services, State Operations Manual, Appendix PP .

Please be aware that the attached list is a reference tool that is based solely on the sources listed above and does not include trainings required for specific employee licensure or certification.

In addition, each facility must also develop, implement and maintain effective programs of orientation, training, and continuing in-service education to develop the skills of its staff, **including all new and existing staff; individuals providing services under a contractual arrangement; and volunteers**, consistent with their expected roles. Since November 28, 2019, a facility must determine the amount and types of training necessary based on a facility assessment as specified at 26 TAC

§554.1931 (relating to Facility Assessment) and as described in 26 TAC §554.1001 (relating to Nursing Services).

3.0 Resources

Nursing Facility Required Trainings Table, attached

4.0 Contact Information

If you have any questions about this letter, please contact the Policy and Rules Section by email at LTCRPolicy@hhs.texas.gov or call (512) 438-3161.

NURSING FACILITY REQUIRED TRAININGS

Version
11/16/2023

	Training Requirement	Rule or F-tag	Who	Upon Hire	Annually	Quarterly
	Activities that relate to abuse, neglect, exploitation, or misappropriation of resident property.	26 TAC §554.1929(1)(C) F-1974	All staff	X	X	
	Reporting incidents of abuse, neglect, exploitation, or misappropriation of resident property.	26 TAC §554.1929(1)(D) F-1974	All staff	X	X	
	How to release locking devices used on control/exit doors in Alzheimer's units .	26 TAC §554.2208(10)	All staff	X		
	Cardiopulmonary Resuscitation (CPR). A facility must ensure at least one staff person who has completed and maintains training in CPR and automated external defibrillator operation in accordance with the guidelines established by the defibrillator's manufacturer and as approved by the American Heart Association, the American Red Cross, or other nationally recognized associations is onsite at all times.	26 TAC §554.1935(b)(c)	Staff trained in CPR	X		
	Compliance and Ethics Training The operating organization (the individual or entity that operates a facility) must provide a training program or another practical manner to effectively communicate the standards, policies, and	42 CFR §483.95(f) (F946) (CMS Phase 3 training requirement)	All staff	X	(Annual training if the operating organization operates five or more facilities.)	

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	procedures of the compliance and ethics program to its entire staff.					
	Dementia management and resident abuse prevention	26 TAC §554.1929(1)(E)	All staff	X	X	
	One hour of training each year in caring for people who have dementia	26 TAC §554.1929(2)	RNs, LVNs, CNAs, nurse assistants	X	X	
	Emergency Preparedness and Response Plan. Each facility must have a written disaster plan with specific procedures for the protection and evacuation of all persons in the case of fire or explosion or in the event of floods, tornadoes, or other emergencies. The plan must include information and procedures about the location of alarm signals and fire extinguishers, frequency of drills, assignments of specific tasks and responsibilities of the personnel on each shift, persons and local emergency departments to be notified, precautions and safety measures during tornado alerts, procedures for evacuation of all persons during fire or floods, planned evacuation routes from the various floor areas to safe areas within the building, or from the building when necessary, and arrangements for temporary emergency housing in the community in the event of total evacuation.	42 CFR §483.75(m)(2).75(m)(2) 26 TAC 554.1914(e)(3)	All staff	X		

	Training Requirement	Rule or F-tag	Who	Upon Hire	Annually	Quarterly
	The facility must conduct one unannounced annual drill with facility staff for severe weather and other emergency situations identified by the facility as likely to occur, based on the results of the risk assessment.					
	<p>Emergency preparedness. Training program. Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</p> <p>Provide emergency preparedness training at least annually.</p> <p>Maintain documentation of the training.</p> <p>Demonstrate staff knowledge of emergency procedures.</p>	42 CFR § 483.73(d)(1)	All staff	X	X	Note: This training is also required when changes are made to the emergency preparedness plan.
	<p>Emergency preparedness. Testing. The LTC facility must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures.</p>	42 CFR § 483.73(d)(2)	All staff		2X Per Year	
	<p>Fire Safety. A facility must have and implement a fire safety plan that includes provisions described in the Operating Features section of NFPA 101, Chapter 18 New Health Care Occupancies and Chapter</p>	26 TAC §554.326(v)(2)	All staff			X Note: Fire drills must be conducted on each

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	<p>19, Existing Health Care Occupancies, and include procedures for:</p> <ul style="list-style-type: none"> - conducting a fire drill on each work shift at least once per quarter with at least one fire drill conducted each month; and - completing the most current version of the required HHSC form titled "Fire Drill Report" available on the HHSC website for each fire drill conducted. 					work shift at least once per quarter, with at least one fire drill a month.
	Fire Safety. Staff must be appropriately trained in the use of each type of extinguisher in the facility.	26 TAC 554.315(6)	All staff	X		
	Training on HIV , as outlined in the educational information provided by the Texas Department of State Health Services Model Workplace Guidelines. At a minimum the HIV curriculum must include: <ul style="list-style-type: none"> (i) modes of transmission; (ii) methods of prevention; (iii) behaviors related to substance abuse; (iv) occupational precautions; (v) current laws and regulations concerning the rights of an acquired immune deficiency syndrome/HIV-infected individual; and 	26 TAC §554.1929(1)(A)	All staff	X	X	

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	(vi) behaviors associated with HIV transmission which are in violation of Texas law;					
	Infection Control. Training on facility infection control and prevention policies and practices. The facility must also have a tuberculosis screening, counseling, and prevention program for all employees.	42 CFR §483.80	All staff	X		
	Annual in-service training which includes components, appropriate to their job responsibilities, from <u>one or more of the following categories</u> : <ul style="list-style-type: none"> • communication techniques and skills useful when providing geriatric care • assessment and nursing interventions related to the common physical and psychological changes of aging for each body system • geriatric pharmacology, including treatment for pain management and sleep disorders • common emergencies of geriatric residents and how to prevent them • common mental disorders with related nursing implications • ethical and legal issues regarding advance directives, abuse and neglect, guardianship, and confidentiality 	26 TAC §554.1929(3)	Nursing staff, licensed nurses, CNAs	X	X	

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	<p>Minimum continuing in-service education requirements for licensed staff, CNAs and Med Aides:</p> <ul style="list-style-type: none"> • licensed personnel--two hours per quarter • nurse aides and med aides--12 hours annually. This in-service education does not qualify as continuing education units required for renewal of a medication aide permit. 	26 TAC §554.1929(5)	<p>Licensed staff, CNAs, Med Aides</p>		<p>X (12 hours annually for CNAs & Med aides)</p>	<p>X (licensed personnel 2 hours per quarter)</p>
	<p>Quality Assessment and Assurance Committee related annual in-service education of nurses in the identification, assessment, and control of risk of injury to residents and nurses during resident handling</p>	26 TAC §554.1917(e)(2)	<p>All nurses and CNAs</p>		<p>X</p>	
	<p>Regular In-Service Education for CNAs and Med Aides At least 12 hours annual in-service education; attendance at relevant outside training may be used to satisfy this requirement. The facility must keep in-service records for each employee listed.</p>	26 TAC §554.1929(5)(b)	<p>Nurse Aides and Med Aides</p>		<p>X</p>	
	<p>Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months and must provide regular in-service education based on the outcome</p>	26 TAC §554.1001(4)(G)	<p>Nurse aides</p>		<p>X</p>	

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	<p>of these reviews. The in-service training must:</p> <ul style="list-style-type: none"> • be sufficient to ensure the continuing competence of a nurse aide, but must be no less than 12 hours per year; • include at least two hours of training on infection control and personal protective equipment per year; • address areas of weakness as determined in nurse aides' performance reviews and facility assessment at §554.1931 of this chapter, and may address the special needs of a resident as determined by the facility staff; • for a nurse aide providing services to an individual with cognitive impairments, address the care of the cognitively impaired; and • include dementia management training and resident abuse prevention training. 					
	<p>The facility must also include as part of its mandatory training the following topics:</p> <ul style="list-style-type: none"> • effective communications for direct care staff; • rights of the resident and the responsibilities of a facility to properly care for its residents as set 	26 TAC §554.1929(7)	All staff	X	X	

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	<p>forth in Subchapter E of Chapter 554 (relating to Resident Rights);</p> <ul style="list-style-type: none"> standards, policies, and procedures for the facility's infection prevention and control program, as set forth in §554.1601 (relating to Infection Control); and behavioral health training, as set forth in §554.904 of this chapter (relating to Behavioral Health Services). 					
	<p>Facilities with pediatric residents must comply with the following:</p> <ul style="list-style-type: none"> Facility staff must be trained in the use of pediatric equipment and supplies, including emergency equipment and supplies. Facility staff must receive annual continuing education dealing with pediatric issues, including child growth and development and pediatric assessment. 	26 TAC §554.1929(4)	All staff	X	X	
	<p>Quality assurance and performance improvement.</p> <p>A facility must include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program as set forth at 42 CFR §483.75.</p>	42 CFR §483.95(d) (F944) (CMS Phase 3 training requirement)	All staff	X		

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	Restraint reduction and prevention of falls through competency-based training. Facilities also may choose to train on behavior management, including prevention of aggressive behavior and de-escalation techniques.	26 TAC §554.1929(1)(B)	All staff	X	X	

Email LTCRpolicy@hhs.texas.gov with questions or edits regarding this tool.