



Emergency Preparedness in Long-Term Care Facilities

**Michelle Dionne-Vahalik,
DNP, RN**

Associate Commissioner,
Long-Term Care Regulation

Health and Human Services
Commission

Nov. 13, 2024



TEXAS
Health and Human
Services

Interim Charge



- Examine commercial residential settings for the elderly and individuals with intellectual disabilities, including assisted living facilities.
- Identify emergency preparedness and response protocols required during severe weather for these populations.
- Make recommendations, if necessary, for the establishment and enforcement of emergency protocols to ensure vulnerable populations are protected.

HHSC-Regulated Long-Term Care Operations



TEXAS
Health and Human
Services

Provider Types	Count of Providers	Approximate Count of People Served
Nursing Facilities (NF)	1,193	86,061
Assisted Living Facilities (ALF)	2,004	49,574
Intermediate Care Facilities (ICF)	748	5,392
Home and Community Services (HCS)	900	30,584
<p>There are three provider-operated residence types:</p> <ul style="list-style-type: none"> • 3-person residences: 1,899 • 4-person residences: 1,217 • Host home and companion care: 15,397 <p>Total: 18,513</p>		(Including individuals living in their own homes.)

Provider Requirements: Nursing Facilities

All nursing facilities in Texas must develop and implement a written emergency plan that accounts for all potential emergencies relevant to their operations and geographic area. The emergency plan must be evaluated annually and within 30 days after an emergency or when the facility is remodeled.

The plan must address eight core functions of emergency management:

- Direction and control
- Warning
- Communication
- Sheltering arrangements
- Evacuation
- Transportation
- Health and medical needs
- Resource management

Training requirements

- Staff must be fully trained on the plan within 30 days of assuming job duties, at least once per year after that, and any time a staff member's responsibilities under the plan change.
- At least one unannounced drill must be conducted with staff each year.



Provider Requirements: Nursing Facility Emergency Power

Since 1996, any new nursing facility must have a generator to provide emergency power.

A generator must power:

- **Alarm systems** such as fire alarm systems and oxygen alarms.
- **Lighting** for means of egress, nurse stations, medication rooms, dining and living rooms, and areas immediately outside exit doors.
- **Exit signs** including means of egress directional signs.
- **Selected electrical receptacles** in corridors, at least, and in each resident bedroom in newer facilities.
- **Nurse call system.**
- **Night lights** in resident rooms in newer facilities.
- **Elevators** including cab lighting, control systems and communication systems.
- **Telephone equipment.**
- **Public address systems** if used in an emergency communications plan.



Provider Requirements: Nursing Facility Emergency Power

- In areas where the 99% design temperature is below 20 degrees Fahrenheit, a generator must support heating parts of the facility for resident safety.
- A nursing facility must have enough fuel to run the generator continuously for at least 4 hours. The facility should:
 - consider previous outages and plan for fuel delivery problems due to weather, shortages, and other geographic and environmental conditions.



Provider Requirements: Assisted Living Facilities

- Assisted living facilities are required to have a written emergency preparedness and response plan that addresses the eight core functions of emergency management.
- The plan must ensure communication with the local emergency management coordinator, both as a preparedness measure and during a developing disaster or emergency.
- Assisted living facilities must fully train staff on the emergency preparedness plan at least annually and conduct at least one unannounced annual drill with staff.



Provider Requirements: ALF Emergency Power

Large facilities (licensed for 17 or more residents) must have access to emergency power, which can be a generator or a battery, battery-powered system, or battery-powered equipment.

- Emergency power must provide energy to:
 - Fire alarm systems.
 - Lighting in means of egress.
 - Exit signs and means of egress directional signs.
- If a generator is used to power the above items, state licensure requires regular maintenance and testing of the generator.



Provider Requirements: ALF Emergency Power

Small facilities (licensed for 16 or fewer residents) must have access to emergency power, which can be a generator or a battery, battery-powered system, or battery-powered equipment.

- Fire alarm systems must function for at least 24 hours during emergency power.
- Small assisted living facilities are not required to have emergency lighting or exit signs.
- More than 50% of small facilities are converted one- or two-family dwellings in residential neighborhoods.



Provider Requirements: Intermediate Care Facilities

- Intermediate care facilities serving individuals with an intellectual and developmental disability (ICFs/IID) are required to have written emergency plans.
- HHSC confirms that intermediate care facilities have an emergency plan that contains the required core elements, including evacuation, and that facility staff is trained on how to carry out the plan.
- HHSC does not approve or deny an individual facility's emergency plan.





TEXAS
Health and Human
Services

Provider Requirements: ICF Emergency Power

Large facilities, including state supported living centers (SSLCs), (licensed for 17 or more residents) must have emergency power, which can be a generator or a battery, battery-powered system, or battery-powered equipment.

Emergency power must provide energy to:

- Fire alarm systems
- Lighting in means of egress
- Exit signs and means of egress directional signs
- Selected electrical receptacles (in corridors, at least)
- Nurse call system
- TV cameras and monitors, if used for corridor observation

If a generator is used to power the above items, licensure requires regular maintenance and testing of the generator.

Provider Requirements: ICF Emergency Power

Small facilities (licensed for 16 or fewer residents) must have emergency power, which can be a generator or a battery, battery-powered system, or battery-powered equipment.

Fire alarm systems must function for at least 24 hours during emergency power.

Small intermediate care facilities are not required to have emergency lighting or exit signs.

Most small facilities are converted one- or two-family dwellings in residential neighborhoods.





TEXAS
Health and Human
Services

Provider Requirements: Home and Community Services Group Homes

HCS providers are required to have a plan specific to the disaster and that is appropriate for the needs of each individual being served in the home.

HCS providers are required to:

- Ensure every staff member reviews the emergency plans for each individual at a residence.
- Maintain documentation related to emergency preparedness accessible to staff members at the residence, including emergency plans that address:
 - The relevant emergencies given the geographic location.
 - The needs of the individuals living in the residence.
 - Fire drill responses.

These requirements are less prescriptive than the other facility-based operations to account for the more home-like settings.

HHSC Emergency Preparedness and Response

Prior to a disaster, regulatory staff issue alerts to regulated long-term care (LTC) providers in potentially affected areas as a reminder to:

- Review their disaster and evacuation plans to ensure they are ready to implement and have all essential elements to protect resident health and safety.
- Contact their regional regulatory office if their building or residents suffered any adverse impact.
- Contact HHSC Regulatory Services if their facility needed to exceed its licensed capacity limit to take in evacuees from other facilities.

Effective Jan. 24, 2023, all regulated long-term care providers are required to have a designee enroll in the HHSC Emergency Broadcast System.



HHSC Emergency Preparedness and Response

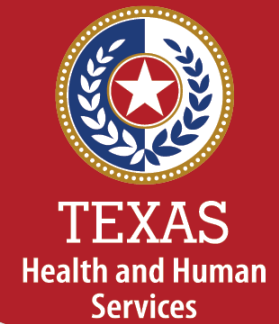
During a disaster, regulatory staff remain in contact with facilities in the impacted areas to track their status and assist in getting them resources. This occurs through:

- Initiating call-downs (daily to weekly, depending on disaster and impact) to determine their status, resident safety, and if resources are needed.
- Communicating with the State Operations Center (SOC) if assistance is needed. The SOC communicates with the Texas Division of Emergency Management (TDEM) and local emergency management for evacuation assistance.
- Coordinating with the SOC on unmet needs (e.g., fuel for generators, water, etc.) for providers. The SOC coordinates with other agencies, such as TDEM.

HHSC also communicates closely with an array of partners and external stakeholders, including key provider organizations, to ensure vital information is shared.



HHSC Regulatory Services Response to Hurricane Beryl



In the days prior to Hurricane Beryl making landfall, HHSC Regulatory Services began communicating with providers in affected areas.

- Emergency alerts were sent out via email, text and phone calls through the Emergency Broadcast System from July 3 to July 7.
 - July 5: Call-downs to all HHSC-regulated providers in the impacted region and began tracking their status.
 - July 6: Call-downs to forecasted areas of impact began. Staff also began tracking evacuation orders and contacting providers in counties with orders issued.
 - July 8: Regulatory Services staff began conducting wellness checks and responding to Priority 1 complaints related to the storm.
- Regulatory Services staff elevated providers' requests for resources (e.g., generators, repairs, fuel) through the SOC.
- Regional Long-Term Care Ombudsmen assisted with wellness checks in facilities that Regulatory Services could not reach by phone.
- Regulatory Services also provided TDEM with lists of providers they were unable to contact to coordinate wellness checks.



TEXAS
Health and Human
Services

Non HHSC-Regulated Long-Term Care Operations

The following facility types are *not* regulated by the state. (This is not exhaustive list, as most are not defined in law).

- **Boarding Homes**
 - Cities and counties can choose to regulate boarding homes.
 - The 81st Legislature required HHSC to develop and publish model standards for the operation of a boarding home that address elements such as:
 - Construction
 - Fire safety
 - Sanitary conditions
 - Reporting and investigation of injuries and incidents
 - Staff education
 - Assessment of residents.
 - HHSC is required to collect information from entities that adopt the full array of standards and issue a report biennially to the Legislature.
- **Senior Independent Living Facilities**
 - To be regulated by HHSC, facilities must provide individualized health and personal care assistance in a homelike setting to four or more residents unrelated to the owner. Services include meals, bathing, dressing, toileting, and administering or supervising medication.



Considerations for Future Disaster Response

Two areas for possible legislative focus to improve responses in future disasters:

Outstanding Resource Needs in Long-Term Care Regulatory:

- An insufficient number of intake staff has resulted in long hold times and a high abandoned call rate for individuals calling the Complaint and Incident Intake (CII) line to report regulatory complaints related to long-term care providers.
- A backlog of complaints and required surveys for long-term care providers due to an insufficient number of staff for some provider types.

Oversight of HCS Providers

- HCS providers are currently regulated through the Medicaid contracting and certification process. Because HHSC does not license these providers, the agency can only monitor the quality of their services through enforcement of its contract with them.
- This contractual structure creates limitations including:
 - Limited authority to institute new requirements related to disaster preparedness and response.
 - No centralized regulatory intake system to triage complaints unrelated to abuse, neglect and exploitation.
 - Limited enforcement options for provider non-compliance.