



Texas Health and Human Services Commission Annual Report Regarding Long-Term Care Regulation

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

Health and Human Services

Commission

March 2023



TEXAS
Health and Human
Services

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Executive Summary

The Health and Human Services Commission's (HHSC) Regulatory Services Division (RSD) Long-term Care Regulation (LTCR) program 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.

Beginning in March 2020, the department had to quickly launch an extraordinary, coordinated effort to confront the COVID-19 virus, which was first reported in a Texas nursing facility on March 19, 2020. As this report reflects, LTCR has faced unprecedented workload increases while continuing with specific efforts to help reduce the spread of COVID-19 in long-term care facilities, with the understanding that nursing facility residents have been particularly vulnerable to the virus. LTCR continues to track COVID-19 cases in facilities and respond to complaints related to the virus, while also maintaining close communication with provider associations.

Separate from COVID-19 activities, LTCR is continuing with long-term improvement initiatives as part of HHSC transformation efforts as detailed further in this report, including:

- Efforts to improve consistency of survey practices statewide, including participation in the Long-term Care Facilities Council and survey process reforms, so HHS staff consistently surveys and investigates regulated facilities across the state.
- Strengthening of Quality Assurance.

- Reorganizing and strengthening enforcement efforts by establishing a centralized, independent team to improve consistency and transparency in actions taken against providers for failure to comply.

LTCR will work with the 88th Legislature to address staffing needed to reduce workload backlogs as a result of COVID-19, 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.

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. To continue fulfilling these critical functions in a state with a rapidly growing older population, LTCR regularly evaluates the best approaches to address resource needs, including resolving workload backlogs resulting from the response to the COVID-19 pandemic.

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, most of which are conducted on-site
- Follow-up visits to ensure compliance
- 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 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 (certified, exempt from licensure)

- Texas Home Living (TxHmL) waiver providers (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
- Nurse aide certification
- Medication aide permitting
- Employee Misconduct Registry (managed by Regulatory Enforcement)

Background

According to the U.S. Census Bureau, per the 2020 Census there were nearly 3.8 million people in Texas age 65 and older; they made up approximately 13.1 percent of the total Texas population of 29.1 million. The Texas Demographic Center projects that this group will be one of the fastest growing in Texas. By 2050, this group is expected to grow to 7.3 million. (Data Sources: U.S. Census Bureau; Census of 2020, and Texas Demographic Center at the University of Texas at San Antonio: population projections according to 1.0 migration scenario, updated October 2022).

By 2050, Texans age 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 (Aging Texas Well Plan 2018-2019).

Most older Texans live in one of the 25 metropolitan areas in Texas. The 77 metro area counties contain 83 percent of the population age 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 age 60 and older live in these less densely populated counties. (Source: Texas State Plan on Aging 2015-2017)

Thirty-nine percent of Texans age 65 and older (1.2 million) have one or more disabilities. Certain population groups are more likely to experience disability than others. Disability is more common among women than among men age 75 and older. This may reflect the fact that many more women than men live to be this age.

In Texas, the growth of the aging population and increased longevity will mean a marked increase in the number of people age 85 and older. In 2010, the population age 85 and older was 305,000; by 2050, it is expected to increase to 1.6 million, an increase of greater than 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")

Trends in Long-Term Care

Complaints and Incidents

To protect the health and safety of individuals receiving long-term care services, the LTCR 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 the 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.

In FY 2022, the overall number of NF complaints increased 11.2 percent from FY21 (11,157 to 12,411), while the number of incidents increased 12.8 percent in the same period (18,921 to 21,342).

For ALFs, the number of both complaints and incidents also has increased. ALF complaints increased 6.7% from FY21 (3,062 to 3,267), and incidents increased 9.1% from FY21 (5,546 to 6,049).

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 COVID-19 pandemic also significantly increased the number of visits and contacts with providers.

The total number of facility contacts and visits increased by 36 percent (6,818 visits) in FY 2022 (25,717 visits) since FY 2018 (18,899 visits). The increase from FY 2018 to FY 2022 can be noted in both state licensed-only providers and federally certified providers. In FY 2022, LTCR made 16,345 NF visits (11,496 in FY 2018); 3,962 ICF/IID visits (2,333 in FY 2018); and 4,908 ALF visits (4,236 in FY 2018); 430 DAHS visits (661 in FY 2018); and 1,259 HCSSA visits (4,500 in FY 2018).

Number of Visits and Contacts to LTC Facilities and Agencies by LTCR Surveyors FY 2018 and 2022

	FY 2018	FY 2022
Nursing Facilities	11,496	16,345
Assisted Living Facilities	4,236	4,908
HCSSAs	4,500	2,058
ICF/IID	2,333	3,962
DAHS	661	430

Facility Capacity and Occupancy

Along with the aging population, Texas has seen an increasing need for long-term care services, particularly ALFs. The number of ALFs has increased by 2.4 percent since 2018. NFs, ICFs/IID, and DAHS facilities decreased during this same period (3.6%, 2.6%, and 13.1% respectively). HHSC also licensed its first PPECC facility in 2018 and now has eight licensed PPECC facilities serving children with high medical needs.

ALFs continue to be the fastest-growing segment of long-term care in Texas. In FY 2022, Texas had 2,012 ALFs (81,289 beds) compared to 1,964 (73,988 beds) in FY 2018. 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 ALFs might also be a function of providers obtaining ALF licenses to care for very diverse populations, including residents with higher medical needs than those of people historically served in this program.

In FY 2021, the occupancy rate for ICFs/IID overall was 64 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 (43.4 percent compared to 80.6 percent for private ICFs). Community-based 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. The occupancy from 2021 to 2022 did increase from 78.8 percent to 80.6 percent.

As advocates encouraged individuals to transition from institutional ICF settings to community-based settings, the Texas Legislature in the early 1990s imposed a restriction on new licenses for ICFs/IID. Some stakeholders have expressed interest in increasing ICF/IID capacity, which resulted in legislation directing the reallocation

of ICF/IID Medicaid beds in the 2019 legislative session. Reallocation for FY 2022 is pending final review and approval.

NFs have seen an increase in occupancy since FY 2018, from 65.6 percent in 2018 to 67.9 percent in FY 2022. NF occupancy has increased from FY 2021 (56.2 percent) to FY2022 (67.9 percent). The pandemic may have impacted the occupancy data in 2021, due to the number of residents admitted to hospitals and those who declined to reside in a NF or died due to COVID-19.

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 appropriate amounts of 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 to be assessed, LTCR will defer to CMS to provide this data.

In FY 2022, the state enforcement data in TULIP shows HHSC assessed:

- For NFs, 23 administrative penalties in the amount of \$952,545;
- For ALFs, 111 administrative penalties in the amount of \$318,225;
- For ICFs, 72 administrative penalties in the amount of \$359,650;
- For DAHs, 8 administrative penalties in the amount of \$140,125.

Credentialing Data

A key function of LTCR is the licensing, permitting, and certification of nursing facility administrators, medication aides, and nurse aides. Staffing in long-term care facilities has been negatively impacted by the pandemic. LTCR has been working collaboratively with stakeholders on responses to staffing needs, which are detailed below.

In FY 2019, there were 9,724 active aides on the medication aide registry. In FY 2022, there are 6,816 (a decrease of 2,908 or 29.9 percent). In FY 2019, there

were 113,881 active nurse aides on the registry. In FY 2022, there are 119,182 (an increase of 5,301, or 4.7 percent). The number of nursing facility administrators has decreased from FY 2021 (2,205) to FY 2022 (1,795) or 18.6 percent. The decrease in nursing facility administrators is directly related to the new TULIP credentialing system for nursing facility administrators that was implemented in February 2022. The implementation of this system had barriers that existed beyond the end of the fiscal year. HHSC provided a grace period for nursing facility administrators that allows administrators who were active during February 2022 to be considered active with an expired license until the new system is functional and their renewal applications can be submitted. HHSC communicated the grace period by issuing a provider letter (PL 2022-20). Some of the decrease in the number of active medication aides could be related to the waivers initiated during the pandemic that allowed these individuals to delay renewal of their certification which remained in effect during all of FY 2022. The number of nurse aides has increased back to above pre-pandemic levels. The number of new nurse aides added to the Nurse Aide Registry in FY 2022 (16,340) was equivalent to that of FY 2019 (16,097).

Improvement Initiatives and Projects

The LTCR program strives to continually improve on measures of quality, 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 also 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 integrated two community-based programs into its regional structure for Survey Operations, which is the unit that conducts surveys, investigations, and inspections of providers statewide.

Effective August 30, 2021, the Home and Community-based Services (HCS) and Texas Home Living (TXHmL) Medicaid waiver programs – both of which serve individuals with intellectual and developmental disabilities – transitioned from a standalone unit into Survey Operations. Managers and survey teams in these two programs now report to the assistant regional directors and regional directors in their respective regions, which has increased accountability and improved consistency statewide.

To further ensure timely reviews, develop efficiencies, and strengthen health and safety protections, LTCR is also revamping its HCS survey process, with a target completion date of fall 2023. HHSC is implementing this reform initiative following a 2022 Office of the Inspector General (OIG) audit of HCS oversight, in addition to concerns expressed by members of the legislature regarding the health and safety of people receiving services through the HCS program.

Currently, LTCR has two teams of HCS surveyors:

- Waiver contract surveyors, who can write violations against a provider if they identify deficiencies and require providers to come into compliance with HCS certification principles; and
- Residential surveyors, who go onsite but only to “score” a provider using a checklist that the OIG advised revising during its audit. If residential surveyors identify a high-risk concern, they can and do refer the issue to a

waiver surveyor to cite a violation and require the provider to come into compliance.

This reform effort will eliminate the dual survey process, with all HCS surveyors cross-trained to be waiver surveyors who can cite a provider for violations of their Medicaid contract. This will increase the number of qualified staff who can conduct full regulatory visits – not just residential reviews, which is expected to allow for review of homes within required timeframes. It also will allow surveyors to do an on-site visit to *all* group homes under an HCS contract, not just a sample of these homes.

LTCR is also developing rules that must be in effect before these survey process reforms can be implemented. With these new rules, all HCS surveyors will be able to confirm compliance with the residential requirements and issue citations for violations of noncompliance. Regulatory Enforcement staff also can impose administrative penalties if warranted, as outlined in 40 TAC §9.181.

These rules will also make all HCS certification surveys unannounced, which would allow for residential visits for three- and four-person group homes to comply with state statute. They include new requirements for program providers to increase their oversight of residences, such as complying with several elements on the 3609 residential survey checklist that are not currently in rule.

Finally, this rule project will also revise the HCS certification principles, codify the residential review checklist in the Texas Administrative Code, and require program providers to more closely oversee HCS host-home program providers, which contract with HHSC. HCS providers also will need to ensure the condition of the residence in addition to the health and safety of the individual.

NF Workforce Challenges

Rider 146 Study and Report

Rider 146, Senate Bill 1, Regular Session, 2021, charged HHSC with conducting a comprehensive assessment of nursing facility (NF) workforce challenges and how they affect the delivery of care to residents in those facilities. The report reflects important input HHSC received throughout 2022 from the Long-Term Care Facilities Council (Council), state agencies such as the Texas Workforce Commission and the Board of Nursing, and long-term care provider associations, advocates, and other key stakeholders.

The report identified recruiting and retaining frontline staff as a significant challenge facing NFs and agreed that the COVID-19 pandemic exacerbated those challenges. As required by Rider 146, the report includes recommendations such as:

- Improving the educational and training curriculum at the high school and nursing education levels to encourage and prepare more students to pursue careers in long-term care;
- Providing better on-the-job supports and addressing barriers such as transportation and child-care for certified nurse aides (CNAs), who are the front-line staff providing direct care to NF residents; and
- Improving the overall culture of the state's long-term care industry and raising awareness of how deeply rewarding this work can be.

The full Rider 146 report was submitted to all required legislative entities on November 1, 2022, and can be found on the HHSC website.

Flexibilities for Providers

To give providers the flexibility they needed to respond to the COVID-19 pandemic, LTCR issued temporary suspensions of normal regulatory requirements, with most focused on assisting facilities with critical staffing shortages.

For NF providers, LTCR suspended certain requirements to make it easier for them to hire CNAs. Prospective nurse aides also were granted approval to take their clinical and skills training online instead of in the customary classroom setting.

Additionally, non-certified nurse aides were allowed to complete certified work beyond the four months normally allowed by federal regulation and state rule. LTCR created a process to allow for these aides to use their training and work experience at the nursing facility to count as training to become certified. Any non-certified nurse aide is required to complete both examinations (written and skills) prior to certification.

The federal waiver related to nurse aides completing certified work beyond four months ended on June 6, 2022, with a four-month transition period. HHSC submitted a request to CMS to extend the waiver for Texas, which was approved, and the waiver is now extended through April 5, 2023, or the end of the COVID-19 Public Health Emergency in Texas, whichever date comes first.

HHSC also adopted rules on September 27, 2022, to expand the locations where CNA clinical training can occur to beyond just NFs. CNAs now will be able to train in Texas assisted living facilities, hospitals, and intermediate care facilities.

Assisted Living Facility Quality Study

As required by Rider 147, Senate Bill 1, Regular Session, 87th Legislature, HHSC was tasked with assessing resident quality of life and care by reviewing at least 30 percent of the state's 2,019 assisted living facilities (ALFs), including those of varied license types and capacities. The rider called for on-site reviews of resident care and interviews with residents, facility staff, and long-term care ombudsmen, as well as an evaluation of facility policies, preventable occurrences, and adverse outcomes.

HHSC entered into a contract in March 2022 with the University of Texas at Austin's Center for Excellence in Aging Services and Long-term Care to conduct the field work necessary to collect the information required by the rider to assess resident quality of care in ALFs. This report is on track to be submitted to the Legislature in April 2023.

LTCR Recruitment and Retention

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

- Working 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 available positions. Communications also developed a realistic job preview video for potential applicants.
- 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 ads in targeted publications such as the Board of Nursing's magazine.
- Coordinating with HR to establish market rates to be more competitive with the private sector for the following classifications:
 - Nurses
 - Nutritionist

- 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. 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; and
- Strengthening internal communications and promoting consistency, including through two well-attended all-staff conferences in Fort Worth and San Antonio. LTCR also has improved its newsletter and other internal communication tools to highlight work accomplishments, service anniversaries, personal milestones, and key updates.

Enforcement Consistency

As mentioned previously, the Regulatory Services Division stood up a separate Enforcement Department in 2020 to make more independent, objective decisions regarding enforcement actions against providers that demonstrated more serious noncompliance with state and federal regulations. By removing these decisions from specific program areas, enforcement determinations have become more consistent and transparent across the Regulatory Services Division, including LTCR.

In making its determinations, this unit of specially trained enforcement staff take findings from surveyors in the field and assess their scope and severity using a standardized penalty matrix, as required by both federal and state directives. The scope is how many residents the violation affected, while severity is the level of risk it posed to their health or safety. The administrative penalty imposed against a provider is therefore based on specific ranges found within this scope and severity matrix, which allows for more consistent, fair imposition of these penalties against providers.

This unit also now reviews all recommendations regarding state administrative penalties to be issued against a provider; previously it only reviewed high level

penalties. This new approach, again, is to ensure improved consistency in imposing these penalties regardless of the amount.

Based on legislation enacted by the 84th Legislature, HHSC began imposing administrative penalties on providers in the HCS and Texas Home Living Medicaid waiver programs in March 2021, which will expand the remedies available to LTCR to ensure the health and safety of persons served by these providers. As with other LTCR programs, this unit will make these determinations using the approach described above, including the use of a penalty matrix to assess a violation's scope and severity.

Quality Assurance

In 2020, the LTCR Quality Assurance (QA) function was centralized and reorganized to better monitor and support LTCR staff, providers, and individuals receiving long-term care, as well as to improve consistency statewide. In 2022, the QA team continued to evolve and provide feedback based on data and analysis of LTCR surveys and investigations. Each unit improved all data systems and audit tools to provide deeper analysis and reporting, which provided LTCR leadership and other units with actionable information.

- *QA Program Compliance Unit:* Analyzes LTCR survey and investigation processes and results to improve compliance with state and federal performance standards and regulation, as well as LTCR policy. In 2022, this unit provided monthly regional and statewide updates on CMS State Performance Standards. This unit also facilitated calls to assess whether the most serious regulatory violations against a provider – those of Immediate Jeopardy/Immediate Threat to health and safety – were correct determinations and to provide interpretive guidance for surveyors, with 517 of these calls completed.
- *Special Investigations Unit:* Performs investigations, reinvestigations, internal investigations, and Nursing Facility Administrator (NFA) investigations to ensure independent oversight and accountability, quality, and accuracy within LTCR teams and among providers. In 2022, this unit redesigned its internal and NFA data tracking systems to improve the timeliness and tracking of progress on specific investigations.
- *Provider Investigations Unit:* Reviews all active provider investigations into allegations of abuse, neglect, or exploitation (ANE) involving individuals receiving long-term care. This team then provides timely, constructive

feedback to LTCR investigative teams to support consistent, quality ANE investigations statewide and to promote continual process improvement. In 2022, this unit coordinated with LTCR Survey Operations on key initiatives involving backlogged investigations and death investigations. It conducted 15,804 reviews of 7,290 unique ANE investigations and provided feedback to improve their accuracy and quality.

- *Program Analyst Unit*: Conducts special projects, including handling of the appeals process, comparative analysis, and investigation consultations. This unit also leads LTCR efforts to create statewide consistency in training of staff investigating allegations of ANE. This team continues to provide technical support to help complete complex cases, cases involving confirmed reportable conduct of ANE, and evaluation of cases where a perpetrator has been referred to the state's Employee Misconduct Registry for ANE.
- *Regional Program Units*: Ensure that surveyors and investigators apply state and federal regulations and requirements consistently and efficiently across all long-term care programs, which helps hold facilities accountable for maintaining a higher quality care. Major data improvements improved this unit's evaluation of surveyors' written citations to support their curriculum and training and improve interpretive guidance to field staff. A new process in 2022 also identified 27 instances where surveyors should have cited a violation at the Immediate Jeopardy or Immediate Threat level. This unit also processed 26,578 citations from 8,239 surveys and provided feedback for improvement to surveyors.

Texas Unified Licensure Information Portal (TULIP)

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

The TULIP credentialing module for nursing facility administrators (NFAs) was launched in February 2022. However, HHSC IT has reported various delays with its development, which resulted in HHSC giving NFAs an extended grace period, allowing those who had an active license in February 2022 to remain active until the database is fully functional. HHSC IT continues its work to resolve these issues in the NFA module, and the TULIP credentialing system for certified nurse aides and medication aides is expected to be implemented in June 2023.

In the meantime, Regulatory Services continues to evaluate ways to improve the NFA licensure process to ensure a pipeline of qualified NFAs is available to meet the needs of nursing facilities. Additional rule development is in process.

Authority for CNA Fingerprint Checks

Current criminal background checks required for nurse aides and medication aides are 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, 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 HHSC has proposed language as part of a multi-agency statutory initiative to comply with current FBI requirements for obtaining CHRI.

Statutory Policy Recommendations

Individualized Skills and Socialization

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

Regulatory Services is working with other divisions within HHSC to fully implement this program, including developing a regulatory process related to licensure, surveys, complaint and incident intake, and enforcement. HHSC will work with the Legislature on any further statutory changes that might be required to implement this initiative.

STAR+PLUS Pilot Program (SP3)

The STAR+PLUS Pilot Program, also called SP3, is a new pilot program that will test a managed care delivery model for long-term services and supports for people with intellectual and developmental disabilities, traumatic brain injuries, acquired brain injuries and similar functional needs.

Services offered under this new program will be broad and will include ISS, adaptive aids, cognitive rehabilitation, nursing, and physical, speech, and occupational therapies. SP3 will be implemented in phases, with services beginning by February 1, 2024, in one of the Texas managed care services areas (either Bexar, Medicaid Rural Service Area Northeast, or Tarrant). The pilot will then be evaluated.

Regulatory Services is working with other divisions within HHSC to develop a regulatory structure for SP3 to protect the health and safety of the individuals who will be receiving these services.

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, people receiving services, and state agencies in the wake of the COVID-19 crisis, which brought unprecedented challenges to an already 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 both 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 measures of quality, including a major reduction in the inappropriate use of antipsychotic medications in NFs, and 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, 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)

Acronym	Full Name
IR	Informal reconsideration
LAR	Legally Authorized Representative
LSC	Life Safety Code
LTC	Long-term care
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
SP3	STAR+PLUS Pilot Program
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 priorities for investigation accordingly. 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 described below.

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 (Priority 4, Low)

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) 2022.

Administrative Penalties

Basis for Imposing

LTCR 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 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 LTRC 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	000327	BROOKDALE SLEEPY HOLLOW	01/16/2022	\$2,250	03/18/2022		\$0
01	FLOYDADA	102572	BEEHIVE HOMES AT SHEPHERD'S MEADOW	09/27/2021	\$250	12/01/2021		\$0
01	LUBBOCK	100571	IVY HOUSE	07/08/2021	\$3,000	09/15/2021		\$0
02	ABILENE	107257	LYNDALE ABILENE MEMORY CARE	02/28/2022	\$3,000	05/02/2022		\$0
02	ABILENE	107257	LYNDALE ABILENE MEMORY CARE	05/05/2022	\$1,500	07/25/2022		\$0
02	ABILENE	110385	BEEHIVE HOMES OF ABILENE	07/16/2021	\$3,000	11/24/2021		\$0
02	WILLOW PARK	106697	CLEAR FORK ASSISTED LIVING AND MEMORY CARE	11/18/2021	\$2,250	01/10/2022		\$0
03	FORT WORTH	100339	BETHESDA GARDENS	11/23/2020	\$3,750	11/15/2021		\$0
03	FRISCO	110210	WINDHAVEN SENIOR LIVING LTD	02/13/2021	\$3,000	10/22/2021		\$0
03	PLANO	030404	BROOKDALE CREEKSIDE	03/29/2021	\$2,250	11/10/2021		\$0
03	ROWLETT	107055	THE OAKS AT LIBERTY GROVE	01/26/2021	\$250	11/03/2021		\$0
03	ROWLETT	107055	THE OAKS AT LIBERTY GROVE	04/09/2022	\$2,250	05/19/2022		\$0
03	ROWLETT	107124	IRIS MEMORY CARE OF ROWLETT	08/27/2021	\$2,250	03/10/2022		\$0
03	SANGER	106342	THE HOME PLACE	01/18/2021	\$3,750	10/27/2021		\$3,750
04	BEAUMONT	105185	PELICAN BAY	05/18/2021	\$700	12/29/2021		\$0
04	BEAUMONT	105185	PELICAN BAY	08/18/2021	\$700	09/16/2021		\$0
04	BONHAM	000718	HOFMANN MRAZ CARE HOME	05/18/2022	\$2,250	08/01/2022		\$2,250
04	FORNEY	105514	THREE FORKS SENIOR LIVING OF FORNEY	08/17/2021	\$4,000	02/14/2022		\$0
04	GILMER	100559	THE BRADFORD HOUSE	03/10/2022	\$5,250	06/13/2022		\$0
04	GILMER	102729	WESLEY HOUSE	09/24/2020	\$2,250	06/21/2021	\$2,025	\$0
04	HENDERSON	030004	BROOKDALE HENDERSON	02/03/2021	\$1,050	08/16/2022		\$0
04	JASPER	030235	ROSEWOOD ASSISTED LIVING CENTER INC	09/16/2021	\$500	12/21/2021		\$500

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
04	JASPER	030235	ROSEWOOD ASSISTED LIVING CENTER INC	04/29/2022	\$2,250	08/01/2022		\$0
04	LONGVIEW	102944	HAWKINS CREEK ASSISTED LIVING AND MEMORY CARE COMMUNITY	02/13/2020	\$500	09/09/2021		\$0
04	LUFKIN	107217	PINNACLE SENIOR LIVING OF LUFKIN		\$1,500	08/16/2022		\$0
04	MARSHALL	000956	OAKWOOD HOUSE	06/28/2021	\$2,250	09/10/2021		\$0
04	NAPLES	103419	BLUEBONNET ELITE ASSISTED LIVING	03/11/2022	\$2,750	06/16/2022		\$2,750
04	TEXARKANA	000326	CORNERSTONE RETIREMENT COMMUNITY	04/25/2022	\$650	08/01/2022		\$0
05	AUSTIN	030175	PARMER WOODS AT NORTH AUSTIN	09/29/2021	\$7,000	12/01/2021		\$0
05	AUSTIN	030416	BROOKDALE GAINES RANCH	11/01/2021	\$3,000	01/03/2022		\$0
05	AUSTIN	100114	SODALIS AUSTIN	04/10/2022	\$2,250	08/08/2022		\$2,250
05	AUSTIN	101766	SHADY HOLLOW ASSISTED LIVING	06/30/2021	\$7,000	10/08/2021		\$7,000
05	AUSTIN	102254	SHADY HOLLOW II ASSISTED LIVING	06/30/2021	\$7,000	10/05/2021		\$7,000
05	AUSTIN	107005	TECH RIDGE OAKS ASSISTED LIVING AND MEMORY CARE	12/23/2021	\$3,000	03/24/2022		\$0
05	BASTROP	107134	NEW HAVEN ASSISTED LIVING OF BASTROP	06/29/2021	\$2,250	09/16/2021		\$0
05	BASTROP	107134	NEW HAVEN ASSISTED LIVING OF BASTROP	10/08/2021	\$10,000	03/02/2022		\$0
05	BELTON	105668	LUVIDA MEMORY CARE	04/28/2022	\$3,750	06/30/2022	\$0	\$0
05	COLLEGE STATION	110307	PEACH CREEK ALF #1 LLC	06/23/2021	\$3,500	12/29/2021		\$3,500
05	COLLEGE STATION	110347	SODALIS OPERATING COMPANY, LLC- COLLEGE STATION OPERATIONS	07/13/2021	\$5,000	09/24/2021		\$0
05	KYLE	105695	ORCHARD PARK OF KYLE	12/17/2021	\$2,000	03/18/2022		\$0
05	KYLE	105977	NEW HAVEN ASSISTED LIVING AND MEMORY CARE OF KYLE, LLC	12/01/2021	\$3,000	03/03/2022		\$0
05	MARBLE FALLS	101238	GATEWAY GARDENS	03/31/2022	\$3,750	06/24/2022		\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
05	ROUND ROCK	030013	A TOUCH OF HOME	04/11/2022	\$3,000	06/30/2022		\$0
05	ROUND ROCK	030118	THE COTTAGES AT CHANDLER CREEK I	06/15/2021	\$3,750	10/13/2021		\$0
05	ROUND ROCK	030119	THE COTTAGES AT CHANDLER CREEK II	06/15/2021	\$3,750	10/21/2021		\$0
05	TEMPLE	000973	WILDFLOWER PLACE	09/27/2021	\$3,500	12/16/2021		\$0
05	TEMPLE	103463	CANYON CREEK MEMORY CARE	03/30/2022	\$3,950	07/15/2022		\$0
06	BAYTOWN	000528	SWAN MANOR ALF	05/29/2020	\$3,000	12/13/2021	\$2,400	\$600
06	BAYTOWN	000828	SWAN MANOR ALF	05/29/2020	\$3,000	12/17/2021	\$2,400	\$900
06	BAYTOWN	030032	THE WATERFORD AT BAYTOWN	10/21/2021	\$3,000	11/10/2021		\$0
06	BAYTOWN	105002	SWAN MANOR ALF	05/29/2020	\$3,000	12/15/2021	\$2,400	\$900
06	CONROE	000322	ELMCROFT OF RIVERSHIRE	12/29/2020	\$250	12/10/2021		\$0
06	CONROE	000322	ELMCROFT OF RIVERSHIRE	02/02/2021	\$250	10/20/2021		\$0
06	CONROE	101044	WINDSOR	04/26/2022	\$5,000	05/31/2022		\$0
06	CONROE	104283	HERITAGE OAKS ASSISTED LIVING AND MEMORY CARE COMMUNITY	04/07/2021	\$3,000	10/21/2021		\$0
06	CONROE	106107	NEW GENESIS	04/05/2022	\$3,000	08/19/2022		\$3,000
06	CYPRESS	106681	SUNDANCE AT TOWNE LAKE	04/22/2021	\$625	12/14/2021		\$0
06	CYPRESS	107161	SPRING CYPRESS ASSISTED LIVING AND MEMORY CARE	06/26/2020	\$6,750	12/15/2021		\$0
06	CYPRESS	107161	SPRING CYPRESS ASSISTED LIVING AND MEMORY CARE	08/10/2021	\$9,750	01/03/2022		\$3,000
06	HOUSTON	000884	LAKEWOOD 24 HR PERSONAL CARE	01/23/2020	\$800	12/15/2021		\$0
06	HOUSTON	000912	DOCKAL ROAD PERSONAL CARE HOME	06/20/2022	\$3,000	07/11/2022		\$3,000
06	HOUSTON	000983	GOOD LIVING COMMUNITY CARE INC III	05/15/2020	\$2,500	01/13/2022		\$0
06	HOUSTON	010267	BROOKDALE SHADOWLAKE	03/30/2020	\$1,000	12/13/2021		\$0
06	HOUSTON	010308	COLONIAL OAKS AT WESTCHASE	09/30/2020	\$250	12/14/2021		\$0
06	HOUSTON	010308	COLONIAL OAKS AT WESTCHASE	07/28/2021	\$2,250	12/17/2021		\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
06	HOUSTON	010308	COLONIAL OAKS AT WESTCHASE	01/20/2022	\$3,000	05/13/2022		\$0
06	HOUSTON	010309	ALL GODS PEOPLE ASSISTED LIVING HOME	08/23/2021	\$3,750	11/10/2021	\$2,250	\$2,250
06	HOUSTON	030153	TRANQUILITY PERSONAL CARE HOME INC	06/08/2020	\$3,000	11/29/2021		\$3,000
06	HOUSTON	030153	TRANQUILITY PERSONAL CARE HOME INC	04/05/2022	\$2,000	06/20/2022		\$2,000
06	HOUSTON	030179	GRACE EXTENDED RESIDENTIAL ASSISTED LIVING	02/24/2021	\$250	12/28/2021		\$0
06	HOUSTON	030179	GRACE EXTENDED RESIDENTIAL ASSISTED LIVING	02/24/2021	\$250	12/28/2021		\$0
06	HOUSTON	030396	THE FARRINGTON AT TANGLEWOOD	01/28/2022	\$3,000	02/25/2022		\$0
06	HOUSTON	050507	LAKEWOOD 24 HOUR PC 2	06/22/2022	\$13,000	07/25/2022		\$13,000
06	HOUSTON	100115	GOOD LIVING COMMUNITY CARE INC #4	05/15/2020	\$2,500	01/11/2021		\$0
06	HOUSTON	100314	ROYAL PERSONAL CARE	11/25/2020	\$7,000	08/05/2021		\$7,000
06	HOUSTON	103252	DIVINE-HERITAGE ASSISTED LIVING	05/20/2022	\$4,750	06/16/2022		\$3,750
06	HOUSTON	105447	UNIVERSAL ASSISTED LIVING HOMES	12/04/2019	\$500	12/17/2021		\$0
06	HOUSTON	105482	AUTUMN LEAVES OF MEMORIAL CITY	03/04/2022	\$3,000	05/31/2022		\$0
06	HOUSTON	105863	AVISTA HOME	06/03/2020	\$6,000	02/14/2022		\$4,400
06	HOUSTON	106006	TEXAS COMMUNITY CARE COMPARTMENTS #3	10/14/2020	\$600	09/16/2021		\$0
06	HOUSTON	106016	BELMONT VILLAGE HUNTERS CREEK TRS, LLC	07/07/2020	\$400	08/05/2021		\$0
06	HOUSTON	106103	CANYON RIDGE PERSONAL CARE HOME LLC	04/22/2021	\$625	10/15/2021		\$0
06	HOUSTON	106191	THE VILLAGE OF THE HEIGHTS	10/15/2021	\$1,200	03/18/2022		\$0
06	KATY	102834	SUNRISE OF CINCO RANCH	06/15/2020	\$3,000	01/14/2022		\$0
06	KATY	103010	COLONIAL OAKS AT KATY	01/12/2021	\$300	10/25/2021		\$0
06	KATY	106235	BETHEL PLACE	03/10/2021	\$2,250	01/11/2021		\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
06	KINGWOOD	030268	ROSEMONT ASSISTED LIVING AND MEMORY CARE	02/25/2022	\$2,250	03/25/2022		\$0
06	LA MARQUE	030166	SUNNY & SAIMA ASSISTED LIVING HOMES	05/02/2022	\$11,000	06/30/2022		\$11,000
06	MAGNOLIA	107162	VALIENTE SENIOR LIVING	07/27/2021	\$250	12/10/2021		\$0
06	MANVEL	105865	ORCHARD PARK AT SOUTHFORK	08/16/2021	\$3,000	12/08/2021		\$0
06	PASADENA	000563	THE PINE TREE OF PASADENA LLC	12/02/2021	\$15,050	01/10/2022		\$15,050
06	PASADENA	030094	THE PINE TREE OF PASADENA LLC	07/28/2020	\$4,000	07/28/2020	\$3,200	\$2,665
06	RICHMOND	103111	COMFY HOME INC.	01/21/2022	\$2,250	04/14/2022		\$0
06	RICHMOND	106971	THE DELANEY AT PARKWAY LAKES	01/05/2022	\$3,750	02/09/2022		\$0
06	RICHMOND	106971	THE DELANEY AT PARKWAY LAKES	02/25/2022	\$2,250	03/28/2022		\$0
06	SEALY	110099	BRAZOS CROSSING ASSISTED LIVING	01/15/2021	\$3,000	10/20/2021		\$0
06	SHENANDOAH	106594	AVANTI SENIOR LIVING AT VISION PARK	04/16/2021	\$2,250	10/15/2021		\$0
06	SPRING	000487	ATRIA CYPRESSWOOD	10/15/2021	\$1,000	02/16/2022		\$0
06	SUGAR LAND	030191	COLONIAL OAKS AT FIRST COLONY	02/04/2021	\$250	09/09/2021		\$0
06	SUGAR LAND	030334	BARTON HOUSE	01/06/2021	\$250	04/01/2022		\$0
08	ATASCOSA	000641	RIOJAS ASSISTED LIVING HOME	05/10/2022	\$2,250	08/08/2022		\$0
08	ATASCOSA	000641	RIOJAS ASSISTED LIVING HOME	05/10/2022	\$2,250	08/08/2022		\$0
08	CIBOLO	110495	THE BROOKS OF CIBOLO	09/02/2021	\$3,000	10/21/2021		\$0
08	DEVINE	000599	CRUZ PERSONAL CARE HOME	04/02/2022	\$2,250	06/03/2022		\$0
08	FREDERICKSBURG	104847	MORNING STAR MEMORY CARE OF FREDERICKSBURG TEXAS LLC	09/02/2021	\$2,500	11/29/2021		\$0
08	KERRVILLE	000590	HILL COUNTRY OUTREACH INC	07/21/2021	\$750	11/03/2021		\$750
08	SAN ANTONIO	000652	CAMINO REAL SENIOR LIVING	08/23/2021	\$4,000	01/31/2022		\$0
08	SAN ANTONIO	106612	HEARTIS SAN ANTONIO	12/03/2021	\$1,500	02/09/2022		\$0
08	SAN ANTONIO	106920	IJNA ASSISTED FACILITY	05/12/2020	\$4,000	02/11/2022		\$4,000

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
08	SAN ANTONIO	110323	CHANGING SEASONS ON BLANCO	02/01/2022	\$3,000	04/11/2022		\$3,000
08	SCHERTZ	104975	FIRST STREET ASSISTED LIVING AND ADULT DAY CARE	02/13/2020	\$400	02/09/2022		\$400
11	RAYMONDVILLE	106947	LA JARRA RANCH ASSISTED LIVING	01/06/2022	\$2,250	05/02/2022		\$0
Totals					\$329,300		\$14,675	\$112,665

HHSC imposed 112 total ALF administrative penalties.

Notes:

The imposed column 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.

The assessed column 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.

The balance column 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 refer any ALFs to the OAG for injunctive/other relief and civil penalties for FY 2022.

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

LTCR Region	City	Facility ID or CR No.	Facility Owner Initials	Date Referred
03	KATY	363207	ES	10/26/2021
06	HOUSTON	100022	AW	10/08/2021
06	SPRING	103824	BG	10/08/2021
06	SPRING	107295	FH	11/12/2021
02	EL PASO	374206	AR	12/22/2021
02	EL PASO	100891	AA	04/27/2022
06	HOUSTON	381014	OC	06/07/2022
03	FOREST HILL	395078	SL	07/01/2022
03	GARLAND	395075	SL	07/01/2022
03	PLANO	395081	SL	07/01/2022
03	PLANO	395082	SL	07/01/2022
04	NAPLES	103419	JL	07/19/2022
03	GARLAND	395630	KB	07/26/2022
03	GARLAND	398859	KB	08/18/2022

HHSC made 14 total unlicensed facility injunctive/other relief and civil penalty referrals to the OAG.

ALF Amelioration of Violations

LTCR Region	City	Facility ID	Facility	Decision	Decision Date	Amount Ameliorated
04	PARIS	000593	PARIS CHALET SENIOR LIVING	DENIED	11/03/2021	
06	HOUSTON	000983	GOOD LIVING COMMUNITY CARE INC III	DENIED	10/05/2021	
06	HOUSTON	105863	AVISTA HOME	DENIED	03/03/2022	

HHCS processed 3 total ALF ameliorations.

ALF Trusteeships Ordered

HHSC did not order any trustees placed in ALFs for FY 2022.

ALF Emergency Suspension and Closing Orders

HHSC did not issue any emergency suspension and closing orders related to ALFs for FY 2022.

ALF License Denials and Revocations

LTCR Region	City	Facility ID	Facility	Action	Action Date
02	EL PASO	100891	MCKINLEY HOUSE	DENY RENEWAL	04/01/2022
06	HOUSTON	101772	J & P HOME CARE ASSISTED LIVING	DENY RENEWAL	05/13/2022
06	PASADENA	000563	THE PINE TREE OF PASADENA LLC	REVOCATION	05/09/2022
08	NATALIA	030233	M A ASSISTED LIVING FACILITY	DENY RENEWAL	04/29/2022

4 total ALF license denials and revocations.

ALF: All Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	30	79	305	97	172	307	122	23	1,135
Facility 14-day	208	333	1,537	466	829	1,104	589	164	5,230
Next On-site	68	129	649	211	357	445	211	75	2,145
Professional Review	8	7	57	16	26	29	15	4	162
Regional Off-site Review	11	26	215	40	96	103	51	19	561
Withdrawn	3	0	5	3	1	7	0	1	20
No Action Necessary	1	5	16	6	8	15	10	2	63
Totals	329	579	2,784	839	1,489	2,010	998	288	9,316

ALF: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	20	58	228	85	130	214	100	18	853
Facility 14-day	38	71	447	147	259	345	184	34	1,525
Next On-site	28	47	228	103	135	150	102	23	816
Professional Review	0	0	0	1	0	0	2	0	3
Regional Off-site Review	1	2	16	6	6	7	4	1	43
Withdrawn	3	0	5	3	1	5	0	1	18
No Action Necessary	0	0	3	0	1	3	1	1	9
Totals	90	178	927	345	532	724	393	78	3,267

ALF: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	10	21	77	12	42	93	22	5	282
Facility 14-day	170	262	1,090	319	570	759	405	130	3,705
Next On-site	40	82	421	108	222	295	109	52	1,329
Professional Review	8	7	57	15	26	29	13	4	159
Regional Off-site Review	10	24	199	34	90	96	47	18	518
Withdrawn	0	0	0	0	0	2	0	0	2
No Action Necessary	1	5	13	6	7	12	9	1	54
Totals	239	401	1,857	494	957	1,286	605	210	6,049

Unlicensed Facility Complaint Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	0	3	2	0	2	4	0	1	12
Facility 14-day	0	4	11	2	2	16	3	0	38
Next On-site	0	0	6	1	1	10	6	0	24
No Action Necessary	0	0	0	0	0	0	0	0	0
Totals	0	7	19	3	5	30	9	1	74

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) 2022:

- 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 2020	FY 2021	FY 2022
Licensed nursing facility administrators	2,166	2,174	1,795
Active medication aides	7,261	6,752	6,816
Approved Nurse Aide Training and Competency Evaluation Programs (facility-based)	324	309	340
Approved Nurse Aide Training and Competency Evaluation Programs (not facility-based)	575	558	553
Active certified nurse aides listed on the Nurse Aide Registry	102,564	100,386	119,182

Nursing Facility Administrator Program

Activity	Action	FY 2020	FY 2021	FY 2022
New licenses	Issued	139	144	108*
License renewals**	Renewed	1045	934	545*
Provisional licenses	Issued	31	34	14*
Referrals***	Received	3	96	112
Complaints against nursing facility administrators****	Received	35	0	1
New sanctions against administrator license	Imposed	37	10	49
Nursing facility administrators required sanctions	Fulfilled	8	24	14
Administrative penalties	Assessed	86	0	9

Activity	Action	FY 2020	FY 2021	FY 2022
National Association of Boards of Examiners of Long-term Care Administrators exams	Administered	135	173	142
State exams	Administered	142	159	123

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.

**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 2020	FY 2021	FY 2022
New medication aide permits	Issued	470	1,209	701
Testing dates at schools	Scheduled	60	229	112
Initial exams	Administered	494	1,749	574
Retest dates	Scheduled	48*	88	122
Permits	Renewed	6,816	8,123	8,401
Complaints	Received	1	0	1
Sanctions	Imposed	0	0	1

Note:

*Corrections to counts reported in prior fiscal years.

Nurse Aide Training and Competency Evaluation Program (NATCEP)

Activity	Action	FY 2020	FY 2021	FY 2022
New NATCEPs	Approved	114	150	138
NATCEPs	Renewed	86	31*	100
NATCEPs withdrawn from participation	Withdrew	122	177	62
Competency Evaluation Programs	Approved	102	116	179

Note:

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

Nurse Aide Registry

Activity	Action	FY 2020	FY 2021	FY 2022
New nurse aides to program	Added	9,965	11,294	16,340
Nurse aides removed from active status	Removed	29,657	34,900	31,205
Nurse aides from expired status to active status	Returned	35,808	40,512	53,208
New misconduct referrals received/processed	Processed	46	10	16
Employee misconduct cases	Dismissed	2	3	4
Employee misconduct cases	Revoked	40	9	15
Client contacts made by mail	Contacted	57,815	33,394	52,444
Public inquiries	Received	0	0	1
Client contacts made by telephone	Contacted	55,164	14,973*	62,544
Client contacts made by email	Contacted	13,521	64,256*	27,541

Note:

*Due to the COVID-19 pandemic, the CII call center was offline 03/20/2020 - 07/11/2021. During this time, program received and responded to complaints/issues/inquiries via email.

Employee Misconduct Registry

Activity	Action	FY 2020	FY 2021	FY 2022
New employee misconduct referrals	Processed	21	102	67*
New unlicensed facility employees to the registry	Added	18	18	11
New unlicensed CDS, HCSSA, HCS, ICF/IID, SSLC, and state hospital employees to the registry	Added	72	101	75

Note:

*FY 2022 EMR referral numbers are 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) 2022.

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.

LTCCR 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

LTCCR 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	DALWORTHINGTON GARDENS	003036	ARLINGTON ADULT DAY HEALTH CARE	01/14/2021	\$5,075	09/03/2021		\$5,075
06	HOUSTON	105546	VN DAY CARE CENTER INC	11/03/2020	\$350	12/21/2021		\$0
06	HOUSTON	105126	ODYSSEY TLC ADULT DAY CENTER	03/19/2021	\$14,950	01/21/2022	\$3,400	\$3,400
06	HOUSTON	105126	ODYSSEY TLC ADULT DAY CENTER	03/19/2021	\$14,950	01/21/2022	\$3,400	\$3,400
08	SCHERTZ	104977	FIRST STREET ASSISTED LIVING & ADULT DAY CARE	02/13/2020	\$62,400	03/04/2022		\$62,400
11	SAN JUAN	102195	EL RECREO ADULT DAY CARE	07/21/2021	\$41,850	02/10/2022		\$0
11	WESLACO	003224	MIS AMIGOS DE WESLACO ADULT DAY CARE CENTER	03/21/2022	\$10,000	07/22/2022		\$10,000
11	PHARR	003403	LAS MILPAS ADULT DAY CARE INC	11/05/2021	\$13,650	05/13/2022		\$11,375
Totals					\$163,225		\$6,800	\$95,650

8 total ALF administrative penalties imposed.

Notes:

The imposed column 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.

The assessed column 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.

The balance column 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 2022.

DAHS Facility Emergency Closing Orders

HHSC did not issue any emergency closing orders for DAHS facilities for FY 2022.

DAHS Facility License Denial and Revocation

LTCR Region	City	Facility ID	Facility	Action	Action Date
06	HOUSTON	106590	FC BEHAVIORAL HEALTH PLLC	DENY RENEWAL	06/06/2022
06	HOUSTON	106975	DELIGHT ADULT DAYCARE	DENIAL OF REQUEST FOR CHANGE	04/29/2022
11	PHARR	003403	LAS MILPAS ADULT DAY CARE INC	DENY RENEWAL	01/31/2022

HHSC issued 3 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	3	0	1	3	12	18	41
Facility 14-day	2	48	19	0	8	26	29	95	227
Facility 30-day	1	15	10	2	3	13	10	65	119
Next On-site	0	9	0	0	0	1	3	17	30
Professional Review	1	1	1	0	0	0	0	2	5
Regional Off-site Review	0	2	2	0	0	0	1	7	12
Withdrawn	1	0	0	0	0	0	0	1	2
No Action Necessary	0	0	1	0	0	0	0	1	2
Totals	7	77	36	2	12	43	55	206	438

DAHS Facility: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	0	2	1	0	0	2	8	17	30
Facility 14-day	0	6	10	0	1	13	10	41	81
Facility 30-day	1	11	10	2	3	12	10	61	110
Next On-site	0	1	0	0	0	1	3	4	9
Regional Off-site Review	0	0	0	0	0	0	0	1	1
Withdrawn	1	0	0	0	0	0	0	1	2
Totals	2	20	21	2	4	28	31	125	233

DAHS Facility: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	2	0	2	0	1	1	4	1	11
Facility 14-day	2	42	9	0	7	13	19	54	146
Facility 30-day	0	4	0	0	0	1	0	4	9
Next On-site	0	8	0	0	0	0	0	13	21
Professional Review	1	1	1	0	0	0	0	2	5
Regional Off-site Review	0	2	2	0	0	0	1	6	11
No Action Necessary	0	0	1	0	0	0	0	1	2
Totals	5	57	15	0	8	15	24	81	205

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) 2022.

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

LTCR 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 the 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

LTCR 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 Number	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
01	AMARILLO	015882	HIGH PLAINS SENIOR CARE	05/11/2022	\$1,000	05/20/2022		\$0
01	BROWNWOOD	011763	KINDRED HOSPICE	12/13/2021	\$5,000	12/28/2021		\$0
01	LUBBOCK	015024	AVEANNA HEALTHCARE	11/05/2021	\$1,325	12/03/2021		\$0
01	LUBBOCK	015024	AVEANNA HEALTHCARE	01/31/2022	\$1,375			\$0
01	LUBBOCK	015691	EDUCARE COMMUNITY LIVING CORPORATION TEXAS	01/03/2022	\$2,025	01/06/2022		\$0
01	ODESSA	008527	EXPRESS NURSING	01/13/2022	\$500	01/21/2022		\$0
02	EL PASO	014695	ANGELS 2 YOU HOME HEALTH	04/28/2022	\$675	05/10/2022		\$675
02	EL PASO	016764	CAMINO HOSPICE CORPORATION	03/24/2022	\$625	04/07/2022		\$0
02	EL PASO	016897	VISITING ANGELS	04/25/2022	\$1,250	05/05/2022		\$0
02	EL PASO	017307	M B CARE LLC	07/23/2021	\$1,200	08/26/2021		\$0
02	EL PASO	019996	HOME CARE FROM HUMBLE HEARTZ, LLC	03/02/2022	\$2,250	03/15/2022		\$0
03	ADDISON	012079	ELYSIAN HOSPICE LLC	03/10/2022	\$750	03/17/2022		\$0
03	ADDISON	013821	SILVERADO HOSPICE-DALLAS/FORT WORTH	04/14/2022	\$1,000	04/26/2022		\$0
03	ALLEN	002860	CIFCA COMMUNITY INTEGRATED FAMILY CARE ADVOCATES	04/19/2022	\$500	04/28/2022		\$500
03	ALLEN	009562	MAM UNIQUE HEALTH SERVICES INC	03/18/2022	\$1,200	04/01/2022		\$0
03	ALLEN	019619	A PLACE AT HOME	05/20/2022	\$2,000	06/01/2022		\$0
03	ARLINGTON	009440	TENDER HEART HOSPICE CARE	03/18/2022	\$625	03/25/2022		\$0
03	ARLINGTON	010526	MAGNOLIA HOSPICE	03/25/2022	\$750	04/08/2022		\$750
03	ARLINGTON	011835	CALVARY HILL HEALTH SERVICES LLC	03/23/2022	\$625	04/06/2022		\$0
03	ARLINGTON	012642	GUIDANCE HEALTHCARE SERVICES	04/19/2022	\$625	05/13/2022		\$0
03	ARLINGTON	013583	CARETRENDS HEALTH SERVICE	05/16/2022	\$650	05/31/2022		\$0

LTCR Region	City	License Number	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
03	ARLINGTON	014470	HIS GRACE HOME HEALTH CARE LLC	12/15/2021	\$600	12/30/2021		\$0
03	ARLINGTON	016453	HYGIA HEALTHCARE LLC	04/25/2022	\$2,650	05/09/2022		\$0
03	ARLINGTON	017575	ABUNDANT HOSPICE SERVICES LLC	03/01/2022	\$1,600	03/16/2022		\$1,600
03	ARLINGTON	017722	ABUNDANT HOME HEALTH LLC	12/02/2021	\$625			\$0
03	ARLINGTON	019849	DFW HOME HEALTH ARLINGTON	05/04/2022	\$500	05/17/2022		\$0
03	ARLINGTON	020028	MAGNOLIA HOSPICE	04/04/2022	\$750	04/22/2022		\$0
03	ARLINGTON	020246	CAREMATE WELLNESS SOLUTIONS, LLC	11/23/2021	\$500	12/14/2021	\$450	\$0
03	BEDFORD	012189	HALLMARK HEALTHCARE LLC	05/04/2022	\$1,125	05/17/2022		\$0
03	BEDFORD	012189	HALLMARK HEALTHCARE LLC	06/30/2022	\$675	07/15/2022		\$0
03	BEDFORD	018258	MERCY HOME CARE AGENCY L.L.C.	12/15/2021	\$500	12/22/2021		\$0
03	BEDFORD	018258	MERCY HOME CARE AGENCY L.L.C.	12/15/2021	\$500	12/22/2021		\$0
03	CARROLLTON	015809	EXCELLENT CARE HOME HEALTH LLC	10/11/2021	\$1,000	11/15/2021		\$1,000
03	CARROLLTON	017356	BRIGHT HOME HEALTH	12/22/2021	\$525			\$0
03	CARROLLTON	018790	PEACE VALLEY HOSPICE	07/14/2022	\$1,250	07/28/2022		\$0
03	DALLAS	005184	JOHNSON HOME HEALTH CARE NURSING INC	09/08/2021	\$500	11/15/2021		\$500
03	DALLAS	008631	ALLIANCE A-PLUS HOME HEALTH CARE INC	07/19/2021	\$2,200	08/26/2021		\$0
03	DALLAS	008712	FAITH PRESBYTERIAN HOSPICE	05/17/2022	\$650	05/31/2022		\$0
03	DALLAS	010273	BLUEBONNET HOSPICE OF EAST TEXAS INC	12/02/2021	\$1,000	12/16/2021		\$1,000
03	DALLAS	010273	BLUEBONNET HOSPICE OF EAST TEXAS INC	12/02/2021	\$1,000	12/16/2021		\$1,000
03	DALLAS	010462	ALPHA MK HEALTHCARE INC	07/07/2022	\$3,625	07/21/2022		\$0
03	DALLAS	011076	CARETOUCH SERVICES INC	08/04/2021	\$3,000	09/29/2021		\$3,000
03	DALLAS	011581	HIGHLAND SPRINGS HOME CARE LLC	04/25/2022	\$500	05/06/2022		\$0

LTCR Region	City	License Number	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
03	DALLAS	012034	ARIEL AMANA HEALTHCARE INC	07/15/2022	\$2,000	07/26/2022		\$0
03	DALLAS	012089	ADVANT HOME HEALTH SERVICES INC	01/26/2022	\$500			\$0
03	DALLAS	012637	HEALING POOL HOME HEALTHCARE AGENCY INC.	07/07/2021	\$2,000	08/26/2021		\$2,000
03	DALLAS	012982	ALTRUIST HOME HEALTH CARE INC	05/24/2022	\$3,275	06/06/2022		\$0
03	DALLAS	012982	ALTRUIST HOME HEALTH CARE INC	07/06/2022	\$1,500	07/19/2022		\$0
03	DALLAS	013395	BEGINNING "N" THE END HOME HEALTH SERVICES INC	09/16/2021	\$1,500	11/15/2021		\$0
03	DALLAS	013929	HILLCREST HOME HEALTH	09/16/2021	\$1,000	10/19/2021		\$0
03	DALLAS	013996	SURE HOME HEALTH SERVICES	05/24/2022	\$750	06/07/2022		\$750
03	DALLAS	015732	GOODCARE HOME HEALTH AGENCY	04/12/2022	\$1,500	04/26/2022		\$0
03	DALLAS	015900	TENDER HANDS HOME HEALTHCARE LLC	07/27/2021	\$750	08/26/2021		\$750
03	DALLAS	015900	TENDER HANDS HOME HEALTHCARE LLC	07/27/2021	\$750	08/26/2021		\$750
03	DALLAS	016190	ALINE HOME HEALTH CARE OF TEXAS INC	01/04/2022	\$1,500	01/14/2022		\$0
03	DALLAS	016969	ICON HOSPICE	04/29/2022	\$1,125	05/13/2022		\$0
03	DALLAS	016996	NOURISH HOMEHEALTH AND THERAPY SERVICES	01/05/2022	\$525			\$0
03	DALLAS	017250	ASSISTING HANDS OF PRESTON HOLLOW	01/19/2022	\$1,125	01/31/2022		\$0
03	DALLAS	017496	ELOQUENT HOME HEALTH	03/22/2022	\$1,125	04/06/2022		\$0
03	DALLAS	017618	GLOVIS HOME HEALTH SERVICES INC	12/15/2021	\$1,800	12/28/2021		\$0
03	DALLAS	017903	HIGHLAND HOLLOW HOME HEALTH SOLUTIONS LP	07/21/2022	\$2,000	08/04/2022		\$2,000
03	DALLAS	017969	CARJO HOME HEALTH AGENCY LLC	11/02/2021	\$625	11/18/2021		\$625
03	DALLAS	018041	VITALIS HOME HEALTH LLC	05/02/2022	\$750	05/11/2022		\$0

LTCR Region	City	License Number	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
03	DALLAS	018411	ANGEL HANDS HOSPICE	02/10/2022	\$1,250	02/22/2022		\$0
03	DALLAS	020136	TEXAS CARE ONE LLC	05/05/2022	\$625	05/11/2022		\$0
03	DENTON	007973	ADVANCED REHABTRUST HOME HEALTH	03/30/2022	\$3,200	04/13/2022		\$0
03	DENTON	017199	VISITING ANGELS	11/19/2021	\$1,250	11/30/2021		\$1,250
03	DENTON	019300	TEXAS HOME HEALTH GROUP OF DENTON, LLC	06/13/2022	\$2,000	06/27/2022		\$0
03	DESOTO	005978	NAAMAN COMMUNITY HEALTH SERVICES INC	04/06/2022	\$625	04/14/2022		\$0
03	DESOTO	017475	ABSOLUTE HEALTHCARE	08/05/2021	\$750	09/08/2021		\$750
03	DESOTO	018010	VISITING ANGELS	01/12/2022	\$1,250	01/27/2022		\$0
03	DESOTO	018685	ACCENTCARE PERSONAL CARE SERVICES OF TEXAS	02/18/2022	\$1,050	03/07/2022		\$0
03	DESOTO	019601	Q & A PERSONAL CARE SERVICES LLC	04/06/2022	\$625	04/19/2022		\$625
03	DUNCANVILLE	011892	DFW CONSOLIDATED HEALTHCARE SERVICES LLC	06/13/2022	\$1,325	06/24/2022		\$0
03	EULESS	008914	PROFESSIONAL HOSPICE	02/14/2022	\$1,000	02/25/2022		\$0
03	FARMERS BRANCH	016883	GRANDCARE HOME HEALTH LLC	08/04/2022	\$2,000	08/16/2022		\$2,000
03	FARMERS BRANCH	018834	CAROLYN'S LOVING HOMECARE LLC	01/24/2022	\$500	01/28/2022		\$0
03	FARMERS BRANCH	018834	CAROLYN'S LOVING HOMECARE LLC	02/08/2022	\$0	02/11/2022	\$0	\$0
03	FORT WORTH	007277	DIVINE CARE HEALTH SERVICES	11/22/2021	\$500	12/08/2021		\$0
03	FORT WORTH	007358	EXCEPTIONAL HOME CARE INC	06/17/2022	\$1,750	07/01/2022		\$0
03	FORT WORTH	014228	ENVOY HOSPICE	09/09/2021	\$500			\$0
03	FORT WORTH	014228	ENVOY HOSPICE	05/31/2022	\$650	06/14/2022		\$0
03	FORT WORTH	014989	BRIDGEWAY HEALTH SERVICES INC	07/19/2022	\$1,875	08/02/2022	\$1,875	\$0
03	FORT WORTH	016183	HEART TO HEART HOSPICE OF FORT WORTH LLC	08/01/2022	\$1,250	08/11/2022		\$0

LTCR Region	City	License Number	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
03	FORT WORTH	017049	24HR HOMECARE LLC	07/23/2021	\$1,000	09/29/2021		\$0
03	FORT WORTH	017548	KLARUS HOME CARE	07/22/2022	\$2,700	08/05/2022		\$0
03	FORT WORTH	018864	A FRIENDLY NEIGHBOR HOME CARE LLC	07/20/2021	\$1,000	08/12/2021		\$1,000
03	FORT WORTH	019879	AMERICARE FORT WORTH	01/12/2022	\$525			\$0
03	FRISCO	014396	CRESCENT HOME HEALTH	05/04/2022	\$500	05/16/2022		\$0
03	GAINESVILLE	016842	NTMC HOME HEALTH	07/14/2022	\$500	07/26/2022		\$0
03	GARLAND	005253	ADA LIGHT HOME HEALTH LLC	12/16/2021	\$1,700	12/27/2021		\$0
03	GARLAND	008773	GARLAND HOME HEALTHCARE AGENCY INC	11/03/2021	\$1,700	11/17/2021		\$0
03	GARLAND	010038	BEST HEALTHCARE SERVICES	08/20/2021	\$1,000	09/29/2021		\$0
03	GARLAND	012049	PRAISE HOME HEALTH AGENCY	12/08/2021	\$650	12/21/2021		\$0
03	GARLAND	012136	NEW GLORIOUS HOME HEALTH INC	06/08/2022	\$1,250	06/21/2022		\$0
03	GARLAND	012731	DESTINY CARE HOME HEALTH	12/07/2021	\$2,250	12/21/2021		\$750
03	GARLAND	014598	HOMAGE HEALTHCARE SERVICES INC	12/21/2021	\$525			\$0
03	GARLAND	016719	SAINT CATHERINE HOSPICE INC	07/29/2021	\$1,100	10/19/2021		\$0
03	GARLAND	018154	JESSE HEALTHCARE SERVICES LLC	08/03/2022	\$1,125	08/11/2022		\$1,125
03	GARLAND	018679	GOLDEN HOME CARE LLC	07/14/2022	\$2,800	07/22/2022		\$0
03	GRAND PRAIRIE	010313	UNITED COMFORT HEALTHCARE INCORPORATED	11/19/2021	\$1,400	12/06/2021		\$0
03	GRAND PRAIRIE	012947	A-Z HEALTHCARE AGENCIES AND HOMECARE LLC	01/19/2022	\$1,150	02/01/2022		\$0
03	GRAND PRAIRIE	013581	JACOP HEALTHCARE SERVICES INC	02/22/2022	\$625	03/08/2022		\$0
03	GRAND PRAIRIE	015044	PRESTONWOOD HOME HEALTHCARE LLC	11/15/2021	\$3,650	11/30/2021		\$0
03	HURST	011903	PREMIER HEALTH CARE SERVICES II	12/20/2021	\$750	12/31/2021		\$0
03	HURST	017730	INTEGRATED CARE GIVING	09/01/2021	\$2,000	11/15/2021		\$0

LTCR Region	City	License Number	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
03	IRVING	014670	GOOD SHEPHERD HEALTH CARE SERVICES	06/21/2022	\$625	06/29/2022		\$625
03	IRVING	015991	HOSPICE PROVIDERS INC	03/28/2022	\$500	04/05/2022		\$500
03	IRVING	017789	JOVIAL ANGELS AT HOME CARE SERVICES LLC	03/08/2022	\$1,875	03/16/2022		\$1,875
03	IRVING	018003	SYNERGY HOMECARE	10/28/2021	\$3,125			\$3,125
03	KELLER	012709	ASIA HOME HEALTHCARE INCORPORATED	06/20/2022	\$1,250	07/06/2022		\$0
03	KELLER	017540	HOMEWELL SENIOR CARE OF NORTH TARRANT COUNTY	05/26/2022	\$2,000	06/10/2022		\$0
03	LANCASTER	008833	TRADITIONAL HEALTHCARE SERVICES	07/15/2022	\$2,000	07/27/2022		\$2,000
03	LEWISVILLE	013693	HARRIS HOSPICE INC	02/10/2022	\$1,050			\$0
03	LEWISVILLE	016021	HOFMEIR HOME CARE & MANAGEMENT INC	10/13/2021	\$1,500	11/15/2021		\$1,500
03	LEWISVILLE	016951	MACBON HOME HEALTH INC	07/07/2022	\$4,250	07/21/2022		\$0
03	LEWISVILLE	017220	R2R PALLIATIVE AND HOSPICE CARE LLC	02/09/2022	\$500	02/24/2022		\$0
03	MANSFIELD	018694	ONE ACCORD HOME HEALTH INC	09/16/2021	\$2,000			\$0
03	MCKINNEY	017442	ON SITE HOME HEALTH CARE LLC	01/05/2022	\$550	01/19/2022		\$0
03	MESQUITE	011327	REGENCY HOME HEALTHCARE	12/14/2021	\$1,375	12/29/2021		\$0
03	MESQUITE	012652	SAS HOME HEALTH SERVICES INC	09/24/2021	\$500	11/15/2021		\$0
03	MESQUITE	012652	SAS HOME HEALTH SERVICES INC	12/06/2021	\$700	12/20/2021		\$700
03	MESQUITE	016728	RELIANT HOME HEALTH CARE	05/12/2022	\$500	05/20/2022		\$500
03	MESQUITE	017298	DREAM LAND HEALTHCARE INC	12/02/2021	\$500	12/09/2021		\$0
03	MESQUITE	017470	ACCESS HOME HEALTH CARE INC	03/16/2022	\$500	03/24/2022		\$0
03	NORTH RICHLAND HILLS	007387	LIBBYS HOME HEALTH CARE	06/27/2022	\$2,375	07/11/2022		\$0

LTCR Region	City	License Number	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
03	PLANO	010222	DISCOVERY AT HOME IN TEXAS, INC.	07/13/2021	\$500			\$0
03	PLANO	011703	LUCENT HOME HEALTH LLC	05/19/2022	\$625	05/31/2022		\$0
03	PLANO	014468	CERNA HEALTHCARE OF TEXAS LLC	06/13/2022	\$1,500	06/23/2022		\$0
03	PLANO	014915	VISITING ANGELS	06/24/2022	\$3,500	07/08/2022		\$0
03	PLANO	016256	PEACEFUL TOUCH HOSPICE AND PALLIATIVE CARE LLC	03/16/2022	\$4,175	03/31/2022		\$0
03	PLANO	016256	PEACEFUL TOUCH HOSPICE AND PALLIATIVE CARE LLC	04/06/2022	\$7,200	04/20/2022		\$0
03	PLANO	016741	DELTA HOSPICE LLC	04/15/2022	\$550	05/04/2022		\$0
03	PLANO	017390	MDJ HEALTH CARE SERVICES	01/11/2022	\$1,500	01/24/2022		\$0
03	PLANO	018273	MONARCH SENIOR SOLUTIONS LLC	08/11/2022	\$700	08/16/2022		\$700
03	PLANO	018496	RELIANT AT HOME CONCIERGE CARE	01/27/2022	\$1,600	02/08/2022		\$0
03	PLANO	018841	TEXAS BEST CARE HOSPICE INC	07/14/2022	\$1,250	07/27/2022		\$0
03	PLANO	020686	ASSURED HOSPICE LLC	03/07/2022	\$3,250	03/17/2022		\$0
03	RHOME	017150	RIGHT AT HOME	12/07/2021	\$1,550	12/20/2021		\$0
03	RICHARDSON	004828	AMERICANSENIOR	02/28/2022	\$3,050	03/17/2022		\$0
03	RICHARDSON	011296	RELIANT HEALTHCARE SERVICES	02/25/2022	\$2,500			\$0
03	RICHARDSON	012172	EFE HEALTHCARE SERVICES INC	02/22/2022	\$4,775	03/14/2022		\$0
03	RICHARDSON	016661	FAMILY CONNECTIONS HOME HEALTH CARE	09/16/2021	\$3,400	10/19/2021		\$0
03	RICHARDSON	017508	KEYSTONE HEALTHCARE INC	03/25/2022	\$1,225	04/06/2022		\$0
03	RICHARDSON	018454	GUARDIAN ANGELS AT HOME CARE INC	07/12/2022	\$2,375			\$0
03	SHERMAN	007272	ADVANTX HOME CARE INC	07/01/2021	\$2,000	08/26/2021		\$0
03	SHERMAN	009528	ENCOMPASS HEALTH HOME HEALTH	05/13/2022	\$625	05/26/2022		\$0
03	THE COLONY	017275	A. K. M HOME HEALTHCARE	07/22/2022	\$700	08/03/2022		\$0
03	WYLIE	008958	ALBERT HOME HEALTH AGENCY INC	07/28/2022	\$700	08/11/2022		\$700

LTCR Region	City	License Number	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
03	WYLIE	016571	AUSTIN HOME HEALTHCARE	12/14/2021	\$3,600	12/22/2021		\$3,600
04	ATHENS	009458	CARING COMPANIONS AT HOME	03/01/2022	\$500	03/15/2022		\$500
04	ATHENS	016893	GENESIS HOSPICECARE	06/30/2022	\$1,375	07/15/2022		\$0
04	BEAUMONT	010904	TEXAS HOME HEALTH HOSPICE	12/15/2021	\$1,500	12/30/2021		\$0
04	BEAUMONT	010904	ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS	07/18/2022	\$1,950	07/29/2022		\$1,950
04	BEAUMONT	011290	HOME INSTEAD SENIOR CARE	02/23/2022	\$1,000	03/02/2022		\$0
04	BEAUMONT	011290	HOME INSTEAD SENIOR CARE	02/23/2022	\$1,000	03/02/2022		\$0
04	BEAUMONT	011901	AMAZING ANGELS HOME HEALTH	04/20/2022	\$2,875	05/05/2022		\$2,875
04	BEAUMONT	016880	212 THERAPY LLC	12/14/2021	\$2,300	12/27/2021		\$0
04	BEAUMONT	020006	VICTORY HOME CARE	01/11/2022	\$500	01/20/2022		\$0
04	BRIDGE CITY	007359	SOUTH WEST TEXAS HOME HEALTH INC	06/15/2022	\$150	06/29/2022		\$150
04	FORNEY	017209	LOVE ABUNDANTLY HOME CARE AGENCY LLC	12/01/2021	\$625			\$0
04	HUNTSVILLE	000688	HOME HEALTH CARE OF HUNTSVILLE	01/12/2022	\$1,050			\$0
04	HUNTSVILLE	015131	1ST CHOICE HOSPICE LLC	11/11/2021	\$750	11/24/2021		\$0
04	JASPER	011269	ELARA CARING	07/20/2022	\$625			\$0
04	LONGVIEW	009322	COMFORT KEEPERS	01/26/2022	\$1,125	02/04/2022		\$0
04	LONGVIEW	015193	ELITE HOME HEALTH	01/05/2022	\$600	01/18/2022		\$0
04	LONGVIEW	015679	EDUCARE COMMUNITY LIVING CORPORATION TEXAS	02/02/2022	\$1,375	02/11/2022		\$0
04	LONGVIEW	016734	COMPASS HOSPICE OF EAST TEXAS LLC	03/18/2022	\$625	03/31/2022		\$0
04	MOUNT PLEASANT	017835	AVEANNA HEALTHCARE	05/04/2022	\$1,550	05/16/2022		\$0
04	PALESTINE	003546	PALESTINE (P) HH	06/23/2022	\$250	07/07/2022		\$0
04	PARIS	012399	GUARDIAN HEALTHCARE	04/21/2022	\$175	05/02/2022		\$175

LTCR Region	City	License Number	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
04	PARIS	014472	WATERFORD HOSPICE LLC	11/23/2021	\$1,250	12/02/2021		\$0
04	PARIS	014630	ON CALL HOME HEALTH AND REHAB SERVICES	05/18/2022	\$625	05/27/2022		\$0
04	PARIS	016263	MAYS HOME HEALTH OF PARIS TX LLC	01/13/2022	\$675	01/25/2022		\$0
04	PITTSBURG	016257	PURPLE HEARTS HOME HEALTH	04/21/2022	\$500	05/04/2022		\$0
04	PITTSBURG	018735	UT HEALTH EAST TEXAS HOME HEALTH SERVICES	03/29/2022	\$625	04/13/2022		\$0
04	PORT ARTHUR	012026	COASTAL CAREGIVERS INC	02/16/2022	\$650	02/23/2022		\$0
04	PORT ARTHUR	017281	TREASURE SERVICES INCORPORATED	08/09/2021	\$500	10/19/2021		\$0
04	PORT ARTHUR	017281	TREASURE SERVICES INCORPORATED	08/31/2021	\$500			\$0
04	PORT ARTHUR	017281	TREASURE SERVICES INCORPORATED	12/30/2021	\$750	01/06/2022		\$0
04	TERRELL	011476	RISESUN CARE HOME HEALTH	07/14/2021	\$1,500	09/08/2021		\$0
04	TEXARKANA	009660	CORNERSTONE HOME HEALTH SERVICES	11/03/2021	\$500	11/03/2021		\$0
04	TYLER	007113	AT HOME HEALTHCARE	08/03/2022	\$750	08/10/2022		\$0
04	TYLER	007537	NEW CONCEPT HEALTH SERVICES INC	05/12/2022	\$1,450			\$0
04	TYLER	011762	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE	09/08/2021	\$500	10/19/2021		\$0
04	TYLER	011800	NIGHTINGALE HOME HEALTH AGENCY	04/26/2022	\$625	05/04/2022		\$0
04	TYLER	011800	NIGHTINGALE HOME HEALTH AGENCY	06/21/2022	\$750	07/06/2022		\$0
04	TYLER	012516	HUMILITY HOME HEALTH SERVICES INC	03/15/2022	\$675	03/28/2022		\$0
04	TYLER	012611	RIGHT AT HOME OF NORTHEAST TEXAS	06/14/2022	\$625	06/21/2022		\$0
04	TYLER	014367	BEULAH HOME HEALTH AGENCY INC	04/11/2022	\$550	04/25/2022		\$550
04	TYLER	015531	CHOICE HOMECARE	12/02/2021	\$2,625	12/14/2021		\$0
04	TYLER	016127	HARBOR HOSPICE OF TEXARKANA LP	05/24/2022	\$625	06/06/2022		\$0

LTCR Region	City	License Number	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
04	TYLER	018468	CHOICE PLUSCARE	12/23/2021	\$625	01/05/2022		\$0
04	TYLER	019342	THRIVE SKILLED PEDIATRIC CARE	07/01/2022	\$1,950	07/18/2022		\$1,950
04	WILLS POINT	010730	GOLDEN YEARS HOMECARE SPECIALIST INCORPORATED	06/14/2022	\$250	06/28/2022		\$0
04	WILLS POINT	015835	NEW LIFE HOME HEALTHCARE	07/06/2021	\$500	08/26/2021		\$0
05	AUSTIN	007354	THE MEDICAL TEAM INC	04/06/2022	\$1,550	04/18/2022		\$0
05	AUSTIN	015057	EDWARD'S HOME HEALTH & HOSPICE	06/01/2022	\$625	06/13/2022		\$0
05	AUSTIN	016776	CAPITOL HOSPICE	06/09/2022	\$625	06/21/2022		\$0
05	AUSTIN	019170	FIRSTLIGHT HOME CARE OF AUSTIN	02/23/2022	\$2,125	03/08/2022		\$0
05	AUSTIN	019170	FIRSTLIGHT HOME CARE OF AUSTIN	02/23/2022	\$2,125	03/08/2022		\$0
05	BUDA	008988	PROGRESSIVE HOME HEALTH AGENCY	05/26/2022	\$750	06/06/2022		\$0
05	BUDA	012109	BE HEALTHY AT HOME	07/08/2021	\$600	08/12/2021		\$0
05	BURLESON	017369	WHEN KIDS PLAY	12/14/2021	\$625	12/23/2021		\$0
05	CAMERON	019662	HEARTS HOMES AND HANDS LLC	02/16/2022	\$1,250			\$1,250
05	CLIFTON	010595	HOSPICE SUNSET	07/22/2021	\$1,100	08/26/2021		\$0
05	ELGIN	017058	LUTRA HOME CARE	03/16/2022	\$1,250	03/28/2022		\$0
05	KYLE	019564	JOL HEALTHCARE	07/30/2021	\$750	08/26/2021		\$0
05	KYLE	019564	JOL HEALTHCARE	07/21/2022	\$700	08/03/2022		\$0
05	ROUND ROCK	010220	NEW ERA HOMECARE SOLUTIONS INC	03/24/2022	\$3,300	04/05/2022		\$3,300
05	WACO	007587	ACCENTCARE PERSONAL CARE SERVICES OF TEXAS	02/17/2022	\$525	03/03/2022		\$0
06	BEAUMONT	009075	ACCU CARE HOME HEALTH SERVICES	07/12/2021	\$500	10/19/2021		\$0
06	BELLAIRE	011753	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE	08/09/2022	\$625	08/17/2022	\$625	\$0
06	BELLAIRE	015346	HOSPICE PLUS HOUSTON	03/02/2022	\$1,250	03/17/2022		\$0
06	BELLAIRE	016981	REACH HEALTHCARE SERVICES	08/13/2021	\$1,000	10/19/2021		\$0

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06	BROOKSHIRE	016364	ANOINTED HANDS HOME HEALTHCARE	06/13/2022	\$1,200	06/27/2022		\$1,200
06	BROOKSHIRE	018209	DAILY HOME CARE SERVICES, LLC	03/24/2022	\$2,900	04/07/2022		\$2,900
06	CONROE	011784	IN HIS CARE SENIOR SERVICES, INC	05/20/2021	\$1,000	08/12/2021		\$0
06	CONROE	012264	ST AGNES CAREGIVERS INC	05/10/2022	\$1,200	05/23/2022		\$0
06	CONROE	014816	TRADITIONS HEALTH	02/18/2022	\$1,050	03/07/2022		\$0
06	FRESNO	009539	SERENITY CARE HOME HEALTH SERVICES INC	05/14/2021	\$500	08/26/2021		\$0
06	FRIENDSWOOD	012753	ABSOLUTE KHEIR SERVICES INC	11/18/2021	\$1,375	12/06/2021		\$0
06	FRIENDSWOOD	016013	ETON HOME HEALTHCARE INC.	12/14/2021	\$1,875	12/23/2021		\$0
06	HOUSTON	000446	NIGHTINGALE SERVICES INC	01/13/2022	\$500	01/26/2022		\$0
06	HOUSTON	000980	ULTRASTAFF	01/07/2022	\$2,500	01/14/2022		\$0
06	HOUSTON	001793	NURSES NIGHT AND DAY INC	05/12/2022	\$500	05/25/2022		\$0
06	HOUSTON	002522	CENTRAL HOME HEALTH SERVICES OF TEXAS, LLC	05/05/2022	\$1,000	05/17/2022		\$0
06	HOUSTON	004350	EMMANUEL HEALTH HOMECARE INC	06/18/2021	\$2,150	08/26/2021		\$0
06	HOUSTON	004350	EMMANUEL HEALTH HOMECARE INC	07/30/2021	\$500	09/29/2021		\$0
06	HOUSTON	005097	I - CARE HOME HEALTH	06/15/2022	\$750	06/29/2022		\$0
06	HOUSTON	005125	APPLIED HOME HEALTH	07/13/2022	\$1,250	07/20/2022		\$0
06	HOUSTON	005283	ETERNAL HEALTHCARE CENTER INC	05/31/2022	\$1,500	06/07/2022		\$0
06	HOUSTON	005440	HOME HEALTH UNLIMITED INC	06/30/2022	\$500	07/15/2022		\$0
06	HOUSTON	006197	NURSING RESOURCE HOME HEALTH SERVICES INC.	09/03/2021	\$500	11/04/2021		\$0
06	HOUSTON	006486	TOTAL CONCEPT HOME HEALTH AGENCY	06/14/2022	\$1,200	06/29/2022		\$0
06	HOUSTON	006974	VITAS HEALTHCARE OF TEXAS L P	05/20/2021	\$500	08/12/2021		\$0
06	HOUSTON	007083	PACIFIC HOME HEALTH CARE INC	07/01/2022	\$1,200	07/15/2022		\$0

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06	HOUSTON	007607	ACCENTCARE PERSONAL CARE SERVICES OF TEXAS	03/25/2022	\$500	04/08/2022		\$0
06	HOUSTON	007719	ZION HOME HEALTH SERVICES INC	12/02/2021	\$500	12/13/2021		\$0
06	HOUSTON	007959	TAWL HEALTH CARE INC	07/15/2021	\$500	10/19/2021		\$0
06	HOUSTON	008679	KINGSPPOINT HEALTH CARE SERVICES INC	12/09/2021	\$750	12/22/2021		\$0
06	HOUSTON	008965	REDEMPTION HOME HEALTH SERVICES INC	05/27/2021	\$500	08/12/2021		\$0
06	HOUSTON	009032	HOPE HEALTH CARE INC	02/04/2022	\$750	02/16/2022		\$0
06	HOUSTON	009508	ENCOMPASS HEALTH HOME HEALTH	07/15/2021	\$500	09/29/2021		\$0
06	HOUSTON	009546	NOEL HOME HEALTH AGENCY INC	09/10/2021	\$500	10/19/2021		\$0
06	HOUSTON	009581	ELITTE HEALTHCARE AND SERVICE	04/14/2022	\$2,350	04/29/2022		\$2,350
06	HOUSTON	009885	GASPY HOME HEALTHCARE INC	06/24/2021	\$600	08/26/2021		\$0
06	HOUSTON	010308	VENTEX HOME HEALTH AGENCY INC	07/21/2022	\$1,875	08/03/2022		\$0
06	HOUSTON	010335	FLAGSTAR HEALTHCARE SERVICES	05/13/2022	\$2,100	05/27/2022		\$2,100
06	HOUSTON	010369	MASTERS HEALTH CARE SERVICES INC	07/28/2022	\$1,700	08/09/2022		\$850
06	HOUSTON	010426	GABLINK INC.	02/15/2022	\$500	02/28/2022		\$0
06	HOUSTON	010505	WELLNESS HEALTHCARE INC	11/30/2021	\$500	12/09/2021		\$0
06	HOUSTON	010505	WELLNESS HEALTHCARE INC	01/27/2022	\$1,250	02/10/2022		\$0
06	HOUSTON	010511	DEROSS HEALTH CARE INC	10/12/2021	\$750	11/15/2021		\$750
06	HOUSTON	010511	DEROSS HEALTH CARE INC	10/14/2021	\$1,000	11/15/2021		\$1,000
06	HOUSTON	010533	OPT HOME HEALTHCARE INC	06/09/2022	\$625	06/23/2022		\$0
06	HOUSTON	010549	LIFECARE HEALTH SERVICES LLC	05/19/2022	\$1,175	06/02/2022		\$0
06	HOUSTON	010630	SYNERGY HOMECARE HOUSTON	07/29/2021	\$500			\$0
06	HOUSTON	010760	ASSURING CARE HOME HEALTH SERVICES INC	04/05/2022	\$700	04/14/2022		\$700

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06	HOUSTON	011150	HEALTH VISION HOME HEALTH SERVICES INC	06/30/2022	\$650	07/15/2022		\$0
06	HOUSTON	011364	TEXAS CHOICE HEALTHCARE SERVICES INC	02/22/2022	\$750	05/03/2022		\$0
06	HOUSTON	011364	TEXAS CHOICE HEALTHCARE SERVICES INC	05/11/2022	\$1,000	05/24/2022		\$1,000
06	HOUSTON	011389	MEMORIAL HERMANN HOSPICE	07/23/2021	\$1,500	09/29/2021		\$0
06	HOUSTON	011584	HEALING HOME HEALTH INC	01/04/2022	\$1,200	01/11/2022		\$0
06	HOUSTON	011584	HEALING HOME HEALTH INC	02/08/2022	\$1,250	02/23/2022		\$1,250
06	HOUSTON	011822	HEAVENLY HOME HEALTH SERVICES INC	02/10/2022	\$1,950			\$0
06	HOUSTON	011840	STARPOINT HEALTH SERVICES INC	03/24/2022	\$500	04/07/2022		\$0
06	HOUSTON	012241	ENHABIT HOME HEALTH	05/26/2022	\$1,000	06/09/2022		\$0
06	HOUSTON	012253	1ST ACCURATE HOME HEALTH SERVICE	04/20/2022	\$625	05/04/2022		\$0
06	HOUSTON	012284	COSMEC HEALTH CARE RESOURCE INC	08/12/2021	\$500	11/04/2021		\$0
06	HOUSTON	012392	ARISING HEALTHCARE SERVICES INC	02/16/2022	\$500	02/25/2022		\$0
06	HOUSTON	012408	ALL MODERN HEALTHCARE INC	05/20/2022	\$1,875	06/03/2022		\$0
06	HOUSTON	012721	TREASURE CARE HOME HEALTH INC	01/28/2022	\$625	02/16/2022		\$0
06	HOUSTON	013237	DIMENSION HEALTHCARE SERVICES INC	06/14/2022	\$1,750	06/28/2022		\$1,750
06	HOUSTON	013259	PEDIATRIC THERAPY SOLUTIONS	12/03/2021	\$5,450	12/20/2021		-\$4
06	HOUSTON	013386	STEADFAST HEALTHCARE LLC	03/08/2022	\$500	03/14/2022		\$0
06	HOUSTON	013719	BLAKES BLESSING HEALTH CARE INC	03/10/2022	\$500	03/21/2022		\$0
06	HOUSTON	013847	REGIONS HEALTHCARE SERVICES, INC.	03/24/2022	\$2,500	04/21/2022		\$0
06	HOUSTON	013897	CHRISTIAN SENIOR CARE SERVICES	08/19/2021	\$500	09/29/2021		\$0

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06	HOUSTON	014055	ATWELL HOME HEALTH SERVICES INC.	12/17/2021	\$4,750	01/04/2022		\$4,750
06	HOUSTON	014191	US RENAL CARE HOME THERAPIES LLC	12/03/2021	\$2,025	12/17/2021		\$0
06	HOUSTON	014232	INFUSION XPERTS PLLC	08/10/2021	\$1,000	11/04/2021		\$0
06	HOUSTON	014232	INFUSION XPERTS PLLC	02/15/2022	\$625	03/03/2022		\$0
06	HOUSTON	014411	NAZAM HEALTH CARE SERVICES INC.	04/20/2022	\$625	05/06/2022		\$0
06	HOUSTON	014455	UPCARE HOME HEALTH LLC	03/24/2022	\$1,000	04/04/2022		\$0
06	HOUSTON	014529	CAMILLIANS HOME HEALTH SERVICES LLC	04/08/2022	\$2,125	04/22/2022		\$2,125
06	HOUSTON	014548	JEKS HEALTHCARE SERVICES INC	02/17/2022	\$1,250	03/04/2022		\$0
06	HOUSTON	014961	KINGSLEY HOME CARE INC.	01/20/2022	\$525			\$0
06	HOUSTON	014986	AVEANNA HEALTHCARE	07/29/2021	\$500			\$0
06	HOUSTON	014986	AVEANNA HEALTHCARE	01/20/2022	\$1,350	02/02/2022		\$0
06	HOUSTON	014986	AVEANNA HEALTHCARE	05/05/2022	\$700	05/18/2022		\$0
06	HOUSTON	015201	HARBOR HOSPICE	04/14/2022	\$625	04/29/2022		\$0
06	HOUSTON	015278	CHOICE HEALTH AT HOME	07/21/2022	\$625	08/03/2022		\$0
06	HOUSTON	015307	MEDISTAR PROVIDER SERVICES INC	02/09/2022	\$1,375	02/23/2022		\$1,375
06	HOUSTON	015769	ONE-COURAGEOUS HOSPICE/PALLATIVE CARE	04/29/2022	\$1,125	05/11/2022		\$0
06	HOUSTON	015785	HOUSTON TOTAL HOME CARE INC.	06/09/2022	\$625	06/23/2022		\$0
06	HOUSTON	015822	CEST LA VIE PALLIATIVE AND HOSPICE CARE INC	12/07/2021	\$1,000	12/20/2021		\$0
06	HOUSTON	015822	CEST LA VIE PALLIATIVE AND HOSPICE CARE INC	01/20/2022	\$525			\$0
06	HOUSTON	015915	GRISWOLD HOME CARE OF FRIENDSWOOD LA PORTE LEAGUE CITY & GALVESTON	07/11/2022	\$700	07/25/2022		\$0
06	HOUSTON	016336	COMFORTHOME HEALTH CARE INC.	06/28/2022	\$1,500	07/13/2022		\$1,500

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06	HOUSTON	016867	LIVING & LOVING HOME CARE	06/13/2022	\$625	06/24/2022		\$625
06	HOUSTON	017092	KINDLE HOSPICE AND PALLIATIVE CARE	05/21/2021	\$1,200	08/26/2021		\$1,200
06	HOUSTON	017092	KINDLE HOSPICE AND PALLIATIVE CARE	05/21/2021	\$1,200	08/26/2021		\$1,200
06	HOUSTON	017203	SPRINGWELL HEALTHCARE SERVICES INC	05/06/2021	\$1,500	08/12/2021		\$0
06	HOUSTON	017303	HEART HOME HEALTH CARE INC	02/03/2022	\$2,000			\$0
06	HOUSTON	017348	KID ADVENTURES PEDIATRIC THERAPY PLLC	01/26/2022	\$1,250	02/03/2022		\$0
06	HOUSTON	017418	NUESTRA FAMILIA HOSPICE	03/15/2022	\$750	03/28/2022		\$750
06	HOUSTON	017883	CHRYSOLETE HEALTH SERVICES	01/26/2022	\$1,675			\$0
06	HOUSTON	017983	ARIES HEALTHCARE AGENCY	08/03/2021	\$1,000	09/29/2021		\$0
06	HOUSTON	018012	DIRECT HOSPICE CARE INC	05/03/2022	\$1,250	05/17/2022		\$1,250
06	HOUSTON	018116	HERITAGE DEVELOPMENTAL CARE LLC	03/15/2022	\$1,000	03/28/2022		\$1,000
06	HOUSTON	018116	HERITAGE DEVELOPMENTAL CARE LLC	03/15/2022	\$1,000	03/28/2022		\$1,000
06	HOUSTON	018116	HERITAGE DEVELOPMENTAL CARE LLC	03/16/2022	\$2,000	03/28/2022		\$2,000
06	HOUSTON	018116	HERITAGE DEVELOPMENTAL CARE LLC	03/16/2022	\$2,000	03/28/2022		\$2,000
06	HOUSTON	018116	HERITAGE DEVELOPMENTAL CARE LLC	03/16/2022	\$2,000	03/28/2022		\$2,000
06	HOUSTON	018137	HEART TO HEART HOSPICE OF WEST HOUSTON LLC	02/08/2022	\$500	02/22/2022		\$0
06	HOUSTON	018162	NURTURING COMPANIONS	12/02/2021	\$1,050	12/14/2021		\$1,050
06	HOUSTON	018170	ICARE HOSPICE	07/08/2022	\$2,000	07/22/2022		\$0
06	HOUSTON	018288	GLADKIDS	04/08/2022	\$4,650	04/22/2022		\$4,650
06	HOUSTON	018288	GLADKIDS	05/06/2022	\$1,325	05/19/2022		\$1,325
06	HOUSTON	018320	EFFICIENT HOME CARE INC	05/24/2022	\$1,200	06/10/2022		\$0
06	HOUSTON	018336	AIWC HOME CARE SERVICES	07/29/2021	\$500			\$0

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06	HOUSTON	018349	ELIK DIALYSIS HOME THERAPY MEMORIAL II LLC	02/18/2022	\$2,800	03/08/2022		\$0
06	HOUSTON	018504	GRACE PROVIDER SERVICE INC.	01/11/2022	\$2,500	01/25/2022		\$2,500
06	HOUSTON	018698	SENIOR HELPERS	04/19/2022	\$500	05/02/2022		\$0
06	HOUSTON	018751	VITALUS HOME	11/16/2021	\$1,000	11/29/2021		\$1,000
06	HOUSTON	018850	BP OMEGA HOMECARE LLC	05/19/2022	\$700	06/02/2022		\$0
06	HOUSTON	019046	MERCIFUL HANDS LLC	05/19/2022	\$625	05/27/2022		\$0
06	HOUSTON	019046	MERCIFUL HANDS LLC	06/23/2022	\$700	07/07/2022		\$0
06	HOUSTON	019168	LIVING WATER HOME HEALTH LLC	08/11/2021	\$1,500	11/04/2021		\$0
06	HOUSTON	019172	AMAZON HEALTHCARE SERVICES, LLC.	06/29/2021	\$1,000	10/19/2021		\$1,000
06	HOUSTON	019330	AMICABLE HEALTHCARE HOSPICE INC	04/26/2022	\$2,000	05/10/2022		\$2,000
06	HOUSTON	019330	AMICABLE HEALTHCARE HOSPICE INC	05/03/2022	\$500	05/12/2022		\$500
06	HOUSTON	019354	INTERIM HEALTHCARE HOUSTON SOUTHEAST	06/30/2022	\$500	07/15/2022		\$500
06	HOUSTON	019354	INTERIM HEALTHCARE HOUSTON SOUTHEAST	06/30/2022	\$500	07/15/2022		\$500
06	HOUSTON	019630	SYNERGY HOME CARE OF NORTHEAST HOUSTON	05/12/2022	\$500	05/20/2022		\$0
06	HOUSTON	019913	COMPREHENSIVE PLUS HOME HEALTH INC	01/11/2022	\$500	01/27/2022		\$0
06	HUFFMAN	014865	NURSING AND BEYOND HOME HEALTH	05/12/2022	\$4,300	05/26/2022		\$3,583
06	HUMBLE	019383	JOYOUS UNIQUE CARE LLC	08/11/2021	\$500			\$0
06	KATY	012471	A HUG AWAY HEALTHCARE INC	12/30/2021	\$1,300	01/12/2022		\$0
06	KATY	012471	A HUG AWAY HEALTHCARE INC	07/14/2022	\$625	07/27/2022		\$0
06	KATY	014260	ACCREDITED HOSPICES OF AMERICA	06/02/2022	\$625	06/16/2022		\$625
06	KATY	017725	HOME CARE OF TEXAS	04/20/2022	\$625	05/06/2022		\$0
06	KINGWOOD	011779	BETHEL HOSPICE OF HOUSTON INC	04/20/2022	\$3,000			\$3,000

LTCR Region	City	License Number	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
06	KINGWOOD	015257	HARBOR HOSPICE OF EAST HOUSTON LP	03/30/2022	\$625	04/12/2022		\$0
06	KINGWOOD	016944	ENCOMPASS HEALTH HOME HEALTH	07/22/2021	\$500	09/29/2021		\$0
06	KINGWOOD	019987	VITAL HEALTHCARE LLC	03/10/2022	\$2,000	03/22/2022		\$0
06	LEAGUE CITY	014250	VILLAGE HOME HEALTH	06/28/2022	\$1,550	07/13/2022		\$1,550
06	MISSOURI CITY	008842	ACE HEALTHCARE SERVICES INC	12/15/2021	\$1,950	12/29/2021		\$1,950
06	MISSOURI CITY	010567	UNITY CARE HOME HEALTH INC	09/02/2021	\$1,000	11/04/2021		\$0
06	MISSOURI CITY	012369	SHALOM HEALTH CARE SERVICES INC	01/26/2022	\$1,300	02/07/2022		\$0
06	MISSOURI CITY	012373	CARE DYNAMICS	06/24/2021	\$1,750	10/19/2021		\$0
06	MISSOURI CITY	013497	NESTAR MED CARE LLC	07/27/2022	\$1,750	08/16/2022		\$0
06	MISSOURI CITY	014094	BETHINA HOME HEALTHCARE	07/20/2021	\$1,500	09/29/2021		\$0
06	MISSOURI CITY	017025	EDEN HOSPICE	06/23/2021	\$2,000	09/29/2021		\$0
06	MISSOURI CITY	018579	FREEDOM DIALYSIS INC	02/03/2022	\$6,250	02/14/2022		\$0
06	PASADENA	015685	ELARA CARING	02/10/2022	\$1,125	02/24/2022		\$0
06	PEARLAND	011234	MYNURSE HOME CARE INC	01/27/2022	\$1,300	02/07/2022		\$0
06	PEARLAND	013731	CASA HEALTHCARE	03/03/2022	\$550	03/17/2022		\$0
06	RICHMOND	009221	AMEURO HOME HEALTH INC	12/03/2021	\$1,050	12/17/2021		\$0
06	RICHMOND	011157	GRACEFAITH HEALTHCARE SERVICES INC	08/06/2021	\$500	10/19/2021		\$0
06	RICHMOND	014552	HANDS-ON LIVING HEALTH CARE SERVICES INC	06/17/2022	\$750	07/01/2022		\$750
06	RICHMOND	017783	FAITH HOME CARE AGENCY LLC	02/17/2022	\$1,900	03/07/2022		\$1,900
06	RICHMOND	017847	KEMA CARE SERVICES INC	02/25/2022	\$750	03/08/2022		\$0
06	RICHMOND	017992	PAIX HEALTH SERVICES INC.	03/29/2022	\$1,250	04/12/2022		\$0
06	RICHMOND	017992	PAIX HEALTH SERVICES INC.	05/17/2022	\$750	05/31/2022		\$750
06	RICHMOND	018076	AEON HOME HEALTH CARE LLC	07/29/2021	\$1,600	10/19/2021		\$0

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06	RICHMOND	019644	UNITED PALLIATIVE & HOSPICE CARE, INC.	05/06/2022	\$1,250	05/20/2022		\$0
06	ROSENBERG	011366	JIWEALTH HEALTH SERVICES	05/05/2022	\$625	05/18/2022		\$0
06	ROSHARON	011364	TEXAS CHOICE HEALTHCARE SERVICES INC	01/14/2022	\$725	01/28/2022		-\$25
06	SPRING	018187	BAYOU CITY HOSPICE	04/29/2022	\$1,350	05/11/2022		-\$1,350
06	SPRING	019804	AMEN HOSPICE	07/07/2022	\$625	07/19/2022		\$0
06	STAFFORD	009967	K & G QUALITY HOME HEALTHCARE	02/08/2022	\$525			\$0
06	STAFFORD	010997	ANIS HEALTHCARE SERVICES INC	05/18/2021	\$1,000	08/26/2021		\$0
06	STAFFORD	012016	TRIPLE O HEALTH SERVICES INC	07/28/2022	\$1,700	08/12/2022		\$1,700
06	STAFFORD	012747	EMBASSY HOME HEALTHCARE	05/13/2022	\$625	05/27/2022		\$625
06	STAFFORD	012852	SIGMAH HOME HEALTH SERVICES	11/05/2021	\$3,750	12/13/2021		\$3,750
06	STAFFORD	012852	SIGMAH HOME HEALTH SERVICES	11/05/2021	\$3,750	12/13/2021		\$3,750
06	STAFFORD	012912	MAXIM HEALTHCARE SERVICES INC	04/08/2022	\$750	04/29/2022		\$0
06	STAFFORD	013083	COMMUNITY HEALTH ASSOCIATES INC	11/05/2021	\$1,925	11/19/2021		\$0
06	STAFFORD	013083	COMMUNITY HEALTH ASSOCIATES INC	05/25/2022	\$625	06/08/2022		\$625
06	STAFFORD	013083	COMMUNITY HEALTH ASSOCIATES INC	06/21/2022	\$1,875	07/06/2022		\$1,875
06	STAFFORD	014653	THERACARE HOME HEALTH	07/21/2022	\$1,250	08/03/2022		\$1,250
06	STAFFORD	018133	LIFEBRIDGE HOME CARE LLC	03/10/2022	\$1,400	03/22/2022		\$0
06	STAFFORD	018172	CARISSA HEALTH CARE SERVICES INC	08/26/2021	\$500	11/15/2021		\$0
06	STAFFORD	018246	STEADFAST CARE SERVICES LLC	03/15/2022	\$750	03/29/2022		\$750
06	SUGAR LAND	006380	THE ULTIMATE HOME CARE	05/28/2021	\$500	08/12/2021		\$0
06	SUGAR LAND	007751	ACCENTCARE HOME HEALTH OF TEXAS	07/13/2022	\$500	08/03/2022		\$0
06	SUGAR LAND	010184	MED SOURCE HEALTHCARE SERVICES INC	06/24/2021	\$500	09/29/2021		\$0
06	SUGAR LAND	013538	ST. BRIDGET HOME HEALTH INC	07/29/2021	\$500	09/29/2021		\$0

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06	SUGAR LAND	018142	LIFE FOUNDATION HOME CARE	02/03/2022	\$1,875	02/17/2022		\$1,406
06	SUGAR LAND	018200	SWIFT RESPONSE INC	02/16/2022	\$2,000	03/02/2022		\$2,000
06	SUGAR LAND	018314	KEY DIALYSIS LLC	01/27/2022	\$1,875			\$0
06	SUGARLAND	013579	DIVERSITY CARE PROVIDERS INC	08/12/2021	\$500	11/15/2021		\$0
06	SUGARLAND	014766	ROSE OF SHARON HOME HEALTH INC.	07/12/2021	\$1,000	09/29/2021		\$0
06	SUGARLAND	015042	HARBOR HOSPICE OF RICHMOND LP	12/28/2021	\$1,250	01/11/2022		\$0
06	SUGARLAND	015042	HARBOR HOSPICE OF RICHMOND LP	06/23/2022	\$1,450	07/11/2022		\$0
06	SUGARLAND	019513	ALAFIA COMPLETE HEALTHCARE SERVICES, LLC.	08/12/2021	\$500	11/04/2021		\$0
06	TEXAS CITY	015315	A*MED COMMUNITY HOSPICE	03/11/2022	\$600	03/25/2022		\$0
06	TEXAS CITY	015315	A*MED COMMUNITY HOSPICE	04/12/2022	\$625			\$0
06	TEXAS CITY	015315	A*MED COMMUNITY HOSPICE	05/24/2022	\$700	06/08/2022		\$0
06	TEXAS CITY	015409	CHOICE HEALTH AT HOME	03/24/2022	\$2,250	04/07/2022		\$0
06	THE WOODLANDS	017118	LT HOME HEALTHCARE	02/09/2022	\$1,250	02/18/2022		\$0
06	THE WOODLANDS	017975	YOS HEALTH CARE SERVICES INC	06/30/2021	\$2,500	10/19/2021		\$0
06	THE WOODLANDS	018165	AT YOUR SIDE HOME CARE THE WOODLANDS	07/22/2021	\$1,000	09/29/2021		\$0
06	TOMBALL	013171	SIENNA HOME HEALTH CARE	07/08/2021	\$1,500	09/29/2021		\$0
06	TOMBALL	014536	TOMBALL REGIONAL HOME HEALTH	08/19/2021	\$1,000	11/04/2021		\$0
06	TOMBALL	020551	TRADITIONS HEALTH	12/03/2021	\$525	12/13/2021		\$0
06	WEBSTER	018365	ESSENTIAL HOSPICE AND PALLIATIVE SERVICES LLC.	07/01/2022	\$1,500	07/15/2022		\$0
08	BOERNE	019469	ALL COUNTY HOME HEALTH AND HOSPICE	01/14/2022	\$4,850	01/31/2022		\$4,850
08	CRYSTAL CITY	003516	LOPEZ HEALTH SYSTEMS INC	03/31/2022	\$1,125	04/13/2022		-\$125
08	CUERO	001140	CUERO COMMUNITY HOSPITAL HOME HEALTH AGENCY	06/30/2022	\$500	07/07/2022		\$0

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08	DEL RIO	014458	SUPERIOR HOSPICE OF DEL RIO LLC	12/09/2021	\$750	12/21/2021		\$0
08	EAGLE PASS	010971	NATIONAL MEDICAL HOMECARE INC	10/07/2021	\$500	11/23/2021		\$0
08	FREDERICKSBURG	007156	HILL COUNTRY MEMORIAL HOSPICE	01/14/2022	\$500	01/28/2022		\$0
08	NEW BRAUNFELS	012989	CIMA HOSPICE A PART OF THE ELARA CARING NETWORK	04/08/2022	\$625	04/18/2022		\$0
08	NEW BRAUNFELS	016590	EQUALITY HOMECARE INC	04/01/2022	\$1,750	04/13/2022		\$0
08	SAN ANTONIO	001327	THE MEDICAL TEAM INC	10/22/2021	\$2,375	11/29/2021		\$0
08	SAN ANTONIO	003896	EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	12/17/2021	\$625	12/27/2021		\$0
08	SAN ANTONIO	007195	VITAS HEALTHCARE OF TEXAS LP	12/08/2021	\$1,425	12/21/2021		\$0
08	SAN ANTONIO	007529	A PLUS FAMILY CARE LLC	01/14/2022	\$525			\$525
08	SAN ANTONIO	009490	ENHABIT HOME HEALTH	07/20/2022	\$1,500	08/01/2022		\$0
08	SAN ANTONIO	009956	TEXAS HEALTHCARE SOLUTIONS, INC.	02/04/2022	\$1,800	02/16/2022		\$0
08	SAN ANTONIO	011260	ELARA CARING	12/20/2021	\$1,300			\$0
08	SAN ANTONIO	012046	SUMMIT HOME HEALTH CARE	09/13/2021	\$1,500	11/15/2021		\$0
08	SAN ANTONIO	012595	CARDINAL SENIOR CARE	02/25/2022	\$525	03/09/2022		\$0
08	SAN ANTONIO	012963	ALPHA CARE HOME HEALTH	03/11/2022	\$3,600	03/24/2022		\$0
08	SAN ANTONIO	013689	SUPERIOR HOME HEALTH OF SAN ANTONIO LLC	09/23/2021	\$500	11/04/2021		\$500
08	SAN ANTONIO	013870	ALL SEASONS HOME HEALTH AND PALLIATIVE CARE	07/14/2022	\$1,700	07/28/2022		\$0
08	SAN ANTONIO	015154	ELARA CARING	07/29/2022	\$1,125	08/11/2022		\$0
08	SAN ANTONIO	015377	BEACON HOSPICE OF SOUTH SAN ANTONIO	10/14/2021	\$2,700	11/15/2021		\$0
08	SAN ANTONIO	015981	ENCOMPASS HEALTH HOSPICE	02/28/2022	\$1,825	03/09/2022		\$0
08	SAN ANTONIO	016251	ADEPT HOME HEALTH CARE INC.	03/18/2022	\$625	03/30/2022		\$0
08	SAN ANTONIO	016295	GUARDIAN ANGELS HEALTHCARE	03/25/2022	\$1,925	04/08/2022		\$0

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08	SAN ANTONIO	016333	TEXCARE HEALTHCARE SYSTEM LLC	03/09/2022	\$2,700	03/22/2022		\$0
08	SAN ANTONIO	016564	OHANA PEDIATRIC HOME HEALTH LLC	03/07/2022	\$1,950	03/21/2022		\$1,950
08	SAN ANTONIO	016567	ABIDING HOME HEALTH LLC	06/15/2022	\$625	06/29/2022		\$0
08	SAN ANTONIO	017057	KLARUS HOSPICE	07/29/2022	\$1,300	08/11/2022		\$0
08	SAN ANTONIO	017808	AQTS	12/15/2021	\$1,025	12/28/2021		\$0
08	SAN ANTONIO	017971	HOMECARE DIMENSIONS	04/20/2022	\$1,350	05/03/2022		\$0
08	SAN ANTONIO	018060	ALWAYS BEST CARE SENIOR SERVICES NORTHERN SAN ANTONIO	11/17/2021	\$1,150	12/01/2021		\$0
08	SAN ANTONIO	018123	THE MEDICAL TEAM INC	11/24/2021	\$625			\$0
08	SAN ANTONIO	018123	THE MEDICAL TEAM INC	03/24/2022	\$750	03/31/2022		\$0
08	SAN ANTONIO	018451	AAA HOME PROVIDER SERVICES	09/23/2021	\$1,100	10/19/2021		\$0
08	SAN ANTONIO	018649	PALOMA HOSPICE AND PALLIATIVE CARE	07/28/2022	\$500	08/08/2022		\$0
08	SAN ANTONIO	019033	ACCESS HOME HEALTH AGENCY	01/28/2022	\$3,400	02/10/2022		\$3,400
08	SAN ANTONIO	019098	OMNICURE PLUS HOME HEALTHCARE	02/11/2022	\$1,125	02/24/2022		\$0
08	SAN ANTONIO	019164	JOURNEY HOSPICE LLC	07/21/2022	\$1,000	08/03/2022		\$0
08	SAN ANTONIO	019196	NATIONAL NURSING AND REHAB-SAN ANTONIO	11/19/2021	\$700			\$0
08	SAN ANTONIO	019413	BEE AT HOME CARE	08/09/2021	\$1,650	10/19/2021		\$0
08	SAN ANTONIO	019623	SUNCREST HOSPICE SAN ANTONIO LLC	10/05/2021	\$500	11/04/2021		\$0
08	SAN ANTONIO	019687	ABUNDANT HOSPICE, LLC	09/24/2021	\$1,050	11/15/2021		\$0
08	SAN ANTONIO	019687	ABUNDANT HOSPICE, LLC	09/24/2021	\$1,050	11/15/2021		\$0
08	SAN ANTONIO	019687	ABUNDANT HOSPICE, LLC	12/17/2021	\$700	12/30/2021		\$0
08	SAN ANTONIO	019687	ABUNDANT HOSPICE, LLC	02/15/2022	\$2,000	03/01/2022		\$0
08	SAN ANTONIO	019730	CORNERSTONE HC, LLC	05/18/2022	\$1,375	06/01/2022		\$0

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08	VICTORIA	017714	ARISCO HOME HEALTHCARE SERVICES INC	07/30/2021	\$1,100	10/19/2021		\$0
11	ALICE	018549	SOUTHERN CROSS HOME HEALTH	05/25/2022	\$1,150	06/08/2022		\$0
11	BROWNSVILLE	016165	DREAM CARE LLC	03/28/2022	\$4,000	04/13/2022		\$0
11	BROWNSVILLE	017509	J&M GUARDIANS PRIMARY HOME CARE LLC	11/03/2021	\$1,050	12/02/2021		\$1,050
11	BROWNSVILLE	017705	EL BUEN CAMINO HOME HEALTH CARE	11/16/2021	\$3,500	12/01/2021		\$0
11	BROWNSVILLE	017716	A BETTER CHOICE HOME HEALTH SERVICES INC	12/16/2021	\$4,500	12/30/2021		\$0
11	BROWNSVILLE	018016	TORRE HEALTH SERVICES INC	01/24/2022	\$1,050			\$0
11	BROWNSVILLE	018416	CME HOMEMAKER SERVICES LLC	09/02/2021	\$2,500	10/19/2021		\$0
11	CORPUS CHRISTI	002352	BAYSIDE HOME HEALTH CARE INC	04/13/2022	\$625	04/25/2022		\$0
11	CORPUS CHRISTI	003825	CARESTAT PROVIDER SERVICES	09/02/2021	\$1,750	10/19/2021		\$0
11	CORPUS CHRISTI	007918	CARING SENIOR SERVICE OF CORPUS CHRISTI	05/11/2022	\$1,400	05/23/2022		\$0
11	CORPUS CHRISTI	008442	LEGACY HOME HEALTH AGENCY INC	05/27/2022	\$1,150	06/13/2022		\$0
11	CORPUS CHRISTI	015347	A* MED HOME HEALTH	01/24/2022	\$3,625	02/04/2022		\$0
11	CORPUS CHRISTI	015681	EDUCARE COMMUNITY LIVING CORP TEXAS	03/02/2022	\$4,875	03/10/2022		\$4,875
11	CORPUS CHRISTI	017029	HOSANNA HEALTH CARE	05/20/2022	\$500	06/02/2022		\$0
11	CORPUS CHRISTI	018453	ONE AT HOME TEXAS	02/09/2022	\$1,600			\$0
11	DONNA	009099	NEW LIFE HOME HEALTH SERVICES	05/12/2022	\$700	05/24/2022		\$700
11	DONNA	018317	HEAVENLY STALLIONS PHC LLC	05/13/2022	\$1,375	05/20/2022		\$0
11	EDINBURG	007921	TRANS ATLANTIC HOME HEALTH	04/14/2022	\$625	04/29/2022		\$0
11	EDINBURG	010192	PALM VALLEY HEALTH CARE INC	07/20/2022	\$625	07/27/2022		\$0
11	EDINBURG	010469	ELARA CARING	06/03/2022	\$500	06/15/2022		\$0
11	EDINBURG	017127	GOOD LIFE PAS	01/22/2021	\$3,250	03/11/2021		\$0

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11	EDINBURG	017205	GOLDEN LIFE HOME HEALTH CARE	05/17/2022	\$1,375	05/31/2022		\$0
11	EDINBURG	011598	AMANECER HOME HEALTH CARE LLC	04/29/2022	\$1,000	05/06/2022		\$1,000
11	ELSA	017635	MI PROVIDER	10/27/2021	\$1,750	12/03/2021		\$0
11	HARGILL	017876	EXCEL PRIMARY HOME CARE LLC	03/22/2022	\$1,875	04/04/2022		\$1,875
11	HARLINGEN	003014	HARLINGEN ACUTE CARE INC	12/07/2021	\$1,450	12/30/2021		\$0
11	HARLINGEN	003055	RIO GRANDE HOME HEALTH AGENCY INC	04/29/2022	\$2,125	05/16/2022		\$2,125
11	HARLINGEN	008379	LA FAMILIA HOME CARE	01/04/2022	\$625	01/07/2022		\$0
11	HARLINGEN	017643	ALAS DE AMOR PHC INC	03/17/2022	\$4,525	03/29/2022		\$4,525
11	HARLINGEN	017915	UNIDOS PRIMARY HOME CARE LLC	05/04/2022	\$625	05/16/2022		\$0
11	HIDALGO	017990	VIKMA HOME HEALTH SERVICES	12/15/2021	\$1,500	12/28/2021		\$0
11	KINGSVILLE	002358	URESTI SENIOR ASSISTANCE	06/10/2022	\$1,500	06/24/2022		\$0
11	LAREDO	009982	SALUD HOME HEALTH INC	09/29/2021	\$1,000	11/04/2021		\$0
11	LAREDO	012028	SUPERIOR NURSING CARE	04/27/2022	\$500	05/11/2022		\$0
11	LAREDO	019467	CLAUDIA'S HOME CARE PROVIDER, LLC	03/31/2022	\$4,150	04/11/2022		\$0
11	MCALLEN	002876	I P H HOME HEALTH CARE INC	07/21/2022	\$0	08/03/2022	\$2,500	\$2,500
11	MCALLEN	009247	PRESIDENTE HOME CARE INC	06/17/2022	\$700	07/01/2022		\$0
11	MCALLEN	012598	PAZ HOME HEALTH LLC	07/22/2022	\$625	08/03/2022		\$0
11	MCALLEN	017044	SUNSHINE HOME HEALTH CARE	02/08/2022	\$3,925	02/22/2022		\$0
11	MCALLEN	017406	AMIGOS DEL VALLE HOME HEALTH CARE INC	01/14/2022	\$2,375	01/27/2022		\$0
11	MCALLEN	017580	STAR PLUS HOME CARE	03/04/2022	\$2,400	03/14/2022		\$0
11	MCALLEN	017892	CASA HOME CARE	02/04/2022	\$3,875	02/16/2022		\$0
11	MCALLEN	017951	ACCUHEALTH	07/01/2022	\$4,375	07/20/2022		\$0
11	MCALLEN	018141	4 GENESIS PRIMARY HOME CARE LLC	03/25/2022	\$750	04/01/2022		\$50

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11	MCALLEN	019317	HEALING TOUCH OF TEXAS PERSONAL ASSISTANCE SERVICES, LLC.	06/01/2021	\$1,200	09/08/2021		\$1,200
11	MCALLEN	019826	EL JARDIN PROVIDER SERVICES, LLC	02/08/2022	\$700	02/15/2022		\$0
11	MERCEDES	019204	CORAZON PROVIDER SERVICES, LLC.	05/06/2022	\$500	05/13/2022		\$0
11	MERCEDES	019498	BEYOND DREAMS PRIMARY HOME CARE, INC	04/27/2022	\$625	05/06/2022		\$0
11	MISSION	009182	ANGELITOS HOME HEALTH CARE INC	04/22/2022	\$1,200	05/05/2022		\$0
11	MISSION	013106	ADORE PRIMARY HOME CARE INC	01/14/2022	\$625	01/26/2022		\$0
11	MISSION	013106	ADORE PRIMARY HOME CARE INC	02/09/2022	\$625	02/23/2022		\$0
11	MISSION	013808	UN BUEN AMANECER HOME HEALTH INC	08/17/2021	\$1,050	09/08/2021		\$0
11	MISSION	016284	ALLEGIANCE HEALTH CARE INC	05/02/2022	\$625	05/11/2022		\$0
11	OLMITO	007302	TRINITY HOME HEALTH CARE SERVICES	07/16/2021	\$600	08/26/2021		\$0
11	PALMVIEW	018590	SANTI HOME CARE LLC	08/25/2021	\$3,650			\$0
11	PHARR	014592	JOJEMAR HOME HEALTH INC	06/10/2022	\$625	06/22/2022		\$625
11	PHARR	017675	BUENA SUERTE HOME HEALTH	12/17/2021	\$700	01/05/2022		\$0
11	PHARR	018047	DE LEON CARE	04/13/2022	\$3,425	04/22/2022		\$0
11	PHARR	019403	DULCE AMOR Y PAZ PRIMARY HOME CARE LLC	02/24/2022	\$5,325	03/10/2022		\$5,325
11	RIO GRANDE CITY	017093	SALUD HEALTH CARE SERVICES INC	05/13/2022	\$500	05/25/2022		\$500
11	RIO GRANDE CITY	018029	DNA HEALTH PROVIDER LLC	12/29/2021	\$2,450	01/11/2022		-\$1
11	ROMA	012407	CARIDAD HEALTHCARE INC	03/04/2022	\$750	03/14/2022		\$0
11	SAN BENITO	010603	STAY HEALTHY HOMECARE INC	03/17/2022	\$3,350	03/30/2022		\$0
11	SAN MARCOS	019581	BRANDON'S TOTAL LOVING CARE HOME CARE AGENCY LLC	02/22/2022	\$525	03/07/2022		\$0
11	WESLACO	007813	PACE HEALTH CARE INC	06/10/2022	\$1,225	06/24/2022		\$0

LTCR Region	City	License Number	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
11	WESLACO	013385	MAXIMUM HOME HEALTH LLC	07/22/2022	\$1,550	08/05/2022		\$0
11	WESLACO	018048	IMS HOSPICE CARE INC	02/10/2022	\$750	02/18/2022		\$0
11	WESLACO	018048	IMS HOSPICE CARE INC	02/10/2022	\$750	02/18/2022		\$0
11	WESLACO	018298	PLATINUM HEARTS HEALTH CARE LLC	06/02/2022	\$2,775			\$2,775
11	ZAPATA	018618	DEL MAR PRIMARY HOME CARE LLC	09/30/2021	\$600	11/04/2021		\$0
Totals					\$699,000		\$5,450	\$177,260

HHSC imposed 527 total HCSSA administrative penalties.

Notes:

The imposed column 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 was reached.

The assessed column 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.

The balance column 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	SAN ANGELO	020175	OXYATLANTIC HOSPICE, LLC	REVOCATION	03/03/2022
02	EL PASO	016357	US NATIONAL PERSONAL CARE	DENY RENEWAL	08/18/2022
03	ARLINGTON	010526	MAGNOLIA HOSPICE	DENY RENEWAL	05/20/2022
03	ARLINGTON	016744	ST. MARTINO HOME HEALTH INC	DENY RENEWAL	04/25/2022
03	ARLINGTON	019250	MY NURSE FAMILY	DENIAL OF REQUEST FOR CHANGE	01/24/2022

LTCR Region	City	License Number	Agency	Action	Action Date
03	CARROLLTON	015809	EXCELLENT CARE HOME HEALTH LLC	DENIAL OF LICENSE RENEWAL	02/16/2022
03	DALLAS	012637	HEALING POOL HOME HEALTHCARE AGENCY INC.	DENIAL OF LICENSE RENEWAL	11/19/2021
03	DALLAS	014027	HOSPICE SELECT	DENIAL OF REQUEST FOR CHANGE	05/16/2022
03	DALLAS	016675	SANA HEALTHCARE HOSPICE INC	DENY RENEWAL	02/25/2022
03	DALLAS	017969	CARJO HOME HEALTH AGENCY LLC	DENIAL OF LICENSE RENEWAL	03/11/2022
03	DALLAS	019487	ABBA HOME HEALTH AGENCY GP	DENY RENEWAL	12/07/2021
03	DALLAS	019487	ABBA HOME HEALTH AGENCY GP	DENY RENEWAL	12/09/2021
03	DALLAS	020654	AMERICARE NORTH DALLAS LLC	DENIAL OF REQUEST FOR CHANGE	08/15/2022
03	FORT WORTH	018864	A FRIENDLY NEIGHBOR HOME CARE LLC	DENIAL OF LICENSE RENEWAL	12/03/2021
03	LAKE OSWEGO		HARVEST RENAISSANCE - SHERMAN LLC	DENY CHOW	07/05/2022
03	LITTLE ELM	019411	REASSURED HEALTHCARE SERVICES INC	DENY RENEWAL	05/16/2022
03			DANIEL MWANGI	DENY CHOW	06/06/2022
05	FRANKLIN	010271	MERRYMAN HOME HEALTH INC	DENY RENEWAL	03/07/2022
05	PFLUGERVILLE	019531	AVALENT HOME HEALTHCARE LLC	REVOCATION	10/28/2021
06	FRESNO	019501	CITY 2 CITY LLC	DENY RENEWAL	02/25/2022
06	HOUSTON	008740	HOME INSTEAD SENIOR CARE	DENY RENEWAL	03/14/2022
06	HOUSTON	009885	GASPY HOME HEALTHCARE INC	DENIAL OF REQUEST FOR CHANGE	04/25/2022
06	HOUSTON	010511	DEROSS HEALTH CARE INC	REVOCATION	03/11/2022
06	HOUSTON	011856	CUSTOMIZED HEALTH CARE SERVICES INC	REVOCATION	11/08/2021
06	HOUSTON	012027	ADVANCED HOME HEALTH SERVICES INC	DENY RENEWAL	08/29/2022
06	HOUSTON	012815	SONICA HEALTHCARE GROUP INC	DENY RENEWAL	06/17/2022
06	HOUSTON	013227	PRIHOMEHEALTH INC	DENIAL OF REQUEST FOR CHANGE	08/15/2022
06	HOUSTON	017418	NUESTRA FAMILIA HOSPICE	DENIAL OF LICENSE RENEWAL	08/01/2022
06	HOUSTON	017909	UNLIMITED HELP NURSING SERVICES INC	DENY RENEWAL	12/13/2021
06	HOUSTON	019355	RESTORE HOME HEALTH	DENIAL OF REQUEST FOR CHANGE	04/25/2022

LTCR Region	City	License Number	Agency	Action	Action Date
06	HOUSTON	019359	ABAT HEALTHCARE SERVICES, LLC	REVOCATION	10/28/2021
06	HOUSTON	019405	FUTURE WINNERS OF TEXAS LLC	REVOCATION	10/22/2021
06	HOUSTON	019938	LONE STAR HOME INFUSION, LLC	REVOCATION	11/01/2021
06	HOUSTON	020100	ABODE HEALTHCARE AGENCY, LLC	REVOCATION	10/18/2021
06	HOUSTON	020142	KING VISION OF HOUSTON, LLC	REVOCATION	11/01/2021
06	HOUSTON	020159	ARDNAS ASSET PATIENT CARE LLC	REVOCATION	12/06/2021
06	HOUSTON	020192	COMFORT HOSPICE AND PALLIATIVE CARE SERVICES, INC.	REVOCATION	11/01/2021
06	HOUSTON	020212	TRUE AMOR HEALTH PROFESSIONALS LLC	REVOCATION	10/18/2021
06	HOUSTON	020795	GATEWAY QUALITY HOME CARE LLC	REVOCATION	08/01/2022
06	HOUSTON	020831	REGAL HEALTHCARE SERVICES	REVOCATION	04/25/2022
06	HOUSTON	020943	ACE HOSPICE & PALLIATIVE SERVICES LLC	REVOCATION	08/01/2022
06	HOUSTON	020990	CYPRESS HOSPICE & PALLIATIVE CARE LLC	REVOCATION	08/29/2022
06	HOUSTON	020994	ALL ABOUT YOU CARE SERVICES LLC	REVOCATION	08/15/2022
06	HOUSTON	021010	HUDSON PALLIATIVE & HOSPICE CARE, LLC	REVOCATION	08/09/2022
06	KATY	012000	SANCTIFIED HOME HEALTH SERVICES INC	DENY RENEWAL	12/13/2021
06	KATY	014430	ALL STAR KIDS HOME HEALTH SERVICES	DENY RENEWAL	01/10/2022
06	KATY	018218	EMPERIAL UNIVERSAL HEALTH CARE LLC	DENY RENEWAL	03/07/2022
06	LEAGUE CITY	019688	PRECISION HEALTHCARE SERVICES LLC	REVOCATION	10/18/2021
06	MISSOURI CITY	016398	CJ HEALTHCARE INC.	DENY RENEWAL	09/14/2021
06	MISSOURI CITY	020063	INSIGNIA	REVOCATION	10/12/2021
06	RICHMOND	019663	VISTA SENIOR HOME CARE INC.	REVOCATION	10/19/2021
06	RICHMOND	019974	MERCY CARE	REVOCATION	11/09/2021
06	SUGAR LAND	014076	NEW VISION HEALTH CARE SERVICES LLC	REVOCATION	02/09/2022
06	SUGAR LAND	020224	THE PERFECT PLACE HOME CARE LLC	REVOCATION	11/09/2021

LTCR Region	City	License Number	Agency	Action	Action Date
06	SUGARLAND	020953	CEDARS HOME HEALTH SERVICES	REVOCATION	08/29/2022
06		PEND	MERCYFULL HOME HEALTH INC	DENIAL OF INITIAL LICENSE APPLICATION	03/28/2022
06			DESTINED ASSISTED LIVING FACILITY	DENY CHOW	02/23/2022
08	SAN ANTONIO	016403	RESILIENT HOME HEALTH CARE INC	DENY RENEWAL	10/29/2021
08	SAN ANTONIO	020280	ACTIVE PROVIDER SERVICE LLC	DENIAL OF REQUEST FOR CHANGE	12/13/2021
08	SAN ANTONIO	020390	SMITH PRIMARY HOME CARE, LLC.	REVOCATION	12/15/2021
08	SAN ANTONIO	020611	INNOVATIONS HOME HEALTH, LLC	REVOCATION	02/25/2022
08	SAN ANTONIO	020854	ENLIGHTENED GEMS HOME HEALTHCARE, INC.	REVOCATION	08/15/2022
08	SAN ANTONIO	021022	ST. DORA SENIOR CARE	REVOCATION	07/25/2022
08	SAN ANTONIO	021091	ENSO HOSPICE LLC	REVOCATION	06/24/2022
11	BROWNSVILLE	005268	UNIQUE HOME HEALTH	DENIAL OF REQUEST FOR CHANGE	04/25/2022
11	BROWNSVILLE	008620	ALIVIO HOME CARE	DENIAL OF REQUEST FOR CHANGE	03/11/2022
11	BROWNSVILLE	017509	J&M GUARDIANS PRIMARY HOME CARE LLC	DENIAL OF REQUEST FOR CHANGE	05/06/2022
11	BROWNSVILLE	019045	J&M HOME HEALTH LLC	REVOCATION	01/24/2022
11	BROWNSVILLE	019220	GL HOSPICE CARE LLC	DENY RENEWAL	08/01/2022
11	BROWNSVILLE	020612	HEROES HOME CARE LLC	REVOCATION	12/15/2021
11	DONNA	020039	FAMILIA UNIDA HOME HEALTHCARE, LLC	DENIAL OF REQUEST FOR CHANGE	04/25/2022
11	EDINBURG	019286	LAS MARIPOSAS PRIMARY HOME CARE, LLC.	DENY RENEWAL	08/01/2022
11	EDINBURG	020505	COLIBRI HOME CARE SERVICES LLC	REVOCATION	11/08/2021
11	EDINBURG	020882	MAX PRIMARY HOME CARE, LLC.	REVOCATION	05/16/2022
11	LAREDO	018429	CARING DOVE'S HOME HEALTH CARE SERVICE	DENY RENEWAL	03/01/2022
11	LAREDO	021125	HOLY SAVIOR HOME CARE	REVOCATION	08/09/2022
11	LOS FRESNOS	020915	APOLLO HEALTH CARE, INC.	REVOCATION	04/25/2022
11	MCALLEN	017174	PROACTIVE HOMECARE	DENY RENEWAL	07/25/2022

LTCR Region	City	License Number	Agency	Action	Action Date
11	MCALLEN	019317	HEALING TOUCH OF TEXAS PERSONAL ASSISTANCE SERVICES, LLC.	DENIAL OF LICENSE RENEWAL	12/03/2021
11	MCALLEN	020784	CALVARY'S LOVE HOME CARE SERVICES	REVOCATION	02/28/2022
11	MCALLEN	021039	LIBERTY PRIMARY HOME CARE, LLC.	REVOCATION	06/24/2022
11	MISSION	012860	FOCUSING IN HOME CARE INC	DENIAL OF REQUEST FOR CHANGE	10/12/2021
11	PHARR	010306	MY MORNING STAR HOME CARE INC	DENY RENEWAL	03/14/2022
11	SAN BENITO	020219	ONE MEDICAL HOME CARE, LLC	REVOCATION	10/29/2021
11	SULLIVAN CITY	020764	HEART OF GOLD PRIMARY CARE SVCS	REVOCATION	05/06/2022
11	WESLACO	018646	CON FE HOME HEALTH LLC	REVOCATION	12/15/2021
11			GAIME LLC	DENY CHOW	05/31/2022

There were 84 total HCSSA licensure actions.

HCSSA: All Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Agency 2-day	18	6	72	35	18	51	45	51	296
Facility 14-day	0	0	0	0	0	0	0	0	1
Agency 45-day	41	18	210	62	55	130	96	132	744
Facility 45-day	1	0	0	0	0	0	0	0	1
Agency 90-day	0	0	0	0	0	0	2	0	2
Next On-site	89	56	537	128	100	214	180	298	1,602
Regional Off-site Review	370	99	561	404	340	346	499	985	3,604
Professional Review	0	0	1	0	0	0	0	0	1
Referral	0	0	1	0	0	0	0	0	1
Withdrawn	0	1	8	1	0	2	1	1	14
No Action Necessary	76	12	100	42	31	76	45	94	476
Totals	595	192	1,490	672	544	819	868	1,561	6,741

HCSSA: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Agency 2-day	11	3	39	18	10	34	31	22	168
Facility 14-day	0	0	0	0	0	0	0	0	1
Agency 45-day	23	13	119	38	31	103	56	73	456
Facility 45-day	1	0	0	0	0	0	0	0	1
Agency 90-day	0	0	0	0	0	0	2	0	2
Next On-site	40	41	185	61	51	143	88	148	757
Regional Off-site Review	1	0	2	4	1	2	2	2	14
Withdrawn	0	1	5	0	0	2	1	0	9
No Action Necessary	2	1	4	3	3	10	2	1	26
Totals	78	59	354	124	96	294	182	246	1,433

HCSSA: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Agency 2-day	7	3	33	17	8	17	14	29	128
Agency 45-day	18	5	91	24	24	27	40	59	288
Next On-site	49	15	352	67	49	71	92	150	845
Regional Off-site Review	369	99	559	400	339	344	497	983	3,590
Professional Review	0	0	1	0	0	0	0	0	1
Referral	0	0	1	0	0	0	0	0	1
Withdrawn	0	0	3	1	0	0	0	1	5
No Action Necessary	74	11	96	39	28	66	43	93	450
Totals	517	133	1,136	548	448	525	686	1,315	5,308

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) 2022.

Administrative Penalties

Basis for imposing

LTCR 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.

LTCR 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 LTCR 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
01	LUBBOCK	003872	JUNEAU COMMUNITY HOME	10/18/2021	\$23,400	01/14/2022	\$5,000	\$0
02	EL PASO	003958	NEW HOPE COMMUNITY LIVING VII	06/17/2022	\$32,400	08/12/2022	\$5,000	\$5,000
03	IRVING	007642	EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	07/09/2021	\$13,800	11/22/2021	\$5,000	\$0
03	SANGER	003640	PONDEROSA	02/08/2021	\$8,000	11/04/2021	\$5,000	\$0
03	ARLINGTON	007302	CEDAR OAKS COMMUNITY HOME	03/22/2021	\$7,625	10/27/2021	\$5,000	\$0
03	BURLESON	003635	STELLA MAE	01/19/2021	\$54,000	11/10/2021	\$5,000	\$0
03	DENTON	007206	EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	03/31/2021	\$27,000	11/15/2021	\$5,000	\$0
03	DENTON	007247	EDUCARE COMMUNITY LIVING CORPORATION-TEXAS	12/22/2020	\$46,600	11/10/2021	\$5,000	\$0
03	FORT WORTH	003849	KINGSWOOD COMMUNITY HOME	03/17/2021	\$26,250	11/15/2021	\$5,000	\$0
04	BEAUMONT	003791	HORIZON HOUSE	07/30/2021	\$13,125	10/07/2021	\$5,000	\$0
04	BEAUMONT	003791	HORIZON HOUSE	03/04/2022	\$1,600	05/02/2022		\$1,600
04	PALESTINE	007456	REDWOOD TERRACE COMMUNITY HOME	03/31/2022	\$14,900	07/15/2022	\$5,000	\$0
04	LUFKIN	003899	WHITE DOVE COMMUNITY HOME	05/27/2022	\$15,050	08/08/2022	\$5,000	\$5,000
04	BEAUMONT	003754	COLE ROAD HOUSE	06/03/2022	\$9,900	08/08/2022	\$5,000	\$5,000
04	BEAUMONT	007528	CENTRAL HOUSE	01/14/2022	\$11,500	04/14/2022	\$5,000	\$0
04	BEAUMONT	007528	CENTRAL HOUSE	04/08/2022	\$2,100	06/03/2022		\$0
04	PALESTINE	003685	MAVERICK COMMUNITY HOME	03/31/2022	\$56,200	08/29/2022	\$5,000	\$0
05	BASTROP	007634	JEFFERSON COMMUNITY RESIDENCE	08/26/2020	\$52,200	09/13/2021	\$5,000	\$0
05	ALVARADO	003929	OAK HOUSE	05/13/2021	\$12,000	09/14/2021	\$5,000	\$0
05	AUSTIN	003793	MARY LEE FOUNDATION SOUTHPOINTE I	05/25/2022	\$9,875	07/22/2022	\$5,000	\$0
05	AUSTIN	007631	CRAIG DRIVE	10/15/2021	\$11,000	01/05/2022	\$5,000	\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
05	BASTROP	007635	LAKEVIEW COMMUNITY RESIDENCE	07/22/2021	\$34,800	12/15/2021	\$5,000	\$0
05	AUSTIN	007545	PILGRIMS PLACE	03/31/2022	\$11,125	06/10/2022	\$5,000	\$0
05	AUSTIN	003639	TRAVIS HOUSE	06/27/2022	\$19,300	08/29/2022	\$5,000	\$0
06	SPRING	007378	GREEN VALLEY HOUSE	11/22/2021	\$14,800	02/16/2022	\$5,000	\$0
06	TOMBALL	105856	CHOCTAW GROUP HOME	02/06/2020	\$200	11/15/2021		\$0
06	SPRING	007378	GREEN VALLEY HOUSE	10/11/2021	\$500	01/14/2022		\$0
06	SPRING	003892	VERDECOVE COMMUNITY HOME		\$250	01/03/2022		\$0
06	JERSEY VILLAGE	007328	TARA COMMUNITY HOME	12/23/2021	\$10,425	03/14/2022	\$5,000	\$0
06	HOUSTON	003915	BRIAR GROVE PARK	02/18/2022	\$16,000	05/31/2022	\$5,000	\$0
06	HOUSTON	003888	SABLE LANE COMMUNITY HOME	04/06/2022	\$15,050	07/22/2022	\$5,000	\$5,000
06	HOUSTON	007595	PACE OPPORTUNITY CENTERS INC.	06/09/2022	\$14,700	08/19/2022	\$5,000	\$0
08	SAN ANTONIO	101793	BOULDER OAKS	12/10/2021	\$14,400	02/07/2022	\$5,000	\$0
08	SAN ANTONIO	007348	CHISOLM TRAIL	09/22/2021	\$24,500	02/07/2022	\$5,000	\$0
08	SAN ANTONIO	101793	BOULDER OAKS	01/09/2020	\$21,800	10/11/2021	\$5,000	\$0
08	SAN ANTONIO	101793	BOULDER OAKS	10/09/2019	\$90,450	10/15/2021	\$5,000	\$0
08	SAN ANTONIO	104350	EDUCARE COMMUNITY LIVING CORPORATION-TEXAS	12/02/2021	\$15,600	02/15/2022	\$5,000	\$0
08	UVALDE	007343	DOROTHY JO COMMUNITY HOME	03/10/2021	\$35,600	10/04/2021	\$5,000	\$0
08	SAN ANTONIO	003681	SPRING HARVEST HOUSE	06/14/2021	\$41,250	04/11/2022	\$5,000	\$0
08	SAN ANTONIO	003696	TIMBER MEADOW	09/09/2020	\$74,600	11/29/2021	\$5,000	\$0
08	SAN ANTONIO	007420	WHISPER VALLEY	05/27/2021	\$23,750	09/15/2021	\$5,000	\$0
08	DEL RIO	007290	JOHN GLENN COMMUNITY HOME	07/15/2021	\$8,650	09/17/2021	\$5,000	\$0
08	UVALDE	007500	NOPAL COMMUNITY HOME	10/26/2021	\$18,000	01/26/2022	\$5,000	\$0
08	UNIVERSAL CITY	003948	GUILFORD FORGE COMMUNITY HOME	09/17/2021	\$9,000	01/28/2022	\$5,000	\$0
08	SAN ANTONIO	007487	CADES COVE HOUSE	07/29/2021	\$48,500	03/02/2022	\$5,000	\$0

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
08	SAN ANTONIO	003662	ENCINO VALLEY	09/22/2021	\$24,500	01/27/2022	\$5,000	\$0
08	SAN ANTONIO	007458	LARIMER SQUARE	10/13/2021	\$23,000	02/09/2022	\$5,000	\$0
08	SAN ANTONIO	007214	CYPRESS HOLLOW	12/23/2021	\$26,600	03/17/2022	\$5,000	\$0
08	SAN ANTONIO	007287	SAGE TRAIL	12/20/2021	\$65,600	06/20/2022	\$5,000	\$0
08	SAN ANTONIO	007508	QUAIL RUN	08/24/2021	\$35,400	05/19/2022	\$5,000	\$0
08	SAN ANTONIO	007458	LARIMER SQUARE	03/23/2022	\$15,500	06/24/2022	\$5,000	\$0
08	SAN ANTONIO	003662	ENCINO VALLEY	02/17/2022	\$13,600	05/19/2022	\$5,000	\$0
08	UVALDE	007500	NOPAL COMMUNITY HOME	08/27/2021	\$152,600	06/30/2022	\$5,000	\$0
08	SAN ANTONIO	007362	RUSTLING WAY	12/09/2021	\$126,750	06/30/2022	\$5,000	\$0
08	SAN ANTONIO	104356	EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	02/26/2022	\$32,500	07/15/2022	\$5,000	\$0
08	SAN ANTONIO	007639	THATCH	08/24/2021	\$18,800	02/09/2022	\$5,000	\$0
08	SAN ANTONIO	007207	HUNTERS CIRCLE	10/29/2021	\$15,500	01/24/2022	\$5,000	\$0
08	UNIVERSAL CITY	003948	GUILFORD FORGE COMMUNITY HOME	07/27/2021	\$24,250	01/24/2022	\$5,000	\$0
08	UVALDE	007500	NOPAL COMMUNITY HOME	11/02/2021	\$99,500	06/20/2022	\$5,000	\$0
08	SAN ANTONIO	003662	ENCINO VALLEY	08/19/2021	\$37,200	05/31/2022	\$5,000	\$0
08	SAN ANTONIO	007214	CYPRESS HOLLOW	02/15/2022	\$25,500	04/08/2022	\$5,000	\$0
08	SAN ANTONIO	003662	ENCINO VALLEY	03/10/2022	\$12,250	06/20/2022	\$5,000	\$0
08	UVALDE	007343	DOROTHY JO COMMUNITY HOME	02/25/2022	\$21,600	04/29/2022	\$5,000	\$0
08	SAN ANTONIO	007409	BREES	09/02/2021	\$47,500	04/25/2022	\$5,000	\$0
08	SAN ANTONIO	101823	VISTA BRIAR	04/26/2022	\$7,250	07/22/2022	\$5,000	\$5,000
08	SAN ANTONIO	104356	EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	04/14/2022	\$59,000	07/22/2022	\$5,000	\$5,000
08	SAN ANTONIO	102604	VISTA RUN	12/01/2021	\$54,500	07/25/2022	\$5,000	\$0
08	SAN ANTONIO	101796	GRANADA	05/11/2022	\$12,750	08/01/2022	\$5,000	\$5,000

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
11	ALICE	007295	GREEN ACRES	10/28/2021	\$19,500	01/27/2022	\$5,000	\$0
11	CORPUS CHRISTI	003858	EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	10/14/2021	\$23,850	01/05/2022	\$5,000	\$0
11	BROWNSVILLE	003744	CARING PALMS HEALTH CARE CENTER	12/20/2021	\$98,250	03/07/2022	\$25,000	\$25,000
11	ALICE	007309	REYNOLDS HOME	03/09/2022	\$28,200	05/20/2022	\$5,000	\$0
Totals					\$2,133,225		\$355,000	\$61,600

HHSC imposed 72 total ICF/IID administrative penalties.

Notes:

The imposed column 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.

The assessed column 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.

The balance column 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 2022.

ICF/IID Amelioration of Violations

HHSC did not process any requests for ameliorations for ICFs/IID in FY 2022.

ICF/IID Trusteeships

HHSC did not place a trustee in any ICFs/IID in FY 2022.

ICF/IID Emergency Suspension and Closing Orders

HHSC did not issue an emergency suspension and closing order in any ICFs/IID in FY 2022.

ICF/IID License Denials and Revocations

HHSC did not issue any license denials or revocations for ICFs/IID in FY 2022.

ICF/IID: All Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	15	36	52	37	47	42	42	22	293
Facility 14-day	45	112	120	114	124	93	113	65	786
Next On-site	23	95	35	32	77	40	31	44	377
Professional Review	1	16	15	7	10	9	2	11	71
Regional Off-site Review	5	49	8	15	14	13	4	43	151
Financial	0	1	0	3	4	3	3	0	14
Withdrawn	1	0	0	0	0	0	0	0	1
No Action Necessary	0	4	4	10	8	3	5	4	38
Totals	90	313	234	218	284	203	200	189	1,731

ICF/IID: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	3	14	16	6	11	10	19	11	90
Facility 14-day	5	15	18	10	26	17	33	16	140
Next On-site	5	23	20	15	33	10	12	11	129
Financial	0	1	0	3	4	3	3	0	14
Regional Off-site Review	0	2	0	0	1	2	0	0	5
Withdrawn	1	0	0	0	0	0	0	0	1
No Action Necessary	0	0	0	0	0	0	1	0	1
Totals	14	55	54	34	75	42	68	38	380

ICF/IID: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	12	22	36	31	36	32	23	11	203
Facility 14-day	40	97	102	104	98	76	80	49	646
Next On-site	18	72	15	17	44	30	19	33	248
Professional Review	1	16	15	7	10	9	2	11	71
Regional Off-site Review	5	47	8	15	13	11	4	43	146
No Action Necessary	0	4	4	10	8	3	4	4	37
Totals	76	258	180	184	209	161	132	151	1,351

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) 2022.

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
02	BRONTE	004900	BRONTE HEALTH AND REHAB CENTER	04/23/2021	\$53,000	10/05/2021		\$0
02	BROWNWOOD	004266	CROSS COUNTRY HEALTHCARE CENTER	10/15/2021	\$12,750	12/17/2021		\$0
02	ABILENE	005033	THE OAKS AT RADFORD HILLS HEALTHCARE CENTER	07/13/2021	\$19,450	11/10/2021		\$0
04	LUFKIN	004441	LARKSPUR	10/22/2021	\$10,250	12/06/2021		\$10,250
04	KIRBYVILLE	005201	AVALON PLACE KIRBYVILLE	04/15/2022	\$11,500	08/08/2022		\$0
04	GILMER	004470	GILMER NURSING & REHABILITATION	04/23/2022	\$12,500	08/19/2022		\$12,500
05	GIDDINGS	005307	OAKLAND MANOR NURSING CENTER	11/24/2021	\$39,000	01/26/2022		\$0
05	GIDDINGS	004775	GIDDINGS RESIDENCE AND REHABILITATION CENTER	03/21/2022	\$18,350	06/06/2022		\$0
05	BASTROP	004874	BASTROP NURSING CENTER	03/08/2022	\$53,000	06/10/2022		\$0
05	FAIRFIELD	004425	FAIRVIEW HEALTHCARE RESIDENCE	02/13/2022	\$54,500	07/11/2022		\$54,500
06	GALVESTON	005330	GULF HEALTH CARE CENTER IN GALVESTON		\$7,800	01/07/2022		\$0
06	GALVESTON	005330	GULF HEALTH CARE CENTER IN GALVESTON	08/23/2019	\$3,000	06/29/2020		\$0
06	HUMBLE	110118	CRIMSON HEIGHTS HEALTH & WELLNESS	10/18/2020	\$64,000	08/11/2021	\$44,495	\$0
06	HUMBLE	005208	OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE	09/22/2021	\$54,250	12/30/2021		\$0
06	BAYTOWN	100001	FOCUSED CARE AT BURNET BAY	09/14/2019	\$96,000	02/17/2022		\$96,000
06	TEXAS CITY	004807	SEABREEZE NURSING AND REHABILITATION	12/13/2021	\$134,450	04/14/2022		\$0
06	MISSOURI CITY	105225	CHELSEA GARDENS	12/09/2021	\$199,900	04/08/2022		\$199,900
06	HOUSTON	005367	PARADIGM AT WESTBURY	01/26/2022	\$31,250	04/14/2022		\$31,250

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
06	HOUSTON	005383	SPRING BRANCH TRANSITIONAL CARE CENTER	04/25/2022	\$18,000	07/08/2022		\$18,000
08	KERRVILLE	004772	WATERSIDE NURSING & REHABILITATION	08/16/2021	\$14,500	11/01/2021	\$13,050	\$0
08	SAN ANTONIO	050680	REGENT CARE CENTER OF OAKWELL FARMS	01/07/2022	\$0	03/07/2022		\$0
08	SAN ANTONIO	004179	SAN JOSE NURSING CENTER	09/28/2021	\$22,850	12/30/2021		\$22,850
08	SAN ANTONIO	005051	WINDSOR MISSION OAKS	04/26/2022	\$43,200	07/25/2022		\$43,200
Totals					\$973,500		\$57,545	\$488,450

HHSC imposed 23 total NF administrative penalties.

Notes:

The imposed column 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.

The assessed column 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.

The balance column 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 2022.

NF Amelioration of Violations

LTCR Region	City	Facility ID	Facility	Decision	Decision Date	Amount Ameliorated
06	HOUSTON	004000	SEVEN ACRES JEWISH SENIOR CARE SERVICES INC	APPROVED	09/07/2021	\$14,500.00
06	HOUSTON	005177	ASBURY CARE CENTER OF HOUSTON	APPROVED	12/08/2021	\$99,500.00

2 total amelioration requests processed for NFs in FY 2022.

NF Trusteeships

HHSC did not order any trustees placed in NFs in FY 2022.

NF Closures Under Trusteeship

HHSC did not close any NFs under trusteeship in FY 2022.

NF Emergency Suspension and Closing Orders

HHSC did not issue any emergency suspension or closing orders to a NF in FY 2022.

NF Suspensions of Admission

HHSC did not issue any suspension of admission orders to a NF in FY 2022.

NF License Denials and Revocations

HHS did not deny or revoke any licenses related to NFs for FY 2022.

NF: All Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	161	239	703	400	438	587	391	156	3,075
Facility 14-day	862	1,274	3,318	2,000	2,216	2,384	1,726	912	14,692
Next On-site	586	871	2,479	1,464	1,495	1,639	1,183	508	10,225
Professional Review	66	79	362	241	175	191	171	63	1,348
Regional Off-site Review	198	280	938	639	555	486	457	195	3,748
Financial	31	47	107	67	71	75	74	18	490
Withdrawn	8	6	23	17	3	10	4	1	72
No Action Necessary	4	11	27	18	7	20	12	4	103
Totals	1,916	2,807	7,957	4,846	4,960	5,392	4,018	1,857	33,753

NF: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	143	205	651	342	387	540	360	135	2,763
Facility 14-day	265	431	1,385	627	848	968	645	275	5,444
Next On-site	145	261	874	380	574	665	397	189	3,485
Regional Off-site Review	9	6	25	38	29	26	19	12	164
Financial	31	47	106	67	70	73	72	18	484
Withdrawn	8	6	23	15	1	4	4	1	62
No Action Necessary	0	0	2	2	1	2	1	1	9
Totals	601	956	3,066	1,471	1,910	2,278	1,498	631	12,411

NF: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	18	34	52	58	51	47	31	21	312
Facility 14-day	597	843	1,933	1,373	1,368	1,416	1,081	637	9,248
Next On-site	441	610	1,605	1,084	921	974	786	319	6,740
Professional Review	66	79	362	241	175	191	171	63	1,348
Regional Off-site Review	189	274	913	601	526	460	438	183	3,584
Financial	0	0	1	0	1	2	2	0	6
Withdrawn	0	0	0	2	2	6	0	0	10
No Action Necessary	4	11	25	16	6	18	11	3	94
Totals	1,315	1,851	4,891	3,375	3,050	3,114	2,520	1,226	21,342

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) 2022.

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 LTRC 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.201.
- 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.201.
- 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

HHSC did not impose any administrative penalties for PPECCs for FY 2022.

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 2022.

PPECC Ameliorations of Violations

HHSC did not process any requests for ameliorations for PPECCs for FY 2022.

PPECC Trusteeships

HHSC did not request a trustee be placed in any PPECCS for FY 2022.

PPECC Emergency Closing Orders

HHSC did not issue any emergency closing orders for PPECCs for FY 2022.

PPECC License Denial and Revocation

HHSC did not deny or revoke any licenses for PPECCs for FY 2022.

PPECC: All Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 14-day	0	0	0	4	5	0	0	1	10
Facility 30-day	0	0	0	1	1	0	0	0	2
Totals	0	0	0	5	6	0	0	1	12

PPECC: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 14-day	0	0	0	0	3	0	0	0	3
Facility 30-day	0	0	0	1	0	0	0	0	1
Totals	0	0	0	1	3	0	0	0	4

PPECC: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Facility 14-day	0	0	0	4	2	0	0	1	7
Facility 30-day	0	0	0	0	1	0	0	0	1
Totals	0	0	0	4	3	0	0	1	8

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) 2022.

Source of Report for Provider Investigations Intakes

Source of Report	Count	Percentage
Victim	2648	17.15%
Medical Personnel	2160	13.99%
Institutional Personnel	1868	12.10%
Community Agency	1857	12.02%
Other	1146	7.42%
Provider	1121	7.26%
Relative	869	5.63%
Anonymous	721	4.67%
Law Enforcement	591	3.83%
DFPS Staff	580	3.76%
Parent	440	2.85%
State Agency	294	1.90%
Blank/Unknown	291	1.88%
Friend-Neighbor	253	1.64%
School	189	1.22%
Unrelated Home Member	170	1.10%
Legal/Court	140	0.91%
Financial Institution	84	0.54%
Day Care Provider	6	0.04%
24 Hour Care Provider	5	0.03%
Fictive Kin	5	0.03%
Religious Entity	3	0.02%
Parent's Paramour	2	0.01%
Board & Care (APS)	1	0.01%
Total	15444	100%

Average Length of Completed Provider Investigations by Region

HHSC Region	Investigations	Average Days Open
1 - Lubbock	474	46.9
2 - Abilene	605	46.8
3 - Arlington	1,097	70.0
4 - Tyler	368	44.7
5 - Beaumont	379	29.2
6 - Houston	1,403	21.3
7 - Austin	2,030	47.8
8 - San Antonio	1,693	48.4
9 - Midland	835	73.9
10 - El Paso	318	53.0
11 - Edinburg	1,927	23.6
Other	73	44.3
Statewide	11,202	43.8

Provider Investigations Referred to Law Enforcement by Provider Type

Provider Type	Notification of Investigation	Investigation Report
Community Providers	597	223
HCS	456	153
State Supported Living Centers	377	167
State Hospitals	199	91
Private ICF-IID	119	48
Community Centers	56	11
State Centers	32	27
Other	24	3
Total	1,860	723

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
Physical Abuse	190	48%
Neglect	174	44%
Emotional Abuse	15	4%
Sexual Abuse	8	2%
Exploitation	5	1%
Total	392	100%

Characteristics of Victims in Confirmed Provider Investigations

Gender	Race / Ethnicity	Confirmed Victims
Female	Anglo	68
	African American	31
	Hispanic	22
	Other	10
	Asian	3
Male	Anglo	102
	Hispanic	47
	African American	39
	Other	19
	Asian	6
Unknown	African American	1
Total		348

Note:

A completed investigation may have more than one victim.

Characteristics of Perpetrators in Confirmed Facility Investigations

Counts by Race or Ethnicity

Gender	Race / Ethnicity	Confirmed Victims
Female	African American	70
	Hispanic	43
	Anglo	38
	Other	15
	Asian	1
Male	African American	65
	Hispanic	31
	Anglo	22
	Other	13
	Asian	2
Unknown	Other	15
Total		315

Note:

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

Counts by Age Group

Gender	Age Group	Confirmed Perpetrators
Female	18-25	27
	26-35	38
	36-45	34
	46-55	35
	56-65	22
	Over 65	11
Male	18-25	27
	26-35	36
	36-45	26
	46-55	26
	56-65	13
	Over 65	5

Gender	Age Group	Confirmed Perpetrators
Unknown	18-25	1
	26-35	8
	36-45	2
	46-55	3
	Unknown	1
Total		315

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
2019	20,681
2020	18,887
2021	14,867
2022	11,202
Total	141,013

Completed Provider Investigations by Provider Type

Setting	Completed Investigations	Percentage of Total
Community Providers	3876	35%
State Supported Living Centers	2669	24%
HCS	2222	20%
State Hospitals	1224	11%
Private ICF-IID	559	5%
State Centers	401	4%
Community Centers	160	1%
Other	91	1%
Total	11,202	100%

Disposition of Completed Provider Investigations by Provider Type

Setting	Confirmed		Confirmed - Reportable Conduct		Un-confirmed		In-conclusive		Unfounded		Other		Blank		Totals	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Community Providers	19	0.2%	1	0.0%	693	6.2%	218	1.9%	2	0.0%	2,784	24.9%	159	1.4%	3,876	34.6%
SSLC	109	1.0%	21	0.2%	1,861	16.6%	103	0.9%	353	3.2%	208	1.9%	14	0.1%	2,669	23.8%
HCS	74	0.7%	10	0.1%	1,499	13.4%	177	1.6%	2	0.0%	436	3.9%	24	0.2%	2,222	19.8%
State Hospitals	41	0.4%	2	0.0%	947	8.5%	42	0.4%	9	0.1%	171	1.5%	12	0.1%	1,224	10.9%
Private ICF-IID	15	0.1%	5	0.0%	346	3.1%	45	0.4%	0	0.0%	135	1.2%	13	0.1%	559	5.0%
Community Centers	5	0.0%	0	0.0%	242	2.2%	4	0.0%	129	1.2%	20	0.2%	1	0.0%	401	3.6%
State Center	2	0.0%	2	0.0%	98	0.9%	14	0.1%	0	0.0%	43	0.4%	1	0.0%	160	1.4%
Other	0	0.0%	0	0.0%	1	0.0%	1	0.0%	0	0.0%	83	0.7%	6	0.1%	91	0.8%
Statewide	265	2.4%	41	0.4%	5,687	50.8%	604	5.4%	495	4.4%	3,880	34.6%	230	2.1%	11,202	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.

Disposition of Completed Provider Investigations by Region¹

Region	Confirmed		Confirmed - Reportable Conduct		Un-confirmed		In-conclusive		Unfounded		Other		Blank		Totals	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
1 - Lubbock	11	0.1%	4	0.0%	355	3.2%	17	0.2%	2	0.0%	71	0.6%	14	0.1%	474	4.2%
2 - Abilene	27	0.2%	0	0.0%	376	3.4%	47	0.4%	0	0.0%	151	1.3%	4	0.0%	605	5.4%
3 - Arlington	26	0.2%	3	0.0%	376	3.4%	61	0.5%	65	0.6%	498	4.4%	68	0.6%	1,097	9.8%
4 - Tyler	11	0.1%	1	0.0%	186	1.7%	21	0.2%	3	0.0%	123	1.1%	23	0.2%	368	3.3%
5 - Beaumont	12	0.1%	2	0.0%	191	1.7%	16	0.1%	50	0.4%	106	0.9%	2	0.0%	379	3.4%
6 - Houston	27	0.2%	6	0.1%	617	5.5%	87	0.8%	19	0.2%	636	5.7%	11	0.1%	1,403	12.5%
7 - Austin	60	0.5%	17	0.2%	1,037	9.3%	77	0.7%	8	0.1%	771	6.9%	60	0.5%	2,030	18.1%
8 - San Antonio	33	0.3%	5	0.0%	884	7.9%	145	1.3%	9	0.1%	600	5.4%	17	0.2%	1,693	15.1%
9 - Midland	27	0.2%	1	0.0%	641	5.7%	25	0.2%	48	0.4%	82	0.7%	11	0.1%	835	7.5%
10 - El Paso	8	0.1%	0	0.0%	151	1.3%	4	0.0%	19	0.2%	123	1.1%	13	0.1%	318	2.8%
11 - Edinburg	23	0.2%	2	0.0%	843	7.5%	95	0.8%	272	2.4%	686	6.1%	6	0.1%	1,927	17.2%
Out of State	0	0.0%	0	0.0%	30	0.3%	9	0.1%	0	0.0%	33	0.3%	1	0.0%	73	0.7%
Statewide	265	2.4%	41	0.4%	5,687	50.8%	604	5.4%	495	4.4%	3,880	34.6%	230	2.1%	11,202	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.

¹ 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 LTRC: [DFPS - Map of DFPS Regions \(texas.gov\)](https://www.dfps.gov/about-us/regions)

Counties: Andrews, Armstrong, Bailey, Borden, Briscoe, Carson, Castro, Childress, Cochran, Collinsworth, Cottle, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Fisher, Floyd, Foard, Gaines, Garza, Gray, Hale, Hall, Hansford, Hardeman, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Kent, King, Knox, Lamb, 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

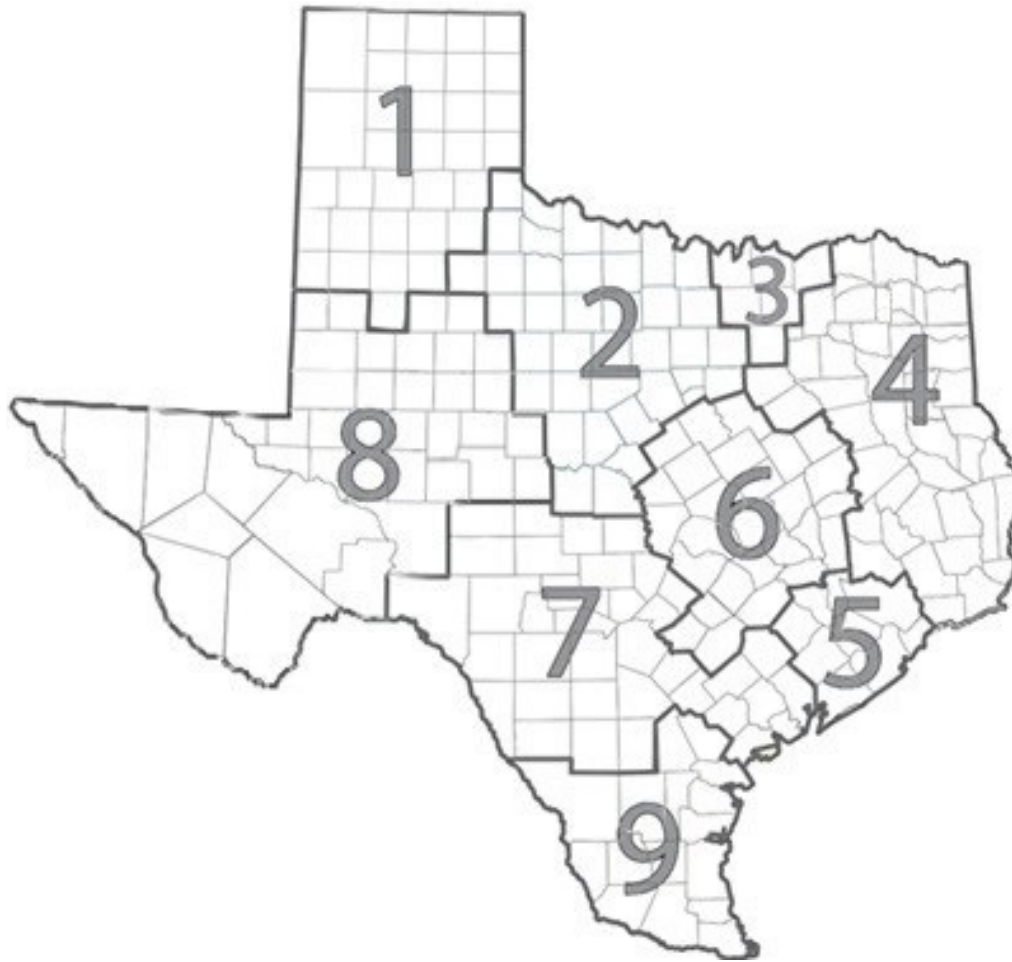
Region 8

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
ALF	2,012	45.6%
DAHS	398	9.0%
ICF/IID	784	17.8%
NF	1,206	27.4%
PPECC	8	0.2%
Total	4,408	NA

Facilities in Texas by Program and LTCR Region

LTCR Region	ALF Count	% of all Asst. Living	DAHS Count	% of all DAHS	ICF/IID Count	% of all ICF/IID	NF Count	% of all NF	PPECC Count	% of All PPECC	Total Count	% of Total
01	98	4.9%	5	1.3%	35	4.5%	84	7.0%	0	0.0%	222	5.0%
02	113	5.6%	31	7.8%	89	11.4%	134	11.1%	0	0.0%	367	8.3%
03	592	29.4%	34	8.5%	160	20.4%	228	18.9%	0	0.0%	1,014	23.0%
04	151	7.5%	8	2.0%	118	15.1%	189	15.7%	3	37.5%	469	10.6%
05	256	12.7%	6	1.5%	120	15.3%	186	15.4%	5	62.5%	573	13.0%
06	526	26.1%	63	15.8%	114	14.5%	165	13.7%	0	0.0%	868	19.7%
08	234	11.6%	33	8.3%	118	15.1%	142	11.8%	0	0.0%	527	11.7%
11	42	2.1%	218	54.8%	30	3.8%	78	6.5%	0	0.0%	368	8.4%
Totals	2,012	NA	398	NA	784	NA	1,206	NA	8	NA	4,408	NA

Facility Visits/Contacts by HHSC Surveyors by LTCR Region

LTCR Region	ALF	DAHS	ICF/IID	NF	PPECC	Unlicensed	Total
01	322	13	173	1,544	0	0	2,052
02	284	61	413	1,667	0	0	2,425
03	1,282	52	875	3,857	0	3	6,069
04	269	1	517	1,876	0	0	2,663
05	1,196	15	545	2,932	10	5	4,703
06	1,014	61	588	2,107	0	42	3,812
08	439	31	646	1,571	0	10	2,697
11	102	196	205	791	0	2	1,296
Totals	4,908	430	3,962	16,345	10	62	25,717

Notes:

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

The unlicensed column 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	2,012	41.3%	4,908	19.1%
DAHS	398	8.1%	430	1.7%
ICF/IID	784	16.1%	3,962	15.4%
NF	1,206	24.8%	16,345	63.6%
PPECC	8	0.2%	10	0.1%
Unlicensed	462	9.5%	62	0.2%
Totals	4,870	NA	18,834	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 2018 and FY 2022

Program	FY 2018 Count	FY 2018 Percentage	FY 2022 Count	FY 2022 Percentage
ALF	1,964	43.9%	2,012	45.6%
DAHS	458	10.2%	398	9.1%
ICF/IID	805	18.0%	784	17.8%
NF	1,250	27.9%	1,206	27.4%
PPECC	1	0.1%	8	0.2%
Totals	4,478	NA	4,408	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
2018	1,964	+3.9%	73,988	+4.4%
2019	2,003	+2.0%	75,903	+2.5%
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%
Percent Change FY 2018 to 2022	NA	2.4%	NA	10.6%

DAHS Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/ Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2018	458	-1.5%	43,644	-1.4%
2019	431	-6.2%	42,697	-2.2%
2020	426	-1.1%	42,268	-1.0%
2021	420	-1.4%	41,693	-1.3%
2022	398	-5.2%	39,580	-5.1%
Percent Change FY 2018 to 2022	NA	-13.1%	NA	-9.3%

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
2018	805	-0.6%	11,333	-0.3%
2019	799	-0.7%	11,293	-0.3%
2020	794	-0.6%	11,197	-0.8%
2021	787	-0.8%	11,160	-0.3%
2022	784	-0.4%	11,127	-0.3%
Percent Change FY 2018 to 2022	NA	-2.6%	NA	-1.8%

Note:

The number of 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
2018	15	0.0%	5,995	0.0%
2019	15	0.0%	5,995	0.0%
2020	15	0.0%	5,995	0.0%
2021	15	0.0%	5,995	0.0%
2022	15	0.0%	5,979	-0.3%
Percent Change FY 2018 to 2022	NA	0.0%	NA	-0.3%

Note:

The number of 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
2018	790	-0.6%	5,338	-0.6%

Fiscal Year	Number of Facilities	Facilities: Percent Growth/ Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2019	790	0.0%	5,427	1.6%
2020	779	-1.4%	5,202	-4.3%
2021	772	-0.9%	5,165	-0.7%
2022	769	-0.4%	5,148	-0.3%
Percent Change FY 2018 to 2022	NA	-2.7%	NA	-3.6%

NF Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/ Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2018	1,250	+0.6%	140,509	+0.8%
2019	1,219	-2.5%	137,776	-1.9%
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%
Percent Change FY 2018 to 2022	NA	-3.5%	NA	-2.1%

Note:

The 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
2018	1	100.0%	60	100.0%
2019	2	100.0%	99	65.0%
2020	5	150.0%	279	181.0%
2021	7	40.0%	377	35.1%
2022	8	14.3%	433	14.9%
Percent Change FY 2018 to 2022	NA	700.0%	NA	621.7%

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
2018	2,979	-1.2%	49.7%	4,936	+0.3%	92.5%
2019	2,630	-13.2%	43.9%	4,591	-7.5%	87.9%
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%
Percent Change FY 2018 to 2022	NA	-12.8%	NA	NA	-8.5%	NA

Note:

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
2018	92,121	-1.1%	65.6%
2019	92,965	+0.9%	67.4%
2020	78,919	-17.8%	57.1%
2021	77,650	-1.6%	56.2%
2022	81,706	5.2%	67.9%
Percent Change FY 2018 to 2022	NA	-11.3%	NA

Note:

NF data is summed from three sources: the September 2022 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.

Facility Visits/Contacts by Regulatory Surveyors for FY 2018-22

Facility Type	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
ALF	4,236	2,426	5,997	6,375	4908
DAHS	661	397	910	572	430
ICF/IID	2,333	1,419	3,657	3,630	3962
NF	11,496	5,331	15,641	14,876	16,345
PPECC	3	2	15	20	10
Unlicensed	170	55	91	29	62
Totals	18,899	9,630	26,311	25,502	18,834

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	6,571	88.2%
Home health branches	595	8.0%
Alternate delivery sites	281	3.8%
Total	7,447	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	274	4.2%	77	12.9%	21	7.5%	372	5.0%
02	195	3.0%	10	1.7%	10	3.6%	215	2.9%
03	1,842	28.0%	128	21.5%	79	28.1%	2,049	27.5%
04	366	5.6%	66	11.1%	42	14.9%	474	6.4%
05	411	6.3%	77	12.9%	36	12.8%	524	7.0%
06	2,084	31.7%	59	9.9%	39	13.9%	2,182	29.3%
08	559	8.5%	78	13.1%	37	13.2%	674	9.1%
11	840	12.8%	100	16.8%	17	6.0%	957	12.9%
Totals	6,571	NA	595	NA	281	NA	7,447	NA

HCSSA Visits/Contacts by Regulatory Surveyors by LTCR Region

LTCR Region	HCSSA
01	53
02	52
03	275
04	152
05	134
06	290
08	163
11	140
Total	1,259

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	1,954	248	NA
Licensed and certified home health w/ dialysis	8	0	NA
Licensed home health services	2,987	453	NA
Licensed home health w/ dialysis	34	1	NA
Personal assistance services	4,498	345	NA
Hospice	1,290	3	280

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	159	64	693	207	134	537	145	263	2,202
Licensed and certified home health w/ dialysis	0	0	1	0	0	6	0	1	8
Licensed home health services	195	83	1,013	242	212	986	250	426	3,407
Licensed home health w/ dialysis	1	0	9	0	0	21	1	1	33
Personal assistance services	167	148	1,429	211	288	1,547	309	744	4,843
Hospice	87	36	374	130	117	459	239	131	1,573

Note:

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

Changes in HCSSAs

HCSSA Counts for FY 2018 and FY 2022

Agency Type	FY 2018 Count	FY 2022 Count
Home health and hospice parents	5,339	6,571
Home health branches	613	595
Alternate delivery sites	203	281
Totals	6,155	7,447

HCSSA Visits/Contacts by LTCR Surveyors for FY 2018-22

Agency Type	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
HCSSA	4,500	4,166	2,900	2,588	2,058

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
2018	5,339	-1.1%	613	-6.7%	203	-2.9%	6,155	-1.7%
2019	5,665	+5.8%	665	+7.8%	266	+23.7%	6,596	+6.7%
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%
Percent Change FY 2018 to 2022	NA	23.1%	NA	-2.9%	NA	38.4%	NA	21.0%

Regulated Waiver Programs

The following tables and charts represent snapshots of regulated waiver program counts on October 20, 2022. 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	907	74.2%	29,393	90.2%
TxHmL	315	25.8%	3,193	9.8%
Totals	1,222	NA	32,586	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	13	1.4%	5	1.6%	18	1.5%
2	113	12.5%	47	14.9%	160	13.1%
3	154	17.0%	63	20.0%	217	17.8%
4	130	14.3%	45	14.3%	175	14.3%
5	266	29.3%	79	25.1%	345	28.2%
6	81	8.9%	20	6.3%	101	8.3%
7	79	8.7%	23	7.3%	102	8.3%
8	23	2.5%	11	3.5%	34	2.8%
9	48	5.3%	22	7.0%	70	5.7%
Totals	907	NA	315	NA	1,222	NA

Reviews of Waiver Programs by State Reviewers by Contract Area

Waiver Contract Area	HCS	TxHmL	Totals
1	28	6	34
2	94	30	124
3	116	33	149
4	71	20	91
5	165	46	211
6	44	13	57
7	62	13	75
8	26	14	40
9	16	3	19
Totals	622	178	800

Note:

Reviews consist of all certification, intermittent and follow-up reviews, or visits by LTCR staff conducted in FY 2022.

Reviews of Waiver Programs Compared to the Number of Waiver Programs

Program Type	Contract Count	% of All Contracts	% of All Reviews
HCS	907	74.2%	77.8%
TxHmL	315	25.8%	22.2%
Total	1,222	NA	NA

Note:

Reviews consist of all certification, intermittent, and follow-up reviews, or visits by LTCR staff conducted in FY 2022.

HCS Residential Category Consumer Counts

Residential Category	Individuals	% of Individuals
Own home or family home	4,348	14.8%
Foster care	15,803	53.8%
Three-person group home	4,203	14.3%
Four-person group home	4,328	14.7%
Temporarily Discharged	711	2.4%
Totals	29,393	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	7,816	82.7%
Three-person group home	886	9.4%
Four-person group home	749	7.9%
Total	9,451	NA

Notes:

The count of reviews completed should be considered preliminary and is an undercount of the number of reviews conducted. Beginning in May 2021, LTCR migrated to Salesforce for data entry of residential reviews conducted. As of October 2022, the Salesforce environment for residential review data entry is not functioning correctly and, as a result, has incomplete data.

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 2018 and FY 2022

Program Type	FY 2018 Contracts	FY 2018 Individuals	FY 2022 Contracts	FY 2022 Individuals
HCS	842	26,206	907	29,393
TxHmL	367	4,902	315	3,193
Totals	1,209	31,108	1,222	32,586

Waiver Program Contract and Consumers by Percentage for FY 2018 and FY 2022

Program Type	FY 2018 % of All Contracts	FY 2018 % of All Individuals	FY 2022 % of All Contracts	FY 2022 % of All Individuals
HCS	69.6%	84.2%	74.2%	90.2%
TxHmL	30.4%	15.8%	25.8%	9.8%

HCS Trends

Fiscal Year	Number of HCS Contracts	HCS: % Growth/Loss	HCS Individuals	HCS Individuals: % Growth/ Loss
2018	842	+2.3%	26,206	-6.1%
2019	852	+1.2%	26,604	+1.5%
2020	878	+3.0%	27,492	+3.3%
2021	885	+0.8%	28,776	+4.7%
2022	907	+2.5%	29,393	+2.1%
Percent Change FY 2018 to 2022	NA	+7.7%	NA	+12.2

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
2018	367	-6.6%	4,902	-9.0%
2019	363	-1.1%	4,807	-1.9%
2020	341	-6.5%	3,856	-19.8%
2021	325	-4.7%	3,551	-7.9%
2022	315	-3.1%	3,193	-10.1%
Percent Change FY 2018 to 2022	NA	-14.2%	NA	-34.9%

Reviews of Waiver Programs by Regulatory Reviewers for FY 2018-22

Provider Type	FY 2018	FY 2019	FY 2020	FY 2021	FY2022
HCS	951	1,102	795	966	622
TxHmL	336	389	233	252	178
Totals	1,287	1,491	1,032	1,218	800

Note:

Reviews consist of all certification, intermittent and follow-up reviews, or visits by regulatory waiver survey and certification staff conducted FY 2022.

Comparisons to Other States

CMS Region VI (which includes Arkansas, Louisiana, New Mexico, Oklahoma, and Texas) for FY 2022, Texas accounts for:

- 65 percent of all active certified long-term care facilities and agencies
- 77 percent of certified home health agencies
- 72 percent of all certified NF immediate jeopardy enforcements

Nationwide, Texas accounts for:

- 17 percent of all certified HHAs
- 14 percent of all certified ICFs/IID
- 8 percent of all certified NFs
- 10 percent of all onsite hours in certified facilities and agencies
- 10 percent of all certified NF federal enforcement cases
- 14 percent of all certified NF immediate jeopardy enforcements

Overview of Enforcement Activities

Administrative Penalties

During FY 2022, HHSC imposed 742 administrative penalties against facilities and agencies, including:

- 112 against ALFs
- 8 against DAHS
- 527 against HCSSAs
- 72 against ICFs/IID
- 23 against NFs

Facility Referrals to the OAG

During FY 2022, HHSC referred the following facilities for injunctive/other relief and civil penalties:

- 14 unlicensed facilities

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:

- \$14,500.00 for the professional grade audio system in the facility's auditorium
- \$99,500.00 for renovating the interior aesthetics including a new lobby, therapy, dining area, café/ice cream bar as well as all common areas.

Denial of License

During FY 2022, HHSC denied initial and renewal applications for licensure for facilities and agencies, including:

- 3 ALFs
- 2 DAHS

- 28 HCSSAs

License Revocations

During FY 2022, HHSC revoked facility and agency licenses, including:

- 1 ALF
- 39 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 2022, 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 2022, 3 HCSSAs surrendered their licenses in lieu of further enforcement actions.

Vendor Holds

During FY 2022, HHSC placed zero waiver contracts on vendor hold.

Denial of Certification

During FY 2022, HHSC denied 9 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 2022, HHSC referred 14 unlicensed facilities for injunctive/other relief and civil penalties to the OAG.

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 2022 LTCR completed:

- 516 financial investigations resulting in \$813,327.84 in NF and ICF/IID resident refunds.
- 1,248 routine monitoring visits resulting in \$19,426,669.16 in NF and ICF/IID resident refunds.
- 136 change of ownership/closure audits resulting in \$3,930,227.55 in NF and ICF/IID resident refunds.

Nursing Facility Civil Money Penalties

The federal CMS or HHSC can impose a civil money penalty (CMP) for the number of days that a SNF or NF is not in substantial compliance with one or more of the conditions to participate in Medicare or Medicaid, or for each instance that a facility is not in substantial compliance - regardless of whether the deficiencies constitute immediate jeopardy. CMS or the state also can impose a CMP for the number of days of previous noncompliance since the last standard survey, including the number of days of immediate jeopardy.

Regulatory Penalty Receipts for FY 2018–22

Fiscal Year	Administrative Penalties Amount Received (All Facility Types)	Civil Money Penalties Amount Received (Nursing Facilities)
2018	\$793,348.00	\$8,218,224.00
2019	\$1,006,989.00	\$7,676,734.00
2020	\$1,100,483.00	\$6,527,754.00
2021	\$2,228,895.08	\$4,397,262.42
2022	\$2,597,868.62	\$2,771,924.75

Top 10 Rankings

Certification Deficiencies and Licensure Violations

Top 10 Violations Cited During Inspections for FY 2022: ALF

Rules for ALFs went through significant changes that were effective August 31, 2021. References to the prior year's rankings are not available.

1. **Facility Construction: Safety Operations: Fire Drills: 26 TAC §553.104(d)**
– The facility failed to conduct required fire drills and document fire drills on the required form.
2. **Adm Policy & Procedure Resident Assessment & Service Plan: 26 TAC §553.259(b)** – The facility failed to assess a resident, develop, approve, sign, or follow a service plan within the allowable time.
3. **Coordination of Care - Medications: 26 TAC §553.261(a)(1)(A)** – The facility failed to ensure that a licensed person or a trained, authorized, and delegated person administered medications according to physician's orders.
4. **Coordination of Care - Dietary Services: 26 TAC §553.261(e)(6)** – The facility failed to procure food from acceptable sources, or failed to handle food, subject to spoilage, as required.
5. **[TIED] Facility Employees: Misconduct Registry: 26 TAC §553.257(b)(2)**
– The facility failed to search the employee misconduct registry and nurse aide registry before hiring to determine if the individual is unemployable.
5. **[TIED] Rights-Resident Bill of Rights: 26 TAC §553.267(a) (3)(E)(ii)** – The facility failed to ensure each resident was free from abuse, neglect, and exploitation.
7. **Facility Construction: Safety Operations: Fire Alarm ITM Program: 26 TAC §553.104(g)(1)-(3)** – The facility failed to have a program to inspect, test, and maintain the fire alarm system and keep records of inspection, testing, and maintenance of the fire alarm system.
8. **Abuse, Neglect, or Exploitation Reportable to HHSC: 26 TAC §553.273(d)** – The facility failed to immediately make an oral report of alleged ANE or send a written report of the investigation to HHSC when required.

9. **Emergency Preparedness and Response: 26 TAC §553.275(b)** – The facility failed to conduct and document a risk assessment for potential emergencies or disasters.
10. **Facility Construction: Safety Operations: Fire Sprinkler ITM: 26 TAC §553.104(h)(4)-(7)** – The facility failed to inspect, test, and maintain fire sprinkler system components.

Top 10 Violations Cited During Inspections for FY 2022: DAHS

1. **Personal Safety/ General - Private Rooms: 26 TAC §559.42(c)(2)(J)** – The facility failed to provide sufficient, separate bedrooms for individuals who preferred privacy. (Not ranked in FY 2021)
2. **[TIED] Sanitation/Kitchen-Food Service Sanitation: 26 TAC § 559.43(b)(1)** - The facility failed to observe state requirements and local health ordinances relating to Texas food establishments. (Not ranked in FY 2021)
2. **[TIED] Emergency Preparedness & Response/Administration: 26 TAC §559.64(b)(3)** – 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. (Not ranked in FY 2021)
4. **Personal Safety/General-Outdoor Recreation Area: 26 TAC §559.42(c)(2)(L)** - The facility failed to provide a walled or fenced outdoor area G-34 that was directly accessible from the facility and was suitably furnished. (Ranked No. 5 in FY 2021)
5. **[TIED] Life Safety Code/Interpretations - Smoke Detection System: 26 TAC §559.42(b)(2)(F)(vi)** - The facility failed to have acceptable smoke detectors in the correct locations. (Ranked No. 1 in FY 2021)
5. **[TIED] Sanitation/General - Odors/Refuse/Hazards: 26 TAC §559.43(a)(7)** - The facility failed to keep the building clean and well maintained. (Not ranked in FY 2021)
7. **[TIE] Life Safety Code/Principles of NFPA for Day Care Centers: 26 TAC §559.42(b)(1)** - The facility failed to meet a requirement of the Life Safety Code that is not also listed in the licensing standards. (Ranked No. 7 in FY 2021)

7. **[TIE] Sanitation/General-Rest Room Facilities: 26 TAC §559.43(a)(8)** - The facility failed to provide adequate restrooms for men and women. (Not ranked in FY 2021)
9. **Life Safety Code/Interpretations - Fire Alarm Inspection: 26 TAC §559.42(b)(D)** -The facility failed to have a program to inspect, test, and maintain the fire alarm system at least once every six months. (Not ranked in FY 2021)
10. **[TIED] Life Safety Code/Interpretations - Fire Alarm & Smoke Detectors: 26 TAC §559.42(b)(2)(C)** – The facility failed to provide a fire alarm with manual pulls and smoke detectors in locations required by the Life Safety Code. (Not ranked in FY 2021)
10. **[TIED] Life Safety Code/Interpretations - Mixed Occupancies: 26 TAC §559.42(b)(2)(F)(i)** – The facility failed to maintain the fire separation wall between the facility and an occupancy with high piled combustible storage. (Ranked No. 2 in FY 2021)
10. **[TIED] Sanitation/General - Odor Ventilation: 26 TAC §559.43(a)(9)** - The facility failed to properly ventilate bathrooms or other areas used for soiled or unsanitary tasks. (Ranked No. 4 in FY 2021)

Top 10 Deficiencies Cited During Inspections for FY 2022: Home Health Agencies

1. **Responsible for All Day to Day Operations: 42 CFR 484.105 (b)(1)(ii), TAG 0948** - The agency's administrator failed to manage the day-to-day operations. (Ranked No. 2 in FY 2021)
2. **Plan of Care Must Include the Following: 42 CFR 484.60(a)(2)(i-xvi), TAG 0574** - 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. (Ranked No. 1 in FY 2021)

3. **Plan of Care: 42 CFR 484.60(a)(1), TAG 0572** - 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. (Ranked No. 3 in FY 2021)
4. **Performance improvement projects: 42 CFR 484.65(d), TAG 0658** – The HHA should have at least one performance improvement project either in development, on-going or completed each calendar year. (Ranked No. 6 in FY 2021)
5. **[TIED] Written Notice for Non-Covered Care: 42 CFR 484.50(c)(8), TAG 0442** - 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. (Tied for No. 5 in FY 2021)
5. **[TIED] A Review of All Current Medications: 42 CFR 484.55(c)(5), TAG 0536** - 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. (Tied for No. 5 in FY 2021)
7. **[TIED] Contact info Federal/State-funded entities: 42 CFR 484.50(c)(10)(i,ii,iii,iv,v), TAG 0446** – The agency failed to provide the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides. (Not ranked in FY 2021)
7. **[TIED] Coordination of Care: 42 CFR 484.60(d), TAG 0600** - The agency failed to enforce the agency's written policy regarding coordination of services and failed to ensure the effective exchange of information, reporting, and coordination of patient services among the physician and all agency personnel providing care and services. (Not ranked in FY 2021)
9. **[TIED] Visit Schedule: 42 CFR 484.60(e)(1), TAG 0614** - The agency failed with the visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA. (Not ranked in FY 2021)
9. **[TIED] Communication with all physicians: 42 CFR 484.60(d), TAG 0602** - The agency failed to assure communications with all physicians or allowed

practitioners involved in the initiation of the plan of care. (Not ranked in FY 2021)

9. **[TIED] 12 hours in-service every 12 months: 42 CFR 484.80(d), TAG 0774** – The agency failed to ensure that home health aides received at least 12 hours of in-service training during each 12-month period. (Not ranked in FY 2021)
9. **[TIED] Conformance with Physician Orders: 42 CFR 484.60(b), TAG 0578** - The agency failed standard conformance with physician orders. (Not ranked in FY 2021)

Top 10 Violations Cited During Inspections for FY 2022: HHA

1. **Quality Assessment/Performance Improvement - Level B: 26 TAC §558.287(a)(1)** - The agency failed to have, implement, and review a quality assessment and performance improvement program consistent with state requirements. (Ranked No. 1 in FY 2021)
2. **Self-Reported Incidents of Abuse, Neglect and Exploitation - Level B: 26 TAC §558.249(c)(1)-(2)** - 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. (Ranked No. 3 in FY 2021)
3. **Verify Employability/Use Unlicensed Personnel - Level B: 26 TAC §558.247(a)(5)(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. (Ranked No. 4 in FY 2021)
4. **Continuing Education in Agency Administrator - Level B: 26 TAC §558.260(a)** - 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. (Ranked No. 6 in FY 2021)
5. **Personal Assistance Services - Level A: 26 TAC §558.404(f)(2)** – 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. (Not ranked in FY 2021)

6. **Quality Assessment/Performance Improvement - Level B: 26 TAC §558.287(c)** - 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. (Ranked No. 7 in FY 2021)
7. **Agency Cooperation with a Survey: 26 TAC §558.507(a)** – The agency failed to consent to entry and survey by an HHSC (Health and Human Services Commission) surveyor to verify compliance with the statute or this chapter. (Ranked No. 9 in FY 2021)
8. **[TIED] Staffing Policies - Level B: 26 TAC §558.245(a)** - The agency failed to enforce staffing policies that governed all staff used by the agency, including employees, volunteers and contractors. (Ranked No. 8 in FY 2021)
8. **[TIED] Verify Employability/Use Unlicensed Personnel - Level B: 26 TAC §558.247(a)(3)** - 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. (Not ranked in FY 2021)
10. **Infection Control - Level B: 26 TAC §558.285(1)(B)** – The agency failed to have written policies to control infections and communicable diseases to ensure staff met certain Occupational Safety and Health Administration requirements. (Not ranked in FY 2021)

Top 10 Deficiencies Cited During Inspections for FY 2022: Hospice

1. **Plan of Care: 42 CFR 418.56(b), TAG 0543** - 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. (Ranked No. 1 in FY 2021)
2. **[TIED] Governing Body and Administrator: 42 CFR 418.100(b), TAG 0651** - 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. (Not Ranked in FY2021)

2. **[TIED] Clinical Records: 42 CFR 418.104, TAG 0671** - The hospice failed to ensure a clinical record containing past and current findings is maintained for each hospice patient. The clinical record must contain correct clinical information that is available to the patient's attending physician and hospice staff. The clinical record may be maintained electronically. (Not ranked in FY 2021)
4. **[TIED] Content of Plan of Care: 42 CFR 418.56(c)(4), TAG 0549** - The hospice failed to provide the patient with effective pain management by providing drugs and treatment necessary to meet the patient's needs. (Not ranked in FY 2021)
4. **[TIED] Timeframe For Completion of Assessment: 42 CFR 418.54(b), TAG 0523** – The IDT (Interdisciplinary Team) failed to complete the comprehensive assessment within five days as required. (Tied for No. 3 in FY 2021)
6. **Rights of the Patient: 42 CFR 418.52(c), TAG 0512** - The patient has the right: to receive effective pain management and symptom control from the hospice for conditions related to the terminal illness. (Not ranked in FY 2021)
7. **[TIED] Competency Evaluation: 42 CFR 418.76(c)(5), TAG 0619** - The hospice agency failed to demonstrate by documentation, that the competencies were successfully completed. (Ranked No. 2 in FY 2021)
7. **[TIED] Review of the Plan of Care: 42 CFR 418.56(d), TAG 0552** - 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. (Tied for No. 5 in FY 2021)
7. **[TIED] Content - Physician Orders: 42 CFR 418.104(a)(7), TAG 0678** - The hospice failed to ensure the clinical record contained correct clinical information for physician's orders available to the patient and hospice. (Tied for No. 5 in FY 2021)
7. **[TIED] Content of Plan of Care: 42 CFR 418.56(c), TAG 0545** - The hospice failed to develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions. (Not ranked in FY 2021)

Top 10 Violations Cited During Inspections in FY 2022: Hospice

1. **[TIED] Management Responsibility: Administrator - Level B: 26 TAC §558.243(b)(1)(A)** - The administrator failed to manage the daily operations of the agency. (Not ranked in FY 2021)
1. **[TIED] Hospice Plan of Care - Level B: 26 TAC §558.821(c)** - The agency failed to provide care and services according to the Interdisciplinary Team's written plan of care. (Ranked No. 1 in FY 2021)
3. **[TIED] Management Responsibility: Administrator - Level B: 26 TAC §558.243(b)(1)(D)** - The administrator failed to supervise to ensure implementation of agency policy and procedures. (Ranked No. 5 in FY 2021)
3. **[TIED] Self-Reported Incidents of Abuse, Neglect and Exploitation - Level B: 26 TAC §558.249(c)(1)-(2)** - 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 Texas Department of Family and Protective Services and to HHSC. (Ranked No. 3 in FY 2021)
3. **[TIED] Receipt of Physician Orders - Level A: 26 TAC §558.297** - The agency failed to enforce a written policy describing the procedures that its staff must follow when receiving physician orders. (Tied at No. 6 in FY 2021)
6. **Hospice Plan of Care - Level B: 26 TAC §558.821(b)** - The agency's IDT's plan of care failed to reflect the client and family's goals and interventions. (Not ranked in FY 2021)
7. **[TIED] Quality Assessment/Performance Improvement - Level B 26 TAC §558.287(a)(1)** – The agency failed to have, implement, and review a quality assessment and performance improvement program consistent with state requirements. (Not ranked in FY 2021)
7. **[TIED] Client Records - Level A: 26 TAC §558.301(a)(9)(E)** - The agency failed to have a current medication list in each client record as applicable to the services provided. (Not Ranked in FY2019)
7. **[TIED] Agency Cooperation with a Survey: 26 TAC §558.507(a)** - 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. (Not ranked in FY 2021)

10. **[TIED] Compliance: 26 TAC §558.222** - The agency failed to comply with state laws and rules to maintain licensure. (Not ranked in FY 2021)
10. **[TIED] Management Responsibility: Supervising nurse - Level B: 26 TAC §558.243(c)(2)(A)(iii)** – The supervising nurse or the alternate supervising nurse did not make sure that care was provided according to a client's needs as written in the plan of care or care plan. (Not ranked in FY 2021)
10. **[TIED] Personnel Requirements for a Survey - Level B: 26 TAC §558.523(e)** – 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. (Not ranked in FY 2021)

Top 10 Deficiencies Cited During Inspections for FY 2022: ICF/IID

1. **Governing Body: 42 CFR 483.410(a)(1), TAG 0104** - The governing body failed to provide operating direction over the facility's policies, procedures, and budget. (Ranked No. 4 in FY 2021)
2. **Qualified Intellectual Disability Professional: 42 CFR 483.430(a), TAG 0159** - The Qualified Intellectual Disability Professional failed to coordinate and monitor individuals' program plans. (Ranked No. 3 in FY 2021)
3. **Evacuation Drills: 42 CFR 483.470(i)(1), TAG 0440** - The facility failed to hold fire drills under varied conditions, at least quarterly for each shift of personnel. (Ranked No. 2 in FY 2021)
4. **Nursing Services: 42 CFR 483.460(c), TAG 0331** - The facility failed to provide nursing services in accordance with individuals' needs. (Ranked No. 6 in FY 2021)
5. **Infection Control: 42 CFR 483.470(I)(1), TAGS 0454** - The facility failed to maintain a program for prevention, control, and investigation of infections as well as provide a sanitary environment to avoid infections. (Ranked No. 1 in FY 2021)
6. **Drug Administration: 42 CFR 483.460(k)(2), TAG 0369** - The facility failed to ensure there were no medication errors. (Ranked No. 5 in FY 2021)

7. **Program Monitoring and Change: 42 CFR 483.440(f)(3)(i), TAG 0262** - The specially constituted committee failed to review, approve, and monitor individual program plans that include restrictive practices involving risks to client protections and rights. (Ranked No. 7 in FY 2021)
8. **Governing Body and Management: 42 CFR 483.410, TAG 0102** - The facility failed to ensure that specific governing body and management requirements are met. (Not ranked in FY 2021)
9. **[TIED] Program Implementation: 42 CFR 483.440(d)(1), TAG 0249** - The facility failed to implement continuous active treatment programs immediately after individuals' program plans were developed. (Not ranked in FY 2021)
9. **[TIED] Staff Treatment of Clients: 42 CFR 483.420(d)(1), TAG 0149** - The facility failed to develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. (Not ranked in FY 2021)

Top 10 Violations Cited During Inspections for FY 2022: ICF/IID - Life Safety Code

1. **Fire Alarm System - Testing and Maintenance: NFPA 101, TAG S345** - 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. (Ranked No. 2 in FY 2021)
2. **Corridor - Doors: National Fire Protection Association: NFPA 101, TAG S363** - The facility failed to comply with requirements related to corridor doors. (Ranked No. 3 in FY 2021)
3. **Utilities - Gas and Electric: NFPA 101, TAG S511** - The facility failed to comply with requirements for gas equipment, gas piping, or electrical wiring. (Ranked No. 1 in FY 2021)
4. **Sprinkler System - Maintenance and Testing: National Fire Protection Association: NFPA 101, TAG S353** - The facility failed to comply with requirements for testing, maintaining, and inspecting a sprinkler system. (Ranked No. 4 in FY 2021)
5. **Egress - Doors: NFPA 101, TAG S222** - The facility failed to comply with requirements for egress doors including latches or locks. (Ranked No. 5 in FY 2021)

6. **Smoking Regulations: NFPA 101, TAG S741** - 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. (Tied at No. 7 in FY 2021)
7. **Evacuation and Relocation Plan: NFPA 101, TAG S711** - 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. (Ranked No. 8 in FY 2021)
8. **Means of Egress - General: NFPA 101, TAG S211** - 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. (Tied at No. 7 in FY 2021)
9. **Fire Drills: NFPA 101, TAG S712** - The facility failed to comply with requirements for conducting fire drills or ensuring staff are familiar with the procedures. (Ranked No. 9 in FY 2021)
10. **Sprinkler System – Installation: NFPA 101, TAG S359** - All Impractical Evacuation Capability facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with 33.2.3.5.3. (Ranked No. 6 in FY 2021)

Top 10 Deficiencies Cited During Inspections for FY 2022: NF – Health

1. **Infection Prevention and Control: 42 CFR 483.80(a)(1)(2)(4)(e)(f), TAG 0880** - The facility failed to comply with requirements related to an infection prevention and control program. (Ranked No. 1 in FY 2021.)
2. **Food Procurement, Store/Prepare/Serve - Sanitary: 42 CFR 483.60(i)(1)(2), TAG 0812** - The facility failed to comply with certain requirements related to food sources, storage, and safe handling. (Ranked No. 2 in FY 2021.)
3. **Develop/Implement Comprehensive Care Plan: 42 CFR 483.21(b)(1), TAG 0656** - The facility failed to comply with certain requirements related to the development and implementation of a person-centered care plan. (Ranked No. 4 in FY 2021.)

4. **Label/Store Drugs and Biologicals: 42 CFR 483.45(g)(h)(1)(2), TAG 0761** – 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. (Ranked No. 6 FY 2021.)
5. **Resident Records - Identifiable Information: 42 CFR 483.20(f)(5); 483.70(i)(1)-(5), TAG 0842** - The facility failed to comply with resident-identifiable information and medical records requirements. (Ranked No. 3 in FY 2021.)
6. **Pharmacy Services/Procedures/Pharmacist/Records: 42 CFR 483.45(a)(b)(1)-(3), TAG 0755** - The facility failed to comply with requirements related to the provision of pharmaceutical services. (Ranked No. 7 in FY 2021.)
7. **Free of Accident Hazards/Supervision/Devices: 42 CFR 483.25(d)(1)(2), TAG 0689** - The facility failed to comply with accident prevention requirements. (Ranked No. 5 in FY 2021.)
8. **ADL Care Provided for Dependent Residents: 42 CFR 483.24(a)(2), TAG 0677** - 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. (Not Ranked in FY 2021)
9. **Quality of Care: 42 CFR 483.25, TAG 0684** - The facility failed to ensure that residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. (Ranked No. 10 in FY 2021.)
10. **Reporting of Alleged Violations: 42 CFR 483.12(c)(1)(4), TAG 0609** - Ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term. (Ranked No. 8 in FY 2021.)

Top 10 Deficiencies Cited During Inspections for FY 2022: NF – Life Safety Code

1. **Heating Ventilation and Air Conditioning: NFPA 101, TAG 0521** - The facility failed to comply with Life Safety Code requirements for heating, ventilation, and air conditioning systems. (Ranked No. 1 in FY 2021)
2. **Sprinkler System - Maintenance and Testing: NFPA 101, TAG 0353** - The facility failed to comply with requirements for testing, maintaining, and inspecting a sprinkler system or for retaining records related to the sprinkler system. (Ranked No. 2 in FY 2021)
3. **Subdivision of Building Spaces - Smoke Barrier Construction: NFPA 101, TAG 0372** - The facility failed to construct smoke barriers in accordance to certain Life Safety Code requirements or with the required resistance ratings. (Ranked No. 4 in FY 2021)
4. **Electrical Systems - Essential Electrical System Maintenance and Testing: NFPA 101, TAG 0918** - The facility failed to test and maintain the generator or alternate power source as required by the Health Care Facilities Code. (Ranked No. 3 in FY 2021)
5. **Hazardous Areas - Enclosure: NFPA 101, TAG 0321** - The facility failed to comply with requirements related to the protection of hazardous areas. (Ranked No. 6 in FY 2021)
6. **Cooking Facilities: NFPA 101, TAG 0324** - The facility failed to comply with requirements related to cooking facilities or cooking equipment. (Ranked No. 7 in FY 2021)
7. **Means of Egress - General: NFPA 101, TAG 0211** - The facility failed to comply with requirements for egress, including aisles, passageways, corridors, exit discharges, or exit locations. (Ranked No. 5 in FY 2021)
8. **Egress Doors: NFPA 101, TAG 0222** - The facility failed to comply with requirements for latches, locks, or special locking arrangements on egress doors. (Ranked No. 8 in FY 2021)
9. **Corridor - Doors: NFPA 101, TAG 0363** - The facility failed to comply with requirements related to corridor doors, including door construction and fire rating, means for keeping doors closed, clearance beneath doors, impediments

to closure of doors, use of roller latches, or construction and labeling of door frames. (Tied for No. 9 in FY 2021)

10. **Smoking Regulations: NFPA 101, TAG 0741** - 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. (Not ranked in FY 2021)

Principles

Top 10 Principles Cited During Reviews for FY 2022: HCS

1. **Timely ANE Documentation: 40 TAC §9.175(f)(4)** – The program provider failed to send HHSC the HHSC Notification to [WSC] Regarding an Investigations of [ANE] form within 14 calendar days of receiving the final investigation report. (Formerly §9.178(m)(2), ranked no. 3 in FY 2021)
2. **Critical Incident Reporting: 40 TAC §9.178(t)** - The 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 HCS Provider User Guide. (Formerly §9.178(y), ranked No. 1 in FY 2021)
3. **Access to Records: 40 TAC §9.178(g)** – The program provider failed to make available all records, reports, and other information related to the delivery of HCS Program services and Community First Choice services as requested by HHSC, other authorized agencies, or the Centers for Medicare and Medicaid Services (CMS) and deliver such items, as requested, to a specified location. (Ranked No. 2 in FY 2021)
4. **Nursing-Monitoring Medications: 40 TAC §9.174(a)(31)(B)** - The program provider failed to ensure monitoring of medications. (Ranked No. 5 in FY 2021)
5. **Staff Training: 40 TAC §9.177(d)(1)** – The program provider failed to conduct initial and periodic training to ensure staff members and service providers are qualified to deliver services as required by the current needs and characteristics of the individuals to whom they deliver services, including the use of restraint. (Formerly §9.177(d)(1)(A), ranked no. 4 in FY 2021)
6. **Service Delivery: 40 TAC 9.174(a)(3)** – The program provider failed to provide HCS Program or CFC services timely and as needed. (Not ranked in FY 2021)

7. **Rights of Individuals: 40 TAC 9.173(b)(28)** – The program provider failed to have service providers responsive to the individual while maintain the overall function of the HCS program. (Not ranked in FY 2021)
8. **Timely Notification of ANE Findings: 40 TAC 9.175(f)(3)** – The program provider failed to provide timely notification of individuals/LARs of ANE investigation findings, actions taken by provider, the appeal process, and the process of requesting a copy of the final report. (Not ranked in FY 2021)
9. **Nursing-Comprehensive Assessments: 40 TAC §9.174(a)(31)(J)(ii)** - The program provider failed to ensure the RN performed comprehensive assessments of individuals. (Ranked No. 7 in FY 2021)
10. **Share with Service Coordinator: 40 TAC §9.178(c)(2)** - The program provider failed to ensure that the service coordinator was provided with a copy of the results of the on-site inspection within five calendar days after completing the inspection. (Ranked No. 9 in FY 2021)

Top 10 Principles Cited During Reviews for FY 2022: TxHmL

1. **Data Entry: 40 TAC §9.580(n)** – The 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 TxHmL Provider User Guide. (Ranked No. 1 in FY 2021)
2. **TxHmL Services Provided: 40 TAC §9.578(d)(1)** - The program provider failed to provide Texas Home Living Program Services in accordance with an individual's Person Directed Plan, Individual Plan of Care, Transportation Plan, and Appendix C of the Texas Home Living Program Waiver Application. (Ranked No. 3 in FY 2021)
3. **Provision of Information: 40 TAC §9.580(a)(21)** – The program provider failed to obtain acknowledgement, signed by the individual or LAR, program provider staff, and a third-party witness, that individuals or LARs were provided with information related to the provider's responsibilities to the individual. (Ranked No. 9 in FY 2021)
4. **Provision of Program Info: 40 TAC 9.580(a)(20)(A)** – The program provider failed to inform the individual/LAR of program requirements at the time of enrollment. (Not ranked in FY 2021)

5. **Access to Records: 40 TAC 9.580(b)** – The program provider failed to make records, reports, and other information related to delivery of services available to HHS, CMS, or other authorized agencies. (Not ranked in FY 2021)
6. **Document Identified Outcomes: 40 TAC §9.578(f)** – The program provider failed to ensure that an individual's progress or lack of progress toward achieving the individual's identified outcomes is documented in observable, measurable terms that directly relate to the specific outcome addressed, and that such documentation is available for review by the service coordinator. (Ranked No. 2 in FY 2021)
7. **Provide Progress Updates: 40 TAC 9.580(a)(12)** – The program provider failed to regularly inform the individual/LAR of the individuals progress related to implementation of the PDP. (Not ranked in FY 2021).
8. **Transportation Plans: 40 TAC §9.578(c)(2)(B)** – The program provider failed to develop a transportation plan, when transportation as a community support activity was included on the PDP. (Ranked No. 8 in FY 2021)
9. **No Nursing on Plan of Care: 40 TAC §9.578(q)(1)** – The program provider failed to determine that an individual did not require a nursing assessment when nursing services were not on the individual's plan of care and the program provider determined that no nursing task would be performed by unlicensed service providers. (Ranked No. 10 in FY 2021)
10. All other principles cited during this period were cited an equal number of times.

Informal Dispute Resolutions for Fiscal Year 2022

		Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total	Monthly Average
NF	# Cases Received	13	25	18	13	15	12	15	13	19	18	10	8	179	14.9
	# Cases Withdrawn/Denied	1	5	2	5	3	3	5	0	3	0	1	5	33	2.8
	# Cases Reviewed	10	22	22	14	13	10	14	15	8	24	12	14	178	14.8
	% Completed Timely	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%
	# Cases Amended	6	9	7	7	6	4	5	8	4	7	2	4	69	5.8
	% Cases Amended	60%	41%	32%	50%	46%	40%	36%	53%	50%	29%	17%	29%	N/A	40%
	<i># Cases Amended/Rejected post IDR***</i>	0	1	0	2	0	0	1	0	0	0	0	0	4	0.3
	# Citations Reviewed	37	51	86	45	42	32	32	50	22	50	34	50	531	44.3
	# Citations Deleted	9	8	15	8	11	5	2	7	6	7	7	8	93	7.8
	# Citations Partially Deleted	2	4	2	6	0	0	4	7	0	4	0	0	29	2.4
	# Severity/Scope Changed*	2	3	4	2	2	4	4	2	2	2	0	0	27	2.3
	# Citations Moved**	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	# Citations Unchanged	24	36	65	29	29	23	22	34	14	37	27	42	382	31.8
	% Citations Amended	35%	29%	24%	36%	31%	28%	31%	32%	36%	26%	21%	16%	N/A	29%
ALF	# Cases Received	2	2	3	1	3	2	3	1	2	5	1	2	27	2.3
	# Cases Withdrawn/Denied	1	1	0	0	1	0	2	2	0	0	1	0	8	0.7
	# Cases Reviewed	3	4	0	4	2	2	3	2	0	0	7	1	28	2.3
	% Completed Timely	100%	100%	N/A	100%	100%	100%	100%	100%	N/A	N/A	100%	100%	N/A	100%
	# Cases Amended	1	1	0	2	0	1	2	1	0	0	2	1	11	0.9
	% Cases Amended	33%	25%	N/A	50%	0%	50%	67%	50%	N/A	N/A	29%	100%	N/A	N/A
	<i># Cases Amended/Rejected post IDR***</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	# Citations Reviewed	3	5	0	7	2	5	13	3	0	0	13	2	53	4.4
	# Citations Deleted	1	0	0	2	0	1	2	0	0	0	1	0	7	0.6
	# Citations Partially Deleted	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	# Severity/Scope Changed*	0	1	0	0	0	0	0	1	0	0	1	0	3	0.3
	# Citations Moved**	0	0	0	0	0	0	0	0	0	0	0	1	1	0.1
	# Citations Unchanged	2	4	0	5	2	4	11	2	0	0	11	1	42	3.5
	% Citations Amended	33%	20%	N/A	29%	0%	20%	15%	33%	N/A	N/A	15%	50%	N/A	24%
	# Cases Received	3	3	1	0	0	1	2	0	1	2	2	1	16	1.3

		Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total	Monthly Average
ICF/IID	# Cases Withdrawn/Denied	0	0	1	0	1	1	0	0	0	0	0	0	3	0.3
	# Cases Reviewed	1	4	2	0	0	0	2	1	0	3	1	2	16	1.3
	% Completed Timely	100%	100%	100%	N/A	N/A	N/A	100%	100%	N/A	100%	100%	100%	N/A	100%
	# Cases Amended	0	1	0	0	0	0	1	1	0	0	1	2	6	0.5
	% Cases Amended	0%	25%	0%	N/A	N/A	N/A	50%	100%	N/A	0%	100%	100%	38%	N/A
	# Cases Amended/Rejected post IDR***	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	# Citations Reviewed	6	13	8	0	0	0	2	5	0	7	10	13	64	5.3
	# Citations Deleted	0	2	0	0	0	0	1	3	0	0	0	2	8	0.7
	# Citations Partially Deleted	0	0	0	0	0	0	0	1	0	0	3	7	11	0.9
	# Severity/Scope Changed*	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	# Citations Moved**	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	# Citations Unchanged	6	11	8	0	0	0	1	1	0	7	7	4	45	3.8
	% Citations Amended	0%	15%	0%	N/A	N/A	N/A	50%	80%	N/A	0%	30%	69%	N/A	31%
Totals	# Cases Received	18	30	22	14	18	15	20	14	22	25	13	11	222	18.5
	# Cases Withdrawn/Denied	2	6	3	5	5	4	7	2	3	0	2	5	44	3.7
	# Cases Reviewed	14	30	24	18	15	12	19	18	8	27	20	17	222	18.5
	% Completed Timely	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	# Cases Amended	7	11	7	9	6	5	8	11	4	7	5	7	87	7.3
	% Cases Amended	50%	37%	29%	50%	40%	42%	42%	61%	50%	26%	25%	41%	N/A	N/A
	# Cases Amended/Rejected post IDR***	0	1	0	2	0	0	1	0	0	0	0	0	4	0.3
	# Citations Reviewed	46	69	94	52	44	37	47	58	22	57	57	65	648	54.0
	# Citations Deleted	10	10	15	10	11	6	5	10	6	7	8	10	108	9.0
	# Citations Partially Deleted	2	4	2	6	0	0	4	8	0	4	3	7	40	3.3
	# Severity/Scope Changed*	2	4	4	2	2	4	4	3	2	2	1	0	30	2.5
	# Citations Moved**	0	0	0	0	0	0	0	0	0	0	0	1	1	0.1
	# Citations Unchanged	32	51	73	34	31	27	34	37	14	44	45	47	469	39.1
	% Citations Amended	30%	26%	22%	35%	30%	27%	28%	36%	36%	23%	21%	28%	N/A	N/A

Notes:

*This outcome 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.

**This outcome represents tags that were moved from one regulatory requirement to another to reflect the appropriate citation.

***This outcome 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) 2022.

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, HHSC 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

HHSC did not recommend vendor hold for any HCS in FY 2022.

TxHmL Vendor Holds

HHSC did not recommend vendor hold for any TxHmL in FY 2022.

HCS Denials of Certification

Waiver Contract Area	Waiver Contract City	Contract Number	Contract	Visit Exit Date
2	ADDISON	1008997	4 CORNERS RESIDENTIAL SERVICES	10/29/2021
2	ARLINGTON	1008239	AND FAITHFUL	12/24/2021
2	ARLINGTON	1008926	PATS' PLACE HCS	11/15/2021
2	HOUSTON	1009213	A TAP INC	11/10/2021
3	ADDISON	1008998	4 CORNERS RESIDENTIAL SERVICES	11/10/2021
3	GRAND PRAIRIE	1021523	ABOVE & BEYOND HEALTHCARE SERVICE	06/29/2022
3	IRVING	1022104	STEPHENS COMMUNITY LIVING HCS	07/01/2022
3	RICHARDSON	1022039	1 GUARDIAN ANGELS SERVICES	07/29/2022
4	ADDISON	1008999	4 CORNERS RESIDENTIAL SERVICES	11/10/2021

9 total HCS decertifications.

TxHmL Denial of Certifications

HHSC did not recommend denial of certification for any TxHmL in FY 2022.

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	401	NA
TxHmL	5	NA
Total	406	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 October 2022, LTCR continues working on processes to capture this data in Salesforce.