

Regulatory Services Annual Report

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

**Texas Health and Human Services
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TEXAS
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Executive Summary

The Texas 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.

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

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

LTCR worked with the 88th Legislature to address 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.

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

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

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

Introduction

The LTCR department's mission is to protect the health and safety of the more than 1 million older Texans and those with disabilities who need services and supports. LTCR continues fulfilling these critical functions in a state with a rapidly growing older population by regularly evaluating the best approaches to address resource needs, including resolving workload backlogs 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
- Follow-up visits to ensure compliance with health and safety requirements
- Enforcement actions
- Other contacts required for carrying out state and federal licensure or certification responsibilities, such as telephone monitoring
- Investigating allegations of abuse, neglect, and exploitation involving individuals receiving long-term care (LTC) services

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

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

- Texas Home Living (TxHmL) waiver providers (state-certified, exempt from licensure)

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

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

Background

According to the U.S. Census Bureau, per the 2020 Census there were nearly 3.8 million people in Texas age 65 and older that made up approximately 13.1 percent of the total Texas population of 29.1 million. The Texas Demographic Center projects that this group will be one of the fastest growing in Texas and by 2050, this group is expected to grow to 7.3 million. (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 aged 65 and older will make up 17.4 percent of the total Texas population. According to a demographer with the U.S. Census Bureau, "The aging of baby boomers means that within just a couple decades, older people are projected to outnumber children for the first time in U.S. history." As the older adult population increases, Texas will need more health and human services and supports for older residents, their caregivers, and communities (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 aged 60 and older. The remaining 17 percent of the older adult population lives in 177 rural counties. Sixty-eight rural counties have a population density of less than seven people per square mile; less than 1 percent of Texans aged 60 and older live in these less densely populated counties. (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 aged 85 and older. In 2010, the population aged 85 and older was 305,000; by 2050, it is expected to increase to 1.6 million, an increase of over 400 percent. This segment of the population will increase from 1.2 percent to 2.8 percent of the total state population. Rates of disability and serious chronic illness tend to increase with age. This rapid increase in the number of the oldest people is expected to increase the need for long-term services and supports. (Source: Texas Demographic Center, "Aging in Texas").

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 2023, the overall number of NF complaints decreased 3 percent from FY 2022 (12,411 to 12,034), while the number of incidents increased 5.4 percent in the same period (21,342 to 22,491).

For ALFs, the number of both complaints and incidents decreased. ALF complaints decreased 7.1 percent from FY 2022 (3,267 to 3,034), and incidents decreased 41.6 percent from FY 2022 (6,049 to 3,532). LTCR notes this significant decrease in incidents, which facilities are required to report, and is assessing what might be the cause of it.

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 total number of facility contacts and visits decreased slightly by 1.7 percent (456 visits) in FY 2023 (26,411 visits) from FY 2019 (26,867 visits). While visits to NFs increased by 26.2 percent (3,273 visits), visits to other providers decreased. In FY 2023, LTCR made 15,784 NF visits (12,511 in FY 2019); 3,318 ICF/IID visits (3,597 in FY 2019); 3,121 ALF visits (5,403 in FY 2019); 427 DAHS visits (1,040 in FY 2019); and 3,133 HCSSA visits (4,166 in FY 2019).

Number of Visits and Contacts to LTC Facilities and Agencies by LTCR Surveyors FY 2019 and 2022

Program	FY 2019	FY 2023
Nursing Facilities	12,511	15,784
Assisted Living Facilities	5,403	3,121
HCSSAs	4,166	3,133
ICF/IID	3,597	3,318
DAHS	1,040	427

Facility Capacity and Occupancy

Along with the aging population, Texas has seen an increasing need for long-term care services, particularly for ALFs. The number of ALFs has stayed the same since 2019; however, the number of beds in these ALFs increased by 7.6 percent (75,903 to 81,718). Over this same timeframe, NFs, ICFs/IID, and traditional DAHS facilities have decreased (2.1 percent, 4.8 percent, and 10 percent, respectively). HHSC licensed its first PPECC facility in 2018 and now has nine licensed PPECC facilities serving children with acute medical needs.

ALFs continue to be the fastest-growing segment of long-term care in Texas. In FY 2023, Texas had 2,003 ALFs (81,718 beds) compared to 2,003 ALFs (75,903 beds) in FY 2019. This trend reflects the fact that more consumers are choosing ALFs as an alternative to NF care, in part because residents might need assistance with activities of daily living but not the continual access to medical care that NFs provide. The increase in ALF beds also is likely a function of providers obtaining ALF licenses to care for very diverse populations, including residents with higher medical needs than those historically served in this program.

In January 2023, LTCR implemented a new license for Individualized Skills and Socialization providers, who operate under a DAHS license. These new licensees drove a notable increase in DAHS licenses by 747 licenses. More information about the implementation of this program is found further in this report.

In FY 2023, the occupancy rate for ICFs/IID was 63 percent. When the occupancy data for ICFs/IID is broken down between the state-operated state supported living centers (SSLCs) versus private and community-based facilities, SSLCs have a much lower occupancy rate (42.6 percent compared to 87.9 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. However, the occupancy from 2021 to 2023 did increase from 78.8 percent to 87.9 percent.

NFs have seen a steady decrease in occupancy since FY 2019, from 67.4 percent to 63 percent in FY 2023. NF occupancy also saw a notable decrease in FY 2020 (57.1%) and FY 2021 (56.2%). The pandemic likely affected occupancy over that year due to the number of residents admitted to hospitals, as well as those who declined to move into a NF or died due to COVID-19.

HHSC has also seen growth of 17.3 percent in the number of HCSSA licenses since 2019 – from 6,253 that year to 7,737 in 2023. This might have affected the number of licenses issued and occupancy of the beds associated with those facility licenses, as more individuals were likely receiving care at home.

Enforcement Data

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

In FY 2023, the state enforcement data in TULIP shows HHSC assessed:

- NFs, 37 administrative penalties in the amount of \$506,990;
- ALFs, 79 administrative penalties in the amount of \$171,522;
- ICFs, 61 administrative penalties in the amount of \$275,150;

Credentialing Data

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

In FY 2019, there were 9,724 active aides on the medication aide registry; in FY 2023, there were 8,892 medication aides (a decrease of 832, or 8.5 percent).

In FY 2019, there were 113,881 certified nurse aides on the registry; in FY 2023 there were 127,418 certified nurse aides, (an increase of 13,537, or 11.9 percent).

The number of nursing facility administrators decreased from 2,205 in FY 2021 to 2,011 in FY 2023 representing 8.8 percent. The initial decrease in nursing facility administrators in FY 2022 was directly related to the new TULIP credentialing system which was implemented in February 2022. This online application and licensing system had IT complications that extended beyond the end of the fiscal year. In response, HHSC provided a grace period for administrators that allowed those whose licenses were active during February 2022 to be remain active with an expired license until the new system is functional and renewal applications can be submitted. HHSC communicated the grace period by issuing a provider letter (PL 2022-20). HHSC IT is continuing to resolve these problems, and from fiscal years 2022 to 2023, TULIP has stabilized. As a result, the number of licensed nursing facility administrators has increased by 12 percent.

In July 2023, HHSC added certified nurse aides, medication aides, and nurse aide training and competency evaluation programs to TULIP, which experienced similar IT problems. HHSC provided an initial grace period that extended until April 30, 2024, and issued an alert via gov delivery to let aides know.

Some of the initial decrease in the number of active medication aides could be related to waivers initiated during the pandemic that allowed these individuals to delay renewal of their certification during FY 2022. However, the number of medication aides have increased during FY 2023.

The number of certified nurse aides increased to a number above pre-pandemic levels. 16,340 nurse aides were added to the registry in FY 2022 which is roughly equivalent to that of the 16,097 nurse aides added in FY 2019. However, the number of nurse aides decreased in FY 2023 by 14,194 based on the issues related to TULIP.

Improvement Initiatives and Projects

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

Reforms to Waiver Survey Process

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

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

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

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

Implementing House Bill 4696

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

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

After HB 4696 is fully implemented, HHSC will generate a single intake to be investigated by one surveyor, who will be fully cross trained to investigate both the ANE allegation and assess the provider’s regulatory compliance. This also allows for the same surveyor to systematically review a provider’s ANE policies and practices to ensure they protect consumers, in addition to focusing on an employees’ actions related to an incident of ANE.

Investigating ANE and program regulatory compliance during a single visit allows for strengthened enforcement remedies for regulatory noncompliance, including terminating a provider’s ability to provide services in serious situations. Finally, managing ANE investigations will be more efficient with the use of only one data system that can generate real-time data for strategic planning, including assigning and tracking of investigations.

This legislation will be fully implemented upon adoption of the associated rules.

Program Manager Review

As part of an ongoing effort to increase efficiency and consistency across the state and to provide guidance to management, an LTCR management review team interviewed new and tenured program managers in all eight regions across nearly all long-term care programs. Program managers serve a critical role over the day-

to-day operations in the field, as well as serve as liaisons between survey teams, the assistant regional directors, and regional directors. LTCR leadership work to ensure program managers have the tools and resources they need to carry out their many responsibilities.

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

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

LTCR Recruitment and Retention

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

LTCR worked with HHSC Communications to improve the LTCR recruitment webpage, including producing and publishing videos of LTCR surveyors and investigators in the field; links to apply to jobs; and an email inbox for potential applicants to ask LTCR about vacant positions. HHSC Communications also developed a realistic job preview video for potential applicants and posted recruitment ads to social media in three regions throughout 2023. These ads included a 30-second video highlighting the benefits of working as a surveyor or investigator.

Other initiatives included:

- Revising all LTCR job descriptions with plain language and highlighting the rewards of working in long-term care and the excellent state benefits associated with these positions.
- Coordinating monthly with HHSC Human Resources (HR) on recruitment efforts such as attendance at job fairs statewide and promotion of LTCR job

postings via social media and targeted ads in publications such as the Board of Nursing's magazine.

- Coordinating with HR to establish market pay rates to be more competitive with the private sector for the following classifications:
 - ▶ Nurses
 - ▶ Nutritionists
 - ▶ Social Services Surveyors
 - ▶ Inspectors
 - ▶ Engineers
 - ▶ Architects

Initiatives related to staff retention include:

- Establishing weekend-only surveyor positions (Friday to Monday) to offer staff additional schedule flexibility and retain staff not wanting to work a full week;
- Improving staff trainings and leadership development, including the launch of the LTCR Leadership Academy and the Regional Leadership Program. The seven members of the academy's first class graduated in December 2022 after developing and presenting process improvement ideas to enhance LTCR's quality, consistency, efficiency, and accountability; and
- Strengthening internal communications and promoting consistency 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.

Individualized Skills and Socialization

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

HHSC began accepting initial applications for this new program on December 1, 2022.

LTCR worked with other HHSC divisions to fully implement this program in 2023. This included developing a regulatory process related to licensure, surveys, complaint and incident intake, and enforcement. As of December 2023, LTCR was regulating 737 providers of Individualized Skills and Socialization services statewide. LTCR continues to provide communication and guidance on the licensure and survey processes through updates to the HHSC websites, presentations at conferences and provider meetings, and outreach to individual providers.

LTCR also implemented a “hold harmless” period for all regulatory requirements for these new providers from January 1 through August 31, 2023. During this time, although a provider could be cited for regulatory violations during a survey, no enforcement actions would be taken for failure to comply with health and safety requirements. As of September 1, 2023, this hold harmless period was continued only for the requirement to provide off-site services, which is continuing until March 31, 2024, and is based on the HHSC Medicaid division’s implementation plan with CMS.

Texas Unified Licensure Information Portal (TULIP)

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

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

The TULIP credentialing module for CNAs, MAs, and nurse aide training and competency evaluation programs (NATCEP) was implemented July 2023. This implementation also experienced multiple issues, including delays with registrations and the submission of applications for licensure or certification. Since this affected so many of these professionals, HHSC granted a grace period allowing those who

had an active license in June 2023 to remain active until April 30, 2024. This should provide time for HHSC IT to continue correcting issues, for individuals to submit applications, and for LTCR to process these applications in a timely and efficient manner.

HHSC continues to evaluate ways to improve the licensure process to ensure a steady pipeline of qualified staff is available to meet the needs of nursing facilities. Additionally, rule development is in process.

Assisted Living Facility 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 executed 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 to collect the information required by the rider to assess resident quality of care in ALFs. This report was submitted to the Legislature in April 2023.

Authority for CNA Fingerprint Checks

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

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

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

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

Nurse Aide Training and Competency Evaluation Programs (NATCEP) Oversight

On October 1, 2023, LTCR transitioned the NATCEP survey function from its regions to LTCR Licensing and Credentialing at state office, with the goal of improving oversight and increasing efficiency.

As part of this transition, LTCR created a new policy and procedure that included the development of a survey entrance conference worksheet, an equipment checklist, and a minimum question set for interviews with NATCEP directors. These process reforms were communicated to NATCEPs through provider letter (PL 2023-16).

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 within LTCR and other areas of the agency to assist providers in their path toward continual improvement. Texas continues to make significant strides on key quality measures, including a major reduction in the inappropriate use of antipsychotic medications in NFs, which HHSC believes it is vital to maintain this momentum.

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

List of Acronyms

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

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

Appendix A. Overview of Complaint and Incident Intakes

Complaints

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

Incidents

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

Priority Assignment

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

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

These timeframes begin upon receipt of any report to CII.

Immediate Jeopardy

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

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

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

Facility 14-Day (all provider types except HCSSAs)

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

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

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

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

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

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

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

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

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

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

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

Non-Immediate Jeopardy

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

Next On-Site (applies to all provider types)

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

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

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

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

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

Professional Review

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

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

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

Regional Off-Site Review

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

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

Financial (Medicaid-certified only)

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

Withdrawn

A complaint report filed with CII is withdrawn at the request of the complainant, except when harm to a resident 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) 2023.

Administrative Penalties

Basis for Imposing

HHSC can assess an administrative penalty against a person who:

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

Imposed

An action can be recommended by:

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

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

Assessed

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

Injunctive/Other Relief and Civil Penalty Referrals

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

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

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

Amelioration of Violations

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

Trusteeships

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

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

Emergency Suspension and Closing Orders

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

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

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

Denial of License

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

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

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

Revocation of License

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

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

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

ALF Facility Administrative Penalties

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
01	AMARILLO	050721	BROOKDALE MEDI PARK WEST	10/16/22	\$2,250.00	12/16/22		\$0.00
01	BROWNFIELD	030026	COTTAGE VILLAGE	12/08/22	\$3,750.00	03/01/23		\$0.00
01	LUBBOCK	030082	WEDGEWOOD SOUTH	09/30/22	\$3,000.00	11/21/22		\$0.00
02	ABILENE	030102	LYNDALE AT ABILENE	03/30/23	\$1,000.00	07/31/23		\$0.00
02	EL PASO	107243	VILLAS DEL SOL ASSISTED LIVING LLC	08/19/22	\$625.00	11/23/22		\$0.00
02	GRANBURY	000569	THE OAKS OF GRANBURY	06/21/22	\$500.00	11/23/22		\$0.00
02	GRANBURY	000569	THE OAKS OF GRANBURY	05/26/23	\$2,750.00	08/16/23		\$0.00
02	WEATHERFORD	110265	WEST FORK OF WEATHERFORD	08/26/22	\$3,000.00	11/23/22		\$0.00
03	ALLEN	106459	THE HERITAGE AT TWIN CREEKS	08/30/22	\$350.00	01/03/23		\$0.00
03	ALLEN	106459	THE HERITAGE AT TWIN CREEKS	09/14/22	\$3,100.00	02/06/23		\$0.00
03	ALLEN	110370	AVALON MEMORY CARE	01/06/23	\$2,250.00	03/27/23		\$0.00
03	ARLINGTON	050057	COMPASSION OF FAITH	08/23/22	\$550.00	01/18/23		\$0.00
03	DALLAS	101550	EVERGREEN ASSISTED LIVING LLC	08/31/21	\$10,000.00	12/02/22		\$10,000.00
03	DENTON	106583	ANTHOLOGY OF DENTON	10/01/21	\$6,000.00	11/14/22		\$0.00
03	DESOTO	103317	A COMPASSIONATE ASSISTED LIVING LLC	01/20/23	\$3,000.00	07/12/23		\$3,000.00
03	FLOWER MOUND	105287	ROSEWOOD ASSISTED LIVING AND MEMORY CARE	08/03/22	\$2,250.00	02/15/23		\$0.00
03	FORT WORTH	104331	AUTUMN LEAVES OF CITYVIEW	10/25/22	\$3,750.00	01/23/23		\$0.00
03	GRAND PRAIRIE	110332	MAYBERRY GARDENS GRAND PRAIRIE BUILDING 2	09/15/22	\$250.00	02/08/23		\$0.00
03	GRAND PRAIRIE	106040	OXFORD GLEN AT GRAND PRAIRIE	11/03/22	\$2,250.00	01/30/23		\$0.00
03	LANCASTER	050536	MAGNOLIA SENIOR LIVING	09/01/21	\$5,000.00	10/14/22		\$5,000.00
03	LANCASTER	050536	A COMPASSIONATE ASSISTED LIVING 2	01/03/22	\$600.00	12/05/22		\$600.00
03	MCKINNEY	106597	CASTLERIDGE SENIOR LIVING LLC	08/25/22	\$3,750.00	10/10/22		\$0.00
03	MCKINNEY	103912	AVALON MEMORY CARE	10/26/22	\$3,000.00	01/09/23		\$0.00
03	SACHSE	107033	MUSTANG CREEK ESTATES SACHSE HOUSE A	01/18/23	\$2,250.00	03/27/23		\$0.00
03	SHERMAN	030070	BROOKDALE WILLOWS SHERMAN	09/12/22	\$3,000.00	12/12/22		\$0.00

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
03	SOUTHLAKE	106942	HARBORCHASE OF SOUTHLAKE	11/29/22	\$2,250.00	01/30/23		\$0.00
03	WYLIE	110104	NEW HAVEN ASSISTED LIVING OF WYLIE LLC	10/07/22	\$2,750.00	02/08/23		\$0.00
04	BEAUMONT	000418	SERENITY ASSISTED CARE LIVING	09/05/22	\$3,000.00	12/05/22		\$0.00
04	BEAUMONT	105185	PELICAN BAY	10/31/22	\$3,200.00	01/17/23		\$0.00
04	GREENVILLE	000986	HARRISON HOUSE	06/23/23	\$2,250.00	08/28/23		\$0.00
04	HAWKINS	010219	THE GARDENS AT HAWKINS ALC	09/21/22	\$2,250.00	01/09/23		\$0.00
04	JACKSONVILLE	000990	ANGELINA HOUSE	10/05/22	\$2,250.00	01/03/23		\$0.00
04	LUFKIN	107217	PINNACLE SENIOR LIVING OF LUFKIN	08/01/22	\$2,250.00	09/26/22		\$0.00
04	NAPLES	103419	BLUEBONNET ELITE ASSISTED LIVING	05/25/22	\$3,000.00	10/14/22		\$3,000.00
04	PORT ARTHUR	000480	ROSE PLACE	07/01/22	\$2,250.00	12/12/22		\$0.00
04	WEST MINEOLA	105574	AUTUMN WIND ASSISTED LIVING	03/24/23	\$2,350.00	05/22/23		\$0.00
05	AUSTIN	100113	GRACE HOUSE ASSISTED LIVING	06/13/22	\$3,750.00	10/14/22		\$0.00
05	BURLESON	106615	MUSTANG CREEK ESTATES BURLESON HOUSE A	02/01/23	\$3,000.00	05/08/23		\$0.00
05	CLEBURNE	106182	BRISTOL PARK AT CLEBURNE	03/02/23	\$350.00	07/03/23		\$0.00
05	COLLEGE STATION	110307	PEACH CREEK ALF #1 LLC	03/16/23	\$4,250.00	06/05/23		\$0.00
05	COLLEGE STATION	000727	THE WATERFORD AT COLLEGE STATION	05/17/23	\$1,000.00	08/30/23		\$0.00
05	HEWITT	104810	HEWITT A.L. LLC STONEY BROOK OF HEWITT	05/01/23	\$3,500.00	08/14/23		\$0.00
05	MIDLOTHIAN	110315	LEGACY OAKS OF MIDLOTHIAN	08/04/22	\$2,250.00	09/26/22		\$0.00
05	PFLUGERVILLE	106829	SPANISH OAK ASSISTED LIVING LLC	03/31/23	\$3,000.00	06/07/23		\$0.00
05	ROUND ROCK	107093	FAMILY TREE ASSITED LIVING	01/01/23	\$3,000.00	05/08/23		\$3,000.00
05	ROUND ROCK	107093	FAMILY TREE ASSITED LIVING	01/01/23	\$3,000.00	05/08/23		\$3,000.00
05	TAYLOR	101695	SPJST ASSISTED LIVING FACILITY	02/09/23	\$3,750.00	06/21/23		\$0.00
05	TEMPLE	030135	GARDEN ESTATES OF TEMPLE ASSISTED LIVING COMMUNITY	11/03/22	\$2,250.00	01/18/23		\$0.00
06	BAYTOWN	030041	THE WATERFORD AT BAYTOWN	10/01/22	\$3,000.00	01/18/23		\$0.00
06	BAYTOWN	030032	THE WATERFORD AT BAYTOWN	10/01/22	\$6,750.00	01/24/23		\$0.00

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
06	CONROE	105730	BRISTOL PARK AT CONROE	12/14/22	\$6,250.00	06/05/23		\$0.00
06	HOUSTON	102048	JOYFUL HOMES III	04/13/22	\$7,500.00	11/15/22		\$7,500.00
06	HOUSTON	010308	COLONIAL OAKS AT WESTCHASE	06/28/22	\$6,000.00	11/14/22		\$0.00
06	HOUSTON	000823	SPARROW ASSISTED LIVING	08/10/22	\$2,250.00	01/03/23		\$0.00
06	HOUSTON	101894	UNIVERSAL ASSISTED LIVING HOMES	10/27/22	\$6,000.00	01/30/23		\$3,818.00
06	HOUSTON	030218	G WILLS ROOMING FACILITY	11/23/22	\$4,750.00	06/20/23		\$4,750.00
06	HOUSTON	030218	G WILLS ROOMING FACILITY	11/23/22	\$4,750.00	06/20/23		\$4,750.00
06	HOUSTON	106874	KINGFISHER SENIOR LIVING LLC	11/29/22	\$2,250.00	06/12/23		\$0.00
06	HOUSTON	106874	KINGFISHER SENIOR LIVING LLC	11/29/22	\$6,750.00	06/05/23		\$6,750.00
06	HOUSTON	030131	AVID CARE COTTAGES	12/05/22	\$4,000.00	06/05/23		\$4,000.00
06	HOUSTON	100115	GOOD LIVING COMMUNITY CARE INC #4	03/06/23	\$2,250.00	08/30/23		\$2,250.00
06	HOUSTON	105482	THE HERITAGE AT ELDRIDGE PARKWAY	05/31/23	\$725.00	08/30/23		\$725.00
06	KATY	104190	2635 SADDLEHORN TRAIL, LLC DBA ALWAYS HOME AT SADDLEHORN	01/02/23	\$2,250.00	06/07/23		\$2,250.00
06	KATY	103010	COLONIAL OAKS AT KATY	04/11/23	\$2,500.00	07/26/23		\$0.00
06	MISSOURI CITY	105034	THE AVENUES OF FORT BEND ASSISTED LIVING AND MEMORY CARE	02/24/23	\$1,500.00	06/07/23		\$1,500.00
06	PASADENA	000563	THE PINE TREE OF PASADENA LLC	07/28/20	\$4,000.00	09/27/22		\$4,000.00
06	PASADENA	030094	THE PINE TREE OF PASADENA LLC	05/02/22	\$5,000.00	12/05/22	\$3,500.00	\$0.00
06	RICHMOND	106184	CLAYTON OAKS LIVING	02/24/23	\$3,000.00	06/05/23		\$0.00
06	SHENANDOAH	106594	AVANTI SENIOR LIVING AT VISION PARK	08/12/22	\$3,000.00	01/18/23		\$0.00
06	SPRING	102984	RAFIKIHOMES UCGP LLC	03/22/23	\$7,500.00	08/22/23		\$7,500.00
06	SUGAR LAND	000320	THE AUBERGE AT SUGARLAND - A MEMORY CARE COMMUNITY	11/22/22	\$3,000.00	04/12/23		\$0.00
06	SUGAR LAND	107038	INSPIRED LIVING AT MISSOURI CITY	03/31/23	\$3,000.00	06/26/23		\$0.00
06	TEXAS CITY	000694	SODALIS TEXAS CITY	08/17/22	\$2,250.00	11/21/22		\$0.00
06	TOMBALL	102096	INWOOD CROSSING	08/15/22	\$3,250.00	01/03/23		\$0.00
08	HOLLYWOOD PARK	030200	BROOKDALE HOLLYWOOD PARK	05/21/23	\$2,250.00	08/16/23		\$0.00

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
08	SAN ANTONIO	104309	THE WILLIAM - MEMORY CARE COTTAGE C	06/27/22	\$2,250.00	03/01/23		\$0.00
08	SAN ANTONIO	106675	DISCOVERY VILLAGE AT DOMINION	12/06/22	\$2,250.00	02/06/23		\$0.00
08	SAN ANTONIO	100213	ARDEN COURTS OF SAN ANTONIO	02/02/23	\$2,250.00	05/10/23		\$0.00
08	SAN ANTONIO	030383	SODALIS SAN ANTONIO	02/04/23	\$2,250.00	06/07/23		\$0.00
Totals					\$241,600.00		\$3,500.00	\$77,393.00

HHSC imposed 79 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

LTCR Region	City	Facility ID or CR No.	Facility	Date Referred
05	Austin	030112	COLONIAL GARDENS OF AUSTIN A-2	1/5/2023

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
02	El Paso	104540	LM	11/23/22
08	New Braunfels	406121	BH	11/28/22
02	Stephenville	406779	LD	12/20/22
06	Richmond	408041	YR	2/24/23
02	El Paso	419016	RO	6/29/23
03	Dallas	393503	KK	11/7/22
03	Grand Prairie	382690	KL	11/17/22
06	Sugar Land	398669	GC	8/8/23
04	Orange	426150	JT	8/24/23

ALF Amelioration of Violations

HHSC did not process any ameliorations for violations related to ALFs for FY 2023.

ALF Trusteeships Ordered

HHSC did not order any trustees placed in ALFs for FY 2023.

ALF Emergency Suspension and Closing Orders

HHSC did not issue any emergency suspension and closing orders related to ALFs for FY 2023.

ALF License Denials and Revocations

LTCR Region	City	Facility ID	Facility	Action	Action Date
03	DALLAS	101775	RENAISSANCE ASSISTED LIVING LLC	Deny Renewal	12/16/22
03	GRAND PRAIRIE	105944	ABBY'S PLACE LLC	Deny Renewal	06/28/23
03	PLANO	110287	SUNNY OAK ASSISTED LIVING & MEMORY CARE HOME, LLC	Deny Renewal	07/03/23
03	PRINCETON	030128	VILLA ASUNCION INDEPENDENT AND ASSISTED LIVING CENTER	Deny Renewal	10/21/22
03	PRINCETON	104286	VILLA ASUNCION INDEPENDENT AND ASSISTED LIVING CENTER	Deny Renewal	10/24/22
03	RICHARDSON	030337	ARDEN COURTS OF RICHARDSON	Denial of Request for Change	05/03/23
05	CLEBURNE	106182	BRISTOL PARK AT CLEBURNE	Deny CHOW	05/24/23
05	PFLUGERVILLE	105483	GRACELAND SENIOR LIVING	Deny Renewal	05/08/23
06	HOUSTON	100220	BRIGHT STAR HEALTH NETWORK MANAGEMENT SERVICES INC	Deny Renewal	03/06/23
06	HOUSTON	030036	BRIGHTWAY PERSONAL CARE II	Deny Renewal	04/12/23
06	SPRING	102089	LOVING CARE PERSONAL CARE HOME	Deny Renewal	10/03/22
08	SAN ANTONIO	105837	ARDEN PARK ASSISTED LIVING, LLC	Denial of Request for Change	06/26/23

HHSC issued 12 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	20	51	255	92	127	210	123	31	909
Facility 14-day	90	166	874	300	464	601	311	75	2,881
Next On-site	69	124	770	239	394	395	211	64	2,266
Professional Review	1	4	34	11	14	14	8	5	91
Regional Off-site Review	11	20	118	40	45	50	29	12	325
Withdrawn	1	0	25	2	1	7	10	0	46
No Action Necessary	3	1	18	5	7	4	6	4	48
Totals	195	366	2,094	689	1,052	1,281	698	191	6,566

ALF: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	16	40	218	78	103	171	106	25	757
Facility 14-day	49	64	495	116	214	324	149	19	1,430
Next On-site	24	43	270	85	124	133	84	27	790
Professional Review	0	0	0	0	1	0	0	0	1
Regional Off-site Review	1	2	6	3	0	4	1	1	18
Withdrawn	1	0	13	2	1	6	0	0	23
No Action Necessary	1	0	8	2	2	0	1	1	15
Totals	92	149	1,010	286	445	638	341	73	3,034

ALF: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	4	11	37	14	24	39	17	6	152
Facility 14-day	41	102	379	184	250	277	162	56	1,451
Next On-site	45	81	500	154	270	262	127	37	1,476
Professional Review	1	4	34	11	13	14	8	5	90
Regional Off-site Review	10	18	112	37	45	46	28	11	307
Withdrawn	0	0	12	0	0	1	10	0	23
No Action Necessary	2	1	10	3	5	4	5	3	33
Totals	103	217	1,084	403	607	643	357	118	3,532

Unlicensed Facility Complaint Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	3	3	1	1	2	2	12	3	3
Facility 14-day	1	6	1	3	7	3	21	1	6
Next On-site	2	5	0	2	15	1	25	2	5
No Action Necessary	0	0	0	0	0	1	1	0	0
Totals	6	14	2	6	24	7	59	6	14

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) 2023:

- 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 2021	FY 2022	FY 2023
Licensed nursing facility administrators	2,174	1,795	2,011
Active medication aides	6,752	6,816	8,982*
Approved Nurse Aide Training and Competency Evaluation Programs (facility-based)	309	340	377**
Approved Nurse Aide Training and Competency Evaluation Programs (not facility-based)	558	553	568**
Active certified nurse aides listed on the Nurse Aide Registry	100,386	119,182	127,418***

Notes:

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

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

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

Nursing Facility Administrator Program

Activity	Action	FY 2021	FY 2022	FY 2023
New licenses	Issued	144	108*	128*
License renewals***	Renewed	934	545*	1,237*
Provisional licenses	Issued	34	14*	20*
Referrals****	Received	96	112	265 + 13CH**
Complaints against nursing facility administrators*****	Received	0	1	0
New sanctions against administrator license	Imposed	10	49	52 + 2CH**
Nursing facility administrators required sanctions	Fulfilled	24	14	11
Administrative penalties	Assessed	0	9	4
National Association of Boards of Examiners of Long-term Care Administrators exams	Administered	173	142	186
State exams	Administered	159	123	158

Notes:

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

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

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

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

*****Complaints received from the public.

Medication Aide Program

Activity	Action	FY 2021	FY 2022	FY 2023
New medication aide permits	Issued	1,209	701	951*
Testing dates at schools	Scheduled	229	112	191
Initial exams	Administered	1,749	574	876
Retest dates	Scheduled	88	122	165
Permits	Renewed	8,123	8,401	8,037**
Complaints	Received	0	1	5 + 3CH***
Sanctions	Imposed	0	1	2 + 1CH***

Notes:

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

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

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

Nurse Aide Training and Competency Evaluation Program (NATCEP)

Activity	Action	FY 2021	FY 2022	FY 2023
New NATCEPs	Approved	150	138	181**
NATCEPs	Renewed	31*	100	242***
NATCEPs withdrawn from participation	Withdrew	177	62	43
Competency Evaluation Programs	Approved	116	179	146

Notes:

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

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

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

Nurse Aide Registry

Activity	Action	FY 2021	FY 2022	FY 2023
New nurse aides to program	Added	11,294	16,340	14,194**
Nurse aides removed from active status	Removed	34,900	31,205	24,522***
Nurse aides from expired status to active status	Returned	40,512	53,208	10,490****
New misconduct referrals received/ processed	Processed	10	16	37
Employee misconduct cases	Dismissed	3	4	3
Employee misconduct cases	Revoked	9	15	20
Client contacts made by mail	Contacted	33,394	52,444	59,250
Public inquiries	Received	0	1	0
Client contacts made by telephone	Contacted	14,973*	62,544	91,802*****
Client contacts made by email	Contacted	64,256*	27,541	25,285

Notes:

*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.

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

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

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

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

Employee Misconduct Registry

Activity	Action	FY 2021	FY 2022	FY 2023
New employee misconduct referrals	Processed	102	67*	156
New unlicensed facility employees to the registry	Added	18	11	31
New unlicensed CDS, HCSSA, HCS, ICF/IID, SSLC, and state hospital employees to the registry	Added	101	75	84

Note:

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

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

DAHS Actions

The tables in this appendix contain information relating to Texas Human Resources Code (HRC), Title 6, Chapter 103, Day Activity and Health Services, facility actions, by category, for fiscal year (FY) 2023.

Administrative Penalties

Basis for Imposing

LTCR can assess an administrative penalty against a person who:

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

Imposed

An action can be recommended by:

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

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

Assessed

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

Injunctive or Other Relief Referrals to the OAG

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

Emergency Suspension and Closing Orders

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

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

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

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

Denial of License

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

Revocation of License

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

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

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

DAHS Facility Administrative Penalties

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
03	DALLAS	110327	CHRISTIAN HEIGHTS ADULT DAY & HEALTH CARE	12/22/22	\$20,100.00			\$20,100.00
08	SAN ANTONIO	010229	LA ESTRELLA ADULT DAY CARE	02/24/23	\$2,125.00			\$0.00
Totals					\$22,225.00		\$0.00	\$20,100.00

HHSC imposed 2 total DAHS 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 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 2023.

DAHS Facility Emergency Closing Orders

HHSC did not issue any emergency closing orders for DAHS facilities for FY 2023.

DAHS Facility License Denial and Revocation

LTCR Region	City	Facility ID	Facility	Action	Action Date
06	HOUSTON	107138	NURTURE ADULT DAYCARE	Deny Renewal	11/21/22
03	ARLINGTON	104562	TEXAS GOLDEN AGE ADC CORP	Denial of Request for Change	03/31/23

HHSC issued 2 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	5	17	14	8	8	34	18	14	118
Facility 14-day	15	30	59	24	21	52	34	61	296
Facility 30-day	16	17	17	10	12	27	23	88	210
Next On-site	14	22	24	4	8	17	19	30	138
Professional Review	0	0	0	0	0	0	0	1	1
Regional Off-site Review	0	3	0	0	1	0	0	3	7
Withdrawn	1	0	0	0	0	1	0	2	4
No Action Necessary	1	1	0	1	3	4	2	1	13
Totals	52	90	114	47	53	135	96	200	787

DAHS Facility: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	5	16	13	7	7	32	14	11	105
Facility 14-day	12	21	49	19	16	47	28	48	240
Facility 30-day	16	12	16	7	11	24	22	82	190
Next On-site	6	5	17	1	3	15	10	18	75
Regional Off-site Review	0	2	0	0	0	0	0	1	3
Withdrawn	1	0	0	0	0	1	0	2	4
Totals	41	57	95	35	39	123	74	162	626

DAHS Facility: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	0	1	1	1	1	2	4	3	13
Facility 14-day	3	9	10	5	5	5	6	13	56
Facility 30-day	0	5	1	3	1	3	1	6	20
Next On-site	8	17	7	3	5	2	9	12	63
Professional Review	0	0	0	0	0	0	0	1	1
Regional Off-site Review	0	1	0	0	1	0	0	2	4
No Action Necessary	0	0	0	0	1	0	2	1	4
Totals	11	33	19	12	14	12	22	38	161

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) 2023.

Administrative Penalties

Basis for Imposing

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

Imposed

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

Assessed

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

Denials of License Application

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

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

Denials of License Renewal

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

Expirations of License (in Lieu of Enforcement Actions)

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

Immediate Suspensions

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

Surrenders of License (in Lieu of Enforcement Actions)

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

License Revocations

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

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

HCSSA Administrative Penalties

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
01	ABILENE	002613	HENDRICK HOSPICE CARE INC	03/16/23	\$2,000.00	04/06/23		\$0.00
01	ABILENE	018408	TOUCHING HEARTS AT HOME	05/30/23	\$625.00	06/05/23	\$625.00	\$0.00
01	AMARILLO	010011	DELCORP HOME HEALTH SERVICES INC	12/02/22	\$1,875.00	12/15/22	\$1,875.00	\$0.00
01	BROWNWOOD	011726	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE	02/08/23	\$500.00	02/23/23		\$0.00
01	KNOX CITY	003586	KNOX COUNTY HOSPITAL HOME CARE	06/15/23	\$625.00	06/29/23		\$0.00
01	LUBBOCK	007152	CUIDADO CASERO HOME HEALTH LUBBOCK	08/23/22	\$500.00	09/02/22		\$500.00
01	LUBBOCK	013055	AMERICAN STAR HOME HEALTH & HOSPICE CARE INC	09/16/22	\$2,750.00	09/30/22		\$0.00
01	LUBBOCK	001878	HOSPICE OF LUBBOCK INC	12/07/22	\$3,625.00			\$0.00
01	LUBBOCK	009857	LEGACY OF LOVE HOSPICE, INC	06/30/23	\$2,500.00	07/28/23		\$0.00
01	SPEARMAN	002215	HANSFORD HOSPICE	03/03/23	\$1,750.00	03/13/23		\$0.00
01	WICHITA FALLS	015894	VISITING ANGELS	07/20/23	\$1,200.00	08/01/23		\$0.00
02	EL PASO	011677	GUARDIAN ANGEL HOME HEALTHCARE SERVICES	10/13/22	\$625.00	10/25/22	\$625.00	\$0.00
02	EL PASO	010205	BIENESTAR HOME HEALTH SERVICES	10/25/22	\$625.00	11/07/22		\$0.00
02	EL PASO	014427	CENTERWELL HOME HEALTH	11/18/22	\$500.00	12/02/22	\$500.00	\$0.00
02	EL PASO	007770	KINDRED HOSPICE	12/13/22	\$625.00	12/22/22		\$0.00
02	EL PASO	009985	EVANGEL HOME CARE SERVICES	03/17/23	\$500.00	03/30/23		\$0.00
02	EL PASO	014313	ENVISION PERSONAL CARE	07/12/23	\$500.00	07/26/23		\$0.00
02	EL PASO	014909	SOUTHERN HOMECARE INC	07/28/23	\$625.00	08/16/23		\$0.00
03	ADDISON	017200	PLATINUM HEALTHCARE CORP	09/19/22	\$1,650.00	10/03/22		\$0.00
03	ADDISON	014770	THERACARE HOME HEALTH	02/27/23	\$625.00	03/09/23		\$0.00
03	ALLEN	017719	LOVING HEALTH CARE SERVICES LLC	11/03/22	\$3,750.00	11/17/22	\$3,750.00	\$0.00

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
03	ALLEN	014423	GENUINE HOME HEALTH SERVICES	02/09/23	\$950.00	02/24/23		\$0.00
03	ALLEN	012696	PRINCEWILL HEALTHCARE SERVICES INC	02/17/23	\$500.00	06/08/23		\$0.00
03	ALLEN	012696	PRINCEWILL HEALTHCARE SERVICES INC	02/17/23	\$1,500.00	03/06/23		\$0.00
03	ALLEN	018691	NTS SENIOR SERVICES LLC	04/17/23	\$1,250.00	05/01/23		\$1,250.00
03	ALLEN	018691	NTS SENIOR SERVICES LLC	05/31/23	\$2,500.00	06/14/23		\$2,500.00
03	ARLINGTON	012896	CLASSIC HOME CARE	08/12/22	\$625.00	08/24/22		\$625.00
03	ARLINGTON	004927	ROSA'S FIRST QUALITY HOME HEALTHCARE LLC	08/18/22	\$750.00	08/30/22		\$0.00
03	ARLINGTON	012642	GUIDANCE HEALTHCARE SERVICES	09/08/22	\$625.00	09/16/22		\$0.00
03	ARLINGTON	015515	A NURSE ANGELS HOME HEALTH, INC	11/02/22	\$1,925.00	11/17/22		\$0.00
03	ARLINGTON	016786	MISSION CARE HOME HEALTH SERVICES	11/02/22	\$700.00	11/09/22		\$0.00
03	ARLINGTON	008612	APPLESOFT HOMECARE SVC LLC	11/07/22	\$1,325.00	11/17/22		\$0.00
03	ARLINGTON	018315	JULIDAN HEALTHCARE SERVICES	11/30/22	\$2,000.00	12/14/22		\$0.00
03	ARLINGTON	019307	LAURENT HOME HEALTH	01/11/23	\$1,250.00	01/24/23		\$0.00
03	ARLINGTON	012154	REDICARE HOME HEALTH SERVICES INCORPORATED	02/14/23	\$675.00	02/28/23		\$0.00
03	ARLINGTON	012699	EXCELLENT HOME HEALTH SERVICES	02/17/23	\$625.00			\$0.00
03	ARLINGTON	010923	ARIEL HOME HEALTHCARE	02/21/23	\$500.00	03/08/23		\$0.00
03	ARLINGTON	007850	HOSPICE HEALTHCARE NETWORK	04/04/23	\$1,950.00	04/19/23		\$0.00
03	ARLINGTON	010923	ARIEL HOME HEALTHCARE	04/12/23	\$500.00	04/24/23		\$0.00
03	ARLINGTON	018055	ALL CARE PROFESSIONAL HOME HEALTH INC	05/09/23	\$1,250.00	05/24/23		\$0.00
03	ARLINGTON	018099	ANGEL WINGS HOSPICE	05/31/23	\$625.00	06/13/23		\$0.00
03	AZLE	006257	MAIN STREET HOSPICE	03/31/23	\$1,400.00			\$0.00
03	CARROLLTON	010325	TRINITY HEALTH AND HOME CARE SERVICES	08/29/22	\$750.00	09/09/22		\$0.00
03	CARROLLTON	021827	SENIORS HOME HEALTHCARE	09/07/22	\$750.00	09/20/22		\$0.00

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
03	CARROLLTON	010977	REGAL HEALTHCARE INC	02/21/23	\$1,250.00	03/06/23		\$0.00
03	CARROLLTON	014539	GUIDANCE HOME HEALTH SERVICES INC	03/27/23	\$625.00	04/10/23		\$625.00
03	CARROLLTON	012668	MOMS BEST FRIEND	06/19/23	\$1,000.00	07/03/23		\$0.00
03	CARROLLTON	016629	SOLID CARE HOME HEALTH AGENCY INC	06/28/23	\$1,400.00	07/07/23		\$0.00
03	CEDAR HILL	008997	CHARISMA HOME HEALTHCARE	12/07/22	\$1,250.00	12/20/22		\$0.00
03	CEDAR HILL	015303	M & L MEDICAL SERVICES HOSPICE INC	07/18/23	\$1,450.00	08/10/23		\$1,450.00
03	DALLAS	017903	HIGHLAND HOLLOW HOME HEALTH SOLUTIONS LP	07/21/22	\$2,000.00	08/04/22		\$2,000.00
03	DALLAS	017903	HIGHLAND HOLLOW HOME HEALTH SOLUTIONS LP	07/21/22	\$500.00	12/14/22		\$500.00
03	DALLAS	017903	HIGHLAND HOLLOW HOME HEALTH SOLUTIONS LP	07/21/22	\$2,000.00	08/04/22		\$2,000.00
03	DALLAS	012288	GOODWILL HEALTHCARE SERVICES	08/12/22	\$250.00	08/25/22		\$0.00
03	DALLAS	018196	SWIFT PROVIDER INC	08/17/22	\$1,250.00			\$1,250.00
03	DALLAS	018473	PREMIER CARE SERVICES	08/23/22	\$625.00	08/30/22		\$625.00
03	DALLAS	005692	COMMUNITY HEALTHCARE OF TEXAS	08/31/22	\$625.00	09/19/22		\$0.00
03	DALLAS	018626	POWER HOME HEALTH LLC	09/21/22	\$1,125.00	10/04/22		\$0.00
03	DALLAS	013627	NORTH TEXAS THERAPY & HOME CARE	09/21/22	\$700.00	09/29/22		\$0.00
03	DALLAS	009249	DELTA HOME HEALTH CARE	10/19/22	\$2,025.00	11/02/22		\$825.00
03	DALLAS	008015	AHEALTHSTAR HOMECARE AGENCY	10/24/22	\$1,250.00	10/31/22	\$1,250.00	\$450.00
03	DALLAS	012813	NEW HEIGHTS HEALTHCARE AGENCY	10/27/22	\$950.00	11/10/22		\$0.00
03	DALLAS	018387	SKILLCARE HEALTH SERVICES INC	10/27/22	\$625.00	11/10/22		\$0.00
03	DALLAS	007146	AFFORDABLE ELDER CARE INC	11/10/22	\$625.00	11/28/22		\$0.00
03	DALLAS	018693	AMADA SENIOR CARE OF CENTRAL DALLAS	12/01/22	\$750.00	12/14/22		\$0.00
03	DALLAS	014625	SILVERSTONE HOSPICE	12/01/22	\$1,450.00	12/13/22		\$0.00
03	DALLAS	008015	AHEALTHSTAR HOMECARE AGENCY	12/02/22	\$625.00	12/14/22	\$625.00	\$0.00

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
03	DALLAS	014799	JP AND P HEALTHCARE AGENCY INC	12/15/22	\$2,575.00	12/30/22		\$0.00
03	DALLAS	015697	DALLAS HORIZON HOME HEALTH AGENCY LLC	12/22/22	\$4,375.00	01/06/23	\$4,375.00	\$0.00
03	DALLAS	017692	A PROMISE PALLIATIVE CARE AND HOSPICE	12/29/22	\$625.00	01/12/23		\$0.00
03	DALLAS	018424	NORTH STAR HOME HEALTH CARE INC	01/06/23	\$6,000.00	01/17/23	\$6,000.00	\$0.00
03	DALLAS	015840	HOPE PEDIATRICS LLC	01/18/23	\$4,850.00	02/03/23		\$0.00
03	DALLAS	010578	MACHRIS HOME HEALTH SERVICES INC	01/26/23	\$2,750.00	02/08/23		\$0.00
03	DALLAS	014136	VIGORCARE PEDIATRIC SERVICES	01/27/23	\$3,625.00	02/09/23		\$0.00
03	DALLAS	012528	AQUINAI HOME HEALTHCARE INC	01/27/23	\$700.00	02/16/23		\$0.00
03	DALLAS	012452	BROOKS HOME CARE SERVICES INC	01/27/23	\$700.00	02/10/23		\$0.00
03	DALLAS	010373	PASSION 05 HEALTH SERVICES INC	02/07/23	\$5,350.00	02/23/23		\$0.00
03	DALLAS	016310	COURAGE HEALTH CARE SERVICES INC	02/07/23	\$1,125.00	02/22/23		\$0.00
03	DALLAS	015940	STARCREST HEALTHCARE SERVICES INC	02/13/23	\$1,400.00	02/27/23		\$0.00
03	DALLAS	008557	AFFORDABLE HOME HEALTH	02/28/23	\$1,325.00	03/14/23		\$0.00
03	DALLAS	018594	BEST CARE	03/27/23	\$1,250.00	04/04/23		\$0.00
03	DALLAS	009452	TOTAL PATIENT CARE HOME HEALTH	04/04/23	\$1,250.00	04/21/23		\$0.00
03	DALLAS	012040	BEST CHOICE HOME CARE INC	04/13/23	\$1,500.00	04/25/23		\$0.00
03	DALLAS	016444	PREMIERE HOME HEALTH SERVICES	04/18/23	\$2,000.00	05/01/23		\$0.00
03	DALLAS	020709	TRANSITIONAL MEDICAL GROUP	05/08/23	\$3,625.00	05/19/23		\$3,625.00
03	DALLAS	016016	LALA HEALTHCARE SOLUTIONS LLC	05/12/23	\$1,250.00	05/25/23		\$0.00
03	DALLAS	015840	PEDIATRIC HOME SERVICE	05/17/23	\$1,950.00	06/06/23	\$950.00	\$0.00
03	DALLAS	015840	PEDIATRIC HOME SERVICE	05/17/23	\$1,950.00	06/06/23	\$950.00	\$0.00
03	DALLAS	013876	NURSE CARE HOME HEALTH AGENCY INC	06/13/23	\$3,425.00	06/28/23		\$0.00
03	DALLAS	010143	MONARCH HOME HEALTHCARE AGENCY	06/20/23	\$1,000.00	07/07/23		\$0.00

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03	DALWORTHINGTON GARDENS	010817	GILEAD COMMUNITY HOME HEALTH INC	12/02/22	\$625.00	12/09/22		\$0.00
03	DECATUR	007938	SOLARIS HOSPICE INC	05/19/23	\$625.00	06/05/23		\$0.00
03	DENTON	007973	ADVANCED REHABTRUST HOME HEALTH	09/16/22	\$500.00	09/29/22		\$0.00
03	DENTON	017511	TRIO HOSPICE	01/26/23	\$725.00	02/10/23		-\$25.00
03	DENTON	019806	CARING HEARTS HOMECARE SERVICES LLC	02/10/23	\$625.00	02/27/23		\$0.00
03	DENTON	018112	EMMAUS HOMEHEALTH LLC	04/04/23	\$1,750.00	04/18/23		\$1,750.00
03	DESOTO	009209	ALFRED HEALTHCARE SERVICES INC	08/16/22	\$5,300.00	08/31/22		\$5,300.00
03	DUNCANVILLE	010776	ORIENT HOME CARE SERVICES INC	10/05/22	\$1,375.00	10/17/22		\$0.00
03	DUNCANVILLE	018503	SUPREME HOME HEALTH SERVICES, INC	04/05/23	\$1,000.00	04/19/23		\$0.00
03	DUNCANVILLE	008523	THREE STAR HOME HEALTH AGENCY INC	05/23/23	\$1,975.00	06/07/23		\$650.00
03	FARMERS BRANCH	016883	GRANDCARE HOME HEALTH LLC	08/16/22	\$2,500.00	08/31/22		\$0.00
03	FLOWER MOUND	018518	ACCUAID CARE SERVICES LLC	02/22/23	\$1,250.00	03/07/23		\$0.00
03	FLOWER MOUND	013531	MERCY HOSPICE	04/07/23	\$1,250.00			\$0.00
03	FORT WORTH	015841	ENCOMPASS HEALTH HOSPICE	08/31/22	\$1,375.00	09/13/22	\$1,375.00	\$0.00
03	FORT WORTH	015023	AVEANNA HEALTHCARE	09/21/22	\$700.00	10/04/22		\$0.00
03	FORT WORTH	020071	PRECISE HOME CARE LLC	11/07/22	\$625.00	11/14/22		\$625.00
03	FORT WORTH	018474	RELIANT AT HOME HOSPICE	12/14/22	\$1,900.00	12/29/22		\$0.00
03	FORT WORTH	018525	GOOD SAMARITAN SOCIETY - HOSPICE	03/03/23	\$1,875.00	03/16/23		\$0.00
03	FORT WORTH	008457	CROWN HOME HEALTH SERVICES	04/14/23	\$1,400.00	04/27/23		\$0.00
03	FORT WORTH	005213	COMMUNITY HEALTHCARE OF TEXAS	04/25/23	\$1,250.00	05/09/23		\$0.00
03	FORT WORTH	015841	ENHABIT HOSPICE	05/19/23	\$0.00	05/26/23	\$500.00	\$0.00
03	FRISCO	013370	FAMILY CARE NURSING PLLC	07/20/23	\$625.00	08/14/23	\$625.00	\$0.00

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03	GARLAND	009183	CANDID HOME HEALTH CARE SERVICES LLC	08/18/22	\$1,500.00	08/30/22	\$1,500.00	\$0.00
03	GARLAND	018325	PRIMECARE LINK SERVICES LLC	09/08/22	\$2,100.00	09/22/22		\$0.00
03	GARLAND	012322	V-CARE PROFESSIONAL HOME HEALTH, INC	09/15/22	\$650.00	09/29/22		\$0.00
03	GARLAND	018418	NOLASHANDS LLC	09/15/22	\$700.00	09/21/22		\$0.00
03	GARLAND	018576	HOME CARE ASSISTANCE	09/29/22	\$5,125.00	10/05/22	\$5,125.00	\$0.00
03	GARLAND	017657	CATER 2 YOU HOME HEALTH CARE	11/17/22	\$625.00	11/30/22		\$0.00
03	GARLAND	012410	TEXAS PREMIER HOME HEALTHCARE INC	12/08/22	\$625.00	12/21/22	\$625.00	\$0.00
03	GARLAND	008288	COMFORT HOME HEALTH CARE INC	01/17/23	\$750.00	01/26/23		\$0.00
03	GARLAND	009952	JENMERIT HOME HEALTH INC	06/12/23	\$500.00	06/28/23		\$0.00
03	GARLAND	013321	MED- CERT HOME CARE LLC	07/10/23	\$625.00	08/03/23	\$625.00	\$625.00
03	GRAND PRAIRIE	012538	NEWPORT HOME HEALTH AGENCY	11/03/22	\$1,000.00	11/17/22		\$0.00
03	GRAND PRAIRIE	014401	PROFICIENT HOME HEALTH CARE SERVICES INC	12/12/22	\$1,875.00	12/27/22		\$0.00
03	GRAND PRAIRIE	010392	TRIPLE AGI HOME HEALTH	12/27/22	\$1,875.00	01/10/23		\$0.00
03	GRAND PRAIRIE	010392	TRIPLE AGI HOME HEALTH	12/27/22	\$1,875.00	01/10/23		\$0.00
03	GRAND PRAIRIE	010573	IMMACULATE HEALTHCARE SERVICES INC	01/20/23	\$500.00	02/06/23		\$0.00
03	GRAND PRAIRIE	010573	IMMACULATE HEALTHCARE SERVICES INC	01/20/23	\$500.00	02/06/23		\$0.00
03	GRAND PRAIRIE	013312	E. E. CORNERSTONE HOME HEALTH INC	01/23/23	\$1,250.00	02/07/23		\$0.00
03	GRAND PRAIRIE	018244	PARKER HEALTH CARE SERVICES INC	04/13/23	\$700.00	04/25/23		\$0.00
03	GRAND PRAIRIE	015044	PRESTONWOOD HOME HEALTHCARE LLC	04/21/23	\$750.00	05/04/23		\$0.00

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03	GRAND PRAIRIE	018244	PARKER HEALTH CARE SERVICES INC	06/16/23	\$1,000.00	06/30/23		\$0.00
03	GRAPEVINE	019437	HOMEWATCH CAREGIVERS OF KELLER GRAPEVINE	08/17/22	\$625.00	08/30/22		\$0.00
03	GRAPEVINE	011455	CENTERWELL HOME HEALTH	11/08/22	\$625.00	11/21/22		\$0.00
03	GRAPEVINE	014255	ENHABIT HOME HEALTH	12/30/22	\$625.00	01/12/23		\$0.00
03	GRAPEVINE	016697	CHOICE HOMECARE	03/09/23	\$1,400.00	03/23/23		\$0.00
03	GRAPEVINE	016697	CHOICE HOMECARE	05/17/23	\$0.00	05/30/23	\$625.00	\$0.00
03	HIGHLAND VILLAGE	010803	HOME HELPERS/DIRECT LINK #58073	10/28/22	\$2,650.00	11/15/22		\$0.00
03	IRVING	018493	THE MEDICAL TEAM INC	09/27/22	\$1,125.00	10/07/22		\$0.00
03	IRVING	009284	GRACE UNLIMITED	01/26/23	\$3,975.00	02/14/23		\$0.00
03	IRVING	009026	OMNI HOME HEALTH CARE	06/16/23	\$1,350.00	06/29/23		\$0.00
03	KELLER	010413	HOPE HOME CARE INC	01/11/23	\$2,500.00	01/25/23		\$0.00
03	LANCASTER	018535	K S HOME HEALTHCARE INC	02/22/23	\$750.00	03/08/23		\$0.00
03	LEWISVILLE	008874	JAKPA HEALTH CARE INC	08/12/22	\$1,875.00	08/25/22	\$1,875.00	\$0.00
03	LEWISVILLE	017220	R2R PALLIATIVE AND HOSPICE CARE LLC	11/29/22	\$1,250.00	12/08/22		\$1,250.00
03	LEWISVILLE	017220	R2R PALLIATIVE AND HOSPICE CARE LLC	11/29/22	\$1,250.00	12/08/22		\$1,250.00
03	LEWISVILLE	017220	R2R PALLIATIVE AND HOSPICE CARE LLC	11/29/22	\$1,250.00	12/08/22		\$1,250.00
03	LEWISVILLE	018327	AUTUMN OF LIFE HOME CARE LLC	12/14/22	\$625.00	12/16/22		\$0.00
03	LEWISVILLE	011862	MENAS HOME HEALTHCARE SOLUTIONS INC	03/03/23	\$1,150.00	03/17/23		\$0.00
03	LEWISVILLE	010929	HOME CARE 4 SENIORS LLC	03/06/23	\$3,500.00	03/20/23		\$2,625.00
03	MANSFIELD	014312	NEXSTEP HOME HEALTHCARE	12/06/22	\$625.00	12/20/22		\$0.00
03	MCKINNEY	011119	DOVER HEALTHCARE SERVICES LLC	10/13/22	\$1,500.00	10/24/22		\$1,500.00
03	MCKINNEY	011119	DOVER HEALTHCARE SERVICES LLC	12/13/22	\$625.00	12/28/22		\$0.00
03	MCKINNEY	019063	CHOSEN HOSPICE OF NORTH TEXAS	01/09/23	\$1,125.00	01/20/23		\$625.00

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03	MCKINNEY	012285	HEBRON HEALTHCARE SERVICES INC	02/08/23	\$1,500.00	02/21/23		\$1,500.00
03	MCKINNEY	021106	DFW HOME HEALTH MCKINNEY	04/11/23	\$750.00	04/24/23		\$0.00
03	MCKINNEY	019063	CHOSEN HOSPICE CARE OF NORTH TEXAS	04/19/23	\$1,250.00	05/02/23		\$1,250.00
03	MESQUITE	016550	DEBTAG HOME HEALTH SERVICES INC	08/10/22	\$1,200.00	08/23/22		\$0.00
03	MESQUITE	013011	OSGOOD HOME CARE	09/20/22	\$625.00	10/03/22		\$625.00
03	MESQUITE	013011	OSGOOD HOME CARE	09/20/22	\$500.00	11/22/22		\$500.00
03	MESQUITE	016865	PRILEO HOME CARE	01/20/23	\$1,500.00	01/25/23		\$0.00
03	MESQUITE	010092	STARLEX HOME HEALTH SERVICES	01/20/23	\$1,975.00	02/03/23		\$0.00
03	MESQUITE	012900	HEAVENLY BLESSINGS HOME HEALTHCARE LLC	02/15/23	\$650.00	03/01/23		\$0.00
03	MESQUITE	009373	JK HOME HEALTH SERVICE	03/03/23	\$1,300.00	03/16/23		\$0.00
03	MESQUITE	013010	EXODUS HEALTHCARE SERVICES INC	05/18/23	\$1,425.00			\$0.00
03	NORTH RICHLAND HILLS	015605	CONNECT HOME HEALTH PEDIATRICS	10/07/22	\$750.00	10/13/22		\$0.00
03	NORTH RICHLAND HILLS	015423	FREEDOM HOSPICE	11/08/22	\$625.00	11/23/22		\$0.00
03	OAK POINT	014492	SIMPLICITY HEALTHCARE SERVICES INC	07/19/23	\$625.00	08/14/23		\$0.00
03	PANTEGO	013670	MIG HOME HEALTH CARE INC	12/07/22	\$750.00	12/20/22		\$0.00
03	PLANO	018448	NURSE NEXT DOOR	09/28/22	\$500.00	10/04/22	\$500.00	\$0.00
03	PLANO	017631	GOLDSTAR HOSPICE, INC	01/06/23	\$625.00	01/17/23		\$0.00
03	PLANO	014884	HELPING HANDS HOME SERVICES	04/05/23	\$2,500.00	04/20/23		\$0.00
03	RICHARDSON	018185	SUNLIFE HOME CARE LLC	08/17/22	\$700.00	08/29/22		\$0.00
03	RICHARDSON	013947	CITIZENS HEALTHCARE SERVICES LLC	08/26/22	\$1,250.00	09/08/22		\$0.00

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03	RICHARDSON	018253	DEFAITH HOME HEALTH AGENCY INC	08/31/22	\$1,375.00	09/09/22		\$0.00
03	RICHARDSON	004312	GOODWIN HOME HEALTH CARE SERVICES INC	09/16/22	\$1,000.00	09/30/22		\$0.00
03	RICHARDSON	015999	GIFTED HEALTHCARE INC	10/13/22	\$2,025.00	10/27/22		\$0.00
03	RICHARDSON	012221	WELLCARE GROUP HOME HEALTH INC	12/19/22	\$1,400.00	01/06/23		\$0.00
03	RICHARDSON	018210	KALIBRA HOME CARE LLC	01/05/23	\$3,125.00	01/19/23		\$0.00
03	RICHARDSON	020724	1ST AID HEALTHCARE, CORP	05/17/23	\$2,125.00	06/13/23		\$0.00
03	ROWLETT	012740	CHESTHER HOME HEALTH SERVICES INC	11/22/22	\$1,875.00	12/02/22	\$1,875.00	\$0.00
03	THE COLONY	013805	GOOD LIVING HOMECARE LLC	10/13/22	\$625.00	10/21/22	\$625.00	\$0.00
03	THE COLONY	017275	A. K. M HOME HEALTHCARE	06/01/23	\$625.00	06/14/23		\$0.00
03	WYLIE	011865	ABIDING CARE SERVICES INC	02/17/23	\$625.00	03/07/23		\$0.00
04	BEAUMONT	007608	ACCENTCARE PERSONAL CARE SERVICES OF TEXAS	08/17/22	\$625.00	08/31/22		\$0.00
04	BEAUMONT	015395	LIFESPAN HOME HEALTH	09/22/22	\$500.00	10/05/22		\$4.00
04	BEAUMONT	003147	BEAUMONT HOME HEALTH SERVICE INC	10/12/22	\$625.00	10/25/22		\$0.00
04	BEAUMONT	020598	THRIVE SKILLED PEDIATRIC CARE	05/02/23	\$1,000.00	05/12/23		\$0.00
04	BEAUMONT	007934	PROFESSIONAL HEALTH CARE	06/12/23	\$500.00	06/21/23		\$0.00
04	BEAUMONT	009653	ENHABIT HOME HEALTH	06/15/23	\$500.00	07/10/23		\$0.00
04	GUN BARREL CITY	022078	ENHABIT HOSPICE	01/03/23	\$2,500.00	01/12/23	\$2,500.00	\$0.00
04	JASPER	011269	ELARA CARING	08/30/22	\$750.00	09/08/22		\$0.00
04	LIVINGSTON	016984	ALL PERSONAL ASSISTANCE LLC	08/23/22	\$625.00	08/31/22	\$625.00	\$0.00
04	LONGVIEW	017291	HIGHLAND PARK SENIOR CARE	12/07/22	\$875.00	12/20/22		\$0.00
04	LONGVIEW	009322	COMFORT KEEPERS	01/24/23	\$625.00	02/08/23		\$0.00
04	LONGVIEW	016734	PRIME CARE HOSPICE II	02/02/23	\$1,250.00	02/16/23		\$0.00
04	LONGVIEW	003293	CHOICE HOMECARE OF THE PINES	05/25/23	\$500.00	06/13/23		\$0.00
04	LONGVIEW	015193	ELITE HOME HEALTH	06/14/23	\$1,400.00	06/28/23		\$0.00

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04	LUFKIN	018587	EXCEL COMPLETE HOME HEALTH & THERAPY SERVICES LLC	01/25/23	\$500.00	02/09/23		\$0.00
04	LUFKIN	012693	ENHABIT HOME HEALTH	03/01/23	\$625.00	03/09/23		\$0.00
04	MABANK	020708	AVANT HOSPICE, LLC	11/21/22	\$1,250.00	12/07/22		\$1,250.00
04	MOUNT PLEASANT	007990	CHAMBERS HOME HEALTH	10/21/22	\$1,850.00	11/04/22		\$0.00
04	PALESTINE	017343	CHOICE HOMECARE	10/19/22	\$950.00	11/01/22		\$0.00
04	PARIS	015084	ELARA CARING	03/15/23	\$6,875.00	03/29/23		\$90.00
04	SAN ANGELO	008792	INTREPID USA HEALTHCARE SERVICES	03/14/23	\$500.00	03/28/23		\$0.00
04	TERRELL	015142	ALINEA FAMILY HOSPICE CARE LLC	02/03/23	\$750.00			\$0.00
04	TYLER	007537	NEW CONCEPT HEALTH SERVICES INC	09/07/22	\$7,200.00	09/21/22		\$0.00
04	TYLER	015531	CHOICE HOMECARE	10/26/22	\$625.00	11/08/22		\$0.00
04	TYLER	011585	PREMIER HEALTH CARE SERVICES I	11/03/22	\$500.00	11/17/22		\$0.00
04	TYLER	006918	UNICARE HOME HEALTH SERVICES	03/28/23	\$1,000.00	04/13/23		\$0.00
04	TYLER	012274	PREMIER HEALTHCARE SERVICES LAKESIDE	04/13/23	\$1,625.00	04/26/23		\$0.00
04	TYLER	008095	HOME AID CAREGIVERS LTD	06/27/23	\$675.00	07/05/23		\$0.00
04	TYLER	007537	NEW CONCEPT HEALTH SERVICES INC	07/06/23	\$1,750.00	08/01/23		\$0.00
05	AUSTIN	007742	ACCENTCARE HOME HEALTH OF TEXAS	01/17/23	\$750.00	01/27/23		\$0.00
05	AUSTIN	006083	PRIMESTAR HOME HEALTH OF CENTRAL TEXAS INC	02/08/23	\$1,950.00	02/23/23		\$0.00
05	AUSTIN	003245	EMBRACE HOSPICE	03/17/23	\$1,375.00	03/31/23		\$0.00
05	AUSTIN	019224	HANA CARE TEXAS	03/29/23	\$625.00	04/12/23		\$0.00
05	AUSTIN	018806	AT HOME QUALITY CARE - AUSTIN	06/29/23	\$1,625.00	07/12/23		\$0.00
05	BUDA	012109	PAM HEALTH AT HOME	03/01/23	\$1,250.00	03/10/23		\$0.00
05	BURLESON	014176	RESTORING FUNCTION HHC LLC	05/17/23	\$500.00	06/07/23		\$0.00
05	CEDAR PARK	019485	RESOLUTIONS HOSPICE AUSTIN	05/19/23	\$500.00	06/13/23	\$500.00	\$0.00

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05	CLEBURNE	018015	ELARA CARING	01/26/23	\$750.00	02/08/23		\$0.00
05	CLEBURNE	018015	ELARA CARING	03/24/23	\$1,250.00	04/06/23		\$0.00
05	CLEBURNE	007463	TEXAS CARDIAC CARE	05/04/23	\$1,250.00	05/18/23		\$0.00
05	CLIFTON	019715	GOODALL-WITCHER HOME HEALTH AGENCY	03/15/23	\$625.00	03/24/23		\$0.00
05	COLLEGE STATION	018330	ACCENTCARE HOME HEALTH OF COLLEGE STATION	12/08/22	\$625.00	12/22/22		\$0.00
05	GEORGETOWN	014003	VISITING ANGELS	07/13/23	\$625.00	08/14/23	\$625.00	\$0.00
05	PFLUGERVILLE	011166	ADVENTIST HOME HEALTH	11/10/22	\$750.00	11/18/22		\$0.00
05	TEMPLE	001412	BAYLOR SCOTT & WHITE HOSPICE - TEMPLE	01/03/23	\$700.00	01/12/23		\$0.00
05	WACO	011100	RELIABLE HOME HEALTH SERVICES	02/10/23	\$750.00	02/27/23		\$0.00
05	WACO	015951	HARBOR HOSPICE OF WACO LP	06/08/23	\$500.00	06/22/23	\$500.00	\$0.00
06	ALVIN	016803	COMMUNITY HEALTH NETWORK HOME HEALTH SERVICES	02/15/23	\$2,500.00	03/02/23		\$0.00
06	BELLAIRE	015346	HOSPICE PLUS HOUSTON	08/31/22	\$1,600.00	09/15/22		\$0.00
06	BELLAIRE	012004	A CARE HOME HEALTH SERVICES	03/09/23	\$750.00	03/23/23		\$0.00
06	BELLAIRE	015346	HOSPICE PLUS HOUSTON	03/31/23	\$625.00	04/17/23		\$0.00
06	CONROE	015926	HEART TO HEART HOSPICE OF HOUSTON LLC	02/27/23	\$750.00	03/15/23		\$0.00
06	CONROE	017937	THRIVE SKILLED PEDIATRIC CARE	05/26/23	\$1,000.00	06/12/23		\$0.00
06	HOUSTON	018288	GLADKIDS	05/06/22	\$625.00	05/19/22		\$0.00
06	HOUSTON	010335	FLAGSTAR HEALTHCARE SERVICES	05/13/22	\$2,100.00	05/27/22	\$1,500.00	\$0.00
06	HOUSTON	010482	AMAZING GRACE NURSING SERVICES INC	08/04/22	\$625.00	08/18/22		\$0.00
06	HOUSTON	018729	1ST GENESIS HOME HEALTH SERVICES	08/12/22	\$3,000.00	08/26/22		\$0.00
06	HOUSTON	012517	FORTUNE HEALTHCARE INC	08/12/22	\$700.00	08/24/22		\$0.00
06	HOUSTON	010142	A+ MEDICS SERVICES INC	08/18/22	\$1,250.00	08/31/22		\$0.00
06	HOUSTON	013386	STEADFAST HEALTHCARE LLC	08/18/22	\$1,250.00	08/30/22	\$1,250.00	\$0.00
06	HOUSTON	003664	DOCTOR'S CHOICE HOME CARE	08/24/22	\$625.00	09/02/22		\$0.00

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
06	HOUSTON	013630	UNITED AMERICA HOME HEALTH SERVICES INC	09/02/22	\$4,200.00	09/26/22		\$4,200.00
06	HOUSTON	013629	ANARCARE HOME HEALTH AND HOSPICE AGENCY, INC	09/08/22	\$650.00	09/19/22		\$0.00
06	HOUSTON	011127	BELOR HOME HEALTH INC	09/12/22	\$6,000.00	09/22/22	\$6,000.00	\$0.00
06	HOUSTON	017376	EVERCARE HOSPICE	09/15/22	\$625.00	09/27/22		\$0.00
06	HOUSTON	018452	LOVING HEARTS HOSPICE/PALLIATIVE CARE INC	09/19/22	\$750.00	09/26/22		\$0.00
06	HOUSTON	018452	LOVING HEARTS HOSPICE/PALLIATIVE CARE INC	09/21/22	\$1,950.00	10/03/22		\$0.00
06	HOUSTON	019046	MERCIFUL HANDS LLC	09/21/22	\$700.00	10/05/22		\$0.00
06	HOUSTON	013218	DHS HEALTHCARE INC	09/27/22	\$2,000.00	10/07/22		\$0.00
06	HOUSTON	018320	EFFICIENT HOME CARE INC	09/30/22	\$700.00	10/13/22		\$0.00
06	HOUSTON	012247	PRIMEWAY HEALTHCARE SERVICES INC	10/05/22	\$1,750.00	10/18/22	\$1,750.00	\$0.00
06	HOUSTON	013218	DHS HEALTHCARE INC	10/07/22	\$700.00	10/21/22		\$0.00
06	HOUSTON	013630	UNITED AMERICA HOME HEALTH SERVICES INC	10/26/22	\$1,375.00	11/09/22		\$1,375.00
06	HOUSTON	012721	TREASURE CARE HOME HEALTH INC	10/27/22	\$500.00	11/09/22		\$0.00
06	HOUSTON	014667	ROYAL STAR HEALTHCARE INC	10/27/22	\$1,000.00	11/09/22		\$0.00
06	HOUSTON	009419	NEWCHANNEL HEALTHCARE SERVICES	11/10/22	\$650.00	11/18/22		\$0.00
06	HOUSTON	012247	PRIMEWAY HEALTHCARE SERVICES INC	11/10/22	\$1,375.00	11/21/22		\$1,375.00
06	HOUSTON	014130	MAXIMUM CARE	11/11/22	\$625.00	11/28/22		\$625.00
06	HOUSTON	014130	MAXIMUM CARE	11/11/22	\$625.00	11/28/22		\$625.00
06	HOUSTON	016845	BLESS IT HANDS HOME HEALTH CARE	11/17/22	\$3,500.00	12/01/22		\$0.00
06	HOUSTON	015693	ENHABIT HOSPICE	11/29/22	\$1,500.00	12/07/22		\$0.00
06	HOUSTON	018779	KINGSLEY NAVIGATOR	12/01/22	\$625.00	12/14/22		\$0.00
06	HOUSTON	011655	GET WELL HOME HEALTH SERVICES OF HOUSTON INC	12/06/22	\$1,500.00	12/16/22	\$1,500.00	\$1,500.00

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
06	HOUSTON	011655	GET WELL HOME HEALTH SERVICES OF HOUSTON INC	12/07/22	\$2,000.00	12/20/22		\$0.00
06	HOUSTON	018698	SENIOR HELPERS	12/08/22	\$700.00	12/21/22		\$0.00
06	HOUSTON	016752	OAK GARDENS HEALTH CARE SERVICES	12/13/22	\$2,000.00	12/28/22		\$2,000.00
06	HOUSTON	009075	ACCU CARE HOME HEALTH SERVICES	12/15/22	\$700.00	12/30/22		\$0.00
06	HOUSTON	009624	EXTRACARE HOME HEALTH SERVICES	01/05/23	\$700.00	01/20/23		\$0.00
06	HOUSTON	011337	KINA HEALTHCARE SERVICES INC	01/06/23	\$700.00	01/24/23		\$700.00
06	HOUSTON	010788	LIFEWAY HEALTHCARE INC	01/13/23	\$500.00	02/01/23		\$0.00
06	HOUSTON	010398	UNIQUE HOME HEALTH SERVICES INC	01/13/23	\$625.00	01/24/23		\$0.00
06	HOUSTON	012958	COMFORT KEEPERS CLEAR LAKE	01/24/23	\$1,250.00	02/07/23		\$1,250.00
06	HOUSTON	012958	COMFORT KEEPERS CLEAR LAKE	01/24/23	\$1,250.00	02/07/23		\$1,250.00
06	HOUSTON	017303	HEART HOME HEALTH CARE INC	01/26/23	\$1,350.00	02/09/23		\$0.00
06	HOUSTON	011562	PAGES HEALTH SERVICES INC	01/27/23	\$750.00	02/10/23		\$0.00
06	HOUSTON	009885	GASPY HOME HEALTHCARE INC	01/31/23	\$1,325.00	02/16/23		\$0.00
06	HOUSTON	018229	GERYN HOME HEALTH CARE AGENCY INC	02/02/23	\$2,625.00	02/17/23		\$0.00
06	HOUSTON	001994	HOUSTON HOSPICE	02/07/23	\$625.00	02/22/23		\$0.00
06	HOUSTON	009508	ENHABIT HOME HEALTH	02/08/23	\$500.00	02/22/23		\$0.00
06	HOUSTON	015161	GOOD SHEPHERD HOSPICE OF HOUSTON LLC	02/15/23	\$625.00	02/24/23		\$0.00
06	HOUSTON	001994	HOUSTON HOSPICE	02/28/23	\$650.00	03/14/23		\$0.00
06	HOUSTON	008059	AMEDISYS HOSPICE	03/03/23	\$1,700.00	03/16/23		\$1,700.00
06	HOUSTON	016510	CONVENIENT HOME HEALTH	03/09/23	\$625.00	03/23/23		\$0.00
06	HOUSTON	012316	XTRA-CARE HOME HEALTH INC	03/10/23	\$1,000.00	03/24/23		\$1,000.00
06	HOUSTON	009508	ENHABIT HOME HEALTH	03/24/23	\$1,250.00	04/03/23		\$0.00
06	HOUSTON	018515	ELIK DIALYSIS HOME THERAPY - MEMORIAL INC	03/24/23	\$3,500.00	04/10/23		\$0.00
06	HOUSTON	020402	DOCTOR'S CHOICE HOSPICE	03/31/23	\$1,875.00	04/14/23		\$0.00

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06	HOUSTON	010672	DIVINE HOME HEALTH CARE	04/06/23	\$625.00	04/21/23		\$0.00
06	HOUSTON	016867	LIVING & LOVING HOME CARE	04/10/23	\$625.00	04/21/23		\$625.00
06	HOUSTON	011816	PROGRESSIVE HEALTHCARE SERVICES	04/13/23	\$500.00	04/26/23		\$0.00
06	HOUSTON	010441	UAC HEALTH CARE SERVICES LLC	04/14/23	\$3,000.00	05/05/23		\$0.00
06	HOUSTON	010872	ST. JUDE HOME CARE	04/19/23	\$625.00	05/02/23		\$0.00
06	HOUSTON	020801	ROAD TO RICKS CARE LLC	04/20/23	\$1,125.00	04/28/23		\$1,125.00
06	HOUSTON	008198	HITECH MEDICAL SERVICES	04/27/23	\$625.00	05/23/23		\$0.00
06	HOUSTON	022315	ACCENTCARE HOSPICE & PALLIATIVE CARE OF HOUSTON - NORTH, LLC	05/03/23	\$1,000.00	05/25/23		\$0.00
06	HOUSTON	022346	ACCENTCARE HOSPICE & PALLIATIVE CARE OF HOUSTON - SOUTH, LLC	05/04/23	\$625.00	05/26/23		\$0.00
06	HOUSTON	015201	HARBOR HOUSE	05/05/23	\$1,000.00	05/22/23		\$0.00
06	HOUSTON	009885	GASPY HOME HEALTHCARE INC	05/11/23	\$800.00	06/08/23		\$0.00
06	HOUSTON	017178	CROSSROADS HOSPICE INC	05/12/23	\$500.00	05/26/23		\$0.00
06	HOUSTON	008994	ASTROCARE CLASS INC	05/17/23	\$750.00	05/30/23		\$0.00
06	HOUSTON	011186	SUMIC CARE INCORPORATED	05/25/23	\$1,325.00	06/09/23		\$1,325.00
06	HOUSTON	010441	UAC HEALTH CARE SERVICES LLC	05/26/23	\$1,250.00	06/20/23	\$1,250.00	\$1,250.00
06	HOUSTON	018207	C & M HEALTH SERVICES	06/06/23	\$650.00	06/21/23		\$0.00
06	HOUSTON	017050	NEWSTART HOME CARE SERVICES INC	06/08/23	\$700.00	06/22/23		\$0.00
06	HOUSTON	010547	RELIEF HEALTHCARE SERVICES INC	06/08/23	\$500.00	07/11/23		\$500.00
06	HOUSTON	016349	EVERGREEN HEALTHCARE SERVICES INC	06/15/23	\$625.00	06/29/23		\$0.00
06	HOUSTON	018334	JAMEN HOME HEALTH SERVICES INC	06/23/23	\$625.00	07/10/23		\$0.00
06	HOUSTON	018207	C & M HEALTH SERVICES	06/30/23	\$1,300.00	07/20/23		\$1,300.00
06	HUMBLE	018741	TRANSCEND HOSPICE	06/29/23	\$625.00	07/14/23		\$0.00
06	KATY	017439	PRANA HEALTH SOLUTIONS INC	08/12/22	\$1,125.00	08/25/22		\$0.00
06	KATY	021213	UNICARE PALLIATIVE & HOSPICE CARE, LLC	11/09/22	\$500.00	11/28/22		\$500.00

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06	KINGWOOD	013613	HOME HEALTH SPECIALISTS	08/31/22	\$500.00	09/14/22		\$0.00
06	KINGWOOD	021290	COMPASSITANT COMPANION CARE, LLC	09/07/22	\$1,325.00	09/20/22		\$0.00
06	KINGWOOD	011779	BETHEL HOSPICE OF HOUSTON INC	06/27/23	\$625.00	07/13/23	\$625.00	\$625.00
06	LEAGUE CITY	018577	SENIOR HELPERS	08/04/22	\$1,375.00	08/18/22	\$1,375.00	\$0.00
06	LEAGUE CITY	018463	GARDEN CYCLE HEALTHCARE SYSTEM LLC	09/29/22	\$500.00	10/11/22		\$0.00
06	MISSOURI CITY	013497	NESTAR MED CARE LLC	09/08/22	\$625.00	09/22/22		\$0.00
06	MISSOURI CITY	009856	TOP HEALTH CARE INC	09/23/22	\$3,000.00	10/07/22	\$3,000.00	\$1,000.00
06	MISSOURI CITY	005445	COASTAL MEDICAL SERVICES INC	12/09/22	\$500.00	12/22/22		\$0.00
06	MISSOURI CITY	008726	RELIANT HOME CARE SERVICES LLC	01/31/23	\$1,700.00	02/15/23		\$1,700.00
06	MISSOURI CITY	013173	JESTCO HEALTH CARE INC	02/09/23	\$625.00	02/22/23		\$0.00
06	MISSOURI CITY	017481	MEGAMAX HOME HEALTH LLC	03/02/23	\$500.00	03/15/23		\$0.00
06	MISSOURI CITY	013497	NESTAR MED CARE LLC	04/14/23	\$625.00	04/26/23		\$0.00
06	NEW CANEY	015520	LIVING WATERS HOSPICE INC	12/08/22	\$2,750.00	12/22/22		\$0.00
06	PASADENA	011267	ELARA CARING	02/06/23	\$700.00	02/15/23		\$0.00
06	PEARLAND	020700	BEYOND HOSPICE & PALLIATIVE CARE, LLC	09/09/22	\$1,375.00	09/23/22	\$1,375.00	\$0.00
06	PEARLAND	011217	HOME CARE OPTIONS	01/05/23	\$1,875.00	01/20/23	\$1,875.00	\$0.00
06	PEARLAND	011234	MYNURSE HOME CARE INC	04/05/23	\$700.00	04/18/23		\$0.00
06	RICHMOND	011927	PASSION CENTRAL HOME HEALTH SERVICES INC	11/18/22	\$1,250.00	12/07/22		\$625.00
06	RICHMOND	019644	UNITED PALLIATIVE & HOSPICE CARE, INC	11/22/22	\$2,500.00			\$0.00
06	RICHMOND	019644	UNITED PALLIATIVE & HOSPICE CARE, INC	03/23/23	\$925.00	04/10/23		\$0.00
06	RICHMOND	009549	EVENING STAR HEALTHCARE INC	03/24/23	\$625.00	04/11/23		\$0.00
06	SPRING	015801	CARTER HEALTHCARE	11/29/22	\$2,000.00	12/13/22		\$0.00
06	SPRING	015801	CARTER HEALTHCARE	12/14/22	\$750.00	12/29/22		\$0.00
06	SPRING	019215	AMERICA'S BEST HEALTH LLC	01/17/23	\$5,100.00	02/01/23		\$5,100.00

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06	SPRING	018855	MY PILLOWS PERSONAL HOME CARE SERVICES AGENCY	07/18/23	\$625.00	07/21/23	\$625.00	\$625.00
06	STAFFORD	014653	THERACARE HOME HEALTH	09/15/22	\$1,250.00			\$0.00
06	STAFFORD	014653	THERACARE HOME HEALTH	12/15/22	\$2,225.00	12/29/22		\$0.00
06	STAFFORD	014831	PROCARE MEDICAL SERVICES	01/10/23	\$1,125.00	01/31/23		\$1,125.00
06	STAFFORD	015733	CMB HEALTHCARE INCORPORATED	01/13/23	\$1,350.00	01/27/23		\$0.00
06	STAFFORD	012852	SIGMAH HOME HEALTH SERVICES	05/24/23	\$625.00	06/20/23	\$625.00	\$625.00
06	SUGAR LAND	019778	ALTUS HOME HEALTH, LLC	10/28/22	\$1,900.00	11/14/22		\$0.00
06	SUGAR LAND	014992	HARBOR HOSPICE OF SOUTH HOUSTON LP	11/11/22	\$1,500.00	12/01/22	\$1,500.00	\$0.00
06	SUGAR LAND	010085	NCJ HEALTH SYSTEM INC	02/09/23	\$2,550.00	02/22/23		\$0.00
06	SUGAR LAND	009497	HEALTHPOINT HOME HEALTH AND INFUSION SERVICES, INC	02/16/23	\$1,500.00	03/03/23		\$0.00
06	SUGAR LAND	014073	HTH HOLY TRINITY HEALTHCARE INC	03/10/23	\$625.00	03/24/23		\$0.00
06	SUGAR LAND	015574	FORTUNE HOME HEALTH INC	06/15/23	\$500.00	06/29/23		\$0.00
06	TEXAS CITY	001694	HOSPICE CARE TEAM INC	06/16/23	\$625.00	08/03/23	\$625.00	\$0.00
06	THE WOODLANDS	016905	ALL-AROUND HOME HEALTH	03/20/23	\$1,325.00	03/29/23		\$0.00
06	THE WOODLANDS	016905	ALL-AROUND HOME HEALTH	03/20/23	\$1,325.00	03/29/23		\$0.00
06	TOMBALL	017815	LIFEPOINTE HOSPICE AND HOME HEALTH	10/25/22	\$1,125.00	11/03/22		\$1,125.00
06	TOMBALL	020551	TRADITIONS HEALTH	10/27/22	\$1,500.00	11/09/22	\$1,500.00	\$0.00
08	EAGLE PASS	009852	HAVEN HOSPICE	08/31/22	\$3,375.00	09/12/22	\$3,375.00	\$0.00
08	NEW BRAUNFELS	017218	BLUE STAR HOME CARE	04/06/23	\$1,000.00	04/24/23		\$0.00
08	SAN ANTONIO	019469	ALL COUNTY HOME HEALTH AND HOSPICE	08/10/22	\$625.00	08/18/22	\$625.00	\$0.00
08	SAN ANTONIO	015675	BRIGHTSTAR CARE	09/14/22	\$2,125.00	09/27/22		\$0.00
08	SAN ANTONIO	015930	THERACARE HOME HEALTH	09/30/22	\$625.00	10/12/22		\$0.00
08	SAN ANTONIO	015302	HELPING OUR SENIORS LLC	09/30/22	\$700.00	10/12/22		\$0.00

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08	SAN ANTONIO	013878	AVEANNA HEALTHCARE	10/14/22	\$700.00	10/28/22		\$0.00
08	SAN ANTONIO	018127	PREMIER HOME HEALTH AGENCY	10/20/22	\$625.00	11/01/22		\$625.00
08	SAN ANTONIO	009828	RESTORATIVE HEALTH CARE	10/21/22	\$750.00	11/04/22		\$0.00
08	SAN ANTONIO	007195	VITAS HEALTHCARE OF TEXAS LP	10/24/22	\$500.00	11/07/22		\$0.00
08	SAN ANTONIO	020206	COMMUNITY FIRST HOSPICE CARE OF SAN ANTONIO, INC	11/03/22	\$3,500.00	11/30/22		\$3,500.00
08	SAN ANTONIO	018649	PALOMA HOSPICE AND PALLIATIVE CARE	11/10/22	\$625.00	11/28/22	\$625.00	\$0.00
08	SAN ANTONIO	014286	HOSPICE OF SAN ANTONIO	11/17/22	\$1,425.00			\$0.00
08	SAN ANTONIO	018235	ALOMEGA HOSPICE SERVICES LLC	11/18/22	\$4,375.00	12/01/22	\$4,375.00	\$0.00
08	SAN ANTONIO	015338	HONORCARE HOME HEALTH	12/08/22	\$2,375.00	12/21/22		\$0.00
08	SAN ANTONIO	013689	SUPERIOR HOME HEALTH OF SAN ANTONIO LLC	12/09/22	\$750.00	12/22/22		\$0.00
08	SAN ANTONIO	013328	RIVER CITY HOSPICE	01/05/23	\$625.00	01/13/23		\$0.00
08	SAN ANTONIO	008105	ALL CARE	01/13/23	\$2,000.00	01/30/23		\$0.00
08	SAN ANTONIO	002798	CAPROCK HOME HEALTH SERVICES, INC	01/13/23	\$500.00	01/30/23		\$0.00
08	SAN ANTONIO	021101	QUALITY CARE, LLC	02/14/23	\$500.00	03/07/23		\$500.00
08	SAN ANTONIO	014912	ADAPTIVE HEALTHCARE SERVICES LLC	02/16/23	\$625.00	02/28/23		\$625.00
08	SAN ANTONIO	018266	AIP HOSPICE LLC	03/17/23	\$625.00	03/29/23		\$0.00
08	SAN ANTONIO	019492	BEXAR HOME HEALTH	03/23/23	\$700.00	04/05/23		\$0.00
08	SAN ANTONIO	016767	ALOMEGA HOME HEALTH CARE LLC	04/05/23	\$500.00	04/19/23		\$500.00
08	SAN ANTONIO	016982	ALTIMA HOME HEALTH CARE INC	04/27/23	\$500.00			\$0.00
08	SAN ANTONIO	019748	CIRCLE OF LIFE HOSPICE AND PALLIATIVE CARE	04/28/23	\$500.00	05/12/23		\$0.00
08	SAN ANTONIO	006603	PERSONAL CARE MANAGEMENT INC	05/04/23	\$625.00	05/10/23		\$625.00
08	SAN ANTONIO	010344	ESTEEM HOME HEALTH CARE	05/05/23	\$625.00	05/23/23		\$625.00
08	SAN ANTONIO	017163	BRIT-TEX NURSING SERVICES INC	06/02/23	\$500.00	06/29/23		\$500.00
08	SAN ANTONIO	008287	AMISTAD HOMECARE INC	06/09/23	\$625.00	06/23/23	\$625.00	\$0.00

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08	SAN ANTONIO	018394	CHRISTUS VNA HOSPICE SAN ANTONIO	06/30/23	\$500.00	07/18/23		\$0.00
08	SAN ANTONIO	008332	ADVOCATE HOME CARE	07/20/23	\$1,875.00	08/09/23		\$1,875.00
08	SEGUIN	018606	LA PALMA PROVIDER SERVICES LLC	05/24/23	\$1,500.00	06/06/23		\$1,500.00
08	SEGUIN	018542	ADVANCED HOME HEALTH SERVICES	05/25/23	\$500.00	06/12/23		\$0.00
08	VICTORIA	013045	SENIOR HELPERS	07/14/23	\$500.00	07/27/23		\$500.00
11	ALAMO	019089	FAITH PRIMARY HOME CARE LLC	09/21/22	\$700.00	10/03/22		\$0.00
11	ALICE	005343	DEL CIELO HOME CARE SERVICES	09/15/22	\$2,500.00	09/29/22		\$0.00
11	ALICE	009646	UNITED HOME CARE	12/02/22	\$4,025.00	12/16/22		\$0.00
11	ALICE	010700	DEL CIELO HOME HEALTH & HOSPICE	03/03/23	\$1,500.00	03/14/23		\$0.00
11	BENAVIDES	018051	NURSING SERVICES AND CONSULTANTS OF LAREDO	03/08/23	\$700.00	03/22/23		\$0.00
11	BROWNSVILLE	018605	NUUESTRA CASA HOMECARE SERVICES LLC	09/30/22	\$8,050.00	10/13/22		\$8,050.00
11	BROWNSVILLE	010168	STAT NURSING HOME HEALTH CARE INC	10/20/22	\$2,750.00	10/28/22	\$2,750.00	\$0.00
11	BROWNSVILLE	010693	VALLEY CARE HOME HEALTH SERVICES LLC	12/19/22	\$4,025.00	01/05/23		\$0.00
11	BROWNSVILLE	015862	MEDICAL CALLS HOME CARE LLC	02/14/23	\$2,450.00			\$2,450.00
11	BROWNSVILLE	010645	AMIGO HEALTH SERVICES CORP	05/24/23	\$2,000.00	06/08/23		\$2,000.00
11	BROWNSVILLE	009611	BEACON HARBOR HOME HEALTH INC	05/31/23	\$1,350.00	06/16/23		\$0.00
11	BROWNSVILLE	018897	AMIGOS HEALTH CARE INC	07/11/23	\$1,450.00	07/24/23		\$0.00
11	CORPUS CHRISTI	019771	ALTUS HOSPICE	08/09/22	\$1,950.00	08/18/22		\$1,950.00
11	CORPUS CHRISTI	014373	APC HOME HEALTH SERVICES	08/11/22	\$1,375.00	08/23/22	\$1,375.00	\$0.00
11	CORPUS CHRISTI	003177	AMERICAN MEDICAL HOME HEALTH SERVICES	10/28/22	\$1,375.00	11/10/22	\$1,375.00	\$0.00
11	CORPUS CHRISTI	020037	RIVER CITY HOME CARE OF COASTAL BEND, LLC	11/22/22	\$625.00	11/29/22		\$0.00
11	CORPUS CHRISTI	018707	THE MEDICAL TEAM INC	12/01/22	\$700.00	12/15/22		\$0.00

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
11	CORPUS CHRISTI	016866	ELARA CARING	01/12/23	\$750.00	01/26/23		\$0.00
11	CORPUS CHRISTI	018858	CHOICE HEALTH AT HOME	05/25/23	\$1,875.00	06/19/23	\$1,875.00	\$0.00
11	CORPUS CHRISTI	018858	CHOICE HEALTH AT HOME	05/25/23	\$1,875.00	06/19/23	\$1,875.00	\$0.00
11	CORPUS CHRISTI	014579	TRIO HOME HEALTH CARE INC	08/04/23	\$625.00	08/16/23		\$0.00
11	DONNA	014081	FIRST CHOICE IN-HOME CARE LLC	10/26/22	\$500.00	11/09/22		\$500.00
11	DONNA	011226	MAS QUE AMIGOS HOME HEALTH INC	01/20/23	\$1,475.00	02/02/23		\$0.00
11	EDINBURG	012508	ALL GENERATIONS HEALTH CARE INC	09/22/22	\$1,400.00	10/06/22		\$0.00
11	EDINBURG	009264	IN HOME HEALTH CARE SERVICES	10/06/22	\$625.00	10/17/22		\$0.00
11	EDINBURG	008584	PALM VALLEY HEALTH CARE II INC	10/11/22	\$4,750.00	10/26/22	\$4,750.00	\$0.00
11	EDINBURG	019239	PALM VALLEY PRIMARY HOME CARE, INC	10/28/22	\$1,325.00	11/14/22		\$0.00
11	EDINBURG	019591	LITTLE WARRIORS PEDIATRIC HOME CARE, LLC	12/19/22	\$1,250.00	01/02/23	\$1,250.00	\$0.00
11	EDINBURG	010293	VERGE HOME CARE LLC	02/10/23	\$625.00	02/23/23		\$0.00
11	EDINBURG	012508	ALL GENERATIONS HEALTH CARE INC	07/07/23	\$500.00			\$0.00
11	HARLINGEN	017930	FIRST LIGHT PRIMARY HOME CARE LLC	09/01/22	\$1,400.00	09/15/22		\$0.00
11	HARLINGEN	014397	APC HOME HEALTH SERVICES	10/14/22	\$2,625.00	10/26/22		\$0.00
11	HARLINGEN	003055	RIO GRANDE HOME HEALTH AGENCY INC	10/26/22	\$2,300.00	11/10/22		\$2,300.00
11	HARLINGEN	010343	A & M NURSING SERVICES LLC	06/23/23	\$625.00	07/07/23		\$0.00
11	LAREDO	007611	ALL SEASONS HOME CARE	08/25/22	\$2,500.00	09/09/22		\$0.00
11	LAREDO	016549	LAS PALMAS HEALTH SERVICES	09/22/22	\$1,125.00	10/05/22		\$0.00
11	LAREDO	013548	LA MISERICORDIA HOME CARE SERVICE LLC	02/22/23	\$650.00	03/08/23		\$0.00
11	LAREDO	007687	SANDS CARE HEALTH SERVICES LC	03/21/23	\$1,325.00	04/03/23		\$0.00
11	LAREDO	015861	VANGUARD HEALTHCARE	04/13/23	\$2,100.00			\$0.00

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
11	LAREDO	015454	FRIENDLY CARE HOME HEALTH SERVICES LLC	06/16/23	\$500.00	07/11/23		\$500.00
11	LOS FRESNOS	017898	ETERNAL LOVE HEALTH CARE INC	01/12/23	\$2,600.00	01/30/23		\$0.00
11	MCALLEN	004452	CARING FOR YOU HOME HEALTH INC	08/12/22	\$2,050.00	08/25/22		\$0.00
11	MCALLEN	012543	IPH HOSPICE CARE INC	08/18/22	\$4,000.00	08/30/22	\$4,000.00	\$4,000.00
11	MCALLEN	002876	I P H HOME HEALTH CARE INC	08/26/22	\$1,750.00	09/13/22		\$1,750.00
11	MCALLEN	014042	MI MARANATHA HOME HEALTH INC	10/06/22	\$2,350.00	10/20/22		\$0.00
11	MCALLEN	019108	ONE HEART HOME CARE LLC	10/13/22	\$500.00	10/24/22		\$0.00
11	MCALLEN	012714	WINGS HOME HEALTH SERVICES LLC	01/27/23	\$3,325.00	02/13/23		\$0.00
11	MCALLEN	009348	ESSENTIAL HOME CARE INC	02/27/23	\$1,375.00	03/08/23		\$0.00
11	MCALLEN	008864	HHN HEALTHCARE, LLC	03/03/23	\$2,725.00	03/22/23		\$0.00
11	MCALLEN	017411	LIFE CARE HOSPICE AND PALLIATIVE SERVICES LLC	06/13/23	\$900.00	06/27/23		\$0.00
11	MCALLEN	018690	AMOROSA HEALTHCARE SERVICES LLC	06/21/23	\$625.00	07/11/23		\$0.00
11	MERCEDES	018498	GENTLE ARMS HEALTHCARE SERVICES LLC	02/08/23	\$700.00	02/16/23		\$0.00
11	MERCEDES	010998	EL MUNDO FELIZ	02/16/23	\$4,675.00	03/03/23		\$4,675.00
11	MISSION	011518	MASE'S HOME HEALTH INC	10/17/22	\$1,250.00	10/28/22		\$0.00
11	MISSION	018644	AZUL HOMECARE, LLC	04/05/23	\$650.00	04/20/23		\$0.00
11	MISSION	011206	AIMA HOME HEALTH	05/17/23	\$2,405.00	06/06/23		\$2,405.00
11	MISSION	017196	AMADO HOME HEALTH CARE	05/25/23	\$1,250.00	06/12/23		\$0.00
11	MISSION	018820	SAINT MICHAEL'S PRIMARY HEALTH CARE LLC	06/30/23	\$1,300.00	07/12/23		\$0.00
11	PALMVIEW	018899	AMOR EN CASA PHC SERVICES	06/06/23	\$2,625.00	06/20/23		-\$5.00
11	PHARR	016540	MCH HEALTHCARE	10/05/22	\$625.00	10/18/22		\$0.00
11	PHARR	010212	ACE PRIMARY HOME CARE INC	11/21/22	\$1,100.00	12/05/22		\$0.00
11	PHARR	013444	HCP INC	12/14/22	\$1,000.00	12/28/22	\$1,000.00	\$0.00
11	PHARR	015072	FIRST STEPS PEDIATRIC HOME HEALTH	01/27/23	\$2,100.00	02/09/23		\$0.00

LTCR Region	City	License No	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
11	PHARR	014807	AVEANNA HEALTHCARE	03/31/23	\$2,625.00	04/17/23		\$0.00
11	PHARR	017910	MAMI ROSA HOMECARE INC	04/20/23	\$625.00	05/04/23		\$0.00
11	RIO GRANDE CITY	018616	SIEMPRE AQUI HOME HEALTH CARE LLC	12/01/22	\$1,875.00			\$0.00
11	ROBSTOWN	002497	DOR ANS HOME HEALTH SERVICE INC	03/28/23	\$625.00	04/12/23		\$0.00
11	SULLIVAN CITY	007540	LA FUENTE PRIMARY HOME CARE	05/24/23	\$500.00	06/08/23		\$0.00
11	WESLACO	011051	REGIONAL NURSING SERVICES MGMT., INC	09/23/22	\$625.00	10/06/22	\$625.00	\$0.00
11	WESLACO	009474	A HEALING TOUCH HOME HEALTH	11/16/22	\$3,625.00	12/01/22	\$3,625.00	\$0.00
11	WESLACO	013769	PROMESA HOME HEALTH INC	12/02/22	\$1,100.00	12/15/22		\$0.00
11	WESLACO	017533	PROVISION HOME CARE SERVICES LLC	12/30/22	\$750.00	01/12/23		\$0.00
11	WESLACO	018002	LYNNCARE HOSPICE SERVICES LLC	03/17/23	\$625.00	03/30/23		\$0.00
11	ZAPATA	012686	MI PUEBLO HOME HEALTH CARE LLC	12/23/22	\$500.00	01/06/23		\$0.00
11	ZAPATA	018618	DEL MAR PRIMARY HOME CARE LLC	05/09/23	\$625.00	05/15/23		\$0.00
Totals					\$612,580.00		\$99,825.00	\$113,219.00

HHSC imposed 466 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 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	SUGAR LAND	019232	COMPLETETX HOSPICE	Denial of Request for Change	01/23/23
03	ALLEN	018800	ADEPT CARE SERVICES PLLC	Deny Renewal	08/22/23
03	ARLINGTON	017574	UNITED HOME HEALTHCARE LLC	Deny Renewal	10/10/22
03	DALLAS	010939	ALL BY GRACE HOME HEALTH CARE INC	Revocation	10/04/22
03	DALLAS	018196	SWIFT PROVIDER INC	Denial of License Renewal	12/09/22
03	DALLAS		AVALON CARE GROUP LLC	Deny CHOW	04/03/23
03	DALLAS		AVALON CARE GROUP LLC	Deny CHOW	04/17/23
03	DALLAS		AVALON CARE GROUP LLC	Deny CHOW	05/17/23
03	DALLAS		AVALON CARE GROUP LLC	Deny CHOW	06/21/23
03	DALLAS	019257	KEYS TO LOVE, LLC	Deny Renewal	07/17/23
03	DALLAS	017903	HIGHLAND HOLLOW HOME HEALTH SOLUTIONS LP	Revocation	08/28/23
03	GRAND PRAIRIE	018762	APPLE RENAL CARE LLC	Deny Renewal	10/07/22
03	LEWISVILLE	016021	HOFMEIR HOME CARE & MANAGEMENT INC	Revocation	12/16/22
03	LEWISVILLE	017220	R2R PALLIATIVE AND HOSPICE CARE LLC	Revocation	05/25/23
03	MANSFIELD	019834	CARETOWN	Deny Renewal	06/22/23
03	MESQUITE	019042	K MONIE CARE LLC	Deny Renewal	10/03/22
03	MESQUITE	013011	OSGOOD HOME CARE	Deny Renewal	01/23/23
03	MESQUITE	013011	OSGOOD HOME CARE	Denial of License Renewal	03/06/23
03	MESQUITE	011537	NESS HOME HEALTH SERVICE LLC	Deny Renewal	06/09/23
03	TEXARKANA		MAGNOLIA ASSISTED LIVING LLC	Deny CHOW	02/27/23
03	WYLIE	019113	ADEQUATE HEALTHCARE SERVICES	Deny Renewal	10/03/22

LTCR Region	City	License Number	Agency	Action	Action Date
04	LONGVIEW	019786	STEBBINS HOSPICE, LLC	Deny Renewal	09/12/22
04	LONGVIEW	019786	STEBBINS HOSPICE, LLC	Deny Renewal	10/24/22
04	LONGVIEW	011650	GOJO HOME HEALTH	Deny Renewal	03/24/23
05	AUSTIN		12151 HUNTERS CHASE DRIVE, LP	Deny CHOW	10/24/22
05	KYLE		ENRICHED SENIOR LIVING, LLC	Deny CHOW	05/10/23
05	WAXAHACHIE	019966	ANGELS HELPING HANDS LLC	Deny Renewal	04/24/23
06	HOUSTON	019330	AMICABLE HEALTHCARE HOSPICE INC	Revocation	09/02/22
06	HOUSTON		ALLBRIGHT HEALTH CARE SERVICES INC	Deny CHOW	09/07/22
06	HOUSTON	021069	PRIME VALUE HOME CARE LLC	Revocation	09/09/22
06	HOUSTON	019330	AMICABLE HEALTHCARE HOSPICE INC	Revocation	09/12/22
06	HOUSTON	021033	BLESSED HANDS HOME CARE	Revocation	09/12/22
06	HOUSTON	021059	PEACE HEALTH SERVICES, INC	Revocation	09/12/22
06	HOUSTON	002801	SOUTHSIDE HOME HEALTH SERVICES	Deny Renewal	09/12/22
06	HOUSTON	021190	4 TEE'S SITTING SERVICES LLC	Revocation	09/19/22
06	HOUSTON	021151	GLORIOUS PALLIATIVE CARE LLC	Revocation	09/19/22
06	HOUSTON	021118	KARDINAL HOME CARE LLC	Revocation	09/19/22
06	HOUSTON	021107	OPAL ROYAL HOME CARE INC	Revocation	09/19/22
06	HOUSTON	021140	OUTSTANDING QUALITIES CARE	Revocation	10/07/22
06	HOUSTON	019714	JV COMPASSIONATE CARE	Deny Renewal	10/24/22
06	HOUSTON	006486	TOTAL CONCEPT HOME HEALTH AGENCY	Revocation	10/24/22
06	HOUSTON	021243	PREFERRED CARE AT HOME OF CENTRAL HOUSTON	Revocation	11/18/22
06	HOUSTON	020884	STUARTS HEALING HANDS LLC	Revocation	12/12/22

LTCR Region	City	License Number	Agency	Action	Action Date
06	HOUSTON	018746	AUTHENTIC CARE SERVICES	Deny Renewal	12/16/22
06	HOUSTON	016691	ALPHA MED HOME HEALTH SERVICES	Deny Renewal	01/24/23
06	HOUSTON	020885	A KIND HEART PALLIATIVE HOSPICE LLC	Revocation	03/23/23
06	HOUSTON	017525	CARING HEALTH SERVICES	Denial of License Renewal	03/23/23
06	HOUSTON	017092	KINDLE HOSPICE AND PALLIATIVE CARE	Denial of Request for Change	04/03/23
06	HOUSTON	011655	GET WELL HOME HEALTH SERVICES OF HOUSTON INC	Revocation	04/28/23
06	HOUSTON	012958	COMFORT KEEPERS CLEAR LAKE	Revocation	05/23/23
06	HOUSTON	016867	LIVING & LOVING HOME CARE	Denial of License Renewal	07/17/23
06	HOUSTON	018510	THE LIVING HOSPICE CARE OF TEXAS INC	Deny Renewal	07/17/23
06	HOUSTON	020801	ROAD TO RICKS CARE LLC	Revocation	07/21/23
06	HOUSTON	018116	HERITAGE DEVELOPMENTAL CARE LLC	Denial of License Renewal	08/11/23
06	KATY	020812	HOSPICE CARE AMERICA	Revocation	09/12/22
06	KATY	019844	FOUNDER CARE SOLUTIONS, LLC	Revocation	05/12/23
06	KATY	020161	CYTE, LLC	Deny Renewal	07/17/23
06	KATY	021594	FRIENDLY KEEPERS HOMECARE AGENCY LLC	Denial of Request for Change	08/22/23
06	LAKE JACKSON	021439	ANGEL LEAF HOME CARE PROVIDERS LLC	Denial of Request for Change	06/27/23
06	MISSOURI CITY	008726	RELIANT HOME CARE SERVICES LLC	Revocation	05/30/23
06	RICHMOND	021352	BELOVED PALLIATIVE HOSPICE CARE LLC	Revocation	12/12/22
06	RICHMOND	020908	HEALTHWORK GLOBAL LLC	Denial of Request for Change	05/12/23
06	RICHMOND	017992	PAIX HEALTH SERVICES INC	Revocation	05/15/23
06	SPRING	020394	HIS SHADOW SERVICES LLC	Revocation	07/31/23
08	BULVERDE	021941	HILL COUNTRY HOME HEALTHCARE SERVICES LLC	Revocation	08/14/23

LTCR Region	City	License Number	Agency	Action	Action Date
08	SAN ANTONIO	021123	HOLY SAVIOR HOSPICE AND PALLIATIVE CARE	Revocation	09/02/22
08	SAN ANTONIO	021462	BRIGHT PROVIDER SERVICES LLC	Revocation	01/20/23
08	SAN ANTONIO	021511	INTEGRA HOME HELP SERVICES INC	Revocation	01/20/23
08	SAN ANTONIO	021654	LUMIERE HEALTH & RESIDENTIAL SERVICES LLC	Revocation	03/27/23
08	SAN ANTONIO	019098	OMNICURE PLUS HOME HEALTHCARE	Deny Renewal	04/24/23
08	SAN ANTONIO	020833	MOUNT CALVARY HOSPICE	Revocation	04/27/23
08	SAN ANTONIO	020206	COMMUNITY FIRST HOSPICE CARE OF SAN ANTONIO, INC	Revocation	05/23/23
08	SAN ANTONIO	020662	JUNIPER HOSPICE LLC	Denial of Request for Change	06/20/23
08	SAN ANTONIO	016767	ALOMEGA HOME HEALTH CARE LLC	Deny Renewal	08/07/23
08	SAN ANTONIO	021917	LIVING TREE HOSPICE	Revocation	08/14/23
11	ALICE	021316	BLESSED HOME HEALTH	Revocation	11/14/22
11	BROWNSVILLE	021230	TRUE CARE SERVICES LLC	Revocation	10/10/22
11	BROWNSVILLE	021359	LUZ DE PADRES LLC	Revocation	12/05/22
11	EDINBURG	021415	VALLEY LIFELINE HOME HEALTH SERVICES, LLC	Revocation	01/23/23
11	HARLINGEN	017643	ALAS DE AMOR PHC INC	Revocation	04/12/23
			JEKAL PATEL	Deny CHOW	12/08/22
	TOMBALL		WIND PINE SENIOR LIVING LLC	Deny CHOW	04/04/23

HHSC imposed 82 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	7	8	57	28	14	37	27	41	219
Agency 45-day	51	26	227	98	54	128	134	154	872
Agency 90-day									
Next On-site	122	45	471	168	115	311	216	341	1,789
Regional Off-site Review	405	97	429	512	292	357	355	826	3,273
Withdrawn	1	0	11	4	2	7	3	2	30
No Action Necessary	62	14	77	38	30	62	47	68	398
Totals	648	190	1,272	848	507	902	782	1,432	6,581

HCSSA: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Agency 2-day	4	5	33	12	6	25	13	24	122
Agency 45-day	28	18	135	48	36	101	82	74	522
Next On-site	61	28	168	67	51	184	98	170	827
Regional Off-site Review	2	0	1	0	0	0	1	5	9
Withdrawn	1	0	9	4	0	7	3	1	25
No Action Necessary	3	0	9	3	3	9	8	4	39
Totals	99	51	355	134	96	326	205	278	1,544

HCSSA: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Agency 2-day	3	3	24	16	8	12	14	17	97
Agency 45-day	23	8	92	50	18	27	52	80	350
Next On-site	61	17	303	101	64	127	118	171	962
Regional Off-site Review	403	97	428	512	292	357	354	821	3,264
Withdrawn	0	0	2	0	2	0	0	1	5
No Action Necessary	59	14	68	35	27	53	39	64	359
Totals	549	139	917	714	411	576	577	1,154	5,037

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) 2023.

Administrative Penalties

Basis for Imposing

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

Imposed

An action can be recommended by:

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

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

Assessed

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

Injunctive/Other Relief and Civil Penalties

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

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

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

Amelioration of Violations

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

Trusteeships

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

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

Emergency Suspension and Closing Orders

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

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

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

Denials of License

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

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

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

Revocations of License

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

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

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

ICF/IID Administrative Penalties

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
01	LUBBOCK	007591	3419 54TH ST	04/20/23	\$9,400.00	08/23/23		\$9,400.00
02	ABILENE	007501	HIGHLAND COMMUNITY HOME	05/22/23	\$45,050.00	07/26/23	\$5,000.00	\$0.00
02	ABILENE	003749	BIG SKY RANCH	06/12/23	\$13,750.00	07/31/23	\$5,000.00	\$5,000.00
02	SAN ANGELO	007596	BLUEBONNET HOMES 1	06/23/23	\$500.00	08/30/23		\$500.00
03	AZLE	007451	DENVER TRAIL	11/12/21	\$250.00	11/15/22		\$0.00
03	DENTON	007206	EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	12/10/21	\$13,250.00	11/15/22	\$5,000.00	\$0.00
03	DESOTO	104122	DAYBREAK MEADOW HILL GROUP HOME	01/19/23	\$15,750.00	04/24/23	\$5,000.00	\$0.00
03	FORT WORTH	007477	WINIFRED COMMUNITY HOME	11/04/21	\$78,400.00	12/02/22	\$5,000.00	\$0.00
03	FORT WORTH	007388	FAIRMEADOWS	01/12/22	\$73,100.00	11/14/22	\$5,000.00	\$0.00
03	FORT WORTH	007815	POCO	01/13/22	\$9,500.00	11/15/22	\$5,000.00	\$0.00
03	FORT WORTH	007303	HUNTWICK	11/04/22	\$20,700.00	08/22/23	\$5,000.00	\$5,000.00
03	FORT WORTH	003636	HASTINGS	12/14/22	\$39,600.00	04/19/23	\$5,000.00	\$0.00
03	GARLAND	007644	EVERGREEN HIDDEN COURT COMMUNITY HOME	02/27/23	\$25,500.00	08/07/23	\$5,000.00	\$5,000.00
03	RICHARDSON	003994	ABILITY CONNECTION TEXAS WENTWORTH HOUSE	12/10/21	\$18,000.00	12/05/22	\$5,000.00	\$0.00
03	WHITE SETTLEMENT	007425	ALYSSA 1	01/17/23	\$8,850.00	08/16/23	\$5,000.00	\$5,000.00
04	BEAUMONT	003791	HORIZON HOUSE	06/28/22	\$5,100.00	09/02/22	\$5,000.00	\$0.00
04	BEAUMONT	003689	HUNTSMAN LIVING CENTER	07/08/22	\$3,125.00	09/02/22		\$0.00
04	BEAUMONT	003692	PINEHAVEN COMMUNITY HOME	02/03/23	\$5,400.00	04/17/23	\$5,000.00	\$5,000.00
04	BEAUMONT	003690	NOTTINGHAM LIVING CENTER	05/12/23	\$7,750.00	08/09/23	\$5,000.00	\$5,000.00
04	GLADEWATER	007293	WOODBINE COMMUNITY HOME	05/10/23	\$1,850.00	08/09/23		\$0.00
04	PALESTINE	007456	REDWOOD TERRACE COMMUNITY HOME	04/20/22	\$40,600.00	10/21/22	\$5,000.00	\$0.00
04	PALESTINE	003685	MAVERICK COMMUNITY HOME	06/21/23	\$250.00	08/14/23	\$5,000.00	\$0.00
04	PORT ARTHUR	007567	GRIFFIN LIVING CENTER	05/18/23	\$20,050.00	07/25/23	\$5,000.00	\$0.00

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
04	TEXARKANA	007403	EVERGREEN PINE KNOLL COMMUNITY HOME	05/11/23	\$17,900.00	07/25/23	\$5,000.00	\$0.00
04	TYLER	007345	2525 PRESTON AVENUE	07/27/22	\$14,700.00	09/19/22	\$5,000.00	\$0.00
05	AUSTIN	007631	CRAIG DRIVE	07/15/22	\$40,750.00	12/05/22	\$5,000.00	\$0.00
05	AUSTIN	007599	BLARWOOD	09/02/22	\$8,250.00	11/23/22	\$5,000.00	\$0.00
05	AUSTIN	007264	DELAWARE COURT	09/16/22	\$21,500.00	11/23/22	\$5,000.00	\$0.00
05	AUSTIN	007274	WHISTLESTOP	11/11/22	\$7,375.00	01/17/23	\$5,000.00	\$0.00
05	AUSTIN	102153	SALEM MEADOW	12/12/22	\$15,450.00	03/15/23	\$5,000.00	\$0.00
05	AUSTIN	003663	PARKFIELD	05/12/23	\$21,850.00	08/30/23	\$5,000.00	\$0.00
05	BASTROP	007634	JEFFERSON COMMUNITY RESIDENCE	07/09/22	\$6,100.00	09/19/22	\$5,000.00	\$0.00
05	BUDA	104575	SUN BONNET COMMUNITY RESIDENCE	10/20/22	\$25,250.00	01/30/23	\$5,000.00	\$5,000.00
05	BUDA	104575	SUN BONNET COMMUNITY RESIDENCE	01/26/23	\$20,450.00	04/19/23	\$4,500.00	\$4,500.00
05	CEDAR PARK	106799	APPLETREE COMMUNITY RESIDENCE	07/25/22	\$4,000.00	09/26/22	\$3,600.00	\$0.00
05	CEDAR PARK	003644	RIVIERA COMMUNITY RESIDENCE	08/19/22	\$17,100.00	11/21/22	\$5,000.00	\$0.00
05	CEDAR PARK	007468	DRIFTWOOD COMMUNITY HOME	09/16/22	\$2,725.00	12/20/22		\$0.00
06	BROOKSHIRE	103357	WILLOW RIVER FARMS (5A)	02/14/23	\$34,000.00	08/07/23	\$5,000.00	\$0.00
06	BROOKSHIRE	103356	WILLOW RIVER FARMS (5B)	02/14/23	\$9,600.00	05/30/23	\$5,000.00	\$0.00
06	HOUSTON	003729	MAPLEWOOD SOUTH	12/20/22	\$47,800.00	05/24/23	\$5,000.00	\$0.00
06	HOUSTON	003930	COPPERFIELD	06/14/23	\$15,600.00	08/09/23	\$5,000.00	\$0.00
06	TOMBALL	105856	CHOCTAW GROUP HOME	01/26/23	\$26,400.00	08/28/23	\$5,000.00	\$0.00
08	DEL RIO	007290	JOHN GLENN COMMUNITY HOME	02/01/22	\$48,000.00	02/13/23	\$5,000.00	\$0.00
08	NEW BRAUNFELS	003811	RIVER GARDENS	06/30/22	\$39,400.00	04/03/23	\$25,000.00	\$0.00
08	SAN ANTONIO	007253	APRICOT	07/08/21	\$93,000.00	02/16/23	\$5,000.00	\$0.00
08	SAN ANTONIO	007253	APRICOT	09/28/21	\$145,000.00	02/22/23	\$5,000.00	\$0.00
08	SAN ANTONIO	101823	VISTA BRIAR	12/17/21	\$82,500.00	02/22/23	\$5,000.00	\$0.00
08	SAN ANTONIO	007287	SAGE TRAIL	12/21/21	\$54,500.00	03/01/23	\$5,000.00	\$0.00
08	SAN ANTONIO	007287	SAGE TRAIL	12/21/21	\$54,500.00	03/01/23	\$5,000.00	\$0.00
08	SAN ANTONIO	101823	VISTA BRIAR	02/28/22	\$128,100.00	02/22/23	\$5,000.00	\$0.00
08	SAN ANTONIO	007362	RUSTLING WAY	04/13/22	\$41,625.00	03/08/23	\$5,000.00	\$0.00

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
08	SAN ANTONIO	007364	GREEN RUN	04/13/22	\$11,625.00	02/27/23	\$5,000.00	\$0.00
08	SAN ANTONIO	003681	SPRING HARVEST HOUSE	06/03/22	\$129,250.00	02/22/23	\$5,000.00	\$0.00
08	SAN ANTONIO	007253	APRICOT	07/29/22	\$17,550.00	02/13/23	\$5,000.00	\$0.00
08	SAN ANTONIO	007253	APRICOT	08/05/22	\$16,900.00	02/13/23	\$5,000.00	\$0.00
08	SAN ANTONIO	007508	QUAIL RUN	12/13/22	\$31,200.00	05/03/23	\$5,000.00	\$0.00
08	SAN ANTONIO	007639	THATCH	03/28/23	\$10,450.00	08/21/23	\$5,000.00	\$5,000.00
08	SAN ANTONIO	007458	LARIMER SQUARE	03/31/23	\$11,725.00	05/31/23	\$5,000.00	\$0.00
08	SAN ANTONIO	003662	ENCINO VALLEY	04/21/23	\$20,750.00	07/31/23	\$5,000.00	\$0.00
08	UNIVERSAL CITY	003948	GUILFORD FORGE COMMUNITY HOME	08/05/22	\$16,800.00	02/13/23	\$5,000.00	\$0.00
11	CORPUS CHRISTI	007391	WINTERPARK HOUSE	02/05/22	\$31,225.00	08/16/23	\$5,000.00	\$0.00
Totals					\$1,796,625.00		\$288,100.00	\$54,400.00

HHSC imposed 61 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 2023.

ICF/IID Amelioration of Violations

HHSC did not process any requests for ameliorations for ICFs/IID in FY 2023.

ICF/IID Trusteeships

HHSC did not place a trustee in any ICFs/IID in FY 2023.

ICF/IID Emergency Suspension and Closing Orders

HHSC did not issue an emergency suspension and closing order in any ICFs/IID in FY 2023.

ICF/IID License Denials and Revocations

LTCR Region	City	Facility ID	Facility	Action	Action Date
04	PORT ARTHUR	007574	MODEL LIVING CENTER	Deny Initial	09/01/22

HHSC issued 1 total ICF/IID facility license denial and revocation.

ICF/IID: All Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	6	27	12	14	23	22	20	13	137
Facility 14-day	21	71	54	31	61	71	50	28	387
Next On-site	18	61	60	30	72	50	27	29	347
Professional Review	4	10	6	0	2	4	3	4	33
Regional Off-site Review	1	6	3	6	8	9	7	7	47
Financial	0	0	1	0	2	3	2	0	8
Withdrawn	0	0	1	0	1	1	1	0	4
No Action Necessary	1	5	4	5	7	3	4	1	30
Totals	51	180	141	86	176	163	114	82	993

ICF/IID: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	3	11	8	8	15	11	7	3	66
Facility 14-day	6	18	29	8	27	23	29	9	149
Next On-site	7	19	28	8	26	11	10	4	113
Financial	0	0	1	0	0	2	2	0	5
Regional Off-site Review	0	0	0	2	0	0	0	0	2
Withdrawn	0	0	1	0	1	1	0	0	3
No Action Necessary	0	0	1	0	1	0	2	0	4
Totals	16	48	68	26	70	48	50	16	342

ICF/IID: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	3	16	4	6	8	11	13	10	71
Facility 14-day	15	53	25	23	34	48	21	19	238
Next On-site	11	42	32	22	46	39	17	25	234
Financial	0	0	0	0	2	1	0	0	3
Professional Review	4	10	6	0	2	4	3	4	33
Regional Off-site Review	1	6	3	4	8	9	7	7	45
Withdrawn	0	0	0	0	0	0	1	0	1
No Action Necessary	1	5	3	5	6	3	2	1	26
Totals	35	132	73	60	106	115	64	66	651

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) 2023.

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
01	LITTLEFIELD	004509	ARBOR GRACE WELLNESS CENTER	08/12/22	\$59,000.00	03/08/23		\$24,000.00
01	LUBBOCK	004347	LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER	12/31/22	\$29,500.00	04/12/23		\$29,500.00
01	LUBBOCK	004235	SOUTHERN SPECIALTY REHAB & NURSING	01/20/23	\$16,000.00	05/10/23		\$0.00
01	RALLS	004332	RALLS NURSING HOME	10/03/22	\$28,000.00	12/23/22		\$0.00
01	RALLS	004332	RALLS NURSING HOME	04/17/23	\$34,000.00	07/12/23		\$34,000.00
02	ABILENE	004028	CORONADO NURSING CENTER	08/05/22	\$23,500.00	12/19/22		\$23,500.00
02	ODESSA	005123	SIENNA NURSING AND REHABILITATION	07/28/22	\$42,000.00	12/20/22		\$0.00
03	EULESS	005041	WESTPARK REHABILITATION AND LIVING	11/14/22	\$134,000.00	02/16/23		\$0.00
03	FORT WORTH	104767	REMARKABLE HEALTHCARE OF FORT WORTH	08/11/22	\$21,450.00	03/08/23		\$17,160.00
03	FORT WORTH	000239	JAMES L. WEST ALZHEIMER'S CENTER	08/15/22	\$18,350.00	03/13/23		\$0.00
03	FORT WORTH	102791	TRAIL LAKE NURSING & REHABILITATION	02/22/23	\$37,000.00	08/16/23		\$37,000.00
03	GARLAND	110116	ADVANCED HEALTH & REHAB CENTER OF GARLAND	10/19/22	\$57,000.00	03/08/23		\$57,000.00
03	JUSTIN	005269	LONGMEADOW HEALTHCARE CENTER	02/13/23	\$51,800.00	08/16/23		\$51,800.00
03	VAN ALSTYNE	004608	MEADOWBROOK CARE CENTER	08/19/22	\$9,250.00	03/01/23		\$0.00
04	GILMER	005293	FOCUSED CARE OF GILMER	04/06/23	\$14,000.00	08/14/23		\$14,000.00
04	LIBERTY	005067	LIBERTY HEALTHCARE CENTER	03/17/22	\$31,000.00	09/09/22	\$13,500.00	\$0.00
04	MARSHALL	103421	HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	02/15/23	\$42,250.00	05/30/23		\$42,250.00
04	PALESTINE	004584	PALESTINE HEALTHCARE CENTER	08/22/22	\$386,000.00	12/30/22		\$386,000.00
04	PALESTINE	004584	PALESTINE HEALTHCARE CENTER	08/22/22	\$386,000.00	12/30/22		\$386,000.00

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance
04	PARIS	004586	PARIS HEALTHCARE CENTER	06/16/23	\$18,000.00	08/30/23		\$18,000.00
05	ENNIS	004420	ENNIS CARE CENTER	08/08/22	\$68,500.00	01/11/23		\$68,500.00
05	GEORGETOWN	005364	PARK PLACE CARE CENTER	05/02/23	\$57,000.00	07/12/23		\$57,000.00
05	GIDDINGS	005307	OAKLAND MANOR NURSING CENTER	01/09/23	\$34,750.00	03/20/23		\$34,750.00
05	PFLUGERVILLE	104157	PFLUGERVILLE NURSING AND REHABILITATION CENTER		\$36,250.00	04/04/23		\$36,250.00
05	WACO	004025	CRESTVIEW HEALTHCARE RESIDENCE	12/23/22	\$20,900.00	02/21/23		\$20,900.00
05	WAXAHACHIE	004114	FOCUSED CARE OF WAXAHACHIE	03/13/23	\$23,000.00	06/08/23		\$23,000.00
06	CONROE	005080	WOODLAND MANOR NURSING AND REHABILITATION	07/20/22	\$5,000.00	11/21/22		\$0.00
06	KATY	107200	VIBRALIFE OF KATY REHABILITATION CENTER	08/13/19	\$37,000.00	04/03/23		\$0.00
06	KATY	107200	VIBRALIFE OF KATY REHABILITATION CENTER	08/13/19	\$37,000.00	04/03/23		\$0.00
06	LA PORTE	004145	LAPORTE HEALTHCARE CENTER	09/25/22	\$44,000.00	02/15/23		\$44,000.00
06	LA PORTE	004145	LAPORTE HEALTHCARE CENTER	09/25/22	\$44,000.00	02/15/23		\$44,000.00
06	TEXAS CITY	005325	SOLIDAGO HEALTH AND REHABILITATION	10/18/22	\$72,500.00	06/12/23		\$72,500.00
08	KERRVILLE	004772	WATERSIDE NURSING & REHABILITATION	06/17/22	\$13,850.00	03/14/23		\$0.00
08	KERRVILLE	004772	WATERSIDE NURSING & REHABILITATION	09/02/22	\$58,250.00	05/30/23		\$58,250.00
08	KERRVILLE	004772	WATERSIDE NURSING & REHABILITATION	03/19/23	\$84,500.00	05/30/23		\$0.00
08	SAN ANTONIO	004179	SAN JOSE NURSING CENTER	09/28/21	\$22,850.00	04/24/23		\$22,850.00
08	SAN ANTONIO	104259	PECAN VALLEY REHABILITATION AND HEALTHCARE	04/19/23	\$55,500.00	07/17/23		\$19,500.00
Totals					\$2,093,950.00		\$13,500.00	\$1,597,710.00

HHSC imposed 37 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 2023.

NF Amelioration of Violations

LTCR Region	City	Facility ID	Facility	Decision	Decision Date	Amount Ameliorated
04	LIBERTY	005067	LIBERTY HEALTH CARE CENTER	Approved	12/16/22	\$17,500.00

HHSC processed 1 total NF amelioration request.

NF Trusteeships

HHSC did not order any trustees placed in NFs in FY 2023.

NF Closures Under Trusteeship

HHSC did not close any NFs under trusteeship in FY 2023.

NF Emergency Suspension and Closing Orders

HHSC did not issue any emergency suspension or closing orders to a NF in FY 2023.

NF Suspensions of Admission

HHSC did not issue any suspension of admission orders to a NF in FY 2023.

NF License Denials and Revocations

LTCR Region	City	Facility ID	Facility	Action	Action Date
01	LITTLEFIELD	004509	ARBOR GRACE WELLNESS CENTER	Denial of Request for Change	12/19/22

HHSC issued 1 total NF facility license denial and revocation.

NF: All Intakes by Priority and LTRC Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	138	263	747	418	481	596	372	163	3178
Facility 14-day	802	1,345	3,256	2,234	2,160	2,304	1,842	1053	14,996
Next On-site	673	1,049	2,839	1,936	1,626	1,851	1,451	615	12,040
Professional Review	38	61	205	163	94	107	105	43	816
Regional Off-site Review	123	249	683	518	358	393	382	122	2,828
Financial	10	45	140	98	74	79	35	18	499
Withdrawn	5	9	15	16	6	13	2	0	66
No Action Necessary	6	7	15	25	12	23	10	3	101
Totals	1,795	3,028	7,901	5,408	4,811	5,366	4,199	2,017	34,525

NF: Complaints by Priority and LTRC Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	120	235	690	343	432	529	318	140	2,807
Facility 14-day	186	420	1,359	617	795	936	588	243	5,144
Facility 45-day	0	0	1	0	0	0	0	0	1
Professional Review	0	0	0	1	0	0	0	0	1
Next On-site	130	274	874	366	535	631	382	156	3,348
Regional Off-site Review	3	6	27	15	21	17	30	5	124
Financial	9	44	138	97	74	79	35	18	494
Withdrawn	5	8	15	16	6	13	0	0	63
No Action Necessary	2	3	5	14	4	19	5	0	52
Totals	455	990	3,109	1,469	1,867	2,224	1,358	562	12,034

NF: Incidents by Priority and LTRC Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	18	28	57	75	49	67	54	23	371
Facility 14-day	616	925	1,897	1,617	1,365	1,368	1,254	810	9,852
Next On-site	543	775	1,965	1,570	1,091	1,220	1,069	459	8,692
Professional Review	38	61	205	162	94	107	105	43	815
Regional Off-site Review	120	243	656	503	337	376	352	117	2,704
Financial	1	1	2	1	0	0	0	0	5
Withdrawn	0	1	0	0	0	0	2	0	3
No Action Necessary	4	4	10	11	8	4	5	3	49
Totals	1,340	2,038	4,792	3,939	2,944	3,142	2,841	1,455	22,491

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) 2023.

Administrative Penalties

Basis for Imposing

HHSC can assess an administrative penalty against a person who:

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

Imposed

An action can be recommended by:

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

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

Assessed

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

Injunctive/Other Relief and Civil Penalty Referrals

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

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

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

Amelioration of Violations

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

Trusteeships

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

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

Emergency Suspension and Closing Orders

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

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

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

Denial of License

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

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

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

Revocation of License

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

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

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

PPECC Administrative Penalties

LTCR Region	City	Facility ID	Facility	Visit Exit Date	Imposed	Date Imposed	Assessed	Balance Due
04	TYLER	110500	CARING HANDS PPECC OF TEXAS	04/25/23	\$2,000.00			\$0.00
06	HOUSTON	107120	JOYCARE PEDIATRIC DAY HEALTH CENTER	03/14/23	\$500.00	07/05/23		\$0.00
Totals					\$2,500.00		\$0.00	\$0.00

HHSC imposed 2 total PPECC 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.

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 2023.

PPECC Ameliorations of Violations

HHSC did not process any requests for ameliorations for PPECCs for FY 2023.

PPECC Trusteeships

HHSC did not request a trustee be placed in any PPECCS for FY 2023.

PPECC Emergency Closing Orders

HHSC did not issue any emergency closing orders for PPECCs for FY 2023.

PPECC License Denial and Revocation

HHSC did not deny or revoke any licenses for PPECCs for FY 2023.

PPECC: All Intakes by Priority and LTCR Region

Intake Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	1	0	1	1	3	1	0	1	1
Facility 14-day	1	1	1	2	5	1	1	1	2
Professional Review	0	0	1	0	1	0	0	1	0
Totals	2	1	3	3	9	2	1	3	3

PPECC: Complaints by Priority and LTCR Region

Complaint Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	1	0	0	1	2	1	0	0	1
Facility 14-day	1	1	1	2	5	1	1	1	2
Totals	2	1	1	3	7	2	1	1	3

PPECC: Incidents by Priority and LTCR Region

Incident Priority	01	02	03	04	05	06	08	11	Total
Facility 24-hour	0	0	0	0	0	1	0	0	1
Professional Review	0	0	0	0	0	1	0	0	1
Totals	0	0	0	0	0	2	0	0	2

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) 2023.

Source of Report for Provider Investigations Intakes

Source of Report	Count	Percentage
Victim	1,981	14%
Medical Personnel	2,196	16%
Institutional Personnel	1,859	13%
Community Agency	1,605	11%
Other	1,112	8%
Provider	1,054	8%
Relative	705	5%
Anonymous	691	5%
Law Enforcement	468	3%
DFPS Staff	462	3%
Parent	388	3%
State Agency	345	2%
Blank/Unknown	318	2%
Friend-Neighbor	234	2%
School	159	1%
Unrelated Home Member	127	1%
Legal/Court	174	1%
Financial Institution	97	1%
Day Care Provider	12	1%
24 Hour Care Provider	16	0%
Fictive Kin	3	0%
Religious Entity	4	0%
Parent's Paramour	1	0%
Total	14,011	100%

Average Length of Completed Provider Investigations by Region

HHSC Region	Investigations	Average Days Open
1 - Lubbock	573	93.9
2 - Abilene	796	111.2
3 - Arlington	2,949	221.0
4 - Tyler	764	113.1
5 - Beaumont	389	84.2
6 - Houston	1,593	20.9
7 - Austin	2,786	91.6
8 - San Antonio	1,700	88.3
9 - Midland	773	129.2
10 - El Paso	910	132.1
11 - Edinburg	1,900	38.7
Other	168	189.0
Statewide	15,301	109.6

Note:

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

Provider Investigations Referred to Law Enforcement by Provider Type

Provider Type	Notification of Investigation	Investigation Report
Community Providers	934	339
HCS	797	328
State Supported Living Centers	449	218
State Hospitals	273	126
Private ICF-IID	256	99
Community Centers	134	45
Other	30	6
State Centers	39	28
Total	2,912	1,189

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	243	49.5%
Neglect	202	41.1%
Exploitation	18	3.7%
Sexual Abuse	18	3.7%
Emotional Abuse	10	2.0%
Total	491	100.0%

Characteristics of Victims in Confirmed Provider Investigations

Gender	Race/Ethnicity	Confirmed Victims
Female	Anglo	74
Female	African American	26
Female	Hispanic	33
Female	Other	8
Female	Asian	1
Male	Anglo	146
Male	African American	50
Male	Hispanic	50
Male	Other	22
Male	Asian	4
Unknown	African American	1
Total		415

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	Anglo	52
Female	African American	96
Female	Hispanic	59
Female	Other	25
Male	Anglo	22
Male	African American	73
Male	Hispanic	41
Male	Other	14
Male	Asian	1
Unknown	Other	13
Unknown	Anglo	1
Unknown	African American	1
Total		398

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	43
Female	26-35	61
Female	36-45	42
Female	46-55	36
Female	56-65	38
Female	Over 65	12
Male	18-25	42
Male	26-35	52
Male	36-45	21
Male	46-55	17
Male	56-65	17
Male	Over 65	2
Unknown	18-25	3

Gender	Age Group	Confirmed Perpetrators
Unknown	26-35	7
Unknown	46-55	2
Unknown	56-65	1
Unknown	Unknown	2
Total		398

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
2023	15,301
Total	156,314

Completed Provider Investigations by Provider Type

Setting	Completed Investigations	Percentage of Total
Community Providers	5,013	33%
State Supported Living Centers	2,766	18%
HCS	4,231	28%
State Hospitals	1,601	10%
Private ICF-IID	940	6%
Community Centers	322	2%
State Centers	313	2%
Other	115	1%
Total	15,301	100%

Disposition of Completed Provider Investigations by Provider Type by Count

Region	Confirmed	Confirmed – Reportable Conduct	Unconfirmed	Inconclusive	Unfounded	Other	Blank	Totals
Community Providers	39	20	1,060	474	6	3,233	181	5,013
SSLC	122	27	1,871	151	331	248	16	2,766
HCS	58	26	2,361	566	11	1,148	61	4,231
State Hospitals	30	3	1,029	56	109	348	26	1,601
Private ICF-IID	12	3	565	90	1	239	30	940
Community Centers	4	0	253	6	32	10	8	313
State Center	6	5	165	46	0	92	8	322
Other	0	0	5	5	0	94	11	115
Statewide	271	84	7,309	1,394	490	5,412	341	15,301

Note:

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

Disposition of Completed Provider Investigations by Provider Type by Percentage

Region	% Confirmed	% Confirmed – Reportable Conduct	% Unconfirmed	% Inconclusive	% Unfounded	% Other	% Blank	% Totals
Community Providers	0.3%	0.1%	6.9%	3.1%	0%	21.1%	1.2%	32.8%
SSLC	0.8%	0.2%	12.2%	1%	2.2%	1.6%	0.1%	18.1%
HCS	0.4%	0.2%	15.4%	3.7%	0.1%	7.5%	0.4%	27.7%

Region	% Confirmed	% Confirmed – Reportable Conduct	% Unconfirmed	% Inconclusive	% Unfounded	% Other	% Blank	% Totals
State Hospitals	0.2%	0%	6.7%	0.4%	0.7%	2.3%	0.2%	10.5%
Private ICF-IID	0.1%	0%	3.7%	0.6%	0%	1.6%	0.2%	6.1%
Community Centers	0%	0%	1.7%	0%	0.2%	0.1%	0.1%	2%
State Center	0%	0%	1.1%	0.3%	0%	0.6%	0.1%	2.1%
Other	0%	0%	0%	0%	0%	0.6%	0.1%	0.8%
Statewide	1.8%	0.5%	47.8%	9.1%	3.2%	35.4%	2.2%	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 Region by Count

Region	Confirmed	Confirmed – Reportable Conduct	Unconfirmed	Inconclusive	Unfounded	Other	Blank	Totals
1 - Lubbock	9	5	352	52	3	128	24	573
2 - Abilene	28	9	439	59	12	234	15	796
3 - Arlington	40	13	1,175	425	68	1,138	90	2,949
4 - Tyler	21	3	394	83	17	231	15	764
5 - Beaumont	12	2	204	44	17	104	6	389
6 - Houston	24	5	694	118	38	685	29	1,593
7 - Austin	52	22	1,315	150	20	1,143	84	2,786
8 - San Antonio	28	5	787	200	81	594	5	1,700

Region	Confirmed	Confirmed – Reportable Conduct	Unconfirmed	Inconclusive	Unfounded	Other	Blank	Totals
9 - Midland	19	6	503	44	28	153	20	773
10 - El Paso	16	3	453	61	98	269	10	910
11 - Edinburg	19	11	929	133	108	658	42	1,900
Out of State	3	0	64	25	0	75	1	168
Statewide	271	84	7,309	1,394	490	5,412	341	15,301

Note:

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

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

Disposition of Completed Provider Investigations by Region by Percentage

Region	% Confirmed	% Confirmed – Reportable Conduct	% Unconfirmed	% Inconclusive	% Unfounded	% Other	% Blank	% Totals
1 - Lubbock	0.1%	0.0%	2.3%	0.3%	0.0%	0.8%	0.2%	3.7%
2 - Abilene	0.2%	0.1%	2.9%	0.4%	0.1%	1.5%	0.1%	5.2%
3 - Arlington	0.3%	0.1%	7.7%	2.8%	0.4%	7.4%	0.6%	19.3%
4 - Tyler	0.1%	0.0%	2.6%	0.5%	0.1%	1.5%	0.1%	5.0%
5 - Beaumont	0.1%	0.0%	1.3%	0.3%	0.1%	0.7%	0.0%	2.5%
6 - Houston	0.2%	0.0%	4.5%	0.8%	0.2%	4.5%	0.2%	10.4%
7 - Austin	0.3%	0.1%	8.6%	1.0%	0.1%	7.5%	0.5%	18.2%

Region	% Confirmed	% Confirmed – Reportable Conduct	% Unconfirmed	% Inconclusive	% Unfounded	% Other	% Blank	% Totals
8 - San Antonio	0.2%	0.0%	5.1%	1.3%	0.5%	3.9%	0.0%	11.1%
9 - Midland	0.1%	0.0%	3.3%	0.3%	0.2%	1.0%	0.1%	5.1%
10 - El Paso	0.1%	0.0%	3.0%	0.4%	0.6%	1.8%	0.1%	5.9%
11 - Edinburg	0.1%	0.1%	6.1%	0.9%	0.7%	4.3%	0.3%	12.4%
Out of State	0.0%	0.0%	0.4%	0.2%	0.0%	0.5%	0.0%	1.1%
Statewide	1.8%	0.5%	47.8%	9.1%	3.2%	35.4%	2.2%	100%

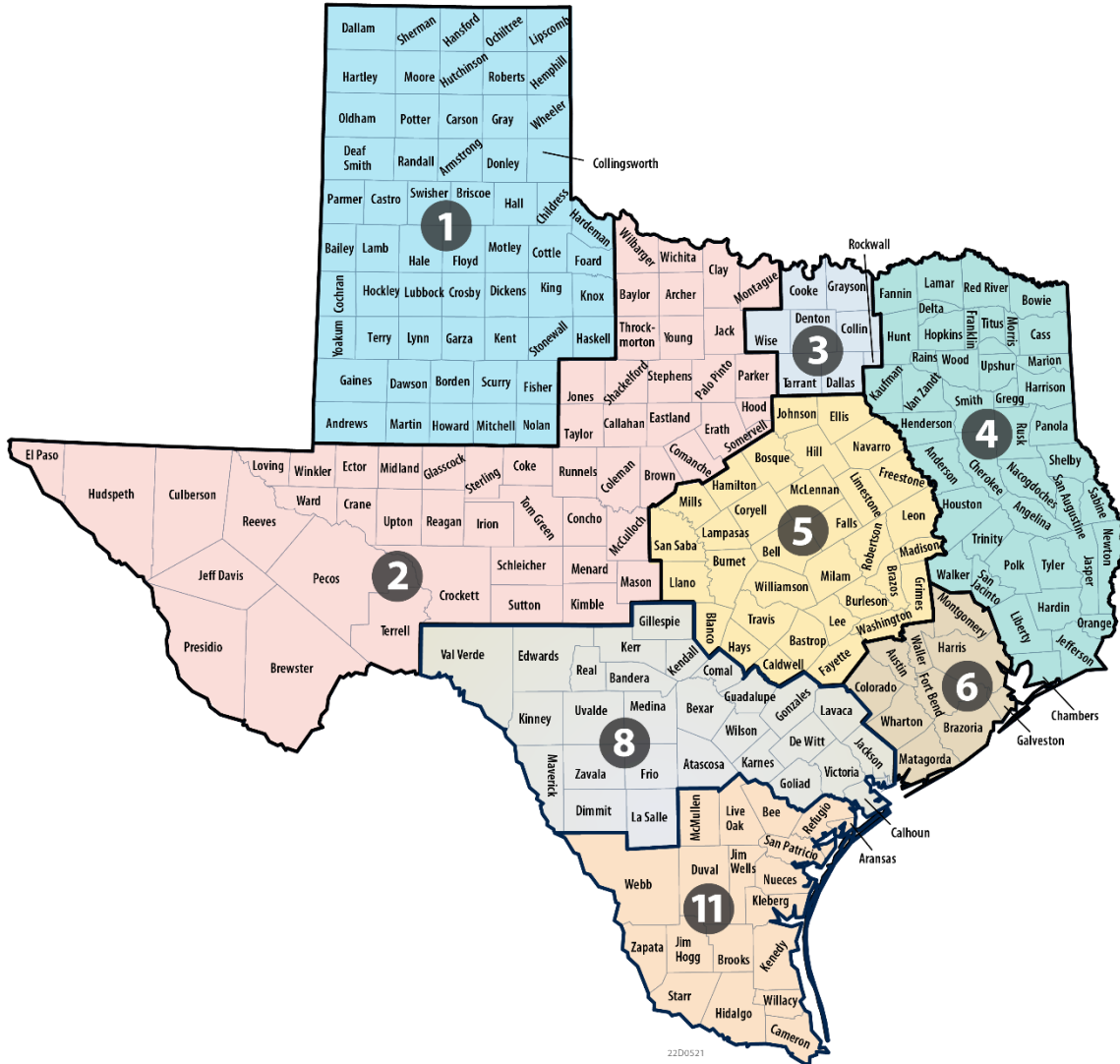
Note:

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

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

Appendix J. Trends

LTCR Regions in Texas



LTCR Regions and the Counties They Serve

Region 1

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
Assisted Living	2,003	39.3%
DAHS	388	7.6%
DAHS-ISS	38	0.7%
DAHS-ISS ONLY	709	13.9%
ICF/IID	761	14.9%
Nursing	1,194	23.4%
PPECC	9	0.2%
Total	5,102	NA

Facilities in Texas by Program and LTCR Region

LTCR Region	ALF Count	DAHS Count	DAHS-ISS Count	DAHS-ISS ONLY Count	ICF/ IID Count	NF Count	PPECC Count	Total Count
01	98	5	3	30	36	83	1	256
02	112	28	2	58	85	135	0	420
03	583	33	1	133	157	223	3	1,133
04	148	8	4	76	117	187	2	542
05	258	6	1	86	114	186	0	651
06	522	62	19	193	109	165	1	1,071
08	239	32	2	80	113	141	0	607
11	42	214	6	52	30	76	2	422
Totals	2,002	388	38	708	761	1,196	9	5,102

Facilities in Texas Percent by Program and LTCR Region

LTCR Region	% of all Asst. Living	% of all DAHS	% of all DAHS-ISS	% of all DAHS-ISS ONLY	% of all ICF/ IID	% of all NF	% of All PPECC	% of Total
01	4.9%	1.3%	7.9%	4.2%	4.7%	6.9%	11.1%	5.0%
02	5.6%	7.2%	5.3%	8.2%	11.2%	11.2%	0.0%	8.2%
03	29.1%	8.5%	2.6%	18.8%	20.6%	18.7%	33.3%	22.2%
04	7.4%	2.1%	10.5%	10.7%	15.4%	15.7%	22.2%	10.6%
05	12.9%	1.5%	2.6%	12.1%	15.0%	15.6%	0.0%	12.8%

LTCR Region	% of all Asst. Living	% of all DAHS	% of all DAHS-ISS	% of all DAHS-ISS ONLY	% of all ICF/IID	% of all NF	% of All PPECC	% of Total
06	26.1%	16.0%	50.0%	27.2%	14.3%	13.8%	11.1%	21.0%
08	11.9%	8.2%	5.3%	11.3%	14.8%	11.8%	0.0%	11.9%
11	2.1%	55.2%	15.8%	7.3%	3.9%	6.4%	22.2%	8.3%

Facility Visits/Contacts by HHSC Surveyors by LTCR Region

LTCR Region	ALF	DAHS	DAHS-ISS	DAHS-ISS Only	ICF/IID	NF	PPECC	Un-licensed	Total
01	260	10	0	36	113	1,216	0	0	1,635
02	194	36	0	27	324	1,623	0	5	2,209
03	811	31	5	61	816	4,067	4	19	5,814
04	234	8	0	37	445	1,795	0	9	2,528
05	602	7	3	85	479	2,852	12	0	4,040
06	604	55	2	79	473	2,057	6	76	3,352
08	345	36	4	54	517	1,514	0	40	2,510
11	64	244	6	55	144	660	0	3	1,176
Totals	3,114	427	20	434	3,311	15,784	22	152	23,264

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	2,003	39.3%	3,114	13.4%
DAHS	388	7.6%	427	1.8%
DAHS-ISS	38	0.7%	20	0.1%
DAHS-ISS ONLY	709	13.9%	434	1.9%
ICF/IID	761	14.9%	3,311	14.2%
NF	1,196	23.4%	15,784	67.8%
PPECC	9	0.2%	22	0.1%
Unlicensed	NA	NA	152	0.7%
Totals	5,104	NA	23,264	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 2019 and FY 2023

Program	FY 2019 Count	FY 2019 Percentage	FY 2023 Count	FY 2023 Percentage
ALF	2,003	44.4%	2,003	39.3%
DAHS	456	10.1%	388	7.6%
DAHS-ISS	NA	NA	38	0.7%
DAHS-ISS ONLY	NA	NA	709	13.0%
ICF/IID	805	27.6%	761	14.9%
NF	1,248	27.6%	1,194	23.4%
PPECC	2	0.1%	9	0.2%
Totals	4,514	NA	5,102	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
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%
2023	2,003	-0.4%	81,718	0.5%
Percent Change FY 2019 to 2023	NA	0%	NA	7.7%

DAHS Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
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%
2023	388	-2.5%	39,042	-1.4%
Percent Change FY 2019 to 2023	NA	-10%	NA	-8.6%

DAHS with Individualized Skills and Socialization Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2023	38	100.0%	3,329	NA
Percent Change FY 2019 to 2023	NA	+100.0%	NA	+100.0%

DAHS-Individualized Skills and Socialization Only Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
2023	709	+100.0%	48,391	+100.0%
Percent Change FY 2019 to 2023	NA	+100.0%	NA	+100.0%

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
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%
2023	761	-2.9%	10,809	-2.9%
Percent Change FY 2019 to 2023	NA	-4.8%	NA	-4.3%

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
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%
2023	15	0.0%	5,979	0.0%
Percent Change FY 2019 to 2023	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
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%
2023	746	-3.0%	4,830	-6.2%
Percent Change FY 2019 to 2023	NA	-5.6%	NA	-11.0%

NF Trends

Fiscal Year	Number of Facilities	Facilities: Percent Growth/ Loss	Number of Licensed or Certified Beds	Licensed or Certified Beds: Percent Growth/Loss
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%
2023	1,194	-1%	136,137	-1.1%
Percent Change FY 2019 to 2023	NA	-2.1%	NA	-1.2%

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
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%
2023	9	12.5%	473	9.2%
Percent Change FY 2019 to 2023	NA	350%	NA	377.8%

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
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%
2023	2,547	-2.0%	42.6%	4,396	-2.6%	87.9%
Percent Change FY 2019 to 2023	NA	-3.2%	NA	NA	-4.3%	NA

Note:

ICF/IID end FY occupancy 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
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%
2023	85,238	4.1%	63.0%
Percent Change FY 2019 to 2023	NA	-8.3%	NA

Note:

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

Facility Visits/Contacts by Regulatory Surveyors for FY 2019-23

Facility Type	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
ALF	5,403	5,997	6,375	4,908	3,121
DAHS	1,040	910	572	430	427
DAHS-ISS	NA	NA	NA	NA	20
DAHS-ISS ONLY	NA	NA	NA	NA	434
ICF/IID	3,597	3,657	3,630	3,962	3,318
NF	12,511	15,641	14,876	16,345	15,784
PPECC	7	15	20	10	22
Unlicensed	143	91	29	62	152
Totals	22,701	26,311	25,502	18,834	23,278

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	6,808	88.0%
Home health branches	607	7.8%
Alternate delivery sites	322	4.2%
Total	7,737	NA

HCSSA Counts by LTCR Region

LTCR Region	Parent Count	% of Parent Total	Branch Count	% of Branch Total	Alternate Delivery Site Count	% of Alternate Delivery Site Total	Total Count	% of Total
01	276	4.1%	66	10.9%	27	8.4%	369	4.8%
02	202	3.0%	9	1.5%	10	3.1%	221	2.9%
03	1,906	28.0%	132	21.7%	94	29.2%	2,132	27.6%
04	373	5.5%	70	11.5%	45	14.0%	488	6.3%
05	420	6.2%	75	12.4%	41	12.7%	536	6.9%
06	2,202	32.3%	73	12.0%	43	13.4%	2,318	30.0%
08	569	8.4%	79	13.0%	43	13.4%	691	8.9%
11	860	12.6%	103	17.0%	19	5.9%	982	12.7%
Totals	6,808	NA	607	NA	322	NA	7,737	NA

HCSSA Visits/Contacts by Regulatory Surveyors by LTCR Region

LTCR Region	HCSSA
01	193
02	87
03	800
04	624
05	451
06	665
08	179
11	134
Total	3,133

Note:

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

HCSSA Counts by Category of Service

Category of Service	Parent	Branch	Alternate Delivery Site
Licensed and certified home health	1,875	257	NA
Licensed and certified home health w/ dialysis	6	0	NA
Licensed home health services	3,002	453	NA
Licensed home health w/ dialysis	37	1	NA
Personal assistance services	4,676	353	NA
Hospice	1,374	1	323

Note:

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

HCSSA Counts by Category of Service by LTCR Region

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

Note:

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

Changes in HCSSAs

HCSSA Counts for FY 2019 and FY 2023

Agency Type	FY 2019	FY 2023
Home health and hospice parents	5,442	6,808
Home health branches	611	607
Alternate delivery sites	200	322
Totals	6,253	7,737

HCSSA Visits/Contacts by LTCR Surveyors for FY 2019-23

Agency	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
HCSSA	4,166	2,900	2,588	2,058	3,133

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
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%
2023	6,808	3.6%	607	2.0%	322	14.6%	7,737	3.9%
Percent Change FY 2019 to 2023	NA	20.2%	NA	-8.7%	NA	21.1%	NA	17.3%

Regulated Waiver Programs

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

Waiver Program and Consumer Counts

Program Type	Count of Waiver Contracts	% of all Contracts	Consumers	% of All Consumers
HCS	903	75.1%	31,447	92.5%
TxHmL	299	24.9%	2,547	7.4%
Totals	1,202	NA	33,994	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	14	1.6%	5	1.7%	19	1.5%
2	115	12.7%	43	14.4%	158	13.1%
3	153	16.9%	59	19.7%	212	17.6%
4	126	14.0%	41	13.7%	167	13.9%
5	265	29.4%	75	25.1%	340	28.3%
6	82	9.1%	21	7.0%	103	8.6%
7	79	8.8%	25	8.4%	104	8.7%
8	23	2.6%	10	3.4%	33	2.8%
9	46	5.1%	20	6.7%	66	5.5%
Totals	903	NA	299	NA	1,202	NA

Reviews of Waiver Programs by State Reviewers by Contract Area

Waiver Contract Area	HCS	TxHmL	Totals
1	22	3	25
2	94	25	119
3	115	35	150
4	103	27	130
5	152	40	192
6	56	1	57
7	33	6	39
8	35	10	45
9	14	3	17
Totals	624	150	774

Note:

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

Reviews of Waiver Programs Compared to the Number of Waiver Programs

Program Type	Contract Count	% of All Contracts	% of All Reviews
HCS	903	75.1%	80.6%
TxHmL	299	24.9%	19.4%
Total	1,202	NA	NA

Note:

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

HCS Residential Category Consumer Counts

Residential Category	Individuals	% of Individuals
Own home or family home	4,245	13.9%
Foster care	16,721	54.9%
Three-person group home	4,461	14.6%
Four-person group home	4,333	14.2%
Temporarily Discharged	718	2.4%
Totals	30,478	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	2,453	49.2%
Three-person group home	1,425	28.6%
Four-person group home	1,112	22.3%
Total	4,990	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 November 2023, 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 2019 and FY 2023

Program Type	FY 2019 Contracts	FY 2019 Individuals	FY 2023 Contracts	FY 2023 Individuals
HCS	852	26,604	903	30,647
TxHmL	363	4,807	299	2,900
Totals	1,215	31,411	1,202	33,547

Waiver Program Contract and Consumers by Percentage for FY 2019 and FY 2023

Program Type	FY 2019 % of All Contracts	FY 2019 % of All Individuals	FY 2023 % of All Contracts	FY 2023 % of All Individuals
HCS	70.1%	84.7%	75.1%	92.4%
TxHmL	29.9%	15.3%	24.9%	8.6%

HCS Trends

Fiscal Year	Number of HCS Contracts	HCS: % Growth/Loss	HCS Individuals	HCS Individuals: % Growth/Loss
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%
2023	903	-0.4%	30,647	+4.3%
Percent Change FY 2019 to 2023	NA	+5.9%	NA	+15.2%

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
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%
2023	299	-5.1%	2,900	-9.2%
Percent Change FY 2019 to 2023	NA	-17.7%	NA	-39.7%

Reviews of Waiver Programs by Regulatory Reviewers for FY 2019-23

Provider Type	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
HCS	1,102	795	966	622	625
TxHmL	389	233	252	178	150
Totals	1,491	1,032	1,218	800	775

Note:

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

Comparisons to Other States

CMS Region VI (which includes Arkansas, Louisiana, New Mexico, Oklahoma, and Texas) for FY 2023, Texas accounts for:

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

Nationwide, Texas accounts for:

- 16 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
- 11 percent of all certified NF federal enforcement cases
- 17 percent of all certified NF immediate jeopardy enforcements

Overview of Enforcement Activities

Administrative Penalties

During FY 2023, HHSC imposed administrative penalties against facilities and agencies, including:

- 79 against ALFs
- 2 against DAHS
- 466 against HCSSAs
- 61 against ICFs/IID
- 37 against NFs
- 2 against PPECCs

Facility Referrals to the OAG

LTCR Region	City	Facility ID or CR No.	Facility Owner Initials	Date Referred
02	El Paso	401922	LM	11/23/22
08	New Braunfels	406121	BH	11/28/22
02	Stephenville	406121	LD	12/20/22
06	Richmond	409710	YR	2/23/23
02	El Paso	423253	RO	6/29/23
03	Dallas	393503	KK	11/7/22
03	Grand Prairie	382690	KL	11/17/22
06	Sugar Land	422662	GC	8/8/23
04	Orange	426150	JT	8/24/23

Facility Amelioration Requests

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

Approved amelioration amounts for FY 2023:

- \$17,500 for modern call lights system that will ensure there are no delays in patient care
- \$4,000 for Virtual Dementia Training Tours training by Second Winds for two days
- \$13,750-DS Smart Equipment and subscriptions

Denial of License

During FY 2023, HHSC denied initial and renewal applications for licensure for facilities and agencies, including:

- 9 ALFs
- 1 DAHS
- 26 HCSSAs
- 1 ICF/IID

License Revocations

During FY 2023, HHSC revoked facility and agency licenses, including:

- 40 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 2023, 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 2023, zero HCSSAs surrendered their licenses in lieu of further enforcement actions.

Vendor Holds

During FY 2023, HHSC placed zero waiver contracts on vendor hold.

Denial of Certification

During FY 2023, HHSC denied 2 certifications to waiver contracts.

Unlicensed Facilities

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

During FY 2023, HHSC referred the following unlicensed facilities for injunctive/other relief and civil penalties to the OAG:

LTCR Region	City	Facility ID or CR No.	Facility Owner Initials	Date Referred
02	El Paso	401922	LM	11/23/22
08	New Braunfels	406121	BH	11/28/22
02	Stephenville	406121	LD	12/20/22
06	Richmond	409710	YR	2/23/23
02	El Paso	423253	RO	6/29/23
03	Dallas	393503	KK	11/7/22
03	Grand Prairie	382690	KL	11/17/22
06	Sugar Land	422662	GC	8/8/23
04	Orange	426150	JT	8/24/23

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 2023 LTCR completed:

- 443 financial investigations resulting in \$1,168,707.00 in NF and ICF/IID resident refunds.
- 1,038 routine monitoring visits resulting in \$19,209,975.70 in NF and ICF/IID resident refunds.
- 156 change of ownership/closure audits resulting in \$4,970,539.00 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 2019–23

Fiscal Year	Administrative Penalties Amount Received (All Facility Types)	Civil Money Penalties Amount Received (Nursing Facilities)
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
2023	\$1,345,970.38	\$7,792,356.73

Top 10 Rankings

Certification Deficiencies and Licensure Violations

Top 10 Violations Cited During Inspections for FY 2023: ALF

1. **Adm Policy & Procedure Resident Assessment & Service Plan: 26 TAC §553.259(b)** - The facility failed to either assess a resident or to develop, approve, sign, or follow a service plan within the allowable time. (Ranked No. 2 in FY 2022.)
2. **Rights-Res 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. (Tied for No. 5 in FY 2022.)
3. **[TIED] 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. (Ranked No. 1 in FY 2022.)
3. **[TIED] 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. (Ranked No. 3 in FY 2022.)
5. **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. (Ranked No. 4 in FY 2022.)
6. **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. (Ranked No. 8 in FY 2022.)
7. **Annual Search of NAR and EMR: 26 TAC §553.257(b)(5)** - The facility failed to search the NAR and EMR annually. (Not ranked in FY 2022.)
8. **[TIED] Fac Const: Safety Ops: FS ITM Program: 26 TAC §553.104(h)(1)-(3)** - The facility failed to have a program to inspect, test, and maintain the fire sprinkler system and keep records of inspection, testing, and maintenance of the fire sprinkler system. (Not ranked in FY 2022.)

8. **[TIED] Rights-Res Bill of Rights: 26 TAC §553.267(a)(3)(F)** - The facility failed to provide a safe and decent living environment. (Not ranked in FY 2022.)
10. **[TIED] 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. (Ranked No. 7 in FY 2022.)
10. **[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. (Tied for No. 5 in FY 2022.)

Top 10 Violations Cited During Inspections for FY 2023: DAHS

1. **Sanitation/General - Odors/Refuse/Hazards: 40 TAC §559.43(a)(7)** - The facility failed to keep the building clean and well maintained. (Tied for No. 5 in FY 2022.)
2. **Emergency Preparedness & Response/Administration: 40 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. (Tied for No. 2 in FY 2022.)
3. **Personal Safety/ Fire- Smoking Regulations: 40 TAC §559.42(c)(1)(G)(iv)** - The facility failed to provide the proper containers to allow for the emptying of ashtrays in smoking areas. (Not ranked in FY 2022.)
4. **Personal Safety/ Fire Safety: 40 TAC §559.42(c)(1)(A)** - The facility did not maintain an onsite copy of the annual fire marshal inspection report. (Not ranked in FY 2022.)
5. **[TIED] LSC/Interpretations- fire alarm inspection: 40 TAC §559.42(b)(2)(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 2022.)
5. **[TIED] Sanitation/ Gen.-Odor Ventilation: 40 TAC §559.43(a)(9)** - The facility failed to properly ventilate bathrooms or other areas used for soiled or unsanitary tasks. (Tied for No. 10 in FY 2022.)

7. **[TIED] Life Safety Code/Principles of NFPA for Day Care Centers: 40 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. (Tied for No. 7 in FY 2022.)
7. **[TIED] Sanitation/General-Rest Room Facilities: 40 TAC §559.43(a)(8)** - The facility failed to provide adequate restrooms for men and women. (Tied for No. 7 in FY 2022.)
7. **[TIED] Sanitation/Kitchen-Food Service Sanitation: 40 TAC §559.43(b)(1)** - The facility failed to observe state requirements and local health ordinances relating to Texas Food Establishments. (Tied for No. 2 in FY 2022.)
10. **Personal Safety/ General - Private Rooms: 40 TAC §559.42(c)(2)(J)** - The facility failed to provide sufficient, separate bedrooms for individuals who preferred privacy. (Ranked No. 1 in FY 2022.)

Top 10 Deficiencies Cited During Inspections for FY 2023: Home Health Agencies

1. **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. 2 in FY 2022.)
2. **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. 1 in FY 2022.)
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 2022.)

4. **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. (Tied for No. 9 in FY 2022.)
5. **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 2022.)
6. **Communication with all physicians: 42 CFR 484.60(d)(1), TAG 0602** - The agency failed to assure communications with all physicians or allowed practitioners involved in the initiation of the plan of care. (Tied for No. 9 in FY 2022.)
7. **Performance improvement projects: 42 CFR 484.65(d)(1)(2), TAG 0658** - The HHA should have at least one performance improvement project either in development, on-going or completed each calendar year. (Ranked No. 4 in FY 2022.)
8. **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 2022.)
9. **Conformance with Physician Orders: 42 CFR 484.60(b), TAG 0578** - The agency failed standard conformance with physician orders. (Tied for No. 9 in FY 2022.)
10. **[TIED] Infection Prevention: 42 CFR 484.70(a), TAG 0682** - The agency failed to follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases. (Not ranked in FY 2022.)
10. **[TIED] Infection Prevention: 42 CFR 484.75(b)(3), TAG 0710** - The agency failed to provide services that are ordered by the physician as indicated by the plan of care. (Not ranked in FY 2022.)
10. **[TIED] Home Health Aide Services: 42 CFR 484.80(h)(1)(i), TAG 0808** - The agency failed to make an onsite visit to the patient's home no less frequently than every 14 days. (Not ranked in FY 2022.)

10. **[TIED] Organization and Administration of Services: 42 CFR 484.105(b)(3), TAG 0956** - The administrator failed to make themselves available during all working hours. (Not ranked in FY 2022.)
10. **[TIED] Organization and Administration of Services: 42 CFR 484.105(c)(5), TAG 0968** - The clinical manager failed to assure the development, implementation, and updates of the individualized plan of care. (Not ranked in FY 2022.)

Top 10 Violations Cited During Inspections for FY 2023: HHA

1. **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. 2 in FY 2022.)
2. **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 2022.)
3. **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 2022.)
4. **[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 2022.)
4. **[TIED] 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. 6 in FY 2022.)
6. **Client Records - Level A: 26 TAC §558.301(a)(9)(C)** - The agency failed to have a care plan, plan of care, or individualized service plan, as applicable, in each client record, and/or failed to meet specified requirements for the information included in each of these plans. (Not ranked in FY 2022.)

7. **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 2022.)
8. **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. 7 in FY 2022.)
9. **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. 3 in FY 2022.)
10. **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. 4 in FY 2022.)

Top 10 Deficiencies Cited During Inspections for FY 2023: 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 2022.)
2. **Coordination of Services: 42 CFR 418.56I(4), TAG 0557** – The hospice failed to develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to provide for and ensure the ongoing sharing of information between all disciplines providing care and services in all settings, whether the care and services are provided directly or under arrangement. (Not ranked in FY 2022.)
3. **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. 7 in FY 2022.)

4. **Update of Comprehensive Assessment: 42 CFR 418.54(d), TAG 0533** – The hospice failed to ensure that the update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days. (Not ranked in FY 2022.)
5. **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. (Tied for No. 2 in FY 2022.)
6. **[TIED] Condition of Participation: Interdisciplinary Group, Care Planning, Coordination of Services: 42 CFR 418.56, TAG 0536** – The hospice failed to meet one or more requirements identified in paragraph (a) of this rule, to include: designation of an interdisciplinary group or groups which, in consultation with the patient's attending physician, must prepare a written plan of care for each patient and the plan of care must specify the hospice care and services necessary to meet the patient and family-specific needs identified in the comprehensive assessment as such needs relate to the terminal illness and related conditions; preparation of written plans of care for five of seven patient(s) whose clinical records were reviewed; and ensuring that the patient and the primary care giver received education and training provided by the hospice as to their responsibilities for the care and services identified in the plan of care. (Not ranked for FY 2022.)
6. **[TIED] Content of Plan of Care: 42 CFR 418.56I(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. (Tied for No. 4 in FY 2022.)

6. **[TIED] Supervision of Hospice Aides: 42 CFR 418.76(h)(1)(i), TAG 0629** – The hospice failed to ensure that the registered nurse make an on-site visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit. (Not ranked in FY 2022.)
9. **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. 7 in FY 2022.)
10. **[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. 4 in FY 2022.)
10. **[TIED] Content of Comprehensive Assessment: 42 CFR 418.54(c)(7), TAG 0531** – The hospice failed to incorporate in the plan of care the social, spiritual, and cultural factors from the initial bereavement assessment that may impact the needs of the patient's family and other individuals and their ability to cope with the patient's death and considered in the bereavement plan of care. (Not ranked in FY 2022.)
10. **[TIED] Content of Plan of Care: 42 CFR 418.56(c)(1), TAG 0546** – The hospice failed to effectively manage the patient's pain and symptoms by not ensuring an ongoing assessment of the patient's physical, psychosocial, emotional and spiritual needs and re-evaluation the effectiveness of the current plan of care in order to address ineffective pain and symptom management. (Not ranked in FY 2022.)
10. **[TIED] Content of Plan of Care: 42 CFR 418.56(c)(2), TAG 0547** The agency failed to include the frequency of visits for skilled nursing, hospice aide, social worker, chaplain, and volunteer services in the plan of care. (Not ranked in FY 2022.)
10. **[TIED] Coordination of Services: 42 CFR 418.56(e)(5), TAG 0558** – The hospice failed to develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to provide for an ongoing sharing of information with other non-hospice healthcare providers furnishing services unrelated to the terminal illness and related conditions. (Not ranked in FY 2022.)

10. **[TIED] Quality Assessment & Performance Improvement: 42 CFR 418.58, TAG 0560** - The hospice failed to develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice failed to maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to the Centers for Medicare and Medicaid Services. (Not ranked in FY 2022.)
10. **[TIED] Counseling Services: 42 CFR 418.64(d)(1), TAG 0596** - the agency failed to develop a bereavement plan of care. (Not ranked in FY 2022.)
10. **[TIED] Condition of Participation: Organizational Environment: 42 CFR 418.100, TAG 0648** - The hospice failed to meet one or more requirements identified in this rule, to include: organization, management, and administration of its resources to provide the hospice care and services to patients, caregivers and families necessary for the palliation and management of the terminal illness and related conditions; having drugs and biologicals available on 24-hour basis 7 days a week; providing orientation about the hospice philosophy to all employees and contracted staff who have patient and family contact; and having written policies and procedures describing its method(s) of assessment of competency of the registered nurses furnishing care. (Not ranked in FY 2022.)

Top 10 Violations Cited During Inspections in FY 2023: Hospice

1. **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. (Tied for No. 1 in FY 2022.)
2. **Review of Hospice Plan of Care - Level B: 26 TAC §558.822(a)** - The agency's IDT failed to revise and document the plan of care within the allotted timeframe. (Not ranked in FY 2022.)
3. **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. (Tied for No. 7 in FY 2022.)

4. **[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. (Tied for No. 3 in FY 2022.)
4. **[TIED] Personnel Records - Level A: 26 TAC §558.246(a)(1)** - The agency failed to include in its personnel records, a job description, or a signed statement from each person that they read the job description and required qualifications for the position they accepted. (Not ranked in FY 2022.)
6. **[TIED] Management Responsibility: Administrator - Level B: 26 TAC §558.243(b)(1)(A)** - The administrator failed to manage the daily operations of the agency. (Tied for No. 1 in FY 2022.)
6. **[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. (Tied for No. 3 in FY 2022.)
6. **[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. (Tied for No. 7 in FY 2022.)
6. **[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. (Tied for No. 10 in FY 2022.)
6. **[TIED] Hospice Aide Services - Level B: 26 TAC §558.842(d)(1)** - The agency failed to make an on-site visit to a client's home to supervise the hospice aide services at least every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice IDT meet the client's needs. The hospice aide does not have to be present during this visit. (Not ranked in FY 2022.)

Top 10 Deficiencies Cited During Inspections for FY 2023: 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. 1 in FY 2022.)
2. **Drug Administration: 42 CFR 483.460(k)(2), TAG 0369** - The facility failed to ensure there were no medication errors. (Ranked No. 6 in FY 2022.)
3. **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. 2 in FY 2022.)
4. **Infection Control: 42 CFR 483.470(l)(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. 5 in FY 2022.)
5. **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. (Tied for No. 9 in FY 2022.)
6. **Nursing Services: 42 CFR 483.460(c), TAG 0331** - The facility failed to provide nursing services in accordance with individuals' needs. (Ranked No. 4 in FY 2022.)
7. **[TIED] Client Protections: 42 CFR 483.420(a), TAG 0122** - (Not ranked in FY 2022.) The facility failed to ensure the rights of all clients.
7. **[TIED] 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. 3 in FY 2022.)
9. **Space and Equipment: 42 CFR 483.470(g)(2), TAG 0436** - (Not ranked in FY 2022.) The facility failed to furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.
10. **Governing Body and Management: 42 CFR 483.410, TAG 0102** - The facility failed to ensure that specific governing body and management requirements are met. (Ranked No. 8 in FY 2022.)

Top 10 Deficiencies Cited During Inspections for FY 2023: ICF/IID - Life Safety Code

- 1. Corridor - Doors: National Fire Protection Association: NFPA 101, TAG S363** - The facility failed to comply with requirements related to corridor doors. (Ranked No. 2 in FY 2022.)
- 2. 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. 1 in FY 2022.)
- 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. 3 in FY 2022.)
- 4. 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 2022.)
- 5. Sprinkler System - Maintenance and Testing: NFPA 101, TAG S353** - The facility failed to comply with requirements for testing, maintaining, and inspecting a sprinkler system. (Ranked No. 4 in FY 2022.)
- 6. 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. 7 in FY 2022.)
- 7. 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. (Ranked No. 6 in FY 2022.)
- 8. 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 2022.)
- 9. 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. (Ranked No. 8 in FY 2022.)

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. 10 in FY 2022.)

Top 10 Deficiencies Cited During Inspections for FY 2023: 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 2022.)
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 2022.)
3. **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. 4 in FY 2022.)
4. **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. 3 in FY 2022.)
5. **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. 7 in FY 2022.)
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. 6 in FY 2022.)
7. **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. (Ranked No. 8 in FY 2022.)
8. **ADL Care Provided for Dependent Residents: 42 CFR 483.25(i), TAG 0695** - The facility failed to ensure each resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care,

consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals, and preferences. (Not ranked in FY 2022.)

9. **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. 5 in FY 2022.)
10. **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. 9 in FY 2022.)

Top 10 Deficiencies Cited During Inspections for FY 2023: 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 2022.)
2. **Subdivision of Building Spaces - Smoke Barrier Construction: NFPA 101, TAG 0372** - The facility failed to construct smoke barriers in accordance with certain Life Safety Code requirements or with the required resistance ratings. (Ranked No. 3 in FY 2022.)
3. **Cooking Facilities: NFPA 101, TAG 0324** - The facility failed to comply with requirements related to cooking facilities or cooking equipment. (Ranked No. 6 in FY 2022.)
4. **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 2022.)
5. **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. 4 in FY 2022.)
6. **Hazardous Areas - Enclosure: NFPA 101, TAG 0321** - The facility failed to comply with requirements related to the protection of hazardous areas. (Ranked No. 5 in FY 2022.)

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. 7 in FY 2022.)
8. **Utilities - Gas and Electric: NFPA 101, TAG 0511** - (Not ranked in FY 2022.)
9. **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. (Ranked No. 10 in FY 2022.)
10. **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 2022.)

Principles

Top 10 Principles Cited During Reviews for FY 2023: 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. (Ranked No. 1 in FY 2022.)
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. (Ranked No. 2 in FY 2022.)
3. **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. (Ranked No. 5 in FY 2022.)
4. **Service Delivery: 40 TAC §9.174(a)(3)** – The program provider failed to provide HCS Program or CFC services timely and as needed. (Ranked No. 6 in FY 2022.)
5. **[TIED] 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. (Ranked No. 7 in FY 2022.)

5. **[TIED] Nursing-Monitoring Medications: 40 TAC §9.174(a)(31)(B)** - The program provider failed to ensure monitoring of medications. (Ranked No. 4 in FY 2022.)
5. **[TIED] 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. 3 in FY 2022.)
8. **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. 9 in FY 2022.)
9. **[TIED] Rights of Individuals: 40 TAC §9.173(b)(16)** - Protect and promote the rights of individuals to live in a normal residential setting. (Not ranked in FY 2022.)
9. **[TIED] Staff Member and Service Provider Requirements: 40 TAC §9.177(n)** - Program provider must complete background checks. (Not ranked in FY 2022.)

Top 10 Principles Cited During Reviews for FY 2023: 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 2022.)
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. 2 in FY 2022.)
3. **[TIED] 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. 3 in FY 2022.)
3. **[TIED] Quality Assurance: 40 TAC §9.580(a)(21)(C)** - Program provider must: obtain an acknowledgement stating information provided to

the individual or LAR and that is signed by a third-party witness. (Not ranked in FY 2022.)

3. **[TIED] Quality Assurance: 40 TAC §9.580(d)** - Program provider must comply with the Complaint Process. (Not ranked in FY 2022.)
 3. **[TIED] 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. 6 in FY 2022.)
 3. **[TIED] Quality Assurance: 26 TAC §566.11(n)** – Program provider must enter critical incident data in the data system no later than the last calendar day of the month that follows the month being reported.
 3. **[TIED] Qualified Personnel: 40 TAC §9.579(r)** - Program provider must comply Background Checks. (Not ranked in FY 2022.)
 3. **[TIED] Program Provider Service Delivery: 40 TAC §9.578(c)(2)(B)** – The program provider failed to regularly inform the individual/LAR of the individuals progress related to implementation of the PDP. (Ranked No. 8 in FY 2022.)
10. All other principles cited during this period were cited an equal number of times.

Informal Dispute Resolutions for Fiscal Year 2023

IDR Outcomes	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total	Month Avg
NF Cases Received	16	21	13	11	16	16	19	14	24	32	21	27	230	19.2
NF Cases Withdrawn/Denied	2	3	2	2	0	4	1	3	3	1	3	3	27	2.3
NF Cases Reviewed	9	19	17	12	14	9	20	19	16	31	22	24	212	17.7
NF % Completed Timely	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
NF Cases Amended	1	8	6	5	3	2	8	7	9	7	11	13	80	6.7
<i>NF % Cases Amended</i>	11%	42%	35%	42%	21%	22%	40%	37%	56%	23%	50%	54%	NA	33%
NF Cases Amended/Rejected post IDR	0	0	2	4	2	2	0	0	4	5	4	5	28	2.3
NF Citations Reviewed	23	64	62	37	38	28	53	66	43	86	100	75	675	56.3
NF Citations Deleted	0	17	12	3	0	2	14	13	13	5	18	16	113	9.4
NF Citations Partially Deleted	2	0	0	2	2	2	0	4	2	0	3	4	21	1.8
NF Severity/Scope Changed	0	0	6	4	4	0	4	4	8	10	8	6	54	4.5
NF Citations Moved	0	2	0	0	0	0	0	0	0	0	0	2	4	0.3
NF Citations Unchanged	21	45	44	28	32	24	35	45	20	71	71	47	483	40.3
<i>NF % Citations Amended</i>	9%	30%	29%	24%	16%	14%	34%	32%	53%	17%	29%	37%	NA	26%
ALF Cases Received	2	2	3	2	0	3	1	2	5	2	4	4	30	2.5
ALF Cases Withdrawn/Denied	0	3	0	0	0	0	0	0	0	0	1	1	5	0.4
ALF Cases Reviewed	4	2	2	1	2	1	3	0	4	2	4	5	30	2.5
ALF % Completed Timely	100%	100%	100%	100%	100%	100%	100%	NA	100%	100%	100%	100%	NA	100%

IDR Outcomes	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total	Month Avg
ALF Cases Amended	2	1	0	0	0	0	1	0	3	0	1	2	10	0.8
<i>ALF % Cases Amended</i>	50%	50%	0%	0%	0%	0%	33%	0%	75%	0%	25%	40%	NA	23%
ALF Cases Amended/Rejected post IDR	0	1	0	1	0	0	0	0	0	0	0	0	2	0.2
ALF Citations Reviewed	4	2	2	1	3	1	4	0	5	3	12	7	44	3.7
ALF Citations Deleted	2	1	0	0	0	0	1	0	3	0	1	2	10	0.8
ALF Citations Partially Deleted	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
ALF Severity/Scope Changed	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
ALF Citations Moved	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
ALF Citations Unchanged	2	1	2	1	3	1	3	0	2	3	11	5	34	2.8
<i>ALF % Citations Amended</i>	50%	50%	0%	0%	0%	0%	25%	NA	60%	0%	8%	29%	NA	21%
ICF Cases Received	1	6	3	1	1	3	1	0	1	1	3	2	23	1.9
ICF Cases Withdrawn/Denied	0	0	0	0	0	0	0	1	0	0	1	0	2	0.2
ICF Cases Reviewed	1	1	6	3	1	1	2	1	1	1	1	3	22	1.8
ICF Completed Timely	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
ICF Cases Amended	0	1	1	2	0	0	1	0	1	0	1	1	8	0.7
<i>ICF % Cases Amended</i>	0%	100%	17%	67%	0%	0%	50%	0%	100%	0%	100%	33%	NA	33%
ICF Cases Amended/Rejected post IDR	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
ICF Citations Reviewed	2	12	31	12	7	3	6	9	6	2	14	15	119	9.9
ICF Citations Deleted	0	1	1	1	0	0	1	0	2	0	3	6	15	1.3

IDR Outcomes	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total	Month Avg
ICF Citations Partially Deleted	0	1	1	2	0	0	1	0	1	0	0	0	6	0.5
ICF Severity/Scope Changed	0	0	0	0	0	0	0	0	0	0	0	3	3	0.3
ICF Citations Moved	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
ICF Citations Unchanged	2	10	29	9	7	3	4	9	3	2	11	6	95	7.9
<i>ICF % Citations Amended</i>	0%	17%	6%	25%	0%	0%	33%	0%	50%	0%	21%	60%	NA	13%
Total Cases Received	19	29	19	14	17	22	21	16	30	35	28	33	283	23.6
Total Cases Withdrawn/Denied	2	6	2	2	0	4	1	4	3	1	5	4	34	2.8
Total Cases Reviewed	14	22	25	16	17	11	25	20	21	34	27	32	264	22.0
Total % Completed Timely	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Total Cases Amended	3	10	7	7	3	2	10	7	13	7	13	16	98	8.2
<i>Total % Cases Amended</i>	21%	45%	28%	44%	18%	18%	40%	35%	62%	21%	48%	50%	NA	33%
Total Cases Amended/Rejected post IDR	0	1	2	5	2	2	0	0	4	5	4	5	30	2.5
Total Citations Reviewed	29	78	95	50	48	32	63	75	54	91	126	97	838	69.8
Total Citations Deleted	2	19	13	4	0	2	16	13	18	5	22	24	138	11.5
Total Citations Partially Deleted	2	1	1	4	2	2	1	4	3	0	3	4	27	2.3
Total Severity/Scope Changed	0	0	6	4	4	0	4	4	8	10	8	9	57	4.8
Total Citations Moved	0	2	0	0	0	0	0	0	0	0	0	2	4	0.3
Total Citations Unchanged	25	56	75	38	42	28	42	54	25	76	93	58	612	51.0

IDR Outcomes	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total	Month Avg
<i>Total % Citations Amended</i>	14%	28%	21%	24%	13%	13%	33%	28%	54%	16%	26%	40%	NA	24%

Notes:

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

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

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

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

HCS and TxHmL Contracts

The tables in this appendix contain information relating to the Home and Community-based Services and Texas Home Living waiver programs, by category, for fiscal year (FY) 2023.

Vendor Hold

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

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

Denial of Certification

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

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

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

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

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

HCS Vendor Holds

HHSC did not recommend vendor hold for any HCS in FY 2023.

TxHmL Vendor Holds

HHSC did not recommend vendor hold for any TxHmL in FY 2023.

HCS Denials of Certification

Waiver Contract Area	Waiver Contract City	Contract Number	Contract	Visit Exit Date
3	Grand Prairie	1009194	C3 Christian Academy	2/17/23
3	Lancaster	1009369	Christ Arms Home Health Care Inc 2	7/27/23

HHSC recommended 2 total HCS decertifications.

TxHmL Denial of Certifications

HHSC did not recommend denial of certification for any TxHmL in FY 2023.

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	464	NA
TxHmL	8	NA
Total	472	NA

Note:

Due to the migration of survey records into ASPEN in January 2021 and provider information, including complaints and on-site requests, into Salesforce, on-site review data is not currently available. Additionally, issues with the functionality of Salesforce at launch affected survey data entry and assignment of work. As of November 2023, LTCR continues working on processes to capture this data in Salesforce.