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**Welcome to the**

**ALF Provider**

**Webinar with LTCR**

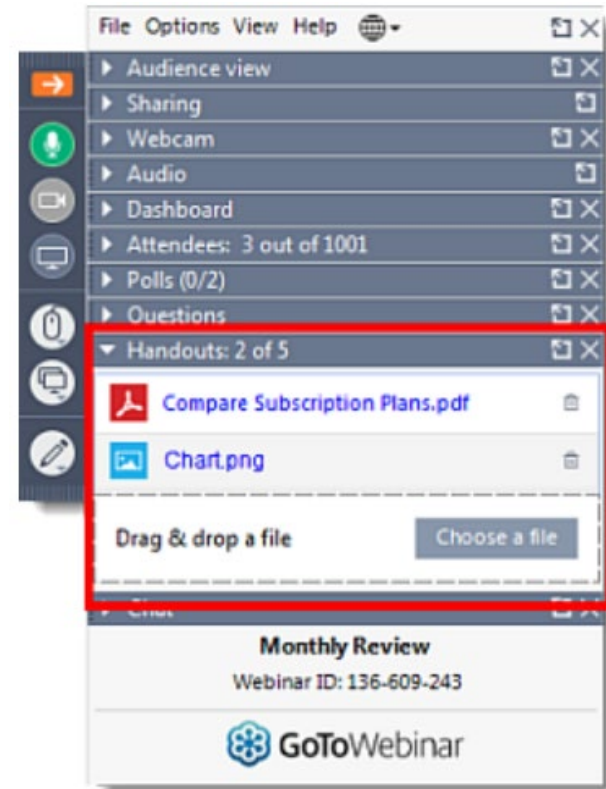
**September 21, 2022**



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# Handout

A pdf version of this presentation is available in the **Handout** section of your control panel. Save the file to your computer to view or print later.



# Infection Control Presentation

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**Bijendra Bhandari**

Infection Prevention Policy Specialist

# HHSC Urges Providers to be Vigilant for Monkeypox in LTC Communities

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- August 5, 2022 – be alert for people who have [rashes and other symptoms consistent with monkeypox](#). Providers should follow [CDC guidance on monkeypox](#).
- Monkeypox is immediately reportable to DSHS upon suspicion of infection.
- In addition to the DSHS reporting requirements, NFs and ALFs must report confirmed cases of monkeypox to [HHSC Complaint and Incident Intake \(CII\)](#).
- LTC providers should contact either their local health department or DSHS regional offices for questions regarding monkeypox. Email questions on testing, monitoring, postexposure prophylaxis and treatment to [EAIDUMonitoring@dshs.texas.gov](mailto:EAIDUMonitoring@dshs.texas.gov).



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# Monkeypox Virus

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- [Monkeypox](#) is a rare disease caused by infection with the monkeypox virus.
- Monkeypox virus is part of the same viral family that causes smallpox. Monkeypox symptoms are similar to smallpox symptoms, but milder, and monkeypox is rarely fatal. Monkeypox is not related to chickenpox.
- The illness typically lasts 2-4 weeks.
- A person with monkeypox can spread it to others from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed.



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[CDC information on 2022 U.S. Monkeypox Outbreak](#)

# Monkeypox Symptoms

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Symptoms of monkeypox can include:

- Rash
- Fever
- Headache
- Muscle aches and backache
- Swollen lymph nodes
- Chills
- Exhaustion
- Respiratory symptoms (e.g., sore throat, nasal congestion, or cough)



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# Monkeypox Rash

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- The [rash](#) may be located on or near the genitals or anus but may also appear on the hands, feet, chest, face, or mouth.
- The rash will go through several stages, including scabs, before healing. The rash can look like pimples or blisters and may be painful or itchy.
- A person with monkeypox can spread it to others from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed.



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# Monkeypox Rash: Examples

## MONKEYPOX

### VISUAL EXAMPLES OF MONKEYPOX RASH



Photo Credit: NHS England High Consequence Infectious Diseases Network



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# Monkeypox Rash: Examples (cont.)

## MONKEYPOX

### VISUAL EXAMPLES OF MONKEYPOX RASH



Photo Credit: UK Health Security Agency



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# Transmission

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How the virus can [spread](#):

- Direct contact with the rash, scabs, or bodily fluids.
- Respiratory secretions during prolonged, face-to-face contact, or intimate contact.
- Touching objects, fabrics (e.g., clothing, bedding, or towels), and surfaces used by someone with monkeypox.
- Pregnant women can spread the virus to their fetus through the placenta.



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# Vaccination

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- People can be vaccinated after exposure to the monkeypox virus, ideally within 4 days, to help prevent the disease.
- JYNNEOS vaccine is FDA-approved for prevention of monkeypox. It is the primary vaccine being used in the U.S during this outbreak.
- Due to limited supply, all requests for JYNNEOS need to be routed through the local health department or DSHS. They can supply providers as needed.
- Private providers cannot directly order JYNNEOS at this time.



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# Treatment

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- There are no treatments specifically for monkeypox.
- Antivirals, such as tecovirimat (TPOXX) may be used for people more likely to get severely ill, such as patients with weakened immune systems.
- TPOXX is [available](#) for monkeypox treatment.
- Due to limited supply, all requests for TPOXX need to be routed through the local health department or DSHS. They will facilitate getting TPOXX for the provider.
  - a) Only public health entities can order TPOXX directly at this time.
  - b) Private providers can request TPOXX for specific patient use from the public health entities. They cannot directly order it at this time.



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# Resident Placement

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1. Providers should follow [CDC guidance on monkeypox](#).
2. A resident with suspected or confirmed monkeypox infection should be placed in a single-person room. The door should be kept closed (if safe to do so). The resident should have a dedicated bathroom.
3. Transport and movement of the resident outside of the room should be limited to medically essential purposes.
4. If the resident is transported outside of their room, they should use well-fitting source control (e.g., medical mask) and have any exposed skin lesions covered with a sheet or gown.



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# Isolation Precautions

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1. If a resident requires inpatient medical care and is isolated for monkeypox, decisions regarding discontinuation of isolation precautions should be made in consultation with the local or state health department.
2. [Isolation Precautions](#) should be maintained until all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath.



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# Management of Staff and Residents with Monkeypox Exposure

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- Staff and residents who have had contact with animals or people confirmed to have monkeypox should be monitored for symptoms for 21 days after their last exposure.
- Healthcare personnel and residents who have had exposure to monkeypox should be monitored and receive postexposure management according to [current recommendations](#) from the CDC.



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# Management of Staff with Monkeypox Exposure

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- Any staff member who has cared for a resident with monkeypox should:
  - be alert to the development of the virus's symptoms, especially within the 21-day period after exposure, and
  - notify their facility's infection control, HHSC and DSHS to be guided about medical evaluation and appropriate isolation.
- Staff who have unprotected exposure to residents with monkeypox do not need to be excluded from work duty, but should undergo active surveillance for symptoms.
- Symptom surveillance includes checking temperature at least twice daily for 21 days following exposure.
- Prior to reporting for work each day, the healthcare worker should be interviewed regarding evidence of fever or rash.



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# PPE During Care for Residents with Monkeypox

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PPE used by healthcare personnel who enter the resident's room should include:

- Gown
- Gloves
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
- NIOSH-approved particulate respirator equipped with N95 filters or higher



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# Environmental Infection Control

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- According to the [CDC](#), standard cleaning and disinfection procedures should be performed using an EPA-registered hospital-grade disinfectant that is effective against emerging viral pathogens.
- Products [effective against Emerging Viral Pathogens](#) are found on the EPA's [List Q](#). Follow the manufacturer's directions for concentration, contact time, and care and handling.



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# Environmental Cleaning/Disinfection

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1. Soiled laundry (e.g., bedding, towels, personal clothing) should be handled in accordance with recommended standard practices. *Discourage family members from doing laundry.*
2. Avoid contact with any lesion material that may be present on the laundry.
3. Soiled laundry should be gently and promptly contained in an appropriate laundry bag and never be shaken or handled in manner that may disperse infectious material. Use laundry bags that go directly in the washer to avoid secondary contamination.



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# Visitation for Residents with Monkeypox

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- Visitors for residents with suspected or confirmed monkeypox should be limited to those essential for the resident's care and wellbeing (e.g., parents of a child, spouse).
- When making decisions about who might visit, the following factors are among those typically considered:
  - the resident's age
  - their ability to advocate for themselves
  - their ability to adhere to IPC recommendations
  - whether the visitor may already have had higher risk exposure to monkeypox than the resident has.



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# Visitation for Residents with Monkeypox: Additional Considerations

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1. Visitation is a resident right, and facilities will need to work with the visitors to ensure that they understand and can follow the recommended precautions.
2. In general, visitors with contagious diseases should not be visiting residents in healthcare settings, in order to minimize the risk of transmission to others.



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# Questions

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## Infection Control Questions

LTCR Policy Mailbox

[LTCRPolicy@hhs.texas.gov](mailto:LTCRPolicy@hhs.texas.gov)



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# ALF Resources

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[ALF Provider Portal](#) - Find answers to most common questions

Resources and tools for ALFs:

- [26 TAC Chapter 570](#) – LTC Rules during Public Health Emergency
- [COVID-19 Response Plan](#) (Rev. 9/12)
- [ALF FAQ](#)
- [Provider Letters](#)



# PL 2022-23 Retail Food Code Ch. 228 Guidance and Clarification

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This provider letter clarifies what requirements a facility must develop, maintain, and enforce for dietary policies and procedures that address food preparation and service.

- Requirements in this PL apply to large facilities licensed for 17 or more residents.
- A small facility licensed for fewer than 17 residents is not required to follow the requirements in chapter 228 but could use this guidance to assist in their policies and procedures
- [PL 2022-23 Title: Retail Food Code Chapter 228 Guidance](#)
- [Chapter 228 - Retail Food Establishments Rules](#)
- [FDA Federal Food Code 2017](#)



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# **PL 2022-23 Retail Food Code Ch. 228 Guidance and Clarification (Cont.)**

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The applicable food code covers the following to be used in crafting policies and procedures.

- Management and supervision of personnel
- Food preparation
- Food date marking
- Discarding food
- Food Storage
- Pest Control

# Licensing of Food Handler Training Programs

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The Texas Department of State Health Services (DSHS) requires that all food employees complete an accredited food handler training course within 60 days of employment.

Training programs are available:

- [Classroom](#)
- [Online](#)
- [Private](#)

# Expedited LSC Inspection Time Frames

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## HHSC Publishes Revised Guidance on Expedited LSC Inspection Time Frames for NF and ALF Providers

HHSC Long-term Care Regulation has published revised [Provider Letter 2018-21, Expedited Life Safety Code Inspection Time Frames \(PDF\)](#). The letter clarifies the 15-business (NFs), or calendar-day (ALFs) timeframe provided by rule for HHSC to conduct an expedited LSC and physical plant inspection of a NF or an ALF license applicant.

# Technical Memoranda

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- [TM 2022-01 - Tentative Interim Amendments to NFPA Codes and Standards](#) provides guidance on the requirements for following a Tentative Interim Amendment to a code or standard published by the National Fire Protection Association.
- [TM 2022-02 - Protection of Cooking Operations in Small Type A, Small Type B, and Large Type A ALFs](#) provides guidance on the requirements for protection of cooking operations in small Type A, small Type B, and large Type A ALFs.

Submit any questions to [LTCRPolicy@hhs.Texas.gov](mailto:LTCRPolicy@hhs.Texas.gov)

# Report: Generator Availability

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## HHSC Publishes Report About Generator Availability in NFs and ALFs

As required by House Bill 1423, 87th Legislature, Regular Session, 2021, HHSC Long-term Care Regulation has published [Generator Availability in Nursing Facilities and Assisted Living Facilities \(PDF\)](#).

LTCR surveyed licensed assisted living facilities and nursing facilities to determine how many are equipped with an operational generator or comparable power source that can provide continuous electrical utility services during severe weather or emergencies. This report provides the results of that survey.



# Most Frequently Cited Deficiencies

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This course covers the 10 most frequently cited deficiencies based on the agency's annual report for fiscal year 2021.

- [10 Most Frequently Cited Violations in ALFs — Fiscal Year 2021](#)

# Texas Culture Change Coalition Conference

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## Save the Date: Texas Culture Change Coalition Conference

The 2022 Texas Culture Change Coalition theme is "Now's the Time: A Day Focused on Person-Centered Care."

This year's conference, "**Texans Coming Together for Residents, for Staff, for All!**" will be held in person at the J.J. Pickle Commons Center in Austin, Tx on Nov. 3, 2022.

Continuing education credit for multiple disciplines will be provided for this event.

For more information about this event, please fill out [this contact form on the Texas Culture Change Coalition website](#).



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# PL – Appropriate Placement Determination

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[Provider Letter 2022-22, Appropriate Placement Determination\(PDF\)](#)

This provider letter describes the process a facility should follow if an inappropriately placed resident is identified.

The PL includes document *Evaluating Placement for ALFs* that facilities may use to help determine if a resident is appropriately placed.

# PL – New Regional Boundaries

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[Provider Letter 2022-18 - New Regional Boundaries for Long-term Care Providers \(PDF\)](#)

The letter indicates that HHSC Long-term Care Regulation has redrawn regional boundaries for survey and investigation purposes effective August 1, 2022.

All LTC providers are affected by the new regional boundaries. Please see the [map for the new regional boundaries](#) that went into effect on August 1, 2022. The new boundaries separate former Region 7 into two new regions: Region 8 and 11.

[Read the PL details.](#)

# PL – Offsite Investigation Requirements

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[Provider Letter 2022-15 - Offsite Review Responsibility Requirements \(PDF\)](#)

The letter reminds facilities and agencies that they have the same obligation to respond to an investigation that HHSC conducts virtually and offsite as they do during an investigation that HHSC conducts in-person and onsite.

[Read the PL details.](#)

# Expiration of Emergency Rules

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## REMINDER

Following the expiration of the ALF COVID-19 emergency rules, providers are responsible for developing, implementing, enforcing, and maintaining infection prevention and control policies and procedures to ensure the health and safety of the residents.



# Reportable Diseases

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[§553.261\(f\)\(3\)](#) – ALFs must immediately report the name of any resident with a reportable disease as specified in:

[25 TAC Chapter 97 Subchapter A – Control of Communicable Diseases](#)

Report to city health officer, county health officer, or health unit director having jurisdiction.

No longer required to report to CII.





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# Resident Rights

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Reminder: Resident's Bill of Rights –  
[§553.267](#)

- Each resident has the right to participate in activities of social, religious, or community groups unless the participation interferes with the rights of others.
- Each resident has the right to personal visitation with any person of the resident's choice

# 2022 Hurricane Season

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Long-term care providers in Texas are reminded to review their emergency preparedness and response plans with special focus on Atlantic hurricane season, which runs June 1–Nov. 30.

LTC providers should make updates, if necessary.

**Reminder:** Providers affected by an adverse event, such as severe weather, or expecting a need to temporarily exceed capacity due to a disaster, should contact their HHSC [LTC Regulatory regional office](#).

Please refer to your [program's rules](#) for more important information regarding emergency preparedness.

# Architectural Unit Contact Info

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HHSC Long-term Care Regulation State Office Architectural Unit has updated their contact information for facility-based long-term care providers.

The LTCR Architectural Unit can be reached by:

- calling 512-438-2371 or
- emailing [HHSLTCRArchitecturalUnit@hhs.texas.gov](mailto:HHSLTCRArchitecturalUnit@hhs.texas.gov)



# Webinar Recordings and PDFs

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## Where can I find previous webinars?

Recordings and PDFs of previous ALF webinars are available from the [ALF Portal](#).

Past webinars are listed in the **Webinars** section. Access the slides and a recording of last month's webinar below:

- [July 13, 2022 - ALF COVID-19 Q&A Webinar Slides \(PDF\)](#)
- [July 13, 2022 - ALF COVID-19 Q&A Webinar Recording](#)

Next scheduled webinar: TBD



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# Upcoming Rules

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- Memory Care disclosure and form
- Criminal History Check for attendants who have worked in other states in the previous 5 years



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# ALF Reorganization

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Reminder – ALF Reorganization

- Internal review process
- Informal public comment (2 weeks)
- Formal comment

# Comment on Proposed & Draft Rules



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## Comment on Proposed and Draft Rules

- Draft Rules – Informal Comment
  - Informal opportunities to comment before a rule is published in *Texas Register*
  - Stakeholders submit comments on potential rule changes during rule development
- Proposed Rules – Formal Comment
  - HHS publishes notice in *Texas Register*
  - Public can review/comment on the proposed rule
  - Public comment period lasts 30 days

Receive notices for draft and proposed rule notifications thru **GovDelivery** (see next slide).



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# Gov Delivery HHS Rulemaking

Sign up for GovDelivery:

<https://service.govdelivery.com/accounts/TXHHSC/subscriber/new>


- Under 'Meetings, News and Reports'
- Check 'HHS Rulemaking'

☐ Meetings, News and Reports

☐ Handbook Updates and Policy Bulletins

☐ HHS Advisory Committees

☒ HHS Rulemaking

☐ HHS Transformation and Innovation 

Receive e-mail notification for:

- Draft Rules
- Proposed Rules
- Public Comment Periods





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# Gov Delivery Provider Alerts

Sign up for GovDelivery:

<https://service.govdelivery.com/accounts/TXHHSC/subscriber/new>

- Under 'Provider Alerts'
- Check 'Assisted Living Facilities (ALF) Resources'

☐ Provider Alerts

- ☐ Aging and Disability Resource Centers (ADRCs)
- ☒ Assisted Living Facilities (ALF) Resources
- ☐ Assisted Living and Residential Care (ALRC) Resources
- ☐ Community Attendant Services (CAS)

Receive e-mail notification for:

- Provider Alerts
- Webinar Notices
- Provider Letter Notices



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# Training Opportunities

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## Joint Training Opportunities:

<https://apps.hhs.texas.gov/providers/training/jointtraining.cfm>

Missed a COVID-19 training? Many COVID-19 presentations for LTC providers are recorded and are available 24/7. Visit the recording library at:

<https://www.gotostage.com/channel/covid-19webinarsforltc>

**Note:** Recordings are accurate as of the date of presentation and updated guidance may be available.



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# LTC Ombudsman



**Patty Ducayet**

**State Long-term Care Ombudsman**

Telework Phone: (512) 438-4356

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

**Statewide Contact for an LTC Ombudsman:**

Phone: (800) 252-2412 or

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



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# Q&A

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# How to Contact

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## **Jennifer Morrison, Manager**

[Jennifer.morrison@hhs.texas.gov](mailto:Jennifer.morrison@hhs.texas.gov)

## **LTCR Policy Mailbox**

[LTCRPolicy@hhs.texas.gov](mailto:LTCRPolicy@hhs.texas.gov)

## **COVID-19 Page**

<https://hhs.texas.gov/services/health/coronavirus-covid-19>

## **ALF Provider Portal**

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/assisted-living-facilities-alf>



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# Thank you!

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