

LNHA Agency Liaison Meeting | MINUTES

February 26, 2026 | 2 p.m. | LNHA Office

Committee members present:

Scott Broussard (RightCare Health Services), Dale Cooney (Inspired Management), Kaley Hill (Hometown Healthcare Management), Andy Hughes (Pathway Management), Branden LeBlanc (Diversified Healthcare), Stephanie Marriott (Priority Management), Marcus Naquin (Hammond Nursing Home), Mike Scanlan (Pathway Management), Wade Welborn (PMC)

Absent: Jamie Shelton (Central Management), Steven Boulware (Priority Management), Dawn Rogers (Central Management), Tanya Procell (Provider Professional Services), Myles Holyfield (Legacy Management), Jack Sanders (RightCare Health Services)

Staff members:

Wes Hataway, Karen Miller, Mike Singletary

Guests:

Cecile Castello (Interim Deputy Assistant Secretary / Director of the Louisiana Department of Health, Health Standards Section), Darren Guillory (LDH HHS Operations Manager), Cullen Brewer (LDH HHS Long Term Care Manager), J. Michelle Lewis (LDH HHS Long Term Care Supervisor), Christina Robertson (LDH Deputy General Counsel)

LNHA Executive Director Wes Hataway welcomed the Louisiana Department of Health (LDH) representatives and thanked them for attending the meeting. The following questions were discussed and LDH's answers are provided in blue.

- Surveys

- Did the federal government shutdown from October 1, 2025, through November 12, 2025, create a delay in recertification surveys?

Answer: The shutdown caused somewhat of a delay; however, LDH remains on track to complete recertification surveys within the expected timeframe.

While complaint surveys had a significant backlog during the shutdown, LDH has resolved 90% of that backlog.

In response to a member question about the expected length of time surveyors will be onsite, LDH noted that nursing facility staff may experience longer survey visits due to the combination of recertification and complaint surveys. The target duration is three days; however, the timeframe may be extended depending on survey findings.

- What are surveyors looking for to ensure compliance with the Preadmission Screening and Resident Review (PASRR) process?

Answer: LDH referenced the Maximus Louisiana PASRR frequently asked questions 10-page [document](#) as a helpful resource.

Surveyors are verifying that a PASRR Level I screening has been completed and, when indicated, that a Level II evaluation has also been conducted.

The online process cross-references information from the MDS assessment with the PASRR documentation. If a diagnosis appears on the MDS that would require a PASRR Level II evaluation but it is not reflected in the PASRR application, this will trigger further review.

Surveyors also confirm that once a Level II evaluation is completed, the facility has implemented all recommendations outlined in the Level II determination. Additionally, if a resident experiences a significant change in condition, the facility must determine whether a new or updated PASRR evaluation is required. The PASRR Level II [application](#) includes a list of significant conditions.

- Regulations

- The Louisiana State Police published a final rule in the January 2026 [edition](#) of the *Louisiana Register* revising the criminal background check requirements for nonlicensed individuals. The rule states: “*Any criminal history check that contains possible arrest information shall be resubmitted to the Bureau for fingerprint based background check for positive verification.*”

Given this update, please provide clarification on the following:

- Which “nonlicensed persons” are subject to this rule?

Answer: LDH will apply this requirement consistent with the provisions outlined in [R.S. 40:1203.2](#). If an individual accepts “temporary employment” pending the results of a background check, the facility must ensure that its policy clearly defines the roles and responsibilities assigned to such personnel.

If an individual accepts “temporary employment,” the facility must ensure the individual performs only the specific duties for which they were hired and is appropriately supervised at all times. Policies should be sufficiently detailed.

- Are “licensed workers” also subject to this requirement?

Answer: R.S. 40:1203.2 does not apply to licensed workers.

- What are the state’s expectations regarding temporary employment while awaiting the results of the criminal history check?

Answer: The state will follow applicable requirements and take the most appropriate action.

LDH emphasized that facilities experiencing challenges related to this process are encouraged to contact them directly for assistance.

- [QSO-26-03-NH](#) outlined revisions to Chapters 5 and 7 of the State Operations Manual (SOM). What changes to the survey process should nursing facilities expect to see as a result of these revisions?

Answer: The revisions are effective March 30, 2026. At this time, LDH does not anticipate significant changes to the overall survey process.

LDH noted that there has been discussion at the national level regarding the potential implementation of more off-hour surveys and how those may be conducted. A surveyor association submitted comments to CMS outlining its concerns. Expanding off-hour surveys could extend onsite survey times and may require survey staff overtime.

Mr. Brewer noted that many of the revisions appear to be technical in nature rather than substantive changes.

- Federal waiver authority granted under Sections 1819(f)(2)(C) and 1919(f)(2)(C) of the Social Security Act, together with Centers for Medicare and Medicaid Services guidance in [S&C: 18-02-NH](#), permits a state to waive the two-year prohibition of the Nurse Aide Training and Competency Evaluation Program (NATCEP/CEP) when certain conditions are met.

- Please discuss this process. Additionally, if an outside academic institution is conducting clinicals in a nursing facility subject to the two-year prohibition, is a waiver required? Is the academic institution or the nursing facility the correct party to seek the waiver?

Answer: LDH explained that when a nursing facility becomes subject to a NATCEP/CEP prohibition, the restriction applies only to the facility's ability to host and direct the training program onsite. Education institutions are not prohibited from operating the program.

Facilities may apply for a waiver requesting an exception to the two-year prohibition under qualifying circumstances, such as serving a rural community with limited access to a NATCEP/CEP. The waiver application must include supporting information demonstrating need, including the potential negative impact of the prohibition, average class size and the distance between the nursing facility and the nearest available training program.

LDH reminded members that if a training program is already in progress at the time the prohibition takes effect, the program may continue through completion without requiring a waiver.

If a waiver is granted but the facility is later cited for substandard quality of care during a survey, the waiver will be rescinded. However, a NATCEP/CEP already in progress at the time of rescission will be permitted to finish.

Finally, approved NATCEP/CEP waivers are not transferable and do not carry over to new facility ownership.

- Other

- What is the process for the state to approve a resident activity director course? Does the state maintain a copy or template of an approved course?

Answer: LDH will provide more information when it becomes available.

- Common issues cited in the past six months

- What common deficiencies are cited under abuse/neglect? Please share any observations or trends.

Answer: Recent citations related to abuse and neglect have commonly involved failures to provide required two-person assistance during resident care, incidents involving resident-to-resident sexual abuse and situations involving aggressive behaviors that staff did not adequately address. The resident-to-resident sexual abuse is usually preceded by a slow progression of behavior culminating in a complaint of sexual abuse.

- What common deficiencies are cited during traditional surveys? Please share any observations or trends.

Answer: Recent data reflects several positive trends. From federal fiscal year (FFY) 2024 to FFY 2025, there was a 47% decrease in harm-level citations and a 6% decrease in immediate jeopardy findings.

Data also shows a 45% increase in F658 citations (Services Provided Meet Professional Standards) particularly with adhering to physician orders or verifying orders from hospital discharges.

Additionally, there was a 13% increase in F695 citations (Respiratory/Tracheostomy Care and Suctioning Services) related to cleaning, tube changes and labeling.

In addition, there was a 39% decrease in F835 (Administration) citations and a 24% decrease in F600 (Abuse and Neglect) citations.

Surveys solely for infection control have been discontinued and are now part of the recertification survey. The most frequently cited infection control deficiencies involve improper glove use and failure to perform appropriate hand hygiene practices.

Mr. Hataway noted that several state nursing home associations in CMS Region VI have asked to resume the annual meetings in Dallas and the American Health Care Association (AHCA) has contacted CMS on their behalf. LDH agreed the meetings were beneficial and Mr. Hataway requested these sentiments be conveyed to CMS.

He also provided an update on Louisiana's quality improvement initiatives, including the work of the LNHA AIM-5 Committee and related collaborative efforts. The LNHA AIM-5 Committee, established in June 2025, was formed to review state-specific quality measures and staffing data with the objective of identifying strategies to improve Louisiana's overall Five-Star rating. He noted that the committee partnered with the Louisiana Hospital Association to develop readmission coalitions in various regions, such as Alexandria and Hammond. Through these coalitions, nursing facility staff and hospital staff meet to discuss readmission trends, prevention strategies and challenges.

He also referenced the efforts of the Louisiana Healthcare Quality Partners (LHQP) and shared a recent report that reflects improvement in various quality measures.

Mr. Hataway thanked LDH representatives for their assistance, attendance and continued partnership.