

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <u>10000000X</u>	(X2) MULTIPLE CONSTRUCTION BUILDING _____ WING _____	(X3) DATE SURVEY COMPLETED  12/11/2017
NAME OF FACILITY Kennedy Mills Therapy Center		STREET ADDRESS, CITY, STATE, ZIP CODE 123 Main Street, Anywhere, USA 66000		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0009	<p>Local, State and Federal Collaboration Process</p> <p>Based on record review and interview, the facility failed to ensure the emergency preparedness plan included a process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning.</p> <p>Findings include:</p> <p>Based on review of the facility's Disaster Plan on 12/11/17 between 2:30 p.m. to 4:00 p.m. with the Plant Operations Manager present, documentation for a complete emergency program reviewed by the facility within the most recent twelve-month period was not available for review. Most of the disaster plan available had most recent review dates of 2004 and 2008. Based on interview at the time of record review, the Plant Operations Manager indicated the facility has not had its entire emergency preparedness program reviewed by the facility within the most recent twelve month period and agreed the aforementioned plan of the facility's ability to collaborate with local emergency preparedness officials was not available for review.</p>	E0009	<p>Documentation will be provided for contact with the facility's local school system and other local facility, and placed closer to the front of the manual. The documentation will be addressed at the facility's meeting annually, and revisited to ensure understanding and good communication. The local police and fire departments will be contacted as well per CFR 483.73 a(4).</p> <p>The facility's documents will be reviewed by a small committee to completely ensure that it has made contacts with local officials, and that documents are in place.</p> <p>The facility will have a meeting each year with two separate committees to ensure that the proper officials are contacted, and it will be documented and signed along with the manual.</p> <p>The Maintenance Director or a designee will ensure that these meetings occur, and that the contacts are made as has been done.</p>	10/30/2018

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

**PLAN OF CORRECTION RESPONSES**

TAG #	ACTION	TITLE OF RESPONSIBLE PERSON FOR THE PLAN OF CORRECTION IMPLEMENTATION	COMPLETION DATE
<p>E0009 Page 3-5</p>	<p>The CMHC facility provided documentation for contact with the facility’s local school system and other local facility and placed the documentation closer to the front of the manual. The CMHC facility addressed and revisited the documentation at a meeting held annually to ensure understanding and good communication. The CMHC facility contacted its local police and fire departments per CFR 483.73 a(4).</p>	<p>CMHC facility</p>	<p>01/10/18</p>
	<p>A small committee reviewed the CMHC facility’s documents to completely ensure that the facility has made contacts with local officials, and that documents are in place.</p>	<p>Small committee</p>	<p>01/10/18</p>
	<p>The CMHC facility has a meeting each year with two separate committees to ensure that the proper officials are contacted, which is documented and signed along with the manual.</p>	<p>CMHC facility</p>	<p>Ongoing</p>
	<p>The Maintenance Director or a designee ensures that these meetings occur, and that the contacts are made as has been done.</p>	<p>Maintenance Director or designee</p>	<p>Ongoing</p>