

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <u>10000000X</u>	(X2) MULTIPLE CONSTRUCTION BUILDING _____ WING _____	(X3) DATE SURVEY COMPLETED 09/27/2018
NAME OF FACILITY Miller Tidings Mental Health Services		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 staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan.</p> <p>The facility staff failed to include a process for cooperation and collaboration with local, tribal, regional, State, and 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 efforts.</p> <p>Findings include:</p> <p>On 09/27/18 at 8:30 a.m., the facility's emergency preparedness plan was reviewed with the maintenance director, and the maintenance assistant. Review of the facility's emergency preparedness plan failed to evidence a process for cooperation and collaboration with local, tribal, regional, State, and 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 efforts. The facility's maintenance director and maintenance assistant were made aware of this concern.</p> <p>On 09/27/18 at 1:05 p.m., the administrator was made aware of the above findings.</p> <p>No further information was obtained prior to exit.</p>	E0009	<p>The Comprehensive Emergency Preparedness Plan and program will be completed per regulations to ensure substantial compliance.</p> <p>Staff will be educated by ADON on the Comprehensive Emergency Preparedness Plan, including a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' including documentation of its efforts to maintain an integrated response during a disaster or emergency situation and its efforts to contact such officials when needed of its participation in collaborative and cooperative planning efforts. Education will be given monthly for 3 months, then yearly.</p> <p>QAPI committee will assist with the development of the Comprehensive Emergency Preparedness Plan, and will review it monthly for 3 months, then annually.</p>	10/30/2018
<p>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.</p>				
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
E0009 Page 3-5	The CMHC facility completed the Comprehensive Emergency Preparedness Plan and program per regulations to ensure substantial compliance.	CMHC facility	10/30/18
	ADON educated staff on the Comprehensive Emergency Preparedness Plan, which includes a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' including documentation of its efforts to maintain an integrated response during a disaster or emergency situation and its efforts to contact such officials when needed of its participation in collaborative and cooperative planning efforts. Education was given monthly for 3 months, then yearly.	CMHC facility	10/30/18
	The CMHC facility completed the Comprehensive Emergency Preparedness Plan and program per regulations to ensure substantial compliance.	CMHC facility	10/30/18