

<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  03/16/2018
NAME OF FACILITY Brighten Behavioral Health		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 develop and maintain an emergency preparedness plan in accordance with 42 CFR 483.475(a)(4). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director and Group Home Manager on 03/16/18 at 11:03 a.m., the facility's Emergency Preparedness plan provided did not address process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials. Based on interview at the time of records review, the Group Home Manager agreed the plan did not address process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials the home.</p>	E0009	<p>The EPP will include the process for cooperation and collaboration with local, county and State emergency preparedness officials and FEMA should they be called in by State officials. The facility has collaborated with county emergency management teams, as well as the Red Cross for many years. These groups meet semi-annually with the Administrative Assistant (AA) to plan and implement the annual emergency evacuation drill(s) which includes an After Action plan meeting. The 3<sup>rd</sup> group home has had the Fire Department participate in two emergency drills to assess and recommend any safety concerns; this occurred on 2<sup>nd</sup> shift on 03/13/18 and 3<sup>rd</sup> shift on 03/19/18. Any additional collaboration with outside entities will be included in the EPP.</p> <p>The EPP will include contact information regarding the county emergency management teams. The Emergency Supports(s) contact list includes the Program Director, Residential Administrator (RA), AA and/or the Training Coordinator will be the 1<sup>st</sup> contact(s) for the 3<sup>rd</sup> Residential Management Team (RMT) for supports in the plan during an emergency. The Maintenance Supervisor is also a part of the Emergency Support(s) Contact List. The Program Director and/or designee will notify the President.</p> <p>The facility will adapt the Communication Plan tied into standard E029 to be included in the Emergency Supports section.</p> <p>Any evacuation will include notification to local emergency management officials per the Incident Reporting process. This will also be included in the EPP.</p> <p>In the case of natural disasters and/or extreme situations, a SDOH Medical Surveyor familiar with the facility and residential consumers contacts the Program Director for information related to the consumers' status.</p> <p>Information identified in items above will be part of the EPP and/or collateral available for review in the EPP book at the group home, as well as with the AA at the agency where the Maintenance Supervisor also has access. All information listed in the corrective action will be in place by 04/15/18. The County Comprehensive Emergency Management Plan provided by the Red Cross will be kept with the AA in the EPP book with any specific needs identified as pertinent flagged and provided to the group home.</p>	04/15/2018

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
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FORM CMS-2567 (02/99) Previous Versions Obsolete

Quality in Focus Training (QIF): Community Mental Health Centers

**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 included in its EPP the process for cooperation and collaboration with local, county and State emergency preparedness officials and FEMA should they be called in by State officials. The CMHC facility has collaborated with county emergency management teams, as well as the Red Cross for many years. These groups meet semi-annually with the Administrative Assistant (AA) to plan and implement the annual emergency evacuation drill(s) which includes an After Action plan meeting. The 3<sup>rd</sup> group home has had the Fire Department participate in two emergency drills to assess and recommend any safety concerns; this occurred on 2<sup>nd</sup> shift on 03/13/18 and 3<sup>rd</sup> shift on 03/19/18. The CMHC facility included any additional collaboration with outside entities into the EPP.</p>	<p>CMHC facility</p>	<p>4/15/18</p>
	<p>The CMHC facility included contact information regarding the county emergency management teams in its EPP. The CMHC facility ensured that the Emergency Supports(s) contact list includes the Program Director, Residential Administrator (RA), AA and/or the Training Coordinator as the 1<sup>st</sup> contact(s) for the 3<sup>rd</sup> Residential Management Team (RMT) for supports in the plan during an emergency. The CMHC facility also made the Maintenance Supervisor a part of the Emergency Support(s) Contact List. The Program Director</p>	<p>CMHC facility, Program Director and/or designee</p>	<p>4/15/18</p>

TAG #	ACTION	TITLE OF RESPONSIBLE PERSON FOR THE PLAN OF CORRECTION IMPLEMENTATION	COMPLETION DATE
	and/or designee notified the President.		
	The CMHC facility adapted the Communication Plan tied into standard E029, which was previously included in the Emergency Supports section.	CMHC facility	4/15/18
	The CMHC facility includes notification to local emergency management officials for any evacuation per the Incident Reporting process. The CMHC facility includes this in its EPP	CMHC facility	Ongoing
	A SDOH Medical Surveyor familiar with the facility and residential consumers contacts the Program Director for information related to the consumers' status during natural disasters and/or extreme situations.	SDOC Medical Surveyor	Ongoing
	The CMHC facility included all information identified in items above in the EPP and/or collateral available for review in the EPP book at the group home, as well as with the AA at the agency where the Maintenance Supervisor also has access. The CMHC implemented all information listed in the corrective action by 04/15/18. The AA kept the County Comprehensive Emergency Management Plan, provided by the Red Cross, in the EPP book with any specific needs identified as pertinent flagged and provided to the group home.	CMHC facility, AA	4/15/18