

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/08/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/27/2018
NAME OF PROVIDER OR SUPPLIER Stone Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 123 Main St. Anywhere, US 00000		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 009 SS=C	<p>Local, State, Tribal Collaboration Process CFR(s): 483.73(a)(4)</p> <p>[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do the following:]</p> <p>(4) 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>* [For ESRD facilities only at §494.62(a)(4)]: (4) 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 dialysis facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts. The dialysis facility must contact the local emergency preparedness agency at least annually to confirm that the agency is aware of the dialysis facility's needs in the event of an emergency.</p> <p>This REQUIREMENT is not met as evidenced by: 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</p>	E 009	<p>A Comprehensive Emergency Preparedness Plan and program was prepared on 10/16/2018 that meets the requirements 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 corporative planning efforts.</p> <p>All residents have the potential to be affected by not having the plan in place. Preparing the plan will correct this.</p> <p>The Comprehensive Emergency Preparedness Plan and program was completed per regulations to ensure substantial compliance. Staff educated on 10/17/18 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</p>	

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NAME OF PROVIDER OR SUPPLIER Stone Valley			STREET ADDRESS, CITY, STATE, ZIP CODE 123 Main St. Anywhere, US 00000		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E009	<p>Continued from page 1</p> <p>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>The findings include:</p> <p>On 9/27/18 at 8:30 a.m., the facility's emergency preparedness plan was reviewed with OSM (other staff member) #11, the maintenance director, and OSM #7, the maintenance assistant.</p> <p>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, OSM #11 and OSM #7 were made aware of this concern.</p> <p>On 9/27/18 at 1:05 p.m., ASM, (administrative staff member), the administrator, #1, was made aware of the above findings.</p>	E009	<p>or emergency situation and its efforts to contact such officials when needed of its participation in collaborative and corporative planning efforts. Education will be given monthly X 3 months then yearly.</p> <p>QAPI committee assisted with the Development of the Comprehensive Emergency plan and will review monthly X 3 months then annually.</p> <p>Date of Compliance: 10/30/2018</p>		