

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 C 12/21/2017
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	Local, State, Tribal Collaboration Process CFR(s): 483.73(a)(4) [(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:] (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.	E 009		2/21/18	
E 009	* [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. This REQUIREMENT is not met as evidenced by:	E 009			

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	<p>Based on interview and record review, the facility failed to include documentation of the facility's efforts to contact local, tribal, regional, State, and Federal emergency preparedness officials, to coordinate an integrated response during a disaster or emergency. This failure placed residents at risk for loss of continuity of care during emergencies. Findings included:</p> <p>A review of the facility's current disaster plan, dated 08/23/17, was reviewed. The plan was not comprehensive in addressing the required components, including no plan to contact and/or coordinate with other agencies, during a disaster or emergency situation. In an interview on 12/19/17 at 12:45 p.m., Staff A, Administrator, verified the facility was still developing their emergency preparedness plan.</p>		<p>A comprehensive emergency preparedness program will be developed in accordance with regulations. The facility will contact/coordinate, and document their efforts to contact local, tribal, regional, State, and Federal emergency preparedness officials, to coordinate an integrated response during a disaster or emergency. This program will be reviewed annually to ensure it continues to meet regulations and the needs of the facility.</p> <p>Person Responsible: Administrator</p>		