



# Emergency Preparedness Plan (EPP) Series

## Session 9: Top ETags for California SNFs and Arizona Hospitals

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Wednesday, October 18, 2023

# Emergency Preparedness

## Life Safety Code Section Frequently Cited Emergency Preparedness Skilled Nursing E Tags in California

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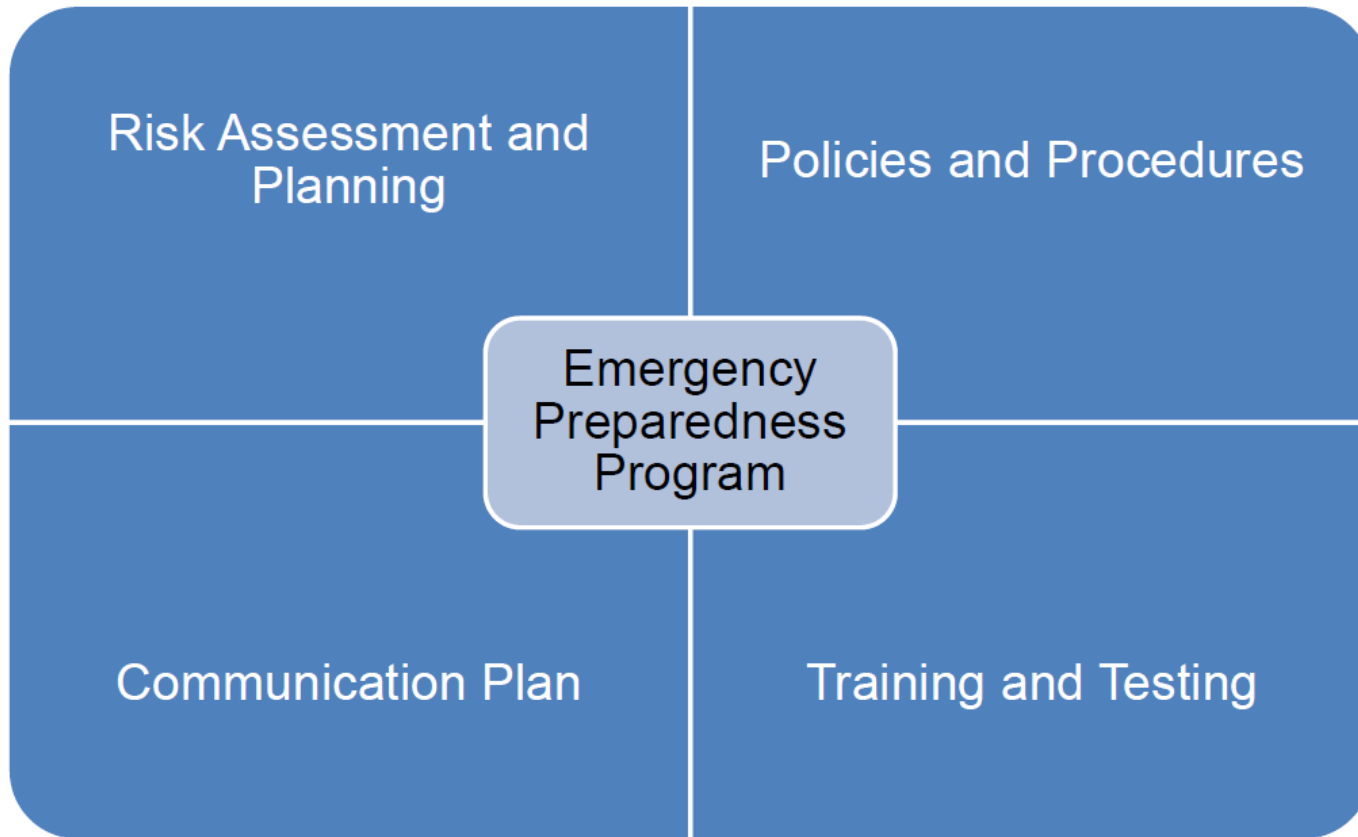
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October 18, 2023

# Final Rule (81 FR 63860)

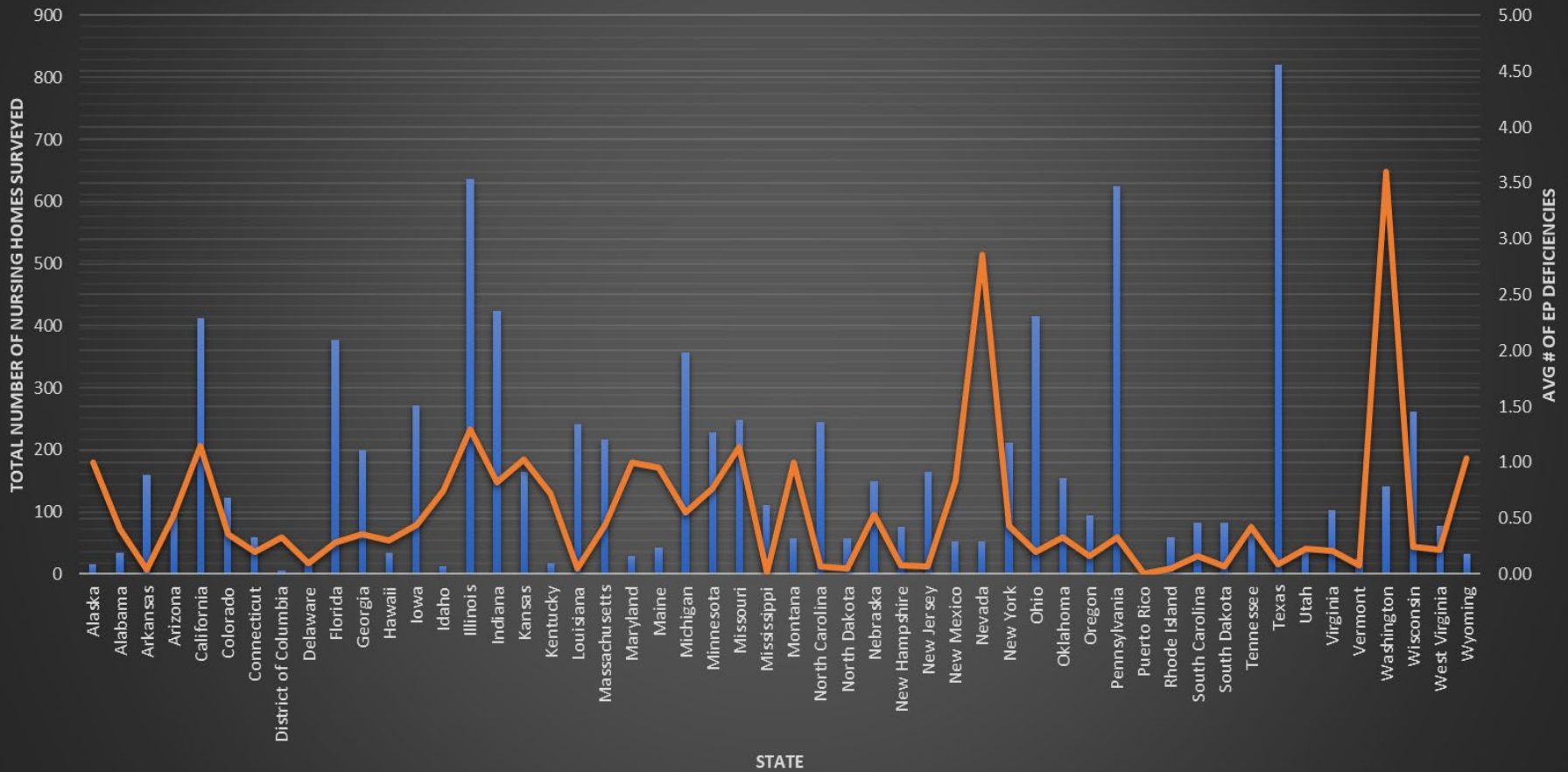
- ▶ Facilities participating in the Medicare and/or Medicaid Programs are required to meet the Emergency Preparedness Requirements set forth in Title 42 of the Code of Federal Regulations (CFR).
- ▶ Requirements for Long-Term Care (LTC) Facilities: CFR §483.473.
- ▶ Condition of Participation for Hospitals (GACH): CFR §482.15.
- ▶ These regulations went into effect on September 16, 2016.
- ▶ Implementation date November 15, 2017.

# Four Provisions



# Emergency Preparedness

Number of Nursing Homes Surveyed by State Vs. their Avg # of EP Deficiencies  
From 09/01/2022 - 08/31/2023

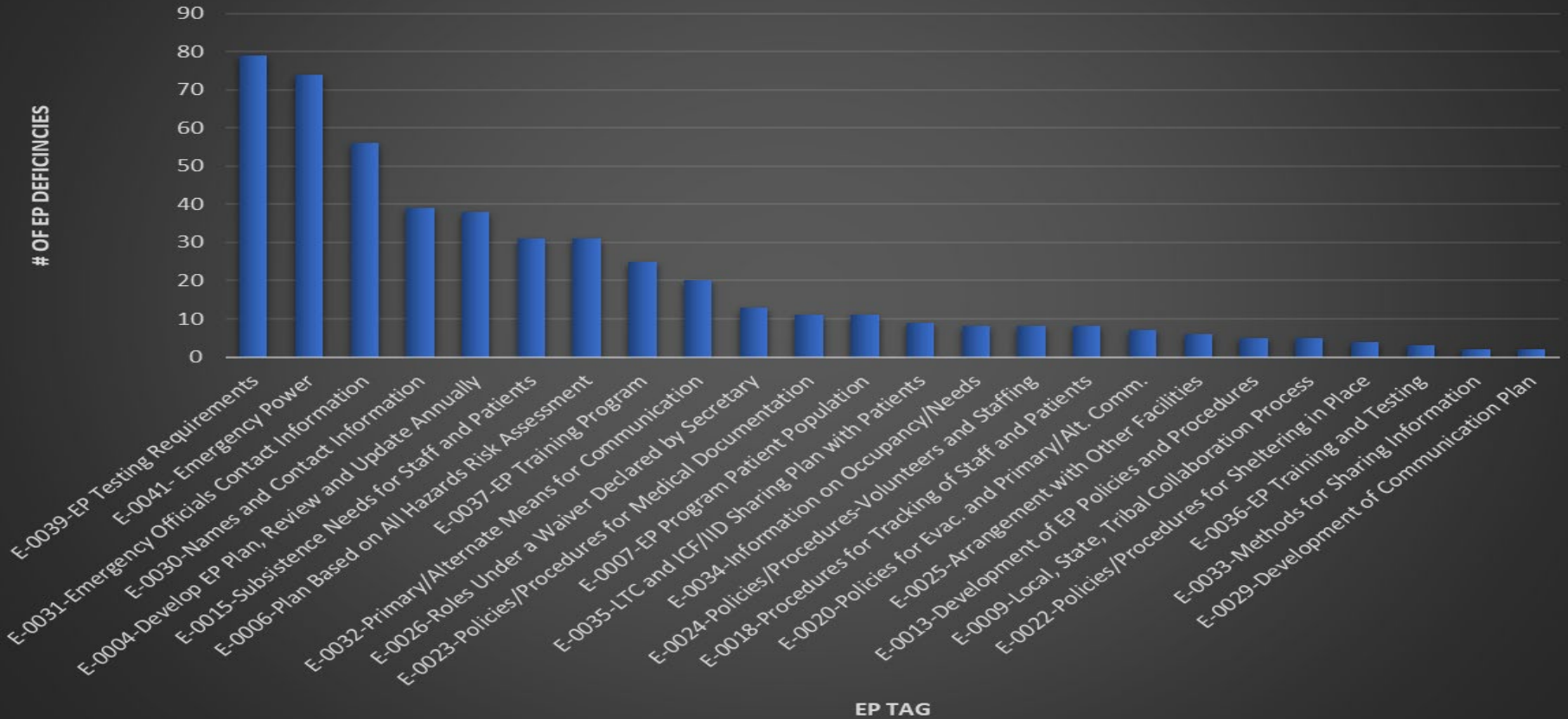


LSC Emergency Preparedness



# Emergency Preparedness

EP Deficiency Tags Written in CA  
From 09/01/2022 - 08/31/2023



LSC Emergency Preparedness



# Emergency Preparedness

## Top 5 Frequently Cited Emergency Preparedness E Tags in CA Nursing Homes

LSC Emergency Preparedness



# Emergency Preparedness

## #5. E4–Develop EP Plan, Review, and Update Annually.

- ▶ §483.73(a): Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.



# Emergency Preparedness

## #5. E4–Maintain/Update EP – Survey Procedures:

- ▶ Verify the facility has an emergency preparedness plan by asking to see a copy of the plan.
- ▶ Ask leadership to identify the hazards that were included in the Risk Assessment and how the Risk Assessment was conducted.

# Emergency Preparedness

## #5. E4–Maintain/Update EP – *Survey Procedures:*

- ▶ Review the Plan to verify it includes all required elements (natural, man-made, facility, geographic).
- ▶ Verify that the plan is reviewed and updated by looking for documentation of the date of the review and updates that were made to the plan based on the review.

# Emergency Preparedness

## #4. E30–Names and Contact Info.

- ▶ §483.73(c) The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:
  - (1) Names and contact information for the following:
    - (i) Staff.
    - (ii) Entities providing services under arrangement.
    - (iii) Patients' physicians
    - (iv) Other LTC facilities.
    - (v) Volunteers.

# Emergency Preparedness

## #4. E30–Names & Contact Info. – *Survey Procedures:*

- ▶ Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
- ▶ Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the review.

# Emergency Preparedness

## #3. E31 –Emergency Officials Contact Information

- ▶ §483.73(c)
  - (2) Contact information for the following:
    - (i) Federal, State, tribal, regional, or local emergency preparedness staff.
    - (ii) The State Licensing and Certification Agency.
    - (iii) The Office of the State Long-Term Care Ombudsman.
    - (iv) Other sources of assistance.

# Emergency Preparedness

## #3. E31 –Emergency Officials Contact Information –

### *Survey Procedures:*

- ▶ Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
- ▶ Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the review.

# Emergency Preparedness

## #3. E31 –Emergency Officials Contact Information –

### *Survey Procedures:*

- ▶ Verify that the facility has contact information for the State Survey Agency and their local public health departments.

# Emergency Preparedness

## #2. E41 –Emergency Power

- ▶ §483.73(e) Emergency and standby power systems. The LTC facility must implement emergency and standby power systems based on the emergency plan set forth in [paragraph \(a\)](#) of this section.
  - (1) Emergency generator location.
  - (2) Emergency generator inspection and testing.
  - (3) Emergency generator fuel.



# Emergency Preparedness

## #2. E41 –Emergency Power – *Survey Procedures:*

- ▶ Verify that the LTC facility has the required emergency and standby power systems to meet the requirements of the facility’s emergency plan and corresponding policies and procedures.
- ▶ Review the emergency plan for “shelter in place” and evacuation plans. Based on those plans, does the facility have emergency power systems or plans in place to maintain safe operations while sheltering in place?

# Emergency Preparedness

## #2. E41 –Emergency Power – *Survey Procedures:*

- ▶ For LTC facilities which are under construction or have existing buildings being renovated, verify the facility has a written plan to relocate the EPSS by the time construction is completed.
- ▶ For LTC facilities with permanently attached generators:
  - Verify that they maintain their onsite fuel source for their generator in accordance with NFPA 110 and have a plan for how to keep the generator operational during an emergency, unless they plan to evacuate.

# Emergency Preparedness

## #2. E41 –Emergency Power – *Survey Procedures:*

- ▶ For new construction that takes place on or after November 15, 2016, verify the generator is located and installed in accordance with NFPA 110 and NFPA 99 when a new structure is built or when an existing structure or building is renovated. The applicability of both NFPA 110 and NFPA 99 addresses new, altered, renovated or modified generator locations.

# Emergency Preparedness

## #1. E39 – EP Testing Requirements

§483.73(d)(2) Testing. The LTC facility must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The LTC facility must do the following:

(i) Participate in an annual full-scale exercise that is community-based;

or

(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.

(B) If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community based or individual, facility-based functional exercise following the onset of the emergency event.

# Emergency Preparedness

## #1. E39 – EP Testing Requirements

§483.73(d)(2) Testing.

- (ii) Conduct an additional annual exercise that may include, but is not limited to the following:
  - (A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or
  - (B) A mock disaster drill; or
  - (C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

# Emergency Preparedness

## #1. E39 – EP Testing Requirements

§483.73(d)(2) Testing.

- (iii) Analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.

# Emergency Preparedness

## #1. E39 Emergency Preparedness Testing Requirements – *Survey Procedures:*

- ▶ Ask facility leadership to explain the participation in the scheduled exercises.
- ▶ Ask to see documentation of the tabletop and full-scale exercises which may include the exercise plan, the ARR, and any additional documentation to support the exercise.

# Emergency Preparedness

## #1. E39 Emergency Preparedness Testing Requirements – *Survey Procedures:*

- ▶ Ask to see facility's efforts to identify a full-scale community-based exercise if they did not participate in one (date, personnel and agencies contacted, and reasons for the inability to participate in a community-based exercise.
- ▶ Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.



# 2023 Top 5 Emergency Preparedness Citations for Hospitals and Ambulatory Surgery Centers

## Welcome

### Agenda

- ❖ Arizona Hospital AZDHS facility survey disruption
- ❖ Arizona non-deemed Hospital Top 5 EP tags
- ❖ Arizona Ambulatory Surgery Centers facility survey description
- ❖ Arizona Ambulatory Surgery Centers Top 5 EP tags

Kevin Whitlock CMS Life Safety and Emergency Preparedness Surveyor  
AZ Department of Health Services  
Bureau of Medical Facilities Licensing



Arizona Department of Health Services (AZDHS) Bureau of Medical Facilities Licensing provides the following:

- ❖ Licensing all Hospitals in Arizona.
- ❖ Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness (EP) surveys for the following types of Hospitals:
  - ❖ All CMS non-deemed medical and behavioral hospitals (most urban hospitals) every three years
  - ❖ All critical access hospitals (most rural communities) every three years
  - ❖ Validation surveys for all CMS deemed hospitals as directed by CMS
  - ❖ All federal CMS complaints for all hospitals



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# Top five EP survey tags for hospitals for the last year

1.E-Tag 26

2.E-Tag 15

3.E-Tag 04

4.E-Tag 34

5.E-Tag 37



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# 2023 Top 5 Emergency Preparedness Citations for Hospitals

## E-Tag 26

**The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.**

*The requirement under the emergency program is that facilities must develop and implement policies and procedures that describe the facility's role in providing care at an ACS during emergencies.*

*❖ The facilities usually have a facility they picked they could move to but do not take into account moving to a facility identified by emergency management officials*



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# 2023 Top 5 Emergency Preparedness Citations for Hospitals

## E-Tag- 15

**The Facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years**

**(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:**

**(i) Food, water, medical and pharmaceutical supplies**

Verify the emergency plan includes policies and procedures for the provision of subsistence needs including, but not limited to, food, water, and pharmaceutical supplies for patients and staff.

- ❖ *We don't find policies and/or food or water don't meet the NFPA 99 requirements for 96 hours.*
- ❖ *We find food expired or not protected from heat or cold.*



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# 2023 Top 5 Emergency Preparedness Citations for Hospitals

## E-Tag 0004

**Emergency Plan. The hospital or CAH must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do all of the following:**

**Emergency Plan. The hospital or CAH must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital or CAH must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.**

- ***Facilities fail to review and update the Plan every two years***



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# 2023 Top 5 Emergency Preparedness Citations for Hospitals and Ambulatory Surgery Centers

The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years. The communication plan must include all of the following:

**A means of providing information about the [facility's] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.**

- Verify the communication plan includes a means of providing information about the facility's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee by reviewing the communication plan.
- For hospitals, CAH facilities also verify if the communication plan includes a means of providing information about their occupancy.
- ❖ *There is a lack of understanding of what is being asked in this tag Arizona has an extensive Mass Casualty Plan that relies on Hospitals, LTC, and ASCs being able to provide their capabilities when requested.*



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# 2023 Top 5 Emergency Preparedness Citations for Hospitals

**Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures.**

**The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.**

- Interview various staff and ask questions regarding the facility's initial and *subsequent (at least every 2 years)* training course to verify staff knowledge of emergency procedures.
- Review a sample of staff training files to verify staff have received initial and *subsequent (at least every 2 years)* emergency preparedness training.

❖ *Staff are not well trained or unable to describe or locate the Plan*



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- ❖ Arizona Department of Health Services Bureau of Medical Facilities Licensing Licenses all Surgery Centers in Arizona.
- ❖ AZDHS BMFL performs CMS Emergency Preparedness (EP) surveys for the following types of Ambulatory Surgery Centers:
  - ❖ All CMS non-deemed Ambulatory Surgery Centers every Six years (about 75% of ASCs are not deemed for CMS).
  - ❖ Validation surveys for 20% of all Ambulatory Surgery Centers every year new in 2023.
  - ❖ All Federal CMS complaints for all ASCs.



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# 2023 Top 5 Emergency Preparedness Citations for Ambulatory Surgery Centers

Top five EP survey tags for Ambulatory Surgery Centers for the last year

1. E-Tag 26
2. E-Tag 20
3. E-Tag 04
4. E-Tag 34
5. E-Tag 37



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# 2023 Top 5 Emergency Preparedness Citations for Ambulatory Surgery Centers

**Policies and procedures. The ASC must develop and implement emergency preparedness policies and procedures, At a minimum, the policies and procedures must address the following:]**

- **Safe evacuation from the ASC, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location and primary and alternate means of communication with external sources of assistance.**

**Safe evacuation from the ASC which includes the following:**

- **Consideration of care needs of evacuees, Staff responsibilities, Transportation, and Identification of evacuation location(s).**

## **Survey process**

*Ask staff to describe how they would handle a situation in which a patient refused to evacuate.*

- ❖ *Facilities do not have policy and or staff are not able to describe how they would handle a situation in which a patient refused to evacuate.*



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# Three Things to Do

- Review the risk assessment to ensure it is up-to-date based on recent experiences.
- Review the communication plan to ensure it is current and up-to-date.
- Reach out to community for community-based drills.

# Questions?





# Thank you!

For **California specific** questions, contact:

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## CMS Disclaimer

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