Emergency Preparedness Plan (EPP) Series
Session 9: Top ETags for California SNFs and Arizona Hospitals

Nate Gilmore, Branch Chief, Field Operations
California Department of Public Health (CDPH), Center for Health Care Quality

Marian De Meire, SSMII, Chief, M.S., CFI –I
CDPH, Center for Health Care Quality, Field Operations North Division, Life Safety Code Section

Brian Fenton, Staff Services Manager I, CDPH
Jose Gonzalez, Staff Services Manager I, CDPH

Kevin Whitlock, Sr. Compliance Officer Life Safety, Az Department of Health Services,
Bureau of Medical Facilities Licensing

Wednesday, October 18, 2023
Emergency Preparedness

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

Nate Gilmore, Branch Chief
Marian De Meire, Chief
Brian Fenton, Jose Gonzalez, Staff Services Manager I, Supervisors
October 18, 2023
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

- Risk Assessment and Planning
- Policies and Procedures
- Communication Plan
- Training and Testing

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

- §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.
#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.
#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.
§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.

LSC 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.
#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.
#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.
#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.
#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.
#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?
#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.
#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.

§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.

§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.

§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.
#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.
#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 deeded hospitals as directed by CMS
  - All federal CMS complaints for all hospitals
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
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.
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.
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*
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.
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.
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.
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
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.

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.
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:  
Nate Gilmore | LSC@cdph.ca.gov

For **Arizona specific** questions, contact:  
Kevin Whitlock (Hospitals) | kevin.Whitlock@azdhs.gov  
Anthony Valenti (LTC) | anthony.valenti@azdhs.gov  
Karen Schindler | kschindler@hsag.com
CMS Disclaimer

Slide 1 and Slides 36-39: This material was prepared by Health Services Advisory Group (HSAG), a Quality Improvement Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. QN-12SOW-XC-10122023-02