

Emergency Preparedness Survey Checklist

Tag #	Title	Regulatory Requirement	Compliance Decision
E-0001	Establishment of the Emergency Program (EP)	The facility must comply with all applicable Federal, State, and local emergency preparedness requirements. The facility must establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0001
E-0004	Develop and Maintain EP Program	<p>The facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years. Elements of the Emergency Plan should include, but are not limited to:</p> <p>Natural disasters</p> <ul style="list-style-type: none"> • Man-made disasters • Facility-based disasters that include but are not limited to: <ul style="list-style-type: none"> ○ Care-related emergencies ○ Equipment and utility failures, including but not limited to power, water, gas, etc. ○ Interruptions in communication, including cyber-attacks ○ Loss of all or portion of a facility; and ○ Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications, and medical supplies (including medical gases, if applicable). ○ Emerging infectious diseases (EIDs) such as Influenza, Ebola, Zika Virus, and others. <p style="text-align: right;">LTC must update annually.</p>	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0004
E-0006	Maintain and Annual EP Updates	<p>1. Be based on and include a documented, facility-based, and community-based risk assessment, utilizing an all-hazards approach, including missing residents.</p> <p>2. Include strategies for addressing emergency events identified by the risk assessment.</p> <p style="text-align: right;">LTC must update annually.</p>	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0006
E-0007	EP Program Patient Population	<p>3. Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.</p> <p style="text-align: right;">LTC must update annually.</p>	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0007
E-0009	Process for EP Collaboration	<p>(a)(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.</p> <p style="text-align: right;">LTC must update annually.</p>	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0009

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E-0013	Development of EP Policies and Procedures	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 at least every 2 years. LTC must update annually.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0013
E-0015	Subsistence needs for staff and patients	(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 (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. LTC must update annually.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0015
E-0016	Hospice Only	The hospice 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 at least every 2 years. (1) Procedures to follow up with on duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The hospice must inform State and local officials of any on-duty staff or patients that they are unable to contact.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0016
E-0018	Procedures for Tracking of Staff and Patients	(b)(2) A system to track the location of on-duty staff and sheltered residents in the LTC care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the LTC must document the specific name and location of the receiving facility or other location. LTC must update annually.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0018
E-0020	Policies and Procedures including Evacuation	(b)(3) Safe evacuation from the facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance. LTC must update annually.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0020

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E-0022	Policies and Procedures for Sheltering	(b)(4) A means to shelter in place for patients, staff, and volunteers who remain in the facility.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0022
E-0023	Policies and Procedures for Medical Docs.	(b)(5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0023
E-0024	Policies and Procedures for Volunteers	(b)(6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0024
E-0025	Arrangement with other Facilities	(b)(7) The development of arrangements with other [facilities] [and] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0025
E-0026	Roles under a Waiver Declared by Secretary	(b)(8) 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.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0026
E-0029	Development of Communication Plan	(c) 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 annually.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0029
E-0030	Names and Contact Information	(c) 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 [facilities]. (v) Volunteers.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0030

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E-0031	Emergency Officials Contact Information	(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.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0031
E-0032	Primary/Alternate Means for Communication	(c)(3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0032
E-0033	Methods for Sharing Information	(c)(4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care. (c)(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). (c)(6) A means of providing information about the general condition and location of patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4).	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0033
E-0034	Sharing Information on Occupancy/Needs	(c)(7) 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.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0034
E-0035	LTC and ICF/IID Family Notifications	(c)(8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents and their families or representatives.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0035
E-0036	Emergency Prep Training and Testing	(d) The facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies, and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0036

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0037	Emergency Prep Training Program	(d)(1) The facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. LTC must train annually.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite E-0037
0039	Emergency Prep Testing Requirements	(d)(2) The facility must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The 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 facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the 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. (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. (iii) Analyze the facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the facility's emergency plan, as needed.	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance, cite 0039

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0041	Emergency and Standby Power Systems	<p>(e) The LTC facility must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>(e)(1) The generator must be located in accordance with the location requirements found in the Health Care Facilities Code and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>(e)(2) The LTC facility must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>(e)(3) Emergency generator fuel. LTC facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency unless it evacuates.</p>	<p><input type="checkbox"/> In compliance</p> <p><input type="checkbox"/> Not in compliance, cite 0041</p>
0042	Integrated Health Systems	<p>(f) If a facility is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the facility may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must:</p> <p>(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.</p> <p>(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.</p> <p>(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.</p> <p>(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following:</p> <p>(i) A documented community-based risk assessment, utilizing an all-hazards approach.</p> <p>(ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.</p> <p>(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.</p>	<p><input type="checkbox"/> In compliance</p> <p><input type="checkbox"/> Not in compliance, cite 0042</p>