Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	55C0001061	07/28/2025
Name of Provider or Supplier	**Street Address, City, State**	
Pacific Eye Institute	555 N 13th Avenue, Upland, CA	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0026	Roles Under a Waiver Declared by Secretary CFR(s): 416.54(b)(6) 403.748(b)(8), 416.54(b)(6), 418.113(b)(6)(C)(iv), 441.184(b)(8), 460.84(b)(9), 482.15(b)(8), 483.73(b)(8), 483.475(b)(8), 485.542(b)(7), 485.625(b)(8), 485.920(b)(7), 494.62(b)(7). [(b) Policies and procedures. The [facilities] 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 [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:] (8) [(6), (6)(C)(iv), (7), or (9)] 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. *[For RNHCIs at 403.748(b):] Policies and procedures. (8) The role of the RNHCI under a waiver declared by the Secretary, in accordance with section 1135 of Act, in the provision of care at an alternative care site identified by emergency management officials. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain the emergency preparedness policies and procedures. This was evidenced by the failure to provide a policy and procedure that would describe the facility's role in providing care and treatment at alternate care sites under an 1135 waiver. This could result in a delay to continue care and services during an emergency. This affected the patients, staff members, and visitors. Findings:

	During a review of record and interview with the Office Manager 2 and Office Manager 3 on 7/28/25, the emergency preparedness policies and procedures were reviewed. At 11:41 a.m., the facility failed to provide an 1135 waiver policy and procedure. The emergency action plan (EAP) dated 2024 indicated that the evacuation operations team would reschedule appointments during an emergency. The EAP did not provide a policy to continue services at an alternative care site. Upon interview, the Office Manager 3 stated that she used a similar waiver at a different facility, but the 1135 waiver policy and procedure was not readily available.