Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	55C0001076	07/10/2019
Name of Provider or Supplier	**Street Address, City, State**	
Plastic Surg Assoc Of Orange County	1310 Stewart Drive, Suite 610, Orange, 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), 485.625(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 ensure complete emergency preparedness planning. This was evidenced by failing to provide documents to show policies and procedures for patient care and treatments at an alternate site in the event of an emergency or disaster. This could result in facility not being prepared for a disaster and cause possible harm to patients, staff, and visitors.

	Findings: During record review with the Medical Assistance on 7/10/19, the emergency preparedness plan was reviewed. At 12:10 p.m., the facility's emergency preparedness plan failed to have policies and procedures for methods of taking care of their patients at an alternate site in the event of an emergency. During an interview with the Medical Assistance, she stated she was unfamiliar with the requirement.