Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	034509	05/23/2019
Name of Provider or Supplier	**Street Address, City, State**	
Vital Care Rehabilitation, Llc	14545 West Grand Avenue, Suite 108, Surprise, AZ	

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)
E0004	Develop EP Plan, Review and Update Annually CFR(s): 485.68(a) 403.748(a), 416.54(a), 418.113(a), 441.184(a), 460.84(a), 482.15(a), 483.73(a), 483.475(a), 484.102(a), 485.68(a), 485.542(a), 485.625(a), 485.727(a), 485.920(a), 486.360(a), 491.12(a), 494.62(a). The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements: (a) Emergency Plan. The [facility] 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: * [For hospitals at 482.15 and CAHs at 485.625(a):] 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. * [For LTC Facilities at 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. * [For ESRD Facilities at 494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years. . This STANDARD is not met as evidenced by: Based on review of facility policy/procedure and staff interview, it was determined the facility failed to ensure the Emergency Preparedness plan was updated and reviewed annually, which is a CORE requirement with EP and increases the potential risk that staff are not adequately prepared to respond to an emergency effectively and safely in the event of an emergency.

	Findings incude: Facility policy, "Emergencies and Disasters - #803 Disaster Plan" revealed: "... Analysis/Review/Evaluation...The Administrator will evaluate the Plan annually for its performance, scope and effectiveness with the assistance of qualified fired [sic], safety and other appropriate experts. The results of this evaluation will be provided to the Governing Body...." Policy #803 was signed by Employee #2. There was no date of signature on the document. The policy was last reviewed 08/01/2016. The Facility Administrator confirmed on 5/23/19, the Governing Body did not review the Emergency Plan on an annual basis.