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)
E0009	Local, State, Tribal Collaboration Process CFR(s): 485.68(a)(4) 403.748(a)(4), 416.54(a)(4), 418.113(a)(4), 441.184(a)(4), 460.84(a)(4), 482.15(a)(4), 483.73(a)(4), 483.475(a)(4), 484.102(a)(4), 485.68(a)(4), 485.542(a)(4), 485.625(a)(4), 485.727(a)(5), 485.920(a)(4), 486.360(a)(4), 491.12(a)(4), 494.62(a)(4) [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years [annually for LTC facilities]. The plan must do the following:] (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. * * [For ESRD facilities only at 494.62(a)(4)]: (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. The dialysis facility must contact the local emergency preparedness agency at least annually to confirm that the agency is aware of the dialysis facility's needs in the event of an emergency. This STANDARD is not met as evidenced by: Based on review of facility documents, EP plan and staff interview, it was determined the facility failed to require staff collaborate with local, tribal, regional, State and Federal EP officials to ensure that the facility has the appropriate resources during an emergency. Findings include: The EP plan given to the surveyor to review on 5/23/19, did not address the requirement to collaborate with the appropriate EP officials.

	The Facility Administrator confirmed on 5/23/19, their EP plan did not address the requirement to collaborate with the appropriate EP officials.