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)
E0034	Information on Occupancy/Needs CFR(s): 485.68(c)(5) 403.748(c)(7), 416.54(c)(7), 418.113(c)(7) 441.184(c)(7), 482.15(c)(7), 460.84(c)(7), 483.73(c)(7), 483.475(c)(7), 484.102(c)(6), 485.68(c)(5), 485.68(c)(5), 485.727(c)(5), 485.542(c)(7), 485.625(c)(7), 485.920(c)(7), 491.12(c)(5), 494.62(c)(7). [(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 every 2 years [annually for LTC facilities]. The communication plan must include all of the following: (7) [(5) or (6)] 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. *[For ASCs at 416.54 (c)]: (7) A means of providing information about the ASC's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee. *[For Inpatient Hospice at 418.113(c):] (7) A means of providing information about the hospice's inpatient occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee. 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 provide information about the facility's occupancy needs and its ability to provide assistance in the event of an emergency. Failure to disclose information about the facility to the appropriate agencies increases the potential risk that patients are at risk of harm if the facility does not have the resources to execute a safe emergency response. Findings include:

	The surveyor reviewed the facilities EP plan which did not include the requirement for the facility to disclose their occupancy needs as well as their ability to provide assistance to other facilities in the event of an emergency. The Facility Administrator confirmed during an interview on 5/23/19, that the facility failed to implement occupancy needs as required per the Conditions for Coverage.