Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	034525	08/07/2018
Name of Provider or Supplier	**Street Address, City, State**	
Saguaro Rehabilitation And Aquatic Therapy, Llc	305 North Plaza Drive, Apache Junction, 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)
E0001	Establishment of the Emergency Program (EP) CFR(s): 485.68 403.748, 416.54, 418.113, 441.184, 460.84, 482.15, 483.73, 483.475, 484.102, 485.68, 485.542, 485.625, 485.727, 485.920, 486.360, 491.12 The [facility, except for Transplant Programs] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility, except for Transplant Programs] must 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: * (Unless otherwise indicated, the general use of the terms "facility" or "facilities" in this Appendix refers to all provider and suppliers addressed in this appendix. This is a generic moniker used in lieu of the specific provider or supplier noted in the regulations. For varying requirements, the specific regulation for that provider/supplier will be noted as well.) * [For hospitals at 482.15:] The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements: * [For CAHs at 485.625:] The CAH must comply with all applicable Federal, State, and local emergency preparedness requirements. The CAH must develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements: This CONDITION is not met as evidenced by: Based on review of facility documents, an interview with the facility administrator it was determined, the facility failed to

(E-0004) ensure that this CORF had developed, documented and implemented an Emergency Plan that was to be reviewed and updated at least annually. Failure to have an established Emergency plan poses the high potential risk that the health and safety of patients and staff will be compromised in the event an Emergency situation occurs if staff are not knowledgeable of what to do during an emergency situation;

(E-0006) perform community and facility risk assessments as part of developing the facility's emergency plan;

(E-0007) ensure within an Emergency Preparedness plan that they incorporated documentation to include the needs of the patient population they serve or a delegation of authority as part of the continuity of operations. Failure to develop a continuity plan involving the patient population which includes delegation of authority and succession plans may cause disruption of services to patients/clients during an emergency which could lead to harm;

(E-0009) include a documented process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials. Failure to include a process for cooperation and collaboration could lead to harm to both patients and staff;

(E- 0013) develop Emergency Preparedness policies and procedures based on an established EP plan, community risk assessment and communication plan, and the policies and procedures were not reviewed and updated at least annually;

(E-0020) have policies and procedures for safe evacuation from the facility including consideration of care needs of evacuees, staff responsibilities, transportation, identification of evacuation location(s), and primary and alternate means of communication with external sources of assistance. Failure to include a process for cooperation and collaboration could lead to harm to both patients and staff;

(E-0022) develop and implement a policy and procedure for sheltering in place during an emergency. Failure to adequately sheltering in place during an emergency could lead to harm to both patients and staff;

(E-0024) develop and implement a policy and procedure for the use of volunteers in an emergency. Failure to address the use of volunteers in an emergency could adversely impact patient care during an emergency;

(E- 0029) develop a written emergency communications plan that contained how the facility coordinates patient care within the facility, across the healthcare providers and with state and local public health departments, and emergency management systems. Failure to develop a written emergency communications plan poses the high potential risk that all staff working in the facility will not be aware of their role expectations during any type of emergency that is encountered at the facility, which is a health and safety risk for their patients, as needed information may not be able to be transmitted or received;

(E-0032) have a primary and alternate means of communication during an emergency. Failure to have a primary and alternate means of communication during an emergency could lead to harm to both patients and staff;

(E-0034) develop a means to sharing information on occupancy, needs, and it's ability

	to provide assistance to the authority having jurisdiction. Failure to develop a means to report occupancy levels and/or needs may result in residents not receiving care and services as needed. (E-0036) develop a facility based emergency planning, training and testing program. Failure to provide facility based training and testing tailored to the Emergency Plan may lead to untrained staff in an emergency situation and may result in harm to the patients during an emergency; (E-0037) have documentation of new and existing staff trained in an Emergency Preparedness Plan. Failure to provide facility based training and testing tailored to the Emergency Plan may lead to untrained staff in an emergency situation and may result in harm to the patients during an emergency; and (E-0039) conduct exercises to test an emergency plan at least annually. Failure to conduct exercises to test the emergency plan could lead to harm to both patients and staff. The cumulative effect of these systematic deficient practices resulted in the facility's failure to meet the requirement for the Condition of Participation for Establishment of the Development of an Emergency Preparedness Plan, which poses a high potential risk to the health and safety of patients and staff related to potential harm if staff and patients are not aware of what to do during an emergency situtation.