| **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**<br>(Each deficiency should be preceded by full regulatory or LSC identifying information) |
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| **E0013** | Development of EP Policies and Procedures<br>CFR(s): 485.68(b)<br><br>403.748(b), 416.54(b), 418.113(b), 441.184(b), 460.84(b), 482.15(b), 483.73(b), 483.475(b), 484.102(b), 485.68(b), 485.542(b), 485.625(b), 485.727(b), 485.920(b), 486.360(b), 491.12(b), 494.62(b). (b) Policies and procedures. [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. *[For LTC facilities at 483.73(b):] Policies and procedures. The LTC facility 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 annually. *Additional Requirements for PACE and ESRD Facilities: *[For PACE at 460.84(b):] Policies and procedures. The PACE organization 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 address management of medical and nonmedical emergencies, including, but not limited to: Fire; equipment, power, or water failure; care-related emergencies; and natural disasters likely to threaten the health or safety of the participants, staff, or the public. The policies and procedures must be reviewed and updated at least every 2 years. *[For ESRD Facilities at 494.62(b):] Policies and procedures. The dialysis facility 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. These emergencies include, but are not limited to, fire, |

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| | equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, interview and facility record review it was determined the facility failed to 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.<br><br>Findings include:<br><br>The surveyors, requested from the Executive Director on 8/1/18 and 8/2/18, copies of all policies and procedures that were developed and implemented as related to their EP plan. No polices and procedures were provided.<br><br>The Executive Director confirmed on 8/1/18 and 8/2/18, that the facility did not have EP policies and procedures developed and implemented.<br><br>Failure to develop emergency plans based on community risk assessments may cause harm to the residents during an emergency. |