Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 034526	**(X3) Date Survey Completed** 02/12/2020
Name of Provider or Supplier Paragon Physical Therapy And Rehab, Llc	**Street Address, City, State** 2585 Miracle Mile, Suite 107, Bullhead City, 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)
E0006	Plan Based on All Hazards Risk Assessment CFR(s): 485.68(a)(1)-(2) 403.748(a)(1)-(2), 416.54(a)(1)-(2), 418.113(a)(1)-(2), 441.184(a)(1)-(2), 460.84(a)(1)-(2), 482.15(a)(1)-(2), 483.73(a)(1)-(2), 483.475(a)(1)-(2), 484.102(a)(1)-(2), 485.68(a)(1)-(2), 485.542(a)(1)-(2), 485.625(a)(1)-(2), 485.727(a)(1)-(2), 485.920(a)(1)-(2), 486.360(a)(1)-(2), 491.12(a)(1)-(2), 494.62(a)(1)-(2) [(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 the following:] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.* (2) Include strategies for addressing emergency events identified by the risk assessment. * [For Hospices at 418.113(a):] Emergency Plan. The Hospice must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. (2) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care. *[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. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. (2) Include strategies for addressing emergency events identified by the risk assessment. *[For ICF/IIDs at 483.475(a):] Emergency Plan. The ICF/IID must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. (2) Include strategies for addressing emergency events identified by the risk assessment.

	This STANDARD is not met as evidenced by: Based on facility record review, and interview, it was determined the facility failed to perform a community based risk assessments as part of developing the facility's emergency plan (EP). Failure to develop emergency plans based on a community-based risk assessment poses the potential risk of harm to the patients and staff during an emergency. Findings include: On 2/12/2020, them the EP tag requirements to be included in an EP plan were reviewed with the administrator. The facility did not have a documented EP, and it could not be determined if risk assessments for the community or the facility were completed. The administrator stated in an interview on 2/12/2020 that she was unaware of new EP regulations for a CORF. It was determined that they did not have the facility's Emergency Preparedness Plan. Failure to develop emergency plans based on community and facility risk assessments poses the potential risk of harm to the patients during an emergency if the facility has not made plans of how to handle emergencies that can affecct the well being of its patients..