Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	034526	02/12/2020
Name of Provider or Supplier	**Street Address, City, State**	
Paragon Physical Therapy And Rehab, Llc	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)
E0007	EP Program Patient Population CFR(s): 485.68(a)(3) 403.748(a)(3), 416.54(a)(3), 418.113(a)(3), 441.184(a)(3), 460.84(a)(3), 482.15(a)(3), 483.73(a)(3), 483.475(a)(3), 484.102(a)(3), 485.68(a)(3), 485.542(a)(3), 485.625(a)(3), 485.727(a)(3), 485.920(a)(3), 491.12(a)(3), 494.62(a)(3). [(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:] (3) Address [patient/client] population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.** * [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 all of the following: (3) Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans. *NOTE: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC/FQHC, or ESRD facilities.] This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to 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, and poses a potential risk of harm to its patients.

	Findings include: On 2/12/2020 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 the surveyor could not determine if a continuity plan involving the patient population which includes delegation of authority and succession plans 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. The facility did not have documentation addressing the needs of the patient population or a delegation of authority within the current written plan.