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)
E0022	Policies/Procedures for Sheltering in Place CFR(s): 485.68(b)(2) 403.748(b)(4), 416.54(b)(3), 418.113(b)(6)(i), 441.184(b)(4), 460.84(b)(5), 482.15(b)(4), 483.73(b)(4), 483.475(b)(4), 485.68(b)(2), 485.542(b)(4), 485.625(b)(4), 485.727(b)(2), 485.920(b)(3), 491.12(b)(2), 494.62(b)(3). (b) Policies and procedures. The [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 [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:] [(4) or (2),(3),(5),(6)] A means to shelter in place for patients, staff, and volunteers who remain in the [facility]. *[For Inpatient Hospices at 418.113(b):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (i) A means to shelter in place for patients, hospice employees who remain in the hospice. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to develop and implement a policy and procedure for sheltering in place during an emergency. Failure to adequately shelter in place during an emergency could pose a potential risk of harm to both patients and staff. Findings include: Surveyor requested a policy and procedure for sheltering in place during an emergency on 2/12/2020. The facility did not identify a process for sheltering patients and staff during an emergency based on an established EP plan.

	The administrator acknowledged in an interview on 2/12/2020, the facility did not identify a process for sheltering patients and staff during an emergency.