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)
E0032	Primary/Alternate Means for Communication CFR(s): 485.68(c)(3) 403.748(c)(3), 416.54(c)(3), 418.113(c)(3), 441.184(c)(3), 460.84(c)(3), 482.15(c)(3), 483.73(c)(3), 483.475(c)(3), 484.102(c)(3), 485.68(c)(3), 485.542(c)(3), 485.625(c)(3), 485.727(c)(3), 485.920(c)(3), 486.360(c)(3), 491.12(c)(3), 494.62(c)(3). [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following: (3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies. *[For ICF/IIDs at 483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies. This STANDARD is not met as evidenced by: Based on record review, and staff interview, it was determined the facility failed to 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 pose a potential risk of harm to both patients and staff. Findings include: Documentation to demonstrate how the facility identified a primary and alternate means of communicating between staff and Federal, State, tribal, regional, and local emergency management agencies during an emergency was requested. No documentation of theses required items in the Emergency Plan were provided.

	The administrator acknowledged in an interview on 2/12/2020, the facility did not identify a primary and alternate means of communicating between staff and/or Federal, State, tribal, regional, and local emergency management agencies during an emergency.