| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 054536 | 01/11/2024 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| La Mesa Rehab | 8380 Center Drive, # E, La Mesa, CA | |

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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| **E0006** | Plan Based on All Hazards Risk Assessment<br>CFR(s): 485.68(a)(1)-(2)<br><br>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. |

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| | This STANDARD is not met as evidenced by:<br>Based on interview and document review, the CORF failed to develop and maintain an emergency preparedness plan that was based on and included a documented facility-based and community-based risk assessment, utilizing an all hazards approach and addressed the emergency events identified by the risk assessment. This placed the safety of the patients, staff, and visitors at risk during an emergency.<br><br>Findings:<br><br>On 1/11/24 at 1400 hours, a request was made to the Administrator for the emergency preparedness plan.<br><br>Review of the plan did not contain a risk assessment based on the community of La Mesa.<br><br>During an interview with the Administrator at 1440 hours, the Administrator was unaware of the regulatory requirement of the Emergency Plan being based on facility-based and community-based risk assessments, utilizing an all-hazards approach and verified it was not completed. |