Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	054549	06/23/2022
Name of Provider or Supplier	**Street Address, City, State**	
Valley Corf Inc	18425 Burbank Blvd Suite 520, Tarzana, 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** (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0020	Policies for Evac. and Primary/Alt. Comm. CFR(s): 485.68(b)(1) 403.748(b)(3), 416.54(b)(2), 418.113(b)(6)(ii), 441.184(b)(3), 460.84(b)(3), 482.15(b)(3), 483.73(b)(3), 483.475(b)(3), 485.68(b)(1), 485.542(b)(3), 485.625(b)(3), 485.727(b)(1), 485.920(b)(2), 491.12(b)(1), 494.62(b)(2) [(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:] [(3) or (1), (2), (6)] Safe evacuation from the [facility], which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance. *[For RNHCIs at 403.748(b)(3) and ASCs at 416.54(b)(2) and REHs at 485.542(b)(3):] Safe evacuation from the [RNHCI or ASC or REHs] which includes the following: (i) Consideration of care needs of evacuees. (ii) Staff responsibilities. (iii) Transportation. (iv) Identification of evacuation location(s). (v) Primary and alternate means of communication with external sources of assistance. * [For CORFs at 485.68(b)(1), Clinics, Rehabilitation Agencies, OPT/Speech at 485.727(b)(1), and ESRD Facilities at 494.62(b)(2):] Safe evacuation from the [CORF; Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services; and ESRD Facilities], which includes staff responsibilities, and needs of the patients. * [For RHCs/FQHCs at 491.12(b)(1):] Safe evacuation from the RHC/FQHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients. This STANDARD is not met as evidenced by:

	Based on interview and record review, the facility failed to include specific staff responsibilities in the facility's policy and procedure for the emergency preparedness plan. This deficient practice had the potential to prevent the staff, including newly hired staff, from being knowledgeable of their responsibilities during an emergency. Findings: A review of the facility's undated policy titled, "Disaster/Emergency Procedures," indicated procedures for severe weather, earthquake, biohazards chemical spills/fumes /vapors, and fire. The policy indicated "Personnel have been assigned to evacuate casualties outside the facility" and "Personnel have been assigned to assist the casualties until Paramedics and Fire rescue personnel arrive." The policy did not specifically indicate which facility personnel would perform these tasks in the event of an emergency. During an interview and review of the facility's Disaster/Emergency Procedures on 6 /23/22, at 2:16 PM, the Administrator (ADM) stated the policy did not specify the staff's responsibilities during an emergency. The ADM stated the staff was educated on their assignments during the emergency preparedness in-service, but the ADM stated the policy did not indicate their responsibilities. Thad ADM stated it was important for the policy to reflect the staff's responsibilities to ensure new facility staff were aware of their role and to limit confusion during an emergency.