

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  52P002	<b>(X3) Date Survey Completed</b>  03/24/2022
<b>Name of Provider or Supplier</b>  Versiti Wisconsin	<b>Street Address, City, State</b>  638 North 18th Street, Milwaukee, WI	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>  (Each deficiency should be preceded by full regulatory or LSC identifying information)
<b>E0030</b>	<p>Names and Contact Information</p> <p>403.748(c)(1), 416.54(c)(1), 418.113(c)(1), 441.184(c)(1), 460.84(c)(1), 482.15(c)(1), 483.73(c)(1), 483.475(c)(1), 484.102(c)(1), 485.68(c)(1), 485.542(c)(1), 485.625(c)(1), 485.727(c)(1), 485.920(c)(1), 486.360(c)(1), 491.12(c)(1), 494.62(c)(1). [(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:] (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients&amp;#x27; physicians (iv) Other [facilities]. (v) Volunteers. *[For Hospitals at 482.15(c) and CAHs at 485.625(c)] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients&amp;#x27; physicians (iv) Other [hospitals and CAHs]. (v) Volunteers. *[For RNHCIs at 403.748(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Next of kin, guardian, or custodian. (iv) Other RNHCIs. (v) Volunteers. *[For ASCs at 416.45(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients&amp;#x27; physicians. (iv) Volunteers. *[For Hospices at 418.113(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Hospice employees. (ii) Entities providing services under arrangement. (iii) Patients&amp;#x27; physicians. (iv) Other hospices. * [For HHAs at 484.102(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients&amp;#x27; physicians. (iv) Volunteers. *[For OPOs at 486.360(c):] The communication plan must include all of the following: (2) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Volunteers. (iv) Other OPOs. (v) Transplant and</p>

donor hospitals in the OPO's Donation Service Area (DSA).

This STANDARD is not met as evidenced by:

Based on document review and interview the Organ Procurement Organization (OPO) failed to ensure the OPO Disaster Control communication plan include all of the following names and contact information for 1) staff, 2) volunteers 3) complete list of donor hospitals in the OPO's designated service area (DSA). Findings include: Review of the documents titled 1) "Versiti Organ and Tissue Procurement Emergency Preparedness Plan" effective date: 12/27/21 Version 8-BCP00544, "Communication Plan" effective 11/1/16 Version 6-BCP01000, "Organ, Tissue and Eye Procurement Key Contacts List" effective 12/27/21 Version 8-BCP90005 revealed no evidence of contact information of staff, volunteers or a complete list of donor hospitals in the OPO's DSA. On 03/23/2022 E1 was interviewed at 9:50 am. and she/he confirmed the plan did not include contact information of staff, volunteers or a complete list of donor hospitals in the OPO's DSA.