

Surveyor Questions for Senior Living Communities

Emergency Preparedness Interpretive Guidelines

Compiled and Arranged by:



The following information is being provided by Lee Agency to be a helpful resource to Senior Living Communities. The following "Surveyor Questions" are taken directly from the Emergency Preparedness Interpretive Guidelines and have been named, grouped and color-coded by Lee Agency as a helpful tool only.

Communities have until November 15, 2017 to be in compliance with the CMS regulation, and we believe pairing down the Interpretive Guidelines to only the "Surveyor Questions" will help organizations to gauge whether or not they are prepared.

Lee Agency is not an authority on how individual States will interpret compliance and is not making any type of guarantee.

Table of Contents

Section 1: The Emergency Plan

- E-0001: Establishment of the Emergency Program
- E-0004: Review and Maintenance of Plan
- E-0006: Hazard/Risk Assessment
- E-0007: Address Patient Population & Business Continuity
- E-0009: Communication & Collaboration with Local/State/Feds

Section 2: Policies & Procedures

- E-0013: Policies & Procedures
- E-0015: Subsistence Needs
- E-0018: Tracking Patients & Staff
- E-0020: Evacuation
- E-0022: Shelter in Place
- E-0023: Preservation of Medical Documents
- E-0024: Volunteers & Other Staffing
- E-0025: Mutual Aid Agreements
- E-0026: Role in Providing Care & Treatment under 1135 Waiver

Section 3: Communications Plan

- E-0029: Written Communication Plan
- E-0030: Contacts – Staff, Mutual Aid, Families, etc.
- E-0031: Contacts – Local, State, Federal Officials
- E-0032: Primary & Alternate Means of Communication
- E-0033: Methods for Sharing Information
- E-0034: Ability to Provide Assistance to Others
- E-0035: Communicating Plans with Families

Section 4: Training & Testing

- E-0036: Written Training & Testing Program
- E-0037: Review Training & Interview Staff
- E-0039: Functional & Tabletop Exercises

Section 5: Emergency Power Systems

- E-0041 – Emergency Power

Sections abbreviated in light gray may not apply to Senior Living Communities

Section 1: The Emergency Plan

E-0001: Establishment of the Emergency Program

Survey Procedures

- Interview the facility leadership and ask him/her/them to describe the facility's emergency preparedness program.
- Ask to see the facility's written policy and documentation on the emergency preparedness program.
- For hospitals and CAHs only: Verify the hospital's or CAH's program was developed based on an all-hazards approach by asking their leadership to describe how the facility used an all-hazards approach when developing its program.

E-0002: Transplant center

E-0003: Dialysis facility (Do not apply to SLC)

E-0004: Review and Maintenance of Plan

Survey Procedures

- Verify the facility has an emergency preparedness plan by asking to see a copy of the plan.
- Ask facility leadership to identify the hazards (e.g. natural, man-made, facility, geographic, etc.) that were identified in the facility's risk assessment and how the risk assessment was conducted.
- Review the plan to verify it contains all the required elements
- Verify that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review.

E-0005: Transplant center (Do not apply to SLC)

E-0006: Hazard/Risk Assessment

Survey Procedures

- Ask to see the written documentation of the facility's risk assessments and associated strategies.
- Interview the facility leadership and ask which hazards (e.g. natural, man-made, facility, geographic) were included in the facility's risk assessment, why they were included and how the risk assessment was conducted.
- Verify the risk-assessment is based on an all-hazards approach specific to the geographic location of the facility and encompasses potential hazards.

E-0007: Address Patient Population & Business Continuity

Survey Procedures

Interview leadership and ask them to describe the following:

- The facility's patient populations that would be at risk during an emergency event;
- Strategies the facility (except for an ASC, hospice, PACE organization, HHA, CORF, CMHC, RHC/FQHC and ESRD facility) has put in place to address the needs of at-risk or vulnerable patient populations;
- Services the facility would be able to provide during an emergency;
- How the facility plans to continue operations during an emergency;
- Delegations of authority and succession plans.

Verify that all the above are included in the written emergency plan.

E-0008: OPO (Do not apply to SLC)

E-0009: Communication & Collaboration with Local/State/Feds

Survey Procedures

Interview facility leadership and ask them to describe their process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or an emergency situation.

- Ask for documentation of the facility's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.
- For ESRD facilities, ask to see documentation that the ESRD facility contacted the local public health and emergency management agency public official at least annually to confirm that the agency is aware of the ESRD facility's needs in the event of an emergency and know how to contact the agencies in the event of an emergency.

E-0010: Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services

E-0011: Comprehensive Outpatient Rehabilitation Facility (CORF)

E-0012: Transplant centers. (10 – 12 do not apply to SLC)

Section 2: Policies & Procedures

E-0013: Policies & Procedures

Survey Procedures

Review the written policies and procedures which address the facility's emergency plan and verify the following:

- Policies and procedures were developed based on the facility- and community-based risk assessment and communication plan, utilizing an all-hazards approach.
- Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis.

E-0014: Transplant center (Do not apply to SLC)

E-0015: Subsistence Needs

Survey Procedures

- Verify the emergency plan includes policies and procedures for the provision of subsistence needs including, but not limited to, food, water and pharmaceutical supplies for patients and staff by reviewing the plan.
- Verify the emergency plan includes policies and procedures to ensure adequate alternate energy sources necessary to maintain:
 - Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions;
 - Emergency lighting; and,
 - Fire detection, extinguishing, and alarm systems.
- Verify the emergency plan includes policies and procedures to provide for sewage and waste disposal.

E-0016: Emergency communication with Staff & Patients (Do not apply to SLC)

E-0017: Individualized Emergency Plans (Do not apply to SLC)

E-0018: Tracking Patients & Staff

Survey Procedures

- Ask staff to describe and/or demonstrate the tracking system used to document locations of patients and staff.
- Verify that the tracking system is documented as part of the facilities' emergency plan policies and procedures.

E-0019: Communicate Patients in Need of Evacuation (Do not apply to SLC)

E-0020: Evacuation

Survey Procedures

- Review the emergency plan to verify it includes policies and procedures for safe evacuation from the facility and that it includes all of the required elements.
- When surveying an RHC or FQHC, verify that exit signs are placed in the appropriate locations to facilitate a safe evacuation.

E-0021: If Unable to Contact or Perform Services (Do not apply to SLC)

E-0022: Shelter in Place

Survey Procedures

- Verify the emergency plan includes policies and procedures for how it will provide a means to shelter in place for patients, staff and volunteers who remain in a facility.
- Review the policies and procedures for sheltering in place and evaluate if they aligned with the facility's emergency plan and risk assessment.

E-0023: Preservation of Medical Documents

Survey Procedures

- Ask to see a copy of the policies and procedures that documents the medical record documentation system the facility has developed to preserve patient (or potential and actual donor for OPOs) information, protects confidentiality of patient (or potential and actual donor for OPOs) information, and secures and maintains availability of records.

E-0024: Volunteers & Other Staffing

Survey Procedures

- Verify the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plan.

E-0025: Mutual Aid Agreements

Survey Procedures

- Ask to see copies of the arrangements and/or any agreements the facility has with other facilities to receive patients in the event the facility is not able to care for them during an emergency.
- Ask facility leadership to explain the arrangements in place for transportation in the event of an evacuation.

E-0026: Role in Providing Care & Treatment under 1135 Waiver

Survey Procedures

- Verify the facility has included policies and procedures in its emergency plan describing the facility's role in providing care and treatment (except for RNHCI, for care only) at alternate care sites under an 1135 waiver.

E-0027: Dialysis facility

E-0028: Dialysis facility (Neither apply to SLC)

Section 3: Communications Plan

E-0029: Written Communication Plan

Survey Procedures

- Verify that the facility has a written communication plan by asking to see the plan.
- Ask to see evidence that the plan has been reviewed (and updated as necessary) on an annual basis.

E-0030: Contacts – Staff, Mutual Aid, Families, etc.

Survey Procedures

- Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
- Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

E-0031: Contacts – Local, State, Federal Officials

Survey Procedures

- Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
- Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

E-0032: Primary & Alternate Means of Communication

Survey Procedures

- Verify the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies by reviewing the communication plan.
- Ask to see the communications equip. or communication systems listed in the plan.

E-0033: Methods for Sharing Information

Survey Procedures

- Verify the communication plan includes a method for sharing information and medical (or for RNHCIs only, care) documentation for patients under the facility's care, as necessary, with other health (or care for RNHCIs) providers to maintain the continuity of care by reviewing the communication plan.
 - For RNHCIs, verify that the method for sharing patient information is based on a requirement for the written election statement made by the patient or his or her legal representative.
- Verify the facility has developed policies and procedures that address the means the facility will use to release patient information to include the general condition and location of patients, by reviewing the communication plan.

E-0034: Ability to Provide Assistance to Others

Survey Procedures

- Verify the communication plan includes a means of providing information about the facility's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee by reviewing the communication plan.
- For hospitals, CAHs, RNHCIs, inpatient hospices, PRTFs, LTC facilities, and ICF/IIDs, also verify if the communication plan includes a means of providing information about their occupancy.

E-0035: Communicating Plans with Families

Survey Procedures

- Ask staff to demonstrate the method the facility has developed for sharing the emergency plan with residents or clients and their families or representatives.
- Interview residents or clients and their families or representatives and ask them if they have been given information regarding the facility's emergency plan.
- Verify the communication plan includes a method for sharing information from the emergency plan, and that the facility has determined it is appropriate with residents or clients and their families or representatives by reviewing the plan.

Section 4: Training & Testing

E-0036: Written Training & Testing Program

Survey Procedures

- Verify that the facility has a written training and testing (and for ESRD facilities, a patient orientation) program that meets the requirements of the regulation.
- Verify the program has been reviewed and updated on, at least, an annual basis by asking for documentation of the annual review as well as any updates made.
- Verify that ICF/IID emergency plans also meet the requirements for evacuation drills and training at §483.470(i).

E-0037: Review Training & Interview Staff

Survey Procedures

- Ask for copies of the facility's initial emergency preparedness training and annual emergency preparedness training offerings.
- Interview various staff and ask questions regarding the facility's initial and annual training course, to verify staff knowledge of emergency procedures.
- Review a sample of staff training files to verify staff have received initial and annual emergency preparedness training.

E-0038: Dialysis facility (Not applicable to SLC)

E-0039: Functional & Tabletop Exercises

Survey Procedures

- Ask to see documentation of the annual tabletop and full-scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the facility to support the exercise).
- Ask to see the documentation of the facility's efforts to identify a full-scale community based exercise if they did not participate in one (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community based exercise).
- Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.

E-0040: Dialysis facility (Do not apply to SLC)

Section 5: Emergency Power Systems

E-0041 – Emergency Power

Survey Procedures

- Verify that the hospital, CAH and LTC facility has the required emergency and standby power systems to meet the requirements of the facility’s emergency plan and corresponding policies and procedures
- Review the emergency plan for “shelter in place” and evacuation plans. Based on those plans, does the facility have emergency power systems or plans in place to maintain safe operations while sheltering in place?
- For hospitals, CAHs and LTC facilities which are under construction or have existing buildings being renovated, verify the facility has a written plan to relocate the EPSS by the time construction is completed

For hospitals, CAHs and LTC facilities with generators:

- For new construction that takes place between November 15, 2016 and is completed by November 15, 2017, verify the generator is located and installed in accordance with NFPA 110 and NFPA 99 when a new structure is built or when an existing structure or building is renovated. The applicability of both NFPA 110 and NFPA 99 addresses only new, altered, renovated or modified generator locations.
- Verify that the hospitals, CAHs and LTC facilities with an onsite fuel source maintains it in accordance with NFPA 110 for their generator, and have a plan for how to keep the generator operational during an emergency, unless they plan to evacuate.

E-0042 – Documentation for Integrated Health Systems

Integrated healthcare systems

Survey Procedures

- Verify whether the facility has opted to be part of its healthcare system’s unified and integrated emergency preparedness program. Verify that they are by asking to see documentation of its inclusion in the program.
- Ask to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.
- Ask to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.
- Ask to see a copy of the entire integrated and unified emergency preparedness program and all required components (emergency plan, policies and procedures, communication plan, training and testing program).
- Ask facility leadership to describe how the unified and integrated emergency preparedness program is updated based on changes within the healthcare system such as when facilities enter or leave the system.

EP-043: Transplant hospitals

EP-044: OPO (Do not apply to SLC)

If you have questions about any of these materials, feel free to contact us:

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"While you take care of them, we'll take care of you."

