

Emergency Preparedness: Appendix Z

ASSISTED LIVING FACILITY AND ASSISTED LIVING FACILITY WITH DEMENTIA CARE

Related Rule and Statute:

- [144G.42, Subd. 10 Disaster planning and emergency preparedness plan \(https://www.revisor.mn.gov/statutes/cite/144G.42\)](https://www.revisor.mn.gov/statutes/cite/144G.42)
- [4659.0100 Emergency Disaster and Preparedness Plan - Appendix Z \(https://www.revisor.mn.gov/rules/4659.0100/\)](https://www.revisor.mn.gov/rules/4659.0100/)
- https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_z_emergprep.pdf (ALF follow LTC 483.73)

Provider and Survey Information:

Provider Name:

HFID:

Date of survey:

Time of Survey:

Surveyor Name:

Verify the Following Items:

1. Establishment of the Emergency Program (E-0001)

Regulation Summary: The facility must establish and maintain a comprehensive emergency preparedness plan (EPP) that meets the requirements of this section.

Survey Procedure:

- Interview facility leadership and ask them to describe the facility's EPP.
- Ask to see the facility's written EPP. Ensure EPP template is customized to the facility.

Compliant: Yes No **Comments:**

2. Develop and Maintain an EPP (E-0004)

Regulation Summary: The long-term care (LTC) facility must develop and maintain an EPP that must be reviewed and updated at least annually. The EPP should consider hazards likely to occur including natural disasters, man-made disasters, facility-based disasters, and emerging infectious diseases (EIDs).

Survey Procedure:

- Verify that the EPP is reviewed and updated annually.
- Review hazards (e.g. natural, man-made, facility, geographic, EIDs.) that were identified in the facility's risk assessment.

Compliant: Yes No **Comments:**

3. Maintain and Update Annually (E-0006)

Regulation Summary: The EPP must be based on and include a documented facility and community-based risk assessment and include EID threats. The risk assessment must be specific to the facility and the surrounding community.

Survey Procedure:

- Ask to see the written documentation of the facility's risk assessments and associated strategies.
- Verify the risk assessment is based on an all-hazards approach specific to the geographic location of the facility and encompasses potential hazards, such as EIDs.
- The Missing Resident Plan must be **reviewed quarterly**. Refer to Rule 4659.0110 Missing Resident Plan ([4659.0110 - MN Rules Part](#)) for all the required components of the Missing Resident Plan.

Compliant: Yes **No** **Comments:**

4. EPP Resident Population (E-0007)

Regulation Summary: The EPP must address resident population, including, but not limited to, persons at-risk, the type of services the facility can provide in an emergency, and the continuity of operations, including delegations of authority and succession plans. Review that the EPP contains language specific to the specific needs of the residents in the facility.

Survey Procedure:

- Review documentation and description of the facility's resident populations that would be at risk during an emergency event.
- Review documentation of strategies the facility has put in place to address the needs of at-risk or vulnerable resident populations.

Compliant: Yes **No** **Comments:**

5. Process for EPP Collaboration (E-0009)

Regulation Summary: The facility must document its efforts to contact State and local emergency planning authorities to engage in collaborative planning for an integrated emergency response. The facility must include an integrated response process in its EPP. Facilities are encouraged to participate in a healthcare coalition.

Survey Procedure:

- Review the facility's process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials and their efforts to ensure an integrated response during a disaster or emergency.

Compliant: Yes **No** **Comments:**

6. Development of EPP Policies and Procedures (E-0013)

Regulation Summary: Facilities must develop and implement emergency preparedness policies and procedures.

Survey Procedure:

- Review written policies and procedures addressing the facility's EPP and verify the following:
 - Policies and procedures were developed based on the facility and community-based risk assessments and communication plan, utilizing an all-hazards approach.
 - Documentation that verifies the policies and procedures have been reviewed and updated at least annually for LTC facilities.

Compliant: Yes **No** **Comments:**

7. Subsistence Needs for Staff and Residents - Policy and Procedure (E-0015)

Regulation Summary:

Facilities must have policies and procedures to provide for adequate subsistence for all residents and staff for the duration of an emergency. This must address food, water, medical and pharmaceutical supplies, alternative sources of energy, sewage, and waste disposal.

Survey Procedure:

- Ensure the EPP includes policies and procedures for the provision of food, water, medical and pharmaceutical supplies, alternative sources of energy, sewage, and waste disposal.

Compliant: Yes **No** **Comments:**

8. Procedures for Tracking Staff and Residents - Policy and Procedure (E-0018)

Regulation Summary:

Facilities must develop a means to track residents and on-duty staff in the facility's care during an emergency event. In the event staff and residents are relocated, the facility must document the specific name and location of the receiving facility or other location for sheltered residents and on-duty staff who leave the facility during the emergency.

Survey Procedure:

- Review the facility's tracking system used for residents and staff if sheltering in place or relocating.
- The facility can use any system if it documents the above. Tracking system must be readily available and shareable.

Compliant: Yes **No** **Comments:**

9. Evacuation - Policy and Procedure (E-0020)

Regulation Summary:

Facilities must have policies and procedures which address the needs of evacuees. The policies and procedures must address staff responsibilities during evacuations. Facilities must consider the resident population needs as well as their care and treatment. Facilities must consider what designated transportation services would be most appropriate for their facility.

Survey Procedure:

- Review the EPP to verify it includes a policy and procedure for safe evacuation from the facility including all the required elements.

Compliant: Yes **No** **Comments:**

10. Sheltering in Place - Policy and Procedure (E-0022)

Regulation Summary:

The EPP must include a means for sheltering all residents, staff, and volunteers who remain in the facility if an evacuation cannot be executed. Facilities are required to have a policy and procedure for sheltering in place which align with the facility's risk assessment, including criteria for which residents and staff would shelter in place.

Survey Procedure:

- Verify the EPP includes a policy and procedure for how it will provide a means to shelter in place for residents, staff, and volunteers who remain in a facility.
- Verify the policy and procedure for sheltering in place with the facility's risk assessment.

Compliant: Yes **No** **Comments:**

11. Medical Documents - Policy and Procedure (E-0023)

Regulation Summary:

The facility must have a system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains availability of records.

Survey Procedure:

- Verify the facility has developed a method that preserves resident information, protects confidentiality of resident, and secures and maintains availability of records. Resident information would need to be accessible and confidential if moved off-site.

Compliant: Yes **No** **Comments:**

12. Volunteers - Policy and Procedure (E-0024)

Regulation Summary:

The facility must have a policy and procedure for the use of volunteers in an emergency, including a staffing emergency. Facilities must address their ability to respond to a surge in residents. These policies and procedures must be aligned with a facility's risk assessment and should include planning for EIDs.

Survey Procedure:

- Verify the facility has included policies and procedures for the use of volunteers and other staffing strategies in its EPP.
- Verify that the facility's policy and procedure addresses resident surge needs during an emergency.

Compliant: Yes **No** **Comments:**

13. Arrangement with Other Facilities - Policy and Procedure (E-0025)

Regulation Summary:

Facilities are required to have policies and procedures which include prearranged transfer agreements, which may include written agreements or contracted arrangements with other facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to the facility's residents. When developing transfer agreements, facilities should consider the resident population and the ability of the receiving facility to provide continuity of services.

Survey Procedure:

- Ask to see copies of the arrangements and/or any agreements the facility has with other facilities to receive residents in the event the facility is not able to care for them during an emergency.
- Ask facility leadership to explain how their residents will be transferred to another facility considering their facility assessment and how they will maintain continuity of operations at the other site.

Compliant: Yes **No** **Comments:**

14. Facility's Role Under a Section 1135 Waiver Declared by Secretary - Policy and Procedure (E-0026)

Regulation Summary:

The facility's EPP must include a policy and procedure which outline the facility's role under a section 1135 waiver during a declared public health emergency.

Survey Procedure:

- Review of policy and procedure that address coordination efforts are required during a declared emergency.
- Verify the facility policy and procedure described the facility's role in providing care and treatment at alternate care sites under an 1135 waiver, or any declarations or waivers that are implemented.

Compliant: Yes **No** **Comments:**

15. Development of Communication Plan (E-0029)

Regulation Summary:

The facility must have a developed communication plan.

Survey Procedure:

- Review if facility has a documented communication plan (see below for content requirements).

Compliant: Yes No Comments:

16. Names and Contact Information - Communication Plan (E-0030)

Regulation Summary:

The facility's communication plan must include contact information for staff, contracted entities, residents' providers, volunteers, and other facilities. The contact information contained in the communication plan must be accurate and current and should be updated throughout the year for oncoming and departing staff.

Survey Procedure:

- Review required contacts by ensuring current resident list has complete contact information.

Compliant: Yes No Comments:

17. Emergency Officials Contact Information - Communication Plan (E-0031)

Regulation Summary:

Contact information must include Federal, State, tribal, regional, and local emergency preparedness staff, the State Licensing and Certification Agency (MDH), the Office of the State Long-Term Care Ombudsman, and other sources of assistance.

Survey Procedure:

- Review all required emergency official contacts are included in the communication plan.

Compliant: Yes No Comments:

18. Primary and Alternate Means for Communication - Communication Plan (E-0032)

Regulation Summary:

Facilities are required to have primary and alternate means of communicating with staff, Federal, State, tribal, regional, and local emergency management agencies. The communication plan should include procedures regarding when and how alternate communication methods are used, and who uses them.

Survey Procedure:

- Ensure the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies.

Compliant: Yes No Comments:

19. Methods for Sharing Information - Communication Plan (E-0033)

Regulation Summary:

Facilities are required to develop a method for sharing information and medical documentation for residents under the facility's care, as necessary, with other health care providers to maintain continuity of care. Facilities must ensure the information necessary to provide resident care is sent with an evacuated resident to the next care provider (HIPPA requirements are not suspended).

Survey Procedure:

- Review the communication plan and ensure it includes a method for sharing information and medical documentation for residents under the facility's care, as necessary, with other health providers to maintain the continuity of care.

Compliant: Yes No Comments:

20. Sharing Information on Occupancy/Needs - Communication Plan (E-0034)

Regulation Summary:

The facility must have documentation of a means of providing information about the facility's occupancy, needs, and its ability to aid, to the authority having jurisdiction, the Incident Command Center, or designee.

Survey Procedure:

- Review the communication plan and ensure it includes a means of providing information about the facility's needs, and its ability to aid the authority having jurisdiction, the Incident Command Center, or designee.
- Reporting needs may include, but are not limited to, shortages in personal protective equipment, need to evacuate or transfer residents, requests for assistance in transport, temporary loss of part or all facility function, and staffing shortages.
- In Minnesota, this can include MNTrac <https://www.mntrac.org/default.cfm>. Review the facility's understanding of this process.

Compliant: Yes No Comments:

21. Family Notifications - Communication Plan (E-0035)

Regulation Summary:

LTC facilities are required to share EPPs and policies with family members and resident representatives.

Survey Procedure:

- Ensure the EPP includes a method for sharing information from the EPP.
- Interview residents and their families/representatives and ask if they have been given information regarding the facility's EPP.

Compliant: Yes No Comments:

22. Emergency Preparedness Training and Testing (E-0036)

Regulation Summary:

Facilities must develop a written emergency preparedness training and testing (drills) program.

Survey Procedure:

- Ensure the facility has a written training program that meets the requirements of the regulation.

Compliant: Yes No Comments:

23. Training Program - Emergency Prep Training and Testing (E-0037)

Regulation Summary:

Training must be specific to each facility. Documentation of training must be maintained. Training is required on hire and annually, to include volunteers and contracted staff (drills are not training).

Survey Procedure:

- Interview staff to ensure they can demonstrate knowledge of facility specific EPP training.
- Refer to the facility's risk assessment to determine if training and testing program reflects risks and hazards identified.
- Ensure employee files include training on hire and annually, must be site specific.

Compliant: Yes No Comments:

24. Testing Requirements - Emergency Prep Training and Testing (E-0039)

Regulation Summary:

- The facility must maintain documentation of annual testing (drills), to include either:
 - two community-based exercises;
 - one community based and one tabletop exercise; or
 - have activated their plan and documented after action analysis.
- Documentation must also include an after-action analysis, and plan revision based on the after-action analysis. Must include a plan revision based on the after-action analysis.

Survey Procedure:

- Review the facility's testing logs and after-action analysis and plan revision.

Compliant: Yes **No** **Comments:**

25. LTC Emergency Power (Typically ENGINEERING) (E-0041)

Regulation Summary:

Facility must be able to implement emergency standby power based on their EPP.

Survey Procedure:

- Interview LALD or maintenance and ask if they have a generator.
 - If they have a generator, refer to engineering.
- Ensure facility has equipment that is needed documented in their EPP and on-site.

Compliant: Yes **No** **NA**

26. Integrated Health Systems (No need to review if not an Integrated Health System) (E-0042)

Regulation Summary:

Healthcare systems (multi-licensed entities, for example SNF, TCU, and AL) that include multiple facilities that are each separately licensed have the option of developing a unified and integrated EPP. If a healthcare system elects to have a unified EPP, the integrated program must demonstrate that each separately licensed facility within the system that elected to participate in the system's integrated EPP actively participated in the development of the EPP.

*May want to refer to any approved variance applications.

Survey Procedure:

- Ask if facility shares a building with another licensed entity. If yes, interview if they share an EPP.

Compliant: Yes **No** **Comments:**

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