

Emergency Preparedness: Appendix Z

ASSISTED LIVING FACILITY LICENSE AND ASSISTED LIVING FACILITY LICENSE 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/)

Provider and Survey Information

Provider Name:

Time of Survey:

HFID:

Surveyor Name:

Date of survey:

Verify the Following Items

1. Establishment of the Emergency Program (EP)

Requirements

- Must establish/maintain a comprehensive EP which describes the facility's approach to mtg health/safety/security needs of staff/residents
- Must address how would coordinate with other health care facilities (HCF), as well as community on a whole during emergency or disaster (natural, man-made, facility, etc.)
- Must be reviewed/updated annually

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Describe the facility's Emergency Preparedness Plan (EPP)
- Ask to see written policy & documentation of EPP

2. Develop and Maintain the EP

Requirements

- Be updated annually, must document date of review and any updates made to the plan based on the review
- Risk assessment should consider hazards like care related emergencies, equipment/utility failures, interruptions in communications/cyber-attacks, loss of all or portion of a facility, interruption to normal supply of essential resources and medical supplies
- Should consider duration of interruptions
- Consider emerging infectious diseases (EIDs)
- Arrangements/contracts to re-establish utility services

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify the facility has an EPP:
- Ask to identify the hazards identified by the facility's risk assessment & how the assessment was conducted
- Review plan to verify contents
- Verify plan reviewed/updated annually with documentation.

3. Maintain and Annual EP Updates

Requirements

- Must document the risk assessment
- Must take an all-hazards approach, including EIDs, as applicable
- Categorize the various probable risks/hazards by likelihood of occurrence
- Must develop strategies for addressing facility & community-based risks (i.e.: evacuation plans, staffing surges/shortages, back-up plans)
- Missing resident plan

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Ask to see written documentation of risk assessment
- How were hazards identified to be included?
- Verify assessment is facility & community based.
- Refer to Rule 4659.0110 Missing Resident Plan ([4659.0110 - MN Rules Part](#)) for all the required components of the plan. The missing Resident plan must be reviewed quarterly.

4. EP Program Patient Population

Requirements

- Must identify at risk population needs like maintaining independence, communication, transportation, supervision, and medical care.
- Must identify which staff would assume specific roles in another's absence through succession planning and delegation of authority.
- Should be a qualified person who is authorized in writing to act in the absence of the administrator.

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Services facility could continue to provide identified?
- Identified how services needed that can't be provided will be outsourced?
- Delegations of authority identified?

5. Process for EP Collaboration

Requirements

- Must include a process for cooperation and collaboration with local, tribal, regional, State and Federal EP to maintain integrated response

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Describe collaboration process? Part of a healthcare coalition?

6. Development of EP Policies and Procedures

Requirements

- Must develop and implement EP policies/procedures (P/P) based on the EP, risk assessment & communication plan
- Must be reviewed/updated on annual basis

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Review policies; Reviewed/updated annually?

7. Subsistence Needs for Staff and Patients

Requirements

- Must develop/implement EP P/P to address the following whether evacuated or shelter in place for staff/residents:
 - Food, water, medical supplies, pharmaceutical supplies
- Alternate sources of energy to maintain:
 - Temperatures to protect resident health/safety
 - Safe/sanitary storage of provisions
 - Emergency lighting
 - Fire detection, extinguishing, alarm systems
 - Sewage and waste disposal

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify EP includes P/P for at minimum food, water, and pharmaceutical supplies
- Verify EP includes P/P for alternate sources of energy
- Verify EP includes P/P related to sewage/waste disposal

8. Procedures for Tracking of Staff and Patients

Requirements

- Must develop P/P for system to track the location of on-duty staff and sheltered residents
- If on-duty staff and sheltered residents are relocated, facility must document the specific name/location of the receiving facility or other location

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Describe tracking system
- Verify plan is part of P/P

9. Policies and Procedures Including Evacuation

Requirements

- Must develop P/P to address safe evacuation from the facility, including consideration of care/tx needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); primary/alternate communication means with external sources of assistance

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify EP includes P/P for evacuation including all required elements

10. Policies and Procedures for Sheltering

Requirements

- Must develop P/P to shelter in place for residents, staff, and volunteers who remain in the facility

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify P/P identifies how it will provide means to shelter in place

11. Policies and Procedures for Medical Documents

Requirements

- Must develop P/P to address: system of medical documentation that preserves resident information, protects confidentiality, and secures/maintains availability of records

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify P/P addresses all required content

12. Policies and Procedures for Volunteers

Requirements

- P/P must address: use of volunteers, including the process/role for integration

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify P/P address to use volunteers and other emergency staffing strategies in its emergency plan

13. Arrangement with Other Facilities

Requirements

- P/P must address: development of arrangements with other facilities/providers to receive residents in the event of limitations/cessation of operations to maintain the continuity of services to residents

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Ask to see copies of arrangement agreements
- How does the facility plan to transport in an evacuation?

14. Roles under a Waiver Declared by Secretary

Requirements

- P/P to address role of facility under a waiver declared by the Secretary in accordance with section 1135 of the Act

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify facility has P/P for providing care/tx at alternate are sites under 1135 waiver

15. Development of Communication Plan

Requirements

- Must develop a written communication plan
- Must be reviewed/updated annually

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify written communication plan & annually reviewed

16. Names and Contact Information

Requirements

- Communication plan must include all the following names/contact information: staff, entities providing services under agreement, residents' physicians, other facilities, volunteers

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify all required content present

17. Emergency Officials Contact Information

Requirements

- Communication plan must include contact information for the following:
 - Federal, State, tribal, regional & local EP staff
 - State Licensing and Certification Agency
 - MN Office of Ombudsman for LTC
 - Other sources of assistance

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify all required content present

18. Primary/Alternate Means for Communication

Requirements

- Communication plan must include primary and alternate means of communicating with facility staff and Federal, State, tribal, regional & local emergency management agencies

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify all required content in the plan
- Does the provider have all equipment procured as listed in plan?

19. Methods for Sharing Information

Requirements

- Communication plan must include:
 - Method for sharing information and medical documentation for residents under the facility's care, as necessary, with other HCPs to maintain continuity of care
 - Means, in event of evacuation, to release resident information as permitted under 45 CFR 164.510(b)(1)(ii)
 - Means of providing information about general condition/ location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4)

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify communication plan has P/P to address the means facility will use to release resident information

20. Sharing Information on Occupancy/Needs

Requirements

- Communication plan must include all of the following: means to providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify communication plan contains required content
- Ask how residents/families/representatives receive information regarding the EP

21. LTC Family Notifications

Requirements

- Communication plan must include all of the following: method for sharing information from the emergency plan, that the facility has determined appropriate, with residents and their families/representatives

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:

22. Emergency Prep Training and Testing

Requirements

- Must develop and maintain EP training and testing program
- Must be reviewed/updated annually

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify facility has a written training and testing program

23. Emergency Prep Training Program

Requirements

- Training program must include all of the following:
 - Initial training in EP P/P to all new and existing staff, individuals providing services under arrangement, and volunteers consistent with their expected role
 - Provide EP training at least annually
 - Maintain documentation of all EP training
 - Demonstrate staff knowledge of EP

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Ask for copies of facility's initial and subsequent EP trainings and annual EP training offerings
- Review sample of staff training files to ensure staff have received training (annually)

24. Emergency Prep Testing Requirements

Requirements

- Must conduct exercises to test the EP at least twice per year, including unannounced staff drills using the EP
- Must include the following:
 - Participate in an annual full-scale exercise that is community based OR conduct an annual, individual, facility-based functional exercise OR if the facility experiences an actual emergency requiring activation of plan, facility is exempt from engaging in its next required full-scale exercise
 - Conduct an additional annual exercise that may include: a second full-scale exercise that is community-based or an individual, facility based functional exercise OR mock disaster drill OR table-top exercise
 - Analyze the facility's response to and maintain documentation of all drills, tabletop exercises and emergency events & revise plan as needed

Compliance / Interview Questions / Comments

- Compliant: Yes No

- Comments:
- Ask about participation of management and staff during scheduled exercises
- Ask to see the documentation of exercises
- Request documentation of the facility's analysis and response and how the facility updated in EP based on the analysis (if applicable)

25. LTC Emergency Power (Typically Engineering)

Requirements

- Must implement emergency and standby power systems based on their EP

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify facility has what's needed per their EP

26. Integrated Health Systems

Requirements

- If part of a healthcare system consisting of separately certified healthcare facilities elects to have a unified and integrated EPP, they may choose to participate
- If elected, the EPP must:
 - Demonstrate that each separately certified w/in the system actively participated in the development of the unified and integrated EPP
 - Be developed/maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered
 - Demonstrate each separately certified facility is capable of actively using the unified/integrated EPP and is in compliance with the program
- Include a unified/integrated EP that meets requirements of this section. Plan must also be based on and include the following:
 - Documented community-based risk assessment, utilizing an all-hazards approach
 - Documented individual facility-based risk assessment for each separately certified facility w/in the health system, utilizing an all-hazards approach
 - Include integrated P/P that meet the requirements set forth

Compliance / Interview Questions / Comments

- Compliant: Yes No
- Comments:
- Verify whether the facility has opted to be part of its health care system's unified and integrated EPP.
- Ask to see documentation of plan and P/P

Additional Notes:

Minnesota Department of Health
Assisted Living Licensure
PO Box 3879
St. Paul, MN 55101
651-201-4200
health.assistedliving@state.mn.us
www.health.state.mn.us

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*To obtain this information in a different format, call:
651-201-4200.*