

§483.73, Requirement for Long-Term Care (LTC) Facilities DT <input checked="" type="checkbox"/> CC	Chapter Owner(s): Emergency Management		
The “Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers” Final Rule (81 FR 63860, Sept. 16, 2016) (“Final Rule”) establishes national emergency preparedness requirements for participating providers and certified suppliers to plan adequately for both natural and man-made disasters, and coordinate with Federal, state, tribal, regional and local emergency preparedness systems.	Observed	At Risk/NC	Evidence/Action Needed
<b>Tag# E-0001 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019).</b> The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:	<input checked="" type="checkbox"/>		<i>EOC E-01, DIS C-00 MCN Policy Management System</i>
<b>Tag# E-0004 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019).</b> The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.	<input checked="" type="checkbox"/>		<i>DDPC A-032, DIS C-00</i>
<b>Tag# E-0006 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019)</b> <b>§403.748(a)(1)-(2), [(a) Emergency Plan.</b> The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:	<input checked="" type="checkbox"/>		<i>DDPC A-32</i>
<b>(1)</b> Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.	<input checked="" type="checkbox"/>		<i>HVA, DIS M-46</i>
<b>[For LTC facilities at §483.73(a)(1):]</b> <b>(1)</b> Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including <i>missing residents</i> .	<input checked="" type="checkbox"/>		<i>DIS M-75, DIS M-70, S-05, DIS M-17 – Page 5, HEPC, and Onondaga County THIRA, M-03</i>

<p><b>Tag# E-0007 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019).</b>  <b>[(a) Emergency Plan.</b> The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:</p>	<input checked="" type="checkbox"/>		<p><i>EOP, DDPC A-32</i></p>
<p><b>(3)</b> Address [patient/client] population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.</p>	<input checked="" type="checkbox"/>		<p><i>DDPC A-32, and DIS M-17</i></p>
<p><b>Tag# E-0009 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019)</b>  <b>[(a) Emergency Plan.</b> The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:] <b>(4)</b> Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the [facility's] efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.</p>	<input checked="" type="checkbox"/>		<p><i>DDPC A-32, DIS M-81, DIS C-00, and DIS J-00, AAR Onondaga County CCTA Exercise, HEPC MOU</i></p>
<p><b>Tag# E-0013 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019) (b)</b>  Policies and procedures. [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 annually.</p>	<input checked="" type="checkbox"/>		<p><i>DDPC A-32, DIS J-00, DIS C-00, AND DIS J-12</i></p>

<p><b>Tag# E-0015 (Rev .186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019)</b> Policies and procedures. [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 annually.] At a minimum, the policies and procedures must address the following:</p>	<input checked="" type="checkbox"/>		<i>EOP, DDPC A-32</i>
<p><b>(1)</b> The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal.</p>	<input checked="" type="checkbox"/>		<i>DIS M-17, DIS M-49, DIS M-82, UW S-04, DIS M-70. EHS manages fire detection, extinguishing and alarm systems. EHS F-03, and F-01</i>
<p><b>Tag# E-0018 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019)</b> [(b) Policies and procedures. [(2) or (1)] A system to track the location of on-duty staff and sheltered patients in the [facility's] care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the [facility] must document the specific name and location of the receiving facility or other location.</p>	<input checked="" type="checkbox"/>		<i>eFinds HCS system in DIS M-40 Page 36, Use integrated IC in DIS M-81 and DDPC A-32. Use Kronos for staff</i>
<p><b>Tag# E-0020 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) [(b)</b> Policies and procedures. [(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.</p>	<input checked="" type="checkbox"/>		<i>DIS M 40, and DDPC A-32</i>
<p><b>Tag# E-0022 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) (b)</b> Policies and procedures. [(4) or (2),(3),(5),(6)] A means to shelter in place for patients, staff, and volunteers who remain in the [facility].</p>	<input checked="" type="checkbox"/>		<i>DIS M-82, DIS M-79, DIS C-00</i>

<b>Tag# E-0023 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019)</b> [(b) Policies and procedures. [(5) or (3),(4),(6)] A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.	<input checked="" type="checkbox"/>		<i>Manager uses EPIC per DIS DDPC A-32, DIS M-40 Page 2, and DIS M-17 for continuity</i>
<b>Tag# E-0024 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019)</b> [(b) Policies and procedures. (6) [or (4), (5), or (7) as noted above] The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.	<input checked="" type="checkbox"/>		<i>DIS M-25, DIS G-02, and Medical Reserve Corps, if available.</i>
<b>Tag# E-0025 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) [(b)</b> Policies and procedures. [For Hospices at §418.113(b), PRFTs at §441.184,(b) Hospitals at §482.15(b), and <i>LTC Facilities</i> at §483.73(b):] Policies and procedures. (7) [or (5)] The development of arrangements with other [facilities] [and] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.	<input checked="" type="checkbox"/>		<i>Transitions of Care, HEPC MOU, Transfer Center</i>
<b>Tag# E-0026 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) [(b)</b> Policies and procedures. (8) [(6), (6)(C)(iv), (7), or (9)] The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.	<input checked="" type="checkbox"/>		<i>DIS C-00</i>
<b>Tag# E-0029 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019) (c)</b> 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 annually.	<input checked="" type="checkbox"/>		<i>DIS J-00</i>

<p><b>Tag# E-0030 (Rev. 186, Issued: 03-04-19, Effective: 03-04-2019, Implementation: 03-04-2019)</b> [(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 annually.] 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' physicians (iv) Other [facilities]. (v) Volunteers.</p>	<input checked="" type="checkbox"/>		<p><i>DIS J-00 Page 10</i></p>
<p><b>Tag# E-0031 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17)</b> [(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 annually] The communication plan must include all of the following: (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance.</p>	<input checked="" type="checkbox"/>		<p><i>DIS J-00, EPIC, Everbridge, Department contact lists, and DDPC A-32</i></p>
<p><b>[For LTC Facilities at §483.73(c):]</b> (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) The State Licensing and Certification Agency. (iii) The Office of the State Long-Term Care Ombudsman. (iv) Other sources of assistance.</p>	<input checked="" type="checkbox"/>		<p><i>DIS J-00 PAGE 28, TCU O-0, Rebecca Alder, 315-671-5108</i></p>
<p><b>Tag# E-0032 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17)</b> [(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 annually.] The communication plan must include all of the following: (3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.</p>	<input checked="" type="checkbox"/>		<p><i>DIS J-00</i></p>

<p><b>Tag# E-0033 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17)</b> [(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 annually.] The communication plan must include all of the following: (4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care. (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).</p>	<input checked="" type="checkbox"/>		<p><i>Use eFinds and EPIC to transfers records. DIS M-40 Page 36, and DIS J-00, DIS C-00, and DIS M-81 to communicate patient needs</i></p>
<p><b>Tag# E-0034 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17)</b> [(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 annually.] The communication plan must include all of the following: (7) [(5) or (6)] A means of 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.</p>	<input checked="" type="checkbox"/>		<p><i>DIS J-00, DDPC A-32, and NYSDOH HERDS Survey via HCS system</i></p>
<p><b>Tag# E-0035 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17)</b> [(c) The [LTC facility and ICF/IID] 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 annually.] The communication plan must include all of the following: (8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives</p>	<input checked="" type="checkbox"/>		<p><i>Patient education MCN, HEPC MOU, Upstate Connect and Public Relations</i></p>
<p><b>Tag# E-0036 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17)</b> (d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.</p>	<input checked="" type="checkbox"/>		<p><i>General overall training and exercise management is outlined in DIS M-83, and M-04 – Page 10, while also in DIS C-00, Page 5. For annual tabletop exercises, the facility is given a .ppt presentation on emergency plans</i></p>

<p><b>Tag# E-0037 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) (1)</b>  Training program. The Facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures.</p>	<input checked="" type="checkbox"/>		<p><i>DDPC A-32 –Also in M-04 – Page 5, and 10.SAW training upon hire, and annually . DDP review annually, tracked in Self Serve</i></p>
<p><b>Tag# E-0039 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17) [For LTC Facilities at §483.73(d):]</b> (2) Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following: (i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event: (ii) Conduct an additional exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based. (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exer</p>	<input checked="" type="checkbox"/>		<p><i>DIS M-83 Multi Year Training and Exercise Plan, yearly AARs from exercises - Water Emergency Plan Activation <b>1/18/2022</b> / TCU Missing Patient Exercise <b>1/26/2022</b> / Network Outage <b>2/22/2022</b> / Community Based Exercise w/ Onondaga County CCTA <b>5/13/2022</b></i></p>
<p><b>Tag# E-0041 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17)</b>  Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section.</p>	<input checked="" type="checkbox"/>		<p><i>PLNT U-06</i></p>

(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12–2, TIA 12–3, TIA 12–4, TIA 12–5, and TIA 12– 6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12–1, TIA 12–2, TIA 12–3, and TIA 12–4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.	<input checked="" type="checkbox"/>		<i>PLNT U-06,DIS M-70, DIS M-17 Annex C</i>
(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.	<input checked="" type="checkbox"/>		<i>Physical Plant handles maintenance, inspection records</i>
(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.	<input checked="" type="checkbox"/>		<i>Physical Plant maintains onsite fuel, and DIS M-17 Page 44</i>
<b>Tag# E-0042 (Rev. 169, Issued: 06-09-17, Effective: 06-09-17, Implementation: 06-09-17)</b> Integrated healthcare systems. If a [facility] is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the [facility] may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must- [do all of the following:]	<input checked="" type="checkbox"/>		<i>EOP, DDPC A-32</i>
(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.	<input checked="" type="checkbox"/>		<i>Nurse Manager invloved in HVA process through data collection via survey annually.</i>
(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.	<input checked="" type="checkbox"/>		<i>TCU is on Community Campus. DIS M-46</i>



<p>(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance [with the program].</p>	<input checked="" type="checkbox"/>		<p><i>DDPC A-32, DIS M-81, DIS C-00, and DIS J-00, DIS J-12</i></p>
<p>(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following: (i) A documented community-based risk assessment, utilizing an all-hazards approach. (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.</p>	<input checked="" type="checkbox"/>		<p><i>DIS C-00, HEPC and DIS M-4. Onondaga County Hazard Mitigation Plan</i></p>
<p>(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.</p>	<input checked="" type="checkbox"/>		<p><i>EOP, DIS C-00, DDPC A-32, DIS J-00, DIS M-83, and M-04</i></p>