

**THE SILVERCREST CENTER FOR NURSING AND REHABILITATION**

**PART 483 - REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES**

*18. The authority citation for part 483 continues to read as follows.*

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

*19. Add § 483.73 to subpart B to read as follows.*

**The LTC facility must comply with all applicable Federal and State emergency preparedness requirements. The LTC facility must establish and maintain an emergency preparedness program that meets the requirements of this section.**

REGULATIONS	SCNR	DESIGNATION	EFFECTIVE/UP DATE DATE
<b>1 The emergency preparedness program must include, but not be limited to the following elements:</b>			
<b>2</b> (a) <i>Emergency Plan.</i> The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must:	The emergency plan is to be reviewed and updated with comments when necessary. The Performance Improvement Director will report on the compliance of the Emergency Plan on the Annual PI Report.	<b>SAFETY COMMITTEE and PERFORMANCE IMPROVEMENT</b>	Oct-21
<b>3</b> (1) Be based on and include a documented, facility-based and community based risk assessment, utilizing an all-hazards approach including missing residents.	The Safety Committee will be responsible to ensure the all hazard vulnerability is completed and reported to the Director of Performance Improvement. The Director of Performance Improvement will report on the compliance of the Hazard Vulnerability Assessment.	<b>SAFETY COMMITTEE and PERFORMANCE IMPROVEMENT</b>	Oct-21
<b>4</b> (2) Include strategies for addressing emergency events identified by the risk assessment.	The Safety Committee will be responsible to ensure the all hazard vulnerability is completed and reported to the Director of Performance Improvement. The Director of Performance Improvement will report on the compliance of the Hazard Vulnerability Assessment. Last updated on March 2021.	<b>SAFETY OFFICER</b>	Oct-21
<b>5</b> (3) Address resident population, including, but not limited to, persons at risk, elopement; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.	The facility reviews the services that are available to residents and staff. The Healthcare Incident Command System - Chain of Responsibility is updated on as needed basis.	<b>ADMINISTRATION</b>	Oct-21
<b>6</b> (4) Include a process for ensuring cooperation and collaboration local, tribal, regional, State, or Federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency situation, including documentation of the LTC facility's efforts to contact such officials and, when applicable of its participation in collaborative and cooperative planning efforts.	The Emergency Plan will include the updated lists of officials that may be required to be contacted during a disaster or emergency situation. Instruction on E-find and Send Word Now will also be included.	<b>SAFETY COMMITTEE and PERFORMANCE IMPROVEMENT and ADMINISTRATION</b>	Oct-21
<b>7</b> (b) Policies and procedures. The LTC facility 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	The emergency plan is to be reviewed and updated with comments when necessary. The emergency plan will indicate all policies and procedures that are applicable to emergency preparedness. The Performance Improvement Director will report on the compliance of the Emergency Plan on the Annual PI Report.	<b>SAFETY COMMITTEE and PERFORMANCE IMPROVEMENT</b>	Oct-21

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8	(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:	The emergency plan is to be reviewed and updated with comments when necessary. The communication plan or call tree log and send word now will be reviewed and approved annually or as needed. The Performance Improvement Director will report on the compliance of the Emergency Plan on the Annual PI Report.	<b>SAFETY COMMITTEE and PERFORMANCE IMPROVEMENT</b>	Oct-21
9	<b>(1) The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to:</b>			
10	(i) Food, water, and medical supplies; advise staff on preparation including bringing their own medications	On annual basis the Strategic Facilities Planner will review the plan for food water and medical supplies. The report will be reviewed and approved by the Safety Committee. The Plan for supplies will be included within the Emergency Plan. The Director of Performance Improvement will present the plan on the annual PI Report.	<b>RESOURCE MANAGEMENT and SAFETY COMMITTEE and PERFORMANCE IMPROVEMENT and ADMINISTRATION</b>	Oct-21
11	<b>Alternate sources of energy to maintain:</b>			
12	(A) Temperatures to protect Resident health health and safety and for the safe and sanitary storage of provisions	The facility is equiped with 2 back up emergency generators. Both can independently power the subsystems ( domestic hot water and enviromental controls) that provide the Resident Health and safety in accordance to the temperatures guidelines.	<b>SAFETY OFFICER</b>	Oct-21
13	(B) Emergency lighting;	The facility's emergency lighting is backed up with a 300 kw emergency generator via ASCO transfer switches. There is also the ability to transfer the emergency lighting load to the 750 kw generator.	<b>SAFETY OFFICER</b>	Oct-21
14	(C) Fire detection, extinguishing, and alarms systems, and;	The facility's fire detection, extinguishing, and alarms systems are backed up with a 300 kw emergency generator via ASCO transfer switches.	<b>SAFETY OFFICER</b>	Oct-21
15	(D) Sewage and waste disposal.	The facility does not have sewage ejector pumps but the hydraulic cylinders that operate the compactor for waste disposal are on back up power.	<b>SAFETY OFFICER</b>	Oct-21
16	(2) A system to track the location of staff and residents in the LTC facility's staff and residents in the LTC facility care both during and after the emergency	The Human Resource Department will provide an updated roster of all staff. E-Finds will be utilized to track all residents/patients who are transferred to and from the facility.	<b>HUMAN RESOURCES and DIRECTOR OF NURSING</b>	Oct-21

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17	(3) Safe evacuation from the LTC 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.	In the event of a evacuation this will be done under the guidance of the Department of Health and the President. As per emergency evacuation plan.	<b>ADMINISTRATION</b>	Oct-21
18	(4) A means to shelter in place for residents, staff, and volunteers who remain in the LTC facility.	The emergency plan is to be reviewed and updated with comments when necessary. The Performance Improvement Director will report on the compliance of the Emergency Plan on the Annual PI Report.	<b>ADMINISTRATION/ SAFETY OFFICER</b>	Oct-21
19	(5) A system of medical documentation that preserves resident information, protects confidentiality of resident information, and ensures records are secure and readily available.	SigmaSafe is utilized. Documentation will be printed in the case the patient is required to evacuate.	<b>ADMINISTRATION</b>	Oct-21
20	(6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.	As directed by the Department of Health and Office of Emergency Management.	<b>ADMINISTRATION</b>	Oct-21
21	(7) The development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to ensure the continuity of services to LTC residents.	Transfer agreements have been established and was reissued to facilities in February 2016.	<b>ADMINISTRATION</b>	Oct-21
22	(8) The role of the LTC 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.	As directed by the Department of Health and Office of Emergency Management.	<b>ADMINISTRATION</b>	Oct-21
23	(c) Communication plan. The LTC facility must develop and maintain an emergency preparedness communication plan that complies with both Federal and State law and must be reviewed and updated at least annually.	The Emergency Tree Log is reviewed and updated on a quarterly or as needed basis.	<b>ADMINISTRATION</b>	Oct-21
24	<b>The communication plan must include all of the following:</b>			
25	<b>(1) Names and contact information for the following:</b>			

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26	(i) Staff.	The Human Resource Department will provide an updated roster of all staff on an ongoing basis.	<b>HUMAN RESOURCES</b>	Oct-21
27	(ii) Entities providing services under arrangement	The Nursing Department will maintain a listing of services such as transport services i.e. SeniorCare and Diane Transportation	<b>DIRECTOR OF NURSING</b>	Oct-21
28	(iii) Residents' physicians.	A listing of the medical staff will be provided on an on-going basis.	<b>MEDICAL DIRECTOR</b>	Oct-21
29	(iv) Other LTC facilities.	The Sr. Administrative Assistant will be responsible for update of the list i.e. transfer agreements	<b>ADMINISTRATION</b>	Oct-21
30	(v) Volunteers.	The Human Resource Department will provide an updated roster of all staff on an ongoing basis.	<b>ADMINISTRATION</b>	Oct-21
31	<b>(2) Contact information for the following:</b>			
32	(i) Federal, State, tribal, regional, or local emergency preparedness staff	The Sr. Administrative Assistant will be responsible for the update of the list	<b>ADMINISTRATION</b>	Oct-21
33	(ii) The State Licensing and Certification Agency.	The Sr. Administrative Assistant will be responsible for the update of the list	<b>ADMINISTRATION</b>	Oct-21
34	(iii) The Office of the State Long-Term Care Ombudsman.	The Sr. Administrative Assistant will be responsible for the update of the list	<b>ADMINISTRATION</b>	Oct-21
35	(iv) Other sources of assistance.	The Sr. Administrative Assistant will be responsible for the update of the list	<b>ADMINISTRATION</b>	Oct-21
36	<b>(3) Primary and alternate means for communicating with the following:</b>			
37	(i) LTC facility's staff.	The Human Resource Department will provide an updated roster of all staff on an ongoing basis.	<b>HUMAN RESOURCES</b>	Oct-21
38	(ii) Federal, State, tribal, regional, or local emergency management agencies.	The Sr. Administrative Assistant will be responsible for the update of the list	<b>ADMINISTRATION</b>	Oct-21
39	(4) A method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other health care providers to ensure continuity of care.	Medical record template would be utilized to generate MR request file to be printed or transfered to media device for transport in the event of a evacuation.	<b>PERFORMANCE IMPROVEMENT</b>	Oct-21
40	(5) A means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510	Medical record template would be utilize to generate MR request file to be printed or transfered to media device for transport in the event of a evacuation.	<b>PERFORMANCE IMPROVEMENT</b>	Oct-21
41	(6) A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4).	Recorder would provide information to security and Command Center regarding the status of residents under the facility's care to release as permitted under 45 CFR 164.510(b)(4).	<b>PERFORMANCE IMPROVEMENT</b>	Oct-21

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42	(7) A means of providing information about the LTC facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	The designated person responsible for Operations will be responsible for establishing census and the ability to provide services to those outside of the facility.	<b>ADMINISTRATION</b>	Oct-21
43	(8) A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.	Appropriate information will be posted by Security and Elevators.	<b>PERFORMANCE IMPROVEMENT</b>	Oct-21
44	(d) Training and testing. The LTC facility must develop and maintain an emergency preparedness training and testing program that must be reviewed and updated at least annually.	Print MARs, TARs or any section of the Medical Record from SigmaSafe that may be required for downtime. If SigmaSafe not available, print MARs, TARs or any section any section of the Medical Record from a PC connected to a mobile hotspot. In addition, the HPN directory will be reviewed on a semi-annual basis.	<b>PERFORMANCE IMPROVEMENT</b>	Oct-21
45	<b>(1) Training program. The LTC facility must do all of the following:</b>			
46	(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 roles.	Training is provided upon hire and annually. The Performance Improvement Director will report on the compliance of the Emergency Plan on the Annual PI Report.	<b>STAFF DEVELOPMENT</b>	Oct-21
47	(ii) Provide emergency preparedness training at least annually.	Training is provided on annual basis. The Performance Improvement Director will report on the compliance of the Emergency Plan on the Annual PI Report.	<b>STAFF DEVELOPMENT</b>	As scheduled
48	(iii) Maintain documentation of the training.	Training is provided on annual basis. The Performance Improvement Director will report on the compliance of the Emergency Plan on the Annual PI Report.	<b>STAFF DEVELOPMENT</b>	As scheduled
49	(iv) Ensure that staff can demonstrate knowledge of emergency procedures.	Training is provided on annual basis. The Performance Improvement Director will report on the compliance of the Emergency Plan on the Annual PI Report.	<b>STAFF DEVELOPMENT</b>	As scheduled
50	<b>(2) Testing. The LTC facility must conduct drills and exercises to test the emergency plan, including unannounced staff drills using the emergency procedures. The LTC facility must do the following:</b>			
51	(i) Participate in a community mock disaster drill at least annually. If a community mock disaster drill is not available, conduct an individual, facility-based mock disaster drill at least annually.	In 2021, Silvercrest participated in several disaster drills with the city, as well as internal drills.	<b>SAFETY OFFICER</b>	Oct-21

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52	(ii) If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community or individual, facility-based mock disaster drill for 1 year following the onset of the actual event.	Not applicable.	<b>SAFETY OFFICER</b>	N/A
53	(iii) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is 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.	Silvercrest conducted a Community Based, Emergency Disaster Drill "COVID 19 recovery table top exercise May 2021	<b>SAFETY OFFICER</b>	Oct-21
54	(iv) Analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.	The facility participates in the required number of annual fire drills, tabletop exercises and emergency events and revises the LTC facility's emergency plan, as needed.	<b>SAFETY OFFICER</b>	Oct-21
55	(e) Emergency and standby power systems. The LTC facility must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.	The facility has implemented Emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.	<b>SAFETY OFFICER</b>	Oct-21
56	(1) Emergency generator location. (i) The generator must be located in accordance with the location requirements found in NFPA 99 and NFPA 100.	Both of the facility's emergency generators are located in accordance with the location requirements found in NFPA 99 and NFPA 100.	<b>SAFETY OFFICER</b>	Oct-21
57	<b>(2) Emergency generator inspection and testing. In addition to the emergency power system inspection and testing requirements found in NFPA 99—Health Care Facilities and NFPA 110—Standard for emergency and Standby Power Systems, as referenced by NFPA 101—Life Safety Code as required under paragraph (a) of this section, the LTC facility must do the following:</b>			
58	(i) At least once every 12 months test each emergency generator for a minimum of 4 continuous hours. The emergency generator test load must be 100 percent of the load the LTC facility anticipates it will require during an emergency.	The facility tests and maintains the records of the emergency generators' full load tests. Each emergency generator is exercised at least once a year under a full load in anticipation of an actual emergency.	<b>SAFETY OFFICER</b>	Oct-21
59	(ii) Maintain a written record, which is available upon request, of generator inspections, tests, exercising, operation and repairs.	The facility's maintains a written log book of the generators' inspections, tests, exercising, operation and repairs. This log book can be found in the Engineer's Office.	<b>SAFETY OFFICER</b>	Oct-21

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60 (3) Emergency generator fuel. LTC facilities that maintain an onsite fuel source to power emergency generators must maintain a quantity of fuel capable of sustaining emergency power for the duration of the emergency or until likely resupply.	The facility installed a fuel tank with the capacity to run both generators for 7 days.	SAFETY OFFICER	Oct-21

Revised on October 22, 2021