

CHHA Name:

Survey date:

Surveyor:

Tag #	Title	CFR Citations	Tag Text (Regulatory Text)	Interpretive Guidelines - Appendix Z of SOM and Survey procedure (Created 11-14-17)	Met/ Not Met
0001	Establishment of the Emergency Program (EP)	§484.22	The CHHA must comply with all applicable Federal, State and local emergency preparedness requirements. The CHHA 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:	Under this condition/requirement, CHHAs are required to develop an emergency preparedness program that meets all of the standards specified within the condition/requirement. The emergency preparedness program must describe the CHHA's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency or disaster situation. The program must also address how the CHHA would coordinate with other healthcare facilities, as well as the whole community during an emergency or disaster (natural, man-made, facility). The emergency preparedness program must be reviewed annually. Survey Procedures: Request the agency's written Emergency preparedness program. The program includes the risk assessment, EP plan, policies and procedures, communication plan, and training and testing program. Verify the agency has a program that meets all the requirements.	
0004	Develop and Maintain EP Program	§484.22(a),	(a) Emergency Plan. The CHHA must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.	The plan must be reviewed and updated at least annually. The annual review must be documented to include the date of the review and any updates made to the emergency plan based on the review. An emergency plan is one part of a agency's emergency preparedness program. Survey Procedure: • Review the CHHA's emergency preparedness plan. Verify plan is reviewed and updated at least annually.	
0006	Maintain and Annual EP Updates	§484.22(a)(1)-(2),	(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. (2) Include strategies for addressing emergency events identified by the risk assessment.	CHHAs are expected to develop an emergency preparedness plan that is based on the agency-based and community-based risk assessment using an "all-hazards" approach. CHHAs must document both risk assessments. CHHAs are expected to consider, among other things, the following: • Identification of all business functions essential to the CHHA's operations that should be continued during an emergency; • Identification of all risks or emergencies that the agency may reasonably expect to confront; • Identification of all contingencies for which the agency should plan; • Consideration of the agency's location; • Assessment of the extent to which natural or man-made emergencies may cause the agency to cease or limit operations; and, • Determination of what arrangements may be necessary with other health care facilities, or other entities that might be needed to ensure that essential services could be provided during an emergency. Survey Procedures • Verify documentation of the agency based risk assessment and community based risk assessment. • Verify the risk-assessment is based on an all-hazards approach specific to the geographic location of the CHHA and encompasses potential hazards.	

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0007	EP Program Patient Population	§484.22(a)(3),	(a) Emergency Plan. The plan must do the following: (3) Address patient/client population, including, but not limited to, the type of services the CHHA has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.**	<p>Mobility is an important part in effective and timely evacuations, and therefore CHHAs are expected to properly plan to identify patients who would require additional assistance, ensure that means for transport are accessible and available and that those involved in transport, as well as the patients are made aware of the procedures to evacuate. The CHHA emergency plan is required to ensure that patients with limited mobility are addressed within the plan.</p> <p>The emergency plan must also address the types of services that the CHHA would be able to provide in an emergency. The emergency plan must identify which staff would assume specific roles in another's absence through succession planning and delegations of authority. At a minimum, there should be a qualified person who "is authorized in writing to act in the absence of the administrator or person legally responsible for the operations of the facility."</p> <p>Survey Procedures: Verify the emergency plan includes:</p> <ul style="list-style-type: none"> • Services the CHHA would be able to provide during an emergency; • How the CHHA plans to continue operations during an emergency (ex.staffing strategies, prioritizing patient visits); • Designated person responsible during the emergency in the absence of the administrator 	
0009	Process for EP Collaboration	§484.22(a)(4)	(4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal EP officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the agency's s efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.	<p>The CHHA must document its efforts to contact state and local officials to engage in collaborative planning for an integrated emergency response. The CHHA must include this integrated response process in its emergency plan.</p> <p>Survey Procedures Verify plan includes a process to cooperate with state and local emergency managment (OEM).</p>	
0013	Development of EP Policies and Procedures	§484.22(b)	(b) Policies and procedures. CHHAs 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>CHHAs must develop and implement policies and procedures per the requirements of this standard. The policies and procedures are expected to align with the identified hazards within the agency's risk assessment and the agency's overall emergency preparedness program. An agency may choose whether to incorporate the emergency policies and procedures within their emergency plan or to be part of the facility's Standard Operating Procedures or Operating Manual.</p> <p>Survey Procedures</p> <ul style="list-style-type: none"> • Verify agency has written policies and procedures based on their emergency plan/program. • Verify the policies and procedures have been reviewed and updated on an annual basis. 	
0017	HHA Comprehensive Assessment in disaster	§484.22(b)(1)	At a minimum, the policies and procedures must address the following: (1) The plans for the HHA's patients during a natural or man-made disaster. Individual plans for each patient must be included as part of the comprehensive patient assessment, which must be conducted according to the provisions at §484.55.	<p>CHHAs must include policies and procedures in its emergency plan for ensuring all patients have an individualized plan in the event of an emergency. That plan must be included as part of the patient's comprehensive assessment.</p> <p>Survey Procedures</p> <ul style="list-style-type: none"> • Through clinical record review, verify that each patient has an individualized emergency plan documented as part of the patient's comprehensive assessment. (patient priority level helps support this requirement) 	

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0019	Policies and Procedures of Risk Assessment	§484.22(b)(2)	(b) Policies and procedures. At a minimum, the policies and procedures must address the following: 2) The procedures to inform State and local emergency preparedness officials about CHHA patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.	<p>CHHAs are required to inform State and local emergency preparedness officials of the need for patient evacuations. The CHHA's policies and procedures must address when and how this information is communicated to emergency officials and also include the clinical care needed for these patients. This should include, but is not limited to, the following:</p> <ul style="list-style-type: none"> • Whether or not the patient is mobile. (TALs) • What type of life-saving equipment does the patient require? (Vent or electricity dependent) • Is the life-saving equipment able to be transported? (E.g., Battery operated, transportable, condition of equipment, etc.) • Does the patient have special needs? (E.g., Communication challenges, language barriers, intellectual disabilities, special dietary needs, etc.) This information should be on the patient roster. <p>Survey Procedures</p> <ul style="list-style-type: none"> • Verify there is a written procedure to inform State and local emergency preparedness officials about patients in need of evacuation from their homes. This would be reported on HERDS Emergency Survey and include patient's TALs, classification, vent dependency, etc. 	
0021	HHAs Procedures for Follow-ups	§484.22(b)(3)	At a minimum, the policies and procedures must address the following: (3) The procedures to follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The HHA must inform State and local officials of any on-duty staff or patients that they are unable to contact.	<p>CHHAs must include in its emergency plan, procedures required of this standard. During an emergency, if a patient requires care that is beyond the capabilities of the CHHA, there is an expectation that care of the patient would be rearranged or suspended for a period of time, as most CHHAs in general would not necessarily transfer patients to other HHAs during an emergency. CHHAs policies and procedures should clearly outline what surrounding facilities, such as a hospital or a nursing home, it has a transfer arrangement with to ensure patient care is continued. Additionally, these policies and procedures should outline timelines for transferring patients or under what conditions patients would need to move. For instance, if the emergency is one which only is anticipated to have one or two days of disruption and does not pose immediate threat to patient health or safety (in which then the CHHA should immediately transfer the patient); the CHHA may rearrange services, whereas if a disaster is anticipated to last over one week or more, the CHHA may need to initiate transfer of a patient as soon as possible. The policies and procedures should address these events. Additionally, the CHHAs' policies and procedures must address what actions would be required due to the inability to make contact with staff or patients and reporting capabilities to the local and State emergency officials.</p> <p>Survey Procedures</p> <ul style="list-style-type: none"> • Verify that the CHHA has procedures to follow up with patients to determine the services that are needed, in the event that there is an interruption in services during or due to an emergency. (may see patient priority levels and prioritizing patient visits, staff call down list) • Verify that the CHHA has procedures to follow-up with on duty staff and patients and to inform state DOH and local OEM if they are unable to contact any of them. This # would be reported to State DOH on the HERDS survey and they should provide local OEM with on-duty staff/patient specific information 	
0023	Policies and Procedures for Medical Docs.	§484.22(b)(4),	At a minimum, the policies and procedures must address the following: (5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.	<p>In addition to any existing requirements for patient records found in existing laws, under this standard, facilities are required to ensure that patient records are secure and readily available to support continuity of care during emergency. This requirement does not supersede or take away any requirements found under the provider/supplier's medical records regulations, but rather, this standard adds to such policies and procedures. These policies and procedures must also be in compliance with the Health Insurance Portability and Accountability Act (HIPAA), Privacy and Security Rules at 45 CFR parts 160 and 164, which protect the privacy and security of individual's personal health information.</p> <p>Survey Procedures</p> <ul style="list-style-type: none"> • Ask to see a copy of the policies and procedures that documents the medical record documentation system the facility has developed to preserves patient information, protects confidentiality of patient, and secures and maintains availability of records. 	

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0024	Policies and Procedures for Volunteers	§484.22(b)(5),	At a minimum, the policies and procedures must address the following: (5) 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.	During an emergency, a CHHA may need to accept volunteer support from individuals with varying levels of skills and training. The CHHA must have policies and procedures in place to facilitate this support. CHHAs are expected to include in its emergency plan a method for contacting off-duty staff during an emergency and procedures to address other contingencies in the event staff are not able to report to duty - staffing strategies. Survey Procedures <ul style="list-style-type: none"> • Verify the agency has procedures for staffing strategies during an emergency. This may be contacting all staff... call down list. 	N
0029	Development of Communication Plan	§484.22 c	(c) The CHHA 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.	CHHAs must have a written emergency communication plan that contains how the CHHA coordinates patient care within the agency, across healthcare providers, and with state and local public health departments. The communication plan should include how the agency interacts and coordinates with emergency management agencies and systems to protect patient health and safety in the event of a disaster. The development of a communication plan will support the coordination of care. The plan must be reviewed annually and updated as necessary. We are allowing facilities flexibility in how they formulate and operationalize the requirements of the communication plan. Survey Procedures <ul style="list-style-type: none"> • Verify that the agency has a written communication plan by asking to see the plan. • Verify that the communication plan has been reviewed and updated on an annual basis. 	
0030	Names and Contact Information	§484.22(c)(1),	(c) 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.	An agency must have the contact information for those individuals and entities outlined within the standard. The requirement to have contact information for "other facilities" requires a provider or supplier to have the contact information for another provider or supplier of the same type as itself. While not required, facilities may also find it prudent to have contact information for other facilities not of the same type. For instance a hospital may find it appropriate to have the contact information of LTC facilities within a reasonable geographic area, which could assist in facilitating patient transfers. Facilities have discretion in the formatting of this information, however it should be readily available and accessible to leadership and staff during an emergency event. Facilities which utilize electronic data storage should be able to provide evidence of data back-up with hard copies or demonstrate capability to reproduce contact lists or access this data during emergencies. All contact information must be reviewed and updated as necessary at least annually. Contact information contained in the communication plan must be accurate and current. Agencies must update contact information for incoming new staff and departing staff throughout the year and any other changes to information for those individuals and entities on the contact list. Survey Procedures <ul style="list-style-type: none"> • Verify that agency has required contact info - staff call down list, entities providing services under arrangement, physicians, other facilities. • Verify that all contact information has been reviewed and updated at least annually 	
0031	Emergency Officials Contact Information	§484.22(c)(2),	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.	An agency must have the contact information for those individuals and entities outlined within the standard. Agencies have discretion in the formatting of this information, however it should be readily available and accessible to leadership during an emergency event. Agencies are encouraged but not required to maintain these contact lists both in electronic format and hard-copy format in the event that network systems to retrieve electronic files are not accessible. All contact information must be reviewed and updated at least annually. Survey Procedures <ul style="list-style-type: none"> • Verify that agency has contact info for State DOH, Regional DOH, State OEM, Local OEM • Verify that all contact info has been reviewed and updated at least annually 	

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0032	Primary/Alternate Means for Communication	§484.22(c)(3)	The communication plan must include all of the following: (3) Primary and alternate means for communicating with the following: (i) CHHA staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.	CHHAs are required to have primary and alternate means of communicating with staff, Federal, State, tribal, regional, and local emergency management agencies. CHHAs have the discretion to utilize alternate communication systems that best meets their needs. The communication plan should include procedures regarding when and how alternate communication methods are used, and who uses them. Survey Procedures <ul style="list-style-type: none"> • Verify the communication plan includes primary and <u>alternate</u> means for communicating with agency staff and OEM. 	
0033	Methods for Sharing Information	§484.22(c)(4)	The communication plan must include all of the following: (4) A method for sharing information and medical documentation for patients under the CHHA's care, as necessary, with other health providers to maintain the continuity of care.	CHHAs are required to develop a method for sharing information and medical documentation for patients under the CHHA's care, as necessary, with other health care providers to maintain continuity of care. Survey Procedures <ul style="list-style-type: none"> • Verify the communication plan includes a method for sharing information and medical documentation for patients under the agency's care, as necessary, with other health providers to maintain the continuity of care. . 	
0034	Sharing Information on Occupancy/Needs	§484.22(c)(6)	The communication plan must include all of the following: (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.	CHHAs must have a means of providing information about the agency's needs and its ability to provide assistance to the authority having jurisdiction (local and State emergency management agencies, local and state public health departments, the Incident Command Center, the Emergency Operations Center, or designee). Survey Procedures <ul style="list-style-type: none"> • Verify the communication plan includes a means to provide information to State DOH about the agency's needs, its ability to provide assistance to DOH. (this would be reported on HERDS survey) 	
0036	Emergency Prep Training and Testing	§484.22(d)	(d) Training and testing. The CHHA must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan , thier risk assessment, policies and procedures, and the communication plan. The training and testing program must be reviewed and updated at least annually.	An emergency preparedness training and testing program as specified in this requirement must be documented and reviewed and updated on at least an annual basis. The training and testing program must reflect the risks identified in the facility's risk assessment and be included in their emergency plan. For example, a facility that identifies flooding as a risk should also include policies and procedures in their emergency plan for closing or evacuating their facility and include these in their training and testing program. This would include, but is not limited to, training and testing on how the facility will communicate the facility closure to required individuals and agencies, testing patient tracking systems and testing transportation procedures for safely moving patients to other facilities. Additionally, for facilities with multiple locations, such as multi-campus or multi-location hospitals, the facility's training and testing program must reflect the facility's risk assessment for each specific location. Training refers to a facility's responsibility to provide education and instruction to staff, contractors, and facility volunteers to ensure all individuals are aware of the emergency preparedness program. Testing is the concept in which training is operationalized and the facility is able to evaluate the effectiveness of the training as well as the overall emergency preparedness program. Testing includes conducting drills and/or exercises to test the emergency plan to identify gaps and areas for improvement. Survey Procedures <ul style="list-style-type: none"> • Verify that the agency has a written training and testing program. • Verify the program has been reviewed and updated at least annually. 	

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0037	Emergency Prep Training Program	§484.22(d)(1),	<p>(1) Training program. The CHHA must do all of the following:</p> <p>(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.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p>	<p>CHHAs are required to provide initial training in emergency preparedness policies and procedures that are consistent with their roles in an emergency to all new and existing staff, individuals providing services under arrangement, and volunteers. This includes individuals who provide services on a per diem basis such as agency nursing staff and any other individuals who provide services on an intermittent basis and would be expected to assist during an emergency. CHHAs should provide initial emergency training during orientation (or shortly thereafter) to ensure initial training is not delayed.</p> <p>Agencies have the flexibility to determine the focus of their annual training, as long as it aligns with the emergency plan and risk assessment. Ideally, annual training should be modified each year, incorporating any lessons learned from the most recent exercises, real-life emergencies that occurred in the last year and during the annual review of the facility's emergency program. For example, annual training could include training staff on new evacuation procedures that were identified as a best practice and documented in the facility "After Action Report" (AAR) during the last emergency drill and were incorporated into the emergency plan during the program's annual review.</p>	
				<p>While CHHAs are required to provide annual training to all staff, it is up to the agency to decide what level of training each staff member will be required to complete each year based on an individual's involvement or expected role during an emergency. There may be core topics that apply to all staff, while certain clinical staff may require additional topics. Agencies must maintain documentation of the annual training for all staff. The documentation must include the specific training completed as well as the methods used for demonstrating knowledge of the training program. Facilities have flexibility in ways to demonstrate staff knowledge of emergency procedures. The method chosen is likely based on the training delivery method. For example: computer-based or printed self-learning packets may contain a test to demonstrate knowledge. If facilities choose instructor-led training, a question and answer session could follow the training. Regardless of the method, facilities must maintain documentation that training was completed and that staff are knowledgeable of emergency procedures.</p> <p>Survey Procedures</p> <ul style="list-style-type: none"> • Ask for copies of the agency's initial/orientation EP training and the annual EP training offerings. • Review a sample of Personnel Records to verify staff have received initial and annual emergency preparedness training. 	

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0039	Emergency Prep Testing Requirements	§484.22(d)(2)	<p>(2) Testing. The CHHA must conduct exercises to test the emergency plan at least annually.</p> <p>(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 CHHA 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.</p> <p>(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 CHHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the CHHA's emergency plan, as needed.</p>	<p>CHHAs must on an annual basis conduct 2 exercises to test their emergency plan. This must include a full scale community based drill and another full scale, agency specific, or tabletop exercise annually. The CHHA must document their compliance and ensuring that this information is available for review at any time for a period of no less than three (3) years. Agencies should also document the lessons learned following their tabletop and full-scale exercises and real-life emergencies and demonstrate that they have incorporated any necessary improvements in their emergency preparedness program. Agencies may complete an after action review process to help them develop an actionable after action report (AAR). The process includes a roundtable discussion that includes leadership, department leads and critical staff who can identify and document lessons learned and necessary improvements in an official AAR. The AAR, at a minimum, should determine 1) what was supposed to happen; 2) what occurred; 3) what went well; 4) what the facility can do differently or improve upon; and 5) a plan with timelines for incorporating necessary improvement.</p> <p>Finally, an actual emergency event or response of sufficient magnitude that requires activation of the relevant emergency plans meets the annual exercise requirements and exempts the agency for engaging in the required exercises for one year following the actual event; and agency's must be able to demonstrate this through written documentation. Survey</p> <p>Procedures</p> <ul style="list-style-type: none"> • Verify documentation of participation in 2 drills/year beginning 11/15/16. The agency must retain documentation of all exercises for 3 year period. This can be full scale exercise, agency exercise, or tabletop. • Request documentation of the agency's after action report for the drill/exercises that documents analysis and response for each of the drills. • Ask to see the documentation if the agency had a real emergency and activated their EP plan, this exempts them from engaging in a drill for the one year following the actual event. 	
0042	Integrated Health Systems	§484.22 e	<p>(e) Integrated healthcare systems. If a CHHA 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 CHHA may choose to participate in the healthcare system's coordinated emergency preparedness program.</p> <p>If elected, the unified and integrated emergency preparedness program must-do all of the following:</p> <p>(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.</p> <p>(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.</p> <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>	<p>Survey Procedures apply only if agency has opted to be part of its healthcare system's unified integrated EP program.:</p> <ul style="list-style-type: none"> • Ask to see documentation that verifies the CHHA within the system was actively involved in the development of the unified emergency preparedness program. • Ask to see documentation that verifies the CHHA was actively involved in the annual reviews and any program updates. • Ask to see a copy of the entire integrated and unified emergency preparedness program and all required components (risk assessment, emergency plan, policies and procedures, communication plan, training and testing program). Review according to above tool and tags. 	
1156	State Requirements		<p>763.11 (a) (10) ensure the development of a written emergency plan which is current and includes procedures to be followed to assure health care needs of patients continue to be met in emergencies which interfere with delivery of services and orientation of all employees to their responsibilities in carrying out such a plan; and compliance with requirements outlined in DAL 12/1/16</p>	<p>Survey Procedures:Verify agency maintains patient roster that includes the following information:</p> <ul style="list-style-type: none"> - patient name, address and telephone number - emergency contact numbers of family, caregiver(s) and/or healthcare proxy - Patient Classification Level (1-3) - Transportation Assistance Level (TAL) - identification if ventilator dependent - identification if dependent on use of electricity for health care needs - other specific patient information critical to first responders <p>Verify agency has an updated accurate Call down list of agency staff with telephone numbers Verify agency has contact list that includes at a minimum: local health dept., local emergency management, Emergency Medical Services and law enforcement</p>	

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1512	State Requirements		763.14 Records and Reports (a)(3) the following reports and records are retained by the agency and copies are furnished to the department immediately upon request: (vi) other such records and reports as may be required by the department.	Survey Procedures: Verify agency participated in most recent DOH required Emergency Drill	