

**Joshua Dirschell**  
**Christopher Wendt**



# EMERGENCY PREPAREDNESS

## Frequent Citations & Compliance Solutions

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**LICENSING AND REGULATORY AFFAIRS**  
BUREAU OF SURVEY AND CERTIFICATION  
ACUTE & CONTINUING CARE AND SUPPORT DIVISION  
FIRE SAFETY UNIT

### WHO WE ARE

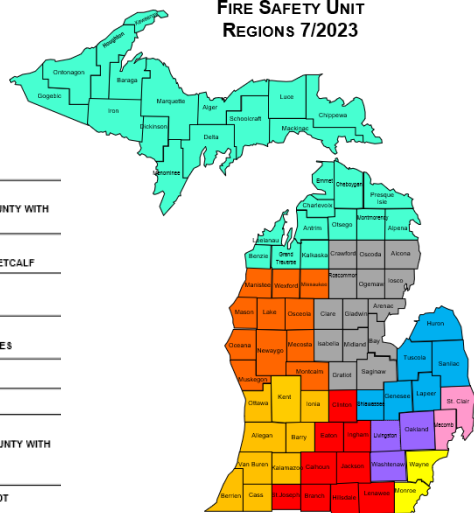
- 9 FIRE SAFETY INSPECTORS
- FIRE SAFETY SUPERVISOR
- DEPARTMENT ANALYSIS
- DEPARTMENT MANAGER

\*NEW WEBSITE\*

[HTTPS://WWW.MICHIGAN.GOV/BSC](https://www.michigan.gov/BSC)

### EHS SECTION FIRE SAFETY UNIT REGIONS 7/2023

	JOSHUA DIRSCHELL
	JEFF LACHMAN *SHARE WAYNE COUNTY WITH NOEL SHEARD
	JOHN HANES *BACKUP MAJOR METCALF
	JEFF TODY
	MAJOR METCALF *BACKUP JOHN HANES
	JOE SHELTON
	RANDY DAVIS
	NOEL SHEARD *SHARE WAYNE COUNTY WITH JEFF LACHMAN
	CHRISTOPHER WENDT



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# CONTACTS

- LAURA REMUS, MANAGER
- JERRY RODABAUGH, SUPERVISOR
- KIM OSBORN, ANALYST
- EMERGENT EVENT REPORTING:
- PHONE: 1-800-882-6006 (PRESS #4)
- WEBSITE:  
[HTTPS://WWW.MICHIGAN.GOV/LARA/0,4601,7-154-89334\\_63294\\_63384\\_70218-339092--,00.HTML](https://www.michigan.gov/lara/0,4601,7-154-89334_63294_63384_70218-339092--,00.HTML)



PROTECT PEOPLE &  
PROMOTE BUSINESS

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## WHERE DO WE GET THE AUTHORITY

Department of Health and Human  
Services

Centers for Medicare & Medicaid Services

42 CFR Parts 483.73

Emergency Preparedness

Medicare and Medicaid Programs

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# GOALS

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## Improve Facility By

- EXPLAIN THE EMERGENCY PREPAREDNESS (EP) PROCESS
- IDENTIFY THE FREQUENT EP CITATIONS.
- DESCRIBE WHAT YOU CAN DO TO REDUCE THE NUMBER OF EP CITATIONS.

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## INTRODUCTION TO EP

- ASSISTS PROVIDERS AND SUPPLIERS TO ADEQUATELY PREPARE TO MEET THE NEEDS OF PATIENTS, CLIENTS, RESIDENTS, AND PARTICIPANTS DURING DISASTERS AND EMERGENCY SITUATIONS
- THREE KEY ESSENTIALS FOR MAINTAIN ACCESS DURING DISASTERS OR EMERGENCIES:
  - SAFEGUARDING HUMAN RESOURCES
  - MAINTAINING BUSINESS CONTINUITY
  - PROTECTING PHYSICAL RESOURCES.

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## INTRODUCTION TO EP

- IMPLEMENTED TO SUPPORT THE ADOPTION OF A STANDARD ALL-HAZARDS EP PROGRAM
- SUCCESSFUL ADOPTION OF REQUIREMENTS WILL:
  - ANTICIPATE AND PLAN FOR NEEDS
  - RESPOND RAPIDLY AND APPROPRIATELY
  - INTEGRATE WITH LOCAL PUBLIC HEALTH, EMERGENCY MANAGEMENT AGENCIES, AND HEALTHCARE COALITIONS.

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# INSPECTION PROCESS

## Offsite survey preparation:

- Review previous certification surveys and deficiencies, bed capacity, facility waivers, Complaint investigation, Floor plans if available.
- Determine what chapter of NFPA 101, 2012 applies to the facility.

## Entrance Conference:

- Meet facility administrator and inform them of the purpose & process of the survey.

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# INSPECTION PROCESS

## Information gathering:

- Review all documentation of facility Emergency Preparedness Manual/Plan and facility generator, oxygen, emergency food and water, etc.
- Review training records, emergency exercises, policies and procedures, mutual aid agreements/contracts, etc.

## Information analysis & decision making:

- Review all documentation to determine any deficiencies the facility may have.

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# INSPECTION PROCESS

## Exit conference:

- Present findings to facility administrator & anyone designated by the administrator to be present.

## Post Survey Revisit:

- Conduct revisit to ensure deficient areas that were cited during the original survey are corrected.

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# QUESTION #1

## • WHICH OF THE ANSWERS IS ONE OF THE GOALS OF THIS PRESENTATION

1. REVIEW THE JOB DESCRIPTION OF A FACILITY MAINTENANCE DIRECTOR
2. IDENTIFY THE FREQUENT EMERGENCY PREPAREDNESS CITATIONS
3. KNOW THE AVERAGE SQUARE FOOTAGE OF A NURSING HOME
4. IDENTIFY WHO IS A MICHIGAN STATE OR MICHIGAN FAN

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WHY DO WE  
HAVE EP  
REGULATIONS?



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## LIVES DEPEND ON US!

- NATURAL DISASTERS KILL AN AVERAGE OF 45,000 PEOPLE ANNUALLY.
- EP REGULATIONS ARE IN PLACE HELP US MEET THE NEEDS OF RESIDENTS AND STAFF DURING DISASTERS AND EMERGENCY SITUATIONS.

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## LIVES DEPEND ON US!

- DISASTERS HAPPEN ON A LOCAL, REGIONAL, STATE, OR NATIONAL LEVEL.
  - MICHIGAN WEATHER
  - HUMAN-CAUSED DISASTERS
  - NEIGHBORING FACILITY

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# TOP 5 EP CITATIONS



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## E0041 HOSPITAL CAH AND LTC EMERGENCY POWER

- DOES THE FACILITY HAVE THE REQUIRED EMERGENCY AND STANDBY POWER SYSTEMS TO MEET THE REQUIREMENTS ESTABLISHED WITHIN THEIR EMERGENCY PLAN?
- DO THE EMERGENCY POWER SYSTEMS AND/OR PLANS ENSURE SAFE OPERATIONS WHILE SHELTERING IN PLACE?
  - LIFE SAFETY/CRITICAL BRANCH POWERED
  - POWER RESTORED WITHIN 10 SECONDS

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## E0041

### HOSPITAL CAH AND LTC EMERGENCY POWER

- DOES THE FACILITY HAVE THE REQUIRED ONSITE FUEL SOURCE, IF SO, IS IT MAINTAINED IN ACCORDANCE WITH NFPA 110.
- LETTER OF RELIABILITY FOR NATURAL GAS GENERATORS
- FUEL AGREEMENTS

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## E026

### ROLES UNDER A WAIVER DECLARED BY SECRETARY

- HAS THE FACILITY DEVELOPED A PLAN THAT DESCRIBES THE FACILITY'S ROLE IN PROVIDING CARE AND TREATMENT AT ALTERNATE CARE SITES UNDER AN 1135 WAIVER
- ANNUAL REVIEW

20

## E026

### ROLES UNDER A WAIVER DECLARED BY SECRETARY

- PROCEDURES MUST OUTLINE THE FACILITY'S ROLE IN THE PROVISION OF CARE AND TREATMENT UNDER SECTION 1135 WAIVERS DURING A DECLARED PUBLIC HEALTH EMERGENCY IN ALTERNATE CARE SITES.
- FACILITIES SHOULD ALSO BE AWARE OF WHAT FLEXIBILITIES ARE EXERCISED WITH OR WITHOUT AN 1135 WAIVER.

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## E0015

### SUBSISTENCE NEEDS FOR STAFF AND PATIENTS

- EP PLAN HAS PROCEDURES FOR THE PROVISION OF SUBSISTENCE NEEDS INCLUDING, BUT NOT LIMITED TO, FOOD, WATER AND PHARMACEUTICAL SUPPLIES FOR **RESIDENTS AND STAFF**.

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## E0015

SUBSISTENCE NEEDS  
FOR STAFF AND  
PATIENTS

- VERIFY THE EMERGENCY PLAN INCLUDES POLICIES AND PROCEDURES TO ENSURE ADEQUATE ALTERNATE ENERGY SOURCES, INCLUDING EMERGENCY POWER NECESSARY TO MAINTAIN:
  - FIRE DETECTION, TEMPERATURES TO PROTECT RESIDENT HEALTH AND SAFETY AND FOR THE SAFE AND SANITARY STORAGE OF PROVISIONS;
  - EMERGENCY LIGHTING; AND,
  - EXTINGUISHING, AND ALARM SYSTEMS.

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## E0015

SUBSISTENCE NEEDS  
FOR STAFF AND  
PATIENTS

- VERIFY THE EMERGENCY PLAN INCLUDES POLICIES AND PROCEDURES TO PROVIDE FOR SEWAGE AND WASTE DISPOSAL.

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## E0004

DEVELOP EP PLAN,  
REVIEW AND UPDATE  
ANNUALLY

- DOES THE FACILITY HAVE AN EMERGENCY PREPAREDNESS PLAN, AND REVIEWED ANNUALLY
- REVIEW IDENTIFIED HAZARDS (E.G. NATURAL, MAN-MADE, FACILITY, GEOGRAPHIC, ETC.) THE FACILITY'S RISK ASSESSMENT AND HOW THE RISK ASSESSMENT WAS CONDUCTED.
  - POLICIES AND PROCEDURES INCLUDED IN PLAN ADDRESS ITEMS IDENTIFIED DURING RISK ASSESSMENT

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## E0039

EP TESTING  
REQUIREMENTS

- HAS THE FACILITY CONDUCTED EXERCISES TO TEST THE EMERGENCY PLAN AT LEAST TWICE PER YEAR, INCLUDING UNANNOUNCED STAFF DRILLS USING THE EMERGENCY PROCEDURES.

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## E0039

### EP TESTING REQUIREMENTS

- FACILITY MUST CONDUCT AT A MINIMUM:

- ANNUAL COMMUNITY BASED FULL SCALE EXERCISE
  - IF NOT ACCESSIBLE, A FULL SCALE INDIVIDUAL FACILITY-BASED EXERCISE
  - IF THE FACILITY EXPERIENCES AN ACTUAL NATURAL OR MANMADE EMERGENCY THAT REQUIRES ACTIVATION OF THE EMERGENCY PLAN, THE FACILITY IS EXEMPT FROM ENGAGING IN THE NEXT REQUIRED FULL-SCALE EXERCISE.

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## E0039

### EP TESTING REQUIREMENTS

#### A SECOND EXERCISE THAT MAY INCLUDE, BUT NOT LIMITED TO THE FOLLOWING:

- SECOND FULL SCALE COMMUNITY-BASED OR FACILITY-BASED EXERCISE
- MOCK DISASTER DRILL
- A TABLETOP EXERCISE OR WORKSHOP LED BY A FACILITATOR WITH THE GOAL OF CHALLENGING THE EMERGENCY PLAN

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## E0039

### EP TESTING REQUIREMENTS

- PROVIDE ALL DOCUMENTATION OF THE EXERCISES (WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, THE EXERCISE PLAN, THE AFTER ACTION REPORT (AAR), AND ANY ADDITIONAL DOCUMENTATION USED BY THE FACILITY TO SUPPORT THE EXERCISE).
- ASK TO SEE THE DOCUMENTATION OF THE FACILITY'S EFFORTS TO IDENTIFY A FULL-SCALE COMMUNITY BASED EXERCISE IF THEY DID NOT PARTICIPATE IN ONE
  - **YOU MUST ATTEMPT TO SCHEDULE A FULL-SCALE COMMUNITY BASED EXERCISE.**

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## E0039

### EP TESTING REQUIREMENTS

- REVIEW DOCUMENTATION OF THE FACILITY'S ANALYSIS AND RESPONSE AND HOW THE FACILITY UPDATED ITS EP PLAN BASED ON THIS ANALYSIS.

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## QUESTION #2

- **WHICH EP CITATION WAS IN THE “TOP 5 FREQUENT CITATIONS” DURING 2022?**

1. E0001-ESTABLISHMENT OF EMERGENCY PROGRAM
2. E0018- PROCEDURES FOR TRACKING OF STAFF AND PATIENTS
3. E0059-DEVELOPMENT OF COMMUNICATION PLAN
4. E0004- DEVELOP EP PLAN, REVIEW AND UPDATE ANNUALLY

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3. E0059-DEVELOPMENT OF COMMUNICATION PLAN
4. **E0004- DEVELOP EP PLAN, REVIEW AND UPDATE ANNUALLY**

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## QUESTION #3

- **HOW CAN WE AVOID A E0039-EP TESTING REQUIREMENTS CITATION?**

1. TEST AND/OR ACTIVATE OUR EMERGENCY PLAN TWICE ANNUALLY.
2. CONDUCT FIRE DRILLS PER NFPA.
3. HAVE ZERO EMERGENCIES ANNUALLY
4. HAVE ENOUGH EMERGENCY FOOD AND WATER ONSITE.

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4. HAVE ENOUGH EMERGENCY FOOD AND WATER ONSITE.

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# THANK YOU!

- QUESTIONS?
- CONTACT ANY FIRE SAFETY INSPECTOR OR OUR OFFICE.
  - MAIN OFFICE
    - 517-284-0193



PROTECT PEOPLE &  
PROMOTE BUSINESS

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# STANDING TALL AND STRONG

AYALA LEVINE  
ADMINISTRATOR  
[ALEVINE@SEACRESTHC.COM](mailto:ALEVINE@SEACRESTHC.COM)



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## PREPARING FOR PUBLIC HEALTH EMERGENCIES AND NATURAL DISASTERS IN NURSING HOMES

- 1) ENSURE PROPER **STAFFING**
- 2) **TRANSPORTING** RESIDENTS DURING EVACUATIONS
- 3) MAINTAINING A COMPREHENSIVE **COMMUNICATION** PLAN
- 4) **INFECTION CONTROL AND QUARANTINE**

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## PREPARING FOR PUBLIC HEALTH EMERGENCIES AND NATURAL DISASTERS IN NURSING HOMES

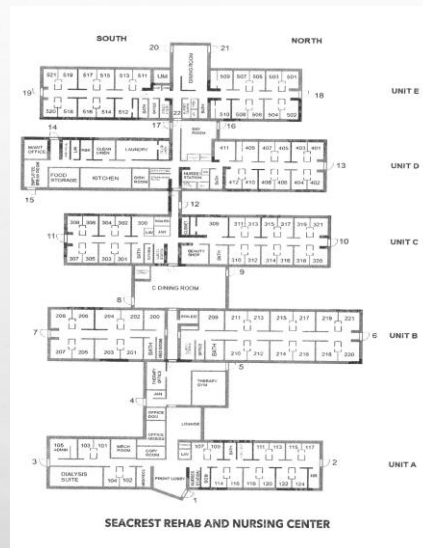
- 5) **SECURING LOCATIONS TO EVACUATE RESIDENTS AND STAFF**
- 6) COLLABORATING WITH COMMUNITY PARTNERS
- 7) **MANAGING MEDICAL RECORDS**

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# MOST CHALLENGING

- ENSURE PROPER STAFFING
- TRANSPORTING RESIDENTS DURING EVACUATIONS

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## OUR STORY & TIMELINE

**ON WEDNESDAY, FEBRUARY 22, 2023,** THE MONROE AREA EXPERIENCED A POWER OUTAGE. WE HAD A FULL POWER OUTAGE IN OUR OWN SEACREST FACILITY. WE HAD GENERATOR POWER FOR ONLY OUR A, B, AND C UNITS. LEAVING US WITH NO POWER ON D, AND E UNITS. OUR EMERGENCY LIGHTING KICKED IN FOR BATHROOMS AND OVER THE BED LIGHTS, ALONG WITH EMERGENCY LIGHTS IN HALLWAYS FOR STAFF AND RESIDENTS' SAFETY.

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## OUR STORY & TIMELINE

- **ON THURSDAY, FEBRUARY 23, 2023,** AT APPROXIMATELY 10:00AM, OUR DIRECTOR OF NURSING, KORI WORTHINGTON, RECEIVED A PHONE CALL FROM THE ADMINISTRATOR OF AN ASSISTED LIVING FACILITY IN OUR AREA, REQUESTING IMMEDIATE ASSISTANCE... "COULD SEACREST POSSIBLY TAKE IN 25 PATIENTS" - THEY HAD **NO HEAT AND NO POWER!!!**

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# OUR STORY & TIMELINE

- **COMMUNICATION** WAS KEPT OPEN AND AVAILABLE THROUGH EMAILS, PHONE CALLS AND OF COURSE CONSTANT TEXTING TO KEEP UP WITH ALL LAST-MINUTE CHANGES OR PIVOTING ALONG THE WAY.
- OUR ADMINISTRATION WORKED WITH THE FACILITY IN NEED TO FIND **TRANSPORTATION OPPORTUNITIES** FOR 25 PATIENTS. NEITHER OF US HAD A LARGE ENOUGH VEHICLE TO ACCOMMODATE THAT MANY PEOPLE. IN THE END THE PATIENTS WERE TRANSPORTED IN SHIFTS BY LAKE ERIE TRANSIT- OUR LOCAL BUSING SERVICE. THIS ASPECT OF DEALING WITH THE EMERGENCY WAS DEFINITELY MOST CHALLENGING.

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# OUR STORY & TIMELINE

## PREPARATIONS NEEDED TO ACCOMMODATE:

- NEEDED TO SECURE **LOCATIONS TO EVACUATE RESIDENTS AND STAFF INTO:**
- WE ASSESSED OUR D-UNIT WHICH WAS AT THE TIME NONOPERATIONAL DUE TO THE POWER OUTAGE, AND NORMALLY USED FOR STORAGE IN SOME ROOMS...

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# OUR STORY & TIMELINE

## **MORE PREPARATIONS NEEDED TO ACCOMMODATE:**

- MAINTENANCE CHANGED OUT LIGHT BULBS AND PURCHASED BATTERY POWERED LIGHTS THAT AFFIX TO THE WALLS THROUGHOUT THE UNIT.
- WE PROVIDED HEAT, ELECTRICITY, FOOD, AND WATER. ALONG WITH A LOUNGE AREA, AND ACTIVITIES' TOOLS
- FOR RESIDENT COMFORT.

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# OUR STORY & TIMELINE

## **INFECTION CONTROL AND QUARANTINE:**

- OUR RESIDENT POPULATION PRODUCED ONE POSITIVE COVID PATIENT 2 DAYS BEFORE THEIR DEPARTURE FROM OUR BUILDING. WE SUPPLIED THE STAFF OF THE ASSISTED LIVING RESIDENTS WITH TESTING SUPPLIES AND THANKFULLY NONE OF THEIR PATIENTS WERE POSITIVE. THE SITUATION WAS ISOLATED TO ONE UNIT AND THE ASSISTED LIVING PATIENTS WERE ISOLATED TO THEIR OWN UNIT.

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# OUR STORY & TIMELINE

## COLLABORATING WITH COMMUNITY PARTNERS:

- CMS WAS CONTACTED
- REACHED OUT TO OUR LICENSING OFFICER
- RESIDENT FAMILIES WERE CONTACTED

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# OUR STORY & TIMELINE

## RESPONSE?

- WITHIN 2 HOURS **22 PATIENTS TOTAL** WERE TRANSPORTED TO **OUR FACILITY**.
- PATIENTS WERE BROUGHT IN AND MAINTAINED NORMAL DAILY ROUTINES. THEY COLLABORATED ON SCHEDULED ACTIVITIES WITH THEIR OWN STAFF, AND FAMILY MEMBERS WERE ABLE TO VISIT.

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# OUR STORY & TIMELINE

## MANAGING MEDICAL RECORDS:

- THE ASSISTED LIVING STAFF BROUGHT WITH THEM ALL THE PATIENTS' MEDICAL RECORDS IN BINDERS AND WERE ABLE TO KEEP RECORDS UP TO DATE THROUGHOUT THEIR STAY.
- WE PROVIDED A NURSES' STATION FOR JUST THAT PURPOSE.

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# OUR STORY & TIMELINE

- **MONDAY FEBRUARY 27TH, 2023**, THE ASSISTED LIVING BUILDING DID NOT HAVE POWER AS OF THAT MORNING.
- LATER THAT DAY WE WERE NOTIFIED THAT THE POWER WAS RESTORED.
- **THE RESIDENTS DID NOT LEAVE SEACREST UNTIL THE FOLLOWING DAY TUESDAY, FEBRUARY 28, 2023**

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# OTHER THOUGHTS

## ENSURING PROPER STAFFING-

- WE HAVE THE MOST CARING & SACRIFICING STAFF.
- WHEN EMERGENCIES IMPACT BUILDINGS THAT HOUSE COMMUNITY RESIDENTS, EMERGENCIES IMPACT RESIDENTIAL HOMES OF STAFF AS WELL. THAT IS WHERE I SEE THE CHALLENGE TO BE. I WILL HAVE A HARD TIME EXPECTING MY STAFF TO SHOW UP FOR WORK IF THEY HAVE NO POWER AT HOME OR IF THEIR HOUSE HAD 2 FT OF WATER ENGULFING THEIR LIVES.

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# LESSONS LEARNED

## IF I HAD TO EVACUATE...I HAVE LEARNED THAT:

- THE POLICIES AND PROCEDURES ARE INVALUABLE IN SERVING AS A COMPASS FOR DIRECTION AND SUPPORT.
- MAINTAINING CALM THROUGHOUT IS KEY.
- ALWAYS BEING AWARE OF THE SAFETY AND WELL BEING OF THE RESIDENTS IS A #1 PRIORITY.
- ALWAYS MOVING QUICKLY BUT CAUTIOUSLY WHILE COMMUNICATING WITH ALL HELPING PARTNERS IN THE EQUATION- WILL DICTATE LEVEL OF SUCCESS AND SANITY.

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# WE ARE STANDING TALL & STRONG!

- THE KNOWLEDGE I GAINED FROM HELPING SOMEONE ELSE IS THAT:  
NO MATTER WHAT STANDS BEFORE US TO OVERCOME WE CAN ABSOLUTELY DO IT.
- A VERY WISE SAGE ONCE SAID, "THANK YOU G-D FOR MY CHALLENGES FOR WITH  
OUT THEM HOW WOULD I KNOW MY STRENGTH!"

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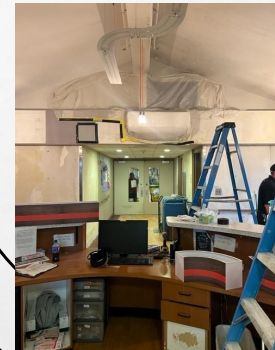
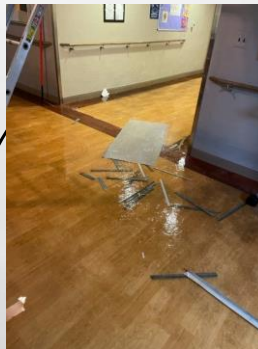
## VILLA AT SILVERBELL ESTATES

AMBER BURMEISTER, ADMINISTRATOR

ROBERT KUNDINGER, MAINTENANCE DIRECTOR

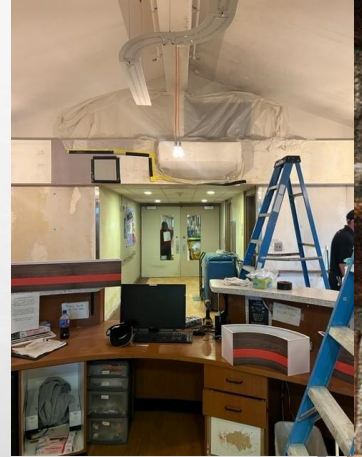
ZAKARY BORTZ, REGIONAL MAINTENANCE DIRECTOR

FIRE EVENT: MAY 10, 2023



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The Damage

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The Evacuation



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## The Support

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## The Renovations



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**The Celebration**

