STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535022	A. BUILDING _____ B. WING _____	12/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LEGACY LIVING AND REHABILITATION CENTER	1000 S DOUGLAS HWY GILLETTE, WY 82716

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on December 4, 2019. .	E 000		
E 006 SS=F	Plan Based on All Hazards Risk Assessment CFR(s): 483.73(a)(1)-(2) [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:] (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. *[For LTC facilities at §483.73(a)(1):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. (2) Include strategies for addressing emergency events identified by the risk assessment. *[For ICF/IIDs at §483.475(a)(1):] Emergency Plan. The ICF/IID must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following: (1) Be based on and include a documented,	E 006		1/19/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/23/2019

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E 006	Continued From page 1 facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. (2) Include strategies for addressing emergency events identified by the risk assessment. * [For Hospices at §418.113(a)(2):] Emergency Plan. The Hospice must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following: (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, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care. This REQUIREMENT is not met as evidenced by: Document review and staff interview revealed the facility failed to maintain and develop a facility and community based risk assessment in accordance with 42 CFR 483.73. Failure to provide a risk assessment could result in injury or death during an emergency. The deficiency affected one (1) of four (4) core elements of the Emergency Preparedness Program. The findings were: Document review of the Emergency Preparedness Plan on 12/04/2019 at 4:30 PM revealed that the facility did not include missing persons as part of their all hazard risk assessment. Missing persons must be included as part of the risk assessment. Interview with the	E 006	Correction for cited residents/environments: Missing residents included in the HVA all risks assessment 01/19/20 Identification of other residents: All residents/staff have the potential to be affected by not having missing residents as part of all hazard risk assessment. Systematic changes and monitoring: Education on HVA to all staff 01/19/20 HVA regulations review annually prior to HVA completion annually for any updates Outcomes:	

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E 006	Continued From page 2 facility administrator revealed that the facility had a policy and procedure for missing persons, but did not include it as part of the risk assessment. Interview with the facility administrator at the time of observation and exit acknowledged the deficiency, and indicated she was unaware of the missing persons requirement. REF: 42 CFR 483.73(a)(1)	E 006	100% of HVA will contain 4 core elements. Data will be collected Administrator/designee and will be aggregated and reported annually at Emergency preparedness meetings and discrepancies investigated and reported.	