



**Assisted Living Facilities Emergency Preparedness Checklist**

Facility Name	ID #
Inspection Exit Date	Phone #
Street address	City
State	Zip code
Area Code and telephone No.	

**Important Notes: This is an example of a form used by HHSC surveyors and is intended as a provider resource only.**

The items on the following checklist represent 26 Texas Administrative Code (TAC), Chapter 553.275, Licensing Standards for Assisted Living Facilities, Emergency Preparedness and Response. Violations of licensure standards are identified on the appropriate checklist by the requirements checked "Not Met." When violations are cited, a copy of the appropriate checklist is left with the facility at the exit conference. If additional violations are cited after the initial exit conference, an additional exit conference will be conducted regarding the newly identified violations, with specific reference to the standard violated. Note: This checklist contains a brief description of the emergency preparedness and response requirements. Refer to the licensure standards for a complete description of the requirements.

TAC	Standard	Met	Not Met
<b>§553.275 Emergency Preparedness and Response</b>			
(b)	A facility must conduct and document a risk assessment that meets the definition in subsection (a)(8) of this section for potential internal and external emergencies or disasters relevant to the facility's operations and location, and that pose the highest risk to a facility, such as those listed in items 1-10.	<input type="checkbox"/>	<input type="checkbox"/>
(c)	A facility must develop and maintain a written emergency preparedness and response plan based on its risk assessment under subsection (b) of this section and that is adequate to protect facility residents and staff in a disaster or emergency.	<input type="checkbox"/>	<input type="checkbox"/>
(c)(1)	The plan must address the eight core functions of emergency management which are listed in (c)(1)(A-H)	<input type="checkbox"/>	<input type="checkbox"/>
(c)(2)	The facility must prepare for a disaster or emergency based on its plan and follow each plan procedure and requirement, including contingency procedures, at the time it is called for in the event of a disaster or emergency.	<input type="checkbox"/>	<input type="checkbox"/>
(c)(2)(A)	The emergency preparedness plan must document the contact information for the EMC for the area, as identified by the office of the local mayor or county judge.	<input type="checkbox"/>	<input type="checkbox"/>
(c)(2)(B)	The emergency preparedness plan must include a process that ensures communication with the EMC, both as a preparedness measure and in anticipation of and during a developing and occurring disaster or emergency.	<input type="checkbox"/>	<input type="checkbox"/>
(c)(2)(C)	The emergency preparedness plan must include the location of a current list of the facility's resident population, which must be maintained as required under subsection (g)(3) of this section, that identifies the residents listed in (c)(2)(C)(i-iii).	<input type="checkbox"/>	<input type="checkbox"/>
(c)(3)	A facility must notify the EMC of the facility's emergency preparedness and response plan, take actions to coordinate its planning and emergency response with the EMC, and document communications with the EMC regarding plan coordination.	<input type="checkbox"/>	<input type="checkbox"/>
(d)	A facility must maintain a current copy of the plan, review the plan as required, document reviews, provide a copy of the plan, and provide notification on how to register for evacuation assistance.	<input type="checkbox"/>	<input type="checkbox"/>
(d)(1)	Maintain a current printed copy of the plan in a central location that is accessible to all staff, residents, and residents' legally authorized representatives at all times.	<input type="checkbox"/>	<input type="checkbox"/>
(d)(2)	At least annually and after an event described in subparagraphs (A-D) of this paragraph, review the plan, its evacuation summary, if any, and the contact lists described in subsection (g)(3) of this section, and update each:	<input type="checkbox"/>	<input type="checkbox"/>
(d)(2)(A)	To reflect changes in information, including when an evacuation waiver is approved under §553.259(e)(2) of this subchapter.	<input type="checkbox"/>	<input type="checkbox"/>
(d)(2)(B)	Within 30 days or as soon as practicable following a disaster or emergency if a shortcoming is manifested or identified during the facility's response.	<input type="checkbox"/>	<input type="checkbox"/>
(d)(2)(C)	Within 30 days after a drill, if, based on the drill, a shortcoming in the plan is identified.	<input type="checkbox"/>	<input type="checkbox"/>
(d)(2)(D)	Within 30 days after a change in a facility policy or HHSC rule that would impact the plan.	<input type="checkbox"/>	<input type="checkbox"/>
(d)(3)	Document reviews and updates conducted under paragraph (2) of this subsection, including the date of each review and dated documentation of changes made to the plan based on a review.	<input type="checkbox"/>	<input type="checkbox"/>

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(d)(4)	Provide residents and the residents' legally authorized representative with a written copy of the plan or an evacuation summary, as defined in subsection (a)(5) of this section, upon admission, on request, and when the facility makes a significant change to a copy of the plan or evacuation summary it has provided to a resident or a resident's legally authorized representative.	<input type="checkbox"/>	<input type="checkbox"/>
(d)(5)	Provide the information described in subsection (a)(5)(A) of this section to a resident or legally authorized agent who does not receive an evacuation summary under paragraph (4) of this subsection and requests that information.	<input type="checkbox"/>	<input type="checkbox"/>
(d)(6)	Notify each resident, next of kin, or legally authorized representative, in writing, how to register for evacuation assistance with the Texas Information and Referral Network (2-1-1 Texas).	<input type="checkbox"/>	<input type="checkbox"/>
(d)(7)	Register as a provider with 2-1-1 Texas to assist the state in identifying persons who may need assistance in a disaster or emergency. In doing so, the facility is not required to identify or register individual residents for evacuation assistance.	<input type="checkbox"/>	<input type="checkbox"/>
(e)	Core Function One: Direction and Control. A facility's plan must contain a section for direction and control.	<input type="checkbox"/>	<input type="checkbox"/>
(e)(1)	Designate the EPC, who is the facility staff person with the responsibility and authority to direct, control, and manage the facility's response to a disaster or emergency.	<input type="checkbox"/>	<input type="checkbox"/>
(e)(2)	Designate an alternate EPC, who is the facility staff person with the responsibility and authority to act as the EPC if the EPC is unable to serve in that capacity.	<input type="checkbox"/>	<input type="checkbox"/>
(e)(3)	Assign responsibilities to staff members by designated function or position and describes the facility's system for ensuring that each staff member clearly understands the staff member's own role and how to execute it, in the event of a disaster or emergency.	<input type="checkbox"/>	<input type="checkbox"/>
(f)	Core Function Two: Warning. A facility's plan must contain a section for warning.	<input type="checkbox"/>	<input type="checkbox"/>
(f)(1)	Describe applicable procedures, methods, and responsibility for the facility and for the EMC and other outside organizations, based on facility coordination with them, to notify the EPC or alternate EPC, as applicable, of a disaster or emergency.	<input type="checkbox"/>	<input type="checkbox"/>
(f)(2)	Identify whom, including during off hours, weekends, and holidays, the EPC or alternate EPC, as applicable, will notify of a disaster or emergency, and the methods and procedures for notification.	<input type="checkbox"/>	<input type="checkbox"/>
(f)(3)	Describe a procedure for keeping all persons present in the facility informed of the facility's present plan for responding to a potential or current disaster or emergency that is impacting or threatening the area where the facility is located.	<input type="checkbox"/>	<input type="checkbox"/>
(f)(4)	Address applicable procedures, methods, and responsibility for monitoring local news and weather reports regarding a disaster or potential disaster or emergency, taking into consideration factors listed in (f)(4)(A-C).	<input type="checkbox"/>	<input type="checkbox"/>
(g)	Core Function Three: Communication. A facility's plan must contain a section for communication.	<input type="checkbox"/>	<input type="checkbox"/>
(g)(1)	Identify the facility's primary mode of communication to be used during a disaster or emergency and the facility's supplemental or alternate mode of communication, and procedures for communication if telecommunication is affected by a disaster or emergency.	<input type="checkbox"/>	<input type="checkbox"/>

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(g)(2)	Include instruction on when to call 911.	<input type="checkbox"/>	<input type="checkbox"/>
(g)(3)	Include the location of a list of each of the items listed in (g)(3)(A-E), with current contact information for each, where it is easily accessible to staff at all times.	<input type="checkbox"/>	<input type="checkbox"/>
(g)(4)	Provide a method for the facility to communicate information to the public about its status during a disaster or emergency.	<input type="checkbox"/>	<input type="checkbox"/>
(g)(5)	Describe the facility's procedure for notifying at least the persons listed in (g)(5)(A-H), as applicable and as soon as practicable, about facility actions affecting residents during a disaster or emergency, including an impending or actual evacuation, and for maintaining ongoing communication for the duration of the disaster, emergency, or evacuation.	<input type="checkbox"/>	<input type="checkbox"/>
(h)	Core Function Four: Sheltering Arrangements. A facility's plan must contain a section for sheltering arrangements.	<input type="checkbox"/>	<input type="checkbox"/>
(h)(1)	Describe the procedure for making and implementing a decision to remain in the facility during a disaster or emergency, that includes:	<input type="checkbox"/>	<input type="checkbox"/>
(h)(1)(A)	The arrangements, staff responsibilities, and procedures for accessing and obtaining medication, records, equipment and supplies, water and food, including food to accommodate an individual who has a medical need for a special diet.	<input type="checkbox"/>	<input type="checkbox"/>
(h)(1)(B)	Facility arrangements and procedures for providing, in areas used by residents during a disaster or emergency, power and ambient temperatures that are safe under the circumstances, but which may not be less than 68 degrees Fahrenheit or more than 82 degrees Fahrenheit.	<input type="checkbox"/>	<input type="checkbox"/>
(h)(1)(C)	If necessary, arrangements for sheltering facility staff or emergency staff involved in responding to a disaster or emergency and, as necessary and appropriate, their family members.	<input type="checkbox"/>	<input type="checkbox"/>
(h)(2)	Include a procedure for notifying the HHSC Regulatory Services regional office for the area in which the facility is located and, in accordance with subsection (g)(5)(H) of this section, the EMC, immediately after the EPC or alternate EPC, as applicable, makes a decision to remain in the facility during a disaster or emergency.	<input type="checkbox"/>	<input type="checkbox"/>
(i)	Core Function Five: Evacuation. A facility's plan must contain a section for evacuation.	<input type="checkbox"/>	<input type="checkbox"/>
(i)(1)	A facility has the discretion to determine when an evacuation is necessary for the health and safety of residents and staff. However, a facility must evacuate if a mandatory evacuation order is given by the county judge of the county in which the facility is located or the mayor of the municipality in which the facility is located.	<input type="checkbox"/>	<input type="checkbox"/>
(i)(2)	A facility's plan must contain a section for evacuation that:	<input type="checkbox"/>	<input type="checkbox"/>
(i)(2)(A)	Identifies evacuation destinations and routes, including at least each pre-arranged evacuation destination and receiving facility described in subparagraph (C) of this paragraph, and includes a map that shows each identified destination and route.	<input type="checkbox"/>	<input type="checkbox"/>
(i)(2)(B)	Describes the procedure for making and implementing a decision to evacuate some or all residents to one or more receiving facilities or pre-arranged evacuation destinations, with contingency procedures and a plan for any pets or service animals that reside in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
(i)(2)(C)	Includes the location of a current documented acknowledgment with an	<input type="checkbox"/>	<input type="checkbox"/>

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	identified authorized representative of at least one receiving facility or pre-arranged evacuation destination, and at least one alternate. The documented acknowledgment must include acknowledgement by the receiving facility or pre-arranged evacuation destination of the items in (i)(2)(C)(i-ii).		
(i)(2)(D)	Includes the procedure and the staff responsible for:	<input type="checkbox"/>	<input type="checkbox"/>
(i)(2)(D)(i)	Notifying the HHSC Regulatory Services regional office for the area in which the facility is located and, in accordance with subsection (g)(5)(H) of this section, the EMC, immediately after the EPC or alternate EPC, as applicable, makes a decision to evacuate, or as soon as feasible thereafter, if it is not safe to do so at the time of decision.	<input type="checkbox"/>	<input type="checkbox"/>
(i)(2)(D)(ii)	Ensuring that sufficient facility staff with qualifications necessary to meet resident needs accompany evacuating residents to the receiving facility, pre-arranged evacuation destination, or other destination to which the facility evacuates, and remain with the residents to provide any necessary care for the duration of the residents' stay in the receiving facility, or other destination to which the facility evacuates.	<input type="checkbox"/>	<input type="checkbox"/>
(i)(2)(D)(iii)	Ensuring that residents and facility staff present in the building have been evacuated.	<input type="checkbox"/>	<input type="checkbox"/>
(i)(2)(D)(iv)	Accounting for and tracking the location of residents, facility staff, and transport vehicles involved in the facility evacuation, both during and after the facility evacuation, through the time the residents and facility staff return to the evacuated facility.	<input type="checkbox"/>	<input type="checkbox"/>
(i)(2)(D)(v)	Accounting for residents absent from the facility at the time of the evacuation and residents who evacuate on their own or with a third party and notifying them that the facility has been evacuated.	<input type="checkbox"/>	<input type="checkbox"/>
(i)(2)(D)(vi)	Overseeing the release of resident information to authorized persons in a disaster or emergency to promote continuity of a resident's care.	<input type="checkbox"/>	<input type="checkbox"/>
(i)(2)(D)(vii)	Contacting the EMC to find out if it is safe to return to the geographical area after an evacuation.	<input type="checkbox"/>	<input type="checkbox"/>
(i)(2)(D)(viii)	Making or obtaining, as appropriate, a comprehensive determination of when it is safe to re-enter and occupy the facility after an evacuation.	<input type="checkbox"/>	<input type="checkbox"/>
(i)(2)(D)(ix)	Returning evacuated residents to the facility and notifying persons listed in subsection (g)(5) of this section who were not involved in the return of the residents.	<input type="checkbox"/>	<input type="checkbox"/>
(i)(2)(D)(x)	Notifying the HHSC Regulatory Services regional office for the area in which the facility is located, immediately after each instance when some or all residents have returned to the facility after an evacuation.	<input type="checkbox"/>	<input type="checkbox"/>
<b>(j)</b>	Core Function Six: Transportation. A facility's plan must contain a section for transportation.	<input type="checkbox"/>	<input type="checkbox"/>
(j)(1)	Identify current arrangements for access to a sufficient number of vehicles to safely evacuate all residents.	<input type="checkbox"/>	<input type="checkbox"/>
(j)(2)	Identify facility staff designated during an evacuation to drive a vehicle owned, leased, or rented by the facility; notification procedures to ensure designated staff's availability at the time of an evacuation; and methods for maintaining communication with vehicles, staff, and drivers transporting facility residents or staff during evacuation, in accordance with subsection (g)(5)(A) and (G) of this section.	<input type="checkbox"/>	<input type="checkbox"/>
(j)(3)	Include procedures for safely transporting residents, facility staff, and any other	<input type="checkbox"/>	<input type="checkbox"/>

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	individuals evacuating a facility.		
(j)(4)	Include procedures for the safe and secure transport of, and staff's timely access to, the following resident items needed during an evacuation: oxygen, medications, records, food, water, equipment, and supplies.	<input type="checkbox"/>	<input type="checkbox"/>
<b>(k)</b>	Core Function Seven: Health and Medical Needs. A facility's plan must contain a section for health and medical needs.	<input type="checkbox"/>	<input type="checkbox"/>
(k)(1)	Identify special services that residents use that may be impacted by a disaster or emergency, such as dialysis, oxygen, or hospice services.	<input type="checkbox"/>	<input type="checkbox"/>
(k)(2)	Identify procedures to enable all facility residents, notwithstanding a disaster or emergency, to continue to receive the services identified under paragraph (1) of this subsection from the appropriate provider.	<input type="checkbox"/>	<input type="checkbox"/>
(k)(3)	Identify procedures for the facility to notify home and community support services agencies, and independent health care professionals that deliver services to residents in the facility, of an evacuation in accordance with subsection (g)(5)(E) of this section.	<input type="checkbox"/>	<input type="checkbox"/>
<b>(l)</b>	Core Function Eight: Resource Management. A facility's plan must contain a section for resource management.	<input type="checkbox"/>	<input type="checkbox"/>
(l)(1)	Identify a plan for identifying, obtaining, transporting, and storing medications, records, food, water, equipment, and supplies needed for both residents and evacuating staff during a disaster or emergency.	<input type="checkbox"/>	<input type="checkbox"/>
(l)(2)	Identify facility staff, by position or function, who are assigned to access or obtain the items under paragraph (1) of this subsection and other necessary resources, and to ensure their delivery to the facility or their transport, as needed, in the event of an evacuation.	<input type="checkbox"/>	<input type="checkbox"/>
(l)(3)	Describe the procedure to ensure medications are secure and maintained at the proper temperature throughout a disaster or emergency.	<input type="checkbox"/>	<input type="checkbox"/>
(l)(4)	Describe procedures and safeguards to protect the confidentiality, security, and integrity of resident records throughout a disaster or emergency and any evacuation of residents.	<input type="checkbox"/>	<input type="checkbox"/>
<b>(m)</b>	Receiving Facility. To act as a receiving facility, as defined in paragraph (a)(7) of this section, a facility's plan must include procedures for accommodating a temporary emergency placement of one or more residents from another assisted living facility, only in a disaster or emergency and only if:	<input type="checkbox"/>	<input type="checkbox"/>
(m)(1)	The facility does not exceed its licensed capacity, unless the facility complies with §553.39(h) of this chapter.	<input type="checkbox"/>	<input type="checkbox"/>
(m)(2)	The facility ensures that the temporary emergency placement of one or more residents evacuated from another assisted living facility does not compromise the health or safety of any evacuated or facility resident.	<input type="checkbox"/>	<input type="checkbox"/>
(m)(3)	The facility is able to meet the needs of all evacuated residents and any other persons it receives on a temporary emergency basis, while continuing to meet the needs of its own residents, and of any of its own staff or other individuals it is sheltering at the facility during a disaster or emergency, in accordance with its plan under subsection (h) of this section.	<input type="checkbox"/>	<input type="checkbox"/>
(m)(4)	The facility maintains a log of each additional individual being housed in the facility that includes the individual's name, address, and the date of arrival and departure.	<input type="checkbox"/>	<input type="checkbox"/>
(m)(5)	The receiving facility ensures that each temporarily placed resident has at arrival, or as soon after arrival as practicable and no later than necessary to	<input type="checkbox"/>	<input type="checkbox"/>

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	protect the health of the resident, each of the following necessary to the resident's continuity of care:		
(m)(5)(A)	Necessary physician orders for care.	<input type="checkbox"/>	<input type="checkbox"/>
(m)(5)(B)	Medications.	<input type="checkbox"/>	<input type="checkbox"/>
(m)(5)(C)	A service plan.	<input type="checkbox"/>	<input type="checkbox"/>
(m)(5)(D)	Existing advance directives.	<input type="checkbox"/>	<input type="checkbox"/>
(m)(5)(E)	Contact information for each legally authorized representative and designated emergency contact of an evacuated resident, and a record of any notifications that have already occurred.	<input type="checkbox"/>	<input type="checkbox"/>
<b>(n)</b>	<b>Emergency Preparedness and Response Plan Training.</b> The facility must provide the required training and conduct drills.	<input type="checkbox"/>	<input type="checkbox"/>
(n)(1)	Provide staff training on the emergency preparedness plan at least annually.	<input type="checkbox"/>	<input type="checkbox"/>
(n)(2)	Train a facility staff member on the staff member's responsibilities under the plan:	<input type="checkbox"/>	<input type="checkbox"/>
(n)(2)(A)	Prior to the staff member assuming job responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>
(n)(2)(B)	When a staff member's responsibilities under the plan change.	<input type="checkbox"/>	<input type="checkbox"/>
(n)(3)	Conduct at least one unannounced annual drill with facility staff for severe weather, or another disaster or emergency identified by the facility as likely to occur, based on the results of the risk assessment required by subsection (b) of this section.	<input type="checkbox"/>	<input type="checkbox"/>
(n)(4)	Offer training to each resident, legally authorized representative, if any, and each designated emergency contact, on procedures under the facility's plan that involve or impact each of them.	<input type="checkbox"/>	<input type="checkbox"/>
(n)(5)	Document the facility's compliance with each paragraph of this subsection at the time it is completed.	<input type="checkbox"/>	<input type="checkbox"/>
<b>(o)</b>	<b>Self-Reported Incidents Related to a Disaster or Emergency.</b> Without limiting any other applicable requirement under this chapter to report or investigate, a facility must report to HHSC a death or serious injury of a resident, or threat to resident health or safety, resulting from a disaster or emergency as follows:	<input type="checkbox"/>	<input type="checkbox"/>
(o)(1)	Call 1-800-458-9858 immediately after the death, serious injury, or threat, or, if the disaster or emergency is of extended duration, as soon as practicable after the serious injury, death or threat to the resident.	<input type="checkbox"/>	<input type="checkbox"/>
(o)(2)	Conduct an investigation of the disaster or emergency and resulting resident injury, death, or threat, and filing a written report using the most current version of the HHSC form titled "SNF, NF, ICF/IID, ALF, DAHS and PPECC Provider Investigation Report with Cover Sheet" available on the HHSC website. The facility must file the written report within five working days after making the telephone report required by paragraph (1) of this subsection.	<input type="checkbox"/>	<input type="checkbox"/>