OHCA Disaster Summit Welcome

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Chair – OHCA Life Safety and Emergency Preparedness

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Program Highlights on Elopement

- The Data is Clear: Elopements Are High-Risk Events – Mandy Smith
- Enhancing Resident Safety: Elopement and Licensure in Ohio – Sydney Pahren, JD
- Panel Discussion: Elopement in Long-Term Care—A Crisis Waiting to Happen?
  - Kelly Beatty, RN, DON, Carington Park Nursing and Rehab
  - Josh Dubler, LNHA, COO, Hillstone Healthcare
  - Teresa Remy, MHA,LNHA, BSN, RN, CDP, SMQT, QCP, IPCO, Director of Regulatory and Clinical Consulting, Engage Consulting
- Proactive Approaches for Elopement Management – Sarah Rose, MSN, RN, LNHA
  - Candice Williams, LNHA and Kenn Daily, LNHA
- Cal McCarty - Bridging the Gap: Risk Management and Disaster Preparedness in Nursing Homes
- Leading Like an Incident Commander – Glenn Thomas, Former San Diego Fire Department
- Tabletop Exercise: Resident Elopement Response – Kenneth Daily, LNHA

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Elopement

Elopement of a resident can be the worst nightmare of any senior living facility. An elopement is generally characterized as any unplanned departure from a designated safe environment. From a risk control perspective, resident elopements render senior living care facilities and caregivers vulnerable to costly lawsuits for severe and potentially fatal consequences, including physical injuries resulting from falls and third-party assaults, exposure to adverse weather elements, and drowning and automobile accidents, among other hazards.

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Definitions – Ohio Administrative Code

(I) "Elopement" occurs when a resident leaves a home or safe area without the facilities knowledge or without supervision.

A situation in which a resident with decision-making capacity leaves the home will not be considered an elopement unless the home has reason to suspect, or the circumstances surrounding the resident's departure indicate, that the departure is unusual or atypical.

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Common Elopement Allegations

- **Lack of elopement mitigation policies** and/or comprehensive response plans.
- **Failure to train staff** on elopement risk, as well as resident assessment and monitoring requirements.
- **Inadequate staffing levels** to safeguard against elopement risk.
- **Inattentive staff members** who fail to recognize, mitigate and monitor wandering behaviors in residents.
- **Insufficient documentation** of at-risk resident assessment factors and care planning interventions.
- **Lack of environmental safeguards**, e.g., door alarms, locked windows, security cameras, wander guards.

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Ohio Disasters

Ohio experienced severe flooding and severe storms in 2025, including a significant event from July 26-28 that prompted the activation of the State Disaster Relief Program

February 2025: Ohio River Valley Flooding
- Event: Flooding in the Ohio River Valley from prolonged heavy rainfall caused by weather events on the Valentine's Day weekend.
- Impact: Resulted in evacuations, water rescues, landslides, and road closures.

April 2025: Tornado Activity
- Event: The period from April 2-7 was particularly active, with multiple storm systems bringing tornadoes and severe weather to the state.
- Impact: The National Weather Service confirmed at least 20 tornadoes across Ohio, with notable touchdowns in counties including Fayette, Warren, and Van Wert.

July 2025: July Flooding
- Event: Severe storms which caused flooding between July 26-28.
- Impact: Significant damage occurred, particularly in the Lancaster area.
- Response: Governor DeWine authorized the activation of the State Disaster Relief Program

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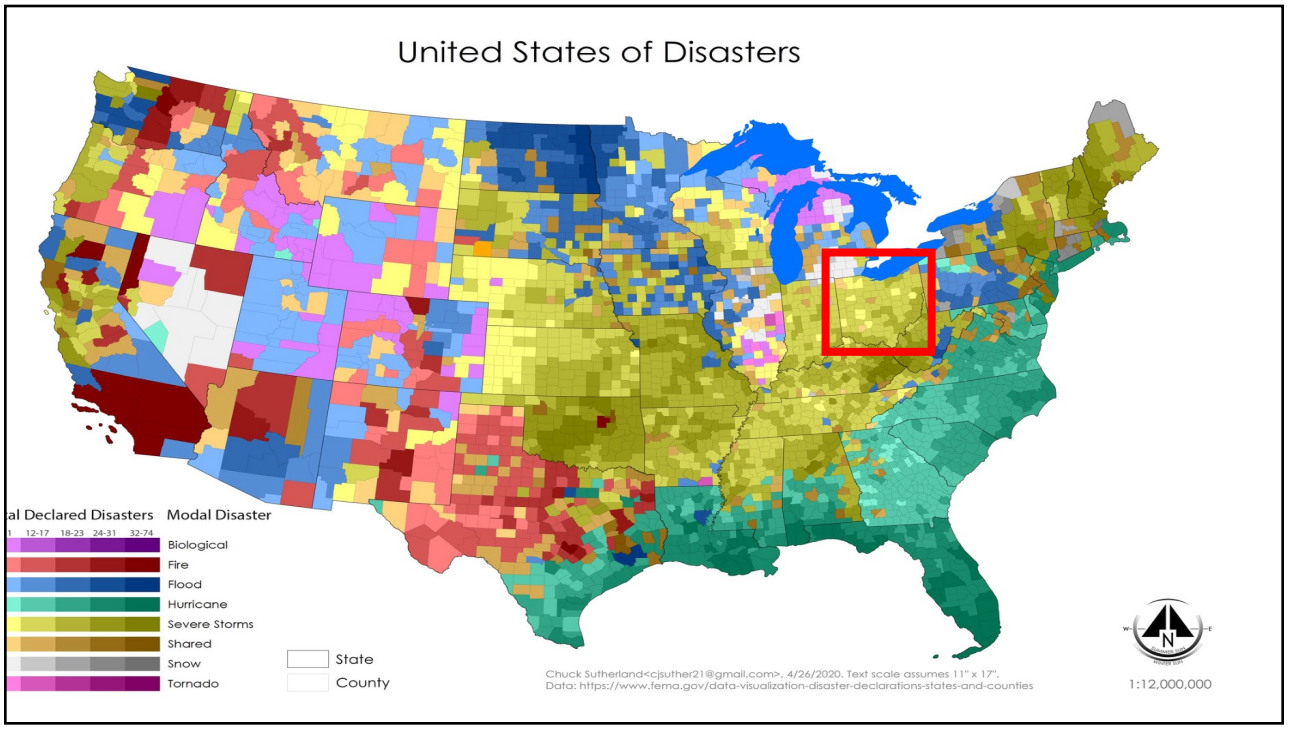

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CMS Emergency Rule

September 2016 CMS releases FINAL disaster regulation: Emergency Preparedness Standards for Medicare and Medicaid Participating Providers and Suppliers

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Emergency Preparedness 101

How far have we come in 9 years?

- Can facility leadership describe the facility's emergency preparedness program?
- Can facility leadership identify the hazards that were identified in the facility's risk assessment and how the risk assessment was conducted?

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Goals for the Rule

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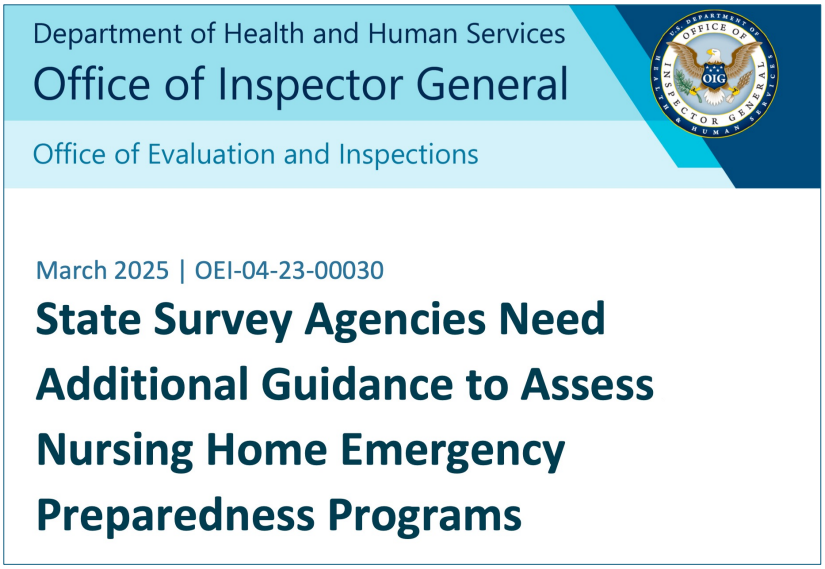
OIG Report issued



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State Survey Agencies Need Additional Guidance to Assess Nursing Home Emergency Preparedness Programs

Why OIG Did This Review

- Nursing home failures, such as resident deaths during Hurricane Ida, demonstrate continued challenges in nursing home emergency preparedness. These failures raise questions about how effective the survey process is in overseeing nursing home emergency preparedness.
- State survey agencies, contracted and overseen by CMS, are responsible for determining whether nursing homes comply with Medicare and Medicaid Requirements for Participation, including rules regarding emergency preparedness.
- Though CMS leads the oversight of nursing homes' compliance with Medicare and Medicaid program rules, ASPR and CDC fund efforts at State and local levels that support the emergency preparedness of health care facilities and health care systems, including nursing homes.

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What OIG Found

A quarter of State survey agencies reported that surveyors typically lack emergency preparedness expertise when hired, and building and retaining this expertise is challenging.

CMS program guidance is more focused on documents to collect to demonstrate compliance with emergency preparedness rules than on assessing the content of those documents.

Nearly one-half of State survey agencies reported successes that go beyond CMS guidance, including (1) information sharing with emergency preparedness partners; and (2) additional tools and resources to enhance CMS guidance.

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What OIG Recommends

To improve the survey process and support survey staff with limited expertise in the area, OIG recommends that CMS:

1. Provide surveyors with instructions for *how* to assess the contents of nursing home emergency preparedness documentation as a part of the survey process.
2. Issue guidance that encourages State survey agencies to collaborate and share information.

CMS concurred with both recommendations.

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Update on CMS Recommendations..

Recommendation Details (2)

25-E-04-020.01 to CMS - Open Unimplemented
Update expected on 07/15/2026
CMS should provide surveyors with instructions for how to assess the contents of nursing home emergency preparedness documentation as a part of the survey process.

25-E-04-020.02 to CMS - Open Unimplemented
Update expected on 07/15/2026
CMS should issue guidance that encourages SAs to collaborate and share information.

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Appendix Z -State Operations Manual

- The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements.
- The LTC facility must establish and maintain an emergency preparedness program that meets the requirements of this section.
- CMS has developed Appendix Z to provide consistent interpretive guidance
- There are 44 E Tags (surveyor guidance) contained in Appendix Z of which 26 apply to SNFs and 25 for ICF-IIDs facilities

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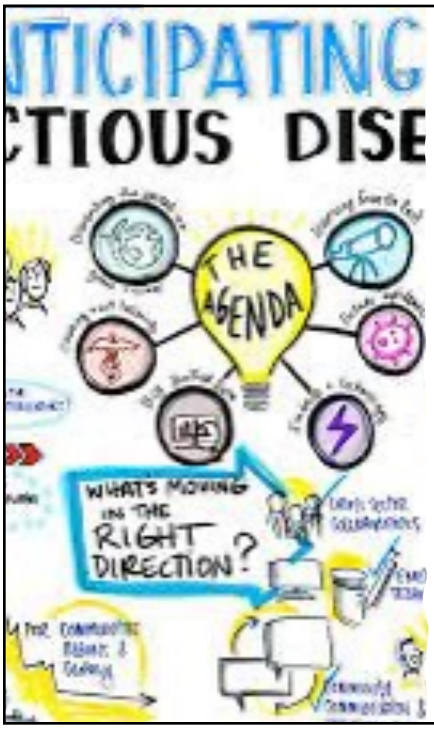

QSO-21-15-ALL: Updated Guidance

- CMS has updated many of E-Tags given the nature of the COVID-19 PHE and the future concerns with healthcare readiness - *Emerging Infectious Diseases*
- Remember….February 2019, CMS added "emerging infectious diseases" to the definition of all-hazards approach in Appendix Z as CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program.
- CMS requires facilities to consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters.

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Key Components of an Emergency Preparedness Plan

Develop Policies and Procedures
EOP (Emergency Operation Plan)
Framework for EPP

Develop Emergency Plan based on a
"ALL RISK ASSESSMENT
- **HVA** – Hazard Volubility Assessment

4 Basic Requirements of an Emergency Preparedness Plan

Create A **Communication Plan**

Conduct **Training and Plan Testing**

Essential Electrical

Additional Core Elements

System Integration

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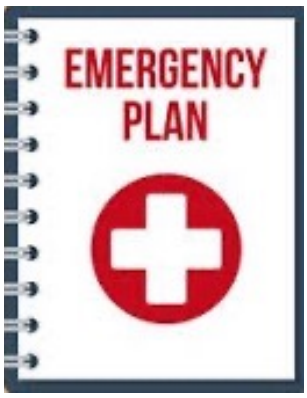

Leading E Tags

E0039	EP Testing Requirements
E0004	Develop Plan, Review and Update Annually
E0037	Training Program
E0041	LTC Emergency Power
E0015	Subsistence Needs for Staff and Patients
E0006	All Hazards Risk Assessment
E0030	Names and Contact Information
E0013	Policies and Procedures
E0025	Arrangement with Other Facilities
E0036	Training and Testing
E0007	Program Patient Population

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NH Licensure

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3701-17-25 Disaster Prep…

- Will provide, maintain, and keep current a written disaster preparedness plan to be followed in case of emergency or disaster.
- A copy of the plan shall will be readily available at all times within the nursing home.
- The nursing home will ensure that each staff member, consultant and volunteer is trained and periodically updated about the home's disaster preparedness plan and understands their role in the event of fire or other disaster or emergency.
- A paper and electronic copy of the disaster preparedness plan will be maintained off-site to ensure access by the nursing home director or nursing home staff in the event of an emergency.
- Each nursing home will notify the director by phone or electronic mail when there is an interruption affecting the resident health and safety due to an emergency or a disaster involving the nursing home.

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Emergency Prep 3701-17-25

- Each operator will provide for annual training in fire prevention for regularly scheduled staff members on all shifts, to be conducted by the state fire marshal or township, municipal, or local legally constituted fire department.
- Semi-annually, the operator will require ensure that all staff members to be are periodically instructed in the home's fire control and evacuation and disaster procedures and kept informed of their duties under the evacuation plan.

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