



**Connect Consulting Services**  
Engage | Prepare | Recover

# CMS Emergency Management Compliance Review Tool

This CMS Emergency Management Compliance Review tool will gather key emergency management information to be able to review your organization’s compliance status.

**Organization Name:**

**Address:**

**Contact Person and Title:**

**Phone:**

**Email:**

**Website:**

**Types of Services Offered (i.e. SNF, Assisted Living):**

**Licensing Agency(s)(i.e., CMS, CCL):**

**Number of clients served annually:**

Please list information on the grid below for each location where your organization provides services.

| Location #   | Site Address | Services provided at each location | # of clients served daily at each location |
|--------------|--------------|------------------------------------|--|
| Location #1: |              |                                    |  |
| Location #2: |              |                                    |  |
| Location #3: |              |                                    |  |
| Location #4: |              |                                    |  |
| Location #5: |              |                                    |  |

## 1. HAZARD VULNERABILITY ANALYSIS

Date of Last Hazard Vulnerability Analysis:

## 2.EMERGENCY MANAGEMENT COMPLIANCE SURVEYS

Has your Emergency Management Program been surveyed/ audited by CMS? YES  NO

Date of last CMS EM survey?

What was the outcome of your CMS EM Survey?

## 3.EMERGENCY MANAGEMENT PROGRAM PLAN

Do you have a current Emergency Management Program Plan? YES  NO

When was your Emergency Management Program Plan revised?

When was your Emergency Management Plan reviewed by your team?

## 4.POLICIES AND PROCEDURES

Do you have the required CMS Policies and Procedures for your provider type? YES  NO

List of your organization's current Policies and Procedures:

## 5.COMMUNICATIONS PLAN

Do you have a Communications Plan? YES  NO

List your organizations redundant communication devices (i.e. walkie-talkies, satellite phones?)

Are staff regularly trained on these redundant communication devices? YES  NO

## 6. STAFF TRAINING AND EXERCISES

List your organization's emergency management staff training over the past 18 months?

Do staff receive emergency management training as part of their "New Hire Orientation"? YES  NO

Please List all Emergency Management Exercises completed over the past 18 months:

| Date of Exercise | Type of Exercise | How many staff participated in each exercise | After Action Report for this exercise? Yes or No |
|------------------|------------------|--|--|
|                  |                  |  |  |
|                  |                  |  |  |
|                  |                  |  |  |
|                  |                  |  |  |

Please email to Nora O'Brien, CEO of Connect Consulting Services, Inc. at [Connect@ConnectConsulting.biz](mailto:Connect@ConnectConsulting.biz).

Connect Consulting Services, Inc. 1510 J Street, Sacramento, CA 95814 [www.connectconsulting.biz](http://www.connectconsulting.biz)