Home Health Line Tool

Survey examples: Emergency plan testing

Actual survey findings can help you identify trouble spots in your own survey preparedness. Below, you'll see the regulations and survey guidance for emergency plan testing, as well as 2026 survey citations. Beyond being a top survey deficiency, failure to test your emergency plan risks unnecessary operational challenges when activated. *(See related story, p. 3.)*

E-0039 [§484.102]

Testing. The agency must conduct exercises to test the emergency plan at least annually. The agency must do the following:

(i) Participate in a full-scale exercise that is community-based; or

- When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise every two years; or
- If the agency experiences an actual natural or man-made emergency that requires activation of the emergency plan, the agency is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.

(ii) Conduct an additional exercise every two years, opposite the year the full-scale or functional exercise noted above, that may include, but is not limited to the following:

- A second full-scale exercise that is community-based or an individual, facility-based functional exercise.
- A mock disaster drill.
- A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

(iii) Analyze the agency's response to and maintain documentation of all drills, tabletop exercises and emergency events, and revise the agency's emergency plan, as needed.

Survey guidance

Ask facility leadership to explain the participation of management and staff during scheduled exercises.

Ask to see documentation of the exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the facility to support the exercise). Documentation must demonstrate the facility has conducted the exercises described in the standard.

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 (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community based exercise).

Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.

Note: CMS recommends that providers retain, at a minimum, the past two cycles (generally four years for outpatient providers) of emergency testing exercise documentation.

Survey findings

Review of the agency's binder titled 'Emergency Preparedness' failed to reveal documentation of the components of the tabletop drills and after-action review. The binder failed to reveal a group discussion using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge an emergency plan.

An office interview was conducted with the regional administrator, who acknowledged responsibility for the agency's disaster plan. The regional administrator confirmed the agency failed to document the required components of the tabletop drills and after-action reviews of drills.

The agency's Emergency Preparedness Plan was reviewed. The plan included tabletop exercises for 2023, 2024 and 2025. The plan lacked documentation that the agency activated its emergency preparedness plan for an actual emergency or conducted/participated in full-scale or facility-based exercises, as required. During an interview, the administrator confirmed the above findings.

Review of the Comprehensive Emergency Management Plan binder found a document titled Emergency Management After Action Report dated and signed by the current administrator. Summary of event "Hurricane Drill: Plan Evaluation" had no comments and no notes or comments under the preparedness activities, response activities and recovery activities. All fields were blank.

An interview was conducted with the visiting administrator who stated that the drill evaluation was not complete and did not contain all the information. She verified this was the only drill conducted in 2025. The last active drill was in 2024.

The surveyor found no evidence in a record review that the agency had conducted exercises to test its emergency plan at least annually.

During an interview, the administrator said she was not sure of the last date that the Comprehensive Emergency Management Plan had been activated.

The director of nursing (DON) said there was a tabletop exercise, so the office manager must have it. According to the DON, they usually all meet before hurricane season to contact patients to ensure that all of the emergency plans are up to date.

The surveyor reviewed the sign-in sheet for the meeting that the DON said was the tabletop exercise. The sign-in sheet for the meeting failed to demonstrate that an exercise where there was a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages or prepared questions designed to challenge an emergency plan had been conducted.