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AUDUBON
HEALTH & REHAB

March 1, 2021

Lafourche Parish Government
Office of Homeland Security and Emergency Preparedness
4876 Highway 1
Mathews, LA 70375

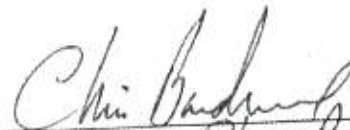
Re: Audubon Health & Rehab 2021 Emergency Preparedness Plan

To confirm receipt of the above-referenced Emergency Preparedness Plan, please have a representative sign below.

Sincerely,


JACQUES A. BEEBE, J.D., N.F.A.

Administrator
Audubon Health & Rehab
jbeebe@asingt.com



Printed Name: Chris Boocreaux
Lafourche Parish Government
Office of Homeland Security &
Emergency Preparedness



AUDUBON

HEALTH & REHAB

June 25, 2021

Malcolm Tietje
DHH-Health Standards Section
Medical Certification Program Manager
P.O. Box 3767
Baton Rouge, Louisiana 70821-3767

***Via e-mail only

Re: Audubon Health & Rehab Revised 2021 Emergency Preparedness Plan Survey

To confirm receipt of the above-referenced Revised 2021 Emergency Preparedness Plan, please have a representative sign below.

Sincerely,



JACQUES A. BEEBE, J.D., N.F.A.

Administrator

Audubon Health & Rehab

jbeebe@asimgt.com

Printed Name: _____

State of Louisiana

Department of Health & Hospitals

Health Standards Section



AUDUBON

HEALTH & REHAB

March 1, 2021

Malcolm Tietje
DHH-Health Standards Section
Medical Certification Program Manager
P.O. Box 3767
Baton Rouge, Louisiana 70821-3767

COPY

Re: Audubon Health & Rehab 2021 Emergency Preparedness Plan Survey

To confirm receipt of the above-referenced Emergency Preparedness Plan, please have a representative sign below.

Sincerely,



JACQUES A. BEEBE, J.D., N.F.A.

Administrator

Audubon Health & Rehab

jbeebe@asingt.com

Printed Name: _____

State of Louisiana

Department of Health & Hospitals

Health Standards Section

2021 Nursing Home Emergency Preparedness Plan Survey

NOTICE: This survey is not intended for use or compliance with the Centers for Medicare and Medicaid Services Long Term Care (LTC) Facilities –Skilled Nursing Facilities (SNFs) –under section 1819 of the Act, Nursing Facilities (NFs)—under section 1919 of the Act, and 42 CFR 483.1 through 483.180 Emergency Preparedness regulations.

This survey to be completed in conjunction with the review of the Facility's Emergency Preparedness Plan. Upon completion of the survey return it along with all updates or revisions made to the facility's emergency preparedness plan. Include all cover pages, copies of contracts and signatures pages. This review survey does not take the place of the facility's emergency preparedness plan nor does it relieve a nursing home of the duties, responsibilities, and obligations set forth in any law, standard, rule, or regulation.

Guidance

- As provided for in R.S. 40:2009.25(A), all nursing homes located in the parishes of **Acadia, Ascension, Assumption, Calcasieu, Cameron, Iberia, Jefferson, Jefferson Davis, Lafayette, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Mary, St. Martin, St. Tammany, Tangipahoa, Terrebonne, and Vermilion**, are required to review and updated their emergency preparedness plan annually and submit a summary (this survey) of the updated plan to the Department of Health and Hospitals emergency preparedness manager, by **March first of each year**.
- If the emergency preparedness plan is changed, modified, or amended by the nursing home during the year, a summary of the amended plan shall be submitted to the Department of Health and Hospitals, Health Standards Section emergency preparedness manager **within thirty days** of the amendment or modification.
- This survey was developed in accordance with the Nursing Facility Licensing Standards for Emergency Preparedness (**LAC 48:I.9767**) and R.S. 40:2009.25. This survey does not take the place of the facility's emergency preparedness plan.
- **Do Not submit rosters of the residents or staff with this survey.** Do have these available.
- All information submitted in this survey shall come from the facility's **current and updated** emergency preparedness plan.
- Any information, plans or procedures that the facility's emergency preparedness plan is missing shall be added to the facility's plan.
- **All information submitted in this survey shall be current and correct.**

Directions for the Completion of Survey

1. Review and update the facility's emergency preparedness plan. Use the information from the facility's updated emergency preparedness plan to complete this survey.
2. Surveys that do not provide all requested information and responses will be considered incomplete. Incomplete surveys will not be accepted and a completed survey will be requested.
3. **Do Not send a copy of a previously submitted plan or survey!**
4. **Plans will not be accepted in place of a completed survey.** If a plan was totally revised, submit a completed survey along with a copy of the new or revised plan.
5. **If using the electronic version of this survey:**
Keep all written responses brief. Mark only **1 response for each question** unless otherwise noted.
6. **If printing out and manually completing this survey:**

2021 Nursing Home Emergency Preparedness Plan Survey

Keep all written responses to questions brief. Mark the only 1 response for each question unless otherwise noted. If errors are made and corrections needed please ensure that correct answer is clearly marked.

7. Any required plans, details or information not included in the facility's current emergency preparedness plan will need to be addressed and added to the facility's emergency preparedness plan and submitted along with this completed survey by **March 1st**.
8. Copies of all **current** (still valid – signed in last 12 months) and **or currently verified** (was verified by all parties within the last 12 months) contracts and agreements will need to be submitted along with cover pages for each. **Examples:** If a contract is new (12 months), submit a copy of the contract, including signatures with dates, along with a completed cover page. If the agreement is for several years and older than 12 months, a copy of the original contract will be needed. Include signatures with dates, a completed cover page AND the current verification (signatures and dates) that the contract/agreement is still valid.
9. All contracts or agreements including those that are ongoing or self renewing will need to be verified annually. This will require **all involved parties to sign and date** the verification.
10. Do not include outdated or un-verified contracts, agreements, or other documentation. Remember to remove these from your emergency plan.
11. Blank forms have been provided and shall be used as directed. All contracts or agreements including those that are ongoing or self renewing will need cover sheets.
12. Facility will need to verify that a current emergency preparedness plan was submitted to the local parish Office of Homeland Security and Emergency Preparedness (OHSEP) or that a summary of the updates to the previously provided plan was submitted.
13. A **completed** copy of this survey along with copies of all current or verified contracts and agreements shall be submitted by **March 1st** to:

Louisiana Department of Health, Health Standards Section
Nursing Home Emergency Preparedness

Mail To:

P.O. Box 3767

Baton Rouge, LA 70821

Or Ship To:

628 N. 4th St, 3rd Floor

Baton Rouge, LA 70802

14. The Facility should keep a completed copy of this survey for their records.
15. If there are any questions please contact:

Health Standards Section, Nursing Home Emergency Preparedness
Malcolm Tietje

Phone: (225)342-2390

Fax: (225)342-0453

E-Mail: Malcolm.Tietje@la.gov

Or

Health Standards Section, Program Manager
Mary Sept

Phone: (225)342-3240

Fax: (225)342-0453

E-Mail: Mary.Sept@la.gov

THIS IS NOT AN EMERGENCY PLAN

Revised for 2021

2021 Nursing Home Emergency Preparedness Plan Survey

For Year: **2021**

ALL Information in the Plan should match information in the ESF-8 Portal.

Facility Name (Print):

Audubon Health & Rehab

Name of Administrator (Print):

Jacques A. Beebe, J.D., N.F.A.

Administrator's Emergency Contact Information (should be reflected in MSTAT/ESF8):

Phone #: (985) 446-3109

Cell Phone #: (985) 860-8795

Administrator E-Mail: jbeebe@asimgt.com

Alternative (not administrator) Emergency Contact Information (should be reflected in MSTAT/ESF8):

Name: Tanya Blanchard, LPN

Position: ADON

Phone #: (985) 446-3109

Cell Phone #: (985) 856-6314

E-Mail: tblanchard@asimgt.com

Physical or Geographic address of Facility (Print):

2110 Audubon Avenue

Thibodaux, Louisiana 70301

Longitude: -9048.563

Latitude: 2946.83

2021 Nursing Home Emergency Preparedness Plan Survey

VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: Audubon Health & Rehab

The **EMERGENCY PREPAREDNESS PLAN** or a **SUMMARY of UPDATES** to a previously submitted plan was submitted to the local parish **OFFICE OF HOMELAND SECURITY AND EMERGENCY PREPAREDNESS**.

Lafourche Parish Government Office of Homeland Security and Emergency Preparedness
(Name of the Local/Parish Office of Homeland Security and Emergency Preparedness)

Date submitted: 3/1/2021

MARK the appropriate answer:

- ☐ YES ☒ NO -Did the local parish Office of Homeland Security and Emergency Preparedness give any recommendations?
- ☐ - I have included recommendations, or correspondence from OHSEP and facility's response with this review.
- ☒ - There was **NO response** from the local/parish Office of Homeland Security and Emergency Preparedness; include verification of delivery such as a mail receipt, a signed delivery receipt, or other proof that it was sent or delivered to their office for the current year. Be sure to include the date plan was sent or delivered.

2021 Nursing Home Emergency Preparedness Plan Survey

I. PURPOSE – Complete the survey using information from the facility's current emergency plan.

A. Are the facility's goals, in regards to emergency planning, documented in plan?

☒ YES

➤ NO, if goals are NOT in plan add the facility's goals and indicate completion by marking YES.

B. Does the facility's plan enable the achievement of those goals?

☒ YES

➤ NO, if plan does NOT provide for the achievement of goals, correct the plan and indicate completion by marking YES.

C. Determinations, **by the facility**, for sheltering in place or evacuation due to Hurricanes.

1. Utilizing all current, available, and relevant information answer the following:

a) MARK the **strongest** category of hurricane the facility can safely shelter in place for?

- i. ☐ Category 1- winds 74 to 95 mph
- ii. ☒ Category 2- winds 96 to 110 mph
- iii. ☐ Category 3- winds 111 to 130 mph
- iv. ☐ Category 4- winds 131 to 155 mph
- v. ☐ Category 5- winds 156 mph and greater

b) At what time, in hours before the hurricane's arrival, will the decision to shelter in place have to be made by facility?

- i. 72 Hours before the arrival of the hurricane.

c) What is the latest time, in hours before the hurricanes arrival, which preparations will need to start in order to safely shelter in place?

- i. 72 Hours before the arrival of the hurricane.

d) Who is responsible for making the decision to shelter in place?

TITLE/POSITION: Regional Supervisor/President of Pathway South

NAME: Earl Thibodaux

2. Utilizing all current, available, and relevant information answer the following:

a) MARK the **weakest** category of hurricane the facility will have to evacuate for?

- i. ☐ Category 1- winds 74 to 95 mph
- ii. ☐ Category 2- winds 96 to 110 mph
- iii. ☒ Category 3- winds 111 to 130 mph
- iv. ☐ Category 4- winds 131 to 155 mph
- v. ☐ Category 5- winds 156 mph and greater

b) At what time, in hours before the hurricanes arrival, will the decision to evacuate have to be made by facility?

- i. 72 Hours before the arrival of the hurricane.

c) What is the latest time, in hours before the hurricane's arrival, which preparations will need to start in order to safely evacuate?

- i. 72 Hours before the arrival of the hurricane.

2021 Nursing Home Emergency Preparedness Plan Survey

- d) Who is responsible for making the decision to evacuate?

TITLE/POSITION: Regional Supervisor/President of Pathway South

NAME: Earl Thibodaux

II. SITUATION - Complete the survey using information from the facility's current emergency plan.

A. Facility Description:

1. What year was the facility built? 1975

2. How many floors does facility have? 1

3. Is building constructed to withstand hurricanes or high winds?

☒ Yes, answer 3.a, b, c, d

☐ No/Unknown, answer 3.e

a) MARK the highest category of hurricane or wind speed that building can withstand?

- i. ☐ Category 1- winds 74 to 95 mph
- ii. ☐ Category 2- winds 96 to 110 mph
- iii. ☒ Category 3- winds 111 to 130 mph
- iv. ☐ Category 4- winds 131 to 155 mph
- v. ☐ Category 5- winds 156 mph and greater
- vi. ☐ Unable to determine : see A.3.e

b) MARK the highest category of hurricane or wind speed that facility roof can withstand?

- i. ☐ Category 1- winds 74 to 95 mph
- ii. ☐ Category 2- winds 96 to 110 mph
- iii. ☒ Category 3- winds 111 to 130 mph
- iv. ☐ Category 4- winds 131 to 155 mph
- v. ☐ Category 5- winds 156 mph and greater
- vi. ☐ Unable to determine : see A.3.e

c) MARK the source of information provided in a) and b) above? (DO NOT give names or wind speeds of historical storms/hurricanes that facility withstood.)

- i. ☐ Based on professional/expert report,
- ii. ☒ Based on building plans or records,
- iii. ☒ Based on building codes from the year building was constructed
- iv. ☐ Other non-subjective based source. Name and describe source.

d) MARK if the windows are resistant to or are protected from wind and windblown debris?

- i. ☒ Yes
- ii. ☐ No

e) If plan does not have information on the facility's wind speed ratings (wind loads) explain why. _____

4. What are the elevations (in feet above sea level, use NAVD 88 if available) of the following:

a) Building's lowest living space is 13 feet above sea level.

b) Air conditioner (HVAC) is 13 feet above sea level.

2021 Nursing Home Emergency Preparedness Plan Survey

- c) Generator(s) is 13 feet above sea level.
 - d) Lowest electrical service box(s) is 13 feet above sea level.
 - e) Fuel storage tank(s), if applicable, is 13 feet above sea level.
 - f) Private water well, if applicable, is _____ feet above sea level.
 - g) Private sewer system and motor, if applicable, is _____ feet above sea level.
5. Does plan contain a copy of the facility's Sea Lake Overland Surge from Hurricanes (SLOSH) model?
- ☒ Yes. Use SLOSH to answer A.5.a. and b.
 - If No. Obtain SLOSH, incorporate into planning, and then indicate that this has been done by marking yes.
 - a) Is the building or any of its essential systems susceptible to flooding from storm surge as predicted by the SLOSH model?
 - i. ☒ Yes- answer A.5.b
 - ii. ☐ No, go to A. 6.
 - b) If yes, what is the **weakest** SLOSH predicted category of hurricane that will cause flooding?
 - i. ☐ Category 1- winds 74 to 95 mph
 - ii. ☐ Category 2- winds 96 to 110 mph
 - iii. ☐ Category 3- winds 111 to 130 mph
 - iv. ☒ Category 4- winds 131 to 155 mph
 - v. ☐ Category 5- winds 156 mph and greater
6. Mark the FEMA Flood Zone the building is located in?
- a) ☐ **B and X** – Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. B Zones are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile. **Moderate to Low Risk Area**
 - b) ☒ **C and X** – Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level. Zone C may have ponding and local drainage problems that don't warrant a detailed study or designation as base floodplain. Zone X is the area determined to be outside the 500-year flood and protected by levee from 100-year flood. **Moderate to Low Risk Area**
 - c) ☐ **A** – Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones. **High Risk Area**
 - d) ☐ **AE** – The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30 Zones. **High Risk Area**
 - e) ☐ **A1-30** – These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format). **High Risk Area**
 - f) ☐ **AH** – Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of

2021 Nursing Home Emergency Preparedness Plan Survey

flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones. **High Risk Area**

- g) ☐ **AO** – River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones. **High Risk Area**
- h) ☐ **AR** – Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations. **High Risk Area**
- i) ☐ **A99** – Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones. **High Risk Area**
- j) ☐ **V** – Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones. **High Risk – Coastal Areas**
- k) ☐ **VE, V1 – 30** – Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones. **High Risk – Coastal Areas**
- l) ☐ **D** – Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk. **Undetermined Risk Area**

7. What is the area's Base Flood Elevation (BFE) if given in flood mapping?

- ❖ See the **A** zones. Note: **AE** zones are now used on new format FIRMs instead of A1-A30 Zones. The BFE is a computed elevation to which floodwater is anticipated to rise. Base Flood Elevations (BFEs) are shown on Flood Insurance Rate Maps (FIRMs) and flood profiles.
- ❖ The facility's Base Flood Elevation(BFE) is: See Attached FEMA FLOOD MAP

8. Does the facility flood during or after heavy rains?

- a) ☐ Yes
- b) ☒ No

9. Does the facility flood when the water levels rise in nearby lakes, ponds, rivers, streams, bayous, canals, drains, or similar?

- a) ☐ Yes
- b) ☒ No

10. Is facility protected from flooding by a levee or flood control or mitigation system (levee, canal, pump, etc)?

- a) ☐ Yes
- b) ☒ No

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11. Have the areas of the building that are to be used for safe zones/sheltering been identified?
 - a) ☒ Yes
 - b) No. Identify these areas then indicate that this has been completed by marking Yes.

12. Have the facility's internal and external environments been evaluated to identify potential chemical or biological hazards?
 - a) ☒ Yes
 - b) No. Evaluate and identify areas then indicate that this has been done by marking Yes.

13. Has the facility's external environment been evaluated to identify potential hazards that may fall or be blown onto or into the facility?
 - a) ☒ Yes
 - b) No. Evaluate and identify areas then indicate that this has been done by answering Yes.

14. Emergency Generator - **generator information should match MSTAT!**
 - a) Is the generator(s) intended to be used to shelter in place during hurricanes (extended duration)?
 - i. ☒ Yes. The generator(s) will be used for Sheltering in place for Hurricanes.
 - ii. ☐ No. The generator(s) will **NOT** be used for Sheltering In Place for Hurricanes.

 - b) What is the **wattage(s)** of the generator(s)? Give answer in kilowatts (kW).
 1st: 85 2nd generator: 350 3rd generator:

 - c) Mark which primary **fuel** each generator(s) uses?

i. <input checked="" type="checkbox"/> natural gas;	2nd generator: <input type="checkbox"/> natural gas;	3rd generator: <input type="checkbox"/> natural gas
ii. <input checked="" type="checkbox"/> propane;	2nd generator: <input type="checkbox"/> propane;	3rd generator: <input type="checkbox"/> propane
iii. <input type="checkbox"/> gasoline;	2nd generator: <input type="checkbox"/> gasoline;	3rd generator: <input type="checkbox"/> gasoline
iv. <input type="checkbox"/> diesel;	2nd generator: <input checked="" type="checkbox"/> diesel;	3rd generator: <input type="checkbox"/> diesel

 - d) How many **total hours** would generator(s) run on the fuel supply **always on hand**? (enter NG if Natural Gas)
 1st 168 Hours 2nd 168 Hours 3rd Hours

 - e) If generator **will be used for sheltering in place for a hurricane (extended duration)**, are there provisions for a seven day supply of fuel?
 - i. ☐ Not applicable. The facility will not use the generator for sheltering in place during hurricanes.
 - ii. ☒ Yes. Facility has a seven day supply **on hand at all times** or **natural gas**.
 - iii. ☒ Yes. Facility has **signed current contract/agreement** for getting a seven day fuel supply before hurricane.
 - iv. No supply or contract. Obtain either **a contract or an onsite supply** of fuel, OR **make decision to not use generator for sheltering in place**, then mark answer.

 - f) Will life sustaining devices, that are dependent on electricity, be supplied by these generator(s) during outages?
 - i. ☒ Yes
 - ii. ☐ No

2021 Nursing Home Emergency Preparedness Plan Survey

g) Does generator provide for air conditioning?

i. ☒ Yes. Mark closest percentage of the building that is cooled?

☐ 100 % of the building cooled

☒ 76% or more of the building is cooled

☐ 51 to 75% of the building is cooled

☐ 26 to 50% of the building is cooled

☐ Less than 25% of the building is cooled

☐ No. The generator does not provide for any air conditioning.

ii. If air conditioning fails, for any reason, does the facility have procedures (specific actions) in place to prevent heat related medical conditions?

☒ Yes

☐ No

h) Does facility have in the plan, a current list of what equipment is supplied by each generator?

☒ Yes

If No - Evaluate, identify then indicate that this has been done by answering Yes.

15. Utility information – answer all that apply (should match what is in MSTAT!)

a) Who supplies electricity to the facility?

i. Suppliers name: Entergy

ii. Account #: _____

b) Who supplies water to the facility? (supplier's name)

i. Suppliers name: City of Thibodaux

ii. Account #: _____

c) Who supplies fuels (natural gas, propane, gasoline, diesel, etc) to the facility? If applicable.

i. Suppliers name: City of Thibodaux (natural gas); AmeriGas (propane); and Gaubert Oil (diesel fuel)

ii. Account #: _____

d) Does plan contain the emergency contact information for the utility providers? (Contact names, 24 hour emergency phone numbers)?

i. ☒ Yes

ii. No. Please obtain contact information for your utility providers.

16. Floor Plans

a) Does plan have current legible floor plans of the facility?

i. ☒ Yes

ii. No. Please obtain, then indicate that this has been done by answering Yes

b) Indicate if the following locations are marked, indicated or described on floor plan:

i. Safe areas for sheltering: ☒ Yes. If No- Please identify on floor plan and mark Yes.

ii. Storage areas for supplies: ☒ Yes. If No- indicate on floor plan and mark Yes.

2021 Nursing Home Emergency Preparedness Plan Survey

- iii. Emergency power outlets: ☒ Yes. If No- identify on floor plan and mark Yes.
 - iv. Emergency communication area: ☒ Yes. If No- identify on floor plan and mark Yes.
 - v. The location of emergency plan: ☒ Yes. If No- identify on floor plan and mark Yes.
 - vi. Emergency command post: ☒ Yes. If No - identify on floor plan and mark Yes.
- B. Operational Considerations - Complete using information from facility's current emergency plan.
1. Residents information
- a) What is the facility's total number of state licensed beds?
Total Licensed Beds: 180
 - b) If the facility had to be evacuated today to the host facility(s) - answer the following using current resident census and their transportation requirements:
 - i. How many high risk patients (RED) will need to be transported by **advanced life support ambulance** due to dependency on mechanical or electrical life sustaining devices or very critical medical condition? Give the total number of residents that meet these criteria the facility would need its named ambulance provider to transport.
RED: 0
 - ii. How many residents (YELLOW) will need to be transported by a **basic ambulance** who are not dependent on mechanical or electrical life sustaining devices, but who cannot be transported using normal means (buses, vans, cars). For example, this category might include patients that cannot sit up, are medically unstable, or that may not fit into regular transportation? Give the total number of residents that meet these criteria the facility would need its named ambulance provider to transport.
YELLOW: 15
 - iii. How many residents (GREEN) can only travel using **wheelchair accessible transportation**? Give the total number of residents that meet these criteria the facility would need its named transportation provider to transport.
GREEN WHEEL CHAIR: 20
 - iv. How many residents (GREEN) need no specialized transportation could go **by car, van, or bus**? Give the total number of residents that meet these criteria the facility would need its named transportation provider to transport.
GREEN: 66
 - c) Is the following provided in the list(s) or roster(s) of current residents that is kept in or used for the facility emergency preparedness plan: **do not send in this list or roster.**
 - i. Each resident's current and active diagnosis?
☒ Yes. If No - Obtain and mark Yes.
 - ii. Each resident's current list of medications including dosages and times?
☒ Yes. If No - Obtain and mark Yes.
 - iii. Each resident's allergies, if any?

2021 Nursing Home Emergency Preparedness Plan Survey

☒ Yes. If No - Obtain and mark Yes.

- iv. Each resident's current dietary needs or restrictions?

☐ Yes. If No - Obtain and mark Yes.

- v. Each resident's next of kin or responsible party and their contact information?

☒ Yes. If No - Obtain and mark Yes.

- vi. Each resident's current transportation requirements? (advanced life support ambulance, basic ambulance, wheel chair accessible vehicle, car-van-bus)

☒ Yes. If No - Obtain and mark Yes.

2. Staff

- a) Is each of the following provided in the list(s) or roster(s) of all current staff that is kept in or used with the facility emergency preparedness plan: **do not send in this list or roster.**

- i. Emergency contact information for all current staff?

☒ Yes. If No - Obtain and mark Yes.

- ii. Acknowledgement of if they will work during emergency events like hurricanes or not?

☒ Yes. If No - Obtain and mark Yes.

- b) What is **total number** of planned staff and other **non residents** that will require facility transportation for an evacuation or need to be sheltered?

75

3. Transportation - should match what is in MSTAT!

- a) Does facility have transportation, or have current or currently verified contracts or agreements for emergency evacuation transportation?

☒ Yes. If No - Obtain transportation and mark Yes.

- i. Is the capacity of planned emergency transportation adequate for the transport of all residents, planned staff and supplies to the evacuation host site(s)?

☒ Yes. If No - Obtain adequate transport and mark Yes.

- ii. Is all transportation air conditioned?

☒ Yes. go to B. 3. a) iv.

☐ No, go to B. 3. a) iii.

- iii. If not air conditioned are there provisions (specific actions and supplies) in plan to prevent and treat heat related medical conditions?

☐ Yes. If No - make plans (specific actions and supplies) and mark Yes.

- iv. Is there a specified time or timeline (H-Hour) that transportation supplier will need to be notified by?

☒ Yes. What is that time 48 hours?

☐ No. There is no need for a specified time or timeline for contacting transportation.

Audubon

2021 Nursing Home Emergency Preparedness Plan Survey

- b) Does each contract or agreement for NON-AMBULANCE- transportation contain the following information? **NOTE: Vehicles that are not owned by but at the disposal of the facility shall have written usage agreements (with all required information) that are signed and dated. Vehicles that are owned by the facility will need to verify ownership.**
- The complete name of the transportation provider?
☒ Yes. If No - obtain and mark Yes.
 - The number of vehicles and type (van, bus, car) of vehicles contracted for?
☒ Yes. If No - obtain and mark Yes.
 - The capacity (number of people) of each vehicle?
☒ Yes. If No - obtain and mark yes.
 - Statement of if each vehicle is air conditioned?
☒ Yes. If No - obtain and mark Yes.
 - Verification of facility ownership, if applicable; copy of vehicle's title or registration?
☒ Yes. If No - obtain and mark Yes.
- c) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If no, obtain and mark Yes.
- d) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.
4. Host Site(s)-***extra pages for multiple sites have been included with forms near end of survey. (should match what is in MSTAT!)***
- Does the facility have current contracts or verified agreements for a **primary** evacuation host site(s) outside of the primary area of risk?
☒ Yes. If No - obtain and mark Yes.
 - Provide the following information:(list all sites, if multiple sites list each - see extra pages)
 - What is the name of each **primary** site(s)?
Medico Evacuation Center
 - What is the physical address of each host site(s)?
2022 West Main
Ville Platte, Louisiana 70586

 - What is the distance to each host site(s)?
109
 - Is the host site(s) located outside of the parishes identified as hurricane risk areas?
YES

2021 Nursing Home Emergency Preparedness Plan Survey

- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at **each primary** host site(s)?
Name: Trey prudhomme, N.F.A.
Phone: (337) 363-5532
Email: tprudhomme@asingt.com
Fax: _____
- vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?
➤ Capacity that will be allowed at each site:
200
➤ Total Capacity of all primary sites:
200
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **primary** site a currently licensed nursing home(s)?
☐ Yes, go to- B.4.b) x.
☒ No, go to- B.4.b) ix.
- ix. If **primary** host site is **not a licensed nursing home** provide a description of host site(s) including;
➤ What type of facility it is?
Evacuation Center
➤ What is host site currently being used for?
Hurricane/other evacuations
➤ Is the square footage of the space to be used adequate for the residents?
☒ Yes
☐ No
➤ What is the age of the host facility(s)?
10 years
➤ Is host facility(s) air conditioned?
☒ Yes
☐ No
➤ What is the current physical condition of facility?
☒ Good
☐ Fair
☐ Poor
➤ Are there adequate provisions for food preparation and service?
☒ Yes
☐ No
➤ Are there adequate provisions for bathing and toilet accommodations?
☒ Yes
☐ No
➤ Are any other facilities contracted to use this site?
☒ Yes
☐ No

Audubon

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- x. Is the capacity of primary host site(s) adequate for staff?
☒ Yes
☐ No. If No - where will staff be housed?

- xi. Is there a specified time or timeline (H-Hour) that **primary** host site will need to be notified by?
☐ Yes. If Yes - what is that time? _____
☒ No.
- c) Does the facility have current contracts or verified agreements for an **alternate or secondary** host site(s)?
☒ Yes. If No - obtain and mark Yes.
- d) Provide the following information:(list all sites, if multiple sites list each - see extra pages)
- i. What is the name of each **alternate/secondary** site(s)?
Landmark of Hammond
- ii. What is the physical address of each **alternate/secondary** host site(s)?
42250 North Oaks Drive
Hammond, Louisiana 70403

- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
52
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☐ Yes
☒ No
- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each **alternate/secondary** host site(s)?
Name: Odie Hughes, N.F.A.
Phone: (985) 542-8570
Email: ohughes@asimgt.com
Fax: (985) 429-8352
- vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?
➤ Capacity that will be allowed at each **alternate/secondary** site:
60
➤ Total Capacity of all **alternate/secondary** sites:
150
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.

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- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes, go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not** a licensed nursing home provide a description of host site(s) including;
➤ What type of facility it is?

➤ What is host site currently being used for?

➤ Is the square footage of the space to be used adequate for the residents?
☐ Yes
☐ No
➤ What is the age of the host facility(s)?

➤ Is host facility(s) air conditioned?
☐ Yes
☐ No
➤ What is the current physical condition of facility?
☐ Good
☐ Fair
☐ Poor
➤ Are there provisions for food preparation and service?
☐ Yes
☐ No
➤ What are the provisions for bathing and toilet accommodations?
☐ Yes
☐ No
➤ Are any other facilities contracted to use this site?
☐ Yes
☐ No
- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
☒ Yes
☐ No. If No - where will staff be housed?

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☐ Yes. If yes what is that time? _____
☒ No.
- e) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- f) Has a cover page been completed and attached for each contract/agreement. (*blank form provided*)
☒ Yes. If No - complete and mark Yes.

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5. **Non-perishable food or nourishment** – for sheltering in place or for host site(s)
- a) For Sheltering In Place, does facility have – **on site** - a seven day supply of non-perishable food/nourishment that meets all resident's needs?
- ☒ Yes. If yes go to - B. 5. c)
☐ No. If no go to - B. 5. b)
- b) Provide the following if no onsite supply:
- i. Does facility have a current or currently verified contract to have a seven day supply of non-perishable food that meets all resident's needs delivered prior to a foreseeable emergency event?
- ☒ Yes, go to - B. 5.b). ii, iii, iv
If No - obtain supply or contract then mark appropriate answer.
- ii. Does each contract contain all of the following?
- name of supplier?
 - specified time or timeline (H-Hour) that supplier will need to be notified
 - contact information of supplier
- ☒ Yes. If No - obtain information then mark Yes.
- iii. Have copies of each **signed and dated contract/agreement** been included for submitting?
- ☒ Yes. If No - obtain and mark Yes.
- iv. Has a cover page been completed and attached for each contract/agreement.
(blank form provided)
- ☒ Yes. If No - complete and mark Yes.
- c) For evacuations, does facility have provisions for **food/nourishment supplies at host site(s)**?
- ☒ Yes. If No - make necessary arrangements then mark Yes.
- d) Is there a means to prepare and serve food/nourishment at host site(s)?
- ☒ Yes. If No - make necessary arrangements then mark Yes.
6. **Drinking Water or fluids** – for sheltering in place – **one gallon per day per resident.**
- a) Does facility have – **on site** - a seven day supply of **drinking water or fluids** for all resident's needs?
- ☒ Yes. Go to B. 6. c)
☐ No. If No See B. 6.b)
- b) If no, provide the following:
- i. Does facility have a current contract for a seven day supply of drinking water or fluids to be delivered prior to a foreseeable emergency event?
- ☐ Yes, see B. 6.b). ii, iii, iv,
If No - please obtain supply or contract.

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- ii. Does each contract for **Drinking Water or fluids** contain all of the following?
- name of supplier?
 - specified time or timeline (H-Hour) that supplier will need to be notified
 - contact information of supplier
- ☒ Yes. If No - obtain information then mark Yes.
- iii. Have copies of each **signed and dated contract/agreement** been included for submitting?
- ☒ Yes. If no - obtain and mark Yes
- iv. Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
- ☒ Yes. If no - complete and mark Yes
- c) Does facility have a supply of water for needs other than drinking?
- ☒ Yes
- If No - make necessary provisions for water for non drinking needs then mark Yes.
- d) **For evacuations**, does host site(s) have an adequate supply of water for all needs?
- ☒ Yes
- If No - make necessary provisions for water for non drinking needs then mark Yes
7. **Medications-** for sheltering in place or for host site(s)
- a) Does facility have – **on site** - a seven day supply of **medications for all resident's needs**?
- ☒ Yes. go to - B. 7. c)
- ☐ No. go to - B. 7.b) i,ii,iii,iv
- b) If no, provide the following:
- i. Does facility have a current or currently verified contract to have a seven day supply of **medications** delivered prior to a foreseeable emergency event?
- ☐ Yes, see B. 7.b). ii, iii, iv
- If No - please obtain supply or contract then mark Yes.
- ii. Does contract for **medications** contain the following?
- Name of supplier?
 - Specified time or timeline (H-Hour) that supplier will need to be notified
 - Contact information of supplier
- ☐ Yes. If No - obtain information then mark Yes.
- iii. Have copies of each **signed and dated contract/agreement** been included for submitting?
- ☐ Yes. If no - obtain and mark Yes.
- iv. Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
- ☐ Yes. If no - complete and mark Yes.

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- c) For **evacuation**, does facility have provisions for **medications at host site(s)**?
☒ Yes
If No - make necessary provisions for medications then mark Yes.
8. **Medical, Personal Hygiene, and Sanitary Supplies – for sheltering in place or for host site(s)**
- a) Does facility have **–on site–** medical, personal hygiene, and sanitary supplies to last seven days for all resident's needs?
☒ Yes. go to - B. 8. c)
☐ No. go to - B. 8. b) i,ii,iii,iv
- b) If no, provide the following:
- Does facility have a current or currently verified contract to have a seven day supply of medical, personal hygiene, and sanitary goods delivered prior to a foreseeable emergency event?
☐ Yes, see B. 7.b). ii, iii, iv
If No - please obtain supply or contract then mark Yes.
 - Does contract for medical, hygiene, and sanitary goods contain the following?
 - Name of supplier?
 - Specified time or timeline (H-Hour) that supplier will need to be notified
 - Contact information of supplier☐ Yes. If No, obtain information then mark Yes.
 - Have copies of each **signed and dated contract/agreement** been included for submitting?
☐ Yes. If no, obtain and mark Yes.
 - Has a cover page been completed and attached for each contract/agreement.
(blank form provided)
☐ Yes. If no, complete and mark Yes
- c) For evacuation, does facility have provisions for medical, personal hygiene, and sanitary supplies at host site(s)?
☒ Yes
If No - make necessary provisions for medications then mark Yes
9. **Communications/Monitoring - all hazards**
- a) **Monitoring Alerts.** Provide the following:
- What equipment/system does facility use to **monitor** emergency broadcasts or alerts? cable tv, internet, radio, cell phones, e-mail, mobile apps, social media
 - Is there back up or alternate equipment and what is it?
☒ Yes. Name equipment: same as above
☐ No
 - Is the equipment tested?
☒ Yes
☐ No

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- iv. Is the **monitoring** equipment powered and operable during utility outages?
☒ Yes.
☐ No.
 - v. Are there provisions/plans for facility to **monitor** emergency broadcasts and alerts **at evacuation site**?
☒ Yes
☐ No
- b) **Communicating- send and receive-** with emergency services and authorities. Provide the following:
- i. What equipment does facility have to **communicate** during emergencies?
landline telephones, cell phones, fax machines, walkie-talkies, computers, e-mail, text messages, mobile messenger apps, facility webpage, FaceBook/social media, runners
 - ii. Is there back up or alternate equipment used to send/receive and what is it?
☒ Yes. Name equipment: same as above
☐ No
 - iii. Is the equipment tested?
☐ Yes
☐ No
 - iv. Is the **communication** equipment powered and operable during utility outages?
☒ Yes.
☐ No
 - v. Are there provisions/plans for facility to send and receive **communications** at evacuation site?
☒ Yes
☐ No

C. All Hazard Analysis

- 1. Has the facility identified potential emergencies and disasters that facility may be affected by, such as fire, severe weather, missing residents, utility (water/electrical) outages, flooding, and chemical or biological releases?
☒ Yes
If No - identify, and then mark **Yes** to signify that this has been completed.

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III. **CONCEPT OF OPERATIONS** – Answer the following or Provide the requested information. Any areas of planning that have not been provided for in the facility's emergency preparedness plan will need to be addressed.

A. Plans for **sheltering in place**

1. Does facility have written viable plans for sheltering in place during emergencies?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes.

a) Does the plan for sheltering in place take into account all known limitations of the facility to withstand flooding and wind? (This includes if limits were undetermined as well)

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

b) Does the plan for sheltering in place take into account all requirements (if any) by the local Office of Homeland Security and Emergency Preparedness?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

2. Does facility have written viable plans for adequate staffing when sheltering in place?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes.

3. Does facility have written viable plans for sufficient supplies to be on site prior to an emergency event which will enable it to be totally self-sufficient for seven days? (potable and non-potable water, food, fuel, medications, medical, personal hygiene, sanitary, repair, etc)

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

4. Does facility have communication plans for sheltering in place?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

a) Does facility have written viable plans for contacting staff pre event?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

b) Does facility have written viable plans for notifying resident's responsible party before emergency event?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

c) Does facility have written viable plans for monitoring emergency alerts and broadcasts before, during, and after event?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

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- d) Does facility have written viable plans for receiving information from emergency services and authorities before, during, and after event?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

- e) Does facility have written viable plans for contacting emergency services and authorities before, during, and after event?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

5. Does facility have written viable plans for providing emergency medical care if needed while sheltering in place?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

6. Does facility have written viable plans for the preparation and service of meals while sheltering?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

7. Does facility have written viable plans for repairing damages to the facility incurred during the emergency?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

B. Plans for Evacuation

1. Does facility have written viable plans for adequate transportation for transporting all residents to the evacuation host site(s)?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

- a) Does facility have written viable plans for adequate staffing for the loading of residents and supplies for travel to evacuation host site(s)?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

- b) Does facility have written viable plans for adequate staffing to ensure that all residents have access to licensed nursing staff and appropriate nursing services during all phases of the evacuation?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

- c) Does facility have written viable plans for adequate staffing for the unloading of residents and supplies at evacuation host site(s)?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

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2. Does facility have written viable plans for adequate transportation for the return of all residents to the facility?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- a) Does facility have written viable plans for staffing to load residents and supplies at the shelter site for the return to facility?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- b) Does facility have written viable plans for staffing to ensure that all residents have access to licensed nursing staff and appropriate nursing services provided during the return to facility?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- c) Does facility have written viable plans for staffing for the unloading of residents and supplies after return to facility?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
3. Does facility have written viable plans for the management of staff, including provisions for adequate qualified staffing and the distribution and assignment of responsibilities and functions at the evacuation host site(s)?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
4. Does facility have written viable plans to have sufficient supplies – to be totally self sufficient - at or delivered to the evacuation host site(s) prior to or to coincide with arrival of residents? (potable and non-potable water, food, fuel, medications, medical goods, personal hygiene, sanitary, clothes, bedding, linens, etc)
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
5. Does facility have written viable plans for communication during evacuation?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- a) Does facility have written viable plans for contacting host site prior to evacuation?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- b) Does facility have written viable plans for contacting staff before an emergency event?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes

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- c) Does facility have written viable plans for notifying resident's responsible party - pre event- of intentions to evacuate?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- d) Does facility have written viable plans for monitoring emergency alerts and broadcasts - while at host site- before, during, and after event?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- e) Does facility have written viable plans for receiving information from and contacting emergency services and authorities -while at host site- before, during and after event?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- f) Does facility have written viable plans for the need to remain at an unlicensed evacuation shelter site for more than five days, if evacuating to an unlicensed site?
☒ Yes ☒ Evacuating to a licensed site
If No - Planning is needed for compliance. Complete then mark Yes
6. Does facility have written viable plans to provide emergency medical care if needed while at evacuation site(s)?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- C. Does facility have written viable plans for all identified potential hazards?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- D. Does facility have written viable plans for communicating during all emergencies?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
1. Does facility have written viable plans for immediately providing **written** notification by hand delivery, facsimile, email or other acceptable method of the nursing home's decision to either shelter in place or evacuate due to any emergency to the Health Standards Section of the Department of Health and Hospitals?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
2. Does plan include providing the following information to Health Standards Section of the Department of Health and Hospitals?
- Is it a full facility evacuation, partial facility evacuation or shelter in place?
 - The date(s) and approximate time(s) of full or partial evacuation?
 - The names and locations of all host site(s)?
 - The emergency contact information for the person in charge of evacuated residents at each host site(s)?
 - The names of all residents being evacuated and the location each resident is going to?

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- f) A plan to notify Health Standards Section within 48 hours of any deviations or changes from original notification?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

3. Does facility have written viable plans for receiving and sending emergency information during emergencies?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

4. Does facility have written viable plans for monitoring emergency alerts and broadcasts at all times?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

5. Does facility have written viable plans for notifying authorities of decision to shelter in place or evacuate?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

6. Does facility have written viable plans for notifying authorities and responsible parties of the locations of all residents and any changes of those locations?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

- E. Does facility have written viable plans for entering all required information into the Health Standards Section's (HSS) emergency preparedness webpage?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

- F. Does facility have written viable plans for triaging residents according to their transportation needs?

☒ Yes

If No - Planning is needed for compliance. Complete then mark Yes

IV. ORGANIZATION AND RESPONSIBILITIES - The following should be determined and kept current in the facility's plan:

- A. Who is responsible for the decision to shelter in place or evacuate?

Provide Name: Earl Thibodaux

Position: Regional Supervisor/President of Pathway South

Emergency contact information:

Phone: (985) 227-6000

Email: ethibodaux@asimgt.com

Fax: (985) 446-2104

- B. Who is the backup/second in line responsible for decision to sheltering in place/evacuating?

Provide Name: Jacques A. Beebe, J.D., N.F.A.

Position: Administrator

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Emergency contact information:

Phone: (985) 860-8795

Email: jbeebe@asimgt.com

Fax: (985)447-5329

- C. Who will be in charge when sheltering in place?

Provide Name: Jacques A. Beebe, J.D., N.F.A.

Position: Administrator

Emergency contact information:

Phone: (985) 860-8795

Email: jbeebe@asimgt.com

Fax: (985) 447-5329

- D. Who will be the backup/second in line when sheltering in place?

Provide Name: Robert LeBlanc, RN

Position: Director of Nursing (DON)

Emergency contact information:

Phone: (985) 688-4540

Email: rleblanc@asimgt.com

Fax: (985) 447-5329

- E. Who will be in charge at each evacuation host site(s)?

Provide Name: Jacques A. Beebe, J.D., N.F.A.

Position: Administrator

Emergency contact information:

Phone: (985) 860-8795

Email: jbeebe@asimgt.com

Fax: (985) 447-5329

- F. Who has been (by position or title) designated or assigned in the facility's plan to the following required duties?

1. Title or position of person(s) assigned to notify the responsible party of each resident of the following information within 24 hours of the decision:

Social Services Director (SSD)

- If facility is going to shelter in place or evacuate.
- The date and approximate time that the facility is evacuating.
- The name, address, and all contact information of the evacuation site.
- An emergency telephone number for responsible party to call for information.

2. Title or position of person(s) assigned to notify the Department of Health and Hospitals- Health Standards Section and the local Office of Homeland Security and Emergency Preparedness of the facility's decision to shelter in place or evacuate:

Administrator (NFA)

3. Title or position of person(s) assigned to securely attach the following information to each resident during an emergency so that it remains with the resident at all times?

Director of Nursing (DON)

- Resident's identification.

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- b) Resident's current or active diagnoses.
 - c) Resident's medications, including dosage and times administered.
 - d) Resident's allergies.
 - e) Resident's special dietary needs or restrictions.
 - f) Resident's next of kin, including contact information.
4. Title or position of person(s) assigned to ensure that an adequate supply of the following items accompany residents on buses or other transportation during all phases of evacuation?
Assistant Directors of Nursing (ADONs)
- a) Water
 - b) Food
 - c) Nutritional supplies and supplements
 - d) All other necessary supplies for the resident.
5. Title(s) or position(s) of person(s) assigned for contacting emergency services and monitoring emergency broadcasts and alerts?
Administrator (NFA)

V. Administration & Logistics

Annexes or tabbed sections that contain only current information pertinent to planning and the plan but are too cumbersome for the body of the plan; maps, forms, agreements or contracts, rosters, lists, floor plans, contact information, etc. These items can be placed here.

These blank forms are provided for your use and are to be completed:

- Page 1 - the Cover page of this document complete prior to submitting
- Page 2 - OHSEP Verification complete prior to submitting
- Transportation contract or agreement cover page, to be attached to each
- Evacuation host site contract or agreement cover page, to be attached to each
- Supply Cover sheets are to be used for each:
 - Non-perishable food/nourishment contract or agreement cover page, to be attached to each
 - Drinking water contract or agreement cover page, to be attached to each
 - Medication contract or agreement cover page, to be attached to each
 - Miscellaneous contract or agreement for supplies or resources that do not have a specific cover page, to be attached to each
- Multiple Host Site pages
- Authentication page, last page of document to be complete prior to submitting

VI. Plan Development and Maintenance

- A. Has the plan been developed in cooperation with the local Office of Homeland Security and Emergency Preparedness?
- ☒ Yes
☐ No
- B. If not, was there an attempt by facility to work with the local Office of Homeland Security and Emergency Preparedness?
- ☐ Yes
☐ No

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C. During the review of the facility's emergency preparedness plan were the following steps taken?

1. Were all out dated or non essential information and material removed?

☒ Yes

No - Complete this step then mark Yes

2. Were all contracts or agreements updated, renewed or verified?

☒ Yes

No - Complete this step then mark Yes

3. Was all emergency contact information for suppliers, services, and resources updated?

☒ Yes

No - Complete this step then mark Yes

4. Was all missing information obtained added to plan and the planning revised to reflect new information?

☒ Yes

No - Complete this step then mark Yes

5. Were all updates, amendments, modifications or changes to the nursing facility's emergency preparedness plan submitted to the Health Standards Section along with this survey?

☒ Yes

No - Complete this step then mark Yes

VII. Authentication

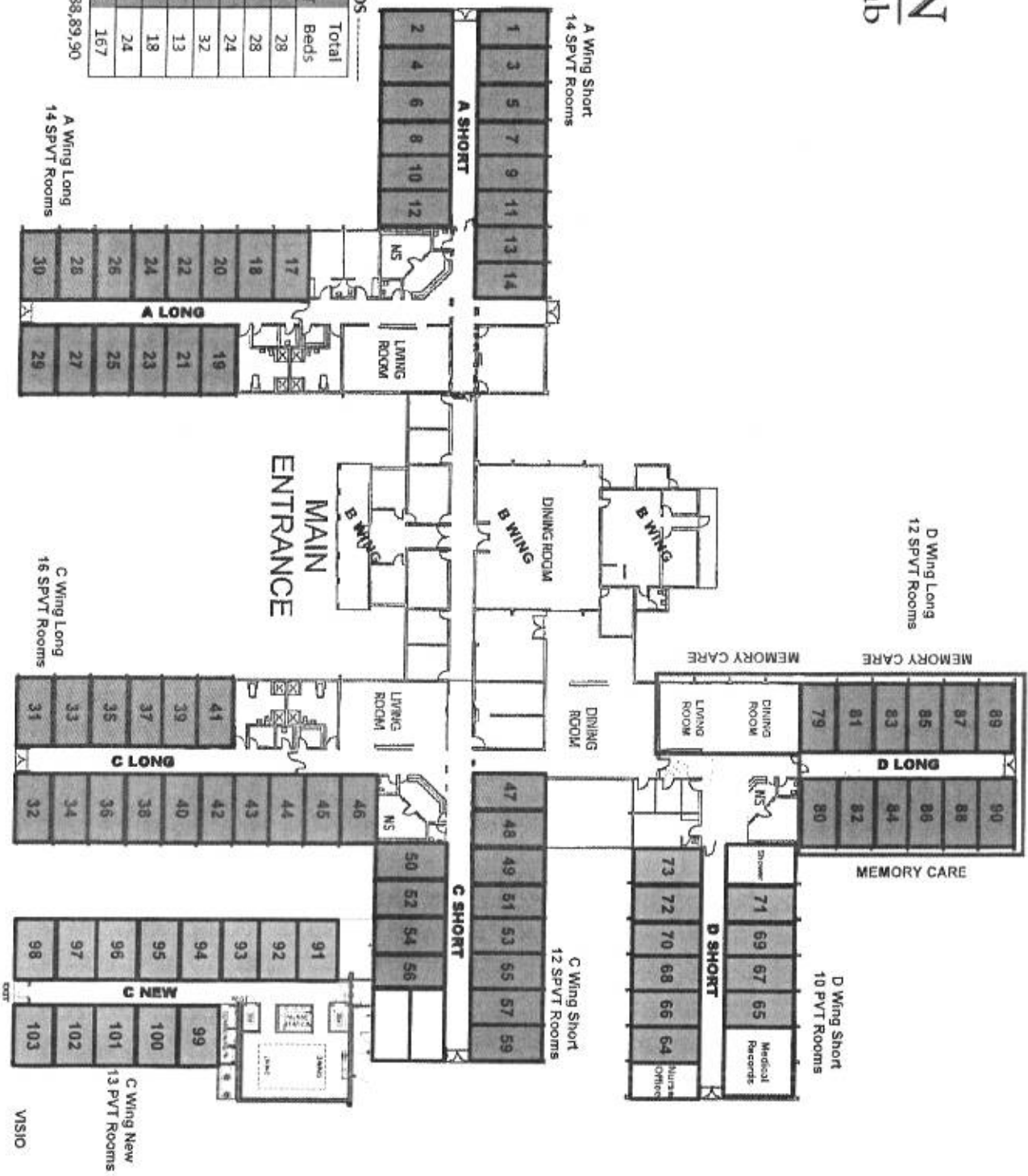
The plan should be signed and dated by the responsible party(s) each year or as changes, modifications, or updates are made. A copy of that **Authentication page** shall be signed, dated and included with this survey.
(Blank form provided near end of document)

If there is a change of responsible party(s) (administrator, etc) plan needs to be updated to reflect this change page resigned/dated and copy submitted to Health Standards Section.

AUDUBON

Health and Rehab

New Hall - C Wing
2020
Drawing: 2/14/2020



ROOMS			BEDS		
Hall	PVT	SPVT	Total	PVT	SPVT
A-Short	14	14	28	28	28
A-Long	14	14	28	28	28
C-Short	12	12	24	24	24
C-Long	16	16	32	32	32
C-New	13	13	13	13	13
D-Short	10	4	14	10	8
D-Long	12	12	24	24	24
	23	72	95	23	144
					167

Memory Care - 79,80,81,82,83,84,85,86,87,88,89,90
12 Rooms / 24 Beds

A Wing Long
14 SPVT Rooms

C Wing Long
16 SPVT Rooms

D Wing Long
12 SPVT Rooms

D Wing Short
10 PVT Rooms

C Wing Short
12 SPVT Rooms

C Wing New
13 PVT Rooms

VISIO

Pathway Emergency Evacuation Plan

Earl Thibodaux (985) 227-6000 Jody DePriest (504) 615-0333 Andy Hughes (985) 516-2453

Mike Scanlan (318) 359-4065 Eddie Borland (318) 201-7575

Landmark of Baton Rouge (Command Center) (225) 292-2941

E-MAIL – CommandCenter@asimgt.com

OPTION I

FACILITY	HOST FACILITY INFORMATION			MODE OF TRANSPORTATION	# OF TRUCKS 25 Ft.
	FACILITY	# OF EVACUEES AT TIME OF EMERGENCY	AVAILABLE EMERGENCY CAPACITY		
Audubon Health & Rehab (985)-446-3109 2110 Audubon Avenue Thibodaux, LA 70301 Jacques A. Beebe, Adm. (985) 860-8795 Robbie LeBlanc, RN, DON (985) 688-4540	Medico Evac. Center (337) 363-5532 2020 West Main Street Ville Platte, LA 70586	—	220		4- 24 ft. Trucks Administrator To Secure Locally if possible
	Trey Prudhomme, Adm. Cell (337) 523-4787 Candy Johnson, DON (337) 459-5024			<u>Vans & Buses</u> 1 Audubon Bus (12) 1 Audubon Van (6) (Isolation Residents) 2 Tri City Charter Buses (57 & 57) Acadian to Transport	5 - personal pick-up trucks for wheelchairs
	Contact Earl Thibodaux (985) 227-6000 Jody DePriest (504) 615-0333				
					Note: Isolation Residents will be transported via ambulance or designated corporate vehicle.

Note: 48 to 72 hours-High Acuity evacuation (via ambulance-if available).

24 to 48 hours-Total evacuation completed per recommendations of Parish Officials.

* Acadian Ambulance Contact Carlo Gagliano (985) 637-0693 (C) E - Mail cgagliano@acadian.com

*Generator on site. Cummins 85 KW & 250 KW

REVISED 12/7/20

Pathway Emergency Evacuation Plan

Earl Thibodaux (985) 227-6000 Jody DePriest (504) 615-0333 Andy Hughes (985) 516-2453

Mike Scanlan (318) 359-4065 Eddie Borland (318) 201-7575

Landmark of Baton Rouge (Command Center) (225) 292-2941

E-MAIL – CommandCenter@asingt.com

OPTION II

FACILITY	HOST FACILITY INFORMATION			MODE OF TRANSPORTATION	# OF TRUCKS 25 Ft.
	FACILITY	# OF EVACUEES AT TIME OF EMERGENCY	AVAILABLE EMERGENCY CAPACITY		
<u>Audubon Health & Rehab</u> (985)-446-3109 2110 Audubon Avenue Thibodaux, LA 70301 Jacques Beebe, Adm. Cell (985) 860-8795 Robbie LeBlanc, RN, DON (985) 688-4540 Contact Earl Thibodaux (985) 227-6000 Jody DePriest (504) 615-0333	<u>Forest Manor</u> (985) 892-6900 1330 Ochsner Blvd. Covington, LA 70433 Clay Pere, Adm. (601) 807-7330	—	65		4- 24 ft. Trucks Administrator To Secure Locally if possible (2 to Forest & 2 to Hammond) 5 personal pick-up trucks for
	<u>Meghan Cuevas, RN</u> Cell (985) 237-2180				
	<u>Landmark of Hammond</u> (985) 542-8570 42250 North Oaks Dr. Hammond, LA 70403 Odie Hughes, Adm. (985) 750-8772 Shelly Babin, RN, DON (214) 282-5811	—	60	<u>Vans & Buses</u> 1 Audubon Bus (12) 1 Audubon Van (6) (Isolation Residents) 2 Tri City Charter Buses (57 & 57) Wheelchairs Acadian Ambulance to Transport Note: Isolation Residents will be transported via ambulance or designated corporate vehicle.	

Note: 48 to 72 hours-High Acuity evacuation (via ambulance-if available)
24 to 48 hours-Total evacuation completed per recommendations of Parish Officials.

* Acadian Ambulance Contact Carlo Gagliano (985) 637-0693 (C) E - Mail cgagliano@acadian.com

*Generator on site. Cummins 85 KW & 250 KW

REVISED 4/7/21

Audubon

Pathway Emergency Evacuation Plan

Earl Thibodaux (985) 227-6000 Jody DePriest (504) 615-0333 Andy Hughes (985) 516-2453
Mike Scanlan (318) 359-4065 Eddie Borland (318) 201-7575
Landmark of Baton Rouge (Command Center) (225) 292-2941
E-MAIL – CommandCenter@asingt.com

	<u>Landmark of Baton Rouge</u> (225) 293-1003 9105 Oxford Place Drive Baton Rouge LA 70809 Mallory Hayden, NFA (225) 721-2471 Naomi Harper, DON (985) 507-5534		*Designated beds available for isolation or COVID.	
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Note: 48 to 72 hours-High Acuity evacuation (via ambulance-if available)
24 to 48 hours-Total evacuation completed per recommendations of Parish Officials.
* Acadian Ambulance Contact Carlo Gagliano (985) 637-0693 (C) E - Mail cgagliano@acadian.com
*Generator on site. Cummins 85 KW & 250 KW

REVISED 4/7/21

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Medico Evacuatio Center

Contact Person: Trey Prudhomme, NFA

Phone # of Contact Person: (337) 363-5532

FAX#: _____

E-Mail Address: tprudhomme@asimgt.com

Physical Address of evacuation site:

2022 West Main

Ville Platte, Louisiana 70586

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that evacuation host site can be contacted according to agreement?

No restrictions

How long will it take to reach the evacuation host site facility?

2.5-3 hours

How long will it take to unload residents and supplies from the transportation?

1 hour

Type of evacuation host site:

Is it the ☒ PRIMARY or ☐ ALTERNATE site?

Is it a ☐ LICENSED Nursing Home or ☒ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 200

Is the evacuation host site air conditioned? ☒ Yes, air conditioned ☐ Not air conditioned

Date of agreement/contract/verification: 2/26/2021

Date agreement/contract ends: 2/26/2022 (annual auto-renewal clause in current agreement)



AUDUBON

HEALTH & REHAB

HOST AGREEMENT

This agreement is entered into between AUDUBON HEALTH & REHAB, represented by its Administrator, JACQUES A. BEEBE, and MEDICO EVACUATION CTR, represented by its Administrator, TREY PRUDHOMME.

AUDUBON HEALTH & REHAB, as part of its Emergency Preparedness Evacuation Plan, must have permission in writing of the nearest available, most convenient facility large enough to house its residents in the event of a fire or other disaster.

It is understood that the use of Medico Evacuation Bldg., is only for actual emergencies, and said facility is not to be used for practice drills.

It is further understood that an evacuation is for temporary, short-term use only, until such time as all residents can be moved to a more permanent housing site.

This agreement shall automatically renew annually until such time as either party gives a thirty (30) day written notice of its intent to cancel this Host Agreement.

Jacques A. Beebe
JACQUES A. BEEBE, J.D., N.F.A.
ADMINISTRATOR
AUDUBON HEALTH & REHAB

02/26/2021
DATE

Trey Prudhomme
PRINTED NAME: Trey Prudhomme
ADMINISTRATOR
Medico Evacuation Bldg
HOST FACILITY NAME

2/26/2021
DATE

Audubon

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Forest Manor

Contact Person: Clay Pere, NFA

Phone # of Contact Person: (985) 892-6900

FAX#: _____

E-Mail Address: cpere@asimgt.com

Physical Address of evacuation site:

1330 Ochsner Boulevard

Covington, Louisiana 70433

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that evacuation host site can be contacted according to agreement?

No restrictions

How long will it take to reach the evacuation host site facility?

1.8-2.5 hours

How long will it take to unload residents and supplies from the transportation?

1 hour

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 60

Is the evacuation host site air conditioned? ☒ Yes, air conditioned ☐ Not air conditioned

Date of agreement/contract/verification: 2/26/2021

Date agreement/contract ends: 2/26/2022 (annual auto-renewal clause in current agreement)

2021 Nursing Home Emergency Preparedness Plan Survey

Multiple **Alternate/Secondary** Host Site(s) – print then complete the following two pages for each additional site.

A. Provide the following information:(list each alternate or secondary site)

- i. What is the name of each **alternate/secondary** site(s)?
Forest Manor
- ii. What is the physical address of each **alternate/secondary** host site(s)?
1330 Ochsner Boulevard
Covington, LA
70433
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
61
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☒ Yes
☐ No
- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each **alternate/secondary** host site(s)?
Name: Clay Pere, NFA
Phone: (985) 892-6900
Email: cpere@asimgt.com
Fax: (985) 892-6900
- vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?
 - Capacity that will be allowed at each **alternate/secondary** site:
60
 - Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
 - What type of facility it is?

 - What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?
☐ Yes
☐ No
- What is the age of the host facility(s)?

- Is host facility(s) air conditioned?
☐ Yes
☐ No
- What is the current physical condition of facility?
☐ Good
☐ Fair
☐ Poor
- Are there provisions for food preparation and service?
☐ Yes
☐ No
- What are the provisions for bathing and toilet accommodations?
☐ Yes
☐ No
- Are any other facilities contracted to use this site?
☐ Yes
☐ No
- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
☐ Yes
☐ No. If No - where will staff be housed?

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☐ Yes. If yes what is that time? _____
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



AUDUBON

HEALTH & REHAB

HOST AGREEMENT

This agreement is entered into between AUDUBON HEALTH & REHAB, represented by its Administrator, JACQUES A. BEEBE, and FOREST MANOR, represented by its Administrator, CLAY PERÉ.

AUDUBON HEALTH & REHAB, as part of its Emergency Preparedness Evacuation Plan, must have permission in writing of the nearest available, most convenient facility large enough to house its residents in the event of a fire or other disaster.

It is understood that the use of FOREST MANOR, is only for actual emergencies, and said facility is not to be used for practice drills.

It is further understood that an evacuation is for temporary, short-term use only, until such time as all residents can be moved to a more permanent housing site.

This agreement shall automatically renew annually until such time as either party gives a thirty (30) day written notice of its intent to cancel this Host Agreement.

Jacques A. Beebe

JACQUES A. BEEBE, J.D., N.F.A.

ADMINISTRATOR

AUDUBON HEALTH & REHAB

02/26/2021

DATE

Clay Peré

PRINTED NAME:

ADMINISTRATOR

FOREST MANOR

HOST FACILITY NAME

DATE

Audubon

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Landmark of Hammond

Contact Person: Odie Hughes, NFA

Phone # of Contact Person: (985) 542-8570

FAX#: _____

E-Mail Address: ohughes@asimgt.com

Physical Address of evacuation site:

42250 North Oaks Drive

Hammond, Louisiana 70403

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that evacuation host site can be contacted according to agreement?

No restrictions

How long will it take to reach the evacuation host site facility?

1.8-2.5 hours

How long will it take to unload residents and supplies from the transportation?

1 hour

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 60

Is the evacuation host site air conditioned? ☒ Yes, air conditioned ☐ Not air conditioned

Date of agreement/contract/verification: 2/26/2021

Date agreement/contract ends: 2/26/2022 (annual auto-renewal clause in current agreement)

2021 Nursing Home Emergency Preparedness Plan Survey

Multiple **Alternate/Secondary** Host Site(s) – print then complete the following two pages for each additional site.

A. Provide the following information:(list each alternate or secondary site)

- i. What is the name of each **alternate/secondary** site(s)?
Landmark of Hammond
- ii. What is the physical address of each **alternate/secondary** host site(s)?
42250 North Oaks Drive
Hammond, LA
70403
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
52
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☒ Yes
☐ No
- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each **alternate/secondary** host site(s)?
Name: Odie Hughes, NFA
Phone: (985) 542-8570
Email: ohughes@asingt.com
Fax: (985) 4298352
- vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?
➤ Capacity that will be allowed at each **alternate/secondary** site:
60
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not** a licensed nursing home provide a description of host site(s) including;
➤ What type of facility it is?

➤ What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?
☐ Yes
☐ No
- What is the age of the host facility(s)?

- Is host facility(s) air conditioned?
☐ Yes
☐ No
- What is the current physical condition of facility?
☐ Good
☐ Fair
☐ Poor
- Are there provisions for food preparation and service?
☐ Yes
☐ No
- What are the provisions for bathing and toilet accommodations?
☐ Yes
☐ No
- Are any other facilities contracted to use this site?
☐ Yes
☐ No
- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
☐ Yes
☐ No. If No - where will staff be housed?

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☐ Yes. If yes what is that time? _____
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



AUDUBON

HEALTH & REHAB

HOST AGREEMENT

This agreement is entered into between AUDUBON HEALTH & REHAB, represented by its Administrator, JACQUES A. BEEBE, and Landmark of Hammond represented by its Administrator, Jody DeBorja.

AUDUBON HEALTH & REHAB, as part of its Emergency Preparedness Evacuation Plan, must have permission in writing of the nearest available, most convenient facility large enough to house its residents in the event of a fire or other disaster.

It is understood that the use of Landmark of Hammond, is only for actual emergencies, and said facility is not to be used for practice drills.

It is further understood that an evacuation is for temporary, short-term use only, until such time as all residents can be moved to a more permanent housing site.

This agreement shall automatically renew annually until such time as either party gives a thirty (30) day-written notice of its intent to cancel this Host Agreement.

Jacques A. Beebe
JACQUES A. BEEBE, J.D., N.F.A.
ADMINISTRATOR
AUDUBON HEALTH & REHAB

02/26/2021
DATE

Jody DeBorja
PRINTED NAME:
ADMINISTRATOR
Landmark of Hammond
HOST FACILITY NAME

2/26/21
DATE

Audulson

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Heritage Manor Mandeville

Contact Person: Jason Hatchett, NFA

Phone # of Contact Person: (985) 626-4798

FAX#: _____

E-Mail Address: j.hatchett@asingt.com

Physical Address of evacuation site:

1820 West Casueway Approach

Mandeville, Louisiana 70471

Time Lines or Restrictions: 11-Hour or the number of hours needed.

What is the latest time that evacuation host site can be contacted according to agreement?

No restrictions

How long will it take to reach the evacuation host site facility?

1.7-2.5 hours

How long will it take to unload residents and supplies from the transportation?

1 hour

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 60

Is the evacuation host site air conditioned? ☒ Yes, air conditioned ☐ Not air conditioned

Date of agreement/contract/verification: 2/26/2021

Date agreement/contract ends: 2/26/2022 (annual auto-renewal clause in current agreement)

2021 Nursing Home Emergency Preparedness Plan Survey

Multiple **Alternate/Secondary** Host Site(s) – print then complete the following two pages for each additional site.

A. Provide the following information:(list each alternate or secondary site)

- i. What is the name of each **alternate/secondary** site(s)?
Heritage Manor Mandeville
- ii. What is the physical address of each **alternate/secondary** host site(s)?
1820 West Causeway Approach
Mandeville, LA
70471
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
60
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☒ Yes
☐ No
- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each **alternate/secondary** host site(s)?
Name: Jason Hatchett, NFA
Phone: (985) 626-4798
Email: jhatchett@asimgt.com
Fax: (985) 626-4798
- vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?
 - Capacity that will be allowed at each **alternate/secondary** site:
60
 - Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
 - What type of facility it is?

 - What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?
☐ Yes
☐ No
- What is the age of the host facility(s)?

- Is host facility(s) air conditioned?
☐ Yes
☐ No
- What is the current physical condition of facility?
☐ Good
☐ Fair
☐ Poor
- Are there provisions for food preparation and service?
☐ Yes
☐ No
- What are the provisions for bathing and toilet accommodations?
☐ Yes
☐ No
- Are any other facilities contracted to use this site?
☐ Yes
☐ No
- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
☐ Yes
☐ No. If No - where will staff be housed?

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☐ Yes. If yes what is that time? _____
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



AUDUBON

HEALTH & REHAB

HOST AGREEMENT

This agreement is entered into between AUDUBON HEALTH & REHAB, represented by its Administrator, JACQUES A. BEEBE, and Heritage Manor of Mandeville, represented by its Administrator, Jason Hatchett.

AUDUBON HEALTH & REHAB, as part of its Emergency Preparedness Evacuation Plan, must have permission in writing of the nearest available, most convenient facility large enough to house its residents in the event of a fire or other disaster.

It is understood that the use of Heritage Manor of Mandeville, is only for actual emergencies, and said facility is not to be used for practice drills.

It is further understood that an evacuation is for temporary, short-term use only, until such time as all residents can be moved to a more permanent housing site.

This agreement shall automatically renew annually until such time as either party gives a thirty (30) day written notice of its intent to cancel this Host Agreement.

Jacques A. Beebe
JACQUES A. BEEBE, J.D., N.F.A.
ADMINISTRATOR
AUDUBON HEALTH & REHAB

02/26/2021
DATE

Jason Hatchett
PRINTED NAME: Jason Hatchett
ADMINISTRATOR
HERITAGE MANOR
OF MANDEVILLE
1829 W. CAUSEWAY APPROACH
HOST MANDEVILLE, LA 70471

2/26/21
DATE

Audubon

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Landmark of Baton Rouge

Contact Person: Mallory Hayden, NFA

Phone # of Contact Person: (225) 293-1003

FAX#: _____

E-Mail Address: mhayden@asimgt.com

Physical Address of evacuation site:

9105 Oxford Place Drive

Baton Rouge Louisiana 70809

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that evacuation host site can be contacted according to agreement?

No restrictions

How long will it take to reach the evacuation host site facility?

1.8-2.5 hours

How long will it take to unload residents and supplies from the transportation?

1 hour

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 60

Is the evacuation host site air conditioned? ☒ Yes, air conditioned ☐ Not air conditioned

Date of agreement/contract/verification: 2/26/2021

Date agreement/contract ends: 2/26/2022 (annual auto-renewal clause in current agreement)

2021 Nursing Home Emergency Preparedness Plan Survey

Multiple **Alternate/Secondary** Host Site(s) – print then complete the following two pages for each additional site.

A. Provide the following information:(list each alternate or secondary site)

- i. What is the name of each **alternate/secondary** site(s)?
Landmark of Baton Rouge
- ii. What is the physical address of each **alternate/secondary** host site(s)?
9105 Oxford Place Drive
Baton Rouge, LA
70809
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
47
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☒ Yes
☐ No
- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each **alternate/secondary** host site(s)?
Name: Mallory Hayden, NFA
Phone: (225) 293-1003
Email: mhayden@asimgt.com
Fax: (225) 293-1023
- vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?
 - Capacity that will be allowed at each **alternate/secondary** site:
60
 - Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not** a licensed nursing home provide a description of host site(s) including;
 - What type of facility it is?

 - What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?
☐ Yes
☐ No
- What is the age of the host facility(s)?

- Is host facility(s) air conditioned?
☐ Yes
☐ No
- What is the current physical condition of facility?
☐ Good
☐ Fair
☐ Poor
- Are there provisions for food preparation and service?
☐ Yes
☐ No
- What are the provisions for bathing and toilet accommodations?
☐ Yes
☐ No
- Are any other facilities contracted to use this site?
☐ Yes
☐ No
- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
☐ Yes
☐ No. If No - where will staff be housed?

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☐ Yes. If yes what is that time? _____
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



AUDUBON

HEALTH & REHAB

HOST AGREEMENT

This agreement is entered into between AUDUBON HEALTH & REHAB, represented by its Administrator, JACQUES A. BEEBE, and Landmark of Baton Rouge, represented by its Administrator, Mallory Hayden.

AUDUBON HEALTH & REHAB, as part of its Emergency Preparedness Evacuation Plan, must have permission in writing of the nearest available, most convenient facility large enough to house its residents in the event of a fire or other disaster.

It is understood that the use of Landmark of Baton Rouge, is only for actual emergencies, and said facility is not to be used for practice drills.

It is further understood that an evacuation is for temporary, short-term use only, until such time as all residents can be moved to a more permanent housing site.

This agreement shall automatically renew annually until such time as either party gives a thirty (30) day written notice of its intent to cancel this Host Agreement.

Jacques A. Beebe

JACQUES A. BEEBE, J.D., N.F.A.

ADMINISTRATOR

AUDUBON HEALTH & REHAB

02/26/2021

DATE

Mallory Hayden

PRINTED NAME: Mallory Hayden

ADMINISTRATOR

Landmark of Baton Rouge

HOST FACILITY NAME

2/26/21

DATE

Audubon
2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Landmark South Nursing & Rehab

Contact Person: James Smith, NFA

Phone # of Contact Person: (225) 291-8474

FAX#: _____

E-Mail Address: jsmith3@asimgt.com

Physical Address of evacuation site:

18180 Jefferson Highway

Baton Rouge Louisiana 70817

Time Lines or Restrictions: 24-Hour or the number of hours needed.

What is the latest time that evacuation host site can be contacted according to agreement?

No restrictions

How long will it take to reach the evacuation host site facility?

1.8-2.5 hours

How long will it take to unload residents and supplies from the transportation?

1 hour

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 60

Is the evacuation host site air conditioned? ☒ Yes, air conditioned ☐ Not air conditioned

Date of agreement/contract/verification: 2/26/2021

Date agreement/contract ends: 2/26/2022 (annual auto-renewal clause in current agreement)

2021 Nursing Home Emergency Preparedness Plan Survey

Multiple **Alternate/Secondary** Host Site(s) – print then complete the following two pages for each additional site.

A. Provide the following information:(list each **alternate or secondary site**)

- i. What is the name of each **alternate/secondary** site(s)?
Landmark South Nursing & Rehab
- ii. What is the physical address of each **alternate/secondary** host site(s)?
18180 Jefferson Highway
Baton Rouge, LA
70817
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
41
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☒ Yes
☐ No
- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each **alternate/secondary** host site(s)?
Name: James Smith, NFA
Phone: (225) 291-8474
Email: jsmith3@asimgt.com
Fax: (225) 292-5350
- vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?
➤ Capacity that will be allowed at each **alternate/secondary** site:
60
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is not a licensed nursing home provide a description of host site(s) including;
➤ What type of facility it is?

➤ What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?
☐ Yes
☐ No
- What is the age of the host facility(s)?

- Is host facility(s) air conditioned?
☐ Yes
☐ No
- What is the current physical condition of facility?
☐ Good
☐ Fair
☐ Poor
- Are there provisions for food preparation and service?
☐ Yes
☐ No
- What are the provisions for bathing and toilet accommodations?
☐ Yes
☐ No
- Are any other facilities contracted to use this site?
☐ Yes
☐ No
- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
☐ Yes
☐ No. If No - where will staff be housed?

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☐ Yes. If yes what is that time? _____
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



AUDUBON

HEALTH & REHAB

HOST AGREEMENT

This agreement is entered into between AUDUBON HEALTH & REHAB, represented by its Administrator, JACQUES A. BEEBE, and Landmark South, represented by its Administrator, James Smith.

AUDUBON HEALTH & REHAB, as part of its Emergency Preparedness Evacuation Plan, must have permission in writing of the nearest available, most convenient facility large enough to house its residents in the event of a fire or other disaster.

It is understood that the use of Landmark South, is only for actual emergencies, and said facility is not to be used for practice drills.

It is further understood that an evacuation is for temporary, short-term use only, until such time as all residents can be moved to a more permanent housing site.

This agreement shall automatically renew annually until such time as either party gives a thirty (30) day written notice of its intent to cancel this Host Agreement.

Jacques A. Beebe
JACQUES A. BEEBE, J.D., N.F.A.
ADMINISTRATOR
AUDUBON HEALTH & REHAB

02/26/2021
DATE

James Smith
PRINTED NAME: James Smith
ADMINISTRATOR
Landmark South
HOST FACILITY NAME

2/26/2021
DATE

Audulson
2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Ormond Nursing & Care Center

Contact Person: William Wright, NFA

Phone # of Contact Person: (985) 764-1793

FAX#: _____

E-Mail Address: wrwright@asingt.com

Physical Address of evacuation site:

22 Plantation Road

Destrehan, Louisiana 70047

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that evacuation host site can be contacted according to agreement?

No restrictions

How long will it take to reach the evacuation host site facility?

1.5-2 hours

How long will it take to unload residents and supplies from the transportation?

1 hour

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 60

Is the evacuation host site air conditioned? ☒ Yes, air conditioned ☐ Not air conditioned

Date of agreement/contract/verification: 2/26/2021

Date agreement/contract ends: 2/26/2022 (annual auto-renewal clause in current agreement)

2021 Nursing Home Emergency Preparedness Plan Survey

Multiple **Alternate/Secondary** Host Site(s) – print then complete the following two pages for each additional site.

A. Provide the following information:(list each alternate or secondary site)

- i. What is the name of each **alternate/secondary** site(s)?
Ormond Nursing & Care Center
- ii. What is the physical address of each **alternate/secondary** host site(s)?
22 Plantation Road
Destrehan, LA
70047
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
29
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☒ Yes
☒ No
- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each **alternate/secondary** host site(s)?
Name: William Wright, NFA
Phone: (985) 764-1793
Email: wwright@asingt.com
Fax: (985) 764-1374
- vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?
➤ Capacity that will be allowed at each **alternate/secondary** site:
60
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not** a licensed nursing home provide a description of host site(s) including;
➤ What type of facility it is?

➤ What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?
☐ Yes
☐ No
- What is the age of the host facility(s)?

- Is host facility(s) air conditioned?
☐ Yes
☐ No
- What is the current physical condition of facility?
☐ Good
☐ Fair
☐ Poor
- Are there provisions for food preparation and service?
☐ Yes
☐ No
- What are the provisions for bathing and toilet accommodations?
☐ Yes
☐ No
- Are any other facilities contracted to use this site?
☐ Yes
☐ No

- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
☐ Yes
☐ No. If No - where will staff be housed?

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☐ Yes. If yes what is that time? _____
☐ No.

- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



AUDUBON

HEALTH & REHAB

HOST AGREEMENT

This agreement is entered into between AUDUBON HEALTH & REHAB, represented by its Administrator, JACQUES A. BEEBE, and Demand Nursing & Life Center, represented by its Administrator, William Wright.

AUDUBON HEALTH & REHAB, as part of its Emergency Preparedness Evacuation Plan, must have permission in writing of the nearest available, most convenient facility large enough to house its residents in the event of a fire or other disaster.

It is understood that the use of Demand Nursing & Life Center, is only for actual emergencies, and said facility is not to be used for practice drills.

It is further understood that an evacuation is for temporary, short-term use only, until such time as all residents can be moved to a more permanent housing site.

This agreement shall automatically renew annually until such time as either party gives a thirty (30) day written notice of its intent to cancel this Host Agreement.

JACQUES A. BEEBE, J.D., N.F.A.
ADMINISTRATOR
AUDUBON HEALTH & REHAB

02/26/2021
DATE

PRINTED NAME: William Wright, MBA, NEA
ADMINISTRATOR
Demand Nursing & Life Center
HOST FACILITY NAME

2/26/2021
DATE

2021 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each transportation resource agreement, transportation contract, or verification of facility's ownership of transportation.

Example: If there are 5 transportation providers there should be 5 coversheets, one attached to the front of each signed and dated agreement, verification or contract.

If transportation is facility-owned, state that it is facility owned and provide verification of ownership and all applicable information. A photocopy of a vehicle's title or registration will be sufficient for verification of ownership. Ongoing contracts will need to be verified annually and signed by all parties.

Name of transportation resource provider (print):

Forest Manor

Contact Person: Clay Pere, NFA

Phone # of Contact Person: (985) 892-6900

Physical Address of transportation provider:

1330 Ochsner Boulevard
Covington, Louisiana 70433

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that transportation resource can be contacted according to agreement?

No restrictions

How long will it take the transportation to reach the facility after being contacted?

3 hours

How long will the facility need to load residents and supplies onto the transportation?

1 hour

Type (bus, van, car, ambulance, wheelchair) transport vehicle to be provided:

Van + Bus

Total number of transport vehicles to be provided: 2

Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate:

3 wheelchair, 6 seated

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 2/26/2021

Date agreement/ contract ends: 2/26/2022 (annual auto-renewal clause in current agreement)



AUDUBON
HEALTH & REHAB

AGREEMENT TO PROVIDE TRANSPORTATION

This agreement is entered into between AUDUBON HEALTH & REHAB, represented by its Administrator, JACQUES A. BEEBE and FOREST MANOR, represented by its Administrator, CLAY PERÉ.

FOREST MANOR agrees to provide its facility van and/or bus to assist in the transportation of the residents of AUDUBON HEALTH & REHAB during an emergency requiring evacuation.

This agreement shall automatically renew annually until such time as either party gives a thirty (30) day written notice of its intent to cancel this Host Agreement.

Jacques A. Beebe
JACQUES A. BEEBE, J.D., N.F.A.
ADMINISTRATOR
AUDUBON HEALTH & REHAB

02/26/2021
DATE

Clay Peré
PRINTED NAME: Clay Peré
ADMINISTRATOR
FOREST MANOR
HOST FACILITY NAME

2/26/2021
DATE

2021 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each transportation resource agreement, transportation contract, or verification of facility's ownership of transportation.

Example: If there are 5 transportation providers there should be 5 coversheets, one attached to the front of each signed and dated agreement, verification or contract.

If transportation is facility-owned, state that it is facility owned and provide verification of ownership and all applicable information. A photocopy of a vehicle's title or registration will be sufficient for verification of ownership. Ongoing contracts will need to be verified annually and signed by all parties.

Name of transportation resource provider (print):

Landmark of Hammond

Contact Person: Odie Hughes, NFA

Phone # of Contact Person: (985) 542-8570

Physical Address of transportation provider:

42250 North Oaks Drive
Hammond, Louisiana 70403

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that transportation resource can be contacted according to agreement?

No restrictions

How long will it take the transportation to reach the facility after being contacted?

3 hours

How long will the facility need to load residents and supplies onto the transportation?

1 hour

Type (bus, van, car, ambulance, wheelchair) transport vehicle to be provided:

Van + Bus

Total number of transport vehicles to be provided: 2

Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate:

3 wheelchair, 6 seated

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 2/26/2021

Date agreement/ contract ends: 2/26/2022 (annual auto-renewal clause in current agreement)



AUDUBON
HEALTH & REHAB

AGREEMENT TO PROVIDE TRANSPORTATION

This agreement is entered into between AUDUBON HEALTH & REHAB, represented by its Administrator, JACQUES A. BEEBE, and Landmark of Hammond represented by its Administrator, Jody Dertres.

LANDMARK OF HAMMOND agrees to provide its facility van and/or bus to assist in the transportation of the residents of AUDUBON HEALTH & REHAB during an emergency requiring evacuation.

This agreement shall automatically renew annually until such time as either party gives a thirty (30) day written notice of its intent to cancel this Host Agreement.

Jacques A. Beebe

JACQUES A. BEEBE, J.D., N.F.A.

ADMINISTRATOR

AUDUBON HEALTH & REHAB

02/26/2021
DATE

Mr. Jody Dertres
PRINTED NAME:

ADMINISTRATOR

Landmark of Hammond
HOST FACILITY NAME

2/26/21
DATE

2021 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each transportation resource agreement, transportation contract, or verification of facility's ownership of transportation.

Example: If there are 5 transportation providers there should be 5 coversheets, one attached to the front of each signed and dated agreement, verification or contract.

If transportation is facility-owned, state that it is facility owned and provide verification of ownership and all applicable information. A photocopy of a vehicle's title or registration will be sufficient for verification of ownership. Ongoing contracts will need to be verified annually and signed by all parties.

Name of transportation resource provider (print):

Heritage Manor Mandeville

Contact Person: Jason Hatchett, NFA

Phone # of Contact Person: (985) 626-4798

Physical Address of transportation provider:

1820 West Casuseway Approach
Mandeville, Louisiana 70471

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that transportation resource can be contacted according to agreement?

No restrictions

How long will it take the transportation to reach the facility after being contacted?

3 hours

How long will the facility need to load residents and supplies onto the transportation?

1 hour

Type (bus, van, car, ambulance, wheelchair) transport vehicle to be provided:

Van + Bus

Total number of transport vehicles to be provided: 2

Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate:

3 wheelchair, 6 seated

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 2/26/2021

Date agreement/ contract ends: 2/26/2022 (annual auto-renewal clause in current agreement)



AUDUBON
HEALTH & REHAB

AGREEMENT TO PROVIDE TRANSPORTATION

This agreement is entered into between AUDUBON HEALTH & REHAB, represented by its Administrator, JACQUES A. BEEBE, and Heritage Manor of Mandeville, represented by its Administrator, Jason Hatchett.

HM Mandeville agrees to provide its facility van and/or bus to assist in the transportation of the residents of AUDUBON HEALTH & REHAB during an emergency requiring evacuation.

This agreement shall automatically renew annually until such time as either party gives a thirty (30) day written notice of its intent to cancel this Host Agreement.

Jacques A. Beebe
JACQUES A. BEEBE, J.D., N.F.A.
ADMINISTRATOR
AUDUBON HEALTH & REHAB

07/26/2021
DATE

Jason Hatchett
PRINTED NAME: Jason Hatchett
ADMINISTRATOR
HERITAGE MANOR
OF MANDEVILLE
HOST FROM DORMANT APPROACH
MANDEVILLE, LA 70471

2/26/21
DATE

2021 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each transportation resource agreement, transportation contract, or verification of facility's ownership of transportation.

Example: If there are 5 transportation providers there should be 5 coversheets, one attached to the front of each signed and dated agreement, verification or contract.

If transportation is facility-owned, state that it is facility owned and provide verification of ownership and all applicable information. A photocopy of a vehicle's title or registration will be sufficient for verification of ownership. Ongoing contracts will need to be verified annually and signed by all parties.

Name of transportation resource provider (print):

Landmark of Baton Rouge

Contact Person: Mallory Hayden, NFA

Phone # of Contact Person: (225) 293-1003

Physical Address of transportation provider:

9105 Oxford Place Drive
Baton Rouge, Louisiana 70809

Time Lines or Restrictions: 24-Hour or the number of hours needed.

What is the latest time that transportation resource can be contacted according to agreement?

No restrictions

How long will it take the transportation to reach the facility after being contacted?

3 hours

How long will the facility need to load residents and supplies onto the transportation?

1 hour

Type (bus, van, car, ambulance, wheelchair) transport vehicle to be provided:

Van + Bus

Total number of transport vehicles to be provided: 2

Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate:

3 wheelchair, 6 seated

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 2/26/2021

Date agreement/ contract ends: 2/26/2022 (annual auto-renewal clause in current agreement)



AUDUBON
HEALTH & REHAB

AGREEMENT TO PROVIDE TRANSPORTATION

This agreement is entered into between AUDUBON HEALTH & REHAB, represented by its Administrator, JACQUES A. BEEBE, and Landmark of Baton Rouge represented by its Administrator, Mallory Hayden.

Landmark of Baton Rouge agrees to provide its facility van and/or bus to assist in the transportation of the residents of AUDUBON HEALTH & REHAB during an emergency requiring evacuation.

This agreement shall automatically renew annually until such time as either party gives a thirty (30) day written notice of its intent to cancel this Host Agreement.

Jacques A. Beebe

JACQUES A. BEEBE, J.D., N.F.A.

ADMINISTRATOR

AUDUBON HEALTH & REHAB

02/26/2021

DATE

Mallory Hayden

PRINTED NAME: Mallory Hayden

ADMINISTRATOR

Landmark of Baton Rouge

HOST FACILITY NAME

2/26/21

DATE

2021 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each transportation resource agreement, transportation contract, or verification of facility's ownership of transportation.

Example: If there are 5 transportation providers there should be 5 coversheets, one attached to the front of each signed and dated agreement, verification or contract.

If transportation is facility-owned, state that it is facility owned and provide verification of ownership and all applicable information. A photocopy of a vehicle's title or registration will be sufficient for verification of ownership. Ongoing contracts will need to be verified annually and signed by all parties.

Name of transportation resource provider (print):

Landmark South Nursing & Rehab

Contact Person: James Smith, NFA

Phone # of Contact Person: (225) 291-8474

Physical Address of transportation provider:

18180 Jefferson Highway
Baton Rouge, Louisiana 70817

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that transportation resource can be contacted according to agreement?

No restrictions

How long will it take the transportation to reach the facility after being contacted?

3 hours

How long will the facility need to load residents and supplies onto the transportation?

1 hour

Type (bus, van, car, ambulance, wheelchair) transport vehicle to be provided:

Van + Bus

Total number of transport vehicles to be provided: 2

Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate:

3 wheelchair, 6 seated

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 2/26/2021

Date agreement/ contract ends: 2/26/2022 (annual auto-renewal clause in current agreement)



AUDUBON

HEALTH & REHAB

AGREEMENT TO PROVIDE TRANSPORTATION

This agreement is entered into between AUDUBON HEALTH & REHAB, represented by its Administrator, JACQUES A. BEEBE and Landmark South represented by its Administrator, James Smith.

Landmark South agrees to provide its facility van and/or bus to assist in the transportation of the residents of AUDUBON HEALTH & REHAB during an emergency requiring evacuation.

This agreement shall automatically renew annually until such time as either party gives a thirty (30) day written notice of its intent to cancel this Host Agreement.

Jacques A. Beebe
JACQUES A. BEEBE, J.D., N.F.A.

ADMINISTRATOR

AUDUBON HEALTH & REHAB

02/26/2021
DATE

James Smith
PRINTED NAME: James Smith

ADMINISTRATOR

Landmark South

HOST FACILITY NAME

2/26/2021
DATE

2021 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each transportation resource agreement, transportation contract, or verification of facility's ownership of transportation.

Example: If there are 5 transportation providers there should be 5 coversheets, one attached to the front of each signed and dated agreement, verification or contract.

If transportation is facility-owned, state that it is facility owned and provide verification of ownership and all applicable information. A photocopy of a vehicle's title or registration will be sufficient for verification of ownership. Ongoing contracts will need to be verified annually and signed by all parties.

Name of transportation resource provider (print):

Ormond Nursing & Care Center

Contact Person: William Wright, NFA

Phone # of Contact Person: (985) 764-1793

Physical Address of transportation provider:

22 Plantation Road
Destrehan, Louisiana 70047

Time Lines or Restrictions: II-Hour or the number of hours needed.

What is the latest time that transportation resource can be contacted according to agreement?

No restrictions

How long will it take the transportation to reach the facility after being contacted?

1-1.5 hours

How long will the facility need to load residents and supplies onto the transportation?

1 hour

Type (bus, van, car, ambulance, wheelchair) transport vehicle to be provided:

Van + Bus

Total number of transport vehicles to be provided: 2

Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate:

3 wheelchair, 6 seated

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 2/26/2021

Date agreement/ contract ends: 2/26/2021 (annual auto-renewal clause in current agreement)



AUDUBON
HEALTH & REHAB

AGREEMENT TO PROVIDE TRANSPORTATION

This agreement is entered into between AUDUBON HEALTH & REHAB, represented by its Administrator, JACQUES A. BEEBE, and Ormond Nursing & Care Center, represented by its Administrator, William Wright.

Ormond Nursing & Care Center agrees to provide its facility van and/or bus to assist in the transportation of the residents of AUDUBON HEALTH & REHAB during an emergency requiring evacuation.

This agreement shall automatically renew annually until such time as either party gives a thirty (30) day written notice of its intent to cancel this Host Agreement.

Jacques A. Beebe

JACQUES A. BEEBE, J.D., N.F.A.

ADMINISTRATOR

AUDUBON HEALTH & REHAB

02/26/2021

DATE

William Wright

PRINTED NAME: William Wright

ADMINISTRATOR

Ormond Nursing & Care Center

HOST FACILITY NAME

2/26/2021

DATE

2021 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each transportation resource agreement, transportation contract, or verification of facility's ownership of transportation.

Example: If there are 5 transportation providers there should be 5 coversheets, one attached to the front of each signed and dated agreement, verification or contract.

If transportation is facility-owned, state that it is facility owned and provide verification of ownership and all applicable information. A photocopy of a vehicle's title or registration will be sufficient for verification of ownership. Ongoing contracts will need to be verified annually and signed by all parties.

Name of transportation resource provider (print):

Acadian Ambulance Service

Contact Person: Carlo Gagliano

Phone # of Contact Person: (985) 637-0693 [cell]; (985) 851-2107 [office]; 511

Physical Address of transportation provider:

P.O. Box 98000

Lafayette, Louisiana 70509-8000

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that transportation resource can be contacted according to agreement?

No restrictions

How long will it take the transportation to reach the facility after being contacted?

ASAP

How long will the facility need to load residents and supplies onto the transportation?

ASAP

Type (bus, van, car, ambulance, wheelchair) transport vehicle to be provided:

Ambulance(s)

Total number of transport vehicles to be provided: As many as necessary (estimating 10 depending on availability)

Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate:

Unknown

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 2/2/2021

Date agreement/ contract ends: 2/2/2022 (annual auto-renewal clause in current agreement)



Acadian

Ambulance Service



NATIONALLY
ACCREDITED

P.O. Box 98000 • LAFAYETTE, LA • 70509-8000

EMPLOYEE
OWNED

AMBULANCE
DISPATCH
511
800-259-1111

ADMINISTRATION
337-291-3333
800-259-3333

BILLING
800-259-2222

February 02 , 2021

To whom it may concern:

In response to a request for verification Audubon Health And Rehab (hereinafter "Facility"), please allow this to serve as confirmation that Facility currently has in place an agreement for the evacuation of resident/patients in the case of a disaster, as required by the Louisiana Department of Health and Hospitals and in accordance with the terms and conditions of such Agreement. The Agreement auto-renews annually unless otherwise terminated by either party. As of this Date, no notice of termination has been received and therefore such Agreement remains in full force and effect for the 2021 calendar year.

Sincerely,

Carlo N. Gagliano Jr.
Community Relations Supervisor
Acadian Ambulance Service, Inc.

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each type of supply agreement or of supply contract. Complete this cover page for each supplier named in the facility plan.

Example: If there are 5 supply contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 suppliers named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing supply contracts will need to be verified annually and signed by all parties.

Type of Supply: Water!

Name of Supplier:

Primo Water/DS Services of America d/b/a Kentwood Springs

Contact Person: John Hudson

Phone # of Contact Person: (228) 265-4931

FAX#: N/A

E-Mail Address: jhudson@primowater.com

Indicate where the supplies are to be delivered to;

- ☐ Evacuation host site
- ☐ Nursing home's licensed facility
- ☒ determined upon decision of sheltering or evacuating

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that supplier can be contacted according to agreement?

72 hours

How long will it take to receive the delivery?

(0-72 hours)

Date of agreement/contract/verification: 04/01/2021

Date agreement/contract ends: 04/01/2022

**DS SERVICES OF AMERICA, INC.
EMERGENCY WATER AGREEMENT**

This Emergency Water Agreement (the "Agreement") is entered into as of APRIL 1ST, 2021 (the "Effective Date") by and between DS Services of America, Inc., ("DSS") and the undersigned customer ("Customer"). Under this Agreement, DSS will supply Customer's bottled water needs in the event of a local or national declared emergency or natural disaster, subject to the following terms and conditions:

- (1) In the event of a declared emergency or natural disaster, all water distribution is governed by the local emergency management agency and/ or the Federal Emergency Management Association ("FEMA"). Accordingly, DSS's obligations hereunder are subject to FEMA requirements.
- (2) All deliveries under this Agreement will be based on availability after DSS services regularly scheduled customers.
- (3) A 50-gallon minimum on all emergency water shipments may be required. Product sales are subject to availability of package size and water type.
- (4) Customer shall be charged DSS's list prices in the local market at the time of delivery, payable by either cash or credit card and all sales are final. Refundable bottle deposits are required on all five and three gallon bottles (where applicable), subject to return of the bottles in good condition, normal wear and tear excepted.
- (5) This Agreement shall remain in effect for one (1) year from the Effective Date. A new Emergency Water Agreement, if needed, must be entered into by Customer each calendar year. Requests should be sent to: corppo@dsservices.com
- (6) DSS DISCLAIMS ANY AND ALL WARRANTIES UNDER THIS AGREEMENT, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. The total liability of DSS

under this Agreement shall be limited to repairing or replacing defective water bottles delivered by DSS to Customer. DSS specifically disclaims any responsibility or liability for any consequential, incidental, special, exemplary, punitive, or other similar damages, however denominated. If, despite the limitations contained herein, monetary liability is imposed upon DSS, Customer agrees that under no circumstances shall any liability exceed the lesser of actual damages or an amount equal to the total payment(s) made by Customer to DSS pursuant to this Agreement. Customer agrees to waive and hold DSS and its subsidiaries, directors, officers, agents and employees harmless against any claims, damage, injury, or liability suffered or incurred by Customer or Customer's agents, guests or family members arising from Customer's or Customer's agents, guests and family members negligence or misconduct or operation or use of water bottles or other products provided to Customer under this Agreement. Customer acknowledges that water can cause damage to surfaces with which it comes in contact, and that water leaks may occur from water bottles. Customer is responsible for selecting the location for placement of water bottles in Customer's location in order to minimize potential loss or damage.

(7) This Agreement shall be governed and interpreted in accordance with the laws of the State of Georgia. Customer may not assign its rights or obligations under this Agreement, in whole or in part, nor delegate its duties under this Agreement, without the prior written consent of DSS. This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes any prior negotiations, promises, understandings, agreements, course of dealing or performance, representations, warranties, or communications, whether oral or written, between the parties hereto.

AUDUBON HEALTH & REHAB
(Customer)

By: Jacques A. Beebe, J.D., N.F.A.
Name: JACQUES A. BEEBE
Title: ADMINISTRATOR

Address: 2110 AUDUBON AVENUE
City/State/Zip: THIBODAUX, LA 70301
Phone: (985) 446-3109

Beebe, Jacques A 17

From: Beebe, Jacques A 17
Sent: Thursday, April 1, 2021 1:03 PM
To: 'Hudson, John'
Subject: RE: Updated 2021 Emergency Water Agreement needed for Audubon Health & Rehab
Attachments: 2021 Audubon Health and Rehab Emergency Water Agreement.pdf

Importance: High

Mr. Hudson:

Please see attached completed and executed Emergency Water Agreement. I will attach a copy of the current Kentwood Springs price list to my copy of the agreement for future reference. Thank you for taking care of this so quickly...it is greatly appreciated.

Jacques A. Beebe, J.D., N.F.A.
Administrator
Audubon Health & Rehab
2110 Audubon Avenue
Thibodaux, Louisiana 70301
Tel: (985) 446-3109
Fax: (985) 447-5329
e-mail: jbeebe@asingt.com

From: Hudson, John <JHudson@primowater.com>
Sent: Thursday, April 1, 2021 12:43 PM
To: Beebe, Jacques A 17 <JBeebe@asingt.com>
Subject: RE: Updated 2021 Emergency Water Agreement needed for Audubon Health & Rehab

Jacques,

Emergency Water Agreement for AUDUBON HEALTH & REHAB (ACCT # 3376788 / LOC # 6339516) 2110 AUDUBON AVE....THIBODAUX.LAFOURCHE.LA.70301.

Please fill out and send back.

Thank you,

John "Mack" Hudson | Territory Account Executive
Primo Water North America
2300 Windy Ridge Parkway SE, Suite 500 N, Atlanta, GA 30339
☎: (Mobile) 228 265-4931 | ✉ jhudson@primowater.com



Visit us at | water.com | CUSTOMER SERVICE HOTLINE: 800-962-7006

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each type of supply agreement or of supply contract. Complete this cover page for each supplier named in the facility plan.

Example: If there are 5 supply contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 suppliers named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing supply contracts will need to be verified annually and signed by all parties.

Type of Supply: Medical/Nursing Supplies

Name of Supplier:

McKesson

Contact Person: John Pratt

Phone # of Contact Person: (985) 209-1443

FAX#: N/A

E-Mail Address: john.pratt@mckesson.com

Indicate where the supplies are to be delivered to;

☐ Evacuation host site

☐ Nursing home's licensed facility

☒ determined upon decision of sheltering or evacuating

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that supplier can be contacted according to agreement?

72 hours

How long will it take to receive the delivery?

{0-72 hours}

Date of agreement/contract/verification: 02/01/2021

Date agreement/contract ends: Auto-renewal (annually)

McKESSON

February 1, 2021

To Whom It May Concern:

AUDUBON HEALTH & REHAB is a McKesson Medical-Surgical (MMS) customer.

During any natural disaster or weather event MMS will do everything possible to get supplies to our customers. Each year we provide our customers with our disaster plan and it includes what they need to do before and after a disaster. We also request that our customers submit an alternate site evacuation form and additional contact information. Please read our disaster plan it contains the information of what we will do.

MMS may require that extraordinary costs incurred to ship supplies during a state of emergency be borne by your facility. This should not be an issue if you are prepared.

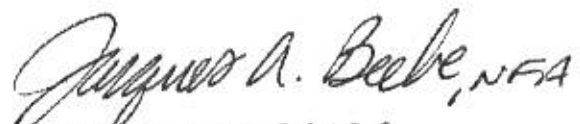
MMS will continue to deliver before and after any disasters if we are able to reach any facility and are allowed passage by disaster authorities. We do warn customers that contra-flow, flooding and ice will delay shipments from our warehouses. We cannot guarantee delivery due to road closures.

This is a yearly agreement for customers in good standing and runs from February 01, 2021 to February 01, 2022. Each year MMS will give all customers an updated disaster plan and note any changes.

Thank you,



John Pratt
Account Manager
McKesson Medical-Surgical
Cell- 985-209-1443
Customer Service-800-347-2456


ADMINISTRATOR
AUDUBON HEALTH & REHAB
02/01/2021

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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Ongoing supply contracts will need to be verified annually and signed by all parties.

Type of Supply: Fuel

Name of Supplier:

Gaubert Oil

Contact Person: Wade Hebert

Phone # of Contact Person: (985) 447-3811

FAX#: N/A

E-Mail Address: N/A

Indicate where the supplies are to be delivered to;

- ☐ Evacuation host site
- ☒ Nursing home's licensed facility
- ☐ determined upon decision of sheltering or evacuating

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that supplier can be contacted according to agreement?

72 hours

How long will it take to receive the delivery?

(0-72 hours)

Date of agreement/contract/verification: 02/01/2021

Date agreement/contract ends: Auto-renewal (annually)

Audubon Health and Rehab

2110 Audubon Ave

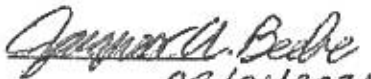
Thibodaux, Louisiana 70301

(985)446-3109

Fax(985)447-5329

Emergency Fuel Agreement

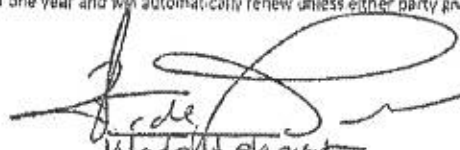
This agreement is entered into between Audubon and Gaubert Oil. During emergency situations, Gaubert oil will provide fuel to Audubon to ensure that fuel is available for the generators. The supplier will need to be contacted 72 hours before landfill and expect 72 hours to receive the delivery. This agreement will remain in effect for a period of one year and will automatically renew unless either party gives 30 days written notice of cancellation.


Audubon 02/01/2021

2110 Audubon Ave.

Thibodaux, Louisiana 70301

(985)446-3109


Wade H. Gaubert
Gaubert Oil

985-447-3811

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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Ongoing supply contracts will need to be verified annually and signed by all parties.

Type of Supply: Food

Name of Supplier:

Sysco Food Service

Contact Person: Jane Conley

Phone # of Contact Person: (337) 252-4323

FAX#: (225) 612-7074

E-Mail Address: maryjane.conley@sysco.com

Indicate where the supplies are to be delivered to;

☐ Evacuation host site

☐ Nursing home's licensed facility

☒ determined upon decision of sheltering or evacuating

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that supplier can be contacted according to agreement?

72 hours

How long will it take to receive the delivery?

TBD (facility must be willing to accept delivery 24/7 at a mutually agreeable time and place)

Date of agreement/contract/verification: 02/01/2021

Date agreement/contract ends: Auto-renewal (annually)

Agreement/Affidavit & Ordering Procedures

SYSCO Food Service, as this customer's food service distributor agrees to supply food, water and non-foods in the case of an emergency. This agreement is from the period of February 1st, 2021 to February 1st, 2022

This customer is expected to notify SYSCO Food Service of their food, water and non-food needs in enough time to process the order and to make a timely delivery.

SYSCO Food Service in the event of an emergency will provide the following:

- ❖ SYSCO Food Service will contact this facility within seventy-two (72) hours to determine whether an emergency order of food, water and non-food supplies is needed. (See page 3 for list.) Orders will be delivered to the facility at a mutually agreeable time and place.
- ❖ Prior to an emergency, a list of this facility's emergency needs will be provided to SYSCO Food Service.
- ❖ The custom emergency supply list will be kept on file along with the facility's contact information.
- ❖ This facility's emergency stock will be warehoused at SYSCO Food Service. Since the emergency stock is customized for this facility, the food, water and non-food supplies may reflect as many days as this customer needs.
- ❖ Additionally, should this facility need to evacuate, SYSCO Food Service will deliver emergency stock to the point of evacuation.
- ❖ Customers must be available to receive orders on a 24-hour bases. This will be determined by the traffic conditions and expected landfall.
- ❖ Estimating water needs information is found on page 3.
- ❖ Annually in **JANUARY** a Disaster Procedure, which has been revised and updated at SYSCO Food Service will be provided to this customer and posted on each customer's **esysco.net** under **Shared List**.
- ❖ www.esysco.net website and the healthcare link are available as additional ways to contact SYSCO Food Service during a declared disaster.
- ❖ Disaster orders are subject to being nonrefundable or non-returnable.
- ❖ Healthcare Customers with Primary Vendor relationships will receive Priority service.
- ❖ Healthcare Emergency Contact Phone Number is 800-256-1631, Ext. 4323.

Michael T. Gros
Contract Sales
Sysco Food Service
January 2021

Facility Administrator:

James A. Beebe, NFA 02/01/2021

Emergency Food & Supply List Attached

☒ Yes

☐ No

BW Initial

Return a copy to SYSCO Food Service. Retain for your files.

Sysco GO FURTHER 
Gulf Coast Region

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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Ongoing supply contracts will need to be verified annually and signed by all parties.

Type of Supply: Medication

Name of Supplier:

Senior Script Pharmacy

Contact Person: Laura Boothe

Phone # of Contact Person: (225) 480-5811

FAX#: (225) 304-0490

E-Mail Address: laura.boothe@seniorscript-pharm.com

Indicate where the supplies are to be delivered to;

☐ Evacuation host site

☐ Nursing home's licensed facility

☒ determined upon decision of sheltering or evacuating

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that supplier can be contacted according to agreement?

24 hours

How long will it take to receive the delivery?

2-3 hours

Date of agreement/contract/verification: 01/01/2021

Date agreement/contract ends: Auto-renewal (annually)



January 1, 2021

Administrator: Jacques Beebe
Audubon Health and Rehab
2110 Audubon Ave
Thibodaux, La 70301

Re: Emergency Medication Agreement

This agreement is entered into between your facility and Senior Script Pharmacy. During emergency situations, Senior Script Pharmacy will provide medications to your facility to ensure that a 7-day supply of medications for each resident is on hand at the facility, 24 hours prior notification by the facility to the pharmacy is requested. This agreement will remain in effect for a period of one year and will automatically renew unless either party gives a 30-day written notice of cancellation.

A handwritten signature in cursive script, reading "Jacques U. Beebe, J.D., N.F.A.".

Jacques Beebe, Administrator
Audubon Health and Rehab
2110 Audubon Ave
Thibodaux, La 70301

A handwritten signature in cursive script, reading "Laura Boothe".

Laura Boothe, RPH, PIC
Senior Script Pharmacy
26737 Hwy 1032
Denham Springs, La 70726

2021 Nursing Home Emergency Preparedness Plan Survey

AUTHENTICATION

Facility Name (Print):

Audubon Health & Rehab

The Emergency Preparedness Plan for the above named facility provides the emergency operational plans and procedures that this facility will follow during emergency events. The current plan supersedes any previous emergency preparedness plans promulgated by this facility for this purpose. This plan was developed to provide for the health, safety, and wellbeing of all residents. I (current/acting administrator) have read and agree that the information used and included in the facility's emergency preparedness plan is current, valid, and reliable.

Date: 05/25/2021

Facility Administrator Name (PRINT): Jacques A. Beebe, J.D., N.F.A.

Facility Administrator Signature: _____

Jacques A. Beebe, J.D., N.F.A.
05/25/2021

Comments:

*Revised 2021 Nursing Home Emergency Preparedness Survey (05/25/2021)

2021 Nursing Home Emergency Preparedness Plan Survey

AUTHENTICATION

Facility Name (Print):

Audubon Health & Rehab

The Emergency Preparedness Plan for the above named facility provides the emergency operational plans and procedures that this facility will follow during emergency events. The current plan supersedes any previous emergency preparedness plans promulgated by this facility for this purpose. This plan was developed to provide for the health, safety, and wellbeing of all residents. I (current/acting administrator) have read and agree that the information used and included in the facility's emergency preparedness plan is current, valid, and reliable.

Date: 3/1/2021

Facility Administrator Name (PRINT): Jacques A. Beebe, J.D., N.F.A.

Facility Administrator Signature: _____

Jacques A. Beebe, NFA 03/01/2021

Comments:

2021 Nursing Home Emergency Preparedness Plan Survey

AUTHENTICATION

Facility Name (Print):

Audubon Health & Rehab

The Emergency Preparedness Plan for the above named facility provides the emergency operational plans and procedures that this facility will follow during emergency events. The current plan supersedes any previous emergency preparedness plans promulgated by this facility for this purpose. This plan was developed to provide for the health, safety, and wellbeing of all residents. I (current/acting administrator) have read and agree that the information used and included in the facility's emergency preparedness plan is current, valid, and reliable.

Date: 06/25/2021

Facility Administrator Name (PRINT): Jacques A. Beebe, J.D., N.F.A.

Facility Administrator Signature:

Jacques A. Beebe 06/25/2021

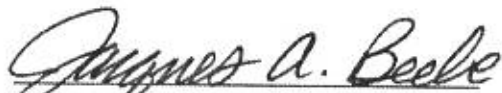
Comments:

*Revised 2021 Nursing Home Emergency Preparedness Survey (05/25/2021)

Louisiana Model Nursing Home Emergency Plan

Facility Name:	Audubon Health & Rehab
Name of Administrator:	Jacques A. Beebe, J.D., N.F.A.
Physical Location:	2110 Audubon Avenue Thibodaux, Louisiana 70301
Latitude:	2946.837
Longitude:	-9048.563
Mailing Address:	2110 Audubon Avenue Thibodaux, Louisiana 70301
Phone Number:	985 446-3109
Fax Number:	985 447-5329
E-mail Address:	<u>jbeebe@asimgt.com</u>

This is the Emergency Preparedness Plan for Audubon Health & Rehab. This plan has been submitted to the Lafourche Parish Office of Homeland Security and Emergency Preparedness on 3/1/2021 and verification of this is included in Tab V of this plan.


JACQUES A. BEEBE, J.D., N.F.A.
ADMINISTRATOR
AUDUBON HEALTH & REHAB

3/1/2021
DATE OF SUBMISSION