



CHATEAU TERREBONNE

HEALTH CARE

PLAN REVIEW

STATE OF LOUISIANA

EMERGENCY OPERATION PLAN

FOR

CHATEAU TERREBONNE HEALTH CARE, LLC

DATE: 2/22/2021

HAS BEEN RECEIVED

BY THE LOCAL OFFICE OF


EMERGENCY PREPAREDNESS

CIRCLE: Yes or No



Yes or No

Were recommendations given by Homeland  
Security Representative?

  
\_\_\_\_\_  
Civil Defense Director

Office of Emergency Preparedness

2/22/21  
\_\_\_\_\_  
Date Reviewed

# 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):**

Chateau Terrebonne Health Care

**Name of Administrator (Print):**

Charles Pearce

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

Phone #: 985-872-4553

Cell Phone #: 985-414-4652

Administrator E-Mail: cpearce@cthealthcare.net

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

Name: Elise Boyd

Position: Director of Nursing

Phone #: 985-872-4553

Cell Phone #: 985-859-4777

E-Mail: elise.boyd@cthealthcare.net

**Physical or Geographic address of Facility (Print):**

1386 West Tunnel Blvd.

Houma, LA 70360

**Longitude:** 90.44.736

**Latitude:** 29.36.180

## 2021 Nursing Home Emergency Preparedness Plan Survey

VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: Chateau Terrebonne Health Care

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**.

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

Date submitted: 2/22/2021

**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. 48 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: Administrator and Terrebonne Parish Director of Homeland Security and Emergency Preparedness

NAME: Charles Pearce and Earl Eues

##### 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. 48 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.

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

TITLE/POSITION: Administrator and Terrebonne Parish Director of Homeland Security and Emergency Preparedness

NAME: Charles Pearce and Earl Eues

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

#### A. Facility Description:

1. What year was the facility built? 1971

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. N/A

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 8.18 feet above sea level.

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- b) Air conditioner (HVAC) is 8.18 feet above sea level.
- c) Generator(s) is 8.18 feet above sea level.
- d) Lowest electrical service box(s) is 8.6 feet above sea level.
- e) Fuel storage tank(s), if applicable, is 8.18 feet above sea level.
- f) Private water well, if applicable, is N/A feet above sea level.
- g) Private sewer system and motor, if applicable, is N/A 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*

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- 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 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: \_\_\_\_\_

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

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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; 500      2nd generator; 200      3rd generator; 100
  
  - c) Mark which primary **fuel** each generator(s) uses?
    - i. ☐ natural gas;    2nd generator; ☐ natural gas;    3rd generator; ☒ natural gas
    - ii. ☐ propane;        2nd generator; ☐ propane;        3rd generator; ☒ propane
    - iii. ☐ gasoline;        2nd generator; ☐ gasoline;        3rd generator; ☐ gasoline
    - iv. ☒ diesel;        2nd generator; ☒ diesel;        3rd generator; ☐ diesel
  
  - d) How many **total hours** would generator(s) run on the fuel supply **always on hand**? (enter NG if Natural Gas)  
 1st 72 Hours      2nd 72 Hours      3rd NG 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

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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 LA
- ii. Account #: \_\_\_\_\_

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

- i. Suppliers name: Terrebonne Parish Consolidated Government
- ii. Account #: 2990777 & 43264407

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

- i. Suppliers name: Terrebonne Parish Consolidated Government
- ii. Account #: 0015699

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.

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- 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: 198

- 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: 50

- 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: 25

- 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: 57

- 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: 20

- 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?

☒ Yes. If No - Obtain and mark Yes.

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- 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?  
Fluctuates depending on storm

### 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.

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- 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.**
- i. The complete name of the transportation provider?  
☒ Yes. If No - obtain and mark Yes.
  - ii. The number of vehicles and type (van, bus, car) of vehicles contracted for?  
☒ Yes. If No - obtain and mark Yes.
  - iii. The capacity (number of people) of each vehicle?  
☒ Yes. If No - obtain and mark yes.
  - iv. Statement of if each vehicle is air conditioned?  
☒ Yes. If No - obtain and mark Yes.
  - v. 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!)*
- a) 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.
  - b) Provide the following information:(list all sites, if multiple sites **list each - see extra pages** )
    - i. What is the name of each **primary** site(s)?  
The Woodlands Health Care Center
    - ii. What is the physical address of each host site(s)?  
842 Kirthwood Road, Leesville, LA 71446  
\_\_\_\_\_  
\_\_\_\_\_
    - iii. What is the distance to each host site(s)?  
226
    - iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?  
Yes

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- 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: Jeff Johnson  
Phone: 337-238-2723  
Email: jjohnson@thewoodlandshealthcare.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:  
150  
➤ Total Capacity of all primary sites:  
150  
➤ 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?  
\_\_\_\_\_  
➤ 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 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



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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? 48  
☐ 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)?  
Alpine Skilled Nursing and Rehab
- ii. What is the physical address of each alternate/secondary host site(s)?  
2401 North Service Road E  
Ruston, LA 71270  
\_\_\_\_\_
- iii. What is the distance, in miles, to each alternate/secondary host site(s)?  
283
- 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: Thomas Little  
Phone: (318) 255-6492  
Email: tlittle@alpineskillednursing.com  
Fax: \_\_\_\_\_
- 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:  
75  
➤ Total Capacity of all alternate/secondary sites:  
75  
➤ 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? 48  
☐ 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.



## 2021 Nursing Home Emergency Preparedness Plan Survey

### 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.

## 2021 Nursing Home Emergency Preparedness Plan Survey

- 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.

## 2021 Nursing Home Emergency Preparedness Plan Survey

- 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:

- i. 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.

- ii. 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.

- 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 **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:

- i. What equipment/system does facility use to **monitor** emergency broadcasts or alerts? Battery Operated Radio, computers, cell phones

- ii. Is there back up or alternate equipment and what is it?

☒ Yes. Name equipment: Satelitte Phone

☐ No

- iii. Is the equipment tested?

☒ Yes

☐ No

## 2021 Nursing Home Emergency Preparedness Plan Survey

- 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?  
Phones, Cell Phones, Computers
- ii. Is there back up or alternate equipment used to send/receive and what is it?  
☒ Yes. Name equipment: Satellite Phone  
☐ 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.

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

## 2021 Nursing Home Emergency Preparedness Plan Survey

- 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

## 2021 Nursing Home Emergency Preparedness Plan Survey

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



## 2021 Nursing Home Emergency Preparedness Plan Survey

- 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?



## 2021 Nursing Home Emergency Preparedness Plan Survey

- 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 Eues, Terrebonne Parish OEP

Position: Director of Homeland Security and Emergency Preparedness

Emergency contact information:

Phone: 985-873-6375

Email: oep@tpcg.org

Fax: 985-8504643

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

Provide Name: Charles Pearce

Position: Executive Director

## 2021 Nursing Home Emergency Preparedness Plan Survey

Emergency contact information:

Phone: 985-872-4553

Email: cpearce@cthealthcare.net

Fax: 985-872-1803

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

Provide Name: Charles Pearce

Position: Executive Director

Emergency contact information:

Phone: 985-872-4553

Email: cpearce@cthealthcare.net

Fax: 985-872-1803

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

Provide Name: Elise Boyd

Position: Director of Nurses

Emergency contact information:

Phone: 985-872-4553

Email: elise.boyd@cthealthcare.net

Fax: 985-872-1803

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

Provide Name: Elise Boyd

Position: Director of Nurses

Emergency contact information:

Phone: 985-872-4553

Email: elise.boyd@cthealthcare.net

Fax: 985-872-1803

- 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 and Admissions Coordinator

- a) If facility is going to shelter in place or evacuate.
- b) The date and approximate time that the facility is evacuating.
- c) The name, address, and all contact information of the evacuation site.
- d) 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:  
Nursing Facility Administrator

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 Nurses, Assistant Director of Nurses
- a) Resident's identification.

## 2021 Nursing Home Emergency Preparedness Plan Survey

- 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?  
Dietary Manager
- 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?  
Executive Director

### 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

## 2021 Nursing Home Emergency Preparedness Plan Survey

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.

# 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):**

Hotard

**Contact Person:** Julie Chalmers

**Phone # of Contact Person:** 504-944-0253

**Physical Address of transportation provider:**

2838 Touro St.  
New Orleans, LA 70122

**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?

48

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

12

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

4

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

Charter Bus

Total number of transport vehicles to be provided: 3

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

57 each

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

**Date of agreement/contract/verification:** 2/18/2021

**Date agreement/ contract ends:** 11/30/2021

# Acceptance

Hotard Coaches, Inc.

Client ID	CHATEAT	Charter ID	25898
Client	Charlie Pearce	Movement ID	60533
Company	Chateau Terrebone Health Care	Status	Firm
Client Ref 1	Contingency	Passengers	
Client Ref 2			

First Pick-up	Chateau Terrebone Health Care	Destination	Chateau Terrebone Health Care
Pick-up Date	Tue 6/1/2021 Time 08:00	Arrival Date	Tue 6/1/2021 Time
Single Journey	No	Leave Date	Tue 6/1/2021 Time
Vehicle To Stay	No	Back Date	Tue 11/30/2021 Time 20:00

First Pick-up Instructions	Destination Instructions
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1386 West Tunnel Blvd, Houma, LA 70360

A \$2500.00 non-refundable retainer fee will be required to have one 55 passenger bus on standby from June 1 through November 30, 2021.

Drivers are not allowed to carry any passengers onto the motorcoach.

If drivers are required to stay with the group, a room with private bathroom will need to be provided per driver.

In the event the bus is needed to transport residents to North Louisiana a 48 hour notice is required. At that point a rate of \$2,500.00 per day will be in effect, until the driver is released. If the driver is released upon arriving at the destination, a 48 notice is required to return residents to New Orleans.

This rate is based on the current Department of Transportation Rules and Regulations listed below. If overnight transportation is required

If the bus is required to travel more than 600 miles or 10 hours without an Eight Hour break an additional driver will be required at a rate of \$500 per day.

Per DOT (Department of Transportation) Regulations, your driver is only allowed to drive a total of 10 hours but no more than 600 miles. He/She will need at least 8 hours off before driving again. He/She is allowed to be on duty for up to 15 hours. If known in advance a relief driver can be arranged for an additional cost.

Seats	Vehicle Description	Vehicle No
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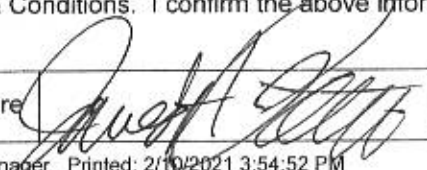
56	Coach	1
56	Coach	2
56	Coach	3

Movement Totals \$7,500.00

Driver Description	Vehicle No	Driver Description	Vehicle No
--------------------	------------	--------------------	------------

CDL Driver	1	CDL Driver	2
CDL Driver	3		

I understand the Charter is not confirmed until a signed copy of this confirmation has been returned. I understand full payment is due based on the timeline listed in the Terms & Conditions. I agree to the cancellation policy as listed in the Terms & Conditions. I confirm the above information is correct and agree to the Terms & Conditions attached.

Signature		Print Name	Jarred A. Portier	Date	2/18/21
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# 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:**

The Woodlands Health Care Center

**Contact Person:** Jeff Johnson

**Phone # of Contact Person:** 337-329-6578

**FAX#:** \_\_\_\_\_

**E-Mail Address:** jjohnson@thewoodlandshealthcare.com

**Physical Address of evacuation site:**

8422 Kurthwood Road

Leesville, LA 71446

**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?

48

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

6

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

4

**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: 150

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

**Date of agreement/contract/verification:** 2/18/2021

**Date agreement/contract ends:** Renews Annually unless otherwise stated by either party



Transfer Agreement

CHATEAU TERREBONNE HEALTH CARE

This agreement is made and entered into by and between Chateau Terrebonne Health Care, (hereinafter called "YOUR FACILITY") and The Woodlands Healthcare Center (hereinafter called "RECEIVING FACILITY");

WHEREAS, both YOUR FACILITY and RECEIVING FACILITY desire to assure the continuity of care and treatment appropriate to the needs of each patient in the skilled nursing facility and to use the skills, resources and physical plant of both parties in a coordinated and cooperative fashion to improve patient care during times of disaster or in the need of facility evacuations

(A) Now, therefore in consideration to make a concerted effort to transfer patients as soon as practical, when the need for transfer from one of the above named facilities to the other has been determined by the attending physician, the facility administrator, or disaster response coordinator providing however, that all conditions of eligibility for admission are met.

(B) The institutions provide to each other information about the type of resources available to provide services and/or the type of patients or health conditions that will be accepted by the institution; providing however, there is no discrimination on the grounds of race, color, or national origin in any manner whatsoever.

(C) The transferring facility agrees to send with each patient, at the time of transfer, or, in the case of an emergency, as promptly as possible after the transfer an abstract or the medical record including:

- (1) the current medical findings;
- (2) diagnosis;
- (3) rehabilitation potential;
- (4) a brief summary of the course of treatment followed;
- (5) nursing and dietary information useful in the care of the patient;
- (6) ambulation status;
- (7) all other administrative and social information useful to provide continuing care to the patient; and
- (8) using the transfer and referral form mutually agreed upon.

It is fully understood and agreed upon that the accepting facility will, to the extent possible, grant to the patients of Chateau Terrebonne Health Care a priority for bed availability.

This agreement shall be effective from the date of signing by both parties and shall continue in effect, except that either party may withdraw by giving 30 days written notice to the other party of its intention to terminate this agreement. However, this agreement shall be declared null and void and shall be immediately terminated should either party fail to maintain its licensure or certification status.

Nothing in this agreement shall be construed as limiting the right of either party to affiliate or contract with any other institution, on either a limited or general basis, while this agreement is in effect.

This agreement may be modified or amended by the mutual agreement of the parties; however, any such modification of amendment shall be attached to and become apart of this agreement.

This agreement has been approved and accepted by resolution of the governing body of Priority Management is henceforth in effect.

YOUR FACILITY: Chateau Terrebonne

RECEIVING FACILITY: The Woodlands

SIGNED BY: [Signature]

SIGNED BY: [Signature]

DATE: 2/3/21

DATE: 2-18-21



## 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

Name of Supplier:

Medline Industries, Inc.

Contact Person: Brad Richoux

Phone # of Contact Person: 504-908-5641

FAX#: 855-2825841

E-Mail Address: brichoux@medline.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

How long will it take to receive the delivery?

24

Date of agreement/contract/verification: 1/1/2021

Date agreement/contract ends: 12/31/2021



## Medline Industries, Inc.

Disaster preparedness and response plan for  
the continued availability of essential medical  
and surgical supplies.

Gulf Coast Disaster Plan  
Updated January 2021

### PURPOSE AND SCOPE

Medline Industries, Inc. is committed to our customers' needs in time of crisis. Our substantial investment in specialized equipment, systems and other resources has allowed us to actively and immediately respond to a wide range of disasters over the past years, playing a key or leading role for our customers in many of them. This Disaster Preparedness and Response Plan contains general, but key, information pertaining to Medline's readiness, capabilities, and service parameters in the event and/or anticipation of a disaster including a pandemic epidemic. Medline maintains a proprietary, internal, detailed plan that is used during activation of the Disaster Response Team.

This Disaster Preparedness and Response Plan provides guidance for customers who are developing their own response plan. This information should be used in conjunction with your own Internal Supply Chain Team and your Director of Emergency Preparedness, along with any of your other internal (Infection Control, Legal, Occupational Health, etc.) and external (Governmental, Homeland Security, State Police, Other 3rd Parties, etc.). Medline is available to coordinate with these internal and external teams and resources for discussion and planning purposes, in addition to working with them in times of disaster.

A Disaster Preparedness checklist can be found on Page 6 of this document. The checklist was developed to help customers prepare for a catastrophic event and includes pre- and post-event recommendations.

There is a Medline Customer Service and Operations Key Contact List on page 7. This list identifies individuals within our organization who are dedicated to meeting your needs. Branch information on page 8 is included to reassure you that Medline is well positioned to protect continuity of service. Combined, this information should help your customer partner with Medline before, during, and after catastrophic events.

Medline Operations and Inventory Management encourage you to escalate calls whenever you experience a breakdown in communication. Our expert team is dedicated to serving your needs.

### Medline Capabilities

Medline's experience includes leading air and ground efforts to move both supplies and patients during Hurricane Katrina, middle of the night inventory replenishment for customers who have experienced floods and fires, as well as massive efforts to support customers in specific geographic regions who were hit by fire; floods, ice storms, tornados and hurricanes. We've assisted customers in bringing their own facilities back online after catastrophic damage.

Our greatest strengths include our network of 40+ distribution centers with 20+ million SF, thousands of dedicated Team Members, 1,150+ power units in our owned fleet, \$2.0+ billion in domestic inventory, critical disaster response equipment, and our detailed internal disaster response plan. This is in addition to strategic contractual agreements with third party transportation providers and world class emergency preparedness and response partners that we train and work with.

MedTrans is our private truck fleet, which can provide Medline with complete control over delivery capabilities, particularly in an emergency period when there is severe competition for transportation resources. In addition to our private fleet, Medline has contractual agreements with over 100 transportation providers throughout the country, including the highest-rated, same-day/emergency delivery carriers, both ground and air.

Medline's inventory management system helps us achieve the highest service levels in the Healthcare industry. In the event of a disaster the same system can be used to redirect any portion of more than

\$2,000,000,000 of inventory into a targeted geographic area. For the Gulf Coast, our distribution centers in Auburndale, FL; Medley, FL; Oklahoma City, OK; Prattville, AL; Maumelle, AR; Katy, TX; Memphis, TN; Hammond, LA; and Covington, LA; combined with the Wilmer, TX and McDonough, GA distribution centers (two of our largest central stocking locations or "Hubs"), offer a logistical advantage in times of crisis. As situations occur, inventory is immediately re-directed to the areas with the most critical need.

We have also developed programs which allow our customers the option of stockpiling inventory on items of their choosing without incurring the additional expense of self-storage. Please let us know if you would like to review this option for your facility.

We have expanded our production facilities which are now strategically located across three continents. We also have exclusive partnerships with leading suppliers of domestic branded raw materials.

Medline is a major contractor with the Department of Defense, FEMA and the CDC National Stockpile programs.

From our Disaster Response Centers in Mundelein, IL and Dubuque, IA, we have repeatedly demonstrated our ability to successfully marshal action across our entire network of resources: products, facilities, trucks, and team members. In the event of a pandemic or other major disaster, Medline Industries, Inc. will work closely with your facility, as well as other medical facilities in the area, to ensure all customer needs are responded to as promptly as possible.

# MEDLINE EMERGENCY ACTION PLAN

In the event of a disaster or other crisis, Medline will activate its Emergency Action Plan or EAP. The Corporate Disaster Response Team (DRT) is preapproved by the Medline Board of Directors to take whatever actions and commit whatever resources (financial and operational) are required to respond in a manner consistent with Medline's Mission, Vision, and Core Values.

### Medline's Disaster Response Team (DRT)

The DRT will meet in our Disaster Response Center to determine the nature and scope of the event and initiate an appropriate response.

The DRT consists of the following: President of Global Operations, CIO, Sales EVP, VPs' Operations, VP Inventory Management, VPs' Transportation, Director of Customer Service, and the Director Operations and Warehouse Manager of affected, distribution centers and their back-up centers.

The President Global Operations or Region VP Operations will lead the DRT and utilize the detailed internal disaster plan for the specific disaster and assign action items to each member of the DRT, who will then engage all internal and external resources that are part of their response plan.

The DRT or members of the team will be dispatched to the affected site by air, if it is determined that would be more effective.

The DRT will continue to meet twice daily to reassess the situation and redirect resources when and where appropriate. This will include communications discussed below.

### Customer Communications

1. Once the nature and scope of the event is determined, the VP of Operations and the local Distribution Center Director will contact Senior Sales person(s) for the geographical area. Please note that Medline Operations sends notifications to Customer Service and Field Sales in advance and tracks any disasters that can be anticipated.
2. The Senior Sales person and VP Operations will contact customers (contacts and methods of communication vary by Customer and Request) to determine short and long term critical needs.
3. Based on Customer requirements and intensity of event, plans will be developed to ensure the requested inventory is delivered as early as possible to ensure continuity of business. All members of the DRT will be utilized (Transportation, Inventory Management, IS, Customer Service.) Please note that before we even get customer orders (except for Standing Emergency Orders which we strongly encourage customers to consider), we have already begun redirecting additional inventory to the affected area.
4. If any portion of the plan changes for any reason, the Medline VP Operations is accountable to notify Medline Senior Sales and the customer to discuss cause of change and develop alternative actions. Most of these communications occur during the twice daily Internal Medline DRT Calls and pre or post calls can also be made to any Customers who so request.

## Disaster Preparedness and Response Plan

In the event that a natural or other disaster destroys or renders a Medline facility inoperable, the following procedures are in place to maintain continuity of service:

1. One of three assigned back-up distribution centers will act as a temporary distribution center for a designated service area. Within 2 (two) hours all orders will be moved to the back-up branch until such time as the primary branch can resume operations.
2. MedTrans fleet assets, distribution personnel, and additional third party transportation assets may be repositioned to provide additional transportation and support services in areas with the most critical need.
3. As the situation dictates, inventory will be reallocated to the appropriate back-up distribution center to accommodate the increased demand.

Medline will extend its hours of operation in all appropriate locations to ensure all customers' needs are met. Medline has contractual agreements with both LTL (common) carriers and same-day express – ground and air delivery services – that will also flex their hours of operation as required.

Medline will continue to process orders and make deliveries as long as the safety of our employees is not jeopardized and local authorities do not impede service. Please note that there are varying levels of notification from local and state authorities and we monitor a number of web sources to help us make these decisions, in addition to contacting the respective agencies from our specific call list. We do move our trucks during times that agencies request all traffic to be off the roads, if there is an urgent need and after we discuss with the agencies. This need will be determined via customer discussions (Customer calls are initiated to Prime Vendor and other customers whose deliveries could be more critical) after discerning the anticipated timing of the road delay or closure and the customers determination of the criticality of their supply needs. This criticality could allow for a delay in delivery, could require a smaller part of an order to be expedited using available premium delivery methods or re-routing to other Medline DC's if delivery options are available. Our Customer Communication is preferred via our Customer Service Team or Sales Reps, but can also be delivered via email.

The DRT will provide updates to our Sales and Customer Service Teams twice daily, or any time there is a significant change in our service capabilities. These teams will then handle customer communications. As noted above, there are customers who may specifically request Medline and their DRT to provide direct updates or direct participation in their internal planning, and these will be handled as they arise.

In times of crisis, customer pickups will be available as long as the distribution facility is secure and operational. In the event of a pandemic, some other restrictions may apply in an effort to protect our employees, our customers, and their needs.



### Disaster Preparedness Checklist

- ☐ Identify your needs now. What are the special needs of your patient population? Will that population change in the event of a disaster (i.e. more long-term care needs vs. outpatient surgery)? What happens when the nursing home around the corner gets shut down or can no longer accommodate patients?
- ☐ Establish product formularies for multiple contingencies. Try to have alternates or pre-approved or "qualified" substitutes for the most critical items.
- ☐ Work with your Medline rep to prepare a pre-approved substitution list for any critical custom sterile or non-sterile kit.
- ☐ Prepare your emergency order(s) in advance. Your Medline rep can help you develop a par level of commonly ordered items or those most likely needed in responding to a particular disaster. Medline has systems in place to block, for review, orders that exceed historical usage for a customer, distribution center or geographic region. This mechanism is in place to prevent hoarding during the response phase of any disaster. Stockpiling in preparation of a disaster is encouraged and your Medline rep can help you with programs designed to mitigate the expense of carrying additional inventory. Many customers prefer the security of having additional inventory on-hand but lack the storage space to "stock-up". Medline can help arrange a trailer with supplies of your choosing and stage it at your facility. (Account will be responsible for trailer detention and appropriate return/restocking fees should the inventory not be utilized.)
- ☐ Place standing purchase orders. Medline will retain standing orders to release under a set of prior agreed to circumstances unless otherwise notified.
- ☐ Make copies! Keep hardcopies of all product formularies and their corresponding par levels, emergency orders ready to be placed and standing PO's you may have already placed. Make sure others that need to know will know where to find them and what needs to be done.
- ☐ If a disaster is imminent place your orders early - 96 hours in advance if possible, 72 hours at the latest. The closer we get to an impending disaster or a known danger the more difficult it becomes for us to do everything for everyone.
- ☐ Consolidate your orders. Multiple orders can potentially slow operations.
- ☐ Think about how supplies will get to you. Identify a back-up receiving area. Make sure other plans don't get in the way of your own. Are you prepared to handle alternate or flexible delivery times (after hours, weekends, etc.)?
- ☐ Designate a point person. Who in your facility is responsible for your disaster preparedness plan? Who is the person that will lead your facility's response? Who in your facility is responsible for coordinating with your suppliers for supply chain continuity? Your Medline rep will continue to be your primary contact for the coordination of all orders, deliveries, backorder relief as well as special needs just as they are today. Make sure your rep knows who to contact and how, and if that person isn't available, and that person, ...
- ☐ Provide a list of all facility emergency contact numbers to your Medline representative. This will ensure communication channels remain open.
- ☐ Know who to call at Medline. In addition to your Medline sales rep the only number you need is 1-800-MEDLINE.



## Key Contacts

Name	Organization/Position	Primary	Secondary
Customer Service	Monday – Friday 8:00 AM – 8:00 PM (EST)	800-633-5463	563-589-7977
Customer Service Extended Hours	Monday – Friday 8:00 PM – 8:00 AM (EST) & 24 Hours Sat. – Sun.	563-543-0558	
Bill Abington	President, Global Operations	847-949-2002	847-922-3882
Joel Bain	AVP, Operations	209-239-0020	209-587-3382
Brian Bevers	SVP, Operations	847-643-4830	847-708-7676
Jeff Brennan	VP, Transportation – Outbound	847-643-4147	847-372-7352
Duane Carter	AVP, Operations	360-491-0241	253-888-2297
Larry Corrigan	VP, Operations	847-643-4251	847-903-9661
Nick Dow	VP, Operations	847-643-4852	773-392-1704
Raymond Hamilton	Sr. Dir. Emergency Preparedness	773-308-4685	224-931-7334
Efrem Hawkins	AVP, Operations	909-429-4734 x2235	951-317-2769
Harry Hays	AVP, Operations	972-572-1001 x2223	253-468-5252
Paul Niederkorn	AVP, Operations	224-931-7668	214-762-6385
Brandon Reeder	VP, Operations	847-643-3093	206-290-5802
Ben Roedl	AVP, Operations	224-931-1067	920-210-0447
Dave Sevenikar	AVP, Operations	951-296-2600 x1232	909-376-3052
Kent Siedle	AVP, Operations	305-882-1099 x2236	954-325-2575
Shawn Simpson	AVP, Operations	812-256-2199 x2230	502-930-3766
Wes Swearingin	SVP, Operations	847-643-4255	847-445-7120

### Medline Customer Service

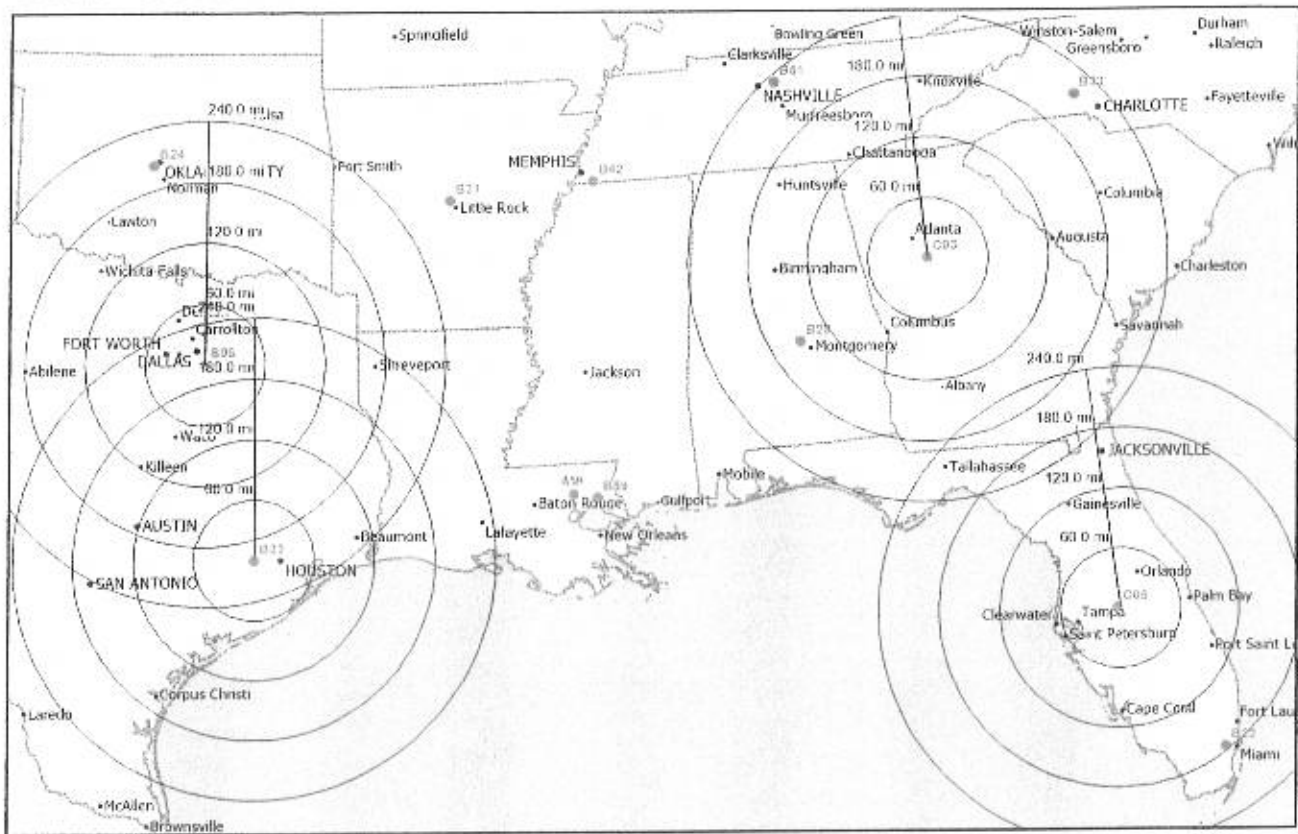
Medline's customer service department is available 24 hours a day, 365 days a year for assistance with emergency orders.

Customer service representatives have access to all DRT members as well as the most senior management of the company. Rest assured these representatives will get you to the right person within Medline to handle your special needs during a crisis.

Often the ability to dial toll-free exchanges is disrupted following a service outage. If you are unable to connect with a service representative using the toll-free number please use the secondary (direct exchange number).

# Disaster Preparedness and Response Plan

## GULF COAST DISTRIBUTION CENTERS



McDonough, GA – C03  
1500 Medline Drive  
McDonough, GA 30253

Auburndale, FL – C05  
1062 Old Dixie Highway  
Auburndale, FL 33823

Wilmer, TX – B06  
1 Medline Drive  
Wilmer, TX 75172

Medley, FL – B22  
9670 NW 112th Ave.  
Medley, FL 33178

Oklahoma City, OK – B24  
8001 SW 47th Street  
Oklahoma City, OK 73179

Prattville, AL – B28  
735 County Road 4 East  
Prattville, AL 36067

Maumelle, AR – B31  
500 Sharkey Dr  
Maumelle, AR 72113

Katy, TX – B32  
501 Commerce Parkway  
Katy, TX 77494

Memphis, TN – B42  
4500 Mendenhall Road  
Memphis, TN 38141

Hammond, LA – A59  
19230 Hipark Blvd  
Hammond, LA 70403

Covington, LA – B59  
149 New Camellia Blvd.  
Covington, LA 70433

## 2021 Nursing Home Emergency Preparedness Plan Survey

Multiple Primary Host Site(s) - print then complete the following two pages for each additional site.

I. Provide the following information:(list **primary** sites in this area, if multiple sites list each)

i. What is the name of each **primary** site(s)?

\_\_\_\_\_

ii. What is the physical address of each host site(s)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

iii. What is the distance to each host site(s)?

\_\_\_\_\_

iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?

\_\_\_\_\_

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: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

vii. What is the capacity (number of residents allowed) of each **primary** host site(s)?

➤ Capacity that will be allowed at each site:

\_\_\_\_\_

➤ 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?

\_\_\_\_\_

➤ What is host site currently being used for?

\_\_\_\_\_

➤ 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

## 2021 Nursing Home Emergency Preparedness Plan Survey

- ☐ 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
- 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.

## 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)?  
Alpine Nursing and Rehabilitation
- ii. What is the physical address of each **alternate/secondary** host site(s)?  
2401 North Service Rd E, Ruston, LA 71270  
\_\_\_\_\_  
\_\_\_\_\_
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?  
266
- 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: Thomas Little  
Phone: (318) 255-6492  
Email: tlittle@alpineskillednursing.com  
Fax: \_\_\_\_\_
- 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:  
75  
➤ 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? 48  
☐ 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.

Transfer Agreement

CHATEAU TERREBONNE HEALTH CARE

This agreement is made and entered into by and between Chateau Terrebonne Health Care, (hereinafter called "YOUR FACILITY") and Alpine Skilled Nursing + Rehab (hereinafter called "RECEIVING FACILITY"):

WHEREAS, both YOUR FACILITY and RECEIVING FACILITY desire to assure the continuity of care and treatment appropriate to the needs of each patient in the skilled nursing facility and to use the skills, resources and physical plant of both parties in a coordinated and cooperative fashion to improve patient care during times of disaster or in the need of facility evacuations

(A) Now, therefore in consideration to make a concerted effort to transfer patients as soon as practical, when the need for transfer from one of the above named facilities to the other has been determined by the attending physician, the facility administrator, or disaster response coordinator providing however, that all conditions of eligibility for admission are met.

(B) The institutions provide to each other information about the type of resources available/c to provide services and/or the type of patients or health conditions that will act be accepted by the institution; providing however, there is no discrimination on the grounds of race, color, or national origin in any manner whatsoever.

(C) The transferring facility agrees to send with each patient, at the time of transfer, or, in the case of an emergency, as promptly as possible after the transfer an abstract or the medical record including:

- (1) the current medical findings;
- (2) diagnosis;
- (3) rehabilitation potential;
- (4) a brief summary of the course of treatment followed;
- (5) nursing and dietary information useful in the care of the patient;
- (6) ambulation status;
- (7) all other administrative and social information useful to provide continuing care to the patient; and
- (8) using the transfer and referral form mutually agreed upon.

It is fully understood and agreed upon that the accepting facility will, to the extent possible, grant to the patients of Chateau Terrebonne Health Care a priority for bed availability.

This agreement shall be effective from the date of signing by both parties and shall continue in effect, except that either party may withdraw by giving 30 days written notice to the other party of its intention to terminate this agreement. However, this agreement shall be declared null and void and shall be immediately terminated should either party fail to maintain its licensure of certification status.

Nothing in this agreement shall be construed as limiting the right of either party to affiliate or contract with any other institution, on either a limited or general basis, while this agreement is in effect.

This agreement may be modified or amended by the mutual agreement of the parties; however, any such modification of amendment shall be attached to and become apart of this agreement.

This agreement has been approved and accepted by resolution of the governing body of Priority Management is henceforth in effect.

YOUR FACILITY: Chateau Terrebonne

SIGNED BY: [Signature]

DATE: 2/3/21

RECEIVING FACILITY: Alpine Skilled Nursing + Rehab

SIGNED BY: [Signature]

DATE: 2-3-2021



## 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: Pharmacy

Name of Supplier:

Partners Pharmacy.

Contact Person: Rick Delrie

Phone # of Contact Person: 337-853-1438

FAX#: \_\_\_\_\_

E-Mail Address: rick.delrie@partnerspharmacyllc.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

How long will it take to receive the delivery?

24

Date of agreement/contract/verification: 2/1/2021

Date agreement/contract ends: 12/31/2021



## DISASTER PROCEDURES

To: Administrator and D.O.N.

From: Rick Delrie

Ref: Disaster Plan

Date: February 1, 2021

Please note the following procedures in case of an evacuation:

**1) What if you have to evacuate?**

- Make sure you bring medications, current P.O. and M.A.R.'s
- Contact Partners Pharmacy to inform us where patients will be relocated.
- We will need Administrator and Director of Nursing cell phone numbers.

**2) What if you bring patients into your facility?**

- If they are Partners patients, please follow the normal process of pulling labels for refills and faxing new orders.
- If they are not Partners patients, we will need a copy of the patients face sheet information as soon as possible. Please make certain face sheet includes the following for efficiency: social security number, allergies, D.O.B., and a payer source (skilled, part D, or private pay).
- As medications are needed, a copy of the label or handwritten directions which will include patients name, physician, drug, directions, and the nurse's signature/initials should be faxed.

**Please \*\*FAX\*\* all orders instead of calling them in, unless  
you have a question that needs RPh attention.**

**This will be a tremendous help during an extremely busy time.**

**3) What if Partners Pharmacy has an emergency closing or I cannot reach them by the normal method?**

- First, we will try to contact each facility to provide direction on how to proceed.
- If you are calling and cannot reach us, please try our cell phone:
- **Homer Dupin**                      **Pharmacist In Charge (337) 842-6289**
- **Maureen Cormier**              **Pharmacy Manager (337) 274-6007**
- **Rick Delrie**                      **Managing Member (337) 853-1438**

If you cannot reach us via the office number or cell phones, please call the following numbers:

- **Partners North Pharmacy - (318) 861-7541 or (318) 573-9553 (Contact – Kathleen Tabor)**



## DISASTER PLAN AGREEMENT

Partner's Pharmacy, LLC does hereby agree that in times of emergency, disaster, or evacuation to provide services to residents of Chateau Terrebonne Health Care.

If Partner's Pharmacy, LLC is affected directly by disaster, and unable to provide needed pharmacy services, arrangements will be made for medications to be provided from another back-up location.

See attached Partner's Disaster Plan for further details of how to proceed during a disaster.

Partner's Pharmacy:

By: Rick Delino Date: 2/1/2021

Title Managing Officer

By: Janet H. Delino

Title: Administrator

Facility: Chateau Terrebonne Health Care



# 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 from Chateau Terrebonne Health Care (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 DISASTER PROCEDURES



113 Kol Drive Broussard, La 70518

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# Sysco Food Service Contact List

Sysco Customer Care Center 800/ 797-2627

Employee	Title	Cell Number	Email
Troy Boudreaux	Director Local Sales	337-252-4306	<a href="mailto:TROY.BOUDREAUX@sysco.com">TROY.BOUDREAUX@sysco.com</a>
Michael Gros	Contract Sales	337-277-4741 985-805-0196	<a href="mailto:MICHAEL.GROS@sysco.com">MICHAEL.GROS@sysco.com</a>
Jane Conley	Dietitian	337-278-9720	<a href="mailto:MARYJANE.CONLEY@sysco.com">MARYJANE.CONLEY@sysco.com</a>
Mary Jumonville	Dietitian	337-281-5091	<a href="mailto:MARY.JUMONVILLE@sysco.com">MARY.JUMONVILLE@sysco.com</a>
Erica Venable	Healthcare Specialist	337-277-2646	<a href="mailto:ERICA.VENABLE@sysco.com">ERICA.VENABLE@sysco.com</a>
Eva Marcantel	Dietitian	337-983-2822	<a href="mailto:EVA.MARCANTEL@sysco.com">EVA.MARCANTEL@sysco.com</a>
Kim Albritton	Dietitian	318-658-4692	<a href="mailto:KIMBERLY.ALBRIITON@sysco.com">KIMBERLY.ALBRIITON@sysco.com</a>
Craig Clark	District Manager Lafayette, Lake Charles, Alexandria	337-277-1074	<a href="mailto:CRAIG.CLARK@sysco.com">CRAIG.CLARK@sysco.com</a>
John DeFrances	District Manager New Orleans, Baton Rouge, Houma, Thibodaux	225-288-5722 225-622-4129	<a href="mailto:JOHN.DEFRANCES@sysco.com">JOHN.DEFRANCES@sysco.com</a>
	Transportation		<a href="mailto:429-DSC-DL@sysco.com">429-DSC-DL@sysco.com</a>



## **Resident Meal Service**

- In accordance with all state and national guidelines for emergency preparedness, Sysco Food Service recommends that all healthcare customers keep on hand a minimum of seven (7) day supply of the suggested food items in order to prepare meals during a natural disaster, especially during hurricane season (June 1-November 1).
  - Keep the Disaster Plan in a designated place where employees can locate it quickly.
    - Keep a list of phone numbers, emergency phone numbers and addresses for your employees and other essential people in the community e.g.; The Red Cross, National Guard, Security Companies that you deal with and keep this list when the disaster plan.
    - Keep additional copies at other locations in the facility and at home.
  - Meal preparation needs to be simple.
    - First – Use all edible foods in your refrigerator.
    - Second – Use as many freezer foods as possible before spoilage sets in.
    - Third – Start on your supply of non-perishable foods.
    - Use less salt in cooking- to decrease thirst sensations.
    - Print several copies of your resident tray cards to include food allergies.
    - Use disposable service as needed.
    - Evacuating preparation steps include:
      - Serve a hot meal prior to leaving the facility.
      - Prepare a bag lunch for travel.
      - Bring extra bottles of water for travel.
      - Pack extra snack items for travel.
      - Prepare a bag lunch for on-arrival at destination.
      - Place resident's diet info in Ziploc bags.
  - Remember that you may not have power.
    - Make sure you have manual can openers.
    - Have flashlights and batteries available throughout the facility.
    - An outside grill with charcoal and lighter fluid may be necessary.
    - Have at least two or three chaffers available and a supply of Sterno fuel cans.
  - Keep a supply of paper & disposables.
    - Foam divided containers, plates, bowls, cups, lids, gloves, straws.
    - Forks, spoons, knives or silverware kits.
    - Napkins, Sterno, aluminum pans & covers.
  - Keep a supply of janitorial & disinfectant products.
    - Trash liners & bleach.
    - Disinfectants & hand sanitizer.
-

## Sample 7 Day Menu

	Day 1	Day 2	Day 3
<b>Breakfast</b>	Juice ½ c	Juice ½ c	Juice ½ c
	Dry Cereal	Dry Cereal	Dry Cereal
	Bread, 1 sl	Bread, 1 sl	Bread, 1 sl
	Milk, 8 oz	Milk, 8 oz	Milk, 8 oz
	Coffee or Tea, 1 c	Coffee or Tea, 1 c	Coffee or Tea, 1 c
<b>Lunch</b>	Ravioli, 1 c	Vegetable Soup, 1 c	Chili 1 c
	Green Beans ½ c	Macaroni & Cheese, ½ c	Corn, 1/2 c
	Crackers 4 packs	Crackers 4 packs	Fritos 1 oz
	Applesauce, ½ c	Pears, ½ c	Pudding, ½ c
	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz
<b>Supper</b>	Peanut Butter Jelly	Tuna Salad, ½ c	Creole Red Beans, 1 c
	Chicken Noodle Soup, 1 c	Carrots & Peas, ½ c	Steamed Rice, ½ c
	Bread, 2 sl	Bread, 2 sl	Green Beans ½ c
	Pudding, ½ c	Peaches, ½ c	Pears, ½ c
	Milk, 8 oz	Milk, 8 oz	Milk, 8 oz
	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz
	Day 4	Day 5	Day 6
<b>Breakfast</b>	Juice ½ c	Juice 1/2c	Juice ½ c
	Dry Cereal 1 oz	Dry Cereal 1 oz	Dry Cereal 1 oz
	Bread, 1 sl	Bread, 1 sl	Bread, 1 sl
	Milk, 8 oz	Milk, 8 oz	Milk, 8 oz
	Coffee or Tea	Coffee or Tea	Coffee or Tea
<b>Lunch</b>	Chicken Salad, ½ c	Sloppy Joe ½ c (Chili with Mix)	Chicken Stew
	Beef Salad, ½ c	Corn, ½ c	Green Peas
	Bread, 2 sl	Bread, 2 sl	Steamed Rice ½ c
	Fruit Cocktail, ½ c	Pears, ½ c	Pudding, ½ c
	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz
<b>Supper</b>	Corned Beef Hash, 1 c	Peanut butter & Jelly	Vegetable Soup 1 c
	Mixed Vegetables ½ c	Sliced Carrots, ½ c	Macaroni & Cheese ½ c
	Crackers 4 packs	Bread, 2 sl	Potato Chips 1 oz
	Peaches	Applesauce, ½ c	Fruit Cocktail ½ c
	Milk, 8 oz	Milk, 8 oz	Milk, 8 oz
	Coffee or Tea	Coffee or Tea	Coffee or Tea
	Day 7		
<b>Breakfast</b>	Juice ½ c		
	Dry Cereal 1oz		
	Bread, 1 sl		
	Milk, 8 oz		
	Coffee or Tea		
<b>Lunch</b>	Meat Sauce (Chili & Spaghetti Sauce) 1c		
	Mixed Vegetables, ½ c		
	Spaghetti Noodles 1 oz		
	Cookies 2 each		
	Coffee or Tea, 8 oz		
<b>Supper</b>	Chicken Salad, ½ c		
	Sliced Carrots ½ c		
	Bread, 2 sl		
	Potato Chips		
	Milk, 8 oz		
	Coffee or Tea		

## Food & Supplies

\*\*\*DOERLE Food Service may make substitutions or pack size changes should product availability become an issue.

Doerle Item#	Description	Quantity	Need to Stock
1933074	Bleach 6/1 gallon	As needed	2
1155730	Plastic forks	1000 each	5
6683916	Plastic knives	1000 each	3
1161821	Plastic spoons	1000 each	3
1535648	8-9 oz cold cups	2500 each	3
4922076	8 oz hot cups	1000 each	3
4134201	8 oz bowls	1000 each	1
8966550	3-compartment trays	As needed	10

Juice	Description	Quantity for 100	Pack	Need to Stock
6347629	Apple	3 cases	48/5.5 oz	5
6347660	Orange	3 cases	48/5.5 oz	5
Cereal	Description	Quantity	Pack	
3132883	Cornflakes	2 cases	96/bowl	3
3133204	Raisin Bran	2 cases	96/bowl	3
Bread	Description	Quantity	Pack	
7082648	White	4 each	7/20 oz	50
Jelly	Description	Quantity	Pack	
4043899	Assorted	1 case	200/5 oz	4
6937445	Low Calorie	1 case	400 ct	2
5477021	Grape Jelly	1 case	6/#10	1
Vegetables	Description	Quantity	Pack	
7082848	Instant Potatoes	1 case	6/#10	4
5867676	Sliced Carrots	1 case	6/#10	3
4062618	Green Beans	1 case	6/#10	3
1322197	Sweet Peas	1 case	6/#10	3
4015665	Corn	1 case	6/#10	3
Fruits	Description	Quantity	Pack	
4062030	Applesauce	1 case	6/#10	6
2182208	Pears	1 case	6/#10	6
3678893	Peaches	1 case	6/#10	6
Entrees	Description	Quantity	Pack	
8682692	Tuna Fish	1 case	6/66 oz	2
4232690	Creole Red Beans	1 case	6/#10	2
4239497	Ravioli	1 case	6/#10	2
7082907	Parboiled Rice	1 case	50#	2
2979417	Chili	1 case	6/#10	2
8082992	Peanut Butter	1 case	6/5#	2
5284274	Cheese Sauce	1 case	6/#10	2
4862702	Macaroni	1 case	2/10#	2
Soup	Description	Quantity	Pack	
4045167	Chicken Noodle	1 case	12/49.5 oz	2
4045233	Vegetable Soup	1 case	12/49.5 oz	2
Pudding	Description	Quantity	Pack	
5763834	Vanilla	2 cases	48/ 4 oz	6
0664452	Vanilla NSA	As needed	12/ 4 pk	3
Cookies	Description	Quantity	Pack	
2872372	Assorted Cookies	3 cases	1/10#	6
Water	Description	Quantity	Pack	
7082978	Water	9 case	6/ 1 gallon	1600
Cookies	Description	Quantity	Pack	
2872372	Assorted	1 case	1/ 10#	1
Crackers	Description	Quantity	Pack	
4204996	Saltine	1 case	500/ 2 pk	1

## 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 1<sup>st</sup>, 2021 to February 1<sup>st</sup>, 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](http://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: \_\_\_\_\_

Emergency Food & Supply List Attached

☒ Yes

☐ No

Initial

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

**Sysco** GO FURTHER  
Gulf Coast Region

## Facility Contact Information

Facility Name: Chateau Terrebonne Health Care

Facility Phone Number: 985-872-4533

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Primary Contact: Charlie Pearce Executive Director

Title: E.D.

Cell Phone Number: 985-414-4652

Text Messaging Available: ☒ Yes ☐ No

Email Address: cpearce@c+healthcare.net

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Alternate Contact: Jarred Portier

Cell Phone Number: 985-804-4235

Text Messaging Available: ☒ Yes ☐ No

Email Address: jportier@c+healthcare.net

### Evacuation Information:

Evacuation Address: 8422 Knottwood Rd.  
Leesville, LA 71446

Evacuation Phone Number: 337-329-6578

Complete and **EMAIL** Copy to:

Jane Conley, MPH, RDN, LDN

[maryjane.conley@sysco.com](mailto:maryjane.conley@sysco.com)

p. 337-252-4323 c. 337-278-9720

Retain original for your files.

**Sysco** GO FURTHER   
Gulf Coast Region



## CERTIFICATE OF AUTHORITY

### Instructions:

1. In blank (1), fill in the name of the person signing this certificate on behalf of the company. The person signing the certificate should be an officer, director, or authorized manager or member of the company. The Terrebonne Parish Office of Homeland Security and Emergency Preparedness ("OHSEP") reserves the right to verify the authority of this person to obligate the company, but OHSEP shall not be required to do so.
2. In blank (2), fill in the official job title and/or position of the person signing this certificate on behalf of the company.
3. In blank (3), fill in the proper name of the company.
4. In blanks (4), (5), and (6), fill in the name(s) of the employee(s) or agents of the company who will be authorized to act on behalf of the company in connection with the Terrebonne Parish Re-Entry Pass Distribution Program, as further detailed below. If the person signing this certificate will be acting on behalf of the company in connection with the program, include that name here, as well.
5. Sign the certificate in blank (7). The person signing blank (7) should be the person whose name is written in blank (1).
6. Mail, fax, or email this executed certificate to: Terrebonne Parish OHSEP, 101 Government St., Gray LA 70359; via fax to 985-850-4643; or via email to [reenfrvprogram@tpce.org](mailto:reenfrvprogram@tpce.org). Re-entry passes shall be withheld pending receipt of a properly executed certificate.

## CERTIFICATE OF AUTHORITY

The undersigned, (1) Jarred A. Portier, being the (2) Administrator of (3) Chateau Terrebonne Health Care (the "Company"), and acting in such capacity, hereby certifies that:

(4) Jarred Portier, Administrator  
(name of person authorized to act on behalf of company) (title)

(5) Charlie Pearce, Executive Director  
(name of person authorized to act on behalf of company) (title)

(6) Elise Boyd, Director of Nurses  
(name of person authorized to act on behalf of company) (title)

is/are hereby each authorized, empowered and directed for and on behalf of the Company to complete online registration and updates for the Terrebonne Parish Re-Entry Pass Distribution Program, to obtain re-entry passes from the Terrebonne Parish Office of Homeland Security and Emergency Preparedness, to distribute those passes to Company's employees for use in re-entering Terrebonne Parish following an evacuation in connection with a storm event or other disaster, and to sign, execute, obligate and bind the Company on or in any and all contracts and terms and conditions which this Company might encounter for the Company's registration and participation in the Terrebonne Parish Re-Entry Pass Distribution Program, under such terms, conditions and stipulations, and for such consideration as he/she might deem to be in the best interest of the Company, and to provide for any and all related matters, and to do and sign all acts necessary to effectuate the same.

(7) [Signature] Date: 2/18/21

NOTE: By signing this certificate, you hereby declare that you have the proper authority to so act on behalf of the Company herein, and that the Terrebonne Parish Consolidated Government, Terrebonne Parish Sheriff's Office, Houma Police Department, Terrebonne Parish Office of Homeland Security and Emergency Preparedness, and any other agency assisting in the Terrebonne Parish Re-Entry Pass Distribution Program, may rely on your signature as a binding and enforceable act of the Company. You further declare that you acknowledge and understand the purposes and regulations of the Terrebonne Parish Re-Entry Pass Distribution Program and you agree to abide by the terms and conditions of the program.

## 2021 Nursing Home Emergency Preparedness Plan Survey

### AUTHENTICATION

Facility Name (Print):

Chateau Terrebonne Health Care

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: 2/18/2021

Facility Administrator Name (PRINT): Jarred A. Portier

Facility Administrator Signature:

A handwritten signature in black ink, appearing to read "Jarred A. Portier", is written over a horizontal line.

Comments:

\_\_\_\_\_