

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):

LEGACY OF MORGAN CITY

Name of Administrator (Print):

JEREMY RYMAN

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

Phone #: 985-384-1726

Cell Phone #: 318-243-1841

Administrator E-Mail: jeremy.ryman@legacynursingrehab.com

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

Name: CHELSEA ONCALE

Position: DIRECTOR OF NURSING

Phone #: 985-384-1726

Cell Phone #: 985-665-3085

E-Mail: chelsea.rentrop@legacynursingrehab.com

Physical or Geographic address of Facility (Print):

740 JUSTA STREET

MORGAN CITY, LA. 70380

Longitude: 91 10'45"

Latitude: 29 41'50"

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VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: LEGACY OF MORGAN CITY

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**.

DAVID NAQUIN DIRECTOR OF OFFICE OF EMERGENCY PREPAREDNESS SURVEY

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

Date submitted: 2/26/2021

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.

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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. 32 Hours before the arrival of the hurricane.

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

TITLE/POSITION: DIRECTOR OF OFFICE OF EMERGENCY PREPAREDNESS

NAME: DAVID NAQUINN

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. 32 Hours before the arrival of the hurricane.

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

TITLE/POSITION: DIRECTOR OF OFFICE OF EMERGENCY PREPAREDNESS

NAME: DAVID NAQUIN

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

A. Facility Description:

1. What year was the facility built? 1966

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. AGE OF BUILDING

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 4'7" feet above sea level.

b) Air conditioner (HVAC) is 6 feet above sea level.

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- c) Generator(s) is 6 feet above sea level.
- d) Lowest electrical service box(s) is 10 feet above sea level.
- e) Fuel storage tank(s), if applicable, is N/A 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**

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

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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: 4'7"

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

- a) ☐ Yes
- b) ☒ No

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

- a) ☐ Yes
- b) ☒ No

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

- a) ☒ Yes
- b) ☐ No

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

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

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

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

 - b) What is the **wattage(s)** of the generator(s)? Give answer in **kilowatts (kW)**.
 1st; 130KW 2nd generator; _____ 3rd generator; _____

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

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

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

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

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

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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: CITY OF MORGAN CITY
- ii. Account #: STMARYCU01

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

- i. Suppliers name: CITY OF MORGAN CITY
- ii. Account #: STMARYCU01

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

- i. Suppliers name: CITY OF MORGAN CITY
- ii. Account #: STMARYCU01

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: 88
 - b) If the facility had to be evacuated today to the host facility(s) - answer the following using current resident census and their transportation requirements:
 - i. How many high risk patients (RED) will need to be transported by **advanced life support ambulance** due to dependency on mechanical or electrical life sustaining devices or very critical medical condition? Give the total number of residents that meet these criteria the facility would need its named ambulance provider to transport.
RED: 0
 - ii. How many residents (YELLOW) will need to be transported by a **basic ambulance** who are not dependent on mechanical or electrical life sustaining devices, but who cannot be transported using normal means (buses, vans, cars). For example, this category might include patients that cannot sit up, are medically unstable, or that may not fit into regular transportation? Give the total number of residents that meet these criteria the facility would need its named ambulance provider to transport.
YELLOW: 10
 - 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: 45
 - 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: 10
 - 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?

25

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 _____ 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)?
PORT ALLEN CARE CENTER
 - ii. What is the physical address of each host site(s)?
403 NORTH 5TH STREET
PORT ALLEN, LA. 70767
225-346-8815
 - iii. What is the distance to each host site(s)?
64 MILES
 - iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
NO

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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: MEAGAN LANDRY/KIM JONES
Phone: 225-346-8815
Email: MLANDRY@LEGACYNURSINGREHAB.COM/KIM.JONES@LEGACYNURSINGREHAB.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:

➤ Total Capacity of all primary sites:

➤ 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

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☐ 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.

- 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)?

- ii. What is the physical address of each **alternate/secondary** host site(s)?

- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?

- 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: _____

Phone: _____

Email: _____

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:

➤ Total Capacity of all **alternate/secondary** sites:

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- 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?

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

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

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

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☐ Yes. If No - complete and mark Yes.

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5. Non-perishable food or nourishment – for sheltering in place or for host site(s)

- a) For Sheltering In Place, does facility have – **on site** - a seven day supply of non-perishable food/nourishment that meets all resident's needs?

☐ Yes. If yes go to - B. 5. c)

☒ No. If no go to - B. 5. b)

- b) Provide the following if no onsite supply:

- i. Does facility have a current or currently verified contract to have a seven day supply of non-perishable food that meets all resident's needs delivered prior to a foreseeable emergency event?

☒ Yes, go to - B. 5.b). ii, iii, iv

If No - obtain supply or contract then mark appropriate answer.

- ii. Does each contract contain all of the following?

- name of supplier?
- specified time or timeline (H-Hour) that supplier will need to be notified
- contact information of supplier

☒ Yes. If No - obtain information then mark Yes.

- iii. Have copies of each **signed and dated contract/agreement** been included for submitting?

☒ Yes. If No - obtain and mark Yes.

- iv. Has a cover page been completed and attached for each contract/agreement. **(blank form provided)**

☒ Yes. If No - complete and mark Yes.

- c) For evacuations, does facility have provisions for **food/nourishment supplies at host site(s)**?

☒ Yes. If No - make necessary arrangements then mark Yes.

- d) Is there a means to prepare and serve food/nourishment at host site(s)?

☒ Yes. If No - make necessary arrangements then mark Yes.

6. Drinking Water or fluids – for sheltering in place – one gallon per day per resident.

- a) Does facility have – **on site** - a seven day supply of **drinking water or fluids** for all resident's needs?

☐ Yes. Go to B. 6. c)

☒ No. If No See B. 6.b)

- b) If no, provide the following:

- i. Does facility have a current contract for a seven day supply of drinking water or fluids to be delivered prior to a foreseeable emergency event?

☒ Yes, see B. 6.b). ii, iii, iv,

If No - please obtain supply or contract.

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.

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- c) For **evacuation**, does facility have provisions for **medications at host site(s)**?

☒ Yes

If No - make necessary provisions for medications then mark Yes.

8. **Medical, Personal Hygiene, and Sanitary Supplies** – for sheltering in place or for host site(s)

- a) Does facility have –**on site**– medical, personal hygiene, and sanitary supplies to last seven days for all resident's needs?

☒ Yes. go to - B. 8. c)

☐ No. go to - B. 8. b) i,ii,iii,iv

- b) If no, provide the following:

- 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? RADIO

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

☒ Yes. Name equipment: CELL PHONES

☐ No

- iii. Is the equipment tested?

☒ Yes

☐ No

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- iv. Is the **monitoring** equipment powered and operable during utility outages?
☒ Yes.
☐ No.
- v. Are there provisions/plans for facility to **monitor** emergency broadcasts and alerts at **evacuation site**?
☒ Yes
☐ No

b) **Communicating- send and receive-** with emergency services and authorities. Provide the following:

- i. What equipment does facility have to **communicate** during emergencies?
RADIO
- ii. Is there back up or alternate equipment used to send/receive and what is it?
☐ Yes. Name equipment: _____
☒ No
- iii. Is the equipment tested?
☒ Yes
☐ No
- iv. Is the **communication** equipment powered and operable during utility outages?
☒ Yes.
☐ No
- v. Are there provisions/plans for facility to send and receive **communications** at evacuation site?
☒ Yes
☐ No

C. All Hazard Analysis

1. Has the facility identified potential emergencies and disasters that facility may be affected by, such as fire, severe weather, missing residents, utility (water/electrical) outages, flooding, and chemical or biological releases?

☒ Yes

If No - identify, and then mark Yes to signify that this has been completed.

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

A. Plans for **sheltering in place**

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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- d) Does facility have written viable plans for receiving information from emergency services and authorities before, during, and after event?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- e) Does facility have written viable plans for contacting emergency services and authorities before, during, and after event?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
5. Does facility have written viable plans for providing emergency medical care if needed while sheltering in place?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
6. Does facility have written viable plans for the preparation and service of meals while sheltering?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
7. Does facility have written viable plans for repairing damages to the facility incurred during the emergency?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- B. Plans for Evacuation
1. Does facility have written viable plans for adequate transportation for transporting all residents to the evacuation host site(s)?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- a) Does facility have written viable plans for adequate staffing for the loading of residents and supplies for travel to evacuation host site(s)?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- b) Does facility have written viable plans for adequate staffing to ensure that all residents have access to licensed nursing staff and appropriate nursing services during all phases of the evacuation?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- c) Does facility have written viable plans for adequate staffing for the unloading of residents and supplies at evacuation host site(s)?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes

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

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

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- f) A plan to notify Health Standards Section within 48 hours of any deviations or changes from original notification?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
3. Does facility have written viable plans for receiving and sending emergency information during emergencies?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
4. Does facility have written viable plans for monitoring emergency alerts and broadcasts at all times?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
5. Does facility have written viable plans for notifying authorities of decision to shelter in place or evacuate?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
6. Does facility have written viable plans for notifying authorities and responsible parties of the locations of all residents and any changes of those locations?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- E. Does facility have written viable plans for entering all required information into the Health Standards Section's (HSS) emergency preparedness webpage?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes
- F. Does facility have written viable plans for triaging residents according to their transportation needs?
☒ Yes
If No - Planning is needed for compliance. Complete then mark Yes

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

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

Provide Name: DAVID NAQUIN

Position: LOCAL EOP DIRECTOR

Emergency contact information:

Phone: 337-828-4100 EXT 135

Email: DNAQUIN@STMARYPARISHLA.GOV

Fax: 337-828-4092

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

Provide Name: JEREMY RYMAN

Position: ADMINISTRATOR

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Emergency contact information:

Phone: 318-243-1841

Email: JEREMY.RYMAN@LEGACYNURSINGREHAB.COM

Fax: 985-384-4942

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

Provide Name: JEREMY RYMAN

Position: ADMINISTRATOR

Emergency contact information:

Phone: 318-243-1841

Email: JEREMY.RYMAN@LEGACYNURSINGREHAB.COM

Fax: 985-384-4942

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

Provide Name: CHELSEA ONCALE

Position: DIRECTOR OF NURSING

Emergency contact information:

Phone: 985-665-3085

Email: CHELSEA.RENTROP@LEGACYNURSINGREHAB.COM

Fax: 985-384-4942

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

Provide Name: JEREMY RYMAN

Position: ADMINISTRATOR

Emergency contact information:

Phone: 318-243-1841

Email: JEREMY.RYMAN@LEGACYNURSINGREHAB.COM

Fax: 985-384-4942

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:

KORI MONTET

- 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:

JEREMY RYMAN

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?

KORI MONTET

- a) Resident's identification.

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- b) Resident's current or active diagnoses.
 - c) Resident's medications, including dosage and times administered.
 - d) Resident's allergies.
 - e) Resident's special dietary needs or restrictions.
 - f) Resident's next of kin, including contact information.
4. Title or position of person(s) assigned to ensure that an adequate supply of the following items accompany residents on buses or other transportation during all phases of evacuation?

ROSALYN BURNEY

- 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?

JEREMY RYMAN

V. Administration & Logistics

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

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

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

VI. Plan Development and Maintenance

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

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

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☐ Yes

No - Complete this step then mark Yes

VII. Authentication

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

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

2021 Nursing Home Emergency Preparedness Plan Survey

AUTHENTICATION

Facility Name (Print):

LEGACY OF MORGAN CITY

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: 2-26-2021

Facility Administrator Name (PRINT): JEREMY RYMAN

Facility Administrator Signature: _____

A handwritten signature in black ink, appearing to read 'Jeremy Ryman', is written over a horizontal line.

Comments:

2021 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

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

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

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

Name of transportation resource provider (print):

ACADIAN AMBULANCE

Contact Person: CARLO GAGLIANO JR

Phone # of Contact Person: 985-637-0693

Physical Address of transportation provider:

130 EAST KALISTE SALOOM ROAD
LAFAYETTE, LA, 70508

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?

5

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

2

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

AMBULANCE

Total number of transport vehicles to be provided: 6-8

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

15-30

Is the transportation air conditioned? ☒ YES ☐ NO

If transportation is facility owned attach verification of ownership.

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

Date agreement/ contract ends: RENEWS YEARLY



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 Legacy Nursing and Rehabilitation of Morgan City (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.

SCHEDULE A PAYMENT AND BILLING

Ground Ambulance:

Except as specifically stated below, SUPPLIER shall bill and collect for its services from the patient's third party payer or from the patient directly, and FACILITY shall have no obligation to pay SUPPLIER for its services.

FACILITY shall pay SUPPLIER directly for ambulance transports as described on the attached Exhibit A only when any of the following circumstances exists:

- When the transport is not considered a medical necessity as defined by Center for Medicare and Medicaid Services ("CMS") in 42 CFR Part 410.40 ("Medical Necessity"), and the payer is Medicare or Medicaid.
- When the transport is for roundtrip transport of patients covered by FACILITY'S inpatient Medicare DRG, Medicaid DRG, Consolidated Billing or Prospective Payment System guidelines.
- When the patient is indigent (Refer to Article I DEFINITIONS).
- When authorized, scheduled or requested by FACILITY.

For ground ambulance inpatient roundtrip transports in which the patient is a Beneficiary of Medicaid or a Medicaid managed care plan where FACILITY is responsible for ground ambulance transportation, FACILITY shall be subject to 100% of the then Medicaid Allowable. All other rates will be billed at the then prevailing Medicare rate.

EXHIBIT A – Acadian Ambulance Service, Inc
Transport Rates & Service Descriptions
Legacy Nursing and Rehabilitation of Morgan City
Medicare Local 99LA

A. Ground Ambulance

Item	HCPC	Rate	Medicaid Rate
BLS Non Emergency	A0428	100% Medicare Allowable	100% Medicaid Allowable
ALS1 Non Emergency	A0426	100% Medicare Allowable	100% Medicaid Allowable
BLS Emergency	A0429	100% Medicare Allowable	100% Medicaid Allowable
ALS1 Emergency	A0427	100% Medicare Allowable	100% Medicaid Allowable
ALS2 Emergency	A0433	100% Medicare Allowable	100% Medicaid Allowable
Specialty Care	A0434	100% Medicare Allowable	100% Medicaid Allowable
Mileage	A0425	100% Medicare Allowable	100% Medicaid Allowable

Rates are subject to change annually when rates are published by the Centers for Medicare and Medicaid Services. You may refer to the CMS link below for more information.

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/afspuf.html>

B. Other

Bariatric Surcharge (Rate is applied in addition to appropriate base rate and mileage.)	\$250.00
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Service Descriptions

HCPC Code	Type of Service	Description of Service
A0428	BLS	Basic Life Support (BLS): Where medically necessary, the provision of basic life support (BLS) services as defined in the National EMS Education and Practice Blueprint for the EMT-Basic including the establishment of a peripheral intravenous (IV) line, to the extent permitted by State law.
A0429	BLS-E	Same as above, but rendered under emergency conditions.
A0426	ALS	Advanced Life Support, Level 1 (ALS1): Where medically necessary, the provision of an assessment by an advanced life support (ALS) provider and/or the provision of one or more ALS interventions. An ALS provider is defined as a provider trained to the level of EMT-Intermediate or Paramedic as defined in the National EMS Education and Practice Blueprint. An ALS intervention is defined as a procedure beyond the scope of an EMT-Basic as defined in the National EMS Education and Practice Blueprint, to the extent permitted by State law.
A0427	ALS-E	Same as above, but rendered under emergency conditions.
A0433	ALS2	Advanced Life Support, Level 2 (ALS2): Where medically necessary, transportation either by ground ambulance vehicle, medically necessary supplies and services, three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion excluding crystalloids (hypotonic, isotonic and hypertonic solutions) such as dextrose, normal saline or ringer's lactate, or transportation, medically necessary supplies and services, and the provision of at least one of the following procedures: Manual defibrillation/cardioversion, Endotracheal intubation, Central venous line, Cardiac pacing, Chest decompression, surgical airway, Intraosseous line.
A0434	SCT	Specialty Care Transport (SCT): Where medically necessary, in a critically injured or ill patient, a level of inter-facility service provided beyond the scope of the Paramedic as defined in the National EMS Education and Practice Blueprint. This is necessary when a patient's condition requires ongoing care that must be provided by one or more health professionals in an appropriate specialty area (nursing, medicine, respiratory care, cardiovascular care, or paramedic with additional training); to the extent permitted by State law.
A0424	Bariatric Surcharge	Bariatric services may be provided, based upon availability of bariatric unit, patient necessity, for a patient whose weight is in excess of 500 pounds or request from FACILITY. Bariatric services consist of the use of special equipment, additional personnel and other services as needed based upon the patient's condition at the time of transport.

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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 SUPPLIES

Name of Supplier:

MEDLINE

Contact Person: JAMES DAUGHTERY

Phone # of Contact Person: 251-281-4698

FAX#: _____

E-Mail Address: JDAUGHTERY@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?

ASAP

How long will it take to receive the delivery?

ASAP

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

Date agreement/contract ends: RENEWS YEARLY



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

Disaster Preparedness and Response Plan

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.

Disaster Preparedness and Response Plan

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.

Disaster Preparedness and Response Plan

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.

Disaster Preparedness and Response Plan

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

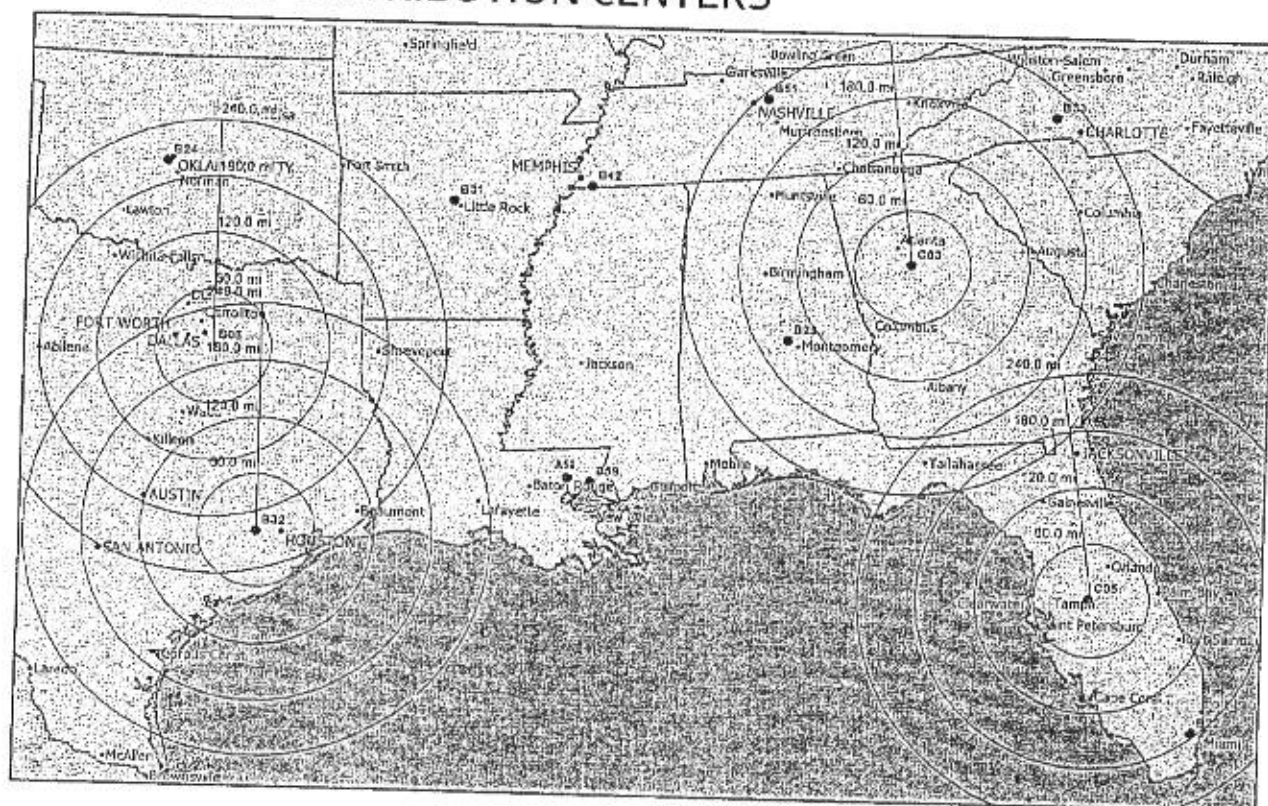
Medline's customer service department is available 24 hours a day, 365 days a year for assistance with emergency orders.

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

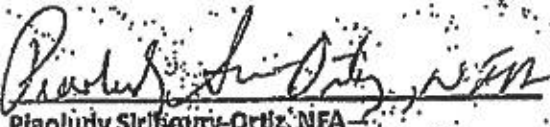
Covington, LA - B59
149 New Camellia Blvd.
Covington, LA 70433



Host Site Agreements

All facilities listed within this agreement are in understanding that in the event of a disaster requiring the evacuation of any Legacy residents and staff they will serve as host sites.

Effective for the year of 2021.



Paoludy Siriboury-Ortiz, NFA
Legacy of Bryan

2-18-2021

Date

PH#: 979-776-7521

2817 Kent Street

Bryan, TX 77802

Number of Licensed Beds:

Date of Agreement Effective: 1/1/2021

Date Agreement Ends: Will renew annually

Kaci Berryhill, NFA
Legacy of Cameron

Date

PH#: 254-697-6464

2202 N. Travis Avenue

Cameron, TX 76520-1665

Number of Licensed Beds:

Date of Agreement Effective: 1/1/2021

Date Agreement Ends: Will renew annually

Dan Rodriguez, NFA
Legacy of Franklin

Date

PH#: 337-828-1918

1907 Chinaherry Street

Franklin, LA 70538

Number of Licensed Beds:

Date of Agreement Effective: 1/1/2021

Date Agreement Ends: Will renew annually


Jeremy Ryman, NFA
Legacy of Morgan City

2-22-21

Date

PH#: 985-384-1726

740 Justa Street

Morgan City, LA 70380

Number of Licensed Beds:

Date of Agreement Effective: 1/1/2021

Date Agreement Ends: Will renew annually

Deidra Jones, NFA
Legacy of Port Allen

Date _____

Aaron Eskline, NFA
Legacy of Plaquemine

Date _____

Legacy of Tallulah

Date _____

Chris Thorton, NFA
Legacy of Wlnnsboro

Date _____

Jared Allen, Chief of Operations
Legacy Management Group of Louisiana, LLC

PH#: 225-346-8815
403 North 15th Street
Port Allen, LA 70767
Number of Licensed Beds: 125
Date of Agreement Effective: 1/1/2021
Date Agreement Ends: Will renew annually

Ph#:225-687-0240
59215 River West Drive
Plaquemine LA 70764
Number of Licensed Beds: 151
Date of Agreement Effective: 1/1/2021
Date Agreement Ends: Will renew annually

PH#: 318-574-8111
32 Crothers Drive
Tallulah, LA 71282
Number of Licensed Beds:
Date of Agreement Effective: 1/1/2021
Date Agreement Ends: Will renew annually

PH#: 318-435-6111
804 Polk Street
Winnsboro, LA 71295
Date of Agreement Effective: 1/1/2021
Date Agreement Ends: Will renew annually

Date _____

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

☐ No

2021 Nursing Home Emergency Preparedness Plan Survey

- 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)?

- ii. What is the physical address of each **alternate/secondary** host site(s)?

- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?

- 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: _____
Phone: _____
Email: _____
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:

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

➤ What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

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



LOCATIONS [v](#) CONTACT



EMAIL US
info@legacynursingrehab.com

HOME ABOUT US FACILITIES [v](#) RESOURCES CONNECT [v](#)

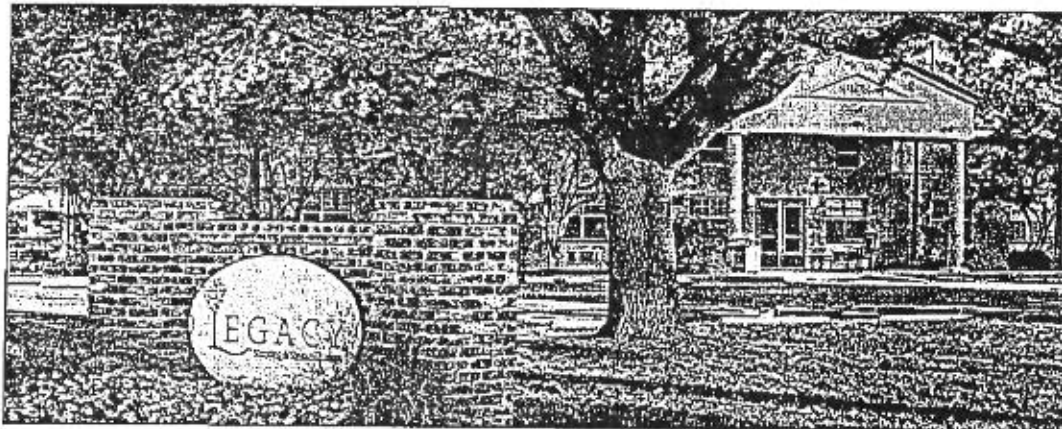
PORT ALLEN, LA

Nestled Quietly near the River

[Home](#) / [Facilities](#) / [Port Allen, LA](#)

Location Information

[v](#) Amenities [Services](#) [Financing](#) [Connect](#)



About Legacy in Port Allen

Our quiet Port Allen facility is home to a bird aviary where the birds were hand chosen to provide comfort and joy to our residents who suffer with mental health issues. Legacy of Port Allen specializes in providing activities and services to our predominately psychiatric population. The staff of Legacy in Port Allen take pride in loving our residents as our own family learning their specific histories, behaviors, and current preferences.

Mental health matters - our mental health professionals visit monthly to assure our residents enjoy the best possible health, and the entire parameters of the facility are secured for the protection of our residents. We also encourage our residents who benefit from it to participate in outpatient day programs where they see extra mental and behavioral health professionals, visit with others in the community, and participate in therapeutic activities. The happy times don't stop there though - we also hold regular mass, rosary, bingo, pretty nats, several socials for holidays or special occasions, ice cream truck, and even monthly birthday parties!

Meals are special too! While we are required to offer alternative meal choices for every meal, we don't stop there and typically have extra alternatives such as fresh salads or soup and sandwich choices. We also provide residents specialized diets to complement our intensive physical therapy programs. Legacy of Port Allen also has Speech and Occupational Therapy programs as well.



DEIDRA S. JONES, NFA

Administrator

[MORE](#)

Join our Legacy of Port Allen family where you will feel welcome and right at home!

Our residents enjoy an annual crawfish boil during Nursing Home Week, a fish fry for Easter, and we really enjoy celebrating the holidays! We throw an annual Halloween Party with a Costume Contest, a delectable Thanksgiving Dinner, an enormous Christmas Party with Santa and gifts, and a Fall Festival with games, prizes, and jambalaya. Between those wonderful occasions we schedule outings such as the Zoo and Casino as well.

Facility Photos



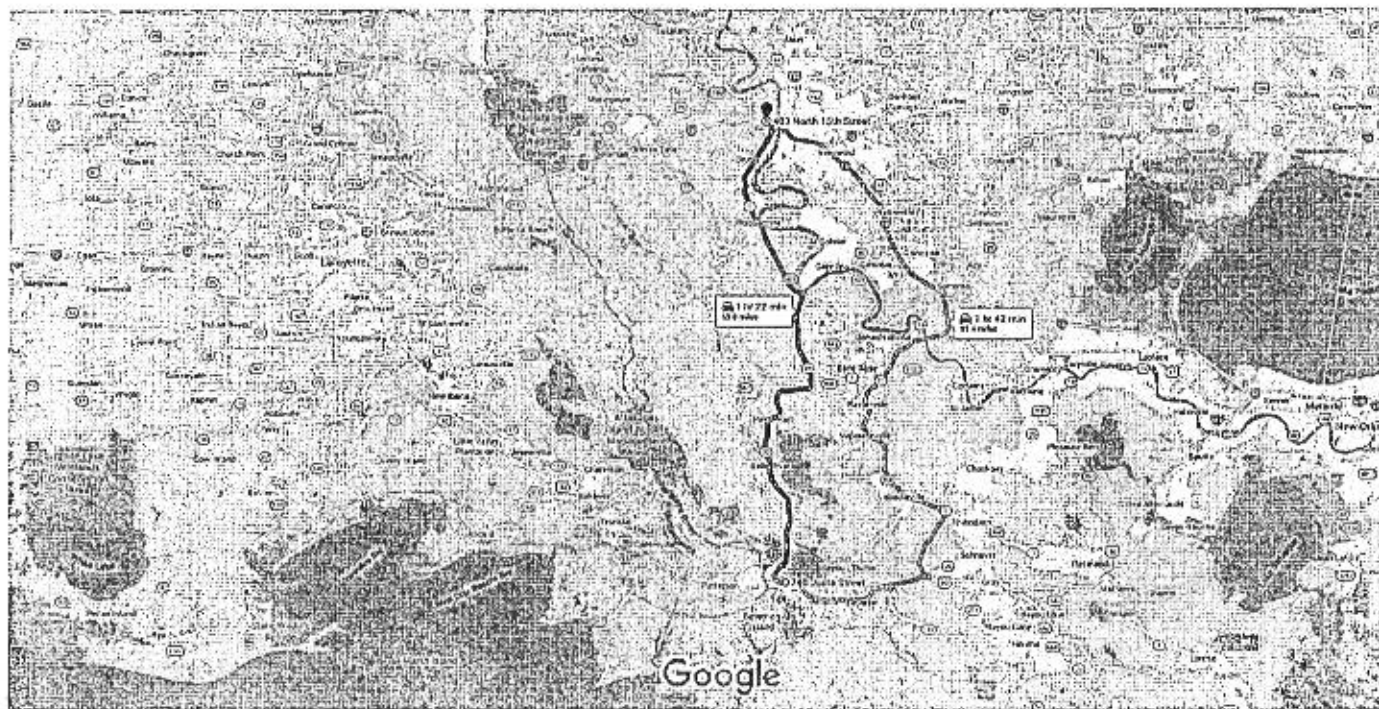
SCHEDULE AN APPOINTMENT TODAY!

CALL OR EMAIL NOW TO FIND OUT WHAT WE CAN DO TO HELP YOU WITH YOUR LONG TERM CARE NEEDS.

[CONTACT US](#)

740 Justa St, Morgan City, LA 70380 to 403 N
15th St, Port Allen, LA 70767

Drive 63.8 miles, 1 hr 22 min



Map data ©2021 INEGI 5 mi _____

Morgan City, LA 70380

7

5 min (2.0 mi)

1. Head north toward Roderick St 128 ft
2. Turn left onto Roderick St 79 ft
3. Turn left onto Justa St 0.1 mi
4. Turn right onto Allison St 0.2 mi
5. Turn right onto Dr M.L.K. Jr Blvd 351 ft
6. Turn left onto Victor II Blvd 0.9 mi
7. Turn right onto David Dr 0.7 mi

1 hr 17 min (61.6 mi)

2/26/2021

740 Justa St, Morgan City, LA 70380 to 403 N 15th St, Port Allen, LA 70767 - Google Maps

- 8. Turn right onto LA-70 E/Marguerite St
 - 📍 Continue to follow LA-70 E
 - 15.4 mi
- 9. Turn right to stay on LA-70 E
 - 11.7 mi
- ⬅ 10. Turn left onto LA-69 N
 - 11.3 mi
- ⬅ 11. Turn left onto LA-1 N
 - 22.7 mi
- ⬅ 12. Turn left onto Court St
 - 0.5 mi

Continue on N 15th St to your destination

- 13. Turn right onto N 15th St
 - 1 min (0.2 mi)
- ⬅ 14. Turn left
 - 0.2 mi
- 15. Turn right
 - 121 ft
 - 📍 Destination will be on the left
 - 154 ft

403 N 15th St

Port Allen, LA 70767

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.



LOCATIONS ▾ CONTACT



EMAIL US
info@egacynursingrehab.com

HOME ABOUT US FACILITIES ▾ RESOURCES CONNECT ▾

PLAQUEMINE, LA

A beautiful Midtown Location

Home / Facilities / Plaquemine, LA

Location Information

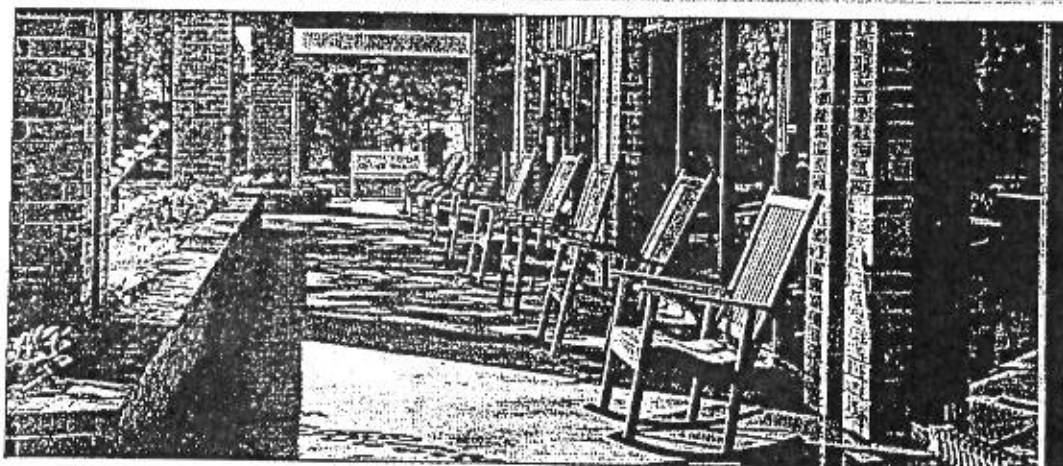


Amenities

Services

Financing

Connect



About Legacy in Plaquemine!

Our residents tell us their favorite thing about Legacy in Plaquemine is the people. "They're just so incredibly warm and friendly," they say! But that's only the beginning of a wonderful life at Legacy. Every day is an adventure in cuisine at our cafeteria where you can select from a extensive menu or order a simple staple diet every day. Evenings you can hear the laughter in the commons where residents regularly get together to play cards or watch a movie - we provide the popcorn - and during the day many of our residents can be found just outside their rooms tending to their rosebushes.

Legacy Nursing has it all. We have advanced physical therapy programs and a complete gym to exercise in, the facilities are modern and constantly being updated, and the grounds are wide so that our family can roam and explore as far as they might like to. We offer dental assistance, all kinds of entertainment, and we're on call 24-7 to make sure you or your loved ones are comfortable and safe.

More than that, the facility is convenient to the beautiful town of Plaquemine where you'll find a fabulous collection of historic homes along the Mississippi River, the lavish Cathedral and nearby is the elegant and very large park on the waterfront. Plaquemine is best known for 'sweet sugar cane' and is surrounded by golden fields of it. It offers a host of entertainment possibilities including movie theatres, a play troupe, and a number of festivals year round along with special city celebrations of the major holidays.



AARON ESKINE

Administrator

[MORE](#)

Living in Legacy at Plaquemine means living large, feeling safe, and knowing you have a family of loving people surrounding you every day.

Facility Photos



SCHEDULE AN APPOINTMENT TODAY!

CALL OR EMAIL NOW TO FIND OUT WHAT WE CAN DO TO HELP YOU WITH YOUR LONG TERM CARE NEEDS.

[CONTACT US](#)

Google Maps

740 Justa St, Morgan City, LA 70380 to 59215
River W Dr, Plaquemine, LA 70764

Drive 51.3 miles, 1 hr 3 min



Map data ©2021 INEGI 5 mi

740 Justa St

Morgan City, LA 70380

Take Victor II Blvd and David Dr to LA-70 E/Marguerite St in
7

- 5 min (2.0 mi)
- ↑ 1. Head north toward Roderick St
128 ft
 - ↶ 2. Turn left onto Roderick St
79 ft
 - ↶ 3. Turn left onto Justa St
0.1 mi
 - ↷ 4. Turn right onto Allison St
0.2 mi
 - ↷ 5. Turn right onto Dr M.L.K. Jr Blvd
351 ft
 - ↶ 6. Turn left onto Victor II Blvd
0.9 mi
 - ↷ 7. Turn right onto David Dr
0.7 mi

Follow LA-70 E, LA-997 and LA-75 to Plaza Dr in Plaquemine

56 min (48.9 mi)

2/26/2021

740 Justa St, Morgan City, LA 70380 to 59215 River W Dr, Plaquemine, LA 70764 - Google Maps

- 8. Turn right onto LA-70 E/Marguerite St
 - Continue to follow LA-70 E
 - 15.4 mi
- ↑ 9. Continue straight onto LA-997
 - 13.4 mi
- ↶ 10. Turn left onto LA-75
 - 14.8 mi
- 11. Turn right onto LA-75/Belleview Dr
 - 5.2 mi

Continue on Plaza Dr. Drive to River W Dr

- 12. Turn right onto Plaza Dr
 - 2 min (0.4 mi)
- ↶ 13. Turn left onto River W Dr
 - 0.3 mi
- 0.2 mi

59215 River W Dr

Plaquemine, LA 70764

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.



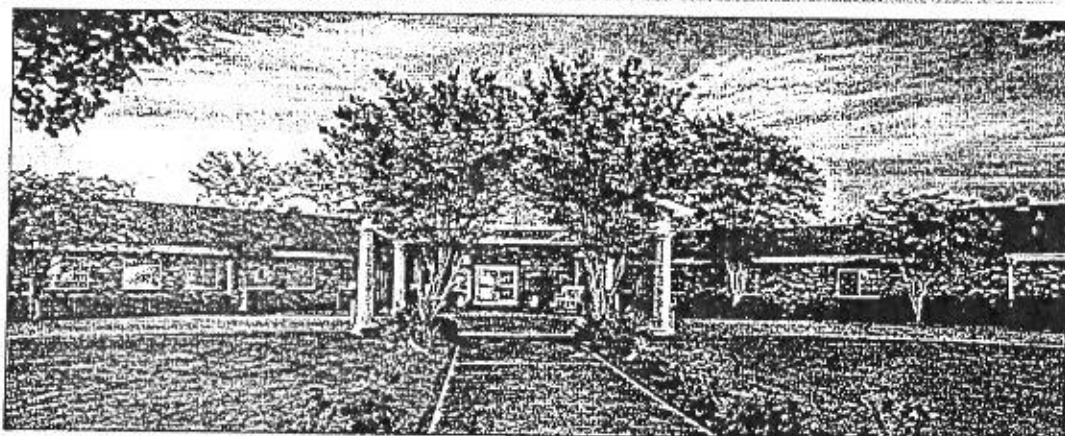
TALLULAH, LA

A Wonderful New Residence

Home / Facilities / Tallulah, LA

Location Information

Amenities Services Financing Connect



About Legacy in Tallulah

We strive to bring your loved one's interests to life through programs and outings that reflect their talents and personalities, while also offering new experiences that will challenge them and keep them mentally healthy. From wellness programs to cultural and social events — there are opportunities for everyone to be involved.

Our goal at Legacy Nursing and Rehabilitation in Tallulah is to assist each family during their search for senior living — no matter what stage of the process they are in. Whether you're just starting the search or you've already visited what feels like a million communities, you'll find what you need in this section to make a thoughtful, well-informed decision about senior living.

Making an important decision, such as this, takes time. But it is possible to make the right one for your family. You don't have to do it alone though. At Legacy of Tallulah, we are here to serve you. Our associates help families in the same situation every day. They can answer any questions, talk through any concerns, and provide a listening ear. Often, the hardest part of the process is just getting started, and you've already accomplished that. Now we're just here to help you through the next few steps.



PAIGE GRADY

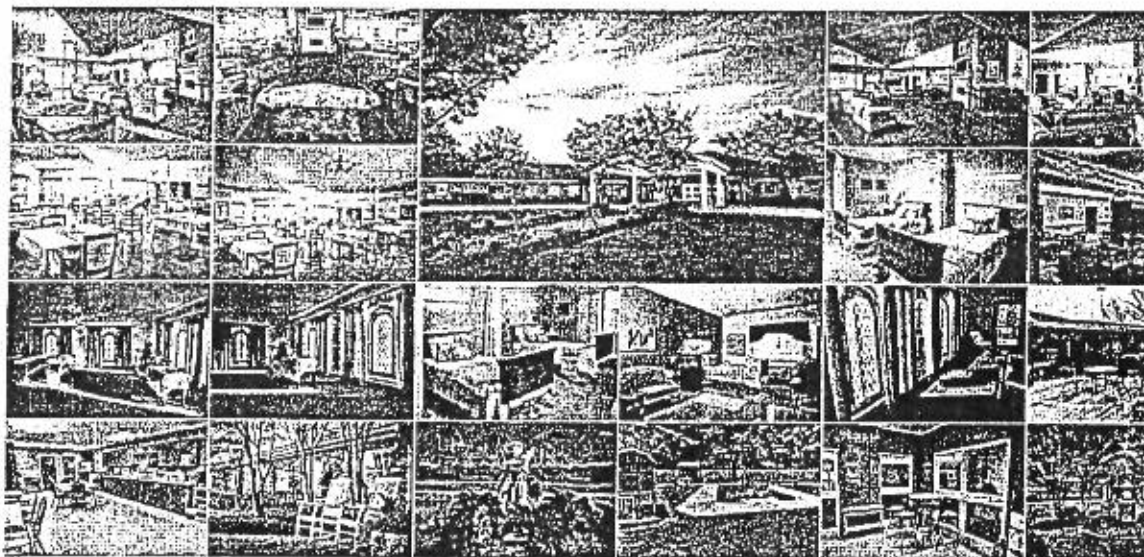
Administrator -

MORE

When you consider senior living, you want to be certain that a senior living community will treat your loved one with the love and respect they deserve. You want a place that feels like home, where caring staff members listen to your loved one's needs and provide an environment that's fulfilling and engaging. We understand how difficult it can be to entrust the care of your loved one to someone else. We understand the trust that it requires — and we don't take that lightly.

At Tallulah Legacy Home, our residents and their families are our #1 priority. And one way we show that is by creating a place that our residents love living in. Our senior living facilities feature well-furnished buildings with spacious lodging, active social communities, and expert and welcoming staff.

Facility Photos



SCHEDULE AN APPOINTMENT TODAY!

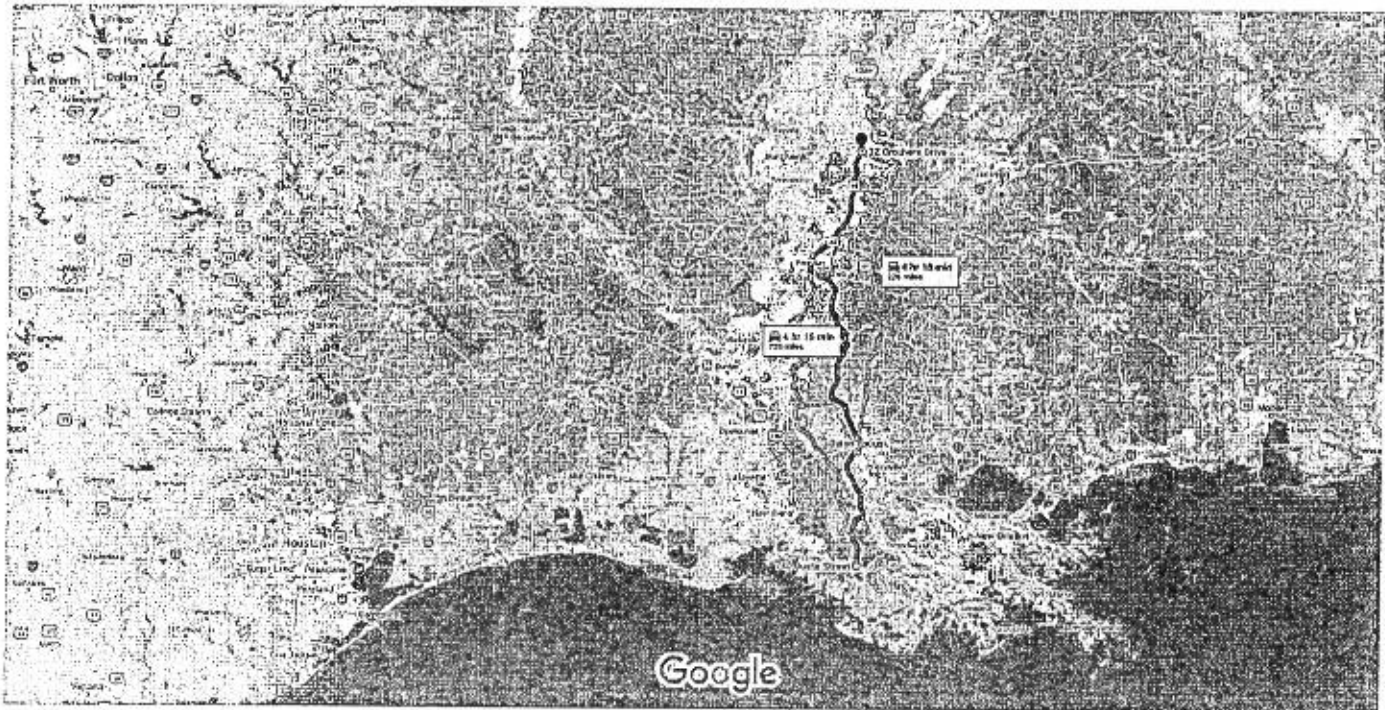
CALL OR EMAIL NOW TO FIND OUT WHAT WE CAN DO TO HELP YOU WITH YOUR LONG TERM CARE NEEDS.

[CONTACT US](#)

Google Maps

740 Justa St, Morgan City, LA 70380 to 32
Crothers Dr, Tallulah, LA 71282

Drive 228 miles, 4 hr 16 min



Map data ©2021 Google, INEGI 20 mi

740 Justa St

Morgan City, LA 70380

Get on I-10 E in Port Allen from LA-70 E, LA-69 N and LA-1 N

1 hr 20 min (62.4 mi)

- ↑ 1. Head north toward Roderick St
128 ft
- ↶ 2. Turn left onto Roderick St
79 ft
- ↶ 3. Turn left onto Justa St
0.1 mi
- ↷ 4. Turn right onto Allison St
0.2 mi
- ↷ 5. Turn right onto Dr M.L.K. Jr Blvd
351 ft
- ↶ 6. Turn left onto Victor II Blvd
0.9 mi
- ↷ 7. Turn right onto David Dr
0.7 mi
- ↷ 8. Turn right onto LA-70 E/Marguerite St
Continue to follow LA-70 E
15.4 mi

- E-Mail: info@kassette.com, Fax: +49-740-6800-100, Internet: www.kassette.com

2/26/2021

740 Justa St, Morgan City, LA 70380 to 32 Crothers Dr, Tallulah, LA 71282 - Google Maps

These directions are for planning purposes only.
You may find that construction projects, traffic,
weather, or other events may cause conditions to
differ from the map results, and you should plan
your route accordingly. You must obey all signs or
notices regarding your route.



EMAIL US
info@legacynursingrehab.com

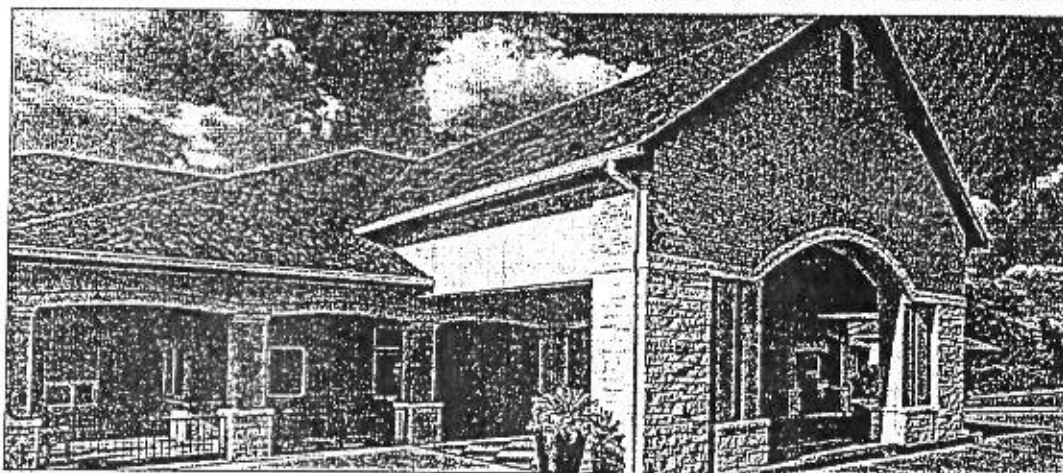
[HOME](#) [ABOUT US](#) [FACILITIES](#) [RESOURCES](#) [CONNECT](#)

BRYAN, TX

And convenient to Texas A&M!

[Home](#) / [Facilities](#) / [Bryan, TX](#)

Location Information

[Amenities](#)[Services](#)[Financing](#)[Connect](#)

About Legacy in Bryan

Legacy Nursing & Rehabilitation facility located in Bryan, Texas blends the amenities of the city with the touch of a small town. Bryan is in the heart of the Brazos Valley, easily accessible from several nearby communities including Navasota, Hearne, Madisonville, and Caldwell.

A newly constructed building, our Bryan location, boasts beautiful areas to gather and visit with family throughout the facility as well as incredible courtyards to enjoy. The facility offers three room designs, private, semi-private and expanded semi-private rooms to choose from. All rooms have a private bathroom area including a shower. Rooms are equipped with a refrigerator and television, and are furnished with dressers, nightstands and chairs.

Residents are welcomed to our main dining room by our parakeets and can enjoy meals surrounded by the peacefulness of two large aquariums. A full day of activities including games, bird watching, art, church services and parties are available for our residents to enjoy. Community outings are also a regular activity for our residents to enjoy. Stepping out for lunch at a local restaurant or shopping nearby stores is a great way to keep residents feeling connected to the community. Our goal is to create an inviting environment to help encourage residents to thrive to maintain a full and active life.



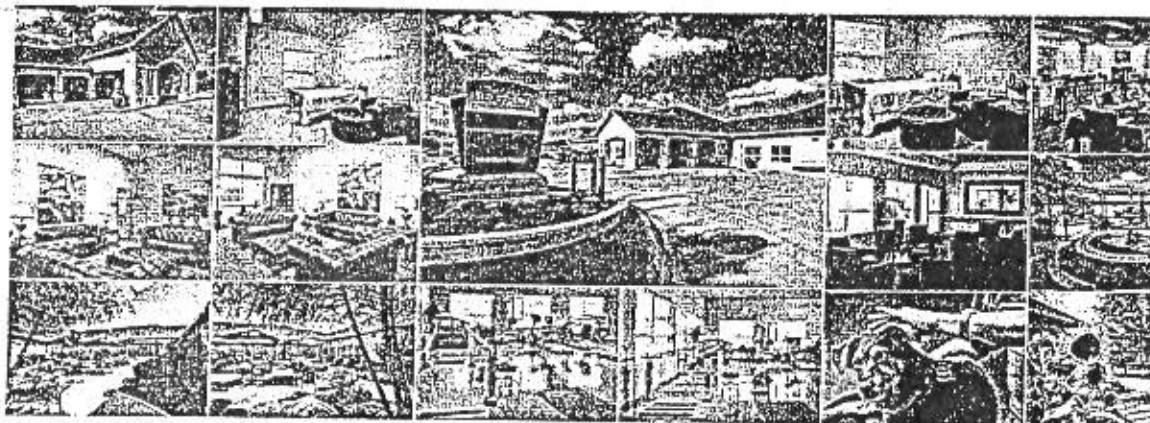
MYLES V. HOLYFIELD

Administrator

[MORE](#)

Our incredibly dedicated staff has years of experience in providing outstanding 24-hour nursing care, home-cooked meals and good old fashioned TLC. The decision to place a family member in long-term care is never an easy one. Our staff will work with you to help answer any questions about our facility or the admission process.

Facility Photos

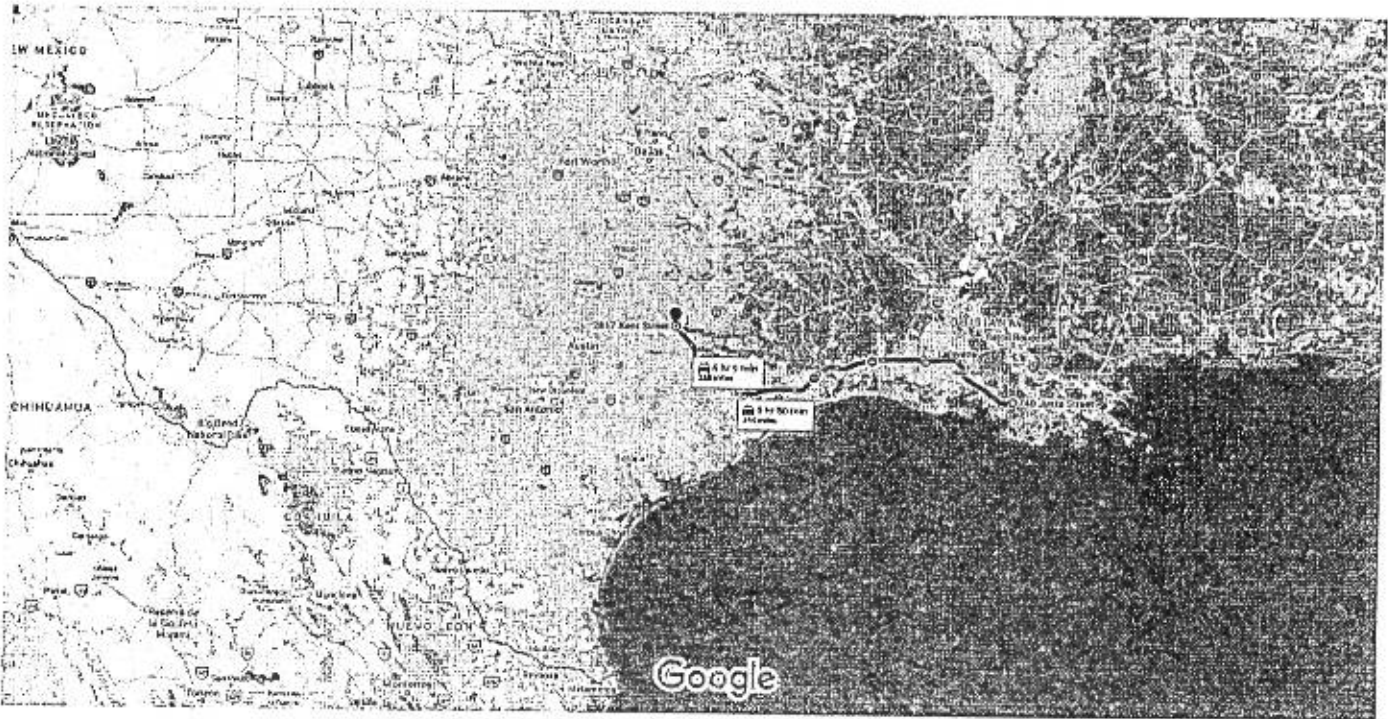


SCHEDULE AN APPOINTMENT TODAY!

CALL OR EMAIL NOW TO FIND OUT WHAT WE CAN DO TO HELP YOU WITH YOUR LONG TERM CARE NEEDS.

CONTACT US

Drive 384 miles, 5 hr 50 min



Map data ©2021 Google, INEGI 50 mi

Morgan City, LA 70380

1 hr 15 min (71.7 mi)

1. Head north toward Roderick St
128 ft
2. Turn left onto Roderick St
79 ft
3. Turn left onto Justa St
0.1 mi
4. Turn right onto Allison St
0.2 mi
5. Turn right onto Dr M.L.K. Jr Blvd
0.6 mi
6. Merge onto US-90 W/Hwy 90 E
Pass by Burger King (on the left in 68.2 mi)
68.5 mi
7. Continue onto US-167 N/NE Evangeline
Throughway
1.9 mi

8. Take exit 1B to merge onto I-10 W toward Lake Charles

0.3 mi

Follow I-10 W and US-290 W to Hwy 6 N/TX-6 N in Waller County. Take the TX-6 exit from US-290 W

3 hr 54 min (266 mi)

9. Merge onto I-10 W

68.8 mi

10. Keep left to stay on I-10 W

10.5 mi

11. Take exit 23 for LA-108/Cities Service Hwy

0.1 mi

12. Keep left at the fork to continue toward I-10 W

0.2 mi

13. Keep left at the fork and merge onto I-10 W

Entering Texas

32.9 mi

14. Keep left to stay on I-10 W

1.5 mi

15. Keep left to stay on I-10 W

19.6 mi

16. Keep left at the fork to stay on I-10 W

1.5 mi

17. Exit onto Interstate 10 Access Rd

2.4 mi

18. Use the left lane to take the ramp onto I-10 W

1.8 mi

19. Slight right

0.7 mi

20. Keep right

0.4 mi

21. Merge onto I-10 W

22.0 mi

22. Keep left to stay on I-10 W

50.6 mi

23. Use the right 3 lanes to stay on I-10 W

0.1 mi

24. Keep right to stay on I-10 W






1.4 mi

25. Keep right to stay on I-10 W


5.5 mi

26. Use the right 3 lanes to take exit 763 for I-610 N








1.1 mi

-  27. Keep left, follow signs for US-290 W/Austin
 ----- 1.3 mi
-  28. Keep left to continue toward US-290 W
 ----- 0.1 mi
-  29. Keep left, follow signs for US-290 W/Austin and merge onto US-290 W
 ----- 43.3 mi
-  30. Exit onto Hwy 6 N/TX-6 N toward College Station/Bryan
 ----- 0.7 mi
-  31. Merge onto Hwy 6 N/TX-6 N
 ----- 19 min (21.7 mi)

Follow Hwy 6 N to Texas 6 Frontage Rd N in Bryan. Take the exit toward FM-1179/Briarcrest Dr from Hwy 6 N

-  32. Continue straight onto Hwy 6 N
 ----- 18 min (21.3 mi)
-  33. Take the exit toward FM-1179/Briarcrest Dr
 ----- 0.2 mi

Follow Texas 6 Frontage Rd N, Briarcrest Dr and E 29th St to your destination

-  34. Merge onto Texas 6 Frontage Rd N
 ----- 6 min (2.8 mi)
-  35. Keep right to stay on Texas 6 Frontage Rd N
 ----- 0.7 mi
-  36. Use the left 2 lanes to turn left onto Briarcrest Dr
 ----- 0.7 mi
-  37. Turn right onto E 29th St
 ----- 0.8 mi
-  38. Turn right onto Memorial Dr
 ----- 0.5 mi
-  39. Turn left onto Memorial Dr
 ----- 0.1 mi
-  Destination will be on the right
 ----- 161 ft

2817 Kent St

Bryan, TX 77802

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan

2/26/2021

740 Justa St, Morgan City, LA 70380 to 2817 Kent St, Bryan, TX 77802 - Google Maps

your route accordingly. You must obey all signs or
notices regarding your route.



LOCATIONS CONTACT



EMAIL US
info@legacynursingrehab.com

HOME ABOUT US FACILITIES RESOURCES CONNECT

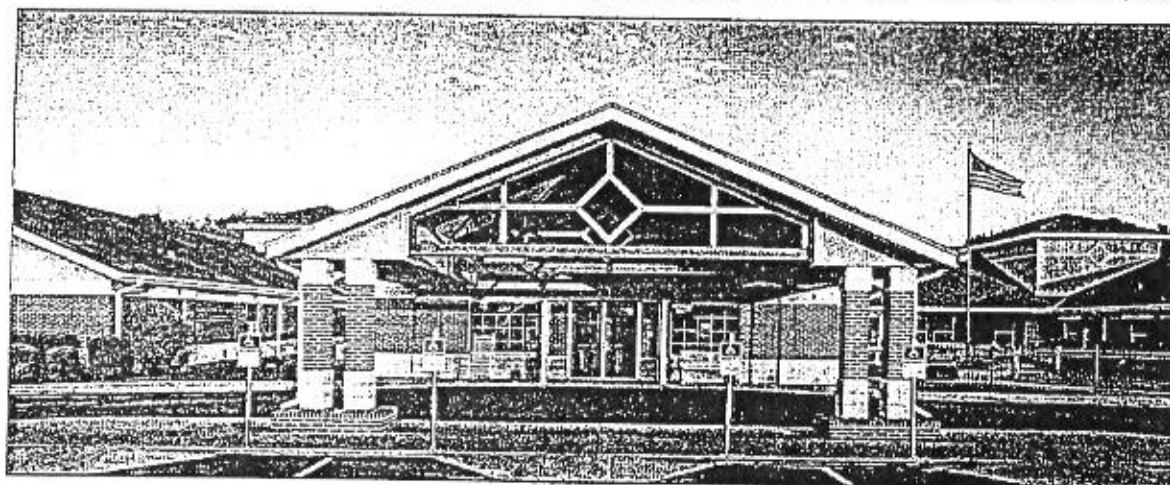
CAMERON, TX

Away from the lights and noise

Home / Facilities / Cameron, TX

Location Information

Amenities Services Financing Connect



About Legacy in Cameron

Legacy Nursing & Rehabilitation facility located in Cameron, Texas in Central Texas is the essence of small town living. This peaceful, thriving rural community is a wonderful place to call home.

Our facility in Cameron has a centrally located courtyard where residents are invited to try their skills in the new flower beds. The facility is also implementing monthly outings where residents have the option to go out to local stores and enjoy shopping. Many residents also choose to attend our weekly Chapel service.

Several members of our dedicated staff have worked at this building for a long time and it shows in their outstanding care of our residents. The decision to place a family member in long-term care is never an easy one. Our Cameron staff is happy to work with you to help answer any questions about our facility and the admission process.

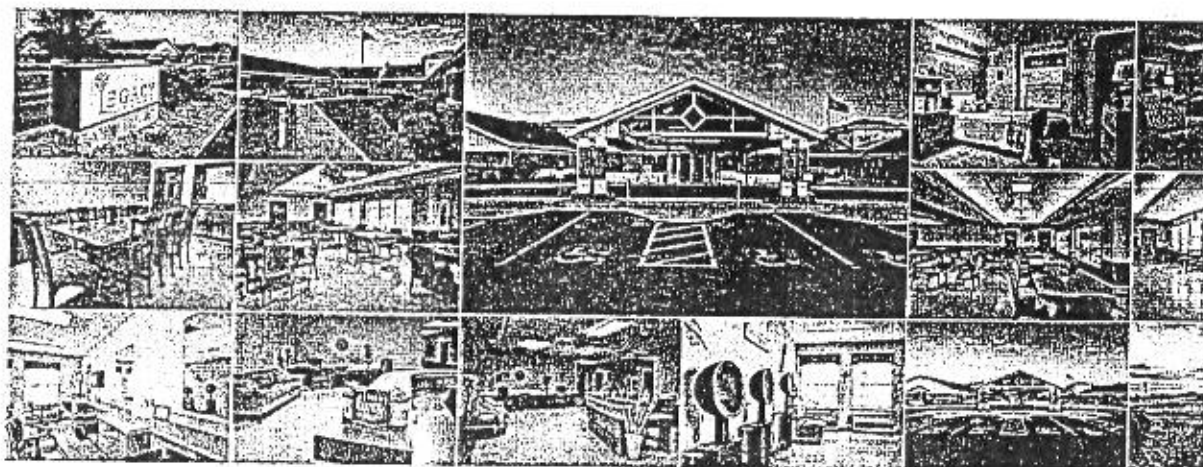


KACI BERRYHILL

Administrator -

[MORE](#)

Facility Photos



SCHEDULE AN APPOINTMENT TODAY!

CALL OR EMAIL NOW TO FIND OUT WHAT WE CAN DO TO HELP YOU WITH YOUR LONG TERM CARE NEEDS.

CONTACT US

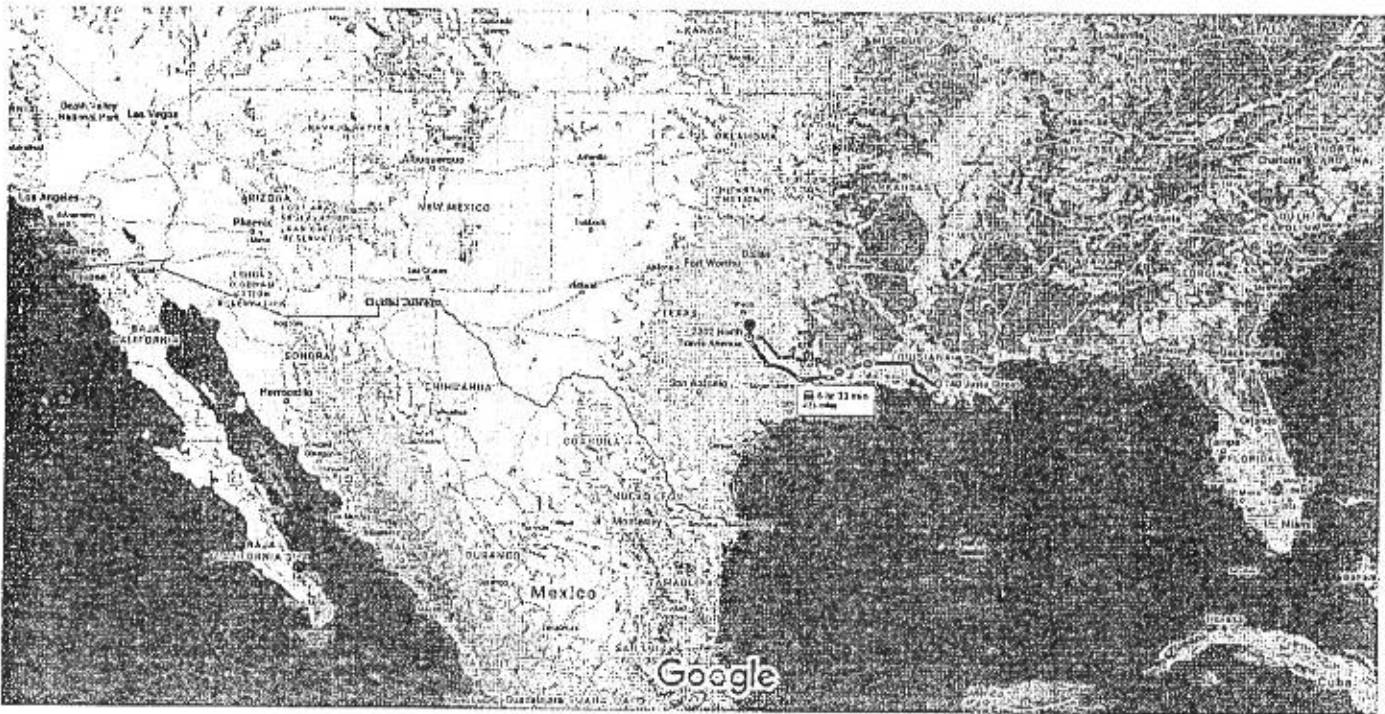
© 2019-21 Legacy Nursing & Rehabilitation - All Rights Reserved
Corporate Address: 111 E. Main Street, Suite 100, North Ridge, VA 22131

Facility / Location / Address / Phone / Email

Google Maps

740 Justa St, Morgan City, LA 70380 to 2202 N
Travis Ave, Cameron, TX 76520

Drive 423 miles, 6 hr 33 min



Map data ©2021 Google, INEGI 100 mi

740 Justa St

Morgan City, LA 70380

Follow US-90 W/Hwy 90 E to I-10 W in Lafayette. Take exit
1B from US-167 N/NE Evangeline Thruway

1 hr 15 min (71.7 mi)

- ↑ 1. Head north toward Roderick St
128 ft
- ↩ 2. Turn left onto Roderick St
79 ft
- ↩ 3. Turn left onto Justa St
0.1 mi
- ↗ 4. Turn right onto Allison St
0.2 mi
- ↗ 5. Turn right onto Dr M.L.K. Jr Blvd
0.6 mi
- ⤴ 6. Merge onto US-90 W/Hwy 90 E
 ⓘ Pass by Burger King (on the left in 68.2 mi)
68.5 mi
- ↑ 7. Continue onto US-167 N/NE Evangeline
Thruway
1.9 mi

- 0.3 mi

4 hr 13 min (288 mi)

- Y** 13. Keep left at the fork and merge onto I-10 W
i Entering Texas
 32.9 mi

16. Keep left at the fork to stay on I-10 W

18. Use the left lane to take the ramp onto I-10 W

- 20. Keep right

21. Merge onto I-10 W

22. Keep left to stay on I-10 W 50.6 mi

23. Use the right 3 lanes to stay on I-10 W

- ➔ 24. Keep right to stay on I-10 W

- ➔ 25. Keep right to stay on I-10 W

26. Use the right 3 lanes to take exit 763 for I-610 N

27. Keep left, follow signs for US-290 W/Austin 1.3 mi

- ↩ 28. Keep left to continue toward US-290 W
----- 0.1 mi
- ↩ 29. Keep left, follow signs for US-290 W/Austin and merge onto US-290 W
----- 65.9 mi

Follow TX-36 N and U.S. Hwy 190 W to your destination in Cameron

- 1 hr 5 min (63.3 mi)
- ↑ 30. Continue onto TX-36 N
----- 2.1 mi
- ↩ 31. Keep left to stay on TX-36 N
📍 Pass by Dairy Queen (on the right in 30.5 mi)
----- 46.3 mi
- ↩ 32. Use any lane to turn left onto Avenue C
----- 1.3 mi
- ➡ 33. Turn right onto U.S. Hwy 190 W
----- 12.5 mi
- ➡ 34. Turn right onto N Travis Ave
📍 Pass by O'Reilly Auto Parts (on the left in 0.5 mi)
----- 1.0 mi
- ↩ 35. Turn left onto W 22nd St
----- 213 ft
- ➡ 36. Turn right
----- 203 ft
- ↩ 37. Turn left
📍 Destination will be on the left
----- 82 ft

2202 N Travis Ave

Cameron, TX 76520

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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:

LEGACY NURSING AND REHABILITATION

Contact Person: CHRIS THORNTON

Phone # of Contact Person: 318-435-6116

FAX#: _____

E-Mail Address: CHRIS.THORNTON@LEGACYNURSINGREHAB.COM

Physical Address of evacuation site:

804 POLK STREET

WINNSBORO, LA

71295

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 HRS

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

4 HRS

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

2 HRS

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: _____

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

Date of agreement/contract/verification: 1-28-21

Date agreement/contract ends: RENEWS YEARLY



Emergency Care Agreement

"HOST FACILITY AGREEMENT"

This agreement is between **Legacy Nursing & Rehabilitation** located at 804 Polk Street, Winnsboro, LA

And

Legacy Nursing & Rehabilitation located at 740 Justa St., Morgan City, LA 70380.

In the event of a fire, disaster or any other emergency that either facility may incur, each facility agrees to assist the other in any manner deemed appropriate. Assistance shall include but not be limited to the transfer and housing of residents, vehicle use, staff assistance or any other assistance necessary to alleviate the emergency.

A handwritten signature in black ink, appearing to be "Chris Thornton", written over a horizontal line.

Chris Thornton, Administrator
Legacy Nursing & Rehabilitation

A handwritten date "1/28/21" in black ink, written over a horizontal line.

Date

A handwritten signature in black ink, appearing to be "Jeremy Ryman", written over a horizontal line.

Jeremy Ryman, Administrator
Legacy Nursing & Rehabilitation

A handwritten date "1-28-21" in black ink, written over a horizontal line.

Date



LOCATIONS ▾ CONTACT



EMAIL US
info@legacynursingrehab.com

HOME ABOUT US FACILITIES ▾ RESOURCES CONNECT ▾

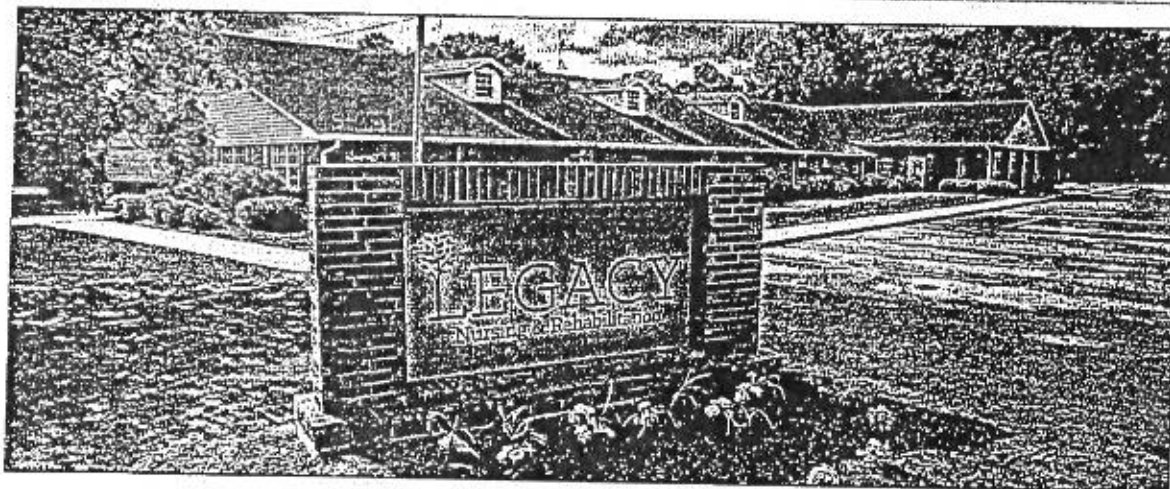
WINNSBORO, LA

Rest in Comfort at Winnsboro

Home / Facilities / Winnsboro, LA

Location Information

Amenities Services Financing Connect



About Legacy in Winnsboro

The facility at Winnsboro has a long tradition of religious activity which still survives today as we grow into a much broader range of activities both spiritual (we have a lovely chapel) and secular in nature - but we'll always have bingo! We try to do as much as possible with our residents and offer a variety of outings across the local region. And for those who like to stay at home we have begun a small community garden intended not for work but for quiet time and contemplation.

Dining is all the rave at Winnsboro. We try to put together three or four cookouts every year and over the course of regular meals we offer baked alternatives during lunch including beef patties, chicken, pork chops and fish. And we prepare dishes for individuals upon request like smothered-buttered potatoes, lean salads and more. We offer a salad bar with every Meal-Of-The-Month and once more quarterly. And the residents love the services provided by Mrs. Shelia, DON, who is providing wonderful monthly pancake breakfasts (plain and blueberry) on the griddle in the dining room.

Mrs. Betty does a special breakfast buffet about once a quarter with waffles, biscuits and gravy, French



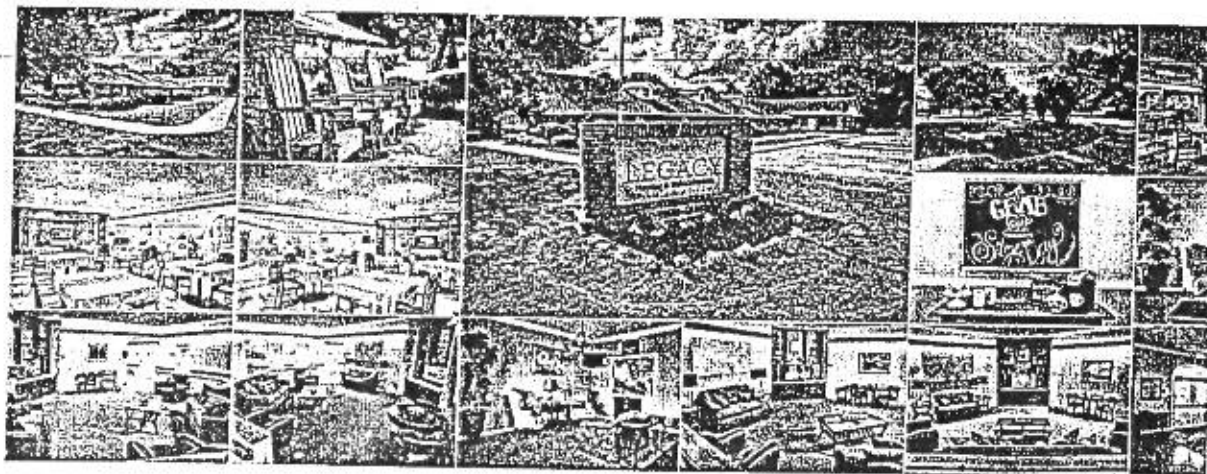
CHRIS THORNTON

Administrator

[MORE](#)

toast and fruit dishes. She also does soup of the month along with regular meal.

Facility Photos



SCHEDULE AN APPOINTMENT TODAY!

CALL OR EMAIL NOW TO FIND OUT WHAT WE CAN DO TO HELP YOU WITH YOUR LONG TERM CARE NEEDS.

CONTACT US

Google Maps

740 Justa St, Morgan City, LA 70380 to 804 Polk St, Winnsboro, LA 71295 Drive 209 miles, 3 hr 57 min



Map data ©2021 Google, INEGI 20 mi

740 Justa St

Morgan City, LA 70380

Get on I-10 E in Port Allen from LA-70 E, LA-69 N and LA-1 N

1 hr 20 min (62.4 mi)

- ↑ 1. Head north toward Roderick St
128 ft
- ↶ 2. Turn left onto Roderick St
79 ft
- ↶ 3. Turn left onto Justa St
0.1 mi
- ↷ 4. Turn right onto Allison St
0.2 mi
- ↷ 5. Turn right onto Dr M.L.K. Jr Blvd
351 ft
- ↶ 6. Turn left onto Victor II Blvd
0.9 mi
- ↷ 7. Turn right onto David Dr
0.7 mi
- ↷ 8. Turn right onto LA-70 E/Marguerite St
Continue to follow LA-70 E
15.4 mi

- Follow US-61 N and US-425 N to Taylor Ave in Winnsboro 2 hr 33 min (146 mi)

- Follow Taylor Ave and Tensas St to Polk St** 2 min (0.6 mi)

- 804 Polk St
Winnsboro, LA 71295

[illegible]

2/26/2021

740 Justa St, Morgan City, LA 70380 to 804 Polk St, Winnsboro, LA 71295 - Google Maps

weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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: MEDICINES

Name of Supplier:

PHARMACEUTICALS, INC(VIALON PHARMACY)

Contact Person: KIP VIALON

Phone # of Contact Person: 225-545-2402

FAX#: 225-545-2903

E-Mail Address: KIP@VIALONDRUG.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?

ASAP

How long will it take to receive the delivery?

ASAP

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

Date agreement/contract ends: RENEWS YEARLY

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: FOOD

Name of Supplier:

SYSCO

Contact Person: JEAN SPARKMAN

Phone # of Contact Person: 985-377-4380

FAX#: _____

E-Mail Address: SPARKMANJEAN@NOLA.SYSCO.COM

Indicate where the supplies are to be delivered to;

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

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

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

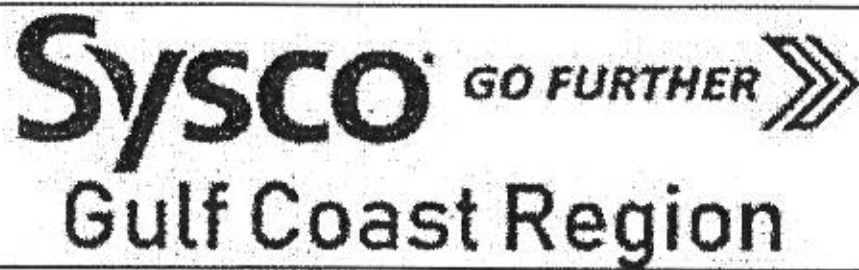
ASAP

How long will it take to receive the delivery?

ASAP

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

Date agreement/contract ends: RENEWS YEARLY



2021 NEW ORLEANS DISASTER PROCEDURES

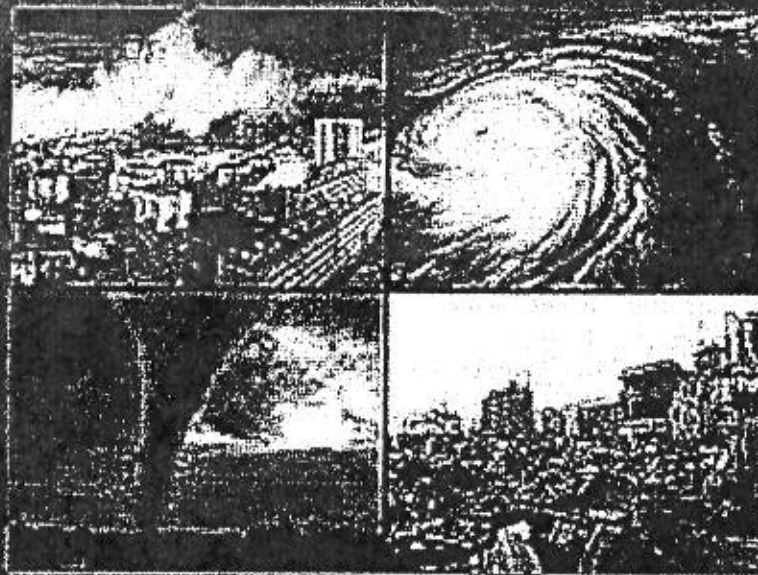


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Sample 7 Day Menus.....	4
Food, Water & Supplies	5
Supplemental Order Form.....	7
Agreement & Ordering Procedures	8
Facility Contact Information	9

Sysco New Orleans Food Service Contact List

Sysco Customer Care Center **800/ 797-2627**

Employee	Title	Cell Number	Email
Pat Cochran		800-797-2627	Cochran.pat@nola.sysco.com pat.cochran@sysco.com
Trans/Routing			023-TransDirectors-DL@nola.sysco.com

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). In the event of a disaster or emergency, this information should assist you in providing proper and nutritious meal service.
- 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
Breakfast	Juice ½ c Dry Cereal Bread, 1 sl Milk, 8 oz Coffee or Tea, 1 c	Juice ½ c Dry Cereal Bread, 1 sl Milk, 8 oz Coffee or Tea, 1 c	Juice ½ c Dry Cereal Bread, 1 sl Milk, 8 oz Coffee or Tea, 1 c
Lunch	Ravioli, 1 c Green Beans ½ c Crackers 4 packs Applesauce, ½ c Coffee or Tea, 8 oz	Vegetable Soup, 1 c Macaroni & Cheese, ½ c Crackers 4 packs Pears, ½ c Coffee or Tea, 8 oz	Chili 1 c Corn, 1/2 c Fritos 1 oz Pudding, ½ c Coffee or Tea, 8 oz
Supper	Peanut Butter Jelly Chicken Noodle Soup, 1 c Bread, 2 sl Pudding, ½ c Milk, 8 oz Coffee or Tea, 8 oz	Tuna Salad, ½ c Carrots & Peas, ½ c Bread, 2 sl Peaches, ½ c Milk, 8 oz Coffee or Tea, 8 oz	Creole Red Beans, 1 c Steamed Rice, ½ c Green Beans ½ c Pears, ½ c Milk, 8 oz Coffee or Tea, 8 oz
	Day 4	Day 5	Day 6
Breakfast	Juice ½ c Dry Cereal 1 oz Bread, 1 sl Milk, 8 oz Coffee or Tea	Juice 1/2c Dry Cereal 1 oz Bread, 1 sl Milk, 8 oz Coffee or Tea	Juice ½ c Dry Cereal 1 oz Bread, 1 sl Milk, 8 oz Coffee or Tea
Lunch	Chicken Salad, ½ c Beet Salad, ½ c Bread, 2 sl Fruit Cocktail, ½ c Coffee or Tea, 8 oz	Sloppy Joe ½ c (Chili with Mix) Corn, ½ c Bread, 2 sl Pears, ½ c Coffee or Tea, 8 oz	Chicken Stew Green Peas Steamed Rice ½ c Pudding, ½ c Coffee or Tea, 8 oz
Supper	Corned Beef Hash, 1 c Mixed Vegetables ½ c Crackers 4 packs Peaches Milk, 8 oz Coffee or Tea	Peanut butter & Jelly Sliced Carrots, ½ c Bread, 2 sl Applesauce, ½ c Milk, 8 oz Coffee or Tea	Vegetable Soup 1 c Macaroni & Cheese ½ c Potato Chips 1 oz Fruit Cocktail ½ c Milk, 8 oz Coffee or Tea
	Day 7		
Breakfast	Juice ½ c Dry Cereal 1oz Bread, 1 sl Milk, 8 oz Coffee or Tea		
Lunch	Meat Sauce (Chili & Spaghetti Sauce) 1c Mixed Vegetables, ½ c Spaghetti Noodles 1 oz Cookies 2 each Coffee or Tea, 8 oz		
Supper	Chicken Salad, ½ c Sliced Carrots ½ c Bread, 2 sl Potato Chips Milk, 8 oz Coffee or Tea		

Sysco New Orleans Food & Supplies

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

Sysco Item#	Description	Pack Size	Need to Stock
	Bleach Gallon		
	Kit Cutlery Fork, Knife, Spoon, Salt, Pepper & Napkin		
	Straws Wrapped Flex		
	Plastic spoons		
	8-9 oz cold cups		
	8 oz hot cups		
	8 oz hot cup sip lid		
	8 oz squat bowl		
	8 oz squat bowl lid		
	3-compartment trays 9x9		
	Napkin Dinner ¼ fold 1 ply White		
	Foil Pan Full Size		
	Foil Pan Lid full size		
	Fuel Chafing		

	Description	Quantity for 100	Pack	Need to Stock
	Apple	3 cases		
	Orange	3 cases		
	Tea Bag Iced Premium Filter Pack	1 case		
	Coffee Filter Pack Classic Roast	1 case		
	Water	9 case		
Cereal	Description	Quantity	Pack	
	Cornflakes	2 cases		
	Raisin Bran	2 cases		
	Tootie Frooties	2 cases		
Bread	Description	Quantity	Pack	
	White Sliced Bread	4 each		
Condiments	Description	Quantity	Pack	
	Assorted	1 case		
	Low Calorie	1 case		
	Grape Jelly	1 case		
	Sugar packs	1 case		
	Sugar Substitute Pink Pc	1 case		
	Creamer Non-Dairy Powder Packet	1 case		
	Mayonnaise Heavy Duty	1 case		
	Relish Sweet	1 case		
Vegetables	Description	Quantity	Pack	
	Diced Beet Salad	1 case		
	Instant Potatoes	2 cases		
	Sliced Carrots	2 cases		
	Green Beans	2 cases		
	Sweet Peas	2 cases		
	Corn	2 cases		
	Vegetables for Stew	1 case		
Fruits	Description	Quantity	Pack	
	Applesauce	2 cases		
	Pears	2 cases		
	Mandarin Oranges	2 cases		

Sysco New Orleans cont.:

	Peaches	2 cases		
Entrees	Description	Quantity	Pack	
	Tuna Fish	2 cases		
	Soup Chicken Noodle	2 cases		
	Soup Vegetable	2 cases		
	Chicken Chunk Canned	2 cases		
	Corned Beef Hash	1 case		
	Creole Red Beans	1 case		
	Ravioli	1 case		
	Parboiled Rice	1 case		
	Chili No Beans	3 cases		
	Mix Seasoning Sloppy Joe	1 case		
	Spaghetti Sauce	1 case		
	Pasta Spaghetti Noodles	1 case		
	Peanut Butter	1 case		
	Cheese Sauce	1 case		
	Macaroni	1 case		
Pudding	Description	Quantity	Pack	
	Vanilla	2 cases		
	Vanilla NSA	As needed		
	Description	Quantity	Pack	
	Assorted Cookies	3 cases		
	Cookie Assorted Sugar Free	3 cases		
	Cookie Shortbread Mini Sandies	3 cases		
Chips	Description	Quantity	Pack	
	Corn Chips Single Serve	1 case		
	Chip Potato Ridged Original	3 cases		
	Description	Quantity	Pack	
	Saltine	3 cases		
Supplements	Description	Quantity	Pack	
	Food Thickener	As needed		
	Juice Apple 100% Nectar Thick	As needed		
	Juice Apple 100% Honey Thick	As needed		
	Juice Orange 100% Nectar Thick	As needed		
	Juice Orange 100% Honey Thick	As needed		
	Milk 2% Honey Thick	As needed		
	Milk 2% Nectar Thick	As needed		
	Tea Sweet Lemon Nectar Thick	As needed		
	Tea Sweet Lemon Honey Thick	As needed		
	Water Lemon Honey Thick	As needed		
	Water Lemon Nectar Thick	As needed		

Estimated Water Needs:

Type of Water	Amount Needed	How Much is Needed	Example
All-purpose Water	1 gallon per person per day	# people X 1 gallon X # days = gallons needed	100 people X 1 gallon X 7 days = 700 gallons needed
Drinking Water	2 quarts (0.5 gallons) per person per day	# people X 0.5 gallons X # days = gallons needed for drinking	100 people X 0.5 gallons X 7 days = 350 gallons needed for drinking

Supplemental Order Form-Sysco New Orleans

Account Name
Account Number
Sales Consultant

Item Number	Description	Quantity

Email To: Cochran.pat@nola.sysco.com/
pat.cochran@sysco.com

Agreement/Affidavit & Ordering Procedures

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

This customer is expected to notify SYSCO New Orleans Food Service of their food, water and non-food needs in enough time to process the order and to make a timely delivery. SYSCO New Orleans Food Service in the event of an emergency will provide the following:

- ❖ SYSCO New Orleans 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 5 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 New Orleans 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 New Orleans 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 New Orleans Food Service will deliver emergency stock to the point of evacuation.
- ❖ Should the disaster area include damage to your OpSite, you may expect the same emergency services provided by our surrounding Sysco Companies.
- ❖ 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 6.
- ❖ Annually in **JANUARY** a Disaster Procedure, which has been revised and updated at SYSCO New Orleans Food Service will be provided to this customer and may be posted on each customer's **esysco.net** or other ordering platform.
- ❖ www.esysco.net website and the healthcare link are available as additional ways to contact SYSCO New Orleans 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** _____

Bruce Anderson
Contract Sales-Director
Gulf Coast Region Sysco Food Service
January 2021

Michael T. Gros
Contract Sales-Manager
Gulf Coast Region Sysco Food Service
January 2021

Facility Administrator: _____

Emergency Food & Supply List Attached ☐ Yes ☐ No _____ Initial

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

Sysco SO FURTHER 
Gulf Coast Region

Facility Contact Information

Facility Name: _____

Facility Phone Number: _____

Primary Contact: _____

Title: _____

Cell Phone Number: _____

Text Messaging Available: ☐ Yes ☐ No

Email Address: _____

Alternate Contact: _____

Cell Phone Number: _____

Text Messaging Available: ☐ Yes ☐ No

Email Address: _____

Evacuation Information:

Evacuation Address: _____

Evacuation Phone Number: _____

Complete and **EMAIL** Copy to:

Pat Cochran

Cochran.pat@nola.sysco.com / pat.cochran@sysco.com

Phone/Cell: _____

Sysco GO FURTHER 
Gulf Coast Region

Retain original for your files.