OMOND

3/1/21

## 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):

**Ormond Nursing & Care Center** 

Name of Administrator (Print):

William Wright

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

Phone #: 985-764-1793

Cell Phone #: 504-496-5452

Administrator E-Mail: wrwright@asimgt.com

Alternative (not administrator) Emergency Contact Information (should be reflected in

MSTAT/ESF8):

Name: <u>Danielle Yenuganti, BSN, RN</u>

Position: Director of Nursing

Phone #: 985-764-1793

Cell Phone #: 985-722-5242

E-Mail: dyenuganti@asimgt.com

Physical or Geographic address of Facility (Print):

22 Plantation Rd.

Destrehan, LA 70047

Longitude: 90 degrees 29 minutes 08.41 seconds west

Latitude: 30 degrees 29 minutes 13.62 seconds north

VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: Ormond Nursing & Care Center

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

St. Charles Parish

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

Date submitted: 3/1/2021

#### MARK the appropriate answer:

YES !∑	NO -Did the local parish Office of Homeland Security and Emergency Preparedness give
	any recommendations?
	e included recommendations, or correspondence from OHSEP and facility's response with this view.
Ther	e was <b>NO response</b> from the local/parish Office of Homeland Security and Emergency
Pi	eparedness; include verification of delivery such as a mail receipt, a signed delivery receipt
Oi	other proof that it was sent or delivered to their office for the current year. Be sure to
ln	clude the date plan was sent or delivered.

I,

P	URP	OSE	- Complete the survey using information from the facility's current emergency plan.
A.		e the	e facility's goals, in regards to emergency planning, documented in plan?
			, if goals are NOT in plan add the facility's goals and indicate completion by marking YES.
В,		es t YES	he facility's plan enable the achievement of those goals?
	A	NO,	if plan does NOT provide for the achievement of goals, correct the plan and indicate plan by marking YES.
C.		Uti	ninations, by the facility, for sheltering in place or evacuation due to Hurricanes.  ilizing all current, available, and relevant information answer the following:  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, <u>in hours</u> before the hurricane's arrival, will the <u>decision to shelter in place</u> have to be made <u>by facility</u> ?  i. <u>72 Hours</u> before the arrival of the hurricane.
		c)	What is the <u>latest time, in hours</u> before the hurricanes arrival, which <u>preparations</u> will need to start in order <u>to safely shelter in place</u> ?  i. <u>48</u> Hours before the arrival of the hurricane.
		d)	Who is responsible for making the <u>decision to shelter in place</u> ?  TITLE/POSITION: <u>Regional VP / President</u> NAME: <u>Jody DePriest / Earl Thibodaux in conjunction with local OHSEP</u>
	2.		lizing all current, available, and relevant information answer the following:  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, <u>in hours</u> before the hurricanes arrival, will the <u>decision to evacuate</u> have to be made <u>by facility</u> ?  i. <u>72-96</u> Hours before the arrival of the hurricane.
		c)	What is the <u>latest time</u> , in hours before the hurricane's arrival, which <u>preparations</u> will need to start in order to safely evacuate?  1. 72 Hours before the arrival of the hurricane.

	c	Who is responsible for making the <u>decision to evacuate</u> ?  TITLE/POSITION:  NAME:
1.	A. Facilit	ON - Complete the survey using information from the facility's current emergency plan.  y Description: at year was the facility built? 1988
	2.How	many floors does facility have? <u>1</u>
	3.ls bu	uilding constructed to withstand hurricanes or high winds?  Syes, 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?    Yes   No
	e)	If plan does not have information on the facility's wind speed ratings (wind loads) explain why
	4.What	are the elevations ( <u>in feet above sea level, use NAVD 88 if available</u> ) of the following: Building's lowest living space is <u>13</u> feet above sea level.
	b)	Air conditioner (HVAC) is 12 feet above sea level.

Generator(s) is <u>12</u> feet above sea level.
Lowest electrical service box(s) is <u>13</u> feet above sea level.
Fuel storage tank(s), if applicable, is <u>14</u> feet above sea level.
Private water well, if applicable, is <u>N/A</u> feet above sea level.
Private sewer system and motor, if applicable, is feet above sea level.
s plan contain a copy of the facility's Sea Lake Overland Surge from Hurricanes (SLOSH) odel?
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.
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.
If yes, what is the weakest SLOSH predicted category of hurricane that will cause flooding?  i.
the FEMA Flood Zone the building is located in?
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
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
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  AE – The base floodplain where base flood elevations are provided. AE Zones are now  Used on pow format EIPMs instead of A1 A20 Zones. High Risk Area
used on new format FIRMs instead of A1-A30 Zones. High Risk Area  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
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

	g)	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  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
	h)	these zones. High Risk Area  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
	i)	regulations. High Risk Area    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
	j)	depths or base flood elevations are shown within these zones. High Risk Area  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.V	Vhat	is the area's <u>Base Flood Elevation</u> (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: <u>+6</u>
8.D	a)	the facility flood during or after heavy rains?  Yes  No
9.D	cana a)	the facility flood when the water levels rise in nearby lakes, ponds, rivers, streams, bayous, als, drains, or similar?  Yes  No
10.	cana	cility protected from flooding by a levee or flood control or mitigation system (levee, al, pump, etc)?  Yes  No

11.	a)	
	b)	No. Identify these areas then indicate that this has been completed by marking Yes.
12.		ve the facility's internal and external environments been evaluated to identify potential emical or biological hazards?  Yes  No. Evaluate and identify areas then indicate that this has been done by marking Yes.
13.		s the facility's external environment been evaluated to identify potential hazards that may or be blown onto or into the facility?  Yes  No. Evaluate and identify areas then indicate that this has been done by answering Yes.
14.	Em a)	ergency Generator - generator information should match MSTAT!  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 <u>wattage(s)</u> of the generator(s)? Give answer in kilowatts (kW).  1st; 60KW 2nd generator; 250KW 3rd generator;
	c)	Mark which primary fuel each generator(s) uses?  i.
	d)	How many <u>total hours</u> would generator(s) run on the fuel supply <u>always on hand?</u> (enter NG if Natural Gas)  1st60 Hours 2nd72 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.
		Will life sustaining devices, that are dependent on electricity, be supplied by these generator(s) during outages? i.   ☐ Yes ii. ☐ No

	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.	
		<ul> <li>If air conditioning fails, for any reason, does the facility have pro- actions) in place to prevent heat related medical conditions?</li> <li>Yes</li> <li>No</li> </ul>	cedures (specific
	h)	Does facility have in the plan, a current list of what equipment is supplied generator?  XYes	·
		If No - Evaluate, identify then indicate that this has been done b	y answering Yes,
15.		ility information – answer all that apply (should match what is in MST) Who supplies electricity to the facility? i. Suppliers name: Entergy ii. Account #: 25387127	<u> </u>
	b)	Who supplies water to the facility? (supplier's name)  i. Suppliers name: St. Charles Parish  ii. Account #: 0716000230002	
	c)	Who supplies fuels (natural gas, propane, gasoline, diesel, etc) to the far i. Suppliers name: Atmos ii. Account #: 2500010304320440389	cility? If applicable
	d)	Does plan contain the emergency contact information for the utility pronames, 24 hour emergency phone numbers)?  i.   Yes  ii. No. Please obtain contact information for your utility providers.	·
16.	Flo	or Plans	
	a)	<ul> <li>Does plan have current legible floor plans of the facility?</li> <li>i.</li></ul>	vering Yes
	b)	Indicate if the following locations are marked, indicated or described on i. Safe areas for sheltering: Yes. If No- Please indentify on floor Yes.	
		ii. Storage areas for supplies: ⊠Yes. If No- indicate on floor plan a	nd mark Yes.



		iii.	Emergency power outlets: XYes. If No- indentify on floor plan and mark Yes.
		iv.	Emergency communication area: XYes. If No- indentify on floor plan and mark Yes.
		v.	The location of emergency plan: Yes. If No- indentify on floor plan and mark Yes.
		vi.	Emergency command post: XYes. If No - indentify on floor plan and mark Yes.
Ope . Re	ratio eside	onal Col	nsiderations - Complete using information from facility's current emergency plan.
	W	hat is th	ne facility's total number of state licensed beds? nsed Beds: <u>146</u>
b)	If 1 cu i.	rrent re How i ambu critica	lity had to be evacuated today to the host facility(s) - answer the following using esident census and their transportation requirements: many high risk patients (RED) will need to be transported by advanced life support lance due to dependency on mechanical or electrical life sustaining devices or very all medical condition? Give the total number of residents that meet these criteria cility would need its named ambulance provider to transport.
	ii.	are no transp includ regula facility	many residents (YELLOW) will need to be transported by a basic ambulance who obt dependent on mechanical or electrical life sustaining devices, but who cannot be ported using normal means (buses, vans, cars). For example, this category might be patients that cannot sit up, are medically unstable, or that may not fit into ar transportation? Give the total number of residents that meet these criteria the y would need its named ambulance provider to transport.
	iii.	transp would	nany residents (GREEN) can only travel using wheelchair accessible portation? Give the total number of residents that meet these criteria the facility need its named transportation provider to transport.  N WHEEL CHAIR:
	iv.	or bus need i	nany residents (GREEN) need no specialized transportation could go <b>by car, van,</b> ?? Give the total number of residents that meet these criteria the facility would ts named transportation provider to transport.
c)	Is t for i.	the fac Each re	wing provided in the list(s) or roster(s) of current residents that is kept in or used ility emergency preparedness plan: do not send in this list or roster. esident's current and active diagnosis?  If No - Obtain and mark Yes.
	ii.	Each ro	esident's current list of medications including dosages and times? . If No - Obtain and mark Yes.
	iii.		esident's allergies, if any? . If No - Obtain and mark Yes.
			9

THIS IS NOT AN EMERGENCY PLAN Revised for 2021

<ul> <li>v. Each resident's next of kin or responsible party and their contact information?    Yes. If No - Obtain and mark Yes.</li> <li>vi. Each resident's current transportation requirements? (advanced life support ambula basic ambulance, wheel chair accessible vehicle, car-van-bus)   Yes. If No - Obtain and mark Yes.</li> <li>2. Staff   a) Is each of the following provided in the list(s) or roster(s) of all current staff that is kept i used with the facility emergency preparedness plan: do not send in this list or roster.</li> </ul>	
<ul> <li>basic ambulance, wheel chair accessible vehicle, car-van-bus)</li> <li>Yes. If No - Obtain and mark Yes.</li> <li>2. Staff</li> <li>a) Is each of the following provided in the list(s) or roster(s) of all current staff that is kept in the list (s) or roster(s).</li> </ul>	
a) Is each of the following provided in the list(s) or roster(s) of all current staff that is kept i	ince,
a) Is each of the following provided in the list(s) or roster(s) of all current staff that is kept i	
<ul> <li>i. Emergency contact information for all current staff?</li> <li>         ∑Yes. If No - Obtain and mark Yes.     </li> </ul>	n or
<ol> <li>Acknowledgement of if they will work during emergency events like hurricanes or no</li></ol>	t?
b) What is <b>total number</b> of planned <b>staff</b> and other <b>non residents</b> that will require facility transportation for an evacuation or need to be sheltered?  40	
3. Transportation - should match what is in MSTAT!	
<ul> <li>a) Does facility have transportation, or have current or currently verified contracts or agreements for emergency evacuation transportation?</li> <li>\(\sigm\) Yes. If No - Obtain transportation and mark Yes.</li> </ul>	
<ol> <li>Is the capacity of planned emergency transportation adequate for the transport of a residents, planned staff and supplies to the evacuation host site(s)?</li> <li>Yes. If No - Obtain adequate transport and mark Yes.</li> </ol>	l <b>l</b>
ii. Is all transportation air conditioned?  ⊠Yes. go to B. 3. a) iv.  □No, go to B. 3. a) iii.	
ili. 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 notified by?  Yes. What is that time 72 hours?  No. There is no need for a specified time or timeline for contacting transportation.	



b)	folio facil <b>and</b>	s each contract or agreement for <u>NON-AMBULANCE</u> transportation contain the twing information? NOTE: Vehicles that <u>are not owned by but at the disposal</u> of the lity shall have written usage agreements (with all required information) that are signed dated. Vehicles that are owned by the facility will need to verify ownership.  The complete name of the transportation provider?  Yes. If No - obtain and mark Yes.
	il,	The number of vehicles and type (van, bus, car) of vehicles contracted for?  Yes. If No - obtain and mark Yes.
i	ii.	The capacity (number of people) of each vehicle? ⊠Yes. If No - obtain and mark yes.
j	v. S	Statement of if each vehicle is air conditioned?  Yes. If No - obtain and mark Yes.
,	ý <u>∗</u> ; \	/erification of facility ownership, if applicable; copy of vehicle's title or registration? ☑Yes. If No - obtain and mark Yes.
c)	Have ⊠Ye	copies of each signed and dated contract/agreement been included for submitting? es. If no, obtain and mark Yes.
d)	prov	ocover page been completed and attached for each contract/agreement. (blank form ided) es. If No - complete and mark Yes.
Но <u>(s</u> a)	hould Does host	(s)-extra pages for multiple sites have been included with forms near end of survey.  match what is in MSTAT!)  the facility have current contracts or verified agreements for a primary evacuation site(s) outside of the primary area of risk?  s. If No - obtain and mark Yes.
b)	Provi ì.	de the following information:(list all sites, if multiple sites list each - see extra pages) What is the name of each <u>primary</u> site(s)? <u>Medico Evacuation Center</u>
	ij.	What is the physical address of each host site(s)?  2020 West Main Street  Ville Platte, LA 700586
	iii.	What is the distance to each host site(s)?  144 miles
	iv <sub>*</sub>	Is the host site(s) located outside of the parishes identified as hurricane risk areas? Yes

4.

٧,.	Does plan include map of route to be taken and written directions to host site	?
vi.	Yes. If No - obtain and mark Yes. Who is the contact person at each primary host site(s)?	
W I A	Name: Trey Prudhomme.	
	Phone: <u>337-523-4787</u>	
	Email: tprudhomme@asimgt.com	
	Fax: <u>337-363-6275</u>	
VÍÌ.	What is the capacity (number of residents allowed) of each <u>primary</u> host site(s  Capacity that will be allowed at each site:	)
	200	
	> Total Capacity of all primary sites:	
	≥ 200	
	Is this adequate for all evacuating residents?	
	Xes. If No - obtain and mark Yes.	
viii.	Is the <b>primary</b> site a currently licensed nursing home(s)?	
	Yes, go to- B.4.b) x.	
	No, go to- B.4.b) ix.	
	Management and the state of the	
İΧ	If <u>primary</u> host site is <b>not a licensed nursing home</b> provide a description of hos site(s) including;	;t
	What type of facility it is?	
	Gymnasium with pods	
	What is host site currently being used for?	
	Designated evacuation center	
	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)?	
	3-4	
	Is host facility(s) air conditioned?	
	∑Yes 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? Xes	
	□No	
	Are any other facilities contracted to use this site?	
	Yes	
	No	

	х,	Is the capacity of primary host site(s) adequate for staff?
	xi,	Is there a specified time or timeline (H-Hour) that <u>primary</u> host site will need to be
		notified by?    Yes. If Yes - what is that time? 72hr
		No.
c)	Does th	he facility have current contracts or verified agreements for an <u>alternate or lary</u> host site(s)?
		If No - obtain and mark Yes.
d)	Provide	e 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)?
	**	Heritage Manor of Mandeville
	ii.	What is the physical address of each plantage for a large state of the
	11,	What is the physical address of each alternate/secondary host site(s)?  10820 W. Causeway Approach
		Mandeville, LA 70471
	iii,	What is the distance, in miles, to each alternate/secondary host site(s)?
	*****	44.58
	iv.	Is the host site(s) located outside of the parishes identified as hurricane risk areas?  Yes
		No ·
		<del></del>
	٧,	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: <u>Jason Hatchett</u>
		Phone: 985-626-4798
		Email: jhatchett@asimgt.com Fax: 985-626-3878
	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: 25
		> Total Capacity of all alternate/secondary sites:
		50
		<ul> <li>➢ Is this adequate for all evacuating residents?</li> <li>☒Yes. If No - obtain and mark Yes.</li> </ul>
		National Hange Operating Highly 1625

	vill,	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
		<ul> <li>Are there provisions for food preparation and service?</li> <li>Yes</li> <li>No</li> </ul>
		<ul> <li>What are the provisions for bathing and toilet accommodations?</li> <li>Yes</li> <li>No</li> </ul>
		<ul> <li>Are any other facilities contracted to use this site?</li> <li>☐ Yes</li> <li>☐ No</li> </ul>
	х.	Is the capacity of alternate/secondary host site(s) adequate for staff?  Yes  No. If No - where will staff be housed?
		when the wind the state of the
	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.
	$\boxtimes$ Yes.	opies of each signed and dated contract/agreement been included for submitting?  If No - obtain and mark Yes.
f)	provide	over page been completed and attached for each contract/agreement. <i>(blank form ed)</i> If No - complete and mark Yes.

	For Shell food/no Yes. I	tble food or nourishment — for sheltering in place or for host site(s) tering In Place, does facility have — on site - a seven day supply of non-perishable urishment that meets all resident's needs? If yes go to - B. 5. c) Ino go to - B. 5. b)
b)	i. I 1	the following if no onsite supply:  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 f No - obtain supply or contract then mark appropriate answer.
		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.
	S	Have copies of each <b>signed and dated contract/agreement</b> been included for submitting?  Yes. If No - obtain and mark Yes.
	6	las a cover page been completed and attached for each contract/agreement.  blank form provided)  Yes. If No - complete and mark Yes.
c)		uations, does facility have provisions for <b>food/nourishment supplies at host site</b> (s)? No - make necessary arrangements then mark Yes.
		means to prepare and serve food/nourishment at host site(s)?  No - make necessary arrangements then mark Yes.
a)	Does faci needs? Yes. G	ter or fluids — for sheltering in place — one gallon per day per resident.  Iity have — on site - a seven day supply of drinking water or fluids for all resident's o to B. 6. c)  No See B. 6.b)
b)	i. D fl	vide the following: loes facility have a current contract for a seven day supply of drinking water or ulds to be delivered prior to a foreseeable emergency event?  Yes, see B. 6.b). ii, iii, iv, No - please obtain supply or contract.

	<ul><li>ii. Does each contract for <b>Drinking Water or fluids</b> contain all of the following?</li><li>— name of supplier?</li></ul>
	<ul> <li>specified time or timeline (H-Hour) that supplier will need to be notified</li> <li>contact information of supplier</li> </ul>
	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. <i>(blank form provided)</i> Yes. If no - complete and mark Yes
c)	Does facility have a supply of water for needs other than drinking?  XYes
	If No - make necessary provisions for water for non drinking needs then mark Yes,
ď	For evacuations, does host site(s) have an adequate supply of water for all needs?  XYes
	If No - make necessary provisions for water for non drinking needs then mark Yes
7. <b>IV</b>	ledications- for sheltering in place or for host site(s)
a)	Does facility have — <b>on site</b> - a seven day supply of <b>medications for all resident's needs?</b> Yes. go to - B. 7. <b>c)</b> No. go to - B. 7. <b>b) i,ii,iii,iv</b>
b)	If no, provide the following:
·	<ul> <li>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?</li> <li>Yes, see B. 7.b). ii, iii, iv</li> </ul>
	If No - please obtain supply or contract then mark Yes.
	ii. Does contract for medications contain the following?  — Name of supplier?
	<ul> <li>Specified time or timeline (H-Hour) that supplier will need to be notified</li> <li>Contact information of supplier</li> </ul>
	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 <b>ev</b> ⊠Yes	acuation, does facility have provisions for medications at host site(s)?
	If No -	make necessary provisions for medications then mark Yes.
8. <b>M</b> a)	Does for days for Yes	ersonal Hygiene, and Sanitary Supplies — for sheltering in place or for host site(s) acility have —on site- medical, personal hygiene, and sanitary supplies to last seven or all resident's needs?  . go to - B. 8. c) go to - B. 8. b) i,ii,iii,iv
b)	if no, p	provide the following:  Does facility have a current or currently verified contract to have a seven day support 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,	<ul> <li>Does contract for medical, hygiene, and sanitary goods contain the following?</li> <li>Name of supplier?</li> <li>Specified time or timeline (H-Hour) that supplier will need to be notified</li> <li>Contact information of supplier</li> <li>Yes. If No, obtain information then mark Yes.</li> </ul>
	M,	Have copies of each <b>signed and dated contract/agreement</b> been included for submitting?  Yes. If no, obtain and mark Yes.
	iv,	Has a cover page been completed and attached for each contract/agreement, <i>(blank form provided)</i> Yes. If no, complete and mark Yes
c)	supplie Yes	cuation, does facility have provisions for medical, personal hygiene, and sanitary s at host site(s)?
	11 100 - 1	make necessary provisions for medications then mark Yes
9. Cor a)		ations/Monitoring - all hazards ring Alerts. Provide the following: What equipment/system does facility use to monitor emergency broadcasts or alerts? 2 way radio, cell phone, battery powered radio, tv and internet
	with ⊕.	Is there back up or alternate equipment and what is it?  Yes. Name equipment:  No
	ÎÎ.	Is the equipment tested?  Yes  No

	iv.	Is the <b>monitoring</b> equipment powered and operable during utility outages?  Yes.  No.
	٧.	Are there provisions/plans for facility to monitor emergency broadcasts and alerts at evacuation site?  Yes No
b)		unicating- send and receive- with emergency services and authorities. Provide the
	followi i.	What equipment does facility have to <b>communicat</b> e during emergencies?  2 way radio, cell phone, battery powered radio, to and internet/email
	ii,	Is there back up or alternate equipment used to send/receive and what is it?  Yes. Name equipment: Viber App  No
		Is the equipment tested?  Yes  No
	iv.	Is the <b>communication</b> 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 Ha	azard An	alysis
su ch ⊠	ch as fire emical o ]Yes	ility identified potential emergencies and disasters that facility may be affected by, e, severe weather, missing residents, utility (water/electrical) outages, flooding, and or biological releases?

m,	to	f plar be a	EPT OF OPERATIONS — Answer the following or Provide the requested information. Any areas uning that have not been provided for in the facility's emergency preparedness plan will need addressed.
			s for <b>sheltering in place</b> les 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?
			If No - Planning is needed for compliance. Complete then mark Yes
	2	. Do	es facility have written viable plans for adequate staffing when sheltering in place?  [X] Yes
			If No - Planning is needed for compliance. Complete then mark Yes.
	3	eve	es facility have written viable plans for sufficient supplies to be on site prior to an emergency ent which will enable it to be totally self-sufficient for seven days? (potable and non-potable ter, food, fuel, medications, medical, personal hygiene, sanitary, repair, etc) $\square$ Yes
			If No - Planning is needed for compliance. Complete then mark Yes
	4	. Do	es facility have communication plans for sheltering in place?
			If No - Planning is needed for compliance. Complete then mark Yes
		a)	Does facility have written viable plans for contacting staff pre event?  XYes
			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

	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.		es facility have written viable plans for providing emergency medical care if needed while eltering in place?
		If No - Planning is needed for compliance. Complete then mark Yes
6.	Do	es facility have written viable plans for the preparation and service of meals while sheltering? $\square$ Yes
		If No - Planning is needed for compliance. Complete then mark Yes
7.		es facility have written viable plans for repairing damages to the facility incurred during the ergency?
-		If No - Planning is needed for compliance. Complete then mark Yes
B₊ P		for Evacuation
1,		es facility have written viable plans for adequate transportation for transporting all residents he evacuation host site(s)?
		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)?
		If No - Planning is needed for compliance. Complete then mark Yes
		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
		Does facility have written viable plans for adequate staffing for the unloading of residents and supplies at evacuation host site(s)?
		If No - Planning is needed for compliance. Complete then mark Yes

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  b) Does facility have written viable plans for communication during 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			
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  b) 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	2.		the facility?  ⊠Yes
<ul> <li>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</li> <li>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</li> <li>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  ☐ No - Planning is needed for compliance. Complete then mark Yes</li> <li>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</li> <li>5. Does facility have written viable plans for communication during evacuation?  ☐ Yes  ☐ No - Planning is needed for compliance. Complete then mark Yes</li> <li>a) Does facility have written viable plans for contacting host site prior to evacuation?  ☐ Yes  ☐ No - Planning is needed for compliance. Complete then mark Yes</li> <li>b) 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</li> </ul>		a)	Does facility have written viable plans for staffing to load residents and supplies at the shelter site for the return to facility?
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?		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
adequate qualified staffing and the distribution and assignment of responsibilities and functions at the evacuation host site(s)?    Yes		c)	Does facility have written viable plans for staffing for the unloading of residents and supplies after return to facility?  Xes
<ul> <li>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</li> <li>5. Does facility have written viable plans for communication during evacuation?  Yes  If No - Planning is needed for compliance. Complete then mark Yes</li> <li>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</li> <li>b) Does facility have written viable plans for contacting staff before an emergency event?  Yes</li> </ul>	3.	ade	equate qualified staffing and the distribution and assignment of responsibilities and functions the evacuation host site(s)?
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
<ul> <li>5. Does facility have written viable plans for communication during evacuation?    Yes     If No - Planning is needed for compliance. Complete then mark Yes</li> <li>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</li> <li>b) Does facility have written viable plans for contacting staff before an emergency event?   Xes     Yes     Yes     Xes     Xes</li></ul>	4.	or (	delivered to the evacuation host site(s) prior to or to coincide with arrival of residents?  stable and non-potable water, food, fuel, medications, medical goods, personal hygiene, altary, clothes, bedding, linens, etc)
<ul> <li>         ∑Yes         If No - Planning is needed for compliance. Complete then mark Yes     </li> <li>a) Does facility have written viable plans for contacting host site prior to evacuation?          ∑Yes</li></ul>			If No - Planning is needed for compliance. Complete then mark Yes
<ul> <li>a) Does facility have written viable plans for contacting host site prior to evacuation?</li></ul>	5.	Doe	∑Yes
b) Does facility have written viable plans for contacting staff before an emergency event?  XYes		a)	Does facility have written viable plans for contacting host site prior to evacuation?  Yes
		b)	Does facility have written viable plans for contacting staff before an emergency event? ⊠Yes

	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
	63	
	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.		es facility have written viable plans to provide emergency medical care if needed while at scuation site(s)?
		If No - Planning is needed for compliance. Complete then mark Yes
C. D	oes	facility have written viable plans for all identified potential hazards? Yes
	If N	o - Planning is needed for compliance. Complete then mark Yes
D. D	oes	facility have written viable plans for communicating during all emergencies? Yes
	If N	o - Planning is needed for compliance. Complete then mark Yes
1.	deli she	es facility have written viable plans for immediately providing written notification by hand very, facsimile, email or other acceptable method of the nursing home's decision to either liter in place or evacuate due to any emergency to the Health Standards Section of the partment of Health and Hospitals?
		If No - Planning is needed for compliance. Complete then mark Yes
2.		es plan include providing the following information to Health Standards Section of the partment of Health and Hospitals?
	a)	Is it a full facility evacuation, partial facility evacuation or shelter in place?
	b)	The date(s) and approximate time(s) of full or partial evacuation?
	c) d)	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)?
	e)	The names of all residents being evacuated and the location each resident is going to?

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

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

from original notification?

∑Yes

A plan to notify Health Standards Section within 48 hours of any deviations or changes

	emergencies?  Yes  If No - Planning is needed for compliance. Complete then mark Yes
2	I. Does facility have written viable plans for monitoring emergency alerts and broadcasts at all times?
	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?
	If No - Planning is needed for compliance. Complete then mark Yes
6	5. Does facility have written viable plans for notifying authorities and responsible parties of the locations of all residents and any changes of those locations?    X   Yes     X   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
15.6	ORGANIZATION AND RESPONSIBILITIES - The following should be determined and kept current in
	the facility's plan:
	Who is responsible for the decision to shelter in place or evacuate?  Provide Name: William Wright in conjunction with OHSEP and Pathway South Mgmt  Position: Administrator  Emergency contact information:  Phone: 504-496-5452  Email: wrwright@asimgt.com  Fax: 985-764-1374
В.	Who is the backup/second in line responsible for decision to sheltering in place/evacuating?  Provide Name: Danielle Yenuganti  Position: Director of Nursing
	23

**Emergency contact information:** 

Phone: 985-722-5242

Email: dyenuganti@asimgt.com

Fax: <u>985-764-1374</u>

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

Provide Name: William Wright in conjunction with OHSEP and Pathway South Mgmt

Position: Administrator

**Emergency contact information:** 

Phone: 504-496-5452

Email: wrwright@asimgt.com

Fax: 985-764-1374

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

Provide Name: <u>Danielle Yenuganti</u>
Position: <u>Director of Nursing</u>
Emergency contact information:

Phone: 985-722-5242

Email: dyenuganti@asimgt.com

Fax: 985-764-1374

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

Provide Name: William Wright in conjunction with Pathway South Mgmt

Position: Administratorg

**Emergency contact information:** 

Phone: 504-496-5452

Email: wrwright@asimgt.com

Fax: <u>985-764-1374</u>

- 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 <u>notify the responsible party of each resident</u> of the following information <u>within 24 hours of the decision:</u>

#### **Facility Department Heads**

- 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.
- 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: <u>Administrator</u>
- 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?
  Nursing and Social Services Départment
  - a) Resident's identification.

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? All facility deparmtent heads a) Water b) Food c) Nutritional supplies and supplements d) All other necessary supplies for the resident. 5. Title(s) or position(s) of person(s) assigned for contacting emergency services and monitoring emergency broadcasts and alerts? Administrator **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 Plan Development and Maintenance A. Has the plan been developed in cooperation with the local Office of Homeland Security and Emergency Preparedness?

٧,

VI.

 $\times$ Yes No

Yes No

Emergency Preparedness?

B. If not, was there an attempt by facility to work with the local Office of Homeland Security and

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?

No - Complete this step then mark Yes

∑Yes

VII.

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
5.	No - Complete this step then mark Yes 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
A	uthentication
	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 <b>Authentication page</b> 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.

#### 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: Kevin Spansel

Phone # of Contact Person: 504-4512610

Physical Address of transportation provider:

PO Box 98000 Lafayette, LA 70509

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?
48hrs
How long will it take the transportation to reach the facility after being contacted?
Based on Availability

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

2 hr

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

#### Multiple

Total number of transport vehicles to be provided: 5+

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

1+

Is the transportation air conditioned? X YES NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 01/2021

Date agreement/ contract ends: Ongoing

#### **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 <u>verified annually and signed by all parties</u>. Name of EVACUATION HOST SITE:

Medico	Evacuation	Center

Contact Person: Trey Prudhomme

Phone # of Contact Person: 337-363-5532

FAX#: 337-363-6275

E-Mail Address: tprudhomme@asimgt.com

Physical Address of evacuation site:

2020 West Main Street Ville Platte, LA 70586

VIIIe Platte, IA 70386		
NAGONIA MENTANDO (MATERIA DE LA CASA DE LA C		
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?		
<u>N/A</u>		
How long will it take to reach the evacuation host site facility?		
<u>3hrs. 30min</u>		
How long will it take to unload residents and supplies from the transportation?		
2-4 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: 200		
Is the evacuation host site air conditioned? XYes, air conditioned Not air conditioned		
Date of agreement/contract/verification: 01/2021		
Date agreement/contract ends: ongoing		

#### SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: Pharmacy / Water

Name of Supplier:

Senior Script

Contact Person: <u>Laura Boothe, Rph</u>
Phone # of Contact Person: <u>225-304-0490</u>.

FAX#: 225-304-0489

E-Mail Address: |aura.boothe@seniorscript-pharm.com

Indicate where the supplies are to be delivered to;

**⊠** Evacuation host site

Nursing home's licensed facility

Adetermined upon decision of sheltering or evacuating

Time Lines or Restrictions: H-Hour or the number of hours needed. What is the latest time that supplier can be contacted according to agreement? 24 hrs

How long will it take to receive the delivery?

2-4 hrs.

Date of agreement/contract/verification: 01/2021

Date agreement/contract ends: Ongoing

Multiple Primary Host Site(s) - print then complete the following two pages for each additional site. Provide the following information: (list primary sites in this area, if multiple sites list each) What is the name of each **primary** site(s)? What is the physical address of each host site(s)? ii. What is the distance to each host site(s)? iii. Is the host site(s) located outside of the parishes identified as hurricane risk areas? iv. Does plan include map of route to be taken and written directions to host site? Yes. If No - obtain and mark Yes. Who is the contact person at each primary host site(s)? ٧i، 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. 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
	$\triangleright$	What is the current physical condition of facility?
		Good
		Fair
		Poor
		Are there adequate provisions for food preparation and service?
		Yes
		No
	$\triangleright$	Are there adequate provisions for bathing and toilet accommodations?
		Yes
		No
	$\triangleright$	Are any other facilities contracted to use this site?
		Yes
		No
х,	ls ţ	he capacity of primary host site(s) adequate for staff?
		Yes
		No. If No - where will staff be housed?
		· ·
d,	ls t	here a specified time or timeline (H-Hour) that <u>primary</u> host site will need to be
	not	Ified by?
		Yes. If Yes - what is that time?
		No.



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

A.	Provide the fol	lowing information:(list each <u>alternate or secondary site</u> )
	1.	What is the name of each alternate/secondary site(s)? Heritage Manor of Mandeville
	ii.	What is the physical address of each alternate/secondary host site(s)?  1820 West Causeway Approach  Mandeville, LA 70471
	ii,	What is the distance, in miles, to each alternate/secondary host site(s)? 44.58
	İV٠	Is the host site(s) located outside of the parishes identified as hurricane risk areas?  Yes  No
	٧,	Does plan include map of route to be taken and written directions to host site?  Yes. If No - obtain and mark Yes.
	٧ĭ٠	Who is the contact person at each alternate/secondary host site(s)?  Name: Jason Hatchett  Phone: 337-315-9686  Email: jhatchett@asimgt.com  Fax: 985-626-3878
	viî,	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:  25  ➤ 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?
		what is nost site currently being used for r



		×	Is the square footage/area of the space to be used adequate for the residents?  Yes
		<i>&gt;</i>	No What is the age of the host facility(s)?
		۶	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
	Х,	$\boxtimes$	he capacity of <b>alternate/secondary</b> host site(s) adequate for staff? Yes No. If No - where will staff be housed?
	xĬ.	nee	here a specified time or timeline (H-Hour) that <b>alternate/secondary</b> host site will ed to be notified by? Yes. If yes what is that time? No.
g) h)	⊠Yes. Has a c	If N over	s of each <b>signed and dated contract/agreement</b> been included for submitting? o - obtain and mark Yes.  page been completed and attached for each contract/agreement. <b>(blank form</b>
	<i>provide</i> ⊠Yes.		o - complete and mark Yes.

#### **AUTHENTICATION**

Facility	Name	(Print):
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Ormond Nursing & Care Center

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.

preparedness plan is current, valid, and reliable.
Date: 01/11/2021
Facility Administrator Name (PRINT): William Wright
Facility Administrator Signature:
Comments:

# ORMOND NURSING & CARE CENTER

## 2021 FACILITY DISASTER PLAN

## Ormond Nursing & Care Center Facility Disaster Plan

# Table of Contents Supporting Documentation

Floor Plan	Tab A
Transportation/Residents' Roster Matrix	Tab B
Staff Roster and Phone Numbers	Tab C
Transportation Agreement	Tab D
Host Site Agreements	Tab E
Food/Supplies on Hand	Tab F
Dietary P&P, Evacuation Supplies, Water	Tab G
Organizational Chart	Tab H
Communication Plan	Tab I
Hazard Types	Tab J
Risk Assessment	Tab K
Stocked Equipment and Supplies	Tab L
Maps Driving/Instructions	Tab M
Transfer Form	Tab N
Hurricane Preparation Checklist	Tab O
Disaster Drills/Schedule	Tab P
Emergency Power/Resources	Tab Q
Emergency Preparedness Standards	Tab R
Slosh Model/Aerial Photo/Elevations	Tab S
Timeline Restriction	Tab T
Emergency Water Agreement	Tab U
Annual OEP Submission Receipts	Tab V
OEP Correspondence	Tab W
Resident Face Sheets/RP Phone Number	Tab X



## Ormond Nursing & Care Center 22 Plantation Road Destrehan Louisiana 70047 985-764-1793

#### **EMERGENCY OPERATIONS PLAN**

#### I Purpose Statement

The purpose of this plan is to provide for the orderly and effective care of the residents of Ormond Nursing & Care Center during a natural or man-made disaster. This emergency operation plan dictates how staff should respond in the event of an emergency that occurs or otherwise threatens the lives or safety of the facilities residents and/or staff. This plan includes but is not limited to, procedures in the event of fire, hurricane, tornado, flood, chemical spills or leaks, bomb threats, and flooding. This plan will be maintained and updated by the Administrator. This plan will also be submitted to the Parish Office of Emergency Preparedness for review and recommendations. Changes to the plan will be made in conjunction with the recommendations made by the O.E.P. and the administrative staff of the facility. The Facility intends to shelter in place unless ordered to evacuate by the local O.E.P. or unless conditions at the facility are anticipated to be of such magnitude that the facility could not be inhabited safely. The Administrator in conjunction with the O.E.P. will determine when to evaluate the facility, and this decision will be made as early as feasibly possible. If a determination is made to evacuate, all notifications to families, residents, staff, and contractors will be completed within 4-6 hours. The goal for the evacuation of residents, staff, and supplies to a host facility will be within 24-48 hours of the initial determination for evacuation.

#### II Situation

Section II of the plan describes the physical location, physical plant characteristics, equipment, and supervisory staff of Ormond Nursing & Care Center. This section also explores operational issues and hazard analysis.

## **A Facility Description**

Ormond Nursing & Care Center is a 146 bed, geriatric skilled nursing facility located at 22 plantation road in Destrehan Louisiana. Its closest intersection is Ormond Blvd and it is 1.5 miles south of Airline Hwy. The facility's geographic location is Latitude 30 Degree 29 minutes 13.62 seconds North by Longitude 90 Degrees 29 minutes 08.41 seconds West. Our elevation is approximately 10' above sea level according to our local O.E.P. With slab, the elevation of our lowest residential living space and air conditioners is approximately 11' above sea level.

Both Generators at the facility are fueled by diesel, and is at an elevation of 10' above sea level and 1' above ground level. The fuel source for the generator is above ground level. All emergency and non-emergency storage areas are located within the facility, and have elevations comparable to the lowest residential living space. Should the facility shelter-in-place for extended periods of time, arrangements have been made for refueling with Lard Oil. Our facility is of a single story, brick construction and was built in 1988. There is one building and three sheds on the property. It has a gabled roof that is shingled with a 4 nail pattern per shingle. The roof wind load is estimated to be between 110 and 125 miles/hour by the roofing contractor. The building's overall wind load is estimated to be 125 to 135 miles/hour. During Hurricane Katrina the Building had no significant exterior or structural damage. The facility meets with all of the life safety and health care building codes. The facility is on city water and sewer services, and electrical power is provided by Entergy. Smoke detectors and sprinklers are located throughout the facility in accordance to NFPA standards. They are inspected periodically by FireQuest to ensure continued compliance. These systems are on public power as well as on the emergency generators. The emergency command and communications post for our facility will be located in the administrator's office. See the attached floor plan for location of this are in Tab A.

As previously stated, the elevation of the lowest floor of living space in the facility is 11' above sea level. The facility's geographic location Latitude 30 Degree 29 minutes 13.62 seconds North by Longitude 90 Degrees 29 minutes 08.41 seconds West. Both FEMA and our insurance carrier list our facility as Flood Zone A99, which indicates that our facility is in a flood zone. While protected by a levee system, the facility is 2 miles South of River Road. See SLOSH models in Tab S for further details.

The facility currently has two generators, one auxiliary emergency power generator and the second generator (Generator II) will supply power to the entire HVAC facility. Generator II is set up to be manually transferred through a transfer switch located in the back of the building near the generator. Once transferred, this 250 KW generator will power the facility as if on normal electrical power. The backup generator supplies power all rooms and outlets in the facility including the dietary department. 1400 gallons of diesel are stored on site to operate the generator. The fuel tanks height is 36" where is sits on a bracket. The emergency generator supplies power to our essential lights, call system, power outlets(labeled with Red Covers), life support systems and essential equipment for daily operations. A more inclusive list of the items that are tied in to the generator are listed below. The generator is above the projected flood level, and the location for the external attachment point for outside generators is indicated on Tab A. Air Conditioners and other critical utilities are located above flood level. With slab, the elevation of the residential floors and air conditioners is approximately 12'. The generator at the facility is at an elevation above sea level. The fuel source for the generator is above ground level. 180 gallons of diesel is stored on-site to operate the generator during emergency situations. Should the facility shelter-in-place for extended periods of time, arrangements have been made to refueling with Lard Oil.

The emergency generator will operate for 33 hours @ 100% standby load without refueling, while generator II will operate for 70 hours continuous without refueling. Arrangements exist with a local provider to resupply this generator at the facility with diesel every 48 hours after a state of emergency is declared. The generator is a 60 KW capable of providing 100 AMPS with three(3) phase. Generator II is a 250 KW providing up to 250 amps with three phase as well. Both generators are inspected, serviced, and tested annually. This generator will supply adequate power for the equipment we intend it to operate during an emergency.

The Emergency generator provides electrical power to the following items:

Individual Call-light Stations- Interior/Exterior
Fire Panel
Overhead halfway lights
Exit Lights
Emergency Outlets/Red Plugs
2 Ice Machines
Walk-in Freezer/Cooler
Facility time Clock
1 60# Industrial Washing Machine
1 50# Industrial Clothes Dryer
1 Dishwasher
Medication Room
Computer at the Nurses Station
Copy Machine (Copier) in the copy room

The Backup Generator II provides electrical power to the following items:

All electrical outlets in the facility

## **B** Operation Considerations

The facility has a 2014 Ford F-350 van that can be used to transport both ambulatory and non-ambulatory residents. The van has a wheelchair lift installed on the rear of the vehicle. The maximum capacity in the van is 10 individuals. This facility also has access to 15 vans of this type from sister facilities as well as a contract with St. Charles O.E.P. and Acadian Ambulance services. The vans from our sister facilities have permanently installed wheelchair lifts. Staff vehicles will **not** be used for the transportation of residents. All vans and Ambulances have operational heating and cooling units. Total capacity for all evacuation vehicles exceed 200 individuals and is adequate for all residents and accompanying staff.

Three to seven days worth of non-perishable meals are kept on hand for residents and staff. This includes food for all residents regardless of diet order. On hand, non-perishable foods include, but are not limited to, those foods needed to serve regular, diabetic, low salt, high fiber, liquid, and/or tube feeding diets.

Medications are routinely stored in the facility under lock and key. Medications that require refrigeration are stored in a refrigerator located in the medication room. This refrigerator is tied to the emergency generator in case of public power failure.

The following employees will organize support-staff efforts and evacuate the nursing facility to a host site. Each of these supervisory staff members has emergency plans to ensure the safety of their own families in the event of a facility evacuation. While copies of their individual family evacuation plans are not enclosed within our disaster plan, participation and assistance with any facility disaster or for the evacuation of the facility is a requirement and condition of the employment for all employees.

#### Name Title Facility E-mail Address William Wright Administrator wrwright@asimgt.com Danielle Yenuqanti Director of Nursing dyenuganti@asimqt.com Kimberly Bailey- Wiltz, LPN Assistant DON kbwiltz@asimgt.com Anamiki Motilal Administrative Assistant Leslie Kunkel Administrative Assistant Martin Sommariba Maintenance Supervisor Linda Bates Fisher Housekeeping Supervisor Latonya Champagne, LPN Admissions Megan Brasher Social Services Towanda Higgins Dietary Manager Jessica Ferguson, RN Nurse Case Manager Shauna Williams, RN Assessment Nurse Natoya Sanders, LPN Assessment Nurse Mylesha Holland, LPN Treatment Nurse Tiffany White Activities Director Haili Smith Asst. Activities Director Ronunika Bailey Accounts Manager Deanna DeMatteo, LPN Medical Records

The facility utilizes local radio and television to monitor weather announcements and predictions. The facility also utilizes cell phones. The administrators cell phone has been tied into the local O.E.P. for warnings and notifications. The facility also has battery-operated walkie-talkies to allow for communication within the facility, and between vehicles when caravanning residents to and from host sites. All of these items can be charged on emergency outlets tied to our emergency generator.

#### C Hazard Analysis

In addition to hurricane and tropical storm activity, the facility may be subject to the following hazards:

- 1) Fire, both internal and external
- 2) Severe thunderstorms, lightning, and tornados
- 3) Air-Borne Contamination
- 4) Bomb Threats
- 5) Train De-railment

#### **D** Assumptions

The facility accepts responsibility for the residents during and emergency and/or evacuation unless the resident has been released to the care of a family member or other responsible party during an emergency. Care and services will be maintained in accordance with accepted nursing practices and standards mandated by the Department of Health and Hospitals. Supervision will be maintained by the department heads on site. Periodic rounds will be made on the residents to monitor for health related issues. The facility will continually update this plan to ensure that if reflects current operating circumstances and emergency preparedness information, and the facility staff will perform as described in this plan. Situations or unusual occurrence not covered in this plan will be addressed individually by the ranking supervisor on the scene. The facility will also develop mutual agreements as appropriate for the care and evacuations of it's residents. The facility also understands that hospitals may only be able to admit those residents in need of life-saving treatment. The facility assumes that they will be without public utilities for a period of up to 48 hours and is prepared to handle such outages of basic services. We are also aware that the response time of emergency services will increase proportionally with the severity, magnitude, and nature of the emergency. The facility will monitor all broadcast warnings and watch from local TV and radio stations. The facility furthermore understands that the presence of several inches of water in the facility does not constitute a life-threatening situation and does not mandate that the facility be evacuated. Additionally, when the facility is evacuated to a host shelter located outside the immediate area, the appropriate facility staff will accompany residents to a host locations Each department will be responsible for loading (and unloading) and securing those supplies needed at the host facility. (See Tab F & Tab L). The Administrative Department will be responsible for ensuring that each department has completed this task appropriately prior to transfer to the host facility. The nursing department will be responsible for loading and unloading of residents to the host facility. They also have the authority to

enlist other facility departments to assist in this endeavor. All residents will have an armband with personal information placed on them prior to being loaded for evacuation. This will be done by the Social Service staff and verified by the nurse supervising the loading process. Lastly, we understand that the evacuation of the facility may require pre-arranged transportation agreements between the facility and contactors. See Tab D for copies of these contracts. Per code, the facility will notify the state office of it's intent to evacuate and will communicate it's intentions to repopulate the facility after the emergency situations has concluded.

### III. Concept of Operations

- A. The facility has developed an emergency operations plan which will be updated annually or more frequently as circumstance change. Staff participates in fire drills conducted at least once per shift per quarter. Records of these fire drills are maintained in the Administrator's office. Staff is also oriented to the fire procedures at the time of hire and signs an acknowledgement form that is kept in their personnel file. Disaster drills (for tornado, hurricane, and hazardous spills) are conducted at least once annually and the Office of Emergency Preparedness will be notified prior to it's implementation. Records of these disaster drills are also maintained in the Administrator's office, and all staff is required to participate.
- B. The facility is also outfitted with sufficient emergency equipment and supplies to provide for at least 72 hours of survival without assistance. The Facility has two (2) emergency generators, one which provides auxiliary power to the facility in case of public power outages or in the event of a long-term outage the second emergency generator can power the entire the facility, all electrical outlets. The emergency generator will provide light to the central areas of our facility. One hundred eighty (180) gallon of diesel is maintained on site as fuel for the emergency generator and (1400) gallons of diesel for the second backup generator. Additionally, the facility maintains emergency flashlights, batteries, tape, plywood, carpentry tools, linens, first aid and medical supplies, disposable paper products, radios, televisions, and medications. Two Hundred and Fifty (250) gallons of Kentwood Water are kept on site at all times, and additional water will be requested in the event of an approaching hurricane. This water will be used for cooking and drinking only. Our dietary department is stocked with a 5day supply of non-perishable foods that will be used in case of emergency. Theses dietary supplies include both can and dry food items. The kitchen is equipped with can openers, and other equipment necessary to provide food in accordance with physicians' orders.
- C. See Tab E for a list of host evacuation sites and locations. This tab includes both local and out of parish host sites. Ormond Nursing & Care Center has a written agreement with at least (4) evacuation sites, to evacuate any or all residents in case of fire, explosion, or any other internal

or external disaster. If residents have to be evacuated, staff is to initiate the following procedures:

- 1. Immediately notify the evacuation site.
- 2. Call the police and fire departments for assistance in transferring residents. Call the ambulance service if necessary. Call in all available off-duty staff. Contact transportation contractors.
- 3. Initiate Hurricane Evacuation Checklist, and make physical count of all residents transferred, who transferred, where they transferred to, and by whom. This information will be available for use by the staff and emergency personnel.

In case of a widespread emergency or any other disaster, the residents of Ormond Nursing & Care Center will be evacuated according to the Hurricane Evacuation Plan submitted in this document — if designated by St. Charles Office of Emergency Preparedness. If not designated by the St. Charles Office of Emergency of Preparedness, the following locations are to be utilized as evacuations centers as the need arises. All of these facilities have emergency generators tied into their heating and cooling units.

Evacuations Site Name	<u>Phone Number</u>
Heritage Manor of Ville Platte Heritage Manor of Mandeville Forest Manor Heritage Manor of Baton Rouge II Audubon Health & Rehab Landmark South Nursing & Rehab Heritage Manor of Houma Landmark of Baton Rouge Landmark of Hammond Heritage Manor of Slidell	337-363-5532 985-626-3909 985-892-6900 225-924-2851 985-446-3109 225-291-8474 985-851-2307 225-293-1003 985-542-8570 985-643-0307
Oaks of Houma	985-876-5692

Those residents needing immediate, emergency attention will be transported by the most readily available ambulance service to the hospital of preference as indicated in resident's medical records. The Administrator and Director of Nursing will be notified immediately.

William Wright, NFA	(504)496-5452
Danielle Yenuganti, DON	(985)722-5242

The charge nurse on duty will be responsible for assuring that medical records are removed from the facility. If time permits, the medications, medication administration records, and active charts will be removed, and will be transported with the resident. Housekeeping and

bedding materials. Dietary personnel will secure and transport emergency water and dried food stores. Office personnel will obtain a back-up copy of computer information. These items will be transported per facility and/or contracted vehicle to the host location.

Once at the shelter, all employees will report to duty at the shelter as scheduled. If the shelter is out of town, staff will be permitted to move with the residents to the shelter and will be compensated for all time while on the shelter site. Transferred food will be prepared in the kitchen facilities of each shelter location. The American Red Cross will also be utilized for additional meal provisions if necessary. Cots, blankets, and pillows for residents' comfort will be transferred by staff to the shelter site if possible, but can also be obtained from the American Red Cross and other volunteer groups. Nursing staff should take the following items with them to the evacuations site:

- 1. This Disaster Instruction Plan
- 2. Your "physician's kit" (Includes stethoscope, IVAC, suture, kit, ambu bag, syringes, gauzes, and etc...)
- 3. Resident List
- 4. Nursing Supplies and Equipment
- 5. Medical Records of all evacuated residents to accompany them to host facility. These Medical Records include times medications and doses to be given, allergies, and dietary needs.
- 6. Medications
- 7. Medications administration records
- 8. Flash Lights
- 9. Physician's phone list

Primary Physician	Phone Numbers
Dr. Luis Arencibia	(504)300-9797
Dr. Joan Cheuk	(504)842-7518

The consultant pharmacist will be phoned for filling any prescriptions of lift-supporting drugs:

Senior Script

(225)304-0490

Twenty-four emergency medical supplies will be obtained from LTC Dispensary Pharmacy and/or Gulf South Medical Supplier. This includes IV medications. Emergency off will be obtained from Reinhart/Conco Food Wholesalers.

McKesson 601-856-5900 Doerle 337-252-8551

The Administrator and Director of Nursing will make further arrangements for residents placement in surrounding nursing homes. In many cases, the responsible party will be contacted to take care of their family member if they ch-oose to do so and if resident's

medical condition permits. Facility staff will contact all available responsible parties and inform them of our intent evacuate or shelter-in-place at the facility. See the evacuations checklist for staff designations on this notification procedure. See Tab "X" for individual face sheets on each resident with the resident's family contact information, resident's condition, and transportation requirements.

In the event of a fire, explosion or disaster emergency, the nursing home administrator or the individual left in charge must be notified so all employees on duty can be alerted to carry out their orders according to the existing conditions:

- 1. Should fire be seen or detected, call the Fire Department.
- 2. Take safety measure and precautions to protect the lives of all residents and personnel
- 3. In the event of a severer emergency or if an evacuation is ordered, call the nurses and all personnel for help and call for ambulances to move those unable to transfer per car, van, or bus.
- 4. The Administrator or person in charge will direct all evacuation or moving activity and designate a person to make a record showing the name of each resident, and how and to where the resident was evacuated.
- 5. Residents that are able to walk shall be grouped, accompanied to the exit, and taken from the building to destinations as ordered. Those who can not walk shall be assisted from the facility to a designated place of safety, and arrangements for removal of those residents will be organized by the Director of Nursing or her designee. Remember that time is vial in most cases, and that residents can be lifted by several persons and carried on a mattress easily and more safely than by other means.
- 6. Each employee shall be familiar with exits and with the locations of the fire extinguishers. Each employee must understand how these units operate and know what to do in case of an emergency involving a fire. Fire drills will be conducted on a periodic basis to ensure staff understanding and performance.

#### **Sheltering in Place**

In the event of a fast moving emergency, such as a flash flood, tornado, or hazardous material incident, it may be necessary to remain in the facility and to operate under a "shelter in place" plan. Since these emergency situations can occur at any hour, day or night, all staff will be trained on proper protocols and procedures for addressing these situations. During these types of emergencies, all staff and residents are to remain with the facility at all times. The following steps are to follow:

1. During these types of emergencies, all staff and residents are to remain within the facility at all times. Staff is to conduct a head count of each hall to ensure that all residents are accounted for. The result of this head count is to be communicated to the charge nurse on duty. Those residents with special needs or respiratory

- problems will be assisted per staff to equipment on emergency generator power or to portable oxygen locations
- 2. The C.N.A.'s on each wing are to ensure that all doors and window to the exterior of the facility are closed, and that the protective internal shutter system is closed. Dietary and Laundry staff will make sure all natural gas is turned off during this emergency period. All staff and residents are to remain in the facility until an "all clear" has been issued by the appropriate authorities.
- 3. In case of potential airborne contamination, staff is to conduct a head count of each hall to ensure that all residents are accounted for. The results of this head count are to be communicated to the charge nurse on duty. The nursing and dietary personnel will ensure that all food, water, and medications is covered and protected from potential contaminants. Maintenance staff will ensure that all HVAC systems are turned off or closed. Nursing and housekeeping staff will check rooms to ensure that all window and air units are closed and in the off position. Should decontamination be required, facility will maintain contact with the public health authorities that will provide recommendations in general instructions on the preferred methods. Nursing staff will continually assess the residents for signs and symptoms of airborne contamination. Disposable medical mask will be provided to all residents and staff if the suspected contaminated is viral in nature. This course of action will continue until authorities have announced an "all clear".
- 4. In case of a tornado, all doors and windows are to be secured. If time allows, residents should be moved into the hall corridors. All room doors to be shut and secured. Residents are allowed to remain in their rooms provided windows and internal shutters are secured. Areas that have large celling expanses can be utilized but should be avoided. Residents are to be placed in a sitting fetal position(if physically able), and covered with blankets or other protective clothing to prevent injury from flying glass. Mattresses, linen carts, and other objects can be positioned at the end of the halls to act as a barrier against flying debris.
- 5. After the passage of the storm, an assessment of the resident's and facility's physical status will be conducted by staff, and will be communicated to the command center in the Administrator's office. Residents will be referred to emergency care facilities as necessary by nursing personnel. The command center will determine if the need for evacuation to an alternative site is necessary based on the degree of physical damage to the facility.
- 6. If a determination is made to continue to shelter in place any prolonged power losses anticipated, the use of a portable generator to power the facility's central air units will be provided by representatives of Kossen. Residents will be moved to areas within the facility where appropriate temperatures are maintained. To further assist in the cooling of residents, the facility will use ice packs and a system of box fans. The facility has two ice machines that are each tied to independent generators for power, and the facility also has a large supply of refillable Ziploc bags to provide additional cooling to the residents who might desire it.
- 7. In the event of a bomb threat, staff will attempt to keep threatening individuals on the phone for as long as possible. Staff will try to ascertain from the caller where and why the bomb has been placed, and what time it is scheduled to go off. Staff

will try and invoke sympathies of the caller by describing helplessness of elderly clientele. Person receiving the initial call will relay information to other coworker while keeping the caller on the line. The coworker will notify administration, and the local police and fire departments. These agencies are to be informed of the nature of the call and the phone line at our facility that the caller is on. Remaining staff shall begin an evacuation of the facility and remain in designated safe zones outside the facility until such a time as the facility has been inspected by local authorities. If the facility is found to be free of explosive devices by appropriate authorities, residents will be returned to the facility by staff and volunteers. Should a temporary evacuations be required, facility staff will transfer residents to our local host facility in accordance with our hurricane evacuation plan.

# Plan Development and Maintenance

This plan was developed by the facilities administrative staff and department heads in conjunction with the recommendations from the local and state Offices of Emergency Preparedness. The Administrator of this facility will be responsible for maintaining and updating this plan, and reporting significant changes to the appropriate state and local authorities. The supervisors of this facility help develop this plan and have knowledge of the responsibilities in the event of an emergency situation, and have communicated this same information to their staff during mandatory in-services. As of this submission, all extra organizations and contractors have been notified of modifications made to this plan. All modifications have also been submitted to the local parish Office of Emergency Preparedness.

## **Authentication for Ormond Nursing & Care Center**

This Emergency Operations Plan provides the operations procedures that this facility will follow during emergency events. This plans supersedes and/or amends any previous emergency operations plan promulgated for this purpose. The information and date used and included in this plan is current, valid, and reliable. This plan was developed to provide for the health, safety, and welfare of all residents and staff.

William Wright, MHA, NFA

Ormond Nursing & Care Center

January 11, 2021

# Tab A - Floor Plans

# **Tab B – Transportation**

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Total Number of Licensed Beds:

146

**Current Census:** 

Number of Available Beds:

Transportation Requirements for Census:

Number who need an ambulance with advanced life support: Number who need an ambulance with basic life support: Number who need a wheelchair accessible vehicle: Number who need regular transportation: TOTAL NUMBER:

Attached in this section is a copy of the CMS-802 which is a resident roster indicating the care requirements of each resident. "Category I Patients" are identified as residents that may include but are not limited to residents on continuous oxygen, dialysis, continuous tube feeding, or other residents on continuous life support equipment. This document will be updated on a periodic basis to ensure accuracy. The updated, master copy of this document can be obtained in the MDS office at any time. These documents are updated a necessary and as required by regulations by the facility's Assessment Nurses. This is a computerized form that can be generated at any time after the computer has been updated with the most current resident information. Face Sheets for each resident on this list are maintained in "Tab X" and will be updated weekly and/or prior to anticipated landfall by the Medical Records Director. These Face Sheets contain contact/responsible party information on each resident, as well as diagnosis and physician contact information. Each resident's current medical record and medication will accompany them to the host facility. These items will be secured in a support vehicle that will follow the evacuating van to the host site. Loading of theses items will be done by the vehicle driver in conjunction with the nursing department. The facility administrator will be responsible for inputting census information into DHH-HSS Emergency Preparedness web site on a monthly basis.

Facility will evacuate residents per ten passenger vans or 15 passenger buses enumerated within the attached contracts and from the sister facilities. Each evacuating van/ bus will have facility staff members present as drivers and/or caregivers. We will caravan these evacuating vans to the host facility and will communicate between vehicles by cell phone and/or walkie-talkies during transport. The vehicles must stay together or in close proximity to one another at all times. At least one license staff member will be present in the caravan to assist with any residents experiencing medical complications. If cell phones or walkie-talkies should fail during transport, the van driver of each vehicle will be instructed to pull over and turn on his emergency flashers in the event of a medical emergency involving a

resident. Licensed staff will evaluate the resident, and take appropriate measures to ensure their health, safety and welfare. Medications will be administered as necessary prior to evacuations. All host sites are within 1-hour travel time of the facility, except Senior Village I located in Opelousas. Ice Chest with liquids and snacks will be available for the residents in each van.

Additionally, staff will be transported to host facilities in the event of an emergency by facility vans/ buses. Parent organization has numerous 10-passenger vans and 15 passenger buses that can be utilized for this purpose. See page 5 for additional details.

Date Completed: Completed By:

January 11, 2021 William Wright

## Tab C - Staff Roster

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Facility Staff Roster has been updated as of: Facility Staff Roster has been update by:

January 11, 2021 William Wright

Ormond Nursing & Care Center has no staff that resides on the premises. This staff roster will be updated on a periodic basis to ensure that it is kept current. Each of these staff members has emergency plans to ensure the safety of their own families in the event of a family evacuation. While copies of their individual family evacuation plans are not enclosed within our disaster plan, participation and assistance with any facility disaster or for the evacuation this facility is a requirement and condition of employment. The current employee roster is maintained in the facility business office and is maintained by the Human Resources Department. The copy in the emergency preparedness plan will be updated on quarterly basis, prior to an approaching storm, and as needed by the Administrator.

· SYSTEMS INC (6083291) **ADMINISTRAT** 

P O Box 6016 Ridgeland, MS 39158 United States

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United States

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ADMINISTRATA SYSTEMS INC (6083291)
P O Box 6016 SE
Ridgeland, MS 39158

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ADMINISTRAT (SYSTEMS INC (6083291) P O Box 6016 (C)

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# **Tab D – Transportation Agreement**

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Name of Organization	Acadian Ambulance P.O. Box 98000 Lafayette, Louisiana 70509
Contact Person:	Kevin Spansel
Phone Number:	504-451-2610
Time Restrictions:	None
Type and Quantity of Transport:	Ambulance/Van 10 to 15 depending on availability Multiple Trips Available
Number and Type of Passengers:	<ul><li>Requiring basic life support</li><li>Requiring wheelchair assistance</li><li>Requiring minimal assistance</li></ul>
*Sister Facilities will provide transportati	ion
Date of Agreement:	1/11/2021

Date Agreement Ends:

Termination by either party

P.O. Box 98000 · LAFAYETTE, LA · 70509-9800



AMBULANCE DISPATCH 571 800-259-1111

ADMINISTRATION 337-291-3333 800-259-3333

> BILILING 800-259-2222

January 1, 2021

Ormond Nursing and Caring c/o administrator 22 Plantation Destrehan, LA 70047

Re: Evacuation Agreement

Dear Administrator:

In response to a request for verification from Ormond Nursing and Caring (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.

Sincerely,

----DanuSigned by:

Kevin Spansel

Kevin C. Spansel

Community Relations Supervisor Acadian Ambulance Service, Inc.

-DocuSigned by

William Wright

1/12/2021 | 10:23 AM CST



# Facility Evacuation Information Sheet

Facility Name:	Ormond Nursing & Care Cent	ter	
Facility Address;	22 Plantation Rd.		
· ·		ent from physical ac	idress make <b>notes</b> below)
City, St, Zipt	Destrehan, LA, 70047		
Facility Phone #:		Fax #:	985-764-1374
Administrative Contact:	William Wright	Cell	504-496-5452
DON Contact	Danielle Yenuganti	Cell	985-722-5242
Admin Email	wrwright@asimgt.com	DON Email	dyenuganti@asimgt.com
Emerg After Hours contact	number: 504-496-5452		
Facility's Evacuation F	acilitator:		
	(person who decides which	pts go by ambuland	ce/provides list of pts for roster)
Current Executed Evacu	lation Agreement on File	<u> </u>	YES NO
Planned Evacuation Desti	ination (must be re-verified at	time of evacua	tion)
Destination Name:	Medico Evacuation Center	***************************************	
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Phone # :			
Contact Person:	Trey Prudhomme		
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Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator: Kevin Spansel P O Box 98000

Lafayette, LA 70509-8000 kspansel@acadian.com IP Address: 24.252.161.59

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Status: Original

1/8/2021 10:48:11 AM

Holder: Kevin Spansel

kspansel@acadian.com

Location: DocuSign

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Signer Events 🧽

Kevin Spansel

kspansel@acadian.com

Community Relations Supervisor Acadian Ambulance Service, Inc.

Security Level: Email, Account Authentication

(None)

Signature :

Kevin Spannel —1248CER708BB144

Signature Adoption: Pre-selected Style

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William Wright wrwright@aslmgt.com

Administrator

Security Level: Email, Account Authentication

(None)

William Wright

Signature Adoption: Pre-selected Style Using IP Address: 209,10.96.121

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Sent: 1/8/2021 10:50:47 AM Viewed: 1/12/2021 10:16:31 AM

Signed: 1/12/2021 10:23:44 AM

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Accepted: 1/12/2021 10:16:31 AM ID: c5575291-42dc-41a3-96a7-f17e7a730b26 Company Name: Acadian Ambulance Service, Inc.

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#### ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Acadian Ambulance Service, Inc. (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

#### Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

#### Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

#### Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

#### How to contact Acadian Ambulance Service, Inc.:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by phone call: 337-521-3455
To contact us by email send messages to: jgreco@acadian.com
To contact us by paper mail, please send correspondence to:
Acadian Ambulance Service, Inc
P O Box 98000
Lafayette, LA 70509-8000

#### To advise Acadian Ambulance Service, Inc. of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at jgreco@acadian.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

#### To request paper copies from Acadian Ambulance Service, Inc.

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to jgreco@acadian.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Acadian Ambulance Service, Inc.

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to jgreco@acadian.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

#### Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <a href="https://support.docusign.com/guides/signer-guide-signing-system-requirements">https://support.docusign.com/guides/signer-guide-signing-system-requirements</a>.

#### Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Acadian Ambulance Service, Inc. as described above, you
  consent to receive exclusively through electronic means all notices, disclosures,
  authorizations, acknowledgements, and other documents that are required to be provided
  or made available to you by Acadian Ambulance Service, Inc. during the course of your
  relationship with Acadian Ambulance Service, Inc..

# **Tab D – Transportation Agreement**

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Name of Organization	St. Charles Parish School Board Luling, LA 70070	
Contact Person:	Jason Tastet	
Phone Number:	985-783-5050	
Time Restrictions:	None	
Type and Quantity of Transport:	Bus/Van 10 to 15 depending on availability Multiple Trips Available	
Number and Type of Passengers:	<ul><li>Requiring basic life support</li><li>Requiring wheelchair assistance</li><li>Requiring minimal assistance</li></ul>	
*Sister Facilities will provide transportation		
Date of Agreement:	01/11/2021	
Date Agreement Ends:	Termination by either party	



13855 River Road Luling, LA 70070 985,785,6289 www.stcharles.k12.la.us

School Board Member

Ellis A. Alexander DISTRICT I

Melinda H. Bernard DISTRICT 2

Dennis J. Naguin DISTRICT 3

Clarence H. Savole CHSTRICT 4

> John L. Smith DISTRICT 5

John W. Robichaux DISTRICT 6

Arthur A. Aucoln DISTRICT 7

Alex L. Sulfrin DISTRICT 8

Superintenden

Ken Certling, Ed.D.

February 8, 2021

Mr. William Wright Ormond Nursing and Care Center 22 Plantation Rd. Destrehan, La. 70047

Mr. Wright,

St. Charles Parish Public Schools under the direction of St. Charles Parish Department of Homeland Security and Emergency Preparedness (DHSEP) agrees to provide transportation assistance during emergency evacuations for the residents of Ormond Nursing Center during disasters.

Available School District transportation resources will be utilized and every effort will be made as needed to safely transport residents of this facility to the designated location. While this is not a guarantee of our ability to provide transportation and/or emergency services during a future, unknown event, we do wish to convey that, at the direction of the DHSEP, we will make every reasonable effort to assist Ormond Nursing Center.

Sincerely,

Teresa C. Brown

Administrator, Ancillary Services

Cc Dr. Ken Oertling, Superintendent, St. Charles Parish Public Schools John Rome, Chief Plant Services and Security Officer, St. Charles Parish **Public Schools** 

John Cain, Risk Manager, St. Charles Parish Public Schools Jason Tastet, Sr. Emergency Coordinator, St. Charles Parish, E.O.C.

# Tab D - Transportation Agreement

Date Agreement Ends:

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Name of Organization	Landmark of Hammond 42250 North Oaks Drive Hammond, LA 70403
Contact Person:	Jody DePriest
Phone Number:	985-524-8570
Time Restrictions:	None
Type and Quantity of Transport:	Van 10 to 15 depending on availability Multiple Trips Available
Number and Type of Passengers:	<ul><li>Requiring basic life support</li><li>Requiring wheelchair assistance</li><li>Requiring minimal assistance</li></ul>
*Sister Facilities will provide transportat	ion
Date of Agreement:	01/11/2021

Termination by either party



# Transportation Agreement

This agreement is entered into between Ormon Administrator, William Wright and Linkned Administrator, John Serciest	K of Hammand represented by its
Line A Hammond agrees to prove residents of Ormond Nursing & Care Center dur	ride the facility van/bus to assist in transportation of the ing an emergency requiring evacuation.
This agreement will automatically renew annual written notice of their intent to cancel.	ly until such time as either party gives thirty (30) days
Jal	Mulacer
William Wright, NFA Ormond Nursing & Care Center	Date
Payrond VR	Date.
- Adn	nínistrator

# **Tab D – Transportation Agreement**

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Name of Organization	Audubon Health & Rehab 2110 Audubon Ave. Thibodaux, LA 70301
Contact Person:	Jacques Beebe
Phone Number:	985-446-3109
Time Restrictions:	None
Type and Quantity of Transport:	Van 10 to 15 depending on availability Multiple Trips Available
Number and Type of Passengers:	Requiring basic life support Requiring wheelchair assistance Requiring minimal assistance
*Sister Facilities will provide transportat	ion
Date of Agreement:	01/11/2021
Date Agreement Ends:	Termination by either party



## Transportation Agreement

This agreement is entered into between Ormond Nurs  Administrator, William Wright and Rucubon Nuc  Administrator, Jacques Rubon.	ing & Care Center, represented by its
Auluban Nursing & Care Center during an or residents of Ormand Nursing & Care Center during an or	e facility van/bus to assist in transportation of the emergency requiring evacuation.
This agreement will automatically renew annually until written notice of their intent to cancel.	such time as either party gives thirty (30) days
William Wright, NFA Ormond Nursing & Care Center	1/1/dod/ Date
Glugues A Beobe	01/12/2021 Date
TACQUES A. BEERE, J.D., NEAAdministr	ator

AUDUBON HEALTH & REHAB

# **Tab D - Transportation Agreement**

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Name	of	Ora:	aniza	ition
	$\sim$	$\sim$	411144	いいしょ

Heritage Manor of Mandeville

1820 West Causeway Approach

Mandeville, LA 70421

Contact Person:

Jason Hatchett

Phone Number:

985-642-4798

Time Restrictions:

None

Type and Quantity of Transport:

Van

10 to 15 depending on availability

Multiple Trips Available

Number and Type of Passengers:

\_\_ Requiring basic life support

\_\_ Requiring wheelchair assistance

\_\_ Requiring minimal assistance

Date of Agreement:

01/11/2021

Date Agreement Ends:

Termination by either party

<sup>\*</sup>Sister Facilities will provide transportation



## Transportation Agreement

This agreement is entered into between Ormond Nursing & Care Center, represented by its Administrator, William Wright and Heating Money & Malerite represented by its

Administrator, Juse - Hotelett

Ment Research Market & Market Regrees to provide the facility van/bus to assist in transportation of the residents of Ormond Nursing & Care Center during an emergency requiring evacuation.			
This agreement will automatically renew annually until such twritten notice of their intent to cancel.	time as either party gives thirty (30) days		
William Wright, NFA Ormond Nursing & Care Center	Information Date		
Jason Hatchett Administrator	1/11/2021 Date		

Heritage Manor of Mandeville

# Tab D - Transportation Agreement

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Name of Organization	Landmark of Baton Rouge 9105 Oxford Place Dr. Baton Rouge, LA 70809	
Contact Person:	Mallory Hayden	
Phone Number:	225-293-1093	
Time Restrictions:	None	
Type and Quantity of Transport:	Van 10 to 15 depending on availability Multiple Trips Available	
Number and Type of Passengers:	<ul> <li>Requiring basic life support</li> <li>Requiring wheelchair assistance</li> <li>Requiring minimal assistance</li> </ul>	
*Sister Facilities will provide transportation		
Date of Agreement:	01/11/2021	



Date Agreement Ends:

Termination by either party



Administrator, William Wright and Lower of Administrator, William Wright and Administrator, Milliam Wright and Lower of the Administrator, Milliam Wright and Milliam	Jursing & Care Center, represented by its
Leading of Diving & Care Center during	e the facility van/bus to assist in transportation of the an emergency requiring evacuation.
This agreement will automatically renew annually written notice of their intent to cancel.	until such time as either party gives thirty (30) days
William Weight, NFA	- The Boar
Ormond Nursing & Care Center	Date
Millough	1/11/2021 Date
Mallow theyden . Admir	nistrator
LANDMANNER OF BOTTON ROWE	HÈ.

# Tab D - Transportation Agreement

Date Agreement Ends:

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Name of Organization	Heritage Manor of Houma 852 Centurion Lane Houma, LA 70360
Contact Person:	Darla Rodgers
Phone Number:	985-851-2307
Time Restrictions:	None
Type and Quantity of Transport:	Van 10 to 15 depending on availability Multiple Trips Available
Number and Type of Passengers:	<ul><li>Requiring basic life support</li><li>Requiring wheelchair assistance</li><li>Requiring minimal assistance</li></ul>
*Sister Facilities will provide transportati	ion
Date of Agreement:	01/11/2021

Termination by either party



This agreement is entered into between Ormond Nursing & Care Center, represented by its Administrator, William Wright and Maria Miner of the Presented by its Administrator, Dark Related
Her tyr Moure of House agrees to provide the facility van/bus to assist in transportation of the residents of Ormand Nursing & Care Center during an emergency requiring evacuation.
This agreement will automatically renew annually until such time as either party gives thirty (30) days written notice of their intent to cancel.
William Wright, NFA Ormond Nursing & Care Center
Heritage Manac of Hama III 21 Date  Date  Administrator
TARIA ROGERS
Heritage Manor of Houma

852 Centurion Lane Houma, LA 70360

# **Tab D - Transportation Agreement**

Date Agreement Ends:

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Name of Organization	Forest Manor 71338 Hwy. 21 Covington, LA 70433
Contact Person:	Clay Pere
Phone Number:	985-892-6900
Time Restrictions:	None
Type and Quantity of Transport:	Van 10 to 15 depending on availability Multiple Trips Available
Number and Type of Passengers:	<ul><li>Requiring basic life support</li><li>Requiring wheelchair assistance</li><li>Requiring minimal assistance</li></ul>
*Sister Facilities will provide transportati	ion
Date of Agreement:	01/11/2021

Termination by either party



This agreement is entered into between Administrator, William Wright and $\frac{1}{\lambda}$ Administrator, $\frac{1}{\lambda}$	Ormond Nursing & Care	Center, represented by its, represented by its
residents of Ormond Nursing & Care Cen	to provide the facility va	n/bus to assist in transportation of the
This agreement will automatically renew written notice of their intent to cancel.	annually until such time	as elther party gives thirty (30) days
William Wright, NFA Ormond Nursing & Care Center		Date
Clay Pere ' Clay Pere '	, Administrator	//11/2/ Date
FOREST MANDE		

## **Tab D – Transportation Agreement**

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Name of Organizatio	١	lame	of	Organ	izatior	٦
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Oaks of Houma 1701 Polk Street Houma, LA 70360

Contact Person:

Lance Lebon

Phone Number:

985-876-5692

Time Restrictions:

None

Type and Quantity of Transport:

Van

10 to 15 depending on availability

Multiple Trips Available

Number and Type of Passengers:

\_\_\_ Requiring basic life support

\_\_\_ Requiring wheelchair assistance

\_\_\_ Requiring minimal assistance

Date of Agreement:

01/11/2021

Date Agreement Ends:

Termination by either party

<sup>\*</sup>Sister Facilities will provide transportation



This agreement is entered into between Ormond Nursing & Co. Administrator, William Wright and The Oaks of House	
Administrator, Lance Leben	Topiese by Its
gypochala i si i governi de la 2 de la compania del compania de la compania de la compania del compania de la compania del la compania del la compania de la compania de la compania del la compania del la compania del la compania del la compania del la compania del la compania	
The Oaks of Honne agrees to provide the facility	y van/bus to assist in transportation of t
residents of Ormond Nursing & Care Center during an emerge	ncy requiring evacuation.
	*
This agreement will automatically renew annually until such ti	me as either party gives thirty (30) days
written notice of their intent to cancel.	
NaMA	, 1
WUK	The total annual and the total annual
William Wright, NFA	Date
Ormond Nursing & Care Center	
	1 12 0 1
- Con	Date
2112	Date
C. L- Le Gon Administrator	
6)11/	
Chips of / foury	

# Tab D - Transportation Agreement

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Name of Organization	Heritage Manor of Slidell 106 Medical Center Dr. Slidell, LA 70461-5575	
Contact Person:	Ames Bankston	
Phone Number:	985-643-0307	
Time Restrictions:	None	
Type and Quantity of Transport:	Van 10 to 15 depending on availability Multiple Trips Available	
Number and Type of Passengers:	<ul> <li>Requiring basic life support</li> <li>Requiring wheelchair assistance</li> <li>Requiring minimal assistance</li> </ul>	
*Sister Facilities will provide transportation		
Date of Agreement:	01/11/2021	
Date Agreement Ends:	Termination by either party	



This agreement is entered into between Ormond Nursing & Care Center, represented by its Administrator, William Wright and New Day (New Color Steel), represented by its Administrator, Ansa Banksten
West Nova to Stice () agrees to provide the facility van/bus to assist in transportation of the residents of Ormand Nursing & Care Center during an emergency requiring evacuation.
This agreement will automatically renew annually until such time as either party gives thirty (30) days written notice of their intent to cancel.
Ulla 10033
William Witski, NFA Ormand Mursing & Care Center
Otalle Unki
Ames Barrestan, Administrator
11 - A- Maria C5/1/11

# **Tab D – Transportation Agreement**

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Name of Organization	Heritage Manor of Ville Platte 220 South Thompson Ville Platte, LA 70586	
Contact Person:	Trey Prudhomme	
Phone Number:	337-363-5532	
Time Restrictions:	None	
Type and Quantity of Transport:	Van 10 to 15 depending on availability Multiple Trips Available	
Number and Type of Passengers:	<ul> <li>Requiring basic life support</li> <li>Requiring wheelchair assistance</li> <li>Requiring minimal assistance</li> </ul>	
*Sister Facilities will provide transportation		
Date of Agreement:	01/27/15	
Date Agreement Ends	Termination by either party	



of the

This agreement is entered into between Ormond Nursing & Care Center, represented by its Administrator, William Wright and Mes they May of Ville Matt., represented by its

Administrator, Trey Prachame

m Ville Plate

\* 3

The city Minac of Lille Pulleagrees to provide the fac	cility van/bus to assist in transportation of th
residents of Ormond Nursing & Care Center during an eme	
This agreement will automatically renew annually until suc written notice of their intent to cancel.	ch time as either party gives thirty (30) days
16003	1/1/300
William Wright, NFA Ormond Nursing & Care Center	Date
Trey Frydhomme	1/14/2021
	Date

### Tab D - Transportation Agreement

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Name	of	Organ	ization
1 4 7 1 1 1 7	~ .	~ ~ ~ ~ ·	11666171

Heritage Manor Baton Rouge II

9301 Oxford Place Dr. Baton Rouge, LA 70809

Contact Person:

Page McClean

Phone Number:

225-924-2960

Time Restrictions:

None

Type and Quantity of Transport:

Van

10 to 15 depending on availability

Multiple Trips Available

Number and Type of Passengers:

\_\_\_ Requiring basic life support

Requiring wheelchair assistance

\_\_\_ Requiring minimal assistance

Date of Agreement:

01/11/2021

Date Agreement Ends:

Termination by either party

<sup>\*</sup>Sister Facilities will provide transportation



	This agreement is entered into between Ormond Nursing & Care Center, represented by its Administrator, William Wright and Menter Professional Bolon Roy II represented by its Administrator, Reight Milliam
	Ormond Nursing & Care Center, as part of its Emergency Evacuation Plan, must have permission in writing of the nearest most convenient facility large enough to house its residents in the event of a fire or disaster.
	It is understood that the use of Warky Money & Bodo Rouge V is for actual emergencies only, and the facility is not for the practice of said drills.
	It is further understood that an evacuation is for temporary, short term use only until such time as all residents can be moved to a more permanent housing.
	This agreement will automatically renew annually until such time as either party give thirty (30) day written notice of their content to cance)
	William Wright, NFA Ormond Nursing & Care Center
6	72m2 1/11/2021
	Paige McLean Administrator Date
	Herritage Manor of Baton Rouge

# **Tab D – Transportation Agreement**

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Contact Person:  Phone Number:  225-291-8474  Time Restrictions:  None  Type and Quantity of Transport:  Van 10 to 15 depending on availability Multiple Trips Available  Number and Type of Passengers:  Requiring basic life support Requiring wheelchair assistance Requiring minimal assistance  *Sister Facilities will provide transportation  Date of Agreement:  01/11/2021	Name or Organization	18180 Jefferson Highway Baton Rouge, LA 70817	
Time Restrictions:  None  Type and Quantity of Transport:  Van 10 to 15 depending on availability Multiple Trips Available  Number and Type of Passengers:  Requiring basic life support Requiring wheelchair assistance Requiring minimal assistance  *Sister Facilities will provide transportation	Contact Person:	James Smith	
Type and Quantity of Transport:  Van 10 to 15 depending on availability Multiple Trips Available  Number and Type of Passengers:  Requiring basic life support Requiring wheelchair assistance Requiring minimal assistance  *Sister Facilities will provide transportation	Phone Number:	225-291-8474	
10 to 15 depending on availability Multiple Trips Available  Number and Type of Passengers:  Requiring basic life support Requiring wheelchair assistance Requiring minimal assistance  *Sister Facilities will provide transportation	Time Restrictions:	None	
Requiring wheelchair assistance Requiring minimal assistance *Sister Facilities will provide transportation	Type and Quantity of Transport:	10 to 15 depending on availability	
·	Number and Type of Passengers:	Requiring wheelchair assistance	
Date of Agreement: 01/11/2021	*Sister Facilities will provide transportation		
	Date of Agreement:	01/11/2021	



Date Agreement Ends:

Termination by either party



Administrator, William Wright and Ludenck Sulls  Administrator, Smu Suith	are Center, represented by its represented by its
agrees to provide the facility residents of Ormond Nursing & Care Center during an emerge	y van/bus to assist in transportation of the ency requiring evacuation.
This agreement will automatically renew annually until such t written notice of their intent to cancel.	ime as either party gives thirty (30) days
William Wright, NFA Ormond Nursing & Care Center	1/11/3021 Date
James Sail Administrator	1/12/9001 Date
Landing South	

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

# Oaks of Houma

Name of Host Facility:

Oaks of Houma

Contact Person:

Lance Lebon, Administrator

Physical Address of Host Facility:

1701 Polk Street Houma, LA 70360

Phone Number of Host Facility:

985-876-5692

Number of Residents Host Facility will house: 25

Distance of Host Facility:

41 miles

**Estimated Travel Time:** 

55 minutes

Date of Agreement:

01/11/2021

Date Agreement Ends:

Automatic Renewal

Time Restrictions:





This agreement is entered into between Ormond Nursing & Care Center, represented by its  Administrator, William Wright and The Oaks & House, represented by its
Administrator, Lance Labor
Ormond Nursing & Care Center, as part of its Emergency Evacuation Plan, must have permission in writing of the nearest most convenient facility large enough to house its residents in the event of a fir or disaster.
It is understood that the use of The Onks of Hamm is for actual emergencies only, and the facility is not for the practice of said drills.
It is further understood that an evacuation is for temporary, short term use only until such time as all residents can be moved to a more permanent housing.
This agreement will automatically renew annually until such time as either party give thirty (30) day written notice of their content to cancel
1/11/2021
William Wilght, NFA Ormond Nursing & Care Center
1-12-21
CL LeGe - Administrator Date
CONTROL CONTRO

**Ormond Nursing & Care Center** 22 Plantation Road Destrehan, LA 70047

### **Medico Evacuation Center**

Name of Host Facility:

Medico Evacuation Center

Contact Person:

Trey Prudhomme

Physical Address of Host Facility:

2022 West Main Street

Ville Platte, LA 70586

Phone Number of Host Facility:

337-363-5532

Number of Residents Host Facility will house:

146

Distance of Host Facility:

147 miles

Estimated Travel Time:

2 hours 39 minutes

Date of Agreement:

01/10/2017

Date Agreement Ends:

Automatic Renewal

Time Restrictions:



This agreement is entered into between Ormond Nursing & Care Center, represented by its Administrator, William Wright and Milion Eventures Building, represented by its Administrator, Tong Prochamme		
Ormond Nursing & Care Center, as part of its Emergency Evacuation Plan, must have permission in writing of the nearest most convenient facility large enough to house its residents in the event of a fir or disaster.		
It is understood that the use of Milio Concussion Builting is for actual emergencies only, and the facility is not for the practice of said drills.		
It is further understood that an evacuation is for temporary, short term use only until such time as all residents can be moved to a more permanent housing.		
This agreement will automatically renew annually until such time as either party give thirty (30) day written notice of their content to cancel		
1/10/2024		
William Wright, NFA Date		
Ormond Nursing & Care Center		
Trey Fronthomse 1/4/21		
Administrator Date		
ATT C PU		

This agreement is entered into between Ormand Nursing & Care Center and Medico Evacuation Center. As part of its emergency preparedness plan, Ormand Nursing & Care Center must have permission, in writing, of the nearest, most convenient facility large enough to house its residents in the event of a disaster.

It is understood that the use of the Medico Evacuation Center as an evacuation site, is for actual emergencies only, not for use in practice drills. It is further understood that the evacuation site is for temporary, short-term use and only until such time that all residents can be moved back to more permanent housing. Medico Evacuation Center agrees to host all residents from Ormond Nursing & Care Center.

Trey Prudhomme, Administrator Medico Evacuation Center 2022 West Main Street Ville Platte, LA 70586

William Wright, Administrator Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

#### Forest Manor

Name of Host Facility:

Forest Manor

Contact Person:

Clay Pere, Administrator

Physical Address of Host Facility:

1330 Ochsner Blvd.

Covington, LA 70433

Phone Number of Host Facility:

985-892-6900

Number of Residents Host Facility will house:

25

Distance of Host Facility:

51.4 miles

**Estimated Travel Time:** 

1 hour 1 minute

Date of Agreement:

01/11/2021

Date Agreement Ends:

Automatic Renewal

Time Restrictions:



This agreement is entered into between Ormand Nursing & Care Center, represented by its  Administrator, William Wright and Focust Manne represented by its  Administrator, Class Rece
Administrator, CLAST TECL
Ormand Nursing & Care Center, as part of its Emergency Evacuation Plan, must have permission in writing of the nearest most convenient facility large enough to house its residents in the event of a floor disaster.
It is understood that the use of Forest Mano ( is for actual
emergencies only, and the facility is not for the practice of said drills.
It is further understood that an evacuation is for temporary, short term use only until such time as all residents can be moved to a more permanent housing.
This agreement will automatically renew annually until such time as either party give thirty (30) day written notice of their content to cancel
William Wright, NFA  Date
Ormond Nursing & Care Center
Clay Kere: 1/11/21
Clay Pere: Administrator Date Forest Manor

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

#### **Heritage Manor of Houma**

Name of Host Facility:

Heritage Manor of Houma

Contact Person:

Darla Rodgers, Administrator

Physical Address of Host Facility:

852 Centurion Lane

Houma, LA 70360

Phone Number of Host Facility:

985-851-2307

Number of Residents Host Facility will house: 25

Distance of Host Facility:

41.56 miles

**Estimated Travel Time:** 

53 minutes

Date of Agreement:

01/11/2021

Date Agreement Ends:

Automatic Renewal

Time Restrictions:



This agreement is entered into between Ormond Nursing & Care Center, represented by its Administrator, William Wright and Markey Market Robberts  Administrator, Deck Robberts
Ormond Nursing & Care Center, as part of its Emergency Evacuation Plan, must have permission in writing of the nearest most convenient facility large enough to house its residents in the event of a fire or disaster.
It is understood that the use of Hentine Manor of Illumine is for actual emergencies only, and the facility is not for the practice of said drills.
It is further understood that an evacuation is for temporary, short term use only until such time as all residents can be moved to a more permanent housing.
This agreement will automatically renew annually until such time as either party give thirty (30) day written notice of their content to cancel
William Wright, NFA Ormond Nursing & Care Center
Heritage Manoc of Homa 1/11/21 Da la Rooley Administrator Date
10 TANKY TOURS

Heritage Manor of Houma

852 Centurion Lane Houma, LA 70360

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

#### Heritage Manor of Mandeville

Name of Host Facility:

Heritage Manor of Mandeville

Contact Person:

Jason Hatchett, Administrator

Physical Address of Host Facility:

1820 W. Causeway Approach

Mandeville, LA 70471

Phone Number of Host Facility:

985-626-3909

Number of Residents Host Facility will house:

ŕ

Distance of Host Facility:

44.58 miles

25

**Estimated Travel Time:** 

53 minutes

Date of Agreement:

01/11/2021

Date Agreement Ends:

Automatic Renewal

Time Restrictions:



	This agreement is entered into between Ormond Nursing & Care Center, represented by its Administrator, William Wright and Hecology Mande of Mande of represented by its Administrator, Juston Harborth
	Ormond Nursing & Care Center, as part of its Emergency Evacuation Plan, must have permission in writing of the nearest most convenient facility large enough to house its residents in the event of a fire or disaster.
	It is understood that the use of Heat a Mar of Majorite is for actual emergencies only, and the facility is not for the practice of said drills.
	It is further understood that an evacuation is for temporary, short term use only until such time as all residents can be moved to a more permanent housing.
	This agreement will automatically renew annually until such time as either party give thirty (30) day written notice of their content to cancel
	William Whight, NFA Ormond Nursing & Care Center
C	Hatleff 1/11/eoz1  Vason Hatchett, Administrator Date  Heritage Manor of Manokvilla
	Heritage Manor of Manokaille

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

#### Northshore Living Center

Name of Host Facility:

Heritage Manor Slidell

Contact Person:

Ames Bankston, Administrator

Physical Address of Host Facility:

106 Medical Center Dr.

Slidell, LA 70461

Phone Number of Host Facility:

985-643-0307

Number of Residents Host Facility will house:

se: 25

Distance of Host Facility:

50.71 miles

Estimated Travel Time:

57 minutes

Date of Agreement:

01/11/2021

Date Agreement Ends:

Automatic Renewal

Time Restrictions:



nis agreement is entered into between Ormond Nursing & Care Center, represented by its diministrator, William Wright and Mark The Theory of State of the represented by its diministrator, Mark Mark State of the Center of State of the State
rmond Nursing & Care Center, as part of its Emergency Evacuation Plan, must have permission in riting of the nearest most convenient facility large enough to house its residents in the event of a fedisaster.
is understood that the use of the hand made of Shell is for actual mergencies only, and the facility is not for the practice of said drills.
is further understood that an evacuation is for temporary, short term use only until such time as a sidents can be moved to a more permanent housing.
is agreement will automatically renew annually until such time as either party give thirty (30) day ritten notice of their content to cancel
Well)
/illam Wight, NFA Date
rmond Nursing & Care Center  Want 21
hies Bankston Administrator Date
TAGO MANDO OS Slidell

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

#### **Baton Rouge Heritage House II**

Name of Host Facility:

Heritage Manor Baton Rouge II

Contact Person:

Paige McClean, Administrator

Physical Address of Host Facility:

9301 Oxford Place Dr. Baton Rouge, LA 70809

Phone Number of Host Facility:

225-924-2851

Number of Residents Host Facility will house:

Distance of Host Facility:

61 miles

25

Estimated Travel Time:

1 hours 7 minutes

Date of Agreement:

01/11/2021

Date Agreement Ends:

Automatic Renewal

Time Restrictions:





This agreement is entered into between Ormond Nursing & C Administrator, William Wright and Menting & Wood & John Administrator, Page Melenn	Care Center, represented by its
residents of Ormond Nursing & Care Center during an emerg	
This agreement will automatically renew annually until such written notice of their intent to cancel.	time as elther party gives thirty (30) days
William Wright, NFA Ormond Nursing & Care Center	Vate
2mcf	
Paige McLean , Administrator	
Heritage Manor of Baton Rouge	

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

#### **Audubon Health and Rehab**

Name of Host Facility:

Audubon Health & Rehab

Contact Person:

Jacques Beebe, Administrator

Physical Address of Host Facility:

2110 Audubon Ave.

Thibodaux, LA 70301

Phone Number of Host Facility:

985-446-3109

Number of Residents Host Facility will house:

: 25

Distance of Host Facility:

46.99miles

**Estimated Travel Time:** 

57 minutes

Date of Agreement:

01/11/2021

Date Agreement Ends:

Automatic Renewal

Time Restrictions:





This agreement is entered into between Ormo Administrator, William Wright and Administrator, Treques Rechanged	nd Nursing & Care Center,	represented by its , represented by its
Ormond Nursing & Care Center, as part of its E writing of the nearest most convenient facility or disaster.	-	
It is understood that the use of	Unifica ! Achd e practice of sald drills.	is for actual
It is further understood that an evacuation is for residents can be moved to a more permanent		se only until such time as all
This agreement will automatically renew annua written notice of their content to cancel	ally until such time as eithe	r partý give thirtý (30) day
William Wright, NFA Ormond Nursing & Care Center		
Jugues a. Bube	01/12/2021	
ACQUES A BEEBE, J.D. MA Administrator	Date	

AHOUBON HEALTH & REHAB

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

#### **Landmark of Hammond**

Name of Host Facility:

Landmark of Hammond

Contact Person:

Jody DePriest, Administrator

Physical Address of Host Facility:

42250 North Oaks Drive

Hammond, LA 70403

Phone Number of Host Facility:

985-542-8570

Number of Residents Host Facility will house:

e: 25

Distance of Host Facility:

48 miles

Estimated Travel Time:

46 minutes

Date of Agreement;

01/11/2021

Date Agreement Ends:

Automatic Renewal

Time Restrictions:



This agreement is entered into between Ormand Nursing & Care Center, represented by its Administrator, William Wright and Linear & Hammond represented by its Administrator, Supplied to the Presented by its Administrator,
Ormond Nursing & Care Center, as part of its Emergency Evacuation Plan, must have permission in writing of the nearest most convenient facility large enough to house its residents in the event of a fill or disaster.
It is understood that the use of Lincon of Hamman? is for actual emergencies only, and the facility is not for the practice of said drills.
It is further understood that an evacuation is for temporary, short term use only until such time as all residents can be moved to a more permanent housing.
This agreement will automatically renew annually until such time as either party give thirty (30) day written notice of their content to cancel
William Wright, NFA Date Ormond Nursing & Care Center
Jack Jack 1/13/2021 Result of the Date

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

#### **Heritage Manor of Baton Rouge**

Name of Host Facility:

Landmark South Nursing & Rehab

Contact Person:

James Smith, Administrator

Physical Address of Host Facility:

18180 Jefferson Highway

Baton Rouge, LA 70817

Phone Number of Host Facility:

225-291-8474

Number of Residents Host Facility will house:

Distance of Host Facility:

57 miles

25

Estimated Travel Time:

1 hour 3 minutes

Date of Agreement:

01/11/2021

Date Agreement Ends:

Automatic Renewal

Time Restrictions:



#### Host Agreement

This agreement is entered into between Ormond Nursing & Care Center, represented by its Administrator, William Wright and Lindrick Suff. represented by its Administrator,
Ormond Nursing & Care Center, as part of its Emergency Evacuation Plan, must have permission in writing of the nearest most convenient facility large enough to house its residents in the event of a flor disaster.
It is understood that the use of Lindmork South is for actual emergencies only, and the facility is not for the practice of said drills.
It is further understood that an evacuation is for temporary, short term use only until such time as all residents can be moved to a more permanent housing.
This agreement will automatically renew annually until such time as either party give thirty (30) day written notice of their content to cancel
William Wright, NFA Ormond Nursing & Care Center
Jean College 1/12/2011
Janus Suit Administrator Date

# **Tab E – Host Facility Agreements**

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

#### **Landmark of Baton Rouge**

Name of Host Facility:

Landmark of Baton Rouge

Contact Person:

Mallory Hayden, Administrator

Physical Address of Host Facility:

9105 Oxford Place Dr. Baton Rouge, LA 70809

Phone Number of Host Facility:

225-293-1003

Number of Residents Host Facility will house: 25

Distance of Host Facility:

61.20 miles

Estimated Travel Time:

1 hour 7 minutes

Date of Agreement:

01/11/2021

Date Agreement Ends:

Automatic Renewal

Time Restrictions:

None



#### Host Agreement

This agreement is entered into between Ormond I Administrator, William Wright and Junior & Administrator, William Hayler	Nursing & Care Center, represented by its
Ormand Nursing & Care Center, as part of its Emer writing of the nearest most convenient facility larg or disaster.	rgency Evacuation Plan, must have permission in te enough to house its residents in the event of a fire
It is understood that the use of Linkwick of emergencies only, and the facility is not for the pro-	is for actual actice of said drills.
It is further understood that an evacuation is for to residents can be moved to a more permanent hou	
This agreement will automatically renew annually written notice of their content to cancel	until such time as either party give thirty (30) day
William Wright, NFA Ormond Nursing & Care Center	1 11 0 al. 1 Date
Mallyth 1	11/2021
Mallow Hayden, Administrator	Date
LANdmark of Botton Ponge	

#### Tab F — Supplies Hand

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

#### Number of Days on Non-Perishable Supplies on Hand:

5 Days

Please note that the facility keeps non-perishable food stores on-hand at al times. However, it is our protocol to order additional supplies to increase par levels and expand the meal coverage to 7 days when a tropical storm or hurricane enters or develops in the Gulf of Mexico. The dietary manager orders these additional food store from Reinhart Food Service according to the time restrictions listed below.

#### Number of Days a special diet meal on hand:

5 Days

Please note that the facility keeps special diet food stores on hand at all times. However, it is our protocol to order additional supplies to increase par levels and expand the meal coverage to 7 days when a tropical storm or hurricane enters or develops in the Gulf of Mexico. The dietary manager orders these additional food store from Reinhart Food Service according to the time restrictions listed below.

#### Number of Days of medication on hand:

7 Days

Please note that the facility generally orders medications in monthly increments, and request them to be refilled when seven day of medications are remaining on the card. Request for refills are generally received by the facility on the next business day. The facility's licensed nursing staff orders these medications.

#### Number of Days of drinking water/fluids on hand:

3 days

Please note that the facility has six 100 gallon hot water heaters. These can be drained in the event of an emergency and utilized. This would be used in additional to the bottled water stored at the facility in 5-gallon containers. As with food, it is our protocol to order additional supplies to increase par levels when a tropical storm or hurricane enters or develops in the Gulf of Mexico. The dietary manager order additional bottle water from Kentwood Water to allow us coverage for 7 days.

#### Time Restrictions:

Must place emergency order 2 days in advance for Reinhart Food Services and Gulf South Medical Supplies. Kentwood Water and LTC Dispensary Pharmacy provide emergency supplies with 24-hour notification. LTC Dispensary Pharmacy and Acadian Ambulance provide 24-hour service as needed.

Kentwood Water	504-343-4662
Senior Script	800-665-8606
McKesson	601-856-5900
Sysco	800-488-3988
Acadian Ambulance	511

Acadian Ambulance

511

Tab F - Supplies on Hand

Ormond Nursing & Care Center

22 Plantation Road Destrehan, LA 70047

Name of Vendor

Senior Script Pharmacy

Contact Person:

Laura Boothe, Rph

Physical Address of Vendor

257 Florida Blvd. SE, Ste. B Denham Springs, LA 70726

Phone Number of Vendor

225-665-8606

Date of Agreement:

01/11/2021

Date Agreement Ends:

Automatic Renewal

Time Restrictions:

2 Hours for delivery



01/07/2021

To: Administrator

From: Senior Script Pharmacy

RE: Emergency Preparedness

In the event the residents of Ormand Nursing and Care Center are required to be evacuated the following process should be followed in regards to obtaining patient's medications.

Ormand Nursing and Care Center should immediately notify Senior Script Pharmacy as to the location that each resident is being evacuated.

Senior Script Pharmacy will make the necessary arrangements to provide timely delivery of medications to the residents at the facility to which they were evacuated. In addition, Senior Script Pharmacy has a disaster plan in place to ensure the residents continue receiving their medications in the event a disaster occurred which interrupted Senior Script Pharmacy's ability to meet the resident's medication needs. A copy of Senior Script Pharmacy's Disaster Plan including contact numbers is attached.

Thank you,

Laura Boothe, RPh Pharmacy Manager



January 1, 2021

Administrator: William Wright Ormond Nursing & Care Center 22 Plantation Road Destrehan, La 70047

Re: Emergency Medication Agreement

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

William Wright, Administrator Ormond Nursing & Care Center 22 Plantation Road

Destrehan, La 70047

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

## ANVANA CERVIENCE COLORIO DE LA

#### **EMERGENCY PREPAREDNESS**

The purpose of this plan is to describe the actions to be taken by Senior Script Pharmacy and staff in the event of an emergency or disaster. It identifies necessary management and employee actions during fires and other emergencies. Education and training are provided so that all employees know and understand the Emergency Preparedness Plan.

Staff members have been in-serviced on the importance and understanding of the emergency plan and evacuation processes. Continuing education will occur on an annual basis to ensure that employees remain calm and follow the plan.

Assigned Duties: As employees are hired, they will be assigned duties, as needed, such as document evacuation, computer evacuation or data backup, etc.

Internal Alert and Notification: Employees will be given notice by the intercom or alarm system to evacuate in an emergency.

Facility diagrams showing areas with their designated exits are posted at each exit.

External Notification of Host Sites and Support Services- Customers and clients will be notified by mass email, fax, or phone of any changes in business hours or the temporary cease of operation due to a disaster.

Senior Script Pharmacy has made every effort to enable communications and operations during and after natural disasters and/or communication failures. The plan is as follows:

Senior Script Pharmacy Emergency Contacts and Pharmacy Operations Cascade:

Senior Script Pharmacy will utilize cell phones to communicate in the event of such an occurrence with facilities, physicians, and key personnel as follows:

Senior Script Pharmacy Phone Numbers: 1-225-304-0490

If the system is down proceed with the following:

## <mark>iveninionimaee</mark>ileejiojimaimadanima

#### Call:

Laura Boothe, RPh Pharmacy Menager Cell (225) 480-5811

Tison Duplantis, Rph Staff Pharmacist Cell (225) 266-9576

Angel Thibodeaux, Rph Staff Pharmacist Cell (225) 610-0523

In the event that natural disaster or other event causes Senior Script Pharmacy to be destroyed or non-operational, Fusion care Pharmacy located at 180 Windermere Bivd, Alexandria, LA 71303 whose phone number is (318) 448-8770, will assume all operational and functional responsibilities of Senior Script Pharmacy.

#### Fusioncare Pharmacy Emergency Contacts Cascade:

#### Call:

Kevin Robichaux, RPh Director of Pharmacy Operations Cell (318) 623-4370

Steve Boone, Rph Staff Pharmacist Cell (318) 528-0401

Ben Simmering, R.Ph Staff Pharmacist Cell (318) 447-0521

## Tab F - Supplies on Hand

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Name of Vendor

Doerle

Contact Person:

Jane Conley

Physical Address of Vendor

P.O. Box 61006

New Orleans, LA 70115-5467

Phone Number of Vendor

337-654-3455

Date of Agreement:

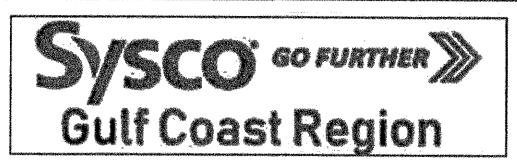
01/11/2021

Date Agreement Ends:

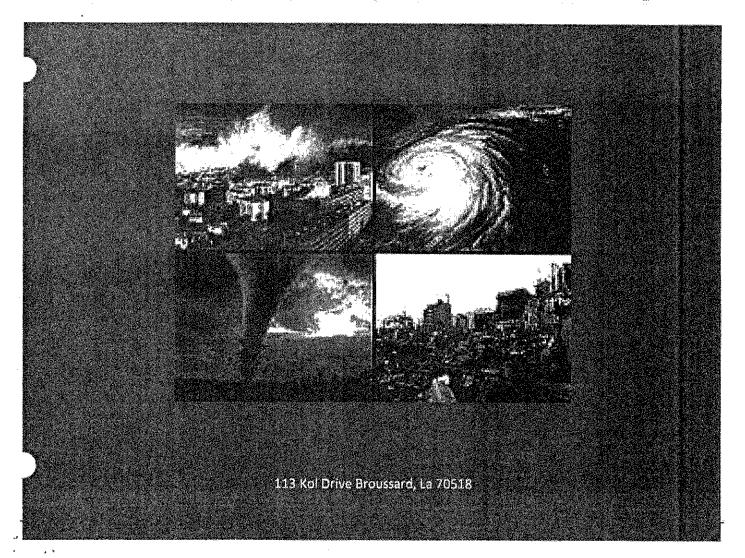
Automatic Renewal

Time Restrictions:

48 Hours



# 2021 DISASTER PROCEDURES



# Table of Contents

Sysco Food Service Contact List	,2
Resident Meal Service	3
Sample 7 Day Menus	
Food, Water & Supplies	5
Agreement & Ordering Procedures	.,,,,7
Facility Contact Information	

# **Sysco Food Service Contact List**

Sysco Customer Care Center 800/ 797-2627

Employee	Title	Cell Number	Email
Troy Boudreaux	Director Local Sales	337-252-4306	TROY,BOUDREAUX@sysco.com
Michael Gros	Contract Sales	337-277-4741 985-805-0196	MICHAEL,GROS@sysco.com
Jane Conley	Dietitian	337-278-9720	MARYJANE,CONLEY@sysco.com
Mary Jumonville	Dietitian	337-281-5091	MARY.JUMONVILLE@sysco.com
Erica Venable	Healthcare Specialist	337-277-2646	ERICA.VENABLE@sysco.com
Eva Marcantel	Dietitian	337-983-2822	EVA.MARCANTEL@sysco.com
Kim Albritton	Dietitian	318-658-4692	KIMBERLY,ALBRITTON@sysco.com
Craig Clark	District Manager Lafayette, Lake Charles, Alexandria	337-277-1074	CRAIG.CLARK@sysco.com
John DeFrances	District Manager New Orleans, Baton Rouge, Houma, Thibodaux	225-288-5722 225-622-4129	JOHN.DEFRANCES@sysco.com
<del>anderdeline for finished as the transfer and an adversarial edition of the finished and th</del>	Transportation		429-DSC-DL@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).
- 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.
  - o 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.
  - o . 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.
  - o Print several copies of your resident tray cards to include food allergies.
  - Use disposable service as needed.
  - .o Evacuating preparation steps include:
  - o Serve a hot meal prior to leaving the facility.
  - o Prepare a bag lunch for travel.
  - o Bring extra bottles of water for travel.
  - o Pack extra snack items for travel.
  - o Prepare a bag lunch for on-arrival at destination.
  - Place resident's diet info in Ziploc bags.
- Remember that you may not have power.
  - o Make sure you have manual can openers.
  - o Have flashlights and batteries available throughout the facility.
  - o An outside grill with charcoal and lighter fluid may be necessary.
  - o Have at least two or three chaffers available and a supply of Sterno fuel cans.
- Keep a supply of paper & disposables.
  - o Foam divided containers, plates, bowls, cups, lids, gloves, straws.
  - a Forks, spoons, knives or silverware kits.
  - Napkins, Sterno, aluminum pans & covers.
- Keep a supply of janitorial & disinfectant products.
  - o Trash liners & bleach.
  - o Disinfectants & hand sanitizer.

# Sample 7 Day Menu

	The property of the second second second second second second second second second second second second second		Day 3
Breakfast	Juice ½ c	Julce ½ c	Juice ½ c
	Dry Cereal	Dry Cereal	Dry Cereal
······································	Bread, 1 sl	Bread, 1 sl	Bread, 1 sl
····	Milk, 8 oz	Milk, 8 oz	Milk, 8 oz
	Coffee or Tea, 1 c	Coffee or Tea, 1 c	Coffee or Tea, 1 c
Lunch	Ravioli, 1 c	Vegetable Soup, 1 c	Chili 1 c
	Green Beans ½ c	Macaroni & Cheese, ½ c	Com, 1/2 c
~····	Crackers 4 packs	Crackers 4 packs	Fritos 1 oz
	Applesauce, ½ c	Pears, 1/2 c	Pudding., ½ c
	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz
Supper	Peanut Butter Jelly	Tuna Salad, ½ c	Creole Red Beans, 1 c
	Chicken Noodle Soup, 1 c	Carrots & Peas, ½ c	Steamed Rice, ½ c
	Bread, 2 sl	Bread, 2 sl	Green Beans ½ c
diente reconnecto servico massi in properti espera	Pudding, ½ c	Peaches, ½ c	Pears, ½ c
	Milk, 8 oz	Milk, 8 oz	Milk, 8 oz
	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz
		Control of the Contro	Z Day.6
Breakfast	Juice ½ c	Juice 1/2c	Juice ½ c
	Dry Cereal 1 oz	Dry Cereal 1 oz	Dry Cereal 1 oz
	Bread, 1 sl	Bread, 1 sl	Bread, 1 sl
Mr. (4.1	Milk, B oz	Milk, 8 oz	Milk, 8 oz
	Coffee or Tea	Coffee or Tea	Coffee or Tea
Lunch	Chicken Salad, ½ c	Sloppy Joe 1/2 c (Chill with Mix)	Chicken Stew
••	Beet Salad, 1/2 c	Corn, ½ c	Green Peas
***************************************	Bread, 2 sl	Bread, 2 sl	Steamed Rice ½ c
.*	Fruit Cocktail, ½ c	Pears, ½ c	Pudding., ½ c
	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz
Supper	Corned Beef Hash, 1 c	Peanut butter & Jeily	Vegetable Soup 1 c
	Mixed Vegetables 1/2 c	Sliced Carrots, 1/2 c	Macaroni & Cheese ½ c
	,Crackers 4 packs	Bread, 2 sl	Potato Chips 1 oz
	Peaches	Applesauce, 1/2 c	Fruit Cocktail ½ c
	Mik, 8 oz	Milk, 8 oz	Milk, 8 oz
******************************	Coffee or Tea	Coffee or Tea	Coffee or Tea
HALIKAHAT NAMES MAKENDAN SANSAN S			And the state of t
Breakfast	Juice ½ c		
**************************************	Dry Cereal 1oz		
	Bread, 1 si		
***	Milk, 8 oz Coffee or Tea		
l romata			
Lunch	Meat Sauce (Chill & Spaghetti Sauce) 1c		
ti dagi i daji iliyo da i dagi ilayin ga yandan wa kutabbi da	Mixed Vegetables, ½ c Spaghetti Noodles 1 oz		
	Cookies 2 each	esissississa <mark>minematus turus </mark>	
	Coffee or Tea, 8 oz		
Supper	Chicken Salad, 1/2 c		
oahhei	Sliced Carrots ½ c		
<del>/////////////////////////////////////</del>	Bread, 2 sl	· · · · ·	
	Potato Chips	***************************************	
*****	Milk, 8 oz	***************************************	
1	# MUK. & ∩7		

## Ormond Nursing Center #410263

# Additional Emergency Supplies

14000 46	Б:	In I	
Item#	Description	Pack	Need to Stock
	Napkins	8/500 ct	1 case
883649	Lid 8oz Sip	1000 each	2 case
884430	Plate Foam 9	4/125	1 case
883746	Straws	25/400	4 each
119103	Applesauce	72/4oz	3 case
119002	Pear Cup	72/4oz	2 case
119001	Peach Cup	72/4oz	2 case
119061	Fruit Bowl	72/4oz	2 case
125209	Peanut Butter	6/5#	1 case
137952	i	4/1 Gal	1 case
125452	Jelly, Grape	6/#10	1 case
106004	Rice Crispy	96/bowl	2 case
113351	<b>Choc Pudding</b>	48/4 oz	4 case
144625	Water	24/16.9oz	75 case
113036	Nectar OJ	48/4oz	1 case
113588	Nectar Milk	24/8oz	3 case
113025	Nectar Tea	48/4oz	1 case
113021	Nectar Water	48/4oz	2 case
113034	Nectar Water	6/46oz	3 case
113041	Honey OJ	48/4oz	1 case
	Honey Milk	24/8oz	2 case
113033	Honey Water	48/4oz	1 case
113037	Honey Water	6/46oz	2 case

## Food & Supplies

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

Sysco   Item#	Description		Pack Siz	/e	Need to Stock
1933074	Bleach Gallon		6/1 gallon		1 65
0614984	Kit Cutlery Fork, Knife, Spoon, Salt, Pepper &	Nankin	150 each	Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Ma	nes
8182065	Straws Wrapped Flex	CACIDITITIES	25/400		Yeach
7502428	Plastic spoons	*******************************	1000 each		3 (3
1535648	8-9 oz cold cups	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	2500 each		105
4922076	8 oz hot cups	**************************************	1000 each		265
4096301	8 oz hot cup sip lid	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	1000 ct	······································	205
4100582	8 oz squat bowl	······································	2500 each	William Willia	105
4245882	8 oz squat bowl lid	······································	1000 ct	Marian (1997)	165
8966550	3-compartment trays 9x9		150 ct		2 67
3530978	Napkin Dinner ¼ fold 1 ply White	······································	8/500 ct		10
7293283	Foil Pan Full Size	- warring or in continuous	40 ct	······································	
293257	Foil Pan Lid full size		80 ct	***************************************	***************************************
1783496	Fuel Chafing	***********************	24/6 hr		
3417600	Description	**************************************	ity for 100	Pack	Need to Stock
347629	Apple	3 case	***************************************	48/5.5 oz	3 43
3347660	Orange	3 case:	***********************	48/5.5 oz	66
3130579	Tea Bag Iced Premium Filter Pack	1 case	*****	160/1.4 oz	
3990241	Coffee Filter Pack Classic Roast	1 case	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAME	160/1.4 oz	
******	Water	9 case		6/1 gallon	150s
Cereal	Description	Quanti	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED I	Pack	
3132883	Cornflakes	2 cases	3	96/bowl	3 6
3133204	Raisin Bran	2 cases	3	96/bowl	2 43
2733848	Tootle Frootles	2 cases	3	96/bowl	***************************************
Bread	Description	Quant	ty	Pack	***************************************
7082648	White Sliced Bread	4 each		7/20 oz	14
Condiments	Description	Quanti	ty	Pack	
1043899	Assorted	1 case	9 00 5 00 000 00 00 00 00 00 00 00 00 00	200/.5 oz	3c \$
937445	Low Calorie	1 case		400 ct	305
477021	Grape Jelly	1 case		6/#10	The state of the s
000899	Sugar packs	1 case	***************************************	2000ct/ 1/10 oz	10
3115315	Sugar Substitute Pink Pc	1 case	no material de la distribuir de la composition della composition d	2000/1 gm	
139198	Creamer Non-Dairy Powder Packet	1 case	***************************************	10/100 Ct	***************************************
002432	Mayonnaise Heavy Duty	1 case		4/1 gal	1 Case
233375	Relish Sweet	1 case	*************************************	4/1 gal	
/egetables	Description	Quanti	tv	Pack	105
910380	Diced Beet Salad	1 case		6/#10	
082848	Instant Potatoes	2 cases		6/#10	205
114195	Sliced Carrots	2 cases		6/#10	315
062618	Green Beans	2 cases		6/#10	1 7 6 5
113650	Sweet Peas	2 cases	***************************************	6/#10	acs
015665	Corn	2 cases		6/#10	- A L-3
015822 .	Vegetables for Stew	1 case	* ************************************	6/#10	103
ruits	Description	Quanti	fy	Pack	
062030	Applesauce	2 cases			
182208	Pears		Contract of the Contract of th	6/#10	<b>a</b> cs
548393		2 cases		6/#10	102
1548393 1678893	Mandarin Oranges	2 cases	*****************************	6/#10	165
*************************	Peaches	2 cases		6/#10	105
ntrees	Description Tuna Fish	Quanti	and the contract of the contra	Pack	
682692	Tuna Fish	2 cases		6/66 oz	a.c.s
104402	Soup Chicken Noodle	2 cases	}	12/50 oz	20 >

2 cases

12/50 oz

Soup Vegetable

4045233

	***************************************		
		6/29oz	
	1 case	6/52 oz	
Control of the Contro	1 case	6/#10	205
and the same of th	1 case	24/15oz	205
	1 case	50#	acs
	3 cases	6/#10	213
	1 case	6/15 oz	***************************************
	1 case	6/#10	***************************************
Pasta Spaghetti Noodles	1 case	2/10lb	
Peanut Butter	1 case	6/5#	1cs
Cheese Sauce	1 case	6/#10	165
Macaroni	1 case		103
Description	Quantity		1.47
Vanilla	······································		465
Vanilla NSA		······································	76-2
Description			
Assorted Cookies	the state of the s		365
Cookie Assorted Sugar Free			***************************************
Cookie Shortbread Mini Sandles			**************************************
Description	Transport of the second		· · · · · · · · · · · · · · · · · · ·
Corn Chips Single Serve		***************************************	
Chip Potato Ridged Original	3 cases		
	·/····································		
Saltine			205
Description			
Food Thickener			
Juice Apple 100% Nectar Thick			
		(p	
Juice Orange 100% Honey Thick	***************************************	Andrew Control Control of the Contro	······································
	********		<del></del>
Milk 2% Nectar Thick		***************************************	- Q
Tea Sweet Lemon Nectar Thick			2
	**************************************		<u> </u>
	The second secon	***************************************	
Water Lemon Nectar Thick	As needed	24/4 oz	<u> </u>
	Cheese Sauce Macaroni  Description  Vanilla  Vanilla NSA  Description  Assorted Cookles  Cookle Assorted Sugar Free  Cookle Shortbread Mini Sandles  Description  Corn Chips Single Serve  Chip Potato Ridged Original  Description  Saltine  Description  Food Thickener  Juice Apple 100% Nectar Thick  Juice Orange 100% Nectar Thick  Juice Orange 100% Nectar Thick  Juice Orange 100% Honey Thick  Milk 2% Honey Thick  Milk 2% Nectar Thick  Tea Sweet Lemon Nectar Thick  Tea Sweet Lemon Honey Thick  Water Lemon Honey Thick	Corned Beef Hash Creole Red Beans Creole	Corned Beef Hash

# **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



### Agreement/Affidavit & Ordering Procedures

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

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

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

- SYSCO Food Service will contact this facility within seventy-two (72) hours to determine whether an emergency order of food, water and πon-food supplies is needed. (See page 3 for list.) Orders will be delivered to the facility at a mutually agreeable time and place.
- Prior to an emergency, a list of this facility's emergency needs will be provided to SYSCO Food Service.
- The custom emergency supply list will be kept on file along with the facility's contact information.
- This facility's emergency stock will be warehoused at SYSCO Food Service. Since the emergency stock is customized for this facility, the food, water and non-food supplies may reflect as many days as this customer needs.
- Additionally, should this facility need to evacuate, SYSCO Food Service will deliver emergency stock to the point of evacuation.
- Customers must be available to receive orders on a 24-hour bases. This will be determined by the traffic conditions and expected landfall.
- Estimating water needs information is found on page 3.

Michael T. Gros

- Annually in JANUARY a Disaster Procedure, which has been revised and updated at SYSCO Food Service will be provided to this customer and posted on each customer's esysco.net under Shared List.
- www.esysco.net website and the healthcare link are available as additional ways to contact SYSCO Food Service during a declared disaster.
- Disaster orders are subject to being nonrefundable or non-returnable.
- Healthcare Customers with Primary Vendor relationships will receive Priority service.
- ♦ Healthcare Emergency Contact Phone Number is 800-256-1631, Ext. 4323.

Contract Sales Sysco Food Service January 2021	ild()			
Facility Administrator:	WELLY			
Emergency Food & Sup	oly List Attached	dYes	□ No	<u>UU</u> Initial

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

Sysco \*\*\* France \*\*\* Sysco \*\*\* Gulf Coast Region



## **Facility Contact Information**

Title: Administrator	
	nvenvenestic <sup>a</sup>
Cell Phone Number: S-4 - 444 - 5453	mmiilia .
Text Messaging Available: ⊯Yes □ No	
Email Address: <u>Wowingt Pasingt.com</u>	
Alternate Contact: Unille Yearganti (Director & Norsing) Cell Phone Number: 985-722-5242	990
Text Messaging Available: d Yes □ No	
Email Address: dynnyanti Qusingt.com	· · · · · · · · · · · · · · · · · · ·
uation Information:	
Evacuation Address: Medico Evacuation Center	·····
i i	

Complete and EMAIL Copy to: Jane Conley, MPH, RDN, LDN maryjane.conley@sysco.com

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

Retain original for your files.

# Tab F - Supplies on Hand

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Name of Vendor

McKesson

Contact Person:

John Pratt

Physical Address of Vendor

4345 Southpoint Blvd. Jacksonville, FL 32216

Phone Number of Vendor

985-209-1443

Date of Agreement:

01/11/2021

Date Agreement Ends:

Automatic Renewal

Time Restrictions:

48 Hours

# MEKESSON

February 1, 2021

To Whom It May Concern:

(MMS) customer. is a McKesson Medical-Surgical

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

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

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

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

Thank you,

John Pratt

Account Manager

McKesson Medical-Surgical

Cell- 985-209-1443

Customer Service-800-347-2456

#### Contingency Disaster Plan Louisiana and Mississippi

#### February 1, 2021

McKesson Medical-Surgical will take a proactive approach to ensure resources are available, as needed during any major disaster situations by utilizing our professional customer service team. Your Account Representative will be responsible for providing our Emergency Response Team with accurate information on your account including after-hours phone numbers and contact names. Should your facility evacuate, the alternate site form must be completed and submitted to your McKesson Account Representative. Our goal is to ship orders 72 hours before the threat of any forecasted major weather event. Is imperative that orders are placed well in advance of any forecasted major event such as but not limited to: hurricanes, flooding, winter storms, etc. McKesson cannot guarantee delivery due to potential road closures but, will make every effort in meeting the needs of our customers.

McKesson Medical Surgical will ensure routine medical supplies will be available and shipped if your orders are placed within these parameters but we cannot guarantee delivery, please prepare accordingly. The Jackson, MS Distribution Center has direct access to alternate distribution centers throughout the US to help ensure product availability during any major emergencies. In addition, our Mississippi Distribution Center truck fleet will be put on alert and used for emergency purposes. Please understand that downed power lines, trees and other debris on the roadways as well as fuel shortages can cause delays in deliveries. For these reasons we again request you keep a minimal supply on hand as outlined in your Disaster Preparedness Plan.

In the event that a facility has to evacuate, McKesson will drop ship to an alternate location. The facility must provide a physical location, phone number and a contact at that location to accept delivery. The bill to will remain the same only the ship to will be changed for a drop shipped. If for any reason McKesson incurs excessive costs due to a facility placing an order late, you may be required to pay those costs that we incur.

In order to increase our capacity to ship orders during a major disaster, we ask our customers not to place excessively large orders. It is imperative that all customers keep a minimal supply of medical products on hand as outlined in your Disaster Preparedness Plan.

# <u>Disaster Plan Contacts for Jackson Warehouse and Customer Service</u> <u>Louisiana and Mississippi</u>

February 1, 2021

**Customer Service:** 

800-347-2456

Account Representative

John Pratt

985-209-1443

Sales Leader:

Billy Ray Clemons

205-914-9357

Operations Leader (Jackson MS)

Tim Diver or Kent Fletcher

Office- 800-347-2456

If toll free is not working

Customer Service: 601-856-5900 Option 1

To: Administration/Nursing

Re: Your evacuation site and contacts page next page

In the event of an evacuation please fill out and email the Alternate Site Evacuation Facility form to john.pratt@mckesson.com

It is imperative that we know where you will evacuate to in order to deliver supplies to your alternate site.

# Alternate Site Evacuation Facility Please fill out where you will evacuate to and your evacuating teams contact information.

<sup>\*\*</sup>Note- Once you have determined your Evacuation Site please contact your McKesson Representative with this form completed and inform him or her of any changes. This is very important in making sure we ship your product to the appropriate address in a timely manner.

'Safety Through Solutions'

# Disaster Preparedness Recommended Medical Supply Checklist

- ✓ Alcohol Gel/Hand Sanitizer
- ✓ Alcohol Prep Pads
- ✓ Bag Bath
- ✓ Band-aids
- ✓ Batteries
- ✓ Bio Hazard Bags
- ✓ Briefs
- ✓ Cups- all types
- ✓ Diabetic Supplies; syringes, lancets, testing supplies
- ✓ Enteral Feeding Supplies
- ✓ General Wound Care Supplies
- ✓ Gloves
- ✓ Linens
- ✓ Over the Counter Medications
- ✓ Peri-wash
- ✓ Probe Covers
- ✓ Respiratory Supplies
- ✓ Shampoo Rinse Free
- ✓ Sharps Collector
- ✓ Sterile Saline
- ✓ Tissues
- ✓ Trash Can Liners
- ✓ Toilet Paper
- ✓ Underpads
- ✓ Urological Supplies
- ✓ Wet Wipes
- ✓ Wound Care

Rev: 2/1/21

### Tab G - Items to Accompany Evacuees Ormond Nursing & Care Center **Dietary Procedures**

22 Plantation Road Destrehan, LA 70047

See Attached Procedures and Plan for Dietary Department. Updated and reviewed on January 11, 2021 by the facility administrator. Additionally, the dietary orders for each resident have been included in this section. These resident dietary orders will be updated on a periodic basis.

The charge nurse on duty will be responsible for assuring that medical records are removed from the facility. If time permits, the medication, medications administration records, and active charts will be removed, and will be transported with the resident. Housekeeping and Laundry personnel will be responsible for securing and transporting linens, and if applicable, bedding materials. Dietary personnel will secure and transport emergency water and dried food stores. Office personnel will obtain a back up copy of computer information. These items will be transported per facility and/or contracted vehicles to the host location.

Once at the shelter, all employees will report to duty at the shelter as scheduled. If the shelter is out of town, staff will be permitted to move with the residents to the shelter and will be compensated for all time while on the shelter site. Transferred food will be prepared in the kitchen facilities of each shelter location. The American Red Cross will also be utilized for additional meal provision if necessary. Cots, blankets, and pillows for residents' comfort will be transferred by staff to the shelter site if possible, but can also be obtained from the American Red Cross and other volunteer groups. Nursing staff should take the following items with them to the evacuations site:

- 1. This Disaster Instruction Plan
- 2. Your "physician's kit" (Includes stethoscope, IVAC, suture, kit, ambu bag, syringes, gauzes, and etc...)
- 3. Resident List
- 4. Nursing Supplies and Equipment
- 5. Medical Records of all evacuated residents to accompany them to host facility. These Medical Records include times medications and doses to be given, allergies, and dietary needs.
- 6. Medications
- 7. Medications administration records
- 8. Flash Lights
- 9. Physician's phone list

See operations plan for responsibilities in loading, unloading and securing these items.

# Tab H - Organizational/ Staff Chart

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

The list below indicates the line of supervisory authority during disaster situation. The highest- ranking individual available will make the determination to implement emergency protocols based on the attached plan and the current information available to them. An alert will be initiated if and when any supervisor or employee determines that an emergent or potential emergent situations exist. Suspecting supervisor or employees will immediate reports suspicions to the ranking staff member for evaluation and implementation of emergency protocols. (See attached organizational chart for designation of all facility work centers).

#### Name

#### William Wright Danielle Yenuganti, RN Kimberly Bailey- Wiltrz, LPN Anamiki Motilal Leslie Kunkel Martin Sommariba Linda Bates Fisher Latanya Champagne, LPN Megan Brasher Towanda Higgins Jessica Ferguson, RN Shauna Williams, RN Natoya Sanders, LPN Mylesha Holland, LPN Tiffany White Haili Smith Ronunika Bailey Deanna DeMatteo

#### Title

Administrator Director of Nursing Assistant DON Administrative Assistant Administrative Assistant Maintenance Supervisor Housekeeping Supervisor Admissions Social Services Dietary Manager Nurse Case Manager Assessment Nurse Assessment Nurse Treatment Nurse Activities Director Asst. Activities Director Accounts Manager Medical Records

#### Facility E-mail Address

wrwright@asimgt.com dyenuganti@asimgt.com kbwiltz@asimgt.com

lkunkel@asimgt.com

# Tab I – Communications Plan

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

The facility utilizes local radio and television to monitor whether announcements, predictions, and state and local evacuation notices. These items are tied into the emergency generator. Additionally, the facility can obtain a two way radio from the local OEP if a parish, regional, or statewide emergency is declared. Administrators cell phones is tied directly to the local OEP's emergency notification phone bank, and is capable of receiving emergency alerts in the way of text messages on a 24-hour basis. The facility also has battery-powered walkie-talkies to allow the communication around the facility, and in between vehicles when caravanning resident to and from host sites. These walkie-talkies can be recharged at any outlet plug tied to the emergency generator, and will be used by ranking supervisor staff and van drivers. Weather warnings and state and local evacuation notices will be monitored by the facility's executive staff in the facility command center.

When an emergent event is anticipated or occurs, residents will be notified of the event by the overhead paging system and/or through direct communications from informed facility staff members. Staff will be contacted by their immediate supervisors and/or their designees utilizing the staff roster in Tab C. All staff will be instructed to report to the facility and reported to supervisor for duty assignments. Responsible parties to the families will be contacted in accordance to the protocols outlined on page 2 of the Hurricane Checklist in Tab O. Emergency services and resources will be notified by the administrator. The administrator and/or the assistant administrator will determine if an emergency situation is eminent. And start the alert process. They will determine whether to evacuate or shelter in place, and if necessary, which host facility or facilities residents and staff will be evacuated to. If possible, all notifications are to be completed within 12 hours of a determination of a potential disaster.

See attached documentation for listing of emergency numbers

# **Emergency Phone List**

Acadian Ambulance	511
American Red Cross	(985) 542-3469
Doerle	(337) 654-3455
McKesson	(601)856-5900
Destrehan Fire Department	(985)764-8112 / 911
St. Charles Parish Sheriff Department	(985) 783-6807 / 911
Hazardous Substances Emergency Response	(985) 783-5050
Oaks of Houma	(985) 876-5692
Heritage Manor of Mandeville	(985) 626-4798
Landmark of Baton Rouge	(225) 293-1003
Audubon Nursing & Rehab	(985) 466-3975
Forest Manor	(985) 892-6900
Heritage Manor of Baton Rouge II	(225) 924-2851
Heritage Manor of Houma	(985) 851-2307
Landmark South Nursing & Rehab	(225) 291-8474
Heritage Manor of Slidell	(985) 643-0307
Landmark of Hammond	(985) 524-8570
Kentwood Water	(985) 751-8424
Louisiana National Guard	(985) 868-5809
Louisiana State Police Troop B	(504) 471-2775
Senior Script Pharmacy	(888) 665-8606
St. Charles Office of Emergency Preparedness	(985) 783-5050
Atmos Entergy	1 866 322-8667
Entergy	1 800 968-8243
St. Charles Parish	(985) 783-5110
Lard Oil	(225) 664-3311
	(557) OOL-2311

# Tab J - Hazard Types

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

The facility may be subject to the following hazards:

- (1) Fire, both internal and external
- (2) Severe thunder storms, lightning, and tornados
- (3) Hazardous Material Incident, and
- (4) Bomb Treats

In the event of a fire, explosion or disaster emergency, the nursing home administrator or the individual left in charge must be notified. The ranking supervisor on duty will alert all employees on duty of their responsibilities according to the existing condition:

- A) Should a fire be seen or detected, activate a pull station and/or call the Fire Department.
- B) Take safety measure and precautions to protect the lives of all resident and personnel.
- C) In the event of a severe emergency or if an evacuation is ordered, call the nurses and all personnel for help and call for ambulances to move those unable to transfer per car, van or bus.
- D) The administrator or person in charge will direct all evacuation or moving activity and designate a person to make a record showing the name of each resident, how and to where the resident was evacuated.
- E) Residents that are able to walk shall be grouped, accompanied to the exit, and taken from the building to destinations as ordered. Those who can not walk shall be assisted form the facility to a designated place of safety, and arrangements for removal of those resident will be organized by the Director of Nursing or her designee. Remember that time is vital in most cases, and that residents can be lifted by several persons carried on a mattress easily and more safely than by other means.
- F) Each employee shall be familiar with the exit and with the location of the fire extinguishers. Each employee must understand how these units operate and know what to do in case of an emergency involving a fire. Fire drills will be conducted on a periodic basis to ensure staff understanding and performance.

In the event of a fast moving emergency, such as a flash flood, tornado, or hazardous material incident, it may be necessary to remain in the facility and to operate under a "shelter in place" plan. Since these emergency situations can occur at any hour, day or night, all staff will be trained on proper protocols and procedures for addressing these situations. During these types of emergencies, all staff and residents are to retain within the facility at all times. The following steps are to follow:

- A) During these types of emergencies, all staff and residents are to remain within the facility at all times. Staff is to conduct a head count of each hall to ensure that all residents are accounted for. The result of this head count is to be communicated to the charge nurse on duty. Those residents with special needs or respiratory problems will be assisted per staff to equipment on emergency generator power or to portable oxygen
- B) The C.N.A.'s on each wing are to ensure that all doors and windows to the exterior of the facility are closed and that the protective internal shutter system is closed. Dietary and Laundry staff will make sure all natural gas is turned off during this emergency period. All staff and residents are to remain in the facility until an "all clear" has been issued by appropriate authorities.
- C) In case of potential airborne contamination, staff is to conduct a head count of each hall to ensure that all residents are accounted for. The result of this head count is to be communicated to the charge nurse on duty. The nursing and dietary personnel will ensure that all food, water, and medications is covered and protected from potential contaminants. Maintenance staff will ensure that all HVAC systems are turned off or closed. Nursing and housekeeping staff will check rooms to ensure that all windows, doors, and air units are closed and in the off position. Should decontamination be required, facility will maintain contact with public health authorities that will provide recommendations and general instructions on preferred methods. Nursing staff will continually assess the residents for signs and symptoms of air-borne contaminations. Disposal able medical mask will be provided to all residents and staff if the suspected contaminate is viral in nature. This course of action will continue until authorities have announced an "all clear". An assessment of the residents and the facility's physical status will be conducted by staff, and will be communicated to the command center in the Administrator's office. Residents will be referred to emergent care facilities as necessary by nursing personnel. The command center will determine if the need for evacuation to an alternative site is necessary base on the degree of physical damage/contamination to the facility.
- D) In case of a tornado, all doors and windows are to be secured. All resident are to be moved to the hall corridors. All room doors are to be shut and secured. Residents are allowed to remain in their rooms provide windows and internal shutters are secured. Areas that have large ceilings expanses can be utilized but should be avoided Residents are to be placed in a sitting fetal position (if physically able), and covered with blanket or other protective clothing to prevent injury from lying glass. Mattresses linen carts, and other objects can be positioned at the end of the halls to act as a barrier against flying debris.
- E) After the passage of the storm, an assessment of the residents and the facilities physical status will be conducted by staff, and will be communicated to the command center in the Administrator's office. Residents will be referred to emergent care facilities as necessary by

- nursing personnel. The command center will determine if the need for evacuation to an alternative site is necessary based on the degree of physical damage to the facility.
- F) If a determination is made to continue to "shelter in place" and a prolonged power loss is anticipated, the use of a portable generator to power the facility' central air units will be provided by representatives of Kossen Equipment. Residents will be moved to areas within the facility where appropriate temperatures are maintained. To further assist in the cooling of residents, the facility will use ice packs and a system of box fans. The facility has two ice machines that are each tied to independent generators for power, and the facility also has a large supply of refillable zip lock bags to provide additional cooling to the residents who might desire it.
- G) In the event of a bomb threat, staff will attempt to keep threatening individuals on the phone for as long as possible. Staff will try to ascertain from the caller where and why the bomb has been placed, and what time it is scheduled to go off. Staff will try and invoke sympathies of the caller by describing helplessness of elderly clientele. Person receiving the initial call will relay information to other coworker while keeping the caller on the line. The coworker will notify administration, and the local police and fire departments. These agencies are to be informed of the nature of the call and the phone line at our facility that the caller on. Remaining staff shall begin an evacuation of the facility and remain in designated safe zones outside the facility until such a time as the facility has been inspected by local authorities. If the facility is found to be free of explosive devices by appropriate authorities, residents will be returned to the facility by staff and volunteers. Should a temporary evacuations be required, facility staff will transfer residents to our local host facility in accordance with our hurricane evacuation plan.

# Tab K - Risk Assessment

#### **Ormond Nursing & Care Center** 22 Plantation Road Destrehan, LA 70047

Elevation of Facility's HVAC System: Elevation of electrical services functions: Elevation of generator's and connections: Elevations of fuel supply, storage tanks & connections: Facility Roof Type: Roof Wind Load: Window Evaluation:

11-12' above sea level 11-12' above sea level 11-12' above sea level 11-12' above sea level Shingle with 4 nail per tab 110-125 miles/hour Shatter-Resistant/Tempered Glass throughout the facility. The facility also has internally installed, high-density plastic, flame retardant shutters installed in each resident room. These offer additional protection from flying objects and debris. 125-135 miles/hour 180 gallons diesel stored on-site Will operate 33 hours @ 100% standby load

Building Wind Load: On-site Fuel Storage/Type of Fuel:

(1400) gallons diesel is stored

on site for the back up generator II will operate all electrical outlets supplying power to the entire facility. Lard Oil will service every 48 hours during emergency situations.

Generator Output and Need:

Our current emergency generator will operate for 33 hours @ 100% standby load without refueling. Generator II will operate for 70 hours continuous without refueling. Arrangements exists with a local provider to resupply this generator at the facility with diesel every 48 hours after a state of emergency is declared. The emergency generator is a 60 KW capable of providing 100 amps with Three (3) Phase. Generator II is a 250 KW capable of providing 225 amps with Three (3) phase. This generator was inspected, serviced and tested on January 4, 2021 and found to be operating according to specifications. The emergency generator will supply adequate power for the equipment we intend it to operate during an emergency. Generator II will supply power to the entire facility including all rooms, nurses station, call lights, emergency lighting, all electrical outlets and power to the dietary department. If an outage occurs for an extended amount of time the facility has the capability to manual transfer to Generator II to power the entire facility.

Tab K - Risk Assessment (cont.)

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Our emergency generator provide electrical power to the following items:

# Tab K – Risk Assessment (cont.)

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Our emergency generator provide electrical power to the following items:

Individual Call-light Notification lights on exterior of each patient room door Fire Panel & Supporting Smoke Detectors
Overhead hallway lights
Exit Signs
Emergency Outlets/Red Plugs
2 Ice Machines
Walk-in Freezer
Main HVAC Air Handler (partial HVAC Inclusion)
Facility Time Clock
50 # Industrial Clothes Dryer
(1) 75# Washing Machine
Dishwasher
Medication Room

Our Second Generator (Generator II) provides electrical power to the following items:

All electrical/ power sources in the facility

Lay Down Hazards: Perimeter secured by maintenance staff as a part of hurricane preparation plan. See Aerial view in Tab S. Hazardous Material: Emergency oxygen is stored within the facility under lock and key, and is individually secured to prevent tipping. No other potentially hazardous materials stored on-site. Security: Security for persons and supplies will be provided by the administrative staff. Those with

military training or appropriate training will monitor the facility and notify the administrator and local law enforcement of security issues.

Overland Surge from Hurricanes:

Facility is 11-12' above sea level.

Facility is 11-12' above sea level and not susceptible to flood

Floor Plans:

Elevation of Water System Back Flow Valves:

Lightning Protection:

surge at high tide for any category of hurricane. See Tab A

11-12' above sea level

Facility does not have lightning rods installed around the perimeter of the facility.

#### RISK ASSESSMENT AND EMERGENCY PLANNING

Facility Name Ormond Nurs	sing & Care Center
Date 1/11/2021	
(То Ве Р	erformed Annually)
IDENTIFY THREATS AND HAZARDS OF EXPERIENCE, FORECASTING, EXPERTIS	CONCERN BASED ON A COMBINATION OF E AND OTHER RESOURCES
NATURAL RISKS  Tornadoes  Hurricanes  Flooding  Earthquakes  Lightning Strikes (Power Failure)	Fire Extreme Temperatures/Weather Rivers, Lakes and Other Waterways Other
MANMADE RISKS HAZARDS  Cyber Security Event  Missing Resident Active Shooter Train Tracks Pipelines Power Lines	Water Towers Chemical Plants Refineries Airports Water Contamination *Boil Water Alerts Bio Hazards  Radio & Cell Towers Pandemic Disease Nuclear Gas Stations Other
HOW CAN THESE RISK & HAZARE THE COMMUNITY  Power Outage  Water Outage  Gas Outage  Disrupt Phone Service  Disrupt Other Communication  Disrupt Supply Routes  Disrupt Transportation	Disrupt Ability to Staff Adequately Disrupt Security Systems Disrupt Operations Physical Plant Damage Disrupt Care Services Other

#### RESOURCES AVAILABLE TO LESSEN THE AFFECT OF THE HAZARDS

Fire Pane	ocy Lighting el ocy Plugs Operation ential	Other:  V V V	Extension Cords Flashlights Batteries Battery Back-Up on all Critical Equipment  Tube Feeding Pump  IV Pump		
•			<ul><li>Lifts</li><li>Vital Sign</li><li>Equipment</li></ul>		
SUGGESTED SUPPLIE	S BUT NOT INCLUSIVE				
(1 gallon per personal maker and hot w Contract for Addi ✓ Heating and Cool ■ Extra blan Emergency Sanita ■ Bleach su ■ Anti-Bacte	itional Water ing Alternatives in Severe W kets and Fans ary Supplies rface sanitizer and water pu erial Hand Rub (ABHR) and p	tend for 3 o	days). This can include ice		
Food and Dietary  Disposable	Supplies for 72 hours plates, cups and utensils				
Oxygen Tanks and Medications On H Nursing and Medi	First Aid Kits Oxygen Tanks and Portable Oxygen Concentrator Medications On Hand for 72 Hours Nursing and Medical Supplies On Hand for 72 hours				
✓ Alternative Comm -Walkie Talkies -Runners -Emails	nunication -Cell Phones -Viber App -Satellite Communication	-Calls & To -GroupMo -Web Page			

• COLLABORATION
Contact Lists For Our Staff  Contact List of Response Teams  Law enforcement  Fire  EMS  Red Cross  National Guard  Contact List of Vendors as well as Agreements  Food  Water  Pharmacy  Medical Supplies  Transportation  Relocation Sites Contact Information and Agreement (2)  Hospital Contact and Transfer Agreement (2)
BACK UP SYSTEMS
✓ Designated On-site Safe Area ✓ Evacuation Route on Floor Plan
Plan must be reviewed and updated annually.
Prepared by:
, common destroyers



#### Tab L – Stocked Supplies

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

The facility is outfitted with sufficient emergency equipment and supplies to provide for at least 72 hours of survival without assistance. Facility has a (2) two emergency generators that provides auxiliary power and/ or power to the entire facility in case of public power outages. The emergency generator provides the lighting to the central areas of our facility. 180 gallons (Emergency generator) and 1400 gallons (Generator II) of diesel is stored on site to operate the emergency generator during emergency situations. Additionally, the facility maintains emergency flashlights, batteries, tape, plywood, carpentry tools, cots, linens, box fans, ice chest, medical supplies, oxygen, disposable paper products, extension cords, shovels, chainsaws, ladders, radios, televisions, and medications. 250 gallons of Kentwood water are kept on site at all times, and additional water will be requested in the event of an approaching hurricane. This water will be used for cooking and drinking only. Our dietary department is stocked with a five day supply of nonperishable foods that will be used in case of emergency. These dietary supplies include both can and dried items. This includes all residents regardless of diet order. On hand, nonperishable food include, but are not limited to, those food needed to serve regular, diabetic, renal, low-salt, high-fiber, liquid and/or tube feeding diet. The dietary manager and/or her designee will order all additional food supplies and bottle water if a tropical storm or hurricane is anticipated to affect our area, and addition food stores throughout the duration of the emergency. The kitchen is equipped with can openers and other equipment necessary to provide food in accordance with physicians orders. Medications are routinely stored in the facility under lock and key. Licensed nurse will order medications as necessary. Medication that require refrigeration are stored in an individual refrigerator and the medication room. This refrigerator is tied to the emergency generator in case of public power failure. The Director of Nursing or her designee will order additional nursing and medical supplies throughout the duration of the emergency. All other supplies not mentioned will be ordered insecure but administrator or his designee.



#### Tab M - Maps

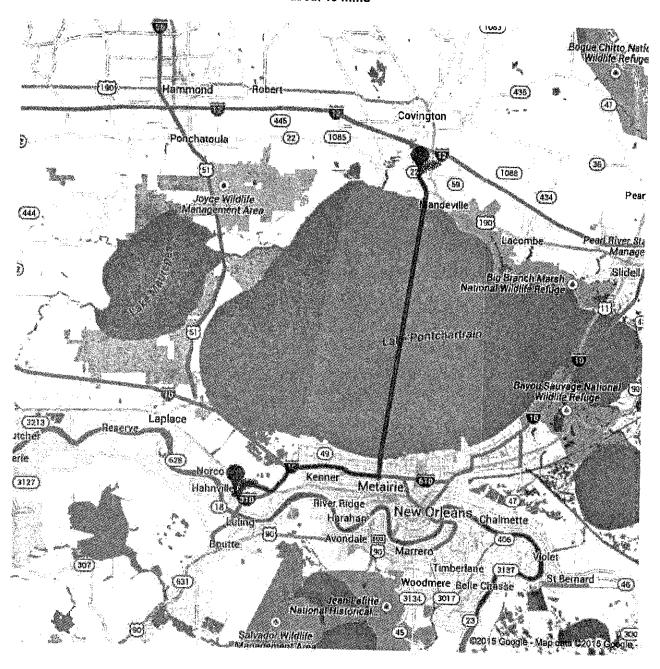
Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Attached are maps to each potential host facility. These maps indicate the route staff would take if an evacuation was necessary. Copies of these maps will be made and distributed to each evacuating driver who is transporting residents or facility supplies to the host site. Drivers are not allowed to deviate from the routines indicated on the maps, except in the case of a medical emergency, road closure, or road blockage. Should a deviation be required, the driver will immediately notify the facilities command center of the change in route by cell phone.





Directions to Heritage Manor of Mandeville 1820 West Causeway Approach, Mandeville, LA 70471 - (985) 626-4798 44.2 ml – about 48 mins







#### **Ormond Nursing & Care Center**

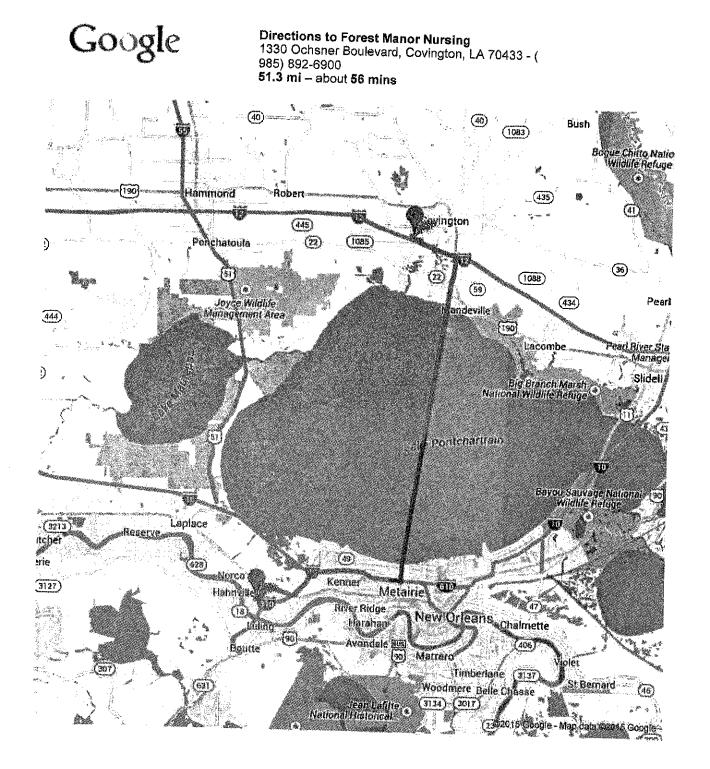
22 Plantation Road, Destrehan, LA 70047 - (985) 764-1793

	1	Head northeast on Plantation Rd toward Ormond Blvd	go 0,1 m
<b>)</b>	2	. Turn right onto <b>Ormond Blvd</b> About 4 mins	total 0,1 m <b>go 1.8</b> m
1)	3	. Turn right onto <b>US-61 S/Johnson St</b> About 2 mins	total 2.0 n go 2.1 m total 4.1 m
Ō	4	. Merge onto I-310 N via the ramp to New Orleans About 3 mins	go 3.1 m total 7.2 m
ij	5.	Take exit <b>1A</b> to merge onto <b>I-10 E</b> toward <b>New Orleans</b> About 8 mins	go 8.2 m total 15.5 m
	6.	Take exit 228 toward Mandeville About 51 secs	go 0.6 m total 16.1 m
	7.	Merge onto N Causeway Blvd About 3 mins	go 1.7 m total 17.8 m
	8.	Continue onto Lake Pontchartrain Causeway About 22 mins	go 23.9 m total 41.7 m
	9.	Continue onto N Causeway Blvd	go 0.2 m total 41.9 m
	10.	Continue straight to stay on N Causeway Blvd	go 0.4 m total 42.3 m
İ	11.	Slight left onto W Causeway Approach (signs for W Approach/LA-22 W/Madisonville) About 3 mins	go 1.9 mi total 44.2 mi
	12.	Make a U-turn Destination will be on the right	go 131 ft
H 13	erit 820	tage Manor of Mandeville West Causeway Approach, Mandeville, LA 70471 - (985) 626-4798	total 44.2 mi

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.

Map data ©2015 Google

Directions weren't right? Please find your route on maps,google.com and click "Report a problem" at the bottom left.



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#### **Ormond Nursing & Care Center**

22 Plantation Road, Destrehan, LA 70047 - (985) 764-1793

· T		1 Hood porthogot on Bl. 1 Hood porthogot on Bl. 1	
		Head northeast on Plantation Rd toward Ormond Blvd	go 0.1 mi total 0.1 mi
ſ	_	2. Turn right onto Ormond Blvd About 4 mins	go 1.8 mi total 2.0 mi
61	} :	3. Turn right onto <b>US-61 S/Johnson St</b> About 2 mins	go 2.1 mi total 4.1 mi
310	•	Merge onto I-310 N via the ramp to New Orleans About 3 mins	go 3.1 mi
TO	5	Take exit <b>1A</b> to merge onto <b>I-10 E</b> toward <b>New Orleans</b> About 8 mins	total 7.2 mí go 8.2 mí
r	6	Take exit 228 toward Mandeville About 51 secs	total 15.5 mi <b>go 0.6 mi</b>
	7	. Merge onto N Causeway Blvd About 3 mins	total 16.1 mi go 1.7 mi
	8	Continue onto Lake Pontchartrain Causeway About 22 mins	total 17.8 mi go 23.9 mi
	9.	Continue onto N Causeway Blvd	total 41.7 mi go 0.2 mi
	10.	Continue straight to stay on N Causeway Blvd About 3 mins	total 41,9 mi <b>go 1.9 mi</b>
	11.	Continue onto Tammany Pkwy About 2 mins	total 43.8 mi go 2.0 mi
D	12.	Merge onto I-12 W via the ramp to Hammond About 4 mins	total 45.8 mi <b>go 3.8 m</b> i total 49.6 mi
r	13.	Take exit 59 for LA-21 toward Madisonville/Covington	go 0.3 mí
21)	14.	Turn right onto LA-21 N (signs for Louisiana 21)	total 49.9 mi <b>go 0.2 mi</b> total 50.1 mi
	15,	Turn left at the 1st cross street onto Ochsner Blvd/Pinnacle Pkwy Continue to follow Ochsner Blvd About 2 mins	go 0.9 mi total 51.1 mi
5	16.	Slight left at Ochsner Blvd	go 335 ft
7	17.	Slight right onto <b>Ochsner Blvd</b> Destination will be on the right	total 51.1 mi go 0.2 mi
<b>∳</b> F	ore	st Manor Nursing	total 51.3 mi
· <del>////////////////////////////////////</del>	ijinis vitatinis (vi	Ochsner Boulevard, Covington, LA 70433 - (985) 892-6900	With the state of

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.

Map data ©2015 Google

Directions weren't right? Please find your route on maps.geogle.com and click "Report a problem" at the bottom left.

#### **Ormond Nursing & Care Center**

22 Plantation Road, Destrehan, LA 70047 - (985) 764-1793

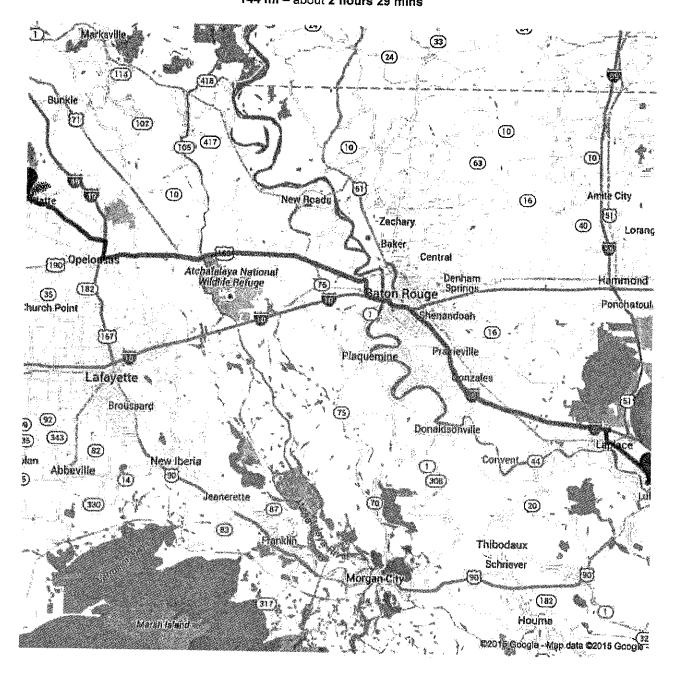
	•	Plantation Road, Destrehan, LA 70047 - (985) 764-1793  1. Head northeast on Plantation Rd toward Ormond Blvd	estati i plumant ta jirisioomattaa ahki ta maa katiinta ahka ayki ja miista ja jiris
ر دم		2. Turn right onto Ormond Blvd	<b>go 0.1</b> m total 0.1 m
1'		About 4 mins	<b>go 1.8 m</b> total 2.0 m
(61)	1 3	3. Turn left onto <b>US-61 N/Johnson St</b> Continue to follow US-61 N  About 13 mins	go 10.3 m total 12,2 m
r		Turn right onto Belle Terre Blvd About 4 mins	go 2.2 mi total 14.4 mi
TO		. Keep left at the fork, follow signs for <b>I-10 W/Baton Rouge</b> and merge onto <b>I-10 W</b> About 44 mins	go 51.2 mi total 65.6 mi
W		. Keep left at the fork to stay on <b>I-10 W</b> , follow signs for <b>Interstate 10 W/Lafayette</b> About 4 mins	go 3.9 mi total 69.5 mi
r		Take exit 151 for LA-415 toward US-190/Lobdell	go 0.3 mi total 69.8 mi
415		Turn right onto LA-415 N/N Lobdell Hwy (signs for US-190) About 4 mins	go 3.1 mi total 72.9 mi
	9.	Continue straight onto Access Dr About 49 secs	go 0.6 mi total 73.5 mi
(190)	10.	Slight right onto LA-1 N/US-190 W Continue to follow US-190 W About 48 mins	go 49.0 mi total 122 mi
Ū	11.	Turn right to merge onto <b>!-49 N/US-167 N</b> toward <b>Alexandria</b> About 3 mins	go 3.5 mi total 126 mi
T.		Take exit 23 for US-167/LA-744 toward Ville Platte	go 0.3 mi total 126 mi
167		Turn left onto <b>LA-744 N/US-167 N</b> (signs for <b>Ville Platte</b> ) Continue to follow US-167 N About 21 mins	go 17.1 mi total 143 mi
4	14.	Sharp left onto <b>W Main St</b> About 2 mins	go 0.4 mi
7	15.	Turn right onto <b>S Thompson St</b> Destination will be on the right	total 144 mi go 0.1 mi
) He	erit 20 S	age Manor of Ville Platte South Thompson Street, Ville Platte, LA 70586 - (337) 363-5532	total 144 mi

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 Map data ©2015 Google

Directions weren't right? Please find your route on maps google.com and click "Report a problem" at the bottom left.

Google

Directions to Heritage Manor of Ville Platte 220 South Thompson Street, Ville Platte, LA 70586 - (337) 363-5532 144 mi – about 2 hours 29 mins



#### YOUR TRIP TO:

2022 W Main St, Ville Platte, LA 70586-2830

#### Medico Evecution Contac



#### 2 HR 37 MIN | 147 MI 🖨

#### Est. fuel cost; \$9,44

Trip time based on traffic conditions as of 11:54 AM on January 21, 2020. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

1000	
1999	
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1. Start out going north on Plantation Rd toward Eric Lawrence Dr.

Then 0.20 mlles

0.20 total miles

2. Take the 2nd right onto Ormand Blvd.

Ormond Blvd is just past Eric Lawrence Dr.

if you reach Schexnaydre Ln you've gone about 0.1 miles too far.

Then 1.82 miles 2.01 total miles

3. Turn left onto Airline Hwy/US-61 N.

Then 10.25 miles 12.27 total miles

4. Turn right onto Belle Terre Blvd/LA-3188. Belle Terre Blvd is 0.2 miles past Carrollwood Dr.

If you reach N Sugar Ridge Rd you've gone a little too far.

Then 2.17 miles 14.43 total miles

5. Merge onto I-10 W toward Baton Rouge. 介个

> Then 51.23 miles 65.67 total miles

6. Keep left to take I-10 W toward Lafayette.

Then 1.91 miles 67.58 total miles

7. Merge onto Louisiana Scenic Bayou Byway/LA-1 N via EXIT 153 toward Port

Then 3.88 miles 71.45 total miles

8. Stay straight to go onto LA Highway 1/Louisiana Scenic Bayou Byway/LA-1.

Then 0.52 mlles 71.97 total miles

9. Merge onto US-190 W.

Then 52.94 miles 124.91 total miles

10. Merge onto I-49 N/US-167 N toward Alexandria. 介

Then 3.46 miles -- --128.37 total miles

#### Tab N - Transfer Form

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

In the event of an evacuation, the attached form will be utilized by Ormond Nursing & Care Center to obtain continuity of physician's services between our facility and the host facility housing our residents. This form will be attached to a list of the attending physicians residents and provided to him for signature. If a residents attending physician cannot be contacted by the facility for authorization and signature, the facility's Medical Director has the authority to sign in the attending physician's stead.

Note: Only one physician's signatures is required to authorize continuity of physician's services.

#### **Emergency Authorization for Physician's Services at a Host Facility**

In the event of an emergency situation that necessitates that evacuation of Ormond Nursing & Care Center, I hereby authorize the Medical Director or his designee of the receiving host facility the right to order the continuation of care of the attached list of resident whom I serve as attending physician at Ormond Nursing & Care Center.

Medical Director

Ormond Nursing & Care Center

#### Tab-P - Disaster Drill

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Attached is the corporate-wide disaster drill that was conducted in conjunction with Mr. Malcolm Tetje, DHHS Nursing Home Emergency Preparedness Manager, on June  $10^{th}$ , 2020. The facility evaluated the effectiveness of this plan and implemented changes with procedures to improve the hurricane evacuation and preparedness process.

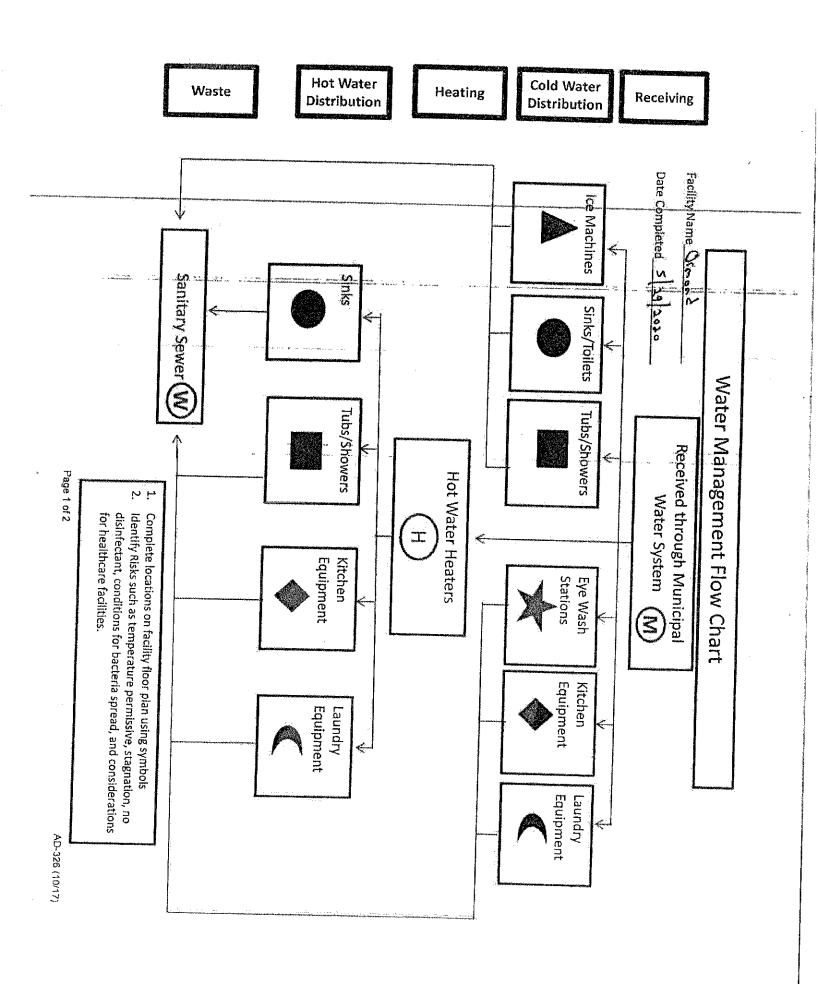
Records of Fire Drill and other emergency drills are maintained in the Administrator's office in the Survey Readiness Binder and are available for review by state and local officials.

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#### EMERGENCY PREPAREDNESS COMPLIANCE CHECKLIST

1.	Risk Assessment	Date Completed: 5/25/2020
2.	Review Of Policies	Date Reviewed: 4/5/2020
3,	Communication Plan	Date Reviewed: 6/5/2ميه
	a. Phones	
	b. Walkie-Talkies	
	c. Satellite Phones	
A CONTRACTOR	d. E-mail	The second secon
	e. Command Center	
	f. Notification of State & Local Officials	and the second of the second o
	g. Family Notification	
	h. Notification of Physicians	
	i. Web Page Notifications & Updates	
4.	Review of Disaster Plan	Date Completed: 6/5/200
	a. Submission of OEP	Date Completed: 3/1/2020
	<ul> <li>Items reviewed to include but not lin</li> </ul>	nited to:
	<ul> <li>Contracts</li> </ul>	
	<ul> <li>Vendors</li> </ul>	
	<ul> <li>Supplies</li> </ul>	
	<ul> <li>M-stat or MS Smartt</li> </ul>	
	<ul> <li>Host Facilities</li> </ul>	_
	<ul> <li>Evacuation Center</li> </ul>	
	<ul><li>Transportation Agreements</li></ul>	
	<ul> <li>Pharmacy Resources</li> </ul>	
	<ul> <li>Evacuation Grids</li> </ul>	
	<ul> <li>Contact Numbers</li> </ul>	
	<ul> <li>Resident &amp; Employee Listings</li> </ul>	
	<ul> <li>Fuel Vendor</li> </ul>	
	<ul> <li>Generator Provider</li> </ul>	

5,	raining	& Testing	Date Reviewed: 6/10/8020
	a. Execu	ution of the emergency plan for	all unified & integrated facilities within the
	orgar	nization to include a full evacua	tion drill, shelter in place drill, etc.
	i.	Mock Disaster Drill	Date Completed: פּבּפּב פון פּ
	ii.	Shelter in Place Drill	Date Completed: 617 2000
ncerey esile sakknoooneen maan oo oo oo oo oo oo oo oo oo oo oo oo oo	ii).	Table Top Exercise	Date Completed: 5/28/2020
6.	Evaluatio	n of the Program	Date Completed: 6/10/2-10



# Water Management Program Flow Description

Facility Name James Nussey ! Core Codes

by however heaters rocated w tollets, laundly equipment, kitchen equipment. Cold: waver is also heated: istributed to locamechines, eye wash stations, sinks, showers, tubs, lide)ted walter is discarded through the grease trap as applicable and sert recation. Cold water is \_insert location from the

#### **Facility Water Management Evaluation**

Complete Initially and Annually

If you answer YES to any of questions 1 through 4, you should have a water management program for that building's hot and cold water distribution system. Circle answer

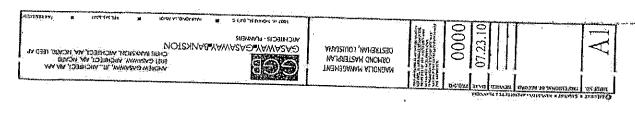
- 1. Is your building a healthcare facility where patients stay overnight or does your building house or treat people who have chronic and acute medical problems or weakened immune systems? Yes or No
- 2. Does your building primarily house people older than 65 years (like a retirement home or assisted-living facility)? Yes or No
- 3. Does your building have multiple housing units and a centralized hot water system (like a hotel or high-rise apartment complex)? Yesor No
  - 4. Does your building have more than 10 stories (including basement levels)? Yes of No.

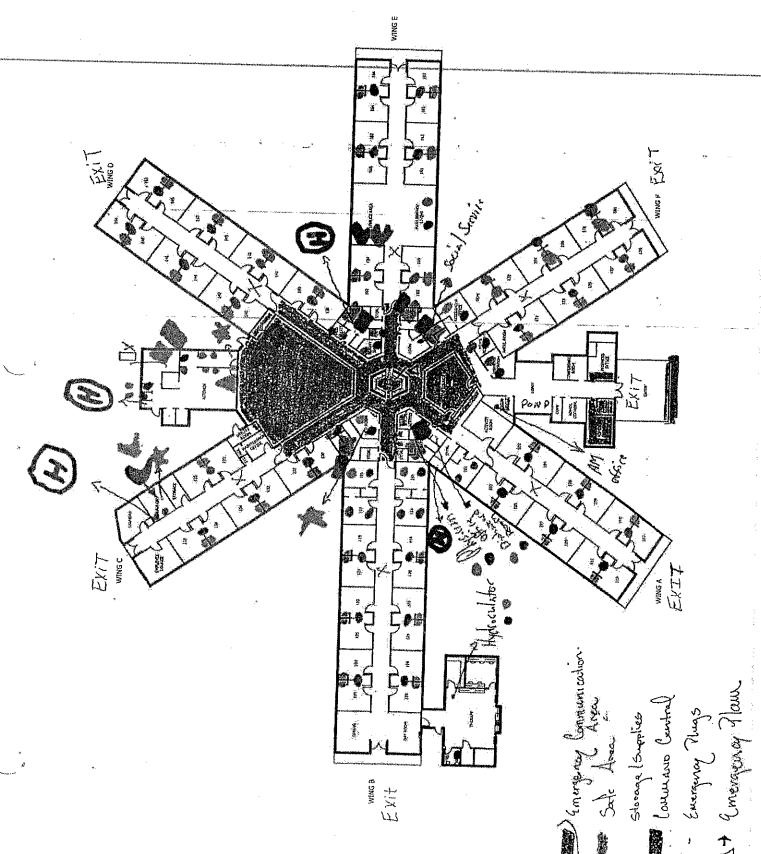
Devices in buildings that can spread contaminated water droplets should have a water management program even if the building itself does not. If you answer NO to all of questions 1 through 4 but YES to any of questions 5 through 8, you should have a water management program for that device. Circle answer

- 5. Does your building have a cooling tower\*? Yes only
- 6. Does your building have a hot tub (also known as a spa) that is not drained between each use? Yes or No.
  - 7. Does your building have a decorative fountain? Yes or No.
  - 8. Does your building have a centrally-installed mister, atomizer, air washer? Yes or No.

Devices in your facility that may need special precautions to include cleaning and disinfection. Circle as applicable

Devices Water Fountains Interior Ponds Hydroculators Hydrotherapy Equipment CPAP/BiPAP Equipment Other	Yes or Wo Yes or No Yes or No Yes or No Yes or No	Cleaning Schedule Maintained. Yes or No Yes or No Yes or No Yes or No Yes or No Yes or No
Shourd Whichool	(e) or No	(eŝ) or No
Dish Madine	∜esor No	Yês or No
In Certs	Yes or No	Yes or No
	Yes or No	Yes or No





#### RECORD OF MEETINGS

Nursing Facility: Ormond	Nursing & Care Center	Date:	4/4/2020
	am Wright, MHA, NFA	2.1	
Minutes:		subject:	Water Management
Attendees:			
William Wright Danielle Yenuganti, BSN, RN Jessica Ferguson, RN, IP Kirk Trahan Dr. Luis Arencibia, MD Kim Wiltz, LPN, ADON Sandra Louque, HK/LDY Brooke Ponder, OT,RD	Administrator Director of Nursing Infection Prevention Interim Maintenance Bree Medical Director Asst Director of Nursing HK/LDY Supervisor Rehab Director	Wich Low	works er a superior
1) Water Management Team of Legionellia Growth 2) Water Management Team of Management Program 3) Completion of Facility Water	and implement plan to monitor for posure to Legionnaire's Diseas discussed the external and interesting eviewed the procedures for import Management Evaluation: Devictive cleaning and disinfecting a	e (LD) nal factors that lementing a V	Nater
Plan of Action:			
<ul> <li>Identify devices and area in th</li> <li>Map the water system</li> <li>Ensure measures are in place</li> <li>Legionella growth</li> <li>Ensure areas identified with the measures in place to reduce the</li> </ul>	to monitor devices and areas w	with the potent	
	MA		
Minutes	s by;		

#### RISK ASSESSMENT AND EMERGENCY PLANNING

Facility Name Ormond Nursing & Care (	Center
Date May 25th, 2020	
(To Be Performed Annual	y).
IDENTIFY THREATS AND HAZARDS OF CONCERN BATTLE AND OTHER  EXPERIENCE, FORECASTING, EXPERTISE AND OTHER  OUTPITS AND OUTPITS AND OTHER  OUTPITS AND OUTPITS AND OUTPITS AND OTHER  OUTPITS AND OUT	
NATURAL RISKS  Tornadoes  Hurricanes  Flooding  Earthquakes  Lightning Strikes (Power  Failure)	Fire Extreme Temperatures/Weather Rivers, Lakes and Other Waterways Other
MANMADE RISKS HAZARDS   Cyber Security Event  ✓ Missing Resident ✓ Active Shooter Train Tracks Pipelines ✓ Power Lines  Water Towers ✓ Chemical Plant ✓ Refineries ✓ Airports ✓ Water ✓ Contamination *Boil Water Ale	Towers  Pandemic  Disease  Nuclear  Gas Stations
<ul> <li>HOW CAN THESE RISK &amp; HAZARDS POTENTIAL</li> <li>THE COMMUNITY</li> <li>Power Outage</li> <li>Water Outage</li> <li>Gas Outage</li> <li>Disrupt Phone Service</li> <li>Disrupt Other Communication</li> <li>Disrupt Supply Routes</li> <li>Disrupt Transportation</li> </ul>	Disrupt Ability to Staff Adequately Disrupt Security Systems Disrupt Operations Physical Plant Damage Disrupt Care Services Other

#### • RESOURCES AVAILABLE TO LESSEN THE AFFECT OF THE HAZARDS

kita fila dicent. As a minimum pingan and minimum p	Emergency Generator:  V Full Load Emergency Fire Panel Call Light Basic Esse	y Plugs Operation	Other:	Extension Cords Flashlights Batteries Battery Back-Up on all Critical Equipment  • Tube Feeding Pump • IV Pump
	<b>.</b>			<ul><li>Lifts</li><li>Vital Sign</li><li>Equipment</li></ul>
	(1 gallon per pers maker and hot was Contract for Addi Heating and Cool ■ Extra blan ■ Emergency Sanita ■ Bleach sus ■ Anti-Bacte ■ Briefs, pac ■ Trash bags Food and Dietary ■ Disposable First Aid Kits Oxygen Tanks and Medications On Food and Medications On Food and Medications On Food and Medications On Food and Medications On Food And Me	Water—staff and resident no on per day + contract to extent ater tanks tional Water ing Alternatives in Severe W kets and Fans bry Supplies face sanitizer and water pur trial Hand Rub (ABHR) and pur ls and gowns Supplies for 72 hours e plates, cups and utensils d Portable Oxygen Concentrations and for 72 Hours ical Supplies On Hand for 72	eather ification e-moiste	days). This can include ice
	✓ Alternative Comn -Walkie Talkies -Runners -Emails	-Cell Phones -Viber App -Satellite Communication	-Calls & -GroupN -Web Pa	

• COLLABORATION
Contact Lists For Our Staff
Contact List of Response Teams
* Law enforcement
* Fire
™ EMS
■ Red Cross
Contact List of Vendors as well as Agreements
* Food
• Water • • • • • • • • • • • • • • • • • • •
* Pharmacy
<ul> <li>Medical Supplies</li> </ul>
* Transportation
Relocation Sites Contact Information and Agreement (2)
Hospital Contact and Transfer Agreement (2)
■ BACK UP SYSTEMS
Designated On-site Safe Area
Evacuation Route on Floor Plan
· <del>Laborati</del>
Plan must be reviewed and updated annually.
Prepared by: William Wright
Administrator Name

# Evaluation for Mock Hurricane Plaquenill June 10<sup>th</sup>, 2020

- Facility needs to update contact numbers for all staff members.
- Administrator to setup Friday reminder for M-STAT during hurricane season.
- Time permitting, facility needs to hold a family council to inform families of facilities plan.
- Facility will need to get a head count on concentrators and tube feeding poles that will be needed in Ville Platte.
- Administrator to check with Admissions Coordinator on updating face sheets weekly with I.D. bands.
- Covid+ residents are going to Landmark of Baton Rouge and Flannery is providing transportation. Facility needs to clarify how many can fit on Flannery's bus/van.
- Administrator to advise staff to download additional apps for communication.
- Verifying that all equipment that is property of Ormond is labeled.
- Host facility needs to make sure they have enough concentrators/E tanks
  as facility will only bring what is needed for the ride.
- All resident clothing that will be transported during evacuation will need to be labeled.
- Facility to have floor plan updated weekly
- Facility will need to know how many staff members will be needed at Landmark of Baton Rouge. Currently, facility has 4 Covid+ residents ( CNA's, Nurses, etc)

#### **RECORD OF MEETINGS**

Nursing Facility:	Ormond	Date;	June 10, 2020
Program Chairman;	William Wright	Subject:_	Mock Drill Plaquenill
Minutes:			
that Ormond we they are able to transportation charts, medicing will prowing wheelchair/leg Administrator of discuss our place concentrators, with sister facility.	contacted Trey Prudhomme, NFA with Her ans for evacuation. Ormond will need to br air mattresses, tube feeding poles, ect. Or ities to provide transportation which is ider	ts. Administrator will provide Covide. Ormond will br residents. Landiesidents will come itage Manor of Viring residents charmond has transportified on the evac	acknowledged I+ residents ing residents mark of Baton with their own  Ile Platte to rts, medicine, ortation contracts cuation grid.
Facility has a l relieve facility	st of staff who will be evacuating with facil	ity as well as staf	f who would
During this eva	acuation, Ormond does not have any resid	ents that need to	be transported by

#### RECORD OF MEETINGS

	Nursing Facility:	Ormond	Date:	June 7, 2020
	Program Chairman:	William Wright	Subject:	Shelter In Place
	Minutes:			
esalis de	met with staff to	y sheltered in place for Tropical Storm make sure all aspects of the facility we each department:		
	met in regards to Dietary- Admin r HK/LDY- Admin	sed the need for adequate staffing dur o supplies on hand: met with DM to discuss quantity of food met with HK/LDY supervisor to discus aintenance Supervisor ran generators n 6/5.	d on hand as well as sadequate staffing.	water supply.
		d a zoom meeting with local OEP ( Jastrack of the storm and future track.	son Tastet) on 6/6/20	020 @ 6:00pm to
	( DON, ADON, A facility at 11PM a from 11P-7A. A overnight nurses	rived at facility on 6/7/2020 @ 3PM alo NCM, Admissions Coordinator and Ass along with DON. NCM & ADON stayed dmissions Coordinator and Assessmer in the event day nurses could not con upervisor prior to leaving to discuss sci	sessment Nurse) Adr d to cover open shift nt nurse slept overnig me in due to flooding	ninistrator left s on the floor ght to relieve Administrator
	problems for sta administrator the	kt local OEP ( Jason Tastet) on 6/7 @ ff that have to come in on 6/8 around 6 e local OEP had let most of their staff g to allow some employees to go home	3A and 7A. Mr. Taste go. Administrator met	t informed with staff and
	Facility did not h	ave any damage from the storm nor di	id it ever lose power.	
	4,000	Minutes by:	and the second s	

# Earl Thibbdaux (985) 227-6000 Jody DePriest (504) 615-0333 Andy Hughes (985) 516-2453 Mike Scanlan (318) 359-4065 Eddie Borland (318) 201-7575 Landmark of Baton Rouge (Command Center) (225) 292-2941 Pathway South Emergency Evacuation Plan E-Mail - CommandCenter@asimgt.com

	Jody DePriest (504) 615-0333	CONTACT Earl Thibodaux (985) 227-6000	Danielle Yenuganti, DON (985) 722-5242	William Wright, Adm. (504) 496-5452	22 Plantation Road Destrehan, LA 70047	Ormond Nursing & Care Center (985) 764-1793	ACILITY
		Candy Johnson, RN DON (337) 459-5024	Adm. Cell (337) 523-4787	Ville Platte, La. 70586 Trey Prudhomme,	H.M. of Ville Platte (337) 363-5532 220 South Thompson	FACILITY	HOST FACILI
	naka sakana ay ay a sakalaharan sakang pendira basa					# OF EVACUEES AT TIME OF EMERGENCY	HOST FACILITY INFORMATION
	available for isolation or COVID.	*Designated beds	220			AVAILABLE EMERGENCY CAPACITY	ION
(1) LMBR Bus 12 Acadian Ambulance to Transport	(1) HM. Houma Bus (1) Oaks Van (1) Oaks Bus (1) Oaks Bus (1) Auduboa Van (2) Forest Van (3) Flannery Van (4) Siidell Bus	Audubėn Bus Mandeville Bus Mandeville Van Forest Bus HM Houma Van		ž			MODE OF TRANSPORTATION
12 Transport	12 6 6 6 7 12 13		6 (Isolation Residents) 12 6		2 Personal pick-up trucks for wheelchairs	2 – 25 ft. trucks to secure locally if possible	# OF TRUCKS 25 Ft.

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

Acadian Ambulance Contact Kevin Spansel Cell (504) 451-2610 E-Mail kspansel@acadian.com

**REVISED 5/28/20** 

# Pathway South Emergency Evacuation Plan Earl Thibbdaux (985) 227-6000 Jody DePriest (504) 615-0333 Andy Hughes (985) 516-2453 Mike Scanlan (318) 359-4065 Eddie Borland (318) 201-7575 Landmark of Baton Rouge (Command Center) (225) 292-2941 E-Mail - CommandCenter@asimgt.com

	managan kang parlah Manara Nagara managan managan kanara kang adalah dang dang dang dang dang dang Ang Ang Anara kanarang banas
	Landmark of Baton Rouge (225) 293-1003 9105 Oxford Place Drive Baton Rouge LA 70809 Mallory Hayden, NFA (225) 721-2471 Wendy Martin, DON (985) 630-1654
	*Designated beds available for isolation or COVID.
The state of the s	Note: Isolation Residents will be transported via ambulance or designated corporate vehicle.

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

Acadian Ambulance Contact Kevin Spansel Cell (504) 451-2610 E-Mail kspansel@acadian.com

\*Generator on site. ONAN:80 KW & 250 KW

**REVISED 5/28/20** 

Ormond - Page 2

# Pathway Emergency Evacuation Plan

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

# Option III

	-		***************************************			1
idents will be bulance or designated	Note: Isolatioa Residents will be transported via ambulance or de- corporate vehicle.	or COVID.	* .	agent Agentic Agentic Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent	1941 # Eyacuzüng	
J Bus	Landmark Hammond - 1 Bus	beds ayailable for isolation		Wendy Martin, DON (985) 630-1654	teneggipronecanone	
TI	Landmark South - 1 Van	*Decionated		Mallory Hayden, NFA (225) 721-2471	nakovaldeli ilikuvit ykkyav Ilikuvit ykkyavit yk	ii/Miikimmaancassec
Van	Forest Mauor – 1 Bus & 1 Van	Ų	20	Baton Rouge LA 70809	Andy Hughes 985-516-2453	
ouse - 1 Bus &	Flannery Oaks Guest House - 1 Bus & 1 Van (Isolation Residents)	)	Andrew An	Landmark of Baton Rouge (225) 293-1003 9105 Oxford Place Drive	Earl Thibodaux 985-227-6000	namitanninga Atolikoni
Rouge - 1 Bus	Landmark of Baton Rou & 1 Yan		geration of Version	Andrew Andrews	Control of the contro	<del>nago kerno (kilu an</del>
				Laufra Dille, DON (985) 513-1644	onaona vinaona kirifu yafisan	tingi, jewa di Majir Anjan di Anjan di
		50	50	James Smith, NFA (225) 620-6996	Alicia Hupp, DON 275-931-4620	
ne je ije i ne ve feni				Baton Kouge LA /081/	Wendy Oubre, NEA 225,223-1224	¥.
		:		Landmark South 225-291-8784 18180 Jefferson Hwy	(225) 275-6393 1642 N. Flannery Road Baton Rouge Louissaua 70815	1642 Baton B
2-24' Trucks		AVAILABLE CAPACITY	# OF EVACUEES	FACILITY	Flannery Oaks Guest	F an
# OF TRUCKS	MODE OF TRANSPORTATION	ION	HOST FACILITY INFORMATION	HOST FACILI	HACILITY	
- Commence of the Commence of						

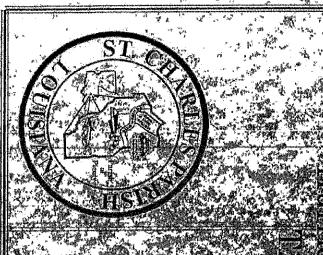
Note: 48 to 72 hours-High Acuity evacuation (via ambulance-if available).

Revised 5/28/20

<sup>24</sup> to 48 hours-Total exacuation completed per recommendations of Parish Officials.

\* Acadian Ambulance Contact Josh Creed (601) 238-8754 E - Mail jcreed@acadian.com \*Generator on site. Cummins 125 KW & 350KW

<sup>\*</sup>Facility has a contract for portable emergency power in addition to existing generator power.



# SESSO

#### Tab Q - Emergency Power

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

Our facility has one auxiliary emergency power generator and a second generator (generator II) which is capable of supplying power to all electrical outlets/ power sources in the facility. Our emergency generator will supply power to our essential lights, call-light system, power outlets (labeled with red covers), life support systems and essential equipment for daily operations. A more inclusive list of the items that are tied into our generator is listed below. The generator is above the projected flood level, and the location for the external attachment point for outside generators is indicated on Tab "A". Air conditioners and other critical utilities are located above flood level. With slab, the elevations of our residential floors and air conditioners is approximately 11'. The generator at the facility is fueled by diesel, and is above the ground – this is registered with the Department of Environmental Quality. One hundred and eighty (180) for the emergency generator fourteen hundred (1400) gallons (second generator II) of diesel is stored on-site to operate the emergency generator during emergency situations. With full tanks, our emergency generator will operate for 33 hours @ 100% standby load without refueling and generator II will operate for 70 hours continuous without refueling. Should the facility shelter-in-place for extended periods of time, arrangements have been made to refueling with Lard Oil. Lard Oil will top off the tanks prior to projected landfall, and refill them every 48 hours thereafter until generator power is no longer required.

The emergency generator is 60 KW capable of providing 100 amps with Three (3) Phase. The second generator (generator II) is a 250 KW capable of providing 225 amps with Three (3) phase. This generator was inspected, serviced, and tested on January 4, 2021 and found to be operating according to specifications. This generator will supply adequate power for the equipping we intend to operate during an emergency.

The emergency generator will operate for 33 hours @ 100% standby load without refueling, while generator II will operate for 70 hours continuous without refueling. Arrangements exist with a local provider to resupply this generator at the facility with diesel every 48 hours after a state of emergency is declared. The generator is a 60 KW capable of providing 100 AMPS with three(3) phase. Generator II is a 250 KW providing up to 250 amps with three phase as well. Both generators are inspected, serviced, and tested annually. This generator will supply adequate power for the equipment we intend it to operate during an emergency.

Our emergency generator provides electrical power to the following items:

Individual Call-light Notification lights on exterior of each patient room door Fire Panel & Supporting Smoke Detectors
Overhead hallway lights
Exit Signs
Emergency Outlets/Red Plugs
2 Ice Machines
Walk-in Freezer
Main HVAC Air Handler (partial HVAC Inclusion)
Facility Time Clock
50 # Industrial Clothes Dryer
(1) 75# Washing Machine
Dishwasher
Medication Room

The Backup Generator II provides electrical power to the following items:

All electrical outlets in the facility

#### Tab S - SLOSH Model

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

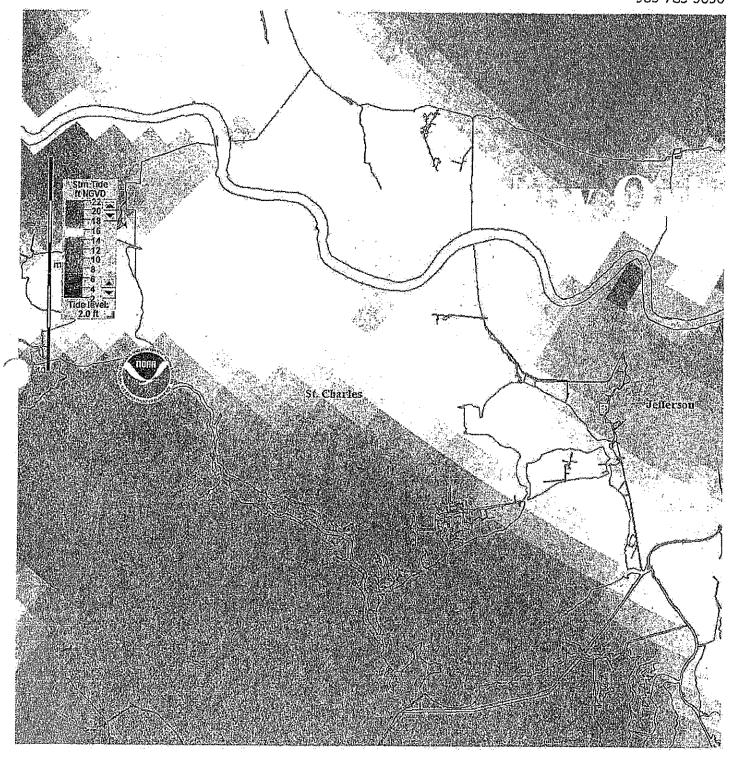
IAB S.	ELEVATI	ON vs. F	ATION VS. FLOOD CHART	F. 3						
Elevation vs. Flood	4	A	D	Q	Ę	*E2	eg #	*	* E5	Floods
Lowest living floor	<u>=</u>	=	Haph Risk	7/65	6	5	56	2	23	23° 23
Generator(s)	=		2000年	534	5	0	2	2	1	53.43
Electrical junctions			参至	1/25	S	0-	_		-	S.30
Emergency electrical junctions	1		Harifra	2	N	ی	-		33	E338
HVAC system(s)	=	= =	High Pisk	200	5	O	<u>بر</u>	_9	23	£3.43
Fuel storage IF APPLICABLE	4		Hich Asia	No.	3	5	4	2	23	£3,8
Emergency medical equipment, supplies	土		LFTG H PAST	1	5	5	26	9	93	£338
Emergency supplies storage areas		=	上	3	Ŋ	0	4	9	33	£3338
Water well IF APPLICABLE	#	=	THE STATE OF THE S	+	3	0	K		ce	£3k3
Sewerage system IF APPLICABLE	<u></u>	=	Hay Misic	√e5	'n	0	<u>~</u> 6	2	23	£338
Lowest water system backflow preventer	丰	ᆂ	PHE MASAC	yes.	5	-	4	2	33	133
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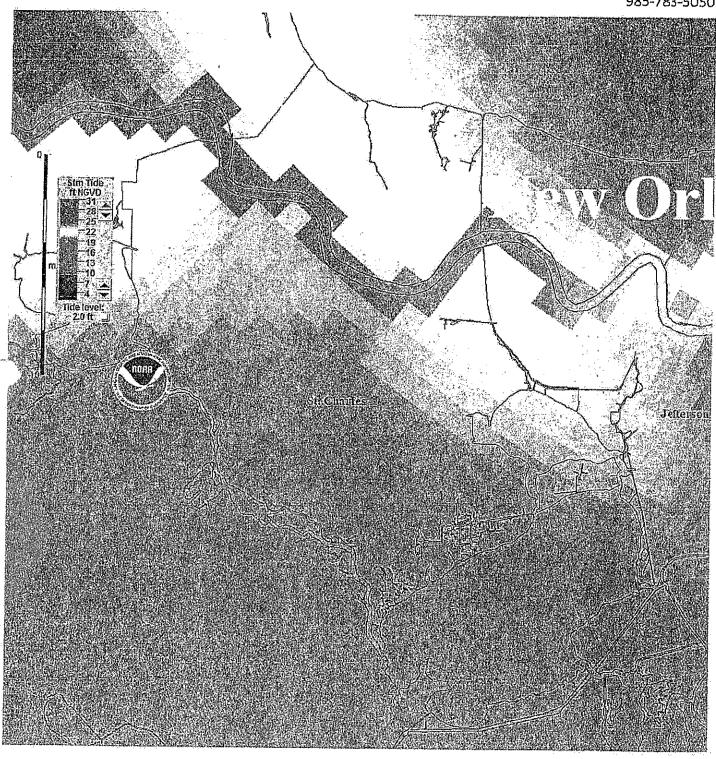
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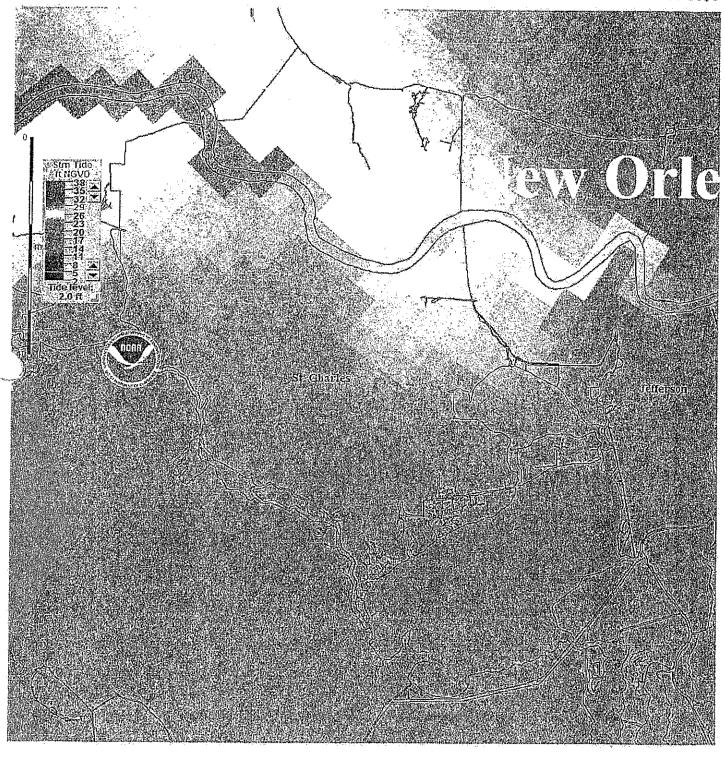
TAB S:











#### Tab T - Time Restrictions

Ormond Nursing & Care Center 22 Plantation Road Destrehan, LA 70047

If a determination is made to evacuate, all notifications to families, residents, staff, and contractors will be completed within 4 to 6 hours. The goal for evacuation of residents, staff, and supplies to a host facility will be within 24 to 48 hours of the initial determination for evacuation. Contractors will be contacted as follows. The facility must place emergency orders 2 days in advance for Reinhart Food Services and Gulf South Medical Supply. Shipments can be sent to the host site if necessary. Kentwood Water and LTC Dispensary Pharmacy provides emergency supplies within 24- hour notification. LTC Dispensary Pharmacy and Acadian Ambulance provides 24-hour service if needed.

Senior Script	(888) 665-8606
McKesson	(601) 856-5900
Doerle	(337) 654-3455
Kentwood Water	(504) 343-4662
Acadian Ambulance	511