



## The Oaks Of Houma

February 2, 2021

Terrebonne Parish Office of Homeland Security and Emergency Preparedness  
101 Government St  
Gray, LA 70359

To Whom it May Concern:

Enclosed please find the 2021 Nursing Home Emergency Preparedness Plan Survey for The Oaks of Houma.

Please notify me upon receipt of this Plan at [clebon@asingt.com](mailto:clebon@asingt.com).

If you have any questions or need further information I can be reached at the above stated email or at 985-876-5692.

Sincerely,

Charles L. LeBon, NFA  
Administrator  
The Oaks of Houma

Packet Received By:



**2021 Nursing Home Emergency Preparedness Plan Survey**For Year: **2021**

Facility Name (Print):

The Oaks of Houma

Name of Administrator (Print):

Charles L. LeBon

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

Phone #: 985-876-5692Cell Phone #: 865-385-6047Administrator E-Mail: clebon@asingt.com

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

Name: Mallory RusichPosition: DONPhone #: 985-876-5692Cell Phone #: 985-232-4675E-Mail: mrusich@asingt.com

Physical or Geographic address of Facility (Print):

1701 Polk StreetHouma LA 70360Longitude: -90.736156959Latitude: 29.58517231

## 2021 Nursing Home Emergency Preparedness Plan Survey

VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: The Oaks of Houma

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**.

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

Date submitted: \_\_\_\_\_

**MARK the appropriate answer:**

☐ YES ☒ NO -Did the local parish Office of Homeland Security and Emergency Preparedness give any recommendations?

☐ - I have included recommendations, or correspondence from OHSEP and facility's response with this review.

☒ - There was **NO response** from the local/parish Office of Homeland Security and Emergency Preparedness; include **verification of delivery** such as a mail receipt, a signed delivery receipt, or other proof that it was sent or delivered to their office for the current year. Be sure to include the date plan was sent or delivered.

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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

☒ YES

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

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

☒ YES

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

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

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

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

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

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

i. 72 Hours before the arrival of the hurricane.

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

i. 72 Hours before the arrival of the hurricane.

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

TITLE/POSITION: Admin.

NAME: Charles L. LeBon

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

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

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

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

i. 72 Hours before the arrival of the hurricane.

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

i. 72 Hours before the arrival of the hurricane.

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

TITLE/POSITION: Admin.

NAME: Charles. L. LeBon

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

A. Facility Description:

1. What year was the facility built? 1983

2. How many floors does facility have? 1

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

☒ Yes, answer 3.a, b, c, d

☐ No/Unknown, answer 3.e

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

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

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

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

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

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

\_\_\_\_\_

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

- i. ☒ Yes
- ii. ☐ No

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

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

a) Building's lowest living space is 11 feet above sea level.

b) Air conditioner (HVAC) is 11 feet above sea level.

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

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

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

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

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

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

- a) ☐ Yes
- b) ☒ No

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

- a) ☐ Yes
- b) ☒ No

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

- a) ☒ Yes
- b) ☐ No

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11. Have the areas of the building that are to be used for safe zones/sheltering been identified?
  - a) ☒ Yes
  - b) No. Identify these areas then indicate that this has been completed by marking Yes.
  
12. Have the facility's internal and external environments been evaluated to identify potential chemical or biological hazards?
  - a) ☒ Yes
  - b) No. Evaluate and identify areas then indicate that this has been done by marking Yes.
  
13. Has the facility's external environment been evaluated to identify potential hazards that may fall or be blown onto or into the facility?
  - a) ☒ Yes
  - b) No. Evaluate and identify areas then indicate that this has been done by answering Yes.
  
14. Emergency Generator - **generator information should match MSTAT!**
  - a) Is the generator(s) intended to be used to shelter in place during hurricanes (extended duration)?
    - i. ☒ Yes. The generator(s) will be used for Sheltering in place for Hurricanes.
    - ii. ☐ No. The generator(s) will **NOT** be used for Sheltering In Place for Hurricanes.
  
  - b) What is the **wattage(s)** of the generator(s)? Give answer in **kilowatts (kW)**.  
 1st; 200 kW      2nd generator; 175 kW      3rd generator; \_\_\_\_\_
  
  - c) Mark which primary **fuel** each generator(s) uses?
 

i.	<input type="checkbox"/> natural gas;	2nd generator; <input type="checkbox"/> natural gas;	3rd generator; <input type="checkbox"/> natural gas
ii.	<input type="checkbox"/> propane;	2nd generator; <input type="checkbox"/> propane;	3rd generator; <input type="checkbox"/> propane
iii.	<input type="checkbox"/> gasoline;	2nd generator; <input type="checkbox"/> gasoline;	3rd generator; <input type="checkbox"/> gasoline
iv.	<input checked="" type="checkbox"/> diesel;	2nd generator; <input checked="" type="checkbox"/> diesel;	3rd generator; <input type="checkbox"/> diesel
  
  - d) How many **total hours** would generator(s) run on the fuel supply always on hand? (enter NG if Natural Gas)  
 1st 205 Hours    2nd 205 Hours    3rd \_\_\_\_\_ Hours
  
  - e) If generator will be used for sheltering in place for a hurricane (extended duration), are there provisions for a seven day supply of fuel?
    - i. ☐ Not applicable. The facility will not use the generator for sheltering in place during hurricanes.
    - ii. ☒ Yes. Facility has a seven day supply on hand at all times or natural gas.
    - iii. ☒ Yes. Facility has signed current contract/agreement for getting a seven day fuel supply before hurricane.
    - iv. No supply or contract. Obtain either a contract or an onsite supply of fuel, OR make decision to not use generator for sheltering in place, then mark answer.
  
  - f) Will life sustaining devices, that are dependent on electricity, be supplied by these generator(s) during outages?
    - i. ☒ Yes
    - ii. ☐ No

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g) Does generator provide for air conditioning?

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

- ☐ 100 % of the building cooled
- ☐ 76% or more of the building is cooled
- ☐ 51 to 75% of the building is cooled
- ☐ 26 to 50% of the building is cooled
- ☐ Less than 25% of the building is cooled

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

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

☒ Yes  
☐ No

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

☐ Yes

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

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

a) Who supplies electricity to the facility?

i. Suppliers name: Terrebonne Parish Consolidated Gov't  
ii. Account #: 15229

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

i. Suppliers name: Houma Light & Water  
ii. Account #: 46417

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

i. Suppliers name: Reich oil and fuel  
ii. Account #: 3661

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

i. ☒ Yes  
ii. No. Please obtain contact information for your utility providers.

16. Floor Plans

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

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

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

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

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- iii. Emergency power outlets: ☒ Yes. If No- identify on floor plan and mark Yes.
- iv. Emergency communication area: ☒ Yes. If No- identify on floor plan and mark Yes.
- v. The location of emergency plan: ☒ Yes. If No- identify on floor plan and mark Yes.
- vi. Emergency command post: ☒ Yes. If No - identify on floor plan and mark Yes.

### B. Operational Considerations - Complete using information from facility's current emergency plan.

#### 1. Residents information

- a) What is the facility's total number of state licensed beds?

Total Licensed Beds: 120

- b) If the facility had to be evacuated today to the host facility(s) - answer the following using current resident census and their transportation requirements:

- i. How many high risk patients (RED) will need to be transported by **advanced life support ambulance** due to dependency on mechanical or electrical life sustaining devices or very critical medical condition? Give the total number of residents that meet these criteria the facility would need its named ambulance provider to transport.

RED: 0

- ii. How many residents (YELLOW) will need to be transported by a **basic ambulance** who are not dependent on mechanical or electrical life sustaining devices, but who cannot be transported using normal means (buses, vans, cars). For example, this category might include patients that cannot sit up, are medically unstable, or that may not fit into regular transportation? Give the total number of residents that meet these criteria the facility would need its named ambulance provider to transport.

YELLOW: 7

- iii. How many residents (GREEN) can only travel using **wheelchair accessible transportation**? Give the total number of residents that meet these criteria the facility would need its named transportation provider to transport.

GREEN WHEEL CHAIR: 22

- iv. How many residents (GREEN) need no specialized transportation could go **by car, van, or bus**? Give the total number of residents that meet these criteria the facility would need its named transportation provider to transport.

GREEN: 90

- c) Is the following provided in the list(s) or roster(s) of current residents that is kept in or used for the facility emergency preparedness plan: **do not send in this list or roster.**

- i. Each resident's current and active diagnosis?

☒ Yes. If No - Obtain and mark Yes.

- ii. Each resident's current list of medications including dosages and times?

☒ Yes. If No - Obtain and mark Yes.

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- iii. Each resident's allergies, if any?  
☒ Yes. If No - Obtain and mark Yes.
- iv. Each resident's current dietary needs or restrictions?  
☒ Yes. If No - Obtain and mark Yes.
- v. Each resident's next of kin or responsible party and their contact information?  
☒ Yes. If No - Obtain and mark Yes.
- vi. Each resident's current transportation requirements? (advanced life support ambulance, basic ambulance, wheel chair accessible vehicle, car-van-bus)  
☒ Yes. If No - Obtain and mark Yes.

### 2. Staff

- a) Is each of the following provided in the list(s) or roster(s) of all current staff that is kept in or used with the facility emergency preparedness plan: **do not send in this list or roster.**
  - i. Emergency contact information for all current staff?  
☒ Yes. If No - Obtain and mark Yes.
  - ii. Acknowledgement of if they will work during emergency events like hurricanes or not?  
☒ Yes. If No - Obtain and mark Yes.
- b) What is **total number** of planned **staff** and other **non residents** that will require facility transportation for an evacuation or need to be sheltered?

50

### 3. Transportation - should match what is in MSTAT!

- a) Does facility have transportation, or have current or currently verified contracts or agreements for emergency evacuation transportation?  
☒ Yes. If No - Obtain transportation and mark Yes.
- i. Is the capacity of planned emergency transportation adequate for the transport of all residents, planned staff and supplies to the evacuation host site(s)?  
☒ Yes. If No - Obtain adequate transport and mark Yes.
- ii. Is all transportation air conditioned?  
☒ Yes. go to B. 3. a) iv.  
☐ No, go to B. 3. a) iii.
- iii. If not air conditioned are there provisions (specific actions and supplies) in plan to prevent and treat heat related medical conditions?  
☐ Yes. If No - make plans (specific actions and supplies) and mark Yes.
- iv. Is there a specified time or timeline (H-Hour) that transportation supplier will need to be notified by?  
☒ Yes. What is that time \_\_\_\_ hours?  
☐ No. There is no need for a specified time or timeline for contacting transportation.

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- b) Does each contract or agreement for **NON-AMBULANCE** transportation contain the following information? **NOTE: Vehicles that are not owned by but at the disposal of the facility shall have written usage agreements (with all required information) that are signed and dated. Vehicles that are owned by the facility will need to verify ownership.**
- The complete name of the transportation provider?  
☒ Yes. If No - obtain and mark Yes.
  - The number of vehicles and type (van, bus, car) of vehicles contracted for?  
☒ Yes. If No - obtain and mark Yes.
  - The capacity (number of people) of each vehicle?  
☒ Yes. If No - obtain and mark yes.
  - Statement of if each vehicle is air conditioned?  
☒ Yes. If No - obtain and mark Yes.
  - Verification of facility ownership, if applicable; copy of vehicle's title or registration?  
☒ Yes. If No - obtain and mark Yes.
- c) Have copies of each **signed and dated contract/agreement** been included for submitting?  
☒ Yes. If no, obtain and mark Yes.
- d) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)  
☒ Yes. If No - complete and mark Yes.
4. Host Site(s)-***extra pages for multiple sites have been included with forms near end of survey. (should match what is in MSTAT!)***
- Does the facility have current contracts or verified agreements for a **primary** evacuation host site(s) outside of the primary area of risk?  
☒ Yes. If No - obtain and mark Yes.
  - Provide the following information:(list all sites, if multiple sites list each - see extra pages )
    - What is the name of each **primary** site(s)? Flannery Rd / HMBR2
    - What is the physical address of each host site(s)?  
1642 N. Flannery Rd / 9301 Oxford Place Dr.  
Baton Rouge LA 70815 / Baton Rouge LA 70806
    - What is the distance to each host site(s)?  
82.8 miles / 83.2 miles
    - Is the host site(s) located outside of the parishes identified as hurricane risk areas?  
yes / yes
    - Does plan include map of route to be taken and written directions to host site?  
☒ Yes. If No - obtain and mark Yes.

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- vi. Who is the contact person at each **primary** host site(s)?

Name: Wendy Oubre Paise McLean  
 Phone: 225-275-6393 225-924-2851  
 Email: woubre@wingsh.com pmcLean@wingsh.com  
 Fax: \_\_\_\_\_

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

➤ Capacity that will be allowed at each site: 55 / 65  
 ➤ Total Capacity of all primary sites: 120  
 ➤ Is this adequate for all evacuating residents?  
☒ Yes. If No - obtain and mark Yes.

- viii. Is the **primary** site a currently licensed nursing home(s)?

☒ Yes, go to- B.4.b) x.  
☐ No, go to- B.4.b) ix.

- ix. If **primary** host site is **not a licensed nursing home** provide a description of host site(s) including;

➤ What type of facility it is?  
 \_\_\_\_\_  
 ➤ What is host site currently being used for?  
 \_\_\_\_\_  
 ➤ Is the square footage of the space to be used adequate for the residents?  
☐ Yes  
☐ No  
 ➤ What is the age of the host facility(s)?  
 \_\_\_\_\_  
 ➤ Is host facility(s) air conditioned?  
☐ Yes  
☐ No  
 ➤ What is the current physical condition of facility?  
☐ Good  
☐ Fair  
☐ Poor  
 ➤ Are there adequate provisions for food preparation and service?  
☐ Yes  
☐ No  
 ➤ Are there adequate provisions for bathing and toilet accommodations?  
☐ Yes  
☐ No  
 ➤ Are any other facilities contracted to use this site?  
☐ Yes  
☐ No

- x. Is the capacity of primary host site(s) adequate for staff?

☐ Yes  
☐ No. If No - where will staff be housed?  
 \_\_\_\_\_

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- xi. Is there a specified time or timeline (H-Hour) that **primary** host site will need to be notified by?

☐ Yes. If Yes - what is that time? \_\_\_\_\_  
☒ No.

- c) Does the facility have current contracts or verified agreements for an **alternate or secondary** host site(s)?

☒ Yes. If No - obtain and mark Yes.

- d) Provide the following information: (list all sites, if multiple sites list each - see extra pages )

- i. What is the name of each **alternate/secondary** site(s)?

*See attached cover pages for*

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

*Landmark of Hammond  
Medico Evac. Center*

*Forest Manor*

*Heritage Manor of Houma*

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

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

☐ Yes  
☐ No

- v. Does plan include map of route to be taken and written directions to host site?

☐ Yes. If No - obtain and mark Yes.

- vi. Who is the contact person at each **alternate/secondary** host site(s)?

Name: \_\_\_\_\_

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

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

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

- vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?

➤ Capacity that will be allowed at each **alternate/secondary** site:

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

➤ 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.

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- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
- What type of facility it is?  
\_\_\_\_\_
  - What is host site currently being used for?  
\_\_\_\_\_
  - Is the square footage of the space to be used adequate for the residents?  
☐ Yes  
☐ No
  - What is the age of the host facility(s)?  
\_\_\_\_\_
  - Is host facility(s) air conditioned?  
☐ Yes  
☐ No
  - What is the current physical condition of facility?  
☐ Good  
☐ Fair  
☐ Poor
  - Are there provisions for food preparation and service?  
☐ Yes  
☐ No
  - What are the provisions for bathing and toilet accommodations?  
☐ Yes  
☐ No
  - Are any other facilities contracted to use this site?  
☐ Yes  
☐ No
- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?  
☐ Yes  
☐ No. If No - where will staff be housed?  
\_\_\_\_\_
- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?  
☐ Yes. If yes what is that time? \_\_\_\_\_  
☐ No.
- e) Have copies of each **signed and dated contract/agreement** been included for submitting?  
☒ Yes. If No - obtain and mark Yes.
- f) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)  
☒ Yes. If No - complete and mark Yes.

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

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- ii. Does each contract for **Drinking Water or fluids** contain all of the following?
- name of supplier?
  - specified time or timeline (H-Hour) that supplier will need to be notified
  - contact information of supplier
- ☒ Yes. If No - obtain information then mark Yes.
- iii. Have copies of each **signed and dated contract/agreement** been included for submitting?
- ☒ Yes. If no - obtain and mark Yes
- iv. Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
- ☒ Yes. If no - complete and mark Yes
- c) Does facility have a supply of water for needs other than drinking?
- ☒ Yes
- If No - make necessary provisions for water for non drinking needs then mark Yes.
- d) **For evacuations**, does host site(s) have an adequate supply of water for all needs?
- ☒ Yes
- If No - make necessary provisions for water for non drinking needs then mark Yes

### 7. Medications- for sheltering in place or for host site(s)

- a) Does facility have – **on site** - a seven day supply of **medications for all resident's needs**?
- ☒ Yes. go to - B. 7. c)
- ☐ No. go to - B. 7.b) i,ii,iii,iv
- b) If no, provide the following:
- i. Does facility have a current or currently verified contract to have a seven day supply of **medications** delivered prior to a foreseeable emergency event?
- ☒ Yes, see B. 7.b). ii, iii, iv
- If No - please obtain supply or contract then mark Yes.
- ii. Does contract for **medications** contain the following?
- Name of supplier?
  - Specified time or timeline (H-Hour) that supplier will need to be notified
  - Contact information of supplier
- ☒ Yes. If No - obtain information then mark Yes.
- iii. Have copies of each **signed and dated contract/agreement** been included for submitting?
- ☒ Yes. If no - obtain and mark Yes.
- iv. Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
- ☒ Yes. If no - complete and mark Yes.

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

☒ Yes

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

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

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

☒ Yes. go to - B. 8. c)

☐ No. go to - B. 8. b) i,ii,iii,iv

- b) If no, provide the following:

- i. Does facility have a current or currently verified contract to have a seven day supply of medical, personal hygiene, and sanitary goods delivered prior to a foreseeable emergency event?

☐ Yes, see B. 7.b). ii, iii, iv

If No - please obtain supply or contract then mark Yes.

- ii. Does contract for medical, hygiene, and sanitary goods contain the following?

- Name of supplier?
- Specified time or timeline (H-Hour) that supplier will need to be notified
- Contact information of supplier

☐ Yes. If No, obtain information then mark Yes.

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

☐ Yes. If no, obtain and mark Yes.

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

☐ Yes. If no, complete and mark Yes

- c) For evacuation, does facility have provisions for medical, personal hygiene, and sanitary supplies at host site(s)?

☒ Yes

If No - make necessary provisions for medications then mark Yes

9. **Communications/Monitoring - all hazards**

- a) **Monitoring Alerts.** Provide the following:

- i. What equipment/system does facility use to **monitor** emergency broadcasts or alerts? Radio, Television, Telephone, Satellite phone

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

☒ Yes. Name equipment: \_\_\_\_\_

☐ No

- iii. Is the equipment tested?

☒ Yes

☐ No

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

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

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

C. All Hazard Analysis

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

☒ Yes

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

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## 2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Plans for **sheltering in place**

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

### B. Plans for Evacuation

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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2. Does facility have written viable plans for adequate transportation for the return of all residents to the facility?

☒ Yes

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

- a) Does facility have written viable plans for staffing to load residents and supplies at the shelter site for the return to facility?

☒ Yes

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

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

☒ Yes

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

- c) Does facility have written viable plans for staffing for the unloading of residents and supplies after return to facility?

☒ Yes

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

3. Does facility have written viable plans for the management of staff, including provisions for adequate qualified staffing and the distribution and assignment of responsibilities and functions at the evacuation host site(s)?

☒ Yes

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

4. Does facility have written viable plans to have sufficient supplies – to be totally self sufficient - at or delivered to the evacuation host site(s) prior to or to coincide with arrival of residents? (potable and non-potable water, food, fuel, medications, medical goods, personal hygiene, sanitary, clothes, bedding, linens, etc)

☒ Yes

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

5. Does facility have written viable plans for communication during evacuation?

☒ Yes

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

- a) Does facility have written viable plans for contacting host site prior to evacuation?

☒ Yes

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

- b) Does facility have written viable plans for contacting staff before an emergency event?

☒ Yes

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

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

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## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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

Provide Name: Charles LeBon

Position: Admin

Emergency contact information:

Phone: 865-385-6047

Email: clebon@asinght.com

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

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

Provide Name: Mallory Lewis

Position: Don

Emergency contact information:

Phone: 985-232-4675

Email: mlewis@asinght.com

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

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

Provide Name: Charles LeBon

Position: Admin

Emergency contact information:

Phone: 865-385-6047

Email: clebon@asinght.com

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

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

Provide Name: Mallory Lewis

Position: Don

Emergency contact information:

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

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

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

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

Provide Name: Charles LeBon

Position: Admin

Emergency contact information:

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

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

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

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

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

Social Service and Admissions

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

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

Admin.

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?

4 = Assessment nurses

- 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?

Dietary manager

- a) Water
- b) Food
- c) Nutritional supplies and supplements
- d) All other necessary supplies for the resident.

5. Title(s) or position(s) of person(s) assigned for contacting emergency services and monitoring emergency broadcasts and alerts?

admit

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## 2021 Nursing Home Emergency Preparedness Plan Survey

### V. Administration & Logistics

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

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

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

### VI. Plan Development and Maintenance

- A. Has the plan been developed in cooperation with the local Office of Homeland Security and Emergency Preparedness?
- ☒ Yes  
☐ No
- B. If not, was there an attempt by facility to work with the local Office of Homeland Security and Emergency Preparedness?
- ☐ Yes  
☐ No
- C. During the review of the facility's emergency preparedness plan were the following steps taken?
1. Were all out dated or non essential information and material removed?  
☒ Yes  
No - Complete this step then mark Yes
  2. Were all contracts or agreements updated, renewed or verified?  
☒ Yes  
No - Complete this step then mark Yes
  3. Was all emergency contact information for suppliers, services, and resources updated?  
☒ Yes  
No - Complete this step then mark Yes
  4. Was all missing information obtained added to plan and the planning revised to reflect new information?  
☒ Yes  
No - Complete this step then mark Yes

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## 2021 Nursing Home Emergency Preparedness Plan Survey

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

☒ Yes

No - Complete this step then mark Yes

### VII. Authentication

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

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

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## 2021 Nursing Home Emergency Preparedness Plan Survey

### AUTHENTICATION

Facility Name (Print):

Charles L. LeBon / The Oaks of Houston

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

Date: 2-25-21

Facility Administrator Name (PRINT): Charles L. LeBon

Facility Administrator Signature: CLL

Comments:



# 2021 Nursing Home Emergency Preparedness Plan Survey

## SUPPLY CONTRACTS COVER SHEET

TYPE OF SUPPLY: Fuel

NAME OF SUPPLIER:

Gaubert Oil

CONTACT PERSON: Wade Hebert

PHONE # OF CONTACT PERSON: 985-447-3811

FAX#: 985-447-1614

E-MAIL ADDRESS: wade@gaubertoil.com

Indicate where the supplies are to be delivered to:

Evacuation Host Site

Nursing Home's Licensed Facility

Determined upon decision of Sheltering or Evacuating

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

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

72 hours before landfall

How long will it take to receive the delivery?

74 hours

Date of agreement/contract/verification: 2-20-21

Date agreement/contract ends: Automatic Renewal

**The Oaks of Houma**

**1701 Polk Street**

**Houma, Louisiana 70360**

**(985)876-5692**

**Fax(985)868-1954**

**Emergency Fuel Agreement**

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



The Oaks of Houma

1701 Polk Street

Houma, Louisiana 70360

(985)876-5692



Gaubert Oil

985-447-3811

## 2021 Nursing Home Emergency Preparedness Plan Survey

### SUPPLY CONTRACTS COVER SHEET

TYPE OF SUPPLY: Food

NAME OF SUPPLIER:

Sysco Food Services, LLC

CONTACT PERSON: Michael Gros

PHONE # OF CONTACT PERSON: 337-277-4741

FAX#: 985-447-3905

E-MAIL ADDRESS: Michael.gros@doerlefoodservice.com

Indicate where the supplies are to be delivered to:

Evacuation Host Site

Nursing Home's Licensed Facility

Determined upon decision of Sheltering or Evacuating

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

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

72 hours before landfall

How long will it take to receive the delivery?

72 hours

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

Date agreement/contract ends: Automatic Renewal

The Oaks of Houma  
1701 Polk Street  
Houma, Louisiana 70360  
(985)876-5692

**Emergency Food Agreement**

This agreement is entered into between The Oaks and Sysco Food Services, LLC. During emergency situations, Sysco will provide food to Audubon to ensure that food is available for residents. The supplier will need to be contacted 72 hours before landfall and expect 72 hours to receive the delivery. This agreement will remain in effect for a period of one year and will automatically renew unless either party gives 30 days written notice of cancellation.

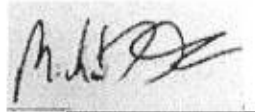


The Oaks of Houma

1701 Polk Street

Houma La, 70360

(985)876-5692



Sysco Food Services, LLC

337-277-4741





# 2021 DISASTER PROCEDURES



113 Kol Drive Broussard, La 70518

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# Sysco Food Service Contact List

Sysco Customer Care Center 800/ 797-2627

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

## **Resident Meal Service**

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



## Sample 7 Day Menu

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

## Food & Supplies

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

Sysco Item#	Description	Pack Size	Need to Stock
1933074	Bleach Gallon	6/1 gallon	
0614984	Kit Cutlery Fork, Knife, Spoon, Salt, Pepper & Napkin	150 each	
8182065	Straws Wrapped Flex	25/400	
7502428	Plastic spoons	1000 each	
1535648	8-9 oz cold cups	2500 each	
4922076	8 oz hot cups	1000 each	
4096301	8 oz hot cup sip lid	1000 ct	
4100582	8 oz squat bowl	2500 each	
4245882	8 oz squat bowl lid	1000 ct	
8966550	3-compartment trays 9x9	150 ct	
6530978	Napkin Dinner ¼ fold 1 ply White	8/500 ct	
7293283	Foil Pan Full Size	40 ct	
7293257	Foil Pan Lid full size	80 ct	
4783496	Fuel Chafing	24/6 hr	

	Description	Quantity for 100	Pack	Need to Stock
6347629	Apple	3 cases	48/5.5 oz	
6347660	Orange	3 cases	48/5.5 oz	
6130579	Tea Bag Iced Premium Filter Pack	1 case	160/1.4 oz	
3990241	Coffee Filter Pack Classic Roast	1 case	160/1.4 oz	
7082978	Water	9 case	6/ 1 gallon	
<b>Cereal</b>	<b>Description</b>	<b>Quantity</b>	<b>Pack</b>	
3132883	Cornflakes	2 cases	96/bowl	
3133204	Raisin Bran	2 cases	96/bowl	
2733848	Tootie Frooties	2 cases	96/bowl	
<b>Bread</b>	<b>Description</b>	<b>Quantity</b>	<b>Pack</b>	
7082648	White Sliced Bread	4 each	7/20 oz	
<b>Condiments</b>	<b>Description</b>	<b>Quantity</b>	<b>Pack</b>	
4043899	Assorted	1 case	200/.5 oz	
6937445	Low Calorie	1 case	400 ct	
5477021	Grape Jelly	1 case	6/#10	
4000899	Sugar packs	1 case	2000ct/ 1/10 oz	
6115315	Sugar Substitute Pink Pc	1 case	2000/1 gm	
7139198	Creamer Non-Dairy Powder Packet	1 case	10/100 Ct	
4002432	Mayonnaise Heavy Duty	1 case	4/1 gal	
4233375	Relish Sweet	1 case	4/1 gal	
<b>Vegetables</b>	<b>Description</b>	<b>Quantity</b>	<b>Pack</b>	
0910380	Diced Beet Salad	1 case	6/#10	
7082848	Instant Potatoes	2 cases	6/#10	
4114195	Sliced Carrots	2 cases	6/#10	
4062618	Green Beans	2 cases	6/#10	
4113650	Sweet Peas	2 cases	6/#10	
4015665	Corn	2 cases	6/#10	
4015822	Vegetables for Stew	1 case	6/#10	
<b>Fruits</b>	<b>Description</b>	<b>Quantity</b>	<b>Pack</b>	
4062030	Applesauce	2 cases	6/#10	
2182208	Pears	2 cases	6/#10	
3548393	Mandarin Oranges	2 cases	6/#10	
3678893	Peaches	2 cases	6/#10	
<b>Entrees</b>	<b>Description</b>	<b>Quantity</b>	<b>Pack</b>	
8682692	Tuna Fish	2 cases	6/66 oz	
4104402	Soup Chicken Noodle	2 cases	12/50 oz	
4045233	Soup Vegetable	2 cases	12/50 oz	

4220992	Chicken Chunk Canned	2 cases	6/29oz	
6976823	Corned Beef Hash	1 case	6/52 oz	
4232690	Creole Red Beans	1 case	6/#10	
4437653	Ravioli	1 case	24/15oz	
7082907	Parboiled Rice	1 case	50#	
2979417	Chili No Beans	3 cases	6/#10	
4044178	Mix Seasoning Sloppy Joe	1 case	6/15 oz	
4189361	Spaghetti Sauce	1 case	6/#10	
7967144	Pasta Spaghetti Noodles	1 case	2/10lb	
8082992	Peanut Butter	1 case	6/5#	
5284274	Cheese Sauce	1 case	6/#10	
4862702	Macaroni	1 case	2/10#	
<b>Pudding</b>	<b>Description</b>	<b>Quantity</b>	<b>Pack</b>	
5763834	Vanilla	2 cases	48/ 4 oz	
0664452	Vanilla NSA	As needed	12/ 4 pk	
<b>Cookies</b>	<b>Description</b>	<b>Quantity</b>	<b>Pack</b>	
2872372	Assorted Cookies	3 cases	1/10#	
1794593	Cookie Assorted Sugar Free	3 cases	212/.75 oz	
1702325	Cookie Shortbread Mini Sandies	3 cases	100/1 oz	
<b>Chips</b>	<b>Description</b>	<b>Quantity</b>	<b>Pack</b>	
8083552	Corn Chips Single Serve	1 case	104/1 oz	
5527403	Chip Potato Ridged Original	3 cases	104/ 1 oz	
<b>Crackers</b>	<b>Description</b>	<b>Quantity</b>	<b>Pack</b>	
4204996	Saltine	3 cases	500/ 2 pk	
<b>Supplements</b>	<b>Description</b>	<b>Quantity</b>	<b>Pack</b>	
0101766	Food Thickener	As needed	12/8 oz	
0237693	Juice Apple 100% Nectar Thick	As needed	48/4 oz	
0238014	Juice Apple 100% Honey Thick	As needed	48/4 oz	
0237719	Juice Orange 100% Nectar Thick	As needed	48/4 oz	
0238014	Juice Orange 100% Honey Thick	As needed	48/4 oz	
0429357	Milk 2% Honey Thick	As needed	24/8 oz	
0429274	Milk 2% Nectar Thick	As needed	24/8 oz	
7961584	Tea Sweet Lemon Nectar Thick	As needed	24/8 oz	
7960396	Tea Sweet Lemon Honey Thick	As needed	24/ 8oz	
0238097	Water Lemon Honey Thick	As needed	24/4 oz	
0237768	Water Lemon Nectar Thick	As needed	24/4 oz	

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

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

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

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

Michael T. Gros  
Contract Sales  
Sysco Food Service  
January 2021

Facility Administrator: \_\_\_\_\_

Emergency Food & Supply List Attached

☒ Yes

☐ No

02 Initial

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

**Sysco** GO FURTHER  
Gulf Coast Region



## Facility Contact Information

Facility Name: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

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Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Text Messaging Available: ☐ Yes ☐ No

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

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Alternate Contact: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Text Messaging Available: ☐ Yes ☐ No

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

### Evacuation Information:

Evacuation Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evacuation Phone Number: \_\_\_\_\_

Complete and **EMAIL Copy** to:  
**Jane Conley, MPH, RDN, LDN**  
[maryjane.conley@sysco.com](mailto:maryjane.conley@sysco.com)

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

*Retain original for your files.*

**Sysco** GO FURTHER   
Gulf Coast Region

## 2021 Nursing Home Emergency Preparedness Plan Survey

### SUPPLY CONTRACTS COVER SHEET

TYPE OF SUPPLY: Medical Supplies

NAME OF SUPPLIER:

McKesson

CONTACT PERSON: John Pratt

PHONE # OF CONTACT PERSON: 985-209-1443

FAX#: 985-446-9378

E-MAIL ADDRESS: gsonline@gsms.com

Indicate where the supplies are to be delivered to:

Evacuation Host Site

Nursing Home's Licensed Facility

Determined upon decision of Sheltering or Evacuating

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

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

72 hours

How long will it take to receive the delivery?

5 days max

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

Date agreement/contract ends: Automatic Renewal

# McKESSON

February 1, 2021

To Whom It May Concern:

The Oaks of Home is a McKesson Medical-Surgical (MMS) customer.

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

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

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

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

Thank you,



John Pratt

Account Manager

McKesson Medical-Surgical

Cell- 985-209-1443

Customer Service-800-347-2456

# McKESSON

## 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.**



# MCKESSON

## **Disaster Plan Contacts for Jackson Warehouse and Customer Service** **Louisiana and Mississippi**

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](mailto:john.pratt@mckesson.com)

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

# McKESSON

## Alternate Site Evacuation Facility

Please fill out where you will evacuate to and your evacuating  
teams contact information.

Your Account Name: \_\_\_\_\_

McKesson Acct Number: \_\_\_\_\_

McKesson Rep Name: John Pratt

Your Acct Contacts: \_\_\_\_\_

\_\_\_\_\_

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

Emergency Number: \_\_\_\_\_

Cell Numbers for evacuating Admin, D.O.N., A.D.O.N., Other:

\_\_\_\_\_

\_\_\_\_\_

Alternate Site Name: \_\_\_\_\_

Alternate Site Address: \_\_\_\_\_

\_\_\_\_\_

Alternate site contacts: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***\*\*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.***

# MCKESSON

'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

## 2021 Nursing Home Emergency Preparedness Plan Survey

### SUPPLY CONTRACTS COVER SHEET

TYPE OF SUPPLY: cleaning supplies

NAME OF SUPPLIER:

Supply Works

CONTACT PERSON: Richard Lantier

PHONE # OF CONTACT PERSON: 504-430-4900

FAX#: N/A

E-MAIL ADDRESS: rlantier@amsan.com

Indicate where the supplies are to be delivered to:

Evacuation Host Site

Nursing Home's Licensed Facility

Determined upon decision of Sheltering or Evacuating

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

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

72 hours

How long will it take to receive the delivery?

24-48 hours

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

Date agreement/contract ends: Automatic Renewal

The Oaks of Houma  
1701 Polk Street  
Houma, Louisiana 70360  
(985)876-5692

Emergency Cleaning Supplies Agreement

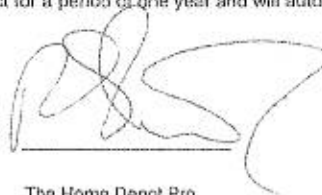
This agreement is entered into between The Oaks of Houma and The Home Depot Pro. During emergency situations, The Home Depot Pro will use its best efforts to provide cleaning supplies to the Oaks of Houma to help ensure that cleaning supplies are available for residents. As demonstrated by Home Depot during the current COVID pandemic, when resources are scarce we will prioritize current health care customers and other front line workers over others. In cases where a hurricane is expected, the Oaks of Houma will contact The Home Depot Pro at least 72 hours before landfall of the hurricane and barring any circumstances beyond its control The Home Depot Pro will deliver the cleaning supplies before the hurricane's landfall. This agreement will remain in effect for a period of one year and will automatically renew unless either party gives 30 days written notice of cancellation.



The Oaks of Houma

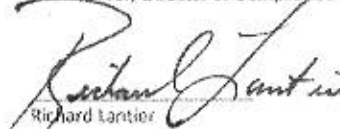
1701 Polk Street  
Houma, LA 70360

(985)876-5692



The Home Depot Pro

Ben Garver, Director of Compliance



Richard Lantier

504-430-4900



## 2021 Nursing Home Emergency Preparedness Plan Survey

### SUPPLY CONTRACTS COVER SHEET

TYPE OF SUPPLY: Medication

NAME OF SUPPLIER:

Senior Scripts

CONTACT PERSON: Laura Boothe

PHONE # OF CONTACT PERSON: 225-304-0489

FAX#: 225-304-0489

E-MAIL ADDRESS: laura.booth@seniorscript-pharm.com

Indicate where the supplies are to be delivered to:

Evacuation Host Site

Nursing Home's Licensed Facility

Determined upon decision of Sheltering or Evacuating

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

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

No Restrictions

How long will it take to receive the delivery?

24 hours

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

Date agreement/contract ends: Automatic Renewal

The Oaks of Houma

1701 Polk Street

Houma, Louisiana 70360

(985)876-5692

Emergency Medications Agreement

This agreement is entered into between The Oaks of Houma and Senior Script Pharmacy. During emergency situations, LTC Dispensary will provide medications to The Oaks of Houma to ensure that medication is available for the residents. The supplier will need to be contacted 72 hours before landfill and expect 72 hours to receive the delivery. This agreement will remain in effect for a period of one year and will automatically renew unless either party gives 30 days written notice of cancellation.



The Oaks of Houma

1701 Polk Street

Houma, Louisiana 70360

(985)876-5692



Senior Script Pharmacy

26737 Hwy 1032

Denham Springs, LA 70726

## 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:**

**Call:**

Laura Boothe, RPh  
Pharmacy Manager  
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, Fusioncare Pharmacy located at 180 Windermere Blvd, 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

## 2021 Nursing Home Emergency Preparedness Plan Survey

### SUPPLY CONTRACTS COVER SHEET

TYPE OF SUPPLY: Water

NAME OF SUPPLIER:

Senior Script

CONTACT PERSON: Laura Boothe

PHONE # OF CONTACT PERSON: 225-304-0490

FAX#: 225-304-0489

E-MAIL ADDRESS: laura.booth@seniorscript-pharm.com

Indicate where the supplies are to be delivered to:

Evacuation Host Site

Nursing Home's Licensed Facility

Determined upon decision of Sheltering or Evacuating

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

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

No Restrictions

How long will it take to receive the delivery?

48 hours

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

Date agreement/contract ends: Automatic Renewal



The Oaks of Houma

1701 Polk Street

Houma, Louisiana 70360

(985)876-5692

Water Agreement

This agreement is entered into between The Oaks of Houma and Senior Script Pharmacy. During emergency situations, Senior Script will provide water to ~~add-on health and rehab~~ <sup>The Oaks of Houma</sup> to ensure that water is available for the residents. The supplier will need to be contacted 72 hours before landfall and expect 72 hours to receive the delivery. This agreement will remain in effect for a period of one year and will automatically renew unless either party gives 30 days written notice of cancellation.

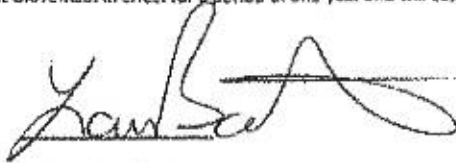


The Oaks of Houma

1701 Polk Street

Houma La, 70360

(985)876-5692



Senior Script Pharmacy

26737 Hwy 1032

Denham Springs, La. 70725

## Tab E – Host Facility Agreements

### **The Oaks of Houma**

1701 Polk Street  
Houma, Louisiana 70360

Name of Host Facility::	Landmark of Hammond
Contact Person:	Jody DePriest
Phone Number:	985-542-8570
Number of Residents Host Facility will house:	60
Distance to Host Facility:	62 miles
Estimated Travel Time:	1 hour
Date of Agreement:	1-1-21
Date Agreement Ends:	Automatic Renewal

## 2021 Nursing Home Emergency Preparedness Plan Survey

### EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site.

**Example:** If there are 5 evacuation host sites 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 owner. Ongoing contracts will need to be verified annually and signed by all parties.

Name of evacuation host site:

Landmark of Hammond

Contact Person: Jody DePriest, NFA

Phone # of Contact Person: 985-542-8570

Physical Address of transportation provider:

1300 Derek Dr.

Hammond LA 70403

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

No Restrictions

How long will it take to reach the host facility? 2 hour

How long will it take to unload residents and supplies? 1 hour

Type of evacuation host site: Primary or Alternate site?

Is it a LICENSED NURSING HOME or NON-LICENSED FACILITY?

Total number of residents the host facility will accommodate: 60

Is the evacuation site air conditioned: Yes or No

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

Date agreement/ contract ends: Automatic Renewal

## 2021 Nursing Home Emergency Preparedness Plan Survey

### TRANSPORTATION COVER SHEET

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

**Example:** If there are 5 transportations 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 owner. Ongoing contracts will need to be verified annually and signed by all parties.

**Name of transportation resource provider:**

Landmark of Hammond

**Contact Person:** Jody DePriest, NFA

Phone # of Contact Person: 985-542-8570

**Physical Address of transportation provider:**

1300 Derek Dr.

Hammond LA 70403

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

No Restrictions

How long will the facility need to load residents and supplies onto the transportation? 1 hour

How long will it take the transportations to reach the facility after being contacted? 3 hour

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

Total number of transport vehicles to be provided: 2

Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate: 3 wheelchair, 6 seated

Is the transportation air conditioned: Yes or No

**If transportation is facility owned attach verification of ownership.**

**Date of agreement/contract/verification:** 1/1/21

**Date agreement/ contract ends:** Automatic Renewal



## The Oaks Of Houma

### HOST AGREEMENT

This agreement is entered into between The Oaks of Houma, represented by its Administrator, Charles Lance LeBon and Landmark of Hammond, represented by its Administrator, Jody DePrest NEA / Regional Director.

The Oaks of Houma, 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 Landmark of Hammond 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.

Charles L. LeBon  
Charles LeBon, Administrator  
The Oaks of Houma

1-1-21  
Date

Jody DePrest / NEA

1-1-21  
Date



## Tab E – Host Facility Agreements

### **The Oaks of Houma**

1701 Polk Street  
Houma, Louisiana 70360

Name of Host Facility:	Flannery Oaks
Contact Person:	Wendy Oubre
Phone Number:	225-275-6393
Number of Residents Host Facility will house:	60
Distance to Host Facility:	17 miles
Estimated Travel Time:	30 minutes
Date of Agreement:	1-1-21
Date Agreement Ends:	Automatic Renewal

## 2021 Nursing Home Emergency Preparedness Plan Survey

### EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site.

**Example:** If there are 5 evacuation host sites 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 owner. Ongoing contracts will need to be verified annually and signed by all parties.

**Name of evacuation host site:**

Flannery Oaks

**Contact Person:** Wendy Oubre, NFA

**Phone # of Contact Person:** 225-275-6393

**Physical Address of transportation provider:**

1642 N. Flannery Rd.

Baton Rouge, LA 70815

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

No Restrictions

**How long will it take to reach the host facility?** 1 hour

**How long will it take to unload residents and supplies?** 1 hour

**Type of evacuation host site:** Primary or Alternate site?

**Is it a LICENSED NURSING HOME or NON-LICENSED FACILITY?**

**Total number of residents the host facility will accommodate:** 60

**Is the evacuation site air conditioned:** Yes or No

**Date of agreement/contract/verification:** 1/1/21

**Date agreement/ contract ends:** Automatic Renewal



## The Oaks Of Houma

### HOST AGREEMENT

This agreement is entered into between The Oaks of Houma, represented by its Administrator, Charles Lance LeBon and Flannery Oaks, represented by its Administrator, Sandy Oubre.

The Oaks of Houma, 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 even of a fire or disaster.

It is understood that the use of Flannery Oaks 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.

Charles LeBon, Administrator  
The Oaks of Houma

1-1-21

Date

1-1-21

Date

## Tab E – Host Facility Agreements

### **The Oaks of Houma**

1701 Polk Street  
Houma, Louisiana 70360

Name of Host Facility:	HMBR2
Contact Person:	Paige McLean
Phone Number:	225-924-2851
Number of Residents Host Facility will house:	60
Distance to Host Facility:	117 miles
Estimated Travel Time:	1 hour 30 minutes
Date of Agreement:	1-1-21
Date Agreement Ends:	Automatic Renewal

## 2021 Nursing Home Emergency Preparedness Plan Survey

### EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site.

**Example:** If there are 5 evacuation host sites 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 owner. Ongoing contracts will need to be verified annually and signed by all parties.

**Name of evacuation host site:**

Heritage Manor of Baton Rouge 2

**Contact Person:** Paige McLean, NFA

**Phone # of Contact Person:** 225-924-2851

**Physical Address of transportation provider:**

9301 Oxford Place Dr.

Baton Rouge LA 70809

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

No Restrictions

**How long will it take to reach the host facility?** 3 hour

**How long will it take to unload residents and supplies?** 1 hour

**Type of evacuation host site:** Primary or Alternate site?

**Is it a LICENSED NURSING HOME or NON-LICENSED FACILITY?**

**Total number of residents the host facility will accommodate:** 60

**Is the evacuation site air conditioned:** Yes or No

**Date of agreement/contract/verification:** 1/1/21

**Date agreement/ contract ends:** Automatic Renewal





## The Oaks Of Houma

### HOST AGREEMENT

This agreement is entered into between The Oaks of Houma, represented by its Administrator, Charles Lance LeBon and Heritage Manor of Baton Rouge II, represented by its Administrator, Paige McLean.

The Oaks of Houma, 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 Heritage Manor of Baton Rouge 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.

Charles LeBon, Administrator  
The Oaks of Houma

1-1-21

Date

1-1-21

Date

**Tab E – Host Facility Agreements**

**The Oaks of Houma**  
1701 Polk Street  
Houma, Louisiana 70360

Name of Host Facility:	Heritage Manor of Houma
Contact Person:	Darla Rodgers
Phone Number:	985-851-2307
Number of Residents Host Facility will house:	60
Distance to Host Facility:	17 miles
Estimated Travel Time:	30 minutes
Date of Agreement:	1-1-21
Date Agreement Ends:	Automatic Renewal

## 2021 Nursing Home Emergency Preparedness Plan Survey

### EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site.

**Example:** If there are 5 evacuation host sites 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 owner. Ongoing contracts will need to be verified annually and signed by all parties.

**Name of evacuation host site:**

Heritage Manor of Houma

**Contact Person:** Daria Rodgers, NFA

**Phone # of Contact Person:** 985-851-2307

**Physical Address of transportation provider:**

852 Centurion Lane

Houma LA, 70360

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

No Restrictions

**How long will it take to reach the host facility?** 1 hour

**How long will it take to unload residents and supplies?** 1 hour

**Type of evacuation host site:** Primary or Alternate site?

**Is it a LICENSED NURSING HOME or NON-LICENSED FACILITY?**

**Total number of residents the host facility will accommodate:** 50

**Is the evacuation site air conditioned:** Yes or No

**Date of agreement/contract/verification:** 1/1/21

**Date agreement/ contract ends:** Automatic Renewal



## The Oaks Of Houma

### HOST AGREEMENT

This agreement is entered into between The Oaks of Houma, represented by its Administrator, Charles Lance LeBon and HERITAGE MANOR OF HOUMA, represented by its Administrator, Darla Rodgers, USA.

The Oaks of Houma, 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 even of a fire or disaster.

It is understood that the use of Heritage Manor of Houma 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.

Charles LeBon  
Charles LeBon, Administrator  
The Oaks of Houma

1-1-21  
Date

Darla Rodgers

1-1-21  
Date

**Heritage Manor of Houma**  
852 Centurion Lane  
Houma, LA 70360

**Tab E – Host Facility Agreements**

**The Oaks of Houma**  
1701 Polk Street  
Houma, Louisiana 70360

Name of Host Facility::	Forest Manor
Contact Person:	Clay Pierr
Phone Number:	985-892-6900
Number of Residents Host Facility will house:	60
Distance to Host Facility:	62 miles
Estimated Travel Time:	1 hour 22 minutes
Date of Agreement:	1-1-21
Date Agreement Ends:	Automatic Renewal



## 2021 Nursing Home Emergency Preparedness Plan Survey

### EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site.

**Example:** If there are 5 evacuation host sites, 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 owner. Ongoing contracts will need to be verified annually and signed by all parties.

**Name of evacuation host site:**

Forest Manor

**Contact Person:** Clay Pierr, NFA

Phone # of Contact Person: 985-892-6900

**Physical Address of transportation provider:**

1330 Ochsner Blvd.

Covington LA 70433

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

No Restrictions

How long will it take to reach the host facility? 1.5 hours

How long will it take to unload residents and supplies? 1 hour

**Type of evacuation host site:** Primary or Alternate site?

Is it a LICENSED NURSING HOME or NON-LICENSED FACILITY?

Total number of residents the host facility will accommodate: 60

Is the evacuation site air conditioned: Yes or No

**Date of agreement/contract/verification:** 1/1/21

**Date agreement/ contract ends:** Automatic Renewal



## The Oaks Of Houma

### HOST AGREEMENT

This agreement is entered into between The Oaks of Houma, represented by its Administrator, Charles Lance LeBon and FOREST MANOR, represented by its Administrator, Clay Perre.

The Oaks of Houma, 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 even of a fire or disaster.

It is understood that the use of FOREST MANOR 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.

Charles L. LeBon  
Charles LeBon, Administrator  
The Oaks of Houma

1-1-21  
Date

Clay Perre

1-1-21  
Date

## Tab D – Transportation Agreements

### **The Oaks of Houma**

1701 Polk Street  
Houma, Louisiana 70360

Name of Host Facility::	Acadian Ambulance
Contact Person:	Carlo Gagliano
Phone Number:	511 or 985-637-0693
Time Restrictions:	None
Type and Quantity of Transport:	10 depending on availability Ambulance with Multiple Trips
Number and Type of Passengers:	10 requiring basic life support 94 requiring wheelchair assistance 8 requiring minimal assistance
Date of Agreement:	1-1-21
Date Agreement Ends:	Automatic Renewal

## 2021 Nursing Home Emergency Preparedness Plan Survey

### TRANSPORTATION COVER SHEET

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

**Example:** If there are 5 transportations 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 owner. Ongoing contracts will need to be verified annually and signed by all parties.

**Name of transportation resource provider:**

Acadian Ambulance

**Contact Person:** Ambulance

Phone # of Contact Person: 985-637-0693

**Physical Address of transportation provider:**

1018 Bond Street

Houma LA 70360

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

No Restrictions

How long will the facility need to load residents and supplies onto the transportation? 1 hour

How long will it take the transportations to reach the facility after being contacted? 1 hour

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

Total number of transport vehicles to be provided: 4

Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate: 5 stretcher = 6 van

Is the transportation air conditioned: Yes or No

If transportation is facility owned attach verification of ownership.

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

Date agreement/ contract ends: Automatic Renewal

### Emergency Evacuation Request and Guarantee of Payment

**The Oaks of Houma** (hereinafter referred to as "Facility"), whose address is 1701 Polk Street, Houma, LA, 70360 and Acadian Ambulance Service, Inc (hereinafter referred to as "Acadian") hereby enter into this agreement effective 1/01/2021 ("Effective Date") for purposes of facilitating the scheduled ground transportation\* and evacuation of patients meeting medical necessity guidelines, from Facility, due to hurricane, natural disaster, or other act of God (hereinafter an "Event").

**Term:** This Agreement shall have a primary term beginning on the 1/01/2021 and ending on 12/31/2021 and shall renew annually unless either party gives written notice to the other of its intent not to renew at least 30 days prior to the expiration of the term then in effect. In addition, either party may cancel this agreement by giving the other party 30 days written notice of such cancellation which cancellation shall become effective on the latter of the noticed date of cancellation or 31 days from the date of mailing same.

**Evacuation Procedure:** Facility agrees and understands that it is Facility's responsibility to request evacuation services under this Agreement which must be made as set forth herein and in the form attached hereto as Exhibit A (fully incorporated herein by reference). Acadian shall have no obligation to facilitate the transport of patients of Facility, who must meet medical necessity guidelines, until the fully completed Evacuation Request Form (Exhibit A) and the designation of a destination facility acceptable to the transporting agency are received by Acadian from Facility and such receipt has been confirmed. It is the sole responsibility of Facility to designate such a destination facility/ shelter and to confirm that such shelter/ facility is in agreement to accept Facility's patients. The designated shelter must be within a reasonable distance or 200 miles unless specifically accepted in writing by an authorized Acadian representative. Furthermore, should the shelter so designated by Facility stop accepting residents or if any designated destination is at a distance which would hinder Acadian's ability to facilitate the evacuation of other facilities, it shall be the responsibility of Facility to secure an alternate destination for transportation of patients satisfactory to Acadian. Facility understands and agrees that Acadian has limited resources. Therefore, Acadian agrees to use good faith efforts to accommodate any request with either internal resources or in coordination with state, federal and/or mutual aid assets when request for transport is made, as required herein, at a minimum of 48 hours prior to wind speeds reaching 40 mph. Thereafter, transportation shall be performed on an as available basis without any guaranty of performance. Furthermore, if mutual aid resources are not available for the request and Acadian resources are not available, Acadian may give notice of the request to the local EOC command with jurisdiction over the Event and Acadian shall notify Facility of same at which time Acadian's obligations hereunder shall be deemed fulfilled.

If, under any circumstance, Facility is not prepared to evacuate upon arrival by Acadian or coordinated resources, Acadian's obligation hereunder shall terminate. The schedule of evacuations shall be at the sole determination of Acadian and its mutual aid partners based on availability of resources and proximity of Facility to the threatened area. At the conclusion of the event and upon request of Facility and acceptance by Acadian, Acadian or coordinated resources shall at a mutually agreed upon time, return residents and inpatients from the designated shelter back to Facility.

Facility also understands and agrees should conditions in the area in which facility is located deteriorate so that labor and resources, if not immediately removed, may be put in harm's way, Acadian and its coordinated providers have

the right to cease all transports under this agreement and resume when and if conditions allow. The decision to cease such operations shall be determined in good faith by the provider rendering services and Acadian shall not have any liability, obligation or otherwise to Facility or residents for non-performance under these circumstances. However, Acadian shall inform facility as soon as practicable of the removal of resources under this paragraph when known.

**Compensation:** Facility hereby agrees to be responsible for and pay all cost associated with the transportation of patients from the Facility during the evacuation and post event. The rates that Acadian shall charge Facility when Facility pays Acadian for ground ambulance transports shall be the Medicaid Allowable rates in effect at the time service is provided according to the level of service provided plus mileage (per loaded mile). For multiple patients transported in the same ambulance vehicle, the mileage will be pro-rated by the number of patients transported in that same vehicle.

Facility agrees that it shall pay all sums owed to Acadian within 30 days of presentation of an invoice by Acadian for services performed at the address set forth below. All invoices not paid in full within 61 days from date of invoice will be considered past due. Once an invoice becomes past due, Acadian may mail to Facility a Past Due Notice consisting of the invoice number(s) and amount(s) due on said invoice(s). Failure of Facility to pay the past due invoice(s) in full within thirty (30) days of Acadian's mailing of the Past Due Notice shall obligate Facility to pay finance charges of 12% per annum, retroactive to the respective invoice date(s), on the unpaid balance of the respective invoice(s). All invoices not paid in full within 91 days from date of invoice will be considered delinquent. Once an invoice becomes delinquent, Facility shall no longer be entitled to the discount to which it would otherwise be entitled under the terms of this contract. Except for invoiced payments that Facility has successfully disputed, all delinquent invoices shall bear interest at the lesser of the rate of 3% per month or the highest rate permissible under applicable law, calculated daily and compounded monthly. Facility shall also reimburse Facility for all reasonable costs incurred in collecting any delinquent invoices, including, without limitation, attorneys' fees, court costs and all other amounts to which it is legally entitled. In addition to all other remedies available under this Agreement or at law (which Acadian does not waive by the exercise of any rights hereunder), Acadian shall have the option to either terminate this Agreement or suspend the provision of any Services if Facility fails to pay any amounts when due hereunder and such failure continues for 30 days following written notice thereof.

**Facility Billing:** It shall be the Facility's responsibility to bill any local, state or federal agency, including FEMA, for reimbursement of amounts expended for evacuation and return services. Acadian shall not be limited or restricted by the reimbursement schedule of any state or federal agency making payment or being called upon to make payment or reimbursement to Facility, in its collection of amounts owed hereunder.

**No Third Party Beneficiary:**

This Agreement is for the benefit of the named parties only, there being no third party beneficiaries with rights under same.

**Governing Law & Venue:** This Agreement shall be governed in accordance with the laws of the State of Louisiana. The venue for any dispute arising in connection with this Agreement shall be in Lafayette Parish, Louisiana. .



**Entire Agreement:** This Agreement supersedes all previous Evacuation Agreements between Acadian and Facility and constitutes the entire agreement between the parties relating to the matters covered by this Agreement. No oral statements or prior written materials not specifically incorporated herein shall be in force and effect, and no changes in or additions to this Agreement shall be recognized unless incorporated herein by amendment, as provided herein, such amendments(s) to become effective on the date stipulated in such amendment(s). This Agreement may not be amended or modified except by a writing executed by all parties hereto.

**Nondiscrimination.** Acadian shall not discriminate against any patient because of race, physical handicap, color, religion, sex or national origin. Acadian shall not be required to provide medical care if a patient refuses to cooperate with the medical advice and treatment or if there is other good cause for refusing to provide medical services. Acadian agrees to comply with the provisions of 41 C.F.R. § 60-1.4.

**Counterparts.** This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall be deemed to be one and the same agreement. A signed copy of this Agreement delivered by facsimile, e-mail or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

**Liability Insurance.** Acadian shall maintain, at its own expense, professional liability insurance in amounts equal to at least \$1,000,000 for each claim and \$3,000,000 annual in the aggregate. Acadian shall maintain, at its own expense, comprehensive general liability insurance in amounts equal to at least \$1,000,000 for each claim and \$3,000,000 annual in the aggregate. Acadian agrees to furnish Facility with satisfactory evidence of such insurance upon request. Acadian shall immediately advise Facility of any termination of such insurance or any reduction in the amount of such insurance. The parties agree that any insurance policies maintained by them shall contain provision that the underwriter will have no right of recovery or subrogation against the other party.

**Indemnification by Facility.** Facility shall indemnify, defend and hold harmless Acadian, Covered Person and Payors from any claims, losses, damages, liabilities, costs, expenses or obligations, including but not limited to attorneys' fees, court costs and punitive or similar damages, arising out of or resulting from the negligent, fraudulent, dishonest or other acts or omissions, of Facility, or its agents, officers, directors or employees.

**Indemnification by Acadian.** Acadian shall indemnify, defend and hold harmless Facility Covered Person and Payors from any claims, losses, damages, liabilities, costs, expenses or obligations, including but not limited to attorneys' fees, court costs and punitive or similar damages, arising out of or resulting from the negligent, fraudulent, dishonest or other acts or omissions, of Acadian, or its agents, officers, directors or employees. Acadian shall not be responsible for any breach of this Agreement resulting from failure in communication systems not caused by the gross negligence of Acadian.

**Non-assumption of Liability.** Facility and Payors do not assume any liability for the neglect, fraudulent, dishonest or other acts or omissions of Acadian. Acadian does not assume any liability for the neglect, fraudulent, dishonest or other acts or omissions of Facility or Payors.

**Notices:** All notices required to be given herein or payments made (if applicable) shall be made as follows:  
Request for service, in the form attached hereto as Exhibit A With a follow-up phone call to confirm receipt.  
Notice & Payment:

**If to Acadian:**

Acadian Ambulance Service, Inc  
P O Box 98000  
Lafayette, LA 70509-8000

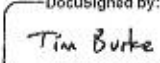
**If to Facility:**

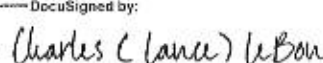
The Oaks of Houma  
1701 Polk Street  
Houma, LA 70360

\* Air services may be available upon request, but are not a covered service under this Agreement.

Acadian Ambulance Service, Inc

The Oaks of Houma

By:   
DocuSigned by:  
Tim Burke  
165C9C0E655549E

By:   
DocuSigned by:  
Charles (Lance) LeBon  
AF6B5366B8824B6

Name: Tim Burke

Name: Charles (Lance) LeBon

Title: Regional Vice-President

Title: Admin.

Date: 2/3/2021 | 3:20 PM PST

Date: 2/2/2021 | 4:51 PM CST

## Exhibit A – Evacuation Request Form

Origin Facility Name	Destination Facility Name
Address	Address
City, State, Zip	City, State, Zip
Phone #	Phone #
Contact Person	Contact Person
Guarantor Printed Name	Guarantor Signature

<u>Date Received</u>	<u>Time Received</u>	<u>Total Mileage</u>
<b>Acadian Contact:</b> Carlo Gagliano		
<b>Fax #:</b>	(337) 521-3696	
<b>Cell #:</b>	(985) 637-0693	
<b>Email:</b>	cgagliano@acadian.com	
<b>Text #:</b>	(985) 637-0693	

[illegible]

**Certificate Of Completion**

Envelope Id: 6C7AC27CD7044A6AA776254A60E1F773

Subject: The Oaks of Houma Emergency Evacuation Agreement-Request for eSignatures  
fcorgid: 00D36000001RNHFEA4

Source Envelope:

Document Pages: 5

Signatures: 0

Certificate Pages: 5

Initials: 0

AutoNav: Enabled

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Time Zone: (UTC-06:00) Central Time (US &amp; Canada)

Status: Sent

Envelope Originator:

Carlo Gagliano, Jr

P O Box 98000

Lafayette, LA 70509-8000

cgagliano@acadian.com

IP Address: 13.110.14.8

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Status: Original

2/2/2021 4:29:44 PM

Holder: Carlo Gagliano, Jr

cgagliano@acadian.com

Location: DocuSign

**Signer Events**

Charles ( Lance) LeBon

clebon@asingt.com

Admin.

Security Level: Email, Account Authentication  
(None)**Electronic Record and Signature Disclosure:**

Accepted: 2/2/2021 4:50:19 PM

ID: 1e439605-f2fe-49bc-97b9-ee0a4772c38d

Company Name: Acadian Ambulance Service, Inc.

**Signature****Timestamp**

Sent: 2/2/2021 4:33:37 PM

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Tim Burke

tim.burke@acadian.com

Security Level: Email, Account Authentication  
(None)**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

**In Person Signer Events****Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp**

Mallory Rusich

mrusich@asingt.com

Security Level: Email, Account Authentication  
(None)**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Contracts

contracts@acadian.com

Security Level: Email, Account Authentication  
(None)**Electronic Record and Signature Disclosure:**

<b>Carbon Copy Events</b> Not Offered via DocuSign	<b>Status</b>	<b>Timestamp</b>
<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Envelope Summary Events</b> Envelope Sent	<b>Status</b> Hashed/Encrypted	<b>Timestamps</b> 2/2/2021 4:33:37 PM
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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.

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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](mailto: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](mailto: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.

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**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](mailto: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.

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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](mailto: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..

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

### **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 Agreements

### **The Oaks of Houma**

1701 Polk Street  
Houma, Louisiana 70360

Name of Organization:	Landmark of Hammond
Contact Person:	Jody DePriest
Phone Number:	985-542-8570
Type and Quantity of Transport:	10 passenger W/C van Multiple Trips Available
Number and Type of passengers:	Multiple
Date of Agreement:	1-1-21
Date Agreement Ends:	Automatic Renewal



## The Oaks Of Houma

### AGREEMENT TO PROVIDE TRANSPORTATION

This agreement is entered into between The Oaks of Houma, represented by the Administrator, Charles Lance LeBon and Landmark of Hammond, represented by the Administrator, Joey DePriest / Regional V.P.

Landmark of Hammond agrees to provide the facility van to assist in the transportation of the residents of The Oaks of Houma during an emergency requiring evacuation.

Charles Lance LeBon, N.F.A.  
The Oaks of Houma

1-1-21

Date

1-1-21

Date

## Tab D – Transportation Agreements

### **The Oaks of Houma**

1701 Polk Street  
Houma, Louisiana 70360

Name of Organization:	Flannery Oaks
Contact Person:	Wendy Oubre
Phone Number:	225-275-6393
Type and Quantity of Transport:	10 passenger W/C van Multiple Trips Available
Number and Type of passengers:	Multiple
Date of Agreement:	1-1-21
Date Agreement Ends:	Automatic Renewal

## 2021 Nursing Home Emergency Preparedness Plan Survey

### TRANSPORTATION COVER SHEET

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

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

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

**Name of transportation resource provider:**

Flannery Oaks

**Contact Person:** Wendy Oubre, NFA

**Phone # of Contact Person:** 225-275-6393

**Physical Address of transportation provider:**

1642 N. Flannery Road

Baton Rouge LA 70815

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

No Restrictions

**How long will the facility need to load residents and supplies onto the transportation?** 1 hour

**How long will it take the transportations to reach the facility after being contacted?** 3 hour

**Type (bus, van, car, ambulance, wheelchair) transport vehicle to be provided:** Van + Bus

**Total number of transport vehicles to be provided:** 2

**Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate:** 3 wheelchair, 6 seated

**Is the transportation air conditioned:** Yes or No

**If transportation is facility owned attach verification of ownership.**

**Date of agreement/contract/verification:** 1/1/21

**Date agreement/ contract ends:** Automatic Renewal





## The Oaks Of Houma

### AGREEMENT TO PROVIDE TRANSPORTATION

This agreement is entered into between The Oaks of Houma, represented by the Administrator, Charles Lance LeBon and Flannery Oaks, represented by the Administrator, Lenny Oubre.

Flannery Oaks agrees to provide the facility van to assist in the transportation of the residents of The Oaks of Houma during an emergency requiring evacuation.

Charles Lance LeBon, N.F.A.  
The Oaks of Houma

1-7-21

Date

1-1-21

Date

## Tab D – Transportation Agreements

### **The Oaks of Houma**

1701 Polk Street  
Houma, Louisiana 70360

Name of Organization:	HMBR2
Contact Person:	Paige McLean
Phone Number:	225-924-2851
Type and Quantity of Transport:	10 passenger W/C van Multiple Trips Available
Number and Type of passengers:	Multiple
Date of Agreement:	1-1-21
Date Agreement Ends:	Automatic Renewal

## 2021 Nursing Home Emergency Preparedness Plan Survey

### TRANSPORTATION COVER SHEET

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

**Example:** If there are 5 transportations 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 owner. Ongoing contracts will need to be verified annually and signed by all parties.

**Name of transportation resource provider:**

Heritage Manor of Baton Rouge 2

**Contact Person:** Paige McLean, NFA

Phone # of Contact Person: 225-924-2851

**Physical Address of transportation provider:**

9301 Oxford Place

Baton Rouge LA 70809

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

No Restrictions

How long will the facility need to load residents and supplies onto the transportation? 1 hour

How long will it take the transportations to reach the facility after being contacted? 3 hour

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

Total number of transport vehicles to be provided: 2

Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate: 3 wheelchair, 6 seated

Is the transportation air conditioned: Yes or No

If transportation is facility owned attach verification of ownership.

**Date of agreement/contract/verification:** 1/1/21

**Date agreement/ contract ends:** Automatic Renewal



## The Oaks Of Houma

### AGREEMENT TO PROVIDE TRANSPORTATION

This agreement is entered into between The Oaks of Houma, represented by the Administrator, Charles Lance LeBon and Heritage Manor of Baton Rouge II, represented by the Administrator, Paige McLean.

Heritage Manor of Baton Rouge II agrees to provide the facility van to assist in the transportation of the residents of The Oaks of Houma during an emergency requiring evacuation.

Charles Lance LeBon, N.F.A.  
The Oaks of Houma

1-1-21

Date

1-1-21

Date

## Tab D – Transportation Agreements

### **The Oaks of Houma**

1701 Polk Street  
Houma, Louisiana 70360

Name of Organization:	Heritage Manor of Houma
Contact Person:	Darla Rodgers
Phone Number:	985-851-2307
Type and Quantity of Transport:	10 passenger W/C van Multiple Trips Available
Number and Type of passengers:	Multiple
Date of Agreement:	1-1-21
Date Agreement Ends:	Automatic Renewal

## 2021 Nursing Home Emergency Preparedness Plan Survey

### TRANSPORTATION COVER SHEET

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

**Example:** If there are 5 transportations 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 owner. Ongoing contracts will need to be verified annually and signed by all parties.

**Name of transportation resource provider:**

Heritage Manor of Houma

**Contact Person:** Darla Rodgers, NFA

**Phone # of Contact Person:** 985-851-2307

**Physical Address of transportation provider:**

852 Centurion Lane

Houma LA 70360

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

No Restrictions

**How long will the facility need to load residents and supplies onto the transportation?** 1 hour

**How long will it take the transportations to reach the facility after being contacted?** 3 hour

**Type (bus, van, car, ambulance, wheelchair) transport vehicle to be provided:** Van + Bus

**Total number of transport vehicles to be provided:** 2

**Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate:** 3 wheelchair, 6 seated

**Is the transportation air conditioned:** Yes or No

**If transportation is facility owned attach verification of ownership.**

**Date of agreement/contract/verification:** 1/1/21

**Date agreement/ contract ends:** Automatic Renewal



## The Oaks Of Houma

### AGREEMENT TO PROVIDE TRANSPORTATION

This agreement is entered into between The Oaks of Houma, represented by the Administrator, Charles Lance LeBon and HERITAGE MANOR OF HOUMA represented by the Administrator, DARLA RODGERS, NFA.

HERITAGE MANOR OF HOUMA agrees to provide the facility van to assist in the transportation of the residents of The Oaks of Houma during an emergency requiring evacuation.

Charles Lance LeBon, N.F.A.  
The Oaks of Houma

1-1-21

Date

Heritage Manor of Houma  
852 Centurion Lane  
Houma, LA 70360

1-1-21

Date



## Tab D – Transportation Agreements

### **The Oaks of Houma**

1701 Polk Street  
Houma, Louisiana 70360

Name of Organization:	Forest Manor
Contact Person:	Clay Plerr
Phone Number:	985-892-6900
Type and Quantity of Transport:	10 passenger W/C van Multiple Trips Available
Number and Type of passengers:	Multiple
Date of Agreement:	1-1-21
Date Agreement Ends:	Automatic Renewal

## 2021 Nursing Home Emergency Preparedness Plan Survey

### TRANSPORTATION COVER SHEET

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

**Example:** If there are 5 transportations 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 owner. Ongoing contracts will need to be verified annually and signed by all parties.

**Name of transportation resource provider:**

Forest Manor

**Contact Person:** Clay Pierr, NFA

**Phone # of Contact Person:** 985-892-6900

**Physical Address of transportation provider:**

1330 Oshner Blvd.,

Covington LA 70433

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

No Restrictions

**How long will the facility need to load residents and supplies onto the transportation?** 1 hour

**How long will it take the transportations to reach the facility after being contacted?** 3 hour

**Type (bus, van, car, ambulance, wheelchair) transport vehicle to be provided:** Van + Bus

**Total number of transport vehicles to be provided:** 2

**Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate:** 3 wheelchair, 6 seated

**Is the transportation air conditioned:** Yes or No

**If transportation is facility owned attach verification of ownership.**

**Date of agreement/contract/verification:** 1/1/21

**Date agreement/ contract ends:** Automatic Renewal



## The Oaks Of Houma

### AGREEMENT TO PROVIDE TRANSPORTATION

This agreement is entered into between The Oaks of Houma, represented by the Administrator, Charles Lance LeBon and FOREST MANOR, represented by the Administrator, Clay Pere.

Forest Manor agrees to provide the facility van to assist in the transportation of the residents of The Oaks of Houma during an emergency requiring evacuation.

Charles Lance LeBon, N.F.A.  
The Oaks of Houma

1-1-21

Date

1-1-21

Date