

**Thibodaux Healthcare & Rehabilitation Center**

February 25, 2021

Please find attached the 2021 Nursing Home Emergency Preparedness Plan and 2021 Nursing Home Emergency Preparedness Plan Survey for Thibodaux Healthcare and Rehabilitation Center.

Also please acknowledge in writing that you have received and reviewed the Plan and Survey.



Thank You,

A handwritten signature in black ink, appearing to read "B Barbera".

Bradley Barbera, NFA

Thibodaux Healthcare and Rehabilitation Center



## EMERGENCY MANAGEMENT PLAN

  
(Signature)

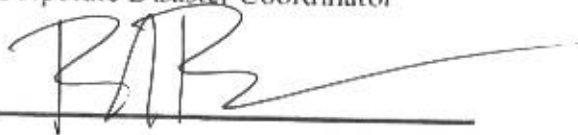
Administrator: Bradley Barbera, NFA

2/25/21  
(Date of Signature)

Reviewed By:

  
Corporate Disaster Coordinator

2/22/21  
(Date)

  
Emergency Management Coordinator

2/25/21  
(Date)

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## Introduction:

It is important that all Nexion facilities comply with all local, state, and federal requirements. In an effort to meet and exceed compliance, Nexion has established this emergency management plan. A copy of this completed plan needs to be placed in a central location. It is important that the facility leadership complete the facility specific information requested. This plan is an active living document. Updates, revisions, and plan evaluations should be completed no later than 30-days after an emergency, remodeling/adding an addition, and annually. All documentation should be updated at least monthly. The plan should be reviewed by the Corporate Disaster Coordinator and your facility's local Emergency Management Coordinator at least annually.

## Hazard Analysis

Here you will review the types of disasters that are most likely to affect the facility. Indicate those hazards that the facility may be subjected to:

The following emergencies or disasters pose a likely threat to Thibodaux Healthcare and Rehabilitation Center:

- ☒ Fire; internal or external (See Appendix A)
- ☒ Severe thunderstorm and lightning (See Appendix B)
- ☒ Tornado (See Appendix C)
- ☒ Flooding (See Appendix D)
- ☒ Winter storms (See Appendix E)
- ☒ Hurricanes (See Appendix F)
- ☒ Hazardous Materials Release (See Appendix G)
- ☒ Bomb threat (See Appendix H)
- ☒ Nexion Hazardous Vulnerability Assessment (See Appendix I)
- ☒ Other: (See Appendix J)
- ☒ Other: (See Appendix K)

## Facility Specific Data:

Facility Name: Thibodaux Healthcare and Rehabilitation Center

Facility Address: 150 Percy Brown Road

City: Thibodaux

County/Parish: Lafourche

State: LA

Zip Code: 70301

Facility Phone Number: 985-446-1332

Emergency Phone Number: 985-665-1050

Facility Fax Number: 985-446-3974

## Facility Leadership:

Position	Name	Contact Number	Email Address
Administrator/Emergency Plan Coordinator (EPC)	Bradley Barbera	985-665-1050	thibodaux.adm@nexion-health.com
Director of Nursing	Kala Benoit	985-860-0843	thibodaux.don@nexion-health.com
Maintenance	BJ Soignet	985-209-5425	thibodaux.maint@nexion-health.com
Medical Records	Maggie Morell	985-316-8911	thibodaux.medrec@nexion-health.com
Human Resources	Tiffany Stewart	504-228-7733	thibodaux.hr-payroll@nexion-health.com
Dietary Service Director	Crystal Becnel	985-688-7580	thibodaux.diet@nexion-health.com
Social Services	Annie Adams	985-859-8191	thibodaux.ss@nexion-health.com

Business Office Manager	Chantel Clark	985-414-3412	thibodaux.bom@nexion-health.com
HSK/LDY Supervisor	Tenney Ravalier	779-875-7372	6s1@hcsgps.com

## Corporate Support Staff

Position	Name	Phone	E-mail
Regional Director of Operations	Don Sowell	832-382-6950	dsowell@nexion-health.com
Regional Clinical Specialist	Donna Boudreaux	337-300-9069	dboudreaux@nexion-health.com
Regional Maintenance Director	James Ayers	410-903-9232	jayers@nexion-health.com
Corporate Clinical Director	Madhu Tewary	281-992-6481	mtewary@nexion-health.com
Corporate Disaster Coordinator (CEPC)	Don Sowell	832-382-6950	dsowell@nexion-health.com

## Evacuation Destination Sites

Site Type	Site Name	Address	Phone
Local Hospital	Thibodaux Regional Medical Center	602 North Acadia Road Thibodaux, LA 70301	985-447-5500

Primary Evacuation Site	Vivian Healthcare Center	912 South Pecan Vivian, LA 71082	318-375-2203
Secondary Evacuation Site	Village Creek Rehabilitation and Nursing Center	705 North Main Street Lumberton, TX 77657	409-755-0100

### Direction & Control:

The facility has designated an Emergency Plan Coordinator (EPC) and an Alternate EPC. The facility has also identified the Emergency Management Coordinator for the area. The information for the aforementioned individuals is listed below:

EPC: Bradley Barbera

Current Phone Number: 985-665-1050

Alternate EPC: Kala Benoit

Current Phone Number: 985-860-0843

- In the event of an emergency situation the EPC, will contact the EMC via telephone. At this time the facility will discuss what will be done to manage through the emergency. The EPC will ensure that the plan components are executed as planned.
- The EPC will ensure that facility staff is notified of the emergency situation. Facility department heads will help ensure that staff carryout the emergency specific task delegated to their department. Detail responses and procedures can be located in the appendices included in this plan
- The EPC and staff will ensure that each resident is guided to a safe place. This could be a safe location associated with an event that requires the facility to shelter in place, or it could be a separate location in which the facility is evacuating to. The detailed procedures can be found in the appendices attached included in this plan.



## **Warning:**

The facility will utilize a variety of notification mechanisms to receive notification of emergency situations. These mechanisms include but are not limited to:

- Radio public service announcements
- Television Broadcast public service announcements
- Notifications from Stakeholders (corporate support team, employees, etc..) via text, email, and or phone
- Notifications from local EMC
- Notifications from Nexion Corporate Office
  - The corporate office has designated an individual who monitors weather developments from their office. They will track storms and or emergency situations from various mediums. These include:
    - Internet: Weather.com
    - Television: Local, national storm tracking, and monitoring
  - This individual will send daily or hourly updates as needed to the corporate EPC who will be in constant contact with the EPC until the event is resolved. Contact will be made via email, texts, and mobile phones.



### **Communication:**

- During the course of an emergency event the facility will utilize several methods to communicate throughout the emergency event. The primary mode of communication will be land line telephones. The alternate mode will be via mobile phones. The facility will also employ a tertiary mode of utilizing email via computers or mobile devices.
- The facility is ☒/is not ☐ ,in an area where 911 is available. In the event that the facility is not in an area where 911 is available. The emergency contact number will be posted in a prominent place in the facility and included in this plan.

Alternate Emergency Contact number in the absence of 911:985-665-1050

- It is important to ensure that the facility maintains accurate contact information for our stakeholders. Below are the procedures for ensuring that we are current:
  1. A list of all responsible parties are will be maintained at the facility. This list will be housed in our computer database. A copy of these contacts will also kept in a binder by the facility Medical Records Director/ and or the Social Worker.
  2. The receiving facilities that the facility has an agreement with can be found in the facility specific section of this plan. The contact numbers for each can be located there also.

3. The facility HR/payroll Coordinator will maintain a list of current facility staff. This list will be readily available and will be distributed to key individuals as directed by the EPC.
- In the event of an emergency it is important that the facility contact its stakeholders. The following procedures will be utilized to contact each group:
    1. Facility Staff- The EPC will notify the facility department heads of the emergency situation via phone, email, or face-to-face. The department heads will proceed to contact the employees in their departments of the pending emergency via phone, or face to face. The HR/Payroll and other management personnel will assist with notification and the coordination of staffing activities as directed by the EPC.
    2. Receiving Facility- Initial notification will be made by the corporate EPC to the receiving facility via email or phone. The EPC will be included on all email communications. The EPC will also discuss evacuation logistics with the receiving facility.
    3. Facility Residents- The EPC will have staff to gather residents in a common area. The residents will then be notified of the emergency situation along with the facilities emergency response plans. After initial group notification the EPC will utilize the overhead paging system to keep the residents abreast of facility plans. In the event that the overhead paging system is inoperable, the EPC will assign employees to go and discuss plans with residents, and the staff will be available to provide comfort and reassurance to the residents as needed.
    4. Resident's Agents/Responsible Party- The EPC will have the Medical Records Coordinator and or the Social Worker provide the current list of agents or responsible parties to him/her. The EPC will then delegate employees to initiate contact with these individuals to inform them of the emergency situation and or the facilities response plan.
  - Nexion has established an Emergency Hotline that will be utilized during periods when the facility has opted to evacuate. This number will be shared with resident sponsors/ responsible parties when the facility communicates the facility plans with the individual. The Emergency Hotline Number is:

**1-866-220-3400**

\*During an emergency family members will be given the Emergency Hotline Number to call in the event that they have any questions about the status and or location of a resident.\*

- During an evacuation, a passenger manifest will be maintained to account for all individuals on each bus or transporting vehicle. The manifest will include resident names, employee names, employee mobile contact information, vehicle information, vehicle destination, and driver contact information. The completed manifest will be verified by 2 non-boarding staff members.

The manifest will then be sent to the corporate EPC via e-fax or email. The corporate EPC will ensure that receiving facilities have ETA's for each vehicle. A copy of the passenger manifest will be sent to the receiving facility to assist in planning for accommodations. The corporate EPC will utilize this tool to communicate with staff involved, receiving facility, and driver(s) of transport vehicles.

## **Sheltering Arrangements:**

During emergency situations the facility has to decide rather it is in the best interest of the facility to shelter in place or evacuate. This decision will be made after receiving relevant information from the EMC, corporate support staff, and other stakeholders. In the event that the facility decides to shelter in place, the facility will utilize the following procedures:

In the event of a short notice emergency (tornado, flash flood, or hazardous materials incident) it is inadvisable to evacuate the facility. In this case, shelter in place is the most appropriate option.

### **1) Shelter in Place (Hazardous Materials Incident)**

- a) Make sure all residents and staff are inside. Monitor residents' conditions. Assign one person per wing or area to ensure all actions are completed.
- b) Make sure all doors and windows are closed. Assign one person per wing or area to ensure all actions are completed.
- c) Close all air intake vents and units in bedroom, bathrooms, kitchens, laundry, and other rooms. Turn off heating, cooling, and ventilation systems that take in outside air, both central and individual room units. Units that only re-circulate inside air may have to be kept running during very cold or very hot weather to avoid harm to the residents. Assign one person per wing or area to ensure all actions are done.



- d) Cover and protect food, water and medication from airborne contamination and from contact with waste materials including infectious waste. Assign one person per wing or area to ensure all actions are done.
- e) Maintain contact with fire authorities regarding the hazard and internal conditions. Remain inside until notification of an "All Clear".
- f) Obtain advice from public health authorities regarding the need for decontamination and means of doing it.

#### Shelter in Place (Tornado)

- 1) Move residents and staff to designated tornado shelter areas, or to small interior rooms and hallways, away from windows. Mattresses and blankets should be used to reduce injury from flying debris. Identify locations of any tornado shelters or shelter rooms.
- 2) Remain in protective posture until declared safe by public authorities.
- 3) Assess injuries and damages suffered by residents, staff, facility and utilities as soon as the danger has passed. Compile injury and damage reports at the command post.

#### Shelter in Place (Hurricane)

##### 1) Additional Tasks

- a) Contact your pharmacy provider to ensure that the facility has appropriate medication supplies in the facility. The provider should provide the facility with an additional E-kit and residents should have enough medication to last 7 days without additional deliveries for their current drug regimen.
- b) Ensure that the facility records are in an area that is protected and that staff has adequate access to records. Ensure that the facility has access to acceptable paper documentation forms in the event of a power outage which will limit access to electronic medical records.
- c) Contact the facilities food vendor to ensure that the facility has adequate food supplies for residents, staff, and others to last at least 7 days. Utilize order guides to ensure that adequate orders are placed.
- d) The facility will ensure that an adequate potable water supply is available onsite. The facility will utilize the following formula to help ensure that the facility's water needs are addressed throughout the duration of the emergency:
- e) The facility will ensure that adequate supplies and equipment is available at the facility or destination facility. The facility's supply vendor will be contacted and adequate supplies will be

## YOUR TRIP TO:

602 N Acadia Rd, Thibodaux, LA, 70301-4823

Scan this QR code for  
directions on your mobile  
device:



**2 MIN | 1.2 MI** 

**Est. fuel cost: \$0.11**

Trip time based on traffic conditions as of 11:05 AM on February 16, 2021. Current Traffic: Moderate



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



1. Start out going **southwest** on Percy Brown Rd/LA-648 Spur toward Rue Marguerite.

Then 0.74 miles

0.74 total miles



2. Take the 2nd **right** onto N Acadia Rd.  
*N Acadia Rd is just past Rue Colette.*

Then 0.50 miles

1.24 total miles



3. 602 N Acadia Rd, Thibodaux, LA 70301-4823, 602 N ACADIA RD is on the **right**.

*Your destination is 0.1 miles past Bowie Rd.*

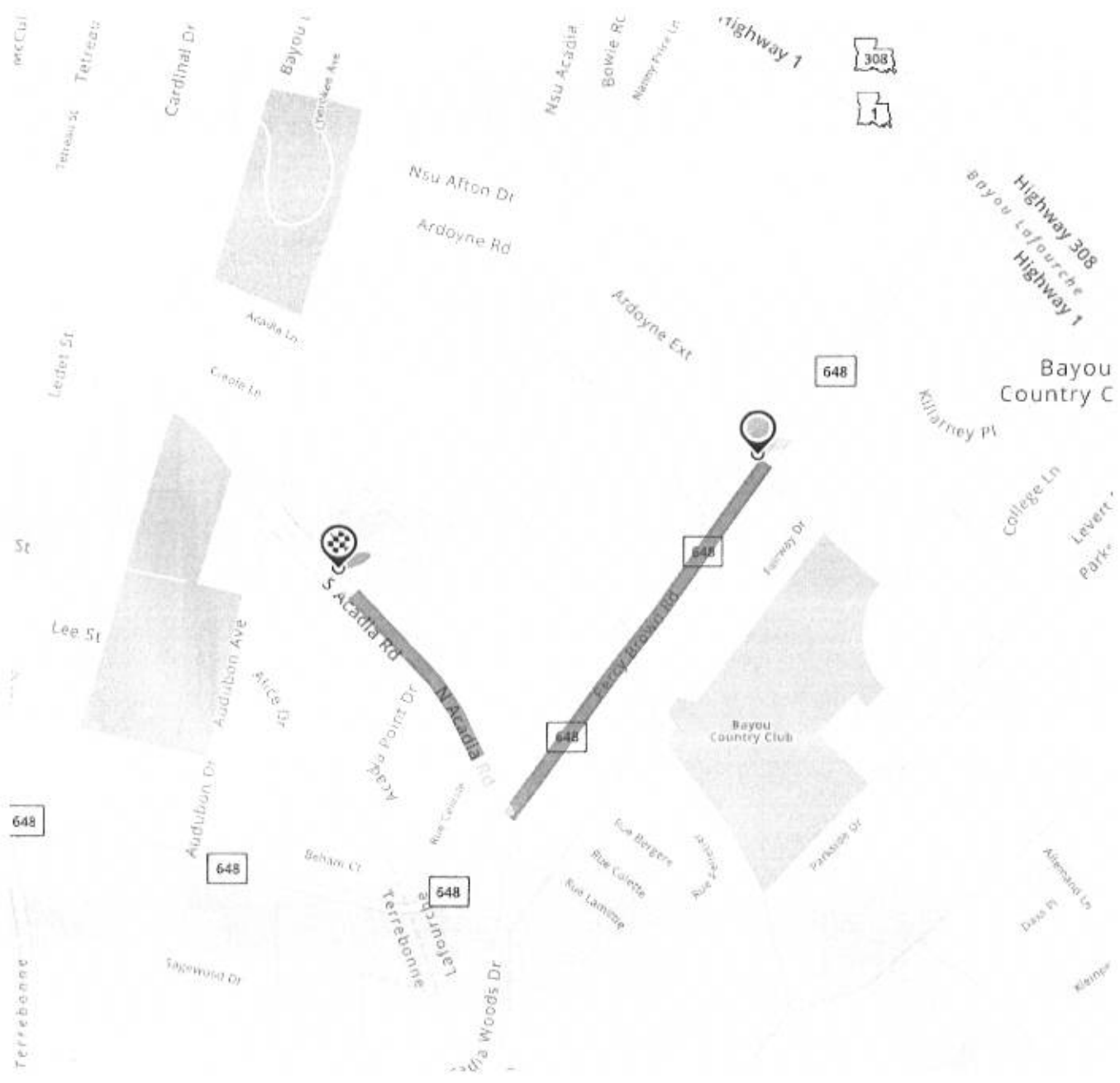
*If you reach Audubon Ave you've gone about 0.1 miles too far.*



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Highway 308  
Bayou La Fourche  
Highway 1

Bayou Country C

Kilmarney Pt

College Ln  
Levert  
Parks

Bayou Country Club

Allemand Ln  
Bass Pt  
Klense

Nsu Acadia  
Bowie RC  
Nashville Pl

Nsu Afton Dr  
Ardoyne Rd

Ardoyne Ext

Cardinal Dr  
Bayou La Fourche Ave  
Acadia Ln

Cecile Ln

Leider St

St

Lee St

Audubon Ave  
Audubon Dr  
Audubon Ave

S Acadia Rd  
Acadia Point Dr  
Acadia Point Dr  
Rue Canine  
Beham Ct  
Terrebonne  
Cunoye  
Woods Dr

Rue Bergers  
Rue Colette  
Rue Lamine  
Rue 2

Levee Dr

Paradise Dr

648

648

648

648

648

648

## YOUR TRIP TO:

912 S Pecan St, Vivian, LA, 71082-3350

Scan this QR code for  
directions on your mobile  
device:



**5 HR 9 MIN | 343 MI** 

**Est. fuel cost: \$22.40**



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



1. Start out going **southwest** on Percy Brown Rd/LA-648 Spur toward Rue Marguerite.

Then 1.70 miles

1.70 total miles



2. Turn **left** onto W Main St/LA-20.  
*W Main St is just past Canal Blvd.*

*If you are on Duplantis St and reach Oakley St you've gone about 0.3 miles too far.*

Then 2.25 miles

3.95 total miles



3. Turn **slight right** onto ramp.

Then 0.06 miles

4.00 total miles



4. Turn **right** onto Highway 24/LA-20.

Then 0.16 miles

4.16 total miles



5. Turn **left** onto Highway 20/LA-20.  
*If you reach Railroad Ln you've gone a little too far.*

Then 5.93 miles

10.09 total miles



6. Turn **left** to take the **US-90 W** ramp.

Then 0.01 miles

10.11 total miles



7. Merge onto US-90 W.

Then 87.43 miles

97.53 total miles



8. Stay **straight** to go onto NE Evangeline Trwy/US-167 N. Continue to follow US-167 N.

Then 24.96 miles

122.49 total miles



9. Stay **straight** to go onto I-49 N.

Then 177.60 miles








300.09 total miles




10. Merge onto Inner Loop Expy/LA-3132 W via EXIT 201 toward Dallas/Texarkana.

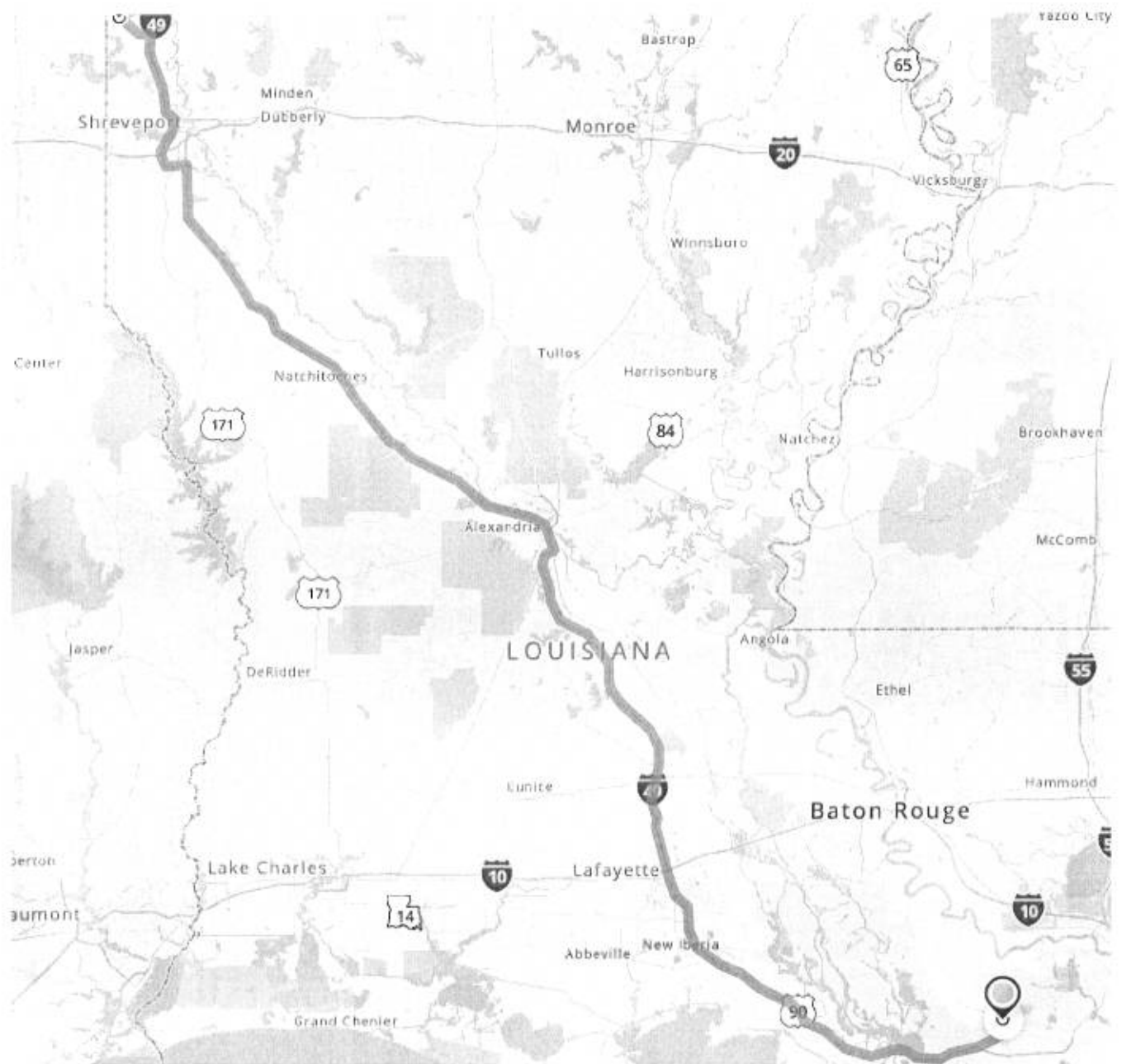
Then 7.84 miles

307.93 total miles

-  11. Take I-220 E toward I-220 E/Texarkana.  
Then 6.18 miles 314.11 total miles
-  12. Merge onto I-49 N via EXIT 6 toward Texarkana.  
Then 21.02 miles 335.13 total miles
-  13. Take the exit.  
Then 0.46 miles 335.59 total miles
-  14. Turn **left** onto Highway 170/LA-170. Continue to follow LA-170.  
Then 7.44 miles 343.02 total miles
-  15. Turn **left** onto Camp Rd/Northwest Louisiana Scenic Byway.  
*Camp Rd is just past Jackson St.*  
  
*If you are on Northwest Louisiana Scenic Byway and reach Redbud Ct you've gone a little too far.*  
  
Then 0.12 miles 343.15 total miles
-  16. Take the 1st **right** onto S Pecan St.  
*If you reach Finley Rd you've gone a little too far.*  
  
Then 0.02 miles 343.17 total miles
-  17. 912 S Pecan St, Vivian, LA 71082-3350. 912 S PECAN ST is on the **right**.  
*If you reach Earl Rhoads Dr you've gone about 0.1 miles too far.*

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## YOUR TRIP TO:

705 N Main St, Lumberton, TX, 77657-7356

Scan this QR code for  
directions on your mobile  
device:



**3 HR 49 MIN | 243 MI** 

**Est. fuel cost: \$15.90**



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



1. Start out going **southwest** on Percy Brown Rd/LA-648 Spur toward Rue Marguerite.

Then 1.70 miles 1.70 total miles



2. Turn **left** onto W Main St/LA-20.  
*W Main St is just past Canal Blvd.*

*If you are on Duplantis St and reach Oakley St you've gone about 0.3 miles too far.*

Then 2.25 miles 3.95 total miles



3. Turn **slight right** onto ramp.

Then 0.06 miles 4.00 total miles



4. Turn **right** onto Highway 24/LA-20.

Then 0.16 miles 4.16 total miles



5. Turn **left** onto Highway 20/LA-20.  
*If you reach Railroad Ln you've gone a little too far.*

Then 5.93 miles 10.09 total miles



6. Turn **left** to take the **US-90 W** ramp.

Then 0.01 miles 10.11 total miles



7. Merge onto US-90 W.

Then 87.43 miles 97.53 total miles



8. Stay **straight** to go onto NE Evangeline Trwy/US-167 N.

Then 1.91 miles 99.45 total miles



9. Merge onto I-10 W via EXIT 1A toward **Lake Charles** (Crossing into **Texas**).

Then 130.77 miles 230.22 total miles



10. Merge onto US-96 N via EXIT 853A toward **Lufkin/Jasper**.

Then 12.89 miles 243.11 total miles





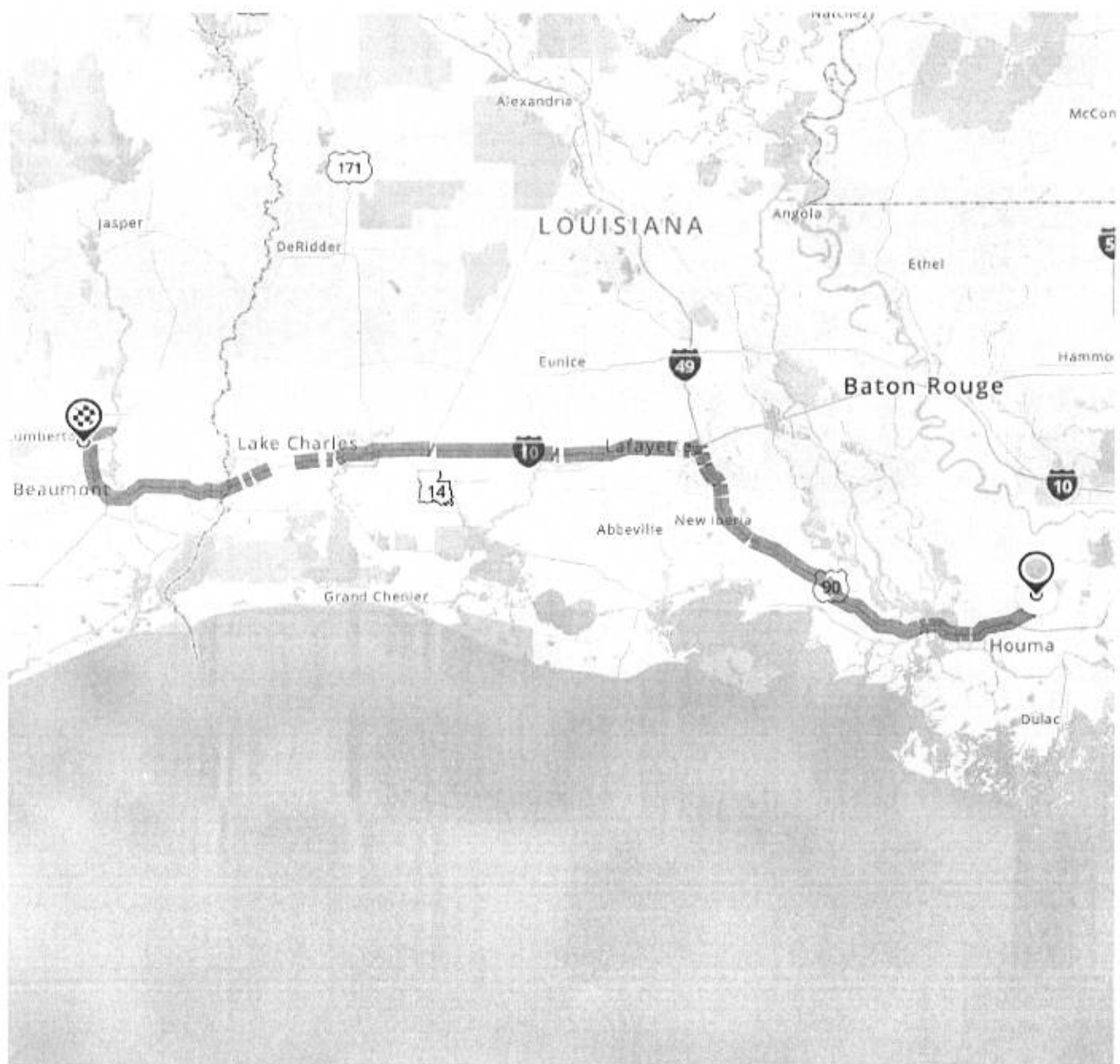
11. 705 N Main St, Lumberton, TX 77657-7356, 705 N MAIN ST is on the left.

Your destination is just past Pine Burr Loop.



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sent to the facility or destination site to ensure that the residents have adequate supplies and equipment.

- f) In the event that staff and their family members need to be housed, an area within the facility will be designated for their accommodations. The Administrator or designee will designate this area at the onset of the emergency after receiving pertinent data concerning total residents, staff, family members, etc..
- g) The EPC will contact the state agency to notify them of the facility's decision to shelter in place, accommodate evacuated residents, and or evacuate residents. Updates will be completed by the EPC or designee as required by the state agency.

## **Evacuation:**

1. If the facility has to evacuate, the facility has made arrangements to evacuate to the following destinations:
  - a. Local Hospital: Thibodaux Regional Medical Center
  - b. Destination A: Vivian Healthcare Center
  - c. Destination B: Village Creek Rehabilitation and Nursing Center
  - d. Please see the following maps and routes to be utilized. (Maps can be found in this section of the plan)
2. The decision to evacuate will be made through a coordinated effort of the EPC, Corporate EPC, EMC, Facility Leadership, Corporate Support Team, and other stakeholders. Upon notification of the threat, the EPC will discuss threat with the CEPC, EMC and or designee. After this communication has been completed, and all information gathered, the EPC will discuss information received with the CEPC, corporate support team, and facility leaders. The items that will be discussed include but are not limited to:
  - a. Threat Type: (Hurricane, Fire, etc...)
  - b. Threat size or magnitude
  - c. The risk for the facility

- i. Recommendations received from EMC and or local authority
- ii. Path of Storm
- iii. Strength of storm

After these discussions have concluded, the EPC, CEPC, and a member of Nexion Senior Leadership Team will agree on a plan of action. The agreed upon plan will then be initiated and executed by the EPC.

(Included in this section is a copy of agreements with receiving facilities)

## **Transportation:**

- (1) The facility has entered into a transfer agreement with Acadian Ambulance and B&L Transportation. To ensure that adequate transportation is available the facility routinely provides the contracted entity with a list of in house residents. This list has the required transfer means for each resident.
- (2) The facility has individuals designated to drive facility owned, leased, or rented vehicles during evacuation. A list is provided within this section of the disaster plan.
- (3) In the event of an evacuation the facility will utilized a combination of transportation means to ensure that all of our residents, staff, and or family members are transported safely. The following steps will be used to facilitate this process:
  - (a) The EPC will obtain a current census with the residents transportation needs included.
  - (b) The EPC will obtain a list of all staff and family members who will be evacuating with the facility.
  - (c) The EPC will share both list with the contracted transportation provider, receiving facility, and members of the Senior Management Team.
  - (d) The EPC will work with provider to ensure that the appropriate number of ambulances, buses, and vehicles are available to make transfers.

- (e) EMS personnel will conduct all ambulance transfers. Transfers for all other residents will be conducted by facility staff, and other support personnel.
- (4) The following transportation essentials will be followed by the facility staff in the event of an evacuation:
- (a) All oxygen dependent residents will be transported by EMS personnel. Oxygen will always be transported in a manner that complies with all local, state, and federal regulations concerning the transportation of oxygen and or hazardous gas. A list of the residents requiring oxygen will be listed on the census document included in this section. The facility will ensure that adequate oxygen supply is available for all identified residents.
  - (b) A copy of essential records (face sheet, MAR, and physician orders) will be available in each vehicle that transports residents.
  - (c) The facility will ensure that each resident has their medication in the transporting vehicle. Medications will be given to residents throughout the course of the evacuation. Any variances will be discussed with the attending physician and the facility will follow physician recommendations to ensure compliance.
  - (d) Each resident will be given a meal and hydration to accompany them on the trip. Additional snacks and beverages will be available to the residents.
  - (e) The facility will also ensure that adequate supplies and equipment are available. A list of medical supplies can be found in the Resource Management section of this plan.



## Health and Medical Needs

- 1) A census will be conducted by the facility. The services utilized will be identified on this census. This list will include but is not limited to: dialysis, oxygen, respirator care, hospice services, etc.
- 2) The facility understands that it is important that the health and medical needs of each resident be met during an evacuation. The facility will ensure that trained staff is available to provide such care to our residents. The table below is an outline to be used by the EPC to ensure that adequate care is available throughout the evacuation.

Care Level	Examples of Care Required	Recommended Staff Available
Low	Ambulatory and wheel chair residents with conditions that do not require constant supervision	Aides, CMA, or LVN
Moderate	wander risks, behavioral residents, pressure sores,	Aides, CMA, or LVN
High	Oxygen dependent	CMA, LVN, or EMS



Severe	Hospice Residents, Medically Unstable Residents	EMS, LVN, or RN
--------	---	-----------------

## Resource Management:

The facility understands that proper management of resources during an evacuation is important. The following procedures will be utilized to manage the facility resources:

- 1) Medications- Each resident will have a copy of their MAR in the vehicle in which they are transported in. Also the facility will ensure that the vehicle has the residents' medication available also. The facility will utilize dry storage and portable cooling mechanisms (totes, coolers, ice packs, etc...) to ensure that all medication is maintained at the appropriate temperature.
- 2) The facility will have the essential records (face sheet, MAR, and physician orders) on each resident's person. The facility will also ensure that the resident's records are readily available. Facilities that utilize EMR will have the contact information for corporate support staff that will be stationed remotely, readily available to share information with required personnel. Information will be shared via phone, email, and fax. Facilities that do not utilize EMR will ensure that the resident's chart is transported to the receiving facility. These records will be kept in the vehicle or in an accompanying vehicle traveling to the same location.
- 3) The corporate support staff will ensure that food and water orders are placed and sent to the receiving facilities. The facility will also ensure that meals with beverages are prepared and readily available for residents during the evacuation.
- 4) The corporate support staff will place additional supply orders and ensure that additional equipment is sent to the receiving facility. The facility will ensure that it maintains adequate

supplies equal to the recommendations listed in the supply list recommendation document found in this section.

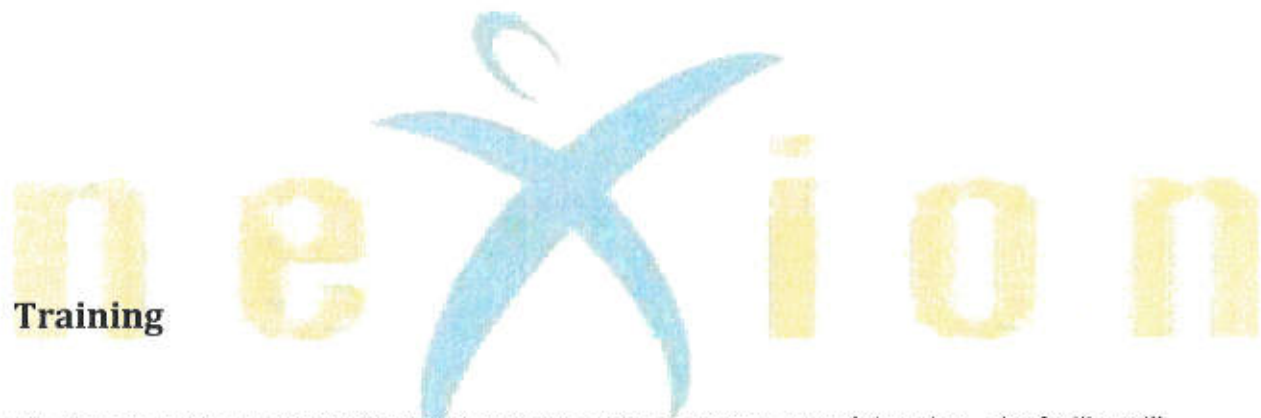
- 5) **Volunteer Coordination-** It is not uncommon for assistance to be offered during emergency situations. The EPC with feedback from the corporate support team will manage all volunteer activities. Volunteers include both individuals and organizations (Red Cross, National Reserves, Volunteer Fire Department, Local Church Groups, etc..). The EPC has the authority to delegate oversight of volunteer activities as he or she deems necessary.

The EPC will ensure that the corporate support team is contacted and aware of the destination site and needs for all residents evacuating. The following managers have been charged with coordinating with corporate support staff and following up to ensure that resident' needs are met from the facility level:

Resource	Position	Manager
Medications	Director of Nursing	Kala Benoit
Food and Water	Dietary Manager	Crystal Becnel
Medical Records	Medical Records Coordinator	Maggie Morell
Supplies and Equipment	Central Supplies	Maggie Morell

## **Self-Reporting Incidents**

- Texas Facilities must report to DADS by calling 1-800-458-9858
  - Report Fires
  - The facility must utilize form, "Fire Report for Long Term Care Facility" within 15 days after the fire (See copy of form in this section)
  - Must report emergency situations that cause the death or serious injury of a resident to DADS by calling 1-800-458-9858 immediately after the death or serious injury: and
  - Submit a completed DADS form titled "DADS Provider Investigation Report": within 5 working days after making the telephone report

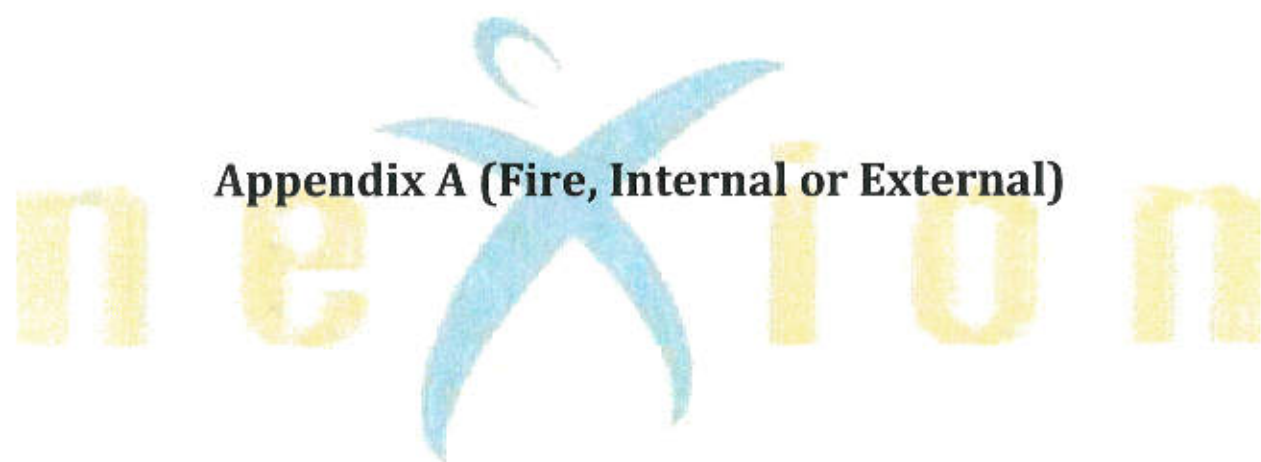
The logo for Nexion features the word "nexion" in a yellow, textured, sans-serif font. A stylized blue figure, resembling a person with arms and legs outstretched in a star-like shape, is positioned over the "x".

## **Training**

It is important that staff is trained and understand the requirements of this plan. The facility will complete the following to maintain compliance with this plan:

- Ensure that all staff is trained within 30 days of assuming their duties
- Ensure that staff are trained annually, and or when their responsibilities under the plan change
- The facility will conduct one unannounced annual drill for severe weather/emergency situation





## **Appendix A (Fire, Internal or External)**



## **Sounding a Fire Alarm**

### **Communication Procedures:**

When the fire alarm is sounded, implement the following procedures:

1. Contact the fire department (dial 911 or           ). (Even though our alarm system is connected to the fire department, we must make contact to ensure that the alarm sounded at the fire station.)
2. Provide the Fire Department with the following information:
  - a. Type of fire;
  - b. Exact location of fire;
  - c. Extent of the fire;
  - d. If evacuation is in process; and
  - e. Other information as necessary/requested.
3. Keep communication lines open. Do not make any unnecessary calls. Do not answer questions from callers. Simply state that an emergency exists and that all communication lines must be kept clear for emergency use.
4. Relay instructions as issued by the person in charge.
5. Remain calm. Do not panic. Speak in a clear and distinct voice. Follow instructions as issued.

## **Discovering a Minor Fire**

Should a minor fire such as a smoldering trash can, etc., be discovered, smother the fire by pouring water on it. Do not pick the trash can up and run with it. This will only fan the fire and cause it to burn more rapidly. Implement the following safety procedures:

1. Do not evacuate unless it is necessary.
2. Be sure that the fire is extinguished. Take any burning articles out and place them in an area where they cannot rekindle or cause any further damage or confusion.

3. Assure residents or personnel who have smelled the smoke that everything is under control and that the fire has been extinguished.
4. Report the incident to the person in charge. Tell what happened and that the fire has been extinguished.
5. Return to the area where the article was taken to ensure that the fire has been extinguished. (Note: The room or area in which the fire was discovered must also be inspected to ensure that it is safe to enter.)
6. Unless otherwise instructed, announce the code word for fire. Do not use the alarm if the fire is of a minor nature. (Note: Use personal judgment as to whether the fire alarm should be activated.)
7. Announce the location of the fire at least twice.
8. Remain calm. Do not panic.
9. Close all doors and windows in the fire area.
10. After leaving the room, place a wet blanket under the room entrance door to prevent smoke from entering the rest of the building.
11. Proceed to fight the fire if possible.
12. Once the fire is extinguished, do not return residents to the area. Move them to other available rooms or areas until the fire area can be inspected for damage and/or declared safe for their return.

## Discovering a Major Fire

Should a major fire (one that is out of control) be discovered, or a minor fire that is now out of control, immediately activate the nearest fire pull station. Then:

1. Evacuate all residents and personnel nearest the danger area first. Work away from the danger area.
2. Evacuate residents to preassigned areas.

3. Be sure that all residents are accounted for.
4. Close all doors and windows to rooms as they are evacuated.
5. Check exits to ensure that they are safe and usable.
6. Turn all lights on.
7. Report any missing residents or personnel to the person in charge immediately. Do not return to the danger area once away from it.
8. Turn off any equipment with blower fans (e.g., heating and cooling systems).
9. Shut off all unnecessary electrical equipment.
10. Do not let anyone return to the area once out.
11. Remain calm. Do not panic.
12. Follow all instructions issued. Time is of the essence.

## **Fighting the Fire**

When a fire is discovered, immediately begin fire-fighting procedures.

1. Use extinguishers located throughout the facility.
2. Remember, safety comes first. Do not endanger lives.
3. When using portable fire extinguishers, follow these instructions: (Note: Our office uses only ABC Extinguishers which will work on all types of fires except Magnesium):
  - a. Hold the extinguisher upright.
  - b. Pull the ring pin to snap the safety seal.
  - c. Start back ten (10) feet from the fire.
  - d. Aim at the base of the fire. Do not start at the top of the fire.
  - e. Squeeze the lever. Substance will last for 6-10 seconds.

- f. Sweep the hose from side to side.
4. Do not attempt to put out an overhead fire. Only firemen shall proceed with this because of the extreme danger involved.
5. Fight the fire until the Fire Department arrives or the fire is no longer controllable.
6. Do not endanger personal safety.

## **Arrival of the Fire Department**

1. When the fire alarm system is activated, it will automatically sound a fire alarm at the fire department.
2. Fire department personnel shall assume all fire fighting responsibilities upon their arrival.
3. Provide as much information as possible or as requested by fire department officials.
4. Once the fire department has arrived, assume assigned duties.

Remember, do not panic. Remain calm. Safety comes first. Follow all instructions issued. Evacuate those nearest the danger area first. Keep exit ways clear at all times.

## **Evacuation**

1. Preparing for Evacuation:

Inspection of Exits:

- a. Do not evacuate until the order has been given unless emergency conditions warrant other actions be taken.
- b. Turn all lights on.



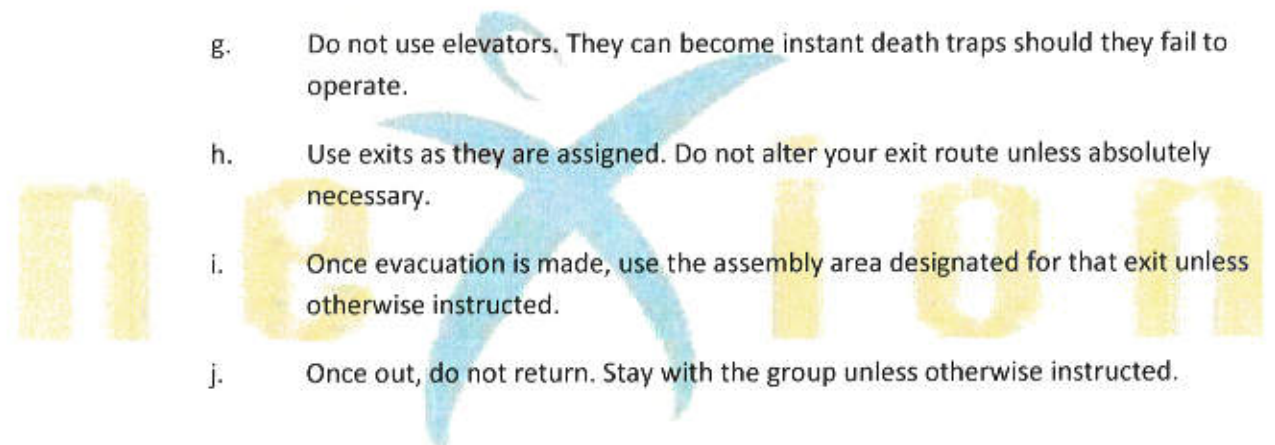
- c. When the fire alarm is sounded, exits must be inspected to ensure that they are safe and passable.
- d. First, check the primary exit route. If it is clear and safe, use this exit if evacuation is ordered.
- e. Should the inspection reveal that the primary exit is blocked, use the secondary exit as the means of escape.
- f. Should both exits be blocked, make every effort possible to clear at least one of the exits. Should additional assistance be needed, the person in charge shall immediately deploy such personnel to the area.
- g. Do not evacuate until the order has been given unless emergency conditions warrant other actions be taken. It may not be necessary to evacuate. It could be more dangerous to evacuate than to remain in an area. Follow all instructions issued.

2. Order to Evacuate—Ground Level:

- a. When the order has been given to evacuate, use only those exits that have been declared safe.
- b. Close doors as they are passed through to slow down the advancing fire.
- c. Evacuate persons nearest the danger area first.
- d. Work away from the danger area, if possible, and evacuate all persons to the assembly area designated for that exit, unless otherwise instructed.
- e. One person must remain at the assembly area to ensure that everyone remains in the area. Do not let anyone return to the building or danger area.
- f. Should evacuation become necessary before an exit has been cleared, that is, if both the primary and secondary exits are blocked, go to the furthest room from the danger area. Close the door to the room. Take an object and break the window. Remove the glass from the window. Place a blanket, coat, etc., over the window sill to prevent cuts. Use the window as an escape route.
- g. All residents/personnel shall be counted upon arrival at the assembly area.
- h. Report any missing resident/person, by name, to the person in charge immediately.

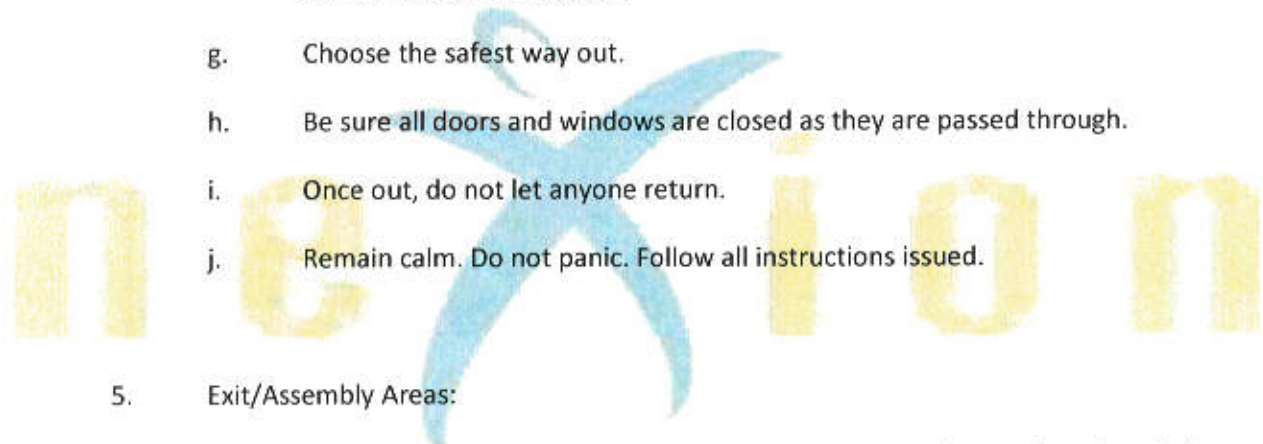
3. Order to Evacuate—Multiple Levels:



- 
- a. Follow evacuation procedures outlined in paragraph 1.
  - b. Establish the primary and secondary evacuation route as the means for escape.
  - c. If not instructed otherwise, proceed down the stairwell. If the stairwell is blocked, go up.
  - d. Should both stairway exits be blocked, go up to the next floor. Be sure all doors are closed as they are passed through.
  - e. Should exit ways be blocked, go to the furthest room away from the danger area. Close the door to the room. If necessary, break out a window. Remove all glass from the window. Place a blanket, coat, etc., over the window sill to prevent cuts.
  - f. Do not attempt to use the window as an exit at this point. Call for assistance and await their arrival. Serious injury or death could result from the jump.
  - g. Do not use elevators. They can become instant death traps should they fail to operate.
  - h. Use exits as they are assigned. Do not alter your exit route unless absolutely necessary.
  - i. Once evacuation is made, use the assembly area designated for that exit unless otherwise instructed.
  - j. Once out, do not return. Stay with the group unless otherwise instructed.

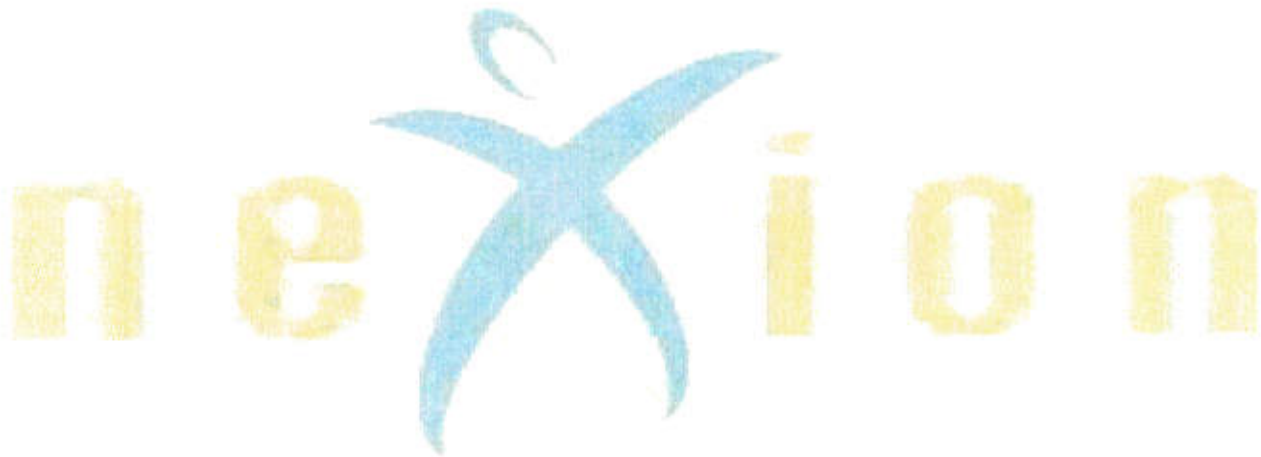
4. Safety Precautions During Evacuation:

- a. When traveling through smoke, keep low. Smoke and heat rise. Crawl along the floor if necessary, but remain low.
- b. Do not run or allow anyone to run in smoke filled areas.
- c. When going through smoke, cover the face from the nose down.
- d. Do not touch anything. Watch for falling debris, wires, etc.
- e. Do not open a door into an area where a suspected fire might be, even if the door is not warm. Do the following before opening the door. Should a fire be on the other side, this test will aid you in closing the door instead of letting the fire blast through:
  - 1. Brace your shoulder against the door.

- 
2. Brace your foot against the base of the door.
  3. Place one hand on the doorknob.
  4. Place one hand along the door opening about head level.
  5. Open the door slowly.
  6. Be sure that the face is turned away from the door opening.
  7. If smoke seeps through, close the door immediately.
  8. Place a blanket, coat, etc., under the door to prevent smoke from entering the room.
- f. If safe, proceed to evacuate. Be sure that all doors are tested in this manner. Should the door be opened, and fire is present, the air from the room could cause the room to explode.
  - g. Choose the safest way out.
  - h. Be sure all doors and windows are closed as they are passed through.
  - i. Once out, do not let anyone return.
  - j. Remain calm. Do not panic. Follow all instructions issued.
5. Exit/Assembly Areas:
- a. Exit routes and assembly areas have been preassigned to each section of the building.
  - b. A primary and secondary area has been established and must be used as instructed.
6. Emergency Medical Treatment:
- a. Once evacuation has been made, check residents and personnel for any injuries.
  - b. Should injuries exist, take the injured persons to designated areas as instructed.
  - c. Only emergency first aid treatment that can be adequately provided by this facility will be administered. Those injuries requiring treatment beyond present capabilities shall be transferred to a facility that is capable of treating such injuries.

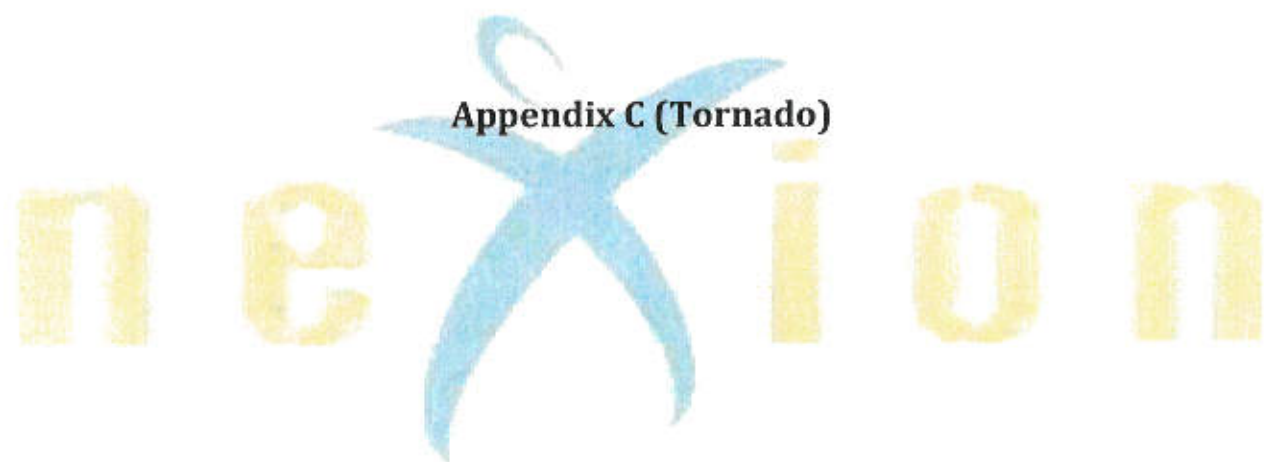
7. Missing Persons:

- a. Once evacuation has been made to an assembly area, a head count should be made to ensure that all residents and personnel are accounted for.
- b. Should anyone be missing, report it to the person in charge immediately.
- c. Do not return to look for missing persons. Special teams will be assigned to this task.



## **Appendix B (Severe Thunderstorm and Lightning)**







# Emergency Procedure – Tornado Watch/Warning

Highlights	Policy Statement
	<p>This facility is prepared to respond to a tornado. This includes in-service staff training and tornado related disaster planning.</p> <p><b>Policy Interpretation and Implementation</b></p> <p>Tornados are violent local storms that extend to the ground with whirling winds that can reach 300 miles per hour.</p> <p>Spawned from powerful thunderstorms, tornados can uproot trees and buildings and turn harmless objects into deadly missiles in a matter of seconds. Damage paths can be in excess of one mile wide and 50 miles long.</p> <p>Tornados can occur in any state but occur more frequently in the Midwest, Southeast, and Southwest. They occur with little or no warning.</p> <p><b>Tornado Watch</b> – Atmospheric conditions are right for tornados to potentially develop. Be ready to take shelter. Stay tuned to radio and television stations for additional information.</p> <p><b>Tornado Warning</b> – A tornado has been sighted in the area or is indicated by radar. Take shelter immediately.</p> <p><b>Planning Considerations for Tornados</b></p> <p>1. Consult with _____ (county name) Emergency Management officials regarding its tornado warning system.</p> <p>Purchase a National Oceanic and Atmospheric Administration (NOAA) Weather Radio with a warning alarm tone and battery backup. Listen for tornado watches and warnings.</p> <p>Establish procedures to inform personnel when tornado warnings are posted. Consider the need for spotters to be responsible for looking out for approaching storms.</p> <p>Consult with Emergency Management officials or National Weather Service office for guidance in designating shelter space.</p> <p>Consider the amount of shelter space needed. Adults require about six square feet of space. Nursing home and hospital residents require more space.</p> <p>The best protection in a tornado is usually an underground area. If an underground area is not available, consider:</p> <p>Small interior rooms without windows on the lowest floor.  Hallways away from doors and windows on the lowest floor.  Rooms without windows constructed with reinforced concrete, brick, or block and a heavy concrete floor or roof system overhead.  Protected areas away from doors and windows.</p>
General Information – Tornados	
Tornado Watch	
Tornado Warning	
Local Emergency Management System	
NOAA Radio Procedures	
Notification of Personnel	
Designating Shelter Space	
Space Needed	
Best Protection	

**Note: Auditoriums, cafeterias, and gymnasiums that are covered with flat, wide-span roofs are not considered safe.**

*continues on next page*

Modular Offices/ Mobile Homes

Make plans for evacuating personnel away from lightweight modular offices or mobile home-sized buildings. These structures offer no protection from tornados.

Drills

Conduct tornado drills.

### **Emergency Procedure – Tornado Watch**

The following procedures are utilized when a tornado **watch** has been issued.

Emergency Procedure – Tornado Watch

2. A watch indicates that tornados may potentially develop as reported by the National Weather Service or through other reports (television, radio, community warning sirens, etc.).

Relocation of Residents

This procedure works in tandem with the shelter-in-place/take cover procedures during an emergency situation that requires the relocation of residents, staff, and visitors to a safe area within the facility.

Code Green

Make the following announcement:

“CODE GREEN, A TORNADO **WATCH** HAS BEEN ISSUED FOR THIS AREA EFFECTIVE UNTIL \_\_\_\_\_ (TIME WATCH ENDS). A TORNADO WATCH MEANS THAT CURRENT WEATHER CONDITIONS MAY PRODUCE A TORNADO. PLEASE CLOSE ALL DRAPERIES AND BLINDS THROUGHOUT THE FACILITY AND AWAIT FURTHER INSTRUCTIONS. PLEASE CONTINUE WITH YOUR REGULAR ACTIVITIES.”

Message Frequency

The above message is repeated again after five (5) minutes and then hourly until the watch has terminated.

Incident Command System

Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position.

Notifications

Notify Administrator and Director of Nursing, if they are not on the premises. Activate the Recall Roster if needed.

Incident Command Post

Facility management staff report to the Incident Command Post for instruction to be prepared for shelter-in-place/take cover procedures.

Monitor Radio and TV

Monitor weather alert radio and television for changing conditions.

Close Windows

Close all window drapes and blinds.

Flashlights/Towels/Blankets

Distribute flashlights, towels, and blankets to staff and residents.

First Aid

Ensure first aid and medical supplies are secured and taken to central area for refuge.

Secure Objects

Secure all outside furniture, trash cans, etc.

All Clear

Once the Tornado Watch has been cancelled and the Incident Commander has determined the dangerous situation has passed, announce “**All Clear, Repeat, All Clear.**”



Accounting

Account for all staff members and residents.

*continues on next page*

## Emergency Procedure – Tornado Warning

The following procedure is utilized when a tornado “warning” has been issued.

Tornado Warning

3. A warning indicates that a tornado has been sighted in the immediate area as reported by the National Weather Service or through other reports (television, radio, community warning sirens, etc.).

Relocation of Residents

This procedure works in tandem with the shelter-in-place/take cover procedures during an emergency situation that requires the relocation of residents, staff, and visitors to Area of Refuge.

Code Green

Make the following announcement:

**“CODE GREEN, A TORNADO WARNING HAS BEEN ISSUED FOR OUR AREA. IMMEDIATELY IMPLEMENT TAKE COVER PROCEDURES. REPEATING—A TORNADO WARNING HAS BEEN ISSUED FOR OUR AREA. IMMEDIATELY IMPLEMENT TAKE COVER PROCEDURES.”**

Repeat Announcement

Repeat after five (5) minutes and then hourly until the warning has terminated.

Incident Command System

Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position.

Notifications

Notify Administrator and Director of Nursing, if they are not on the premises. The Recall Roster is activated if needed.

Shelter-in-Place/Take  
Cover Procedures

Refer to the shelter-in-place/take cover procedures and follow them in their entirety to help ensure the safety of the residents, visitors, and staff.

All Clear Announcement

Once the Tornado warning is over and the Incident Commander has determined the dangerous situation has passed, announce **“All Clear, Repeat, All Clear”** to signal the Take Cover situation has ended.

Returning Residents to  
Rooms  
Accounting

Upon issuance of the All Clear announcement, take residents back to their rooms.

Account for all staff members and residents.

## Procedures After the Storm

Emergency Power

### Emergency Power

4. In the event the storm disrupts our normal power supply, the emergency generator will automatically activate our emergency lights, life-support systems, call systems, etc.

Should the emergency generator fail to activate, the person in charge shall immediately disperse the assigned person(s) to manually start the generator.

*continues on next page*

Damage

**Damage to Building**

5. Should damage occur to the building, that is if the facility is hit by the storm, immediately begin to search for injured persons.

One person shall be assigned the task of inspecting each area and obtaining an injury count and report such information to the person in charge.

Evacuation

**Evacuation**

6. Once the storm has passed and injuries have been reported, it may be necessary to evacuate the area.

Should the Incident Commander decide to evacuate the area, use only assigned assembly areas. Assigned assembly areas are noted on our floor plans.

Be sure exits that are used for evacuation are clear and useable.

All Clear

**All Clear Signal**

7. When a tornado **watch** or **warning** has been canceled an **All Clear** will be announced by the person in charge.

**Do not** attempt to enter any portion of the building, if damaged, until an **All Clear** has been sounded.

**Do not** return residents to their living or sleeping areas until an **All Clear** has been sounded.

Cancellation

**Cancellation of Warning Alert:**

8. When the tornado/severe weather "**warning**" alert has been canceled, return residents to their rooms and/or living area, and resume routine procedures.

Cancel emergency procedures and return to normal practices. Return any emergency equipment to its assigned location.





# Emergency Procedure – Flooding

Highlights	Policy Statement
	This facility is prepared to respond to a flood. This includes in-service staff training and flood related disaster planning.
	<b>Policy Interpretation and Implementation</b>
Frequency of Flooding	1. Floods are the most common and widespread of all natural disasters. Most communities in the United States can experience some degree of flooding after spring rains, heavy thunderstorms, or winter snow thaws.
Floods vs. Flash Floods	2. Most floods develop slowly over a period of days. Flash floods, however, are like walls of water that develop in a matter of minutes. Flash floods can be caused by intense storms or dam failure.
Flood Watch	3. <b>Flood Watch</b> – Flooding is possible. Stay tuned to National Oceanic and Atmospheric Administration (NOAA) radio. Be prepared to evacuate. Tune to local radio and television stations for additional information.
Flood Warning	4. <b>Flood Warning</b> – Flooding is already occurring or will occur soon. Take precautions at once. Be prepared to go to higher ground. If advised, evacuate immediately.
	<b>Planning Considerations for Floods</b>
History of Flooding	9. Consult with _____ (county name) Emergency Management officials to determine if the facility is located in a flood plain and to review the history of flooding in the area.
Radio	5. Purchase a National Oceanic and Atmospheric Administration (NOAA) Weather Radio with a warning alarm tone and battery backup. Listen for flood watches and warnings.
Community Emergency Plan	6. Review the community's emergency plan. Learn the community's evacuation routes. Know where to find higher ground in case of a flood.
Flood Inspection	7. Inspect areas that may be subject to flooding. Identify records and equipment that can be moved to a higher location. Make plans to move records and equipment in case of a flood.
Insurance	8. Ensure the facility's insurance policy provides coverage for flooding. Evaluate the feasibility of flood proofing your facility.
	<b>Flood Proofing Measures</b>
Permanent Flood Proofing	10. Permanent flood proofing measures are taken before a flood occurs and require no human intervention when floodwaters rise. They include: <ul style="list-style-type: none"> <li>a) Filling windows, doors, or other openings with water-resistant materials such as concrete blocks or bricks. This approach assumes the structure is strong enough to withstand floodwaters.</li> </ul>

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#### Contingent Flood Proofing

- Installing check valves to prevent water from entering where utility and sewer lines enter the facility.
- Reinforcing walls to resist water pressure and sealing walls to prevent or reduce seepage.
- Building watertight walls around equipment or work areas within the facility that are particularly susceptible to flood damage.
- Constructing floodwalls or levees outside the facility to keep flood waters away.
- Elevating the facility on walls, columns, or compacted fill. This approach is most applicable to new construction, though many types of buildings can be elevated.

#### Emergency Flood Proofing

9. Contingent flood proofing measures are also taken before a flood but require some additional action when flooding occurs. These measures include:
  - a) Installing watertight barriers, called flood shields, to prevent the passage of water through doors, windows, ventilation shafts, or other openings.Installing permanent watertight doors.  
Constructing movable floodwalls.  
Installing permanent pumps to remove flood waters.
10. Emergency flood proofing measures are generally less expensive than those listed above, but they require substantial advance warning and do not satisfy the minimum requirements for watertight flood proofing as set forth by the National Flood Insurance Program (NFIP). They include:
  - a) Building walls with sandbags.Constructing a double row of walls with boards and posts to create a "crib," then filling the "crib" with soil.  
Constructing a single wall by stacking small beams or planks on top of each other.  
Evaluating the need for backup systems, such as:
  - Portable pumps to remove flood water.
  - Alternate power sources such as generators or gasoline-powered pumps.
  - Battery-powered emergency lighting.
  - Participation in community flood control projects.

### Emergency Procedure – Flooding

The following procedure is utilized in the event of flooding, flash floods, dam break, when a flood watch or warning has been issued:

#### Announcement

11. Make the following announcement:

"CODE GREEN, A FLOOD/FLASH FLOOD WATCH OR WARNING HAS BEEN ISSUED FOR THIS AREA EFFECTIVE UNTIL \_\_\_\_\_ (TIME WATCH ENDS). A FLOOD **WATCH** MEANS THAT CURRENT WEATHER CONDITIONS MAY PRODUCE FLOODING. A FLOOD **WARNING** INDICATES THAT FLOODING IS OCCURRING IN THE AREA. PLEASE AWAIT FURTHER INSTRUCTIONS."

#### Incident Command System

11. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position.

*continues on next page*

12. Notify the Administrator and Director of Nursing if they are not on the premises. Activate the Recall Roster if needed.



Notification

Briefing and Instructions

Decision to Flood Proof or Evacuate

Coordination with Local Authorities

All Clear

"Under Control"

Accounting of Residents and Staff

Administrator/Incident Commander:

Management Staff of All Departments

Maintenance

13. Facility management staff report to the Incident Command Post for a briefing and instructions.
14. The Incident Commander decides whether to flood proof (see Flood Proofing Methods above) or evacuate based on geographical location and history of flooding of the facility. If evacuation is necessary, follow *Emergency Procedure - Immediate Evacuation*.
15. Coordinate all internal emergency operations with the local authorities. They will be able to quickly assist in controlling the situation provided that a good line of communication is established between them and the Incident Commander.
16. Once the flood watch/warning has been cancelled and the Incident Commander has determined the dangerous situation has passed, announce **"All Clear, Repeat, All Clear."**
17. Only declare the situation "under control" after the local authorities have concluded emergency operations and the Incident Commander has declared the situation "safe."
18. Account for all residents and staff members.

### Emergency Job Tasks – Flooding

Specific tasks are assigned to staff members during an emergency based on the following criteria:

#### 12. Administrator/Incident Commander

- b) Activate Recall Roster and alert management staff to report to the Incident Command Post.

Decide to flood proof the facility or to evacuate.

If decision is to evacuate, utilize the facility's evacuation procedure.

Ensure staff members and residents are accounted for and safe.

Continuously remind all staff to remain calm and in control so as to not upset the residents.

#### 19. Management Staff of All Departments

- a) Report to the Incident Command Post.
- Assist with flood proofing the facility if necessary.  
Remain calm so as to not upset the residents.  
Be prepared to activate evacuation procedures.

#### 20. Maintenance

- a) Report to the Incident Command Post.
- Flood proof the facility if necessary.  
Remain calm so as to not upset the residents.  
Be prepared to activate evacuation procedures.

*continues on next page*

Staff Members of All  
Departments

21. Staff Members of All Departments

- a) Assist with flood proofing if necessary.  
Remain calm so as to not upset the residents.  
Be prepared to activate evacuation procedures.





## **Appendix E (Winter Storms)**





## **Appendix F (Hurricanes)**

## Emergency Procedure – Hurricanes/Tropical Storms

Highlights	Policy Statement
	This facility is prepared to respond to a tropical storm or hurricane. This includes in-service staff training and hurricane related disaster planning.
	<b>Policy Interpretation and Implementation</b>
Hurricanes	b) Hurricanes are severe tropical storms with sustained winds of 74 miles per hour or greater. Winds may gust to over 200 miles per hour. Hurricane winds can reach 160 miles per hour and extend inland for hundreds of miles.
Water damage	c) Hurricanes bring torrential rains and a storm surge of ocean water that crashes into land as the storm approaches. Hurricanes also spawn tornadoes.
Hurricane Advisories	d) Hurricane advisories are issued by the National Weather Service as soon as a hurricane appears to be a threat. The Atlantic hurricane season lasts from June through November. The majority of hurricanes occur in September. The National Hurricane Center, located in Miami, Florida, tracks and predicts storm activity.
Hurricane Season	e) <b>Hurricane Watch</b> – A hurricane is possible within 36 hours. Stay tuned for additional advisories. Tune to local radio and television stations for additional information.
Hurricane Watch	f) <b>Hurricane Warning</b> – A hurricane is expected to hit land within 24 hours. Hurricane conditions are imminent, bringing: Sustained winds of 74 miles per hour or higher. Torrential rain fall, which will cause flooding. Storm surge, rising tidal sea levels of more than ten feet above normal.
Hurricane Warning	
Hurricane Landfall	g) <b>Hurricane Landfall</b> – The periods of time when hurricane winds, rains, and storm tide present a danger to the general population as the storm approaches land and passes through the area.
Tropical Storm	h) <b>Tropical Storm</b> – Winds over 39 miles per hour but less than 74 miles per hour.
Tropical Depression	i) <b>Tropical Depression</b> – Winds less than 30 miles per hour.
Tropical Storm Watch	j) <b>Tropical Storm Watch</b> – Issued when storm conditions are expected within 36 hours.
Tropical Storm Warning	k) <b>Tropical Storm Warning</b> – Issued when storm conditions are expected within 24 hours.

Hurricane Center to  
for wind and storm

nade.  
coast configuration.

M (ft)	DAMAGE
	Minimal
	Moderate
2	Extensive
8	Extreme
	Catastrophic

e following:

ipping around are

icks windows. Poorly

in excess of 40 miles

f ten people killed in

: as the storm moves  
urricane category, its

ons, causes sewers to  
es, washes out roads,

s, dead animals, and

cal Storms

Flood and Evacuation  
Zones

Flood Probability

Review Hurricane  
Preparedness

NOAA Weather Radio

Watches and Warnings

Protect Outside Equipment

Protect Windows

Backup Systems

Hurricane and Tropical  
Storm Threat/Watch

Contacts

Notify Staff

List of Available  
Employees

Alternate Care Facilities  
and Transportation

Resident Acuity Levels for  
Evacuation Purposes

Resident Emergency  
Packets

Contact Family Members

Medical Records

13. Consult with the local Emergency Management Office to determine the facility's flood zone and hurricane evacuation zone. Wind damage from a hurricane can necessitate evacuation even if there is no threat of flooding from the storm surge.

p) Determine facility flood probability, the possibility of evacuation based on flood predictions, and prepare evacuation procedures.

*continues on next page*

q) Prior to the hurricane season, conduct a review of hurricane preparedness. This includes in-service staff training and an updating of all hurricane related disaster planning.

r) Purchase a National Oceanic and Atmospheric Administration (NOAA) Weather Radio with a warning alarm tone and battery backup.

s) Listen for hurricane watches and warnings.

t) Survey the facility. Make plans to protect outside equipment and structures.

u) Make plans to protect windows. Permanent storm shutters offer the best protection. Covering windows with 5/8-inch marine plywood is a second option.

v) Consider the need for backup systems:

w) Portable pumps to remove flood water.

Alternate power sources, such as generators or gasoline-powered pumps.

### Emergency Procedure – Hurricane and Tropical Storm Threat and Watch

The following procedure is initiated when a hurricane or tropical storm is predicted (threat) and when a **Watch** is issued. A **Watch** is issued when a hurricane or tropical storm is expected to hit within 36 hours.

14. The management team activates the Emergency Management Plan and discusses preparations for the storm. The most qualified staff member on duty at the time assumes the role as EPC.

x) Contact ownership, Corporate Contact, State Regulatory/Licensure Agency, Emergency Management Office, and Medical Director to notify them of the decision to evacuate or shelter-in-place.

y) Notify staff members.

z) Each department contacts all employees and creates a list of phone numbers/emergency phone numbers of employees who are available to work during a shelter-in-place or evacuation scenario. Confirm expected availability, as well as the number of family members joining the staff members before, during and after the storm. Share findings with the EPC.

aa) Alert receiving facilities and transportation providers of the potential storm.

bb) Update the *Resident Census with Acuity Levels for Evacuation Purposes* sheet to determine transportation needs according to acuity and special needs.

cc) Update and have ready Resident Emergency Packet, Emergency "Go Bags," and Resident Evacuation Identification Wristbands.

dd) Contact family members/responsible parties to notify them of the potential threat of a storm in order to determine if they wish to take residents home during the storm and compile a list.

ee) Begin preparation to transport medical records if evacuation procedures are activated.



Medications and Supplies

Disaster Supplies

Food and Water

Alert Transportation

Assign Tasks

Alert Vendors

Prepare Residents for Transport

ff) Prepare medications, medication carts, emergency drug boxes, first aid supplies, medical equipment, etc., for transport.

gg) Prepare disaster supplies for transport if necessary. Prepare at least a one-week supply of pharmaceuticals, oxygen, and disposable supplies.

hh) Prepare at least a one-week supply of disaster food and water for transport or have supplies sent to receiving facilities.

ii) Alert transportation providers.

jj) Assign tasks to the designated driver(s) to ensure facility transportation is ready for usage.

kk) Alert food and emergency water vendors, medical supply vendors, and pharmacy that an evacuation or shelter-in-place situation might occur.

ll) Prepare residents in designated groups according to acuity for transport to alternate care facilities if evacuation procedures are activated. Ensure the residents:

Are properly attired for the weather with shoes, coats, hats, etc.

Are wearing Evacuation Identification Bands.

Have Emergency Packets with face sheets, identification, Do Not Resuscitate (DNR) orders, insurance information, etc.

Have Emergency "Go Bags" with personal clothing, gowns/pajamas, shoes, slippers, socks, and underclothes for three to four days, incontinence supplies, personal grooming items, dental supplies, dentures, hearing aids, eyeglasses, falls and skin breakdown preventative aids, and other medical supplies.

Have pillows, blankets, and bed linens (mattresses may be transported as well).

Have all adaptive aids (for example, hearing aids and dentures are packed and properly labeled).

mm) Cancel all outside activities and restrict admissions as storm approaches.

nn) Begin stockpiling of water in tubs, trash cans, buckets, etc., 12 hours before the predicted arrival of the hurricane.

oo) Continue to monitor updates regarding the storm and check with Emergency Management Office for updates and recommendations.

pp) Administrator/EPC or Designee must decide whether to evacuate or shelter-in-place, depending on the prediction of the storm conditions.

qq) Complete all evacuation procedures before the onset of tropical storm or hurricane winds in the area. The facility must determine how long it will take to complete a full-scale facility evacuation. The amount of time it takes to evacuate then travel to the sheltering facility should be multiplied times three to account for evacuation traffic, as well as other factors.

rr) Coordinate all internal emergency operations with the local authorities. They will be able to quickly assist in controlling the situation provided that a good line of communication is established between them and the Incident Commander.

Cancel Activities

Stockpiling of Water

Monitor Storm Updates

Decision to Evacuate or Shelter-in-Place

Completion of Procedures

Coordination with Local  
Authorities

*continues on next page*

### **Emergency Job Tasks – Hurricane and Tropical Storm Threat and Watch**

#### **15. Administrator/EPC**

Administrator/Incident  
Commander

- ss) Meet with the management team to activate Emergency Management Plan (EMP) and discuss preparations for the storm.
- Contact ownership, Corporate Contact, and Emergency Management Office for updates and further instructions.
- Notify staff members and the Medical Director.
- Continuously remind all staff to remain calm and in control so as to not upset the residents.
- Alert receiving facilities and transportation providers of potential storm.
- Ensure Resident Emergency Information Packets and Emergency "Go Bags" are updated.
- Ensure families/responsible parties are notified.
- Continue to monitor updates regarding the storm and check with Emergency Management Office for updates and recommendations.
- If conditions warrant, contact ownership, Corporate Contact, State Regulatory/Licensure Agency and Emergency Management Office of decision to evacuate or shelter-in-place.
- Activate evacuation procedures or shelter-in-place procedures.
- Keep in mind that all evacuation procedures must be completed before the onset of tropical storm or hurricane winds in the area. The facility must determine how long it will take to complete a full-scale evacuation.
- Coordinate all internal emergency operations with the local authorities. They will be able to quickly assist in controlling the situation, provided that a good line of communication is established between them and the Incident Commander.

#### **tt) Director of Nursing**

Director of Nursing

Contact employees and create a list of employees with phone numbers/emergency phone numbers of who is available to work during a shelter-in-place or evacuation scenario. Confirm expected availability, as well as the number of family members joining the staff members before, during and after the storm.

Update *Resident Census with Acuity Sheet for Evacuation Purposes* to determine transportation needs based on acuity and special needs.

Determine all special transportation needs for residents who require higher levels of care.

Ensure Resident Emergency Information Packets are updated.

Ensure resident Emergency "Go Bags" are packed.



Nursing Staff

Certified Nursing Assistants

Office Staff

Medical Records

Notify medical supply vendors and pharmacy.

Ensure disaster supplies are packed and ready for transport if necessary.

Ensure family members/responsible parties are notified of potential threat of a storm. Determine if they wish to take residents home during the storm.  
Continuously remind nursing staff to remain calm and in control so as to not upset the residents.  
Be prepared to activate evacuation procedures or shelter-in-place procedures.

*continues on next page*

uu) Nursing Staff

Contact attending physicians to receive discharge orders for those residents being discharged to their families, as well as securing updated orders for all residents.  
Prepare medications/medication carts/emergency drug boxes for transport.  
Ensure Resident Emergency Information Packets and Resident Evacuation Identification Wristbands are updated.  
Prepare disaster supplies for transport if necessary.  
Ensure there is at least a one-week supply of pharmaceuticals, oxygen, and disposable supplies or have supplies sent to receiving facility.  
Remain calm so as not to upset the residents.  
Be prepared to activate evacuation procedures or shelter-in-place procedures.

vv) Certified Nursing Assistants

Prepare Emergency "Go Bags" for residents with:

1. Personal clothing, i.e., gowns/pajamas, shoes, slippers, socks, underclothes for three to four days.
2. Incontinence supplies.
3. Personal grooming items, dental supplies, dentures, hearing aids, eyeglasses.
4. Falls and skin breakdown preventative aids and other medical supplies.  
Prepare pillows, blankets, and bed linens (mattresses may be transported as well).

Ensure all adaptive aids, such as hearing aids and dentures are packed and properly labeled.

Remain calm to not upset the residents.

Be prepared to activate evacuation procedures or shelter-in-place procedures.

ww) Office Staff

Gather essential resident, employee, and facility records.

As directed by Incident Commander, continue to notify families/responsible parties of discharge plans and/or plan to evacuate/shelter-in-place.

Document all emergency actions taken and notifications.

As directed by EPC, continue to notify staff members to report to the facility as soon as possible.

Remain calm so as to not upset the residents.

Be prepared to activate evacuation procedures or shelter-in-place procedures.

xx) Medical Records

Protect and gather resident records for transport if necessary.

Remain calm so as to not upset the residents.

Be prepared to activate evacuation procedures or shelter-in-place procedures.

Social Services/Activities

yy) Social Services/Activities

Notify families/responsible parties who have requested their loved ones be discharged to their care. Make list and forward to nursing department, so discharge orders can be obtained from attending physicians.

Ensure Do Not Resuscitate (DNR) orders are accurate.

Remain calm so as to not upset the residents.

Be prepared to activate evacuation procedures or shelter-in-place procedures.

*continues on next page*

Maintenance

zz) Maintenance

Monitor fuel supply for generator and ensure all equipment and utilities are functioning properly.

Ensure supplies, such as radios, flashlights, batteries, etc., are organized for usage and ready for transport if necessary.

Tape windows and glass doors in an "X" pattern.

Clear gutters, drains, and storm sewers.

Secure outside furniture, planters, awnings, and trash cans.

Remain calm so as to not upset the residents.

Be prepared to activate evacuation procedures or shelter-in-place procedures.

Food Service

aaa) Food Service

Contact employees and create a list of phone numbers/emergency phone numbers of employees who are available to work during a shelter-in-place or evacuation scenario.

Confirm expected availability as well as the number of family members joining the staff members before, during and after the storm.

Protect and gather vital resident nutritional and department records for transport.

Collect and prepare for transport needed food, water, cooking utensils, and disposal materials based on the available facilities and supplies at the evacuation site.

Alert vendors that supplies may need to be delivered to receiving facility.

Remain calm so as to not upset the residents.

Be prepared to activate evacuation procedures or shelter-in-place procedures.

Housekeeping/Laundry

bbb) Housekeeping/Laundry

Contact employees and create a list of phone numbers/emergency phone numbers of employees who are available to work during a shelter-in-place or evacuation scenario. Confirm expected availability as well as the number of family members joining the staff members before, during and after the storm.

Ensure an adequate supply of personal clothing and linens for evacuation or sheltering-in-place.

Gather and prepare all linens for transport if necessary.

Establish distribution and collection systems for linens at the alternate care facility.

Remain calm so as to not upset the residents.

Maintain a healthy and sanitary environment.

Transportation

ccc) Transportation

Move facility vehicles away from trees and utility poles.

Check fuel, oil, and water levels for each vehicle.

Prepare maps with evacuation routes and alternate routes.

Remain calm so as to not upset the residents.

ddd) Medical Director

Assist facility with resident transfer decisions and emergency orders if attending physician is unavailable.

Medical Director

*continues on next page*

ccc) Family Members and Loved Ones of Staff and Residents

May remain with staff members and residents during sheltering-in-place or accompany them during evacuation to receiving facilities as space permits/approved by the EPC. Family members are not to provide any resident care.

Employees wear name tags.

Family Members wear visitor tags.

Meals are provided.

(The Dietary Department should be advised of how many family members are joining the facility).

Family Members and  
Loved Ones of Staff and  
Residents

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**Appendix G (Hazardous Material Release)**



## Emergency Procedure – Hazardous Materials Release

Highlights	Policy Statement
	<p>This policy is in place to assist the facility in the event of a hazardous materials release on or near the property. The following procedures will be utilized in response to such an event.</p>
	<p><b>Policy Interpretation and Implementation</b></p>
Definitions	<p>Hazardous materials are substances that are flammable (combustible), explosive, toxic, noxious, corrosive, oxidizable, irritants, or radioactive. A hazardous material spill or release can pose a risk to life, health, or property.</p>
Federal Laws	<p>Federal laws that regulate hazardous materials include the:</p> <ul style="list-style-type: none"> <li>Superfund Amendments and Reauthorization Act of 1986 (SARA)</li> <li>Resource Conservation and Recovery Act of 1976 (RCRA)</li> <li>Hazardous Materials Transportation Act (HMTA)</li> <li>Occupational Safety and Health Act (OSHA)</li> <li>Toxic Substances Control Act (TSCA)</li> <li>Clean Air Act</li> </ul>
Title III SARA	<p>Title III of SARA regulates the packaging, labeling, handling, storage, and transportation of hazardous materials. The law requires facilities to furnish information about the quantities and health effects of materials used at the facility, and to promptly notify local and state officials whenever a significant release of hazardous materials occurs.</p>
	<p><b>Planning considerations regarding hazardous materials:</b></p>
Identifying and Labeling	<p>Identify and label all hazardous materials stored, handled, produced, and disposed of by the facility.</p> <p>Follow government regulations that apply to the facility.</p> <p>Obtain material safety data sheets (MSDS) for all hazardous materials at the location.</p>
Employee Training	<p>Train employees to recognize and report hazardous material spills and releases. Train employees in proper handling and storage.</p>
Materials Used in Facility Processes and Construction	<p>Identify any hazardous materials used in facility processes and in the construction of the physical plant.</p> <p>Identify other facilities in the area that use hazardous materials. Determine whether an incident could affect this facility.</p> <p>Identify potential for an off-site incident affecting operation.</p> <p>Identify highways, railroads, and waterways near the facility used for the transportation of hazardous materials. Determine how a transportation accident near</p>



Off-Site Hazards

the facility could affect operations.

Definitions: EPA and  
OSHA

Detailed definitions as well as lists of hazardous materials can be obtained from the Environmental Protection Agency (EPA) and the Occupational Safety and Health Administration (OSHA).

*continues on next page*

### **Emergency Procedure – Hazardous Materials Incident**

The following procedure is utilized in the event of a hazardous materials incident in or near this facility.

Announcement

1. Make the following announcement in the facility overhead paging system:  
"CODE ORANGE IN \_\_\_\_\_ (location). DESIGNATED  
PERSONNEL, PLEASE REPORT TO THE ICS IMMEDIATELY."

Notify 911

2. Notify 911 to alert the emergency response system that a hazardous materials incident is in progress. Provide the 911 dispatcher with as much relevant information as possible.

Notification of Incident in  
the Community

3. Local authorities and the Emergency Management Office will typically warn the facility of such an accident, if it occurs within the community.

Incident Command System  
Reporting

4. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.
5. Notify the Administrator and Director of Nursing if they are not on the premises. Activate the Recall Roster if warranted.

Notify Administrator and  
DON

6. Facility management staff should report to the Incident Command Post for briefing and instructions.

Report to ICS

7. Determine if a hazardous chemical or gas leak might endanger the residents.
8. Based on the magnitude of the incident/accident, evacuation may be necessary. The Fire Department, Police, and Emergency Management will assist in determining if evacuation is necessary.

Assessment of Danger

9. If evacuation is necessary, evacuation procedures are followed.
10. It is essential that all internal emergency operations are coordinated with the local authorities. They will be able to quickly assist in controlling the situation provided that a good line of communication is established with the Incident Commander.

Need for Evacuation

11. The situation is only deemed "under control" after the local authorities have concluded emergency operations and the Incident Commander has declared the situation "safe." At that point an "All Clear" can be announced.
12. Account for all staff members and residents.

Evacuation Procedures

Communication with Local  
Authorities

### **Emergency Job Tasks – Hazardous Materials Incident**

All Clear

Specific tasks are assigned to staff members during an emergency based on the following criteria:

Accounting

1. Administrator/Incident Commander
  - a) Contact 911 and Emergency Management Director.

Administrator/Incident  
Commander

- continues on next page*
- b) Activate the ICS to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.
  - c) Instruct all staff members.
  - d) Upon arrival of authorities, establish contact with the officer in charge and relay all relevant information regarding the situation.
  - e) Make the decision regarding evacuation, which would be activated via emergency evacuation procedures.
  - f) Ensure all staff members are accounted for and safe.
  - g) Continuously remind all staff to remain calm and in control so as not to upset the residents.

Management Staff of All Departments

- a) Report to the Incident Command Post.
- b) Instruct staff members to keep windows and doors closed.
- c) Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities. **Keep doors closed.**
- d) Remain calm so as to not upset the residents.
- e) Be prepared to activate evacuation procedures.

Maintenance

- a) Report to the Incident Command Post.
- b) Shut off all air conditioning and other air intake processes.
- c) Instruct staff members to keep windows and doors closed.
- d) Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities. **Keep doors closed.**
- e) Remain calm so as to not upset the residents.
- f) Be prepared to activate evacuation procedures.

Management Staff of All  
Departments

Maintenance

Staff Members of All Departments

- a) Shut windows and doors.
- b) Ensure residents and visitors remain in the facility until further notice from the local authorities. **Keep doors closed.**
- c) Remain calm so as to not upset the residents.
- d) Be prepared to activate evacuation procedures.

Staff Members of All  
Departments





# Emergency Procedure – Terrorism/Bomb Threat

Highlights	Policy Statement
<p>All Threats Serious</p> <p>Training</p> <p>Reporting</p>	<p>This facility is prepared to respond to a bomb threat.</p> <p><b>Policy Interpretation and Implementation</b></p> <p>This facility treats all bomb threats as serious dangers, although many prove to be false.</p> <p>All staff receives training on the Bomb Threat Procedure.</p> <p>Facility staff will report any bomb threat to the police department or local law enforcement.</p>
<p>Bomb Threat Telephone Procedure</p> <p>Keep Caller on the Phone</p> <p>Incident Command System</p> <p>Announcement</p> <p>Notifications</p> <p>Incident Command Post</p> <p>Discreet Search</p>	<p><b>Emergency Procedure – Bomb Threat</b></p> <ol style="list-style-type: none"> <li>1. Utilize the <i>Bomb Threat Telephone Procedure Checklist</i> if telephone threats or warnings about bombs in the facility are received.</li> <li>2. Try to keep the caller on the phone as long as possible by asking the questions outlined in the <i>Bomb Threat Telephone Procedure Checklist</i>.</li> <li>3. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.</li> <li>4. Make the following announcement:  “CODE YELLOW REPEATING – CODE YELLOW. ASSIGNED STAFF PLEASE REPORT TO Command Center FOR INSTRUCTIONS”.</li> </ol> <p>Notify the following:</p> <ol style="list-style-type: none"> <li>1) Administrator and/or the highest-ranking staff member on duty, who activate the Recall Roster.</li> <li>2) Police Department or local law enforcement (call 911).</li> <li>3) Facility management staff report to the Incident Command Post (ICP) for a briefing and instructions.</li> <li>4) Discreetly and quietly conduct a thorough search of their respective areas and departments. <ol style="list-style-type: none"> <li>e) Look for any unusual or extraneous items, such as boxes, packages, bags, etc.</li> <li>f) If any unusual item is found, staff members are not to disturb the item.</li> <li>g) Do not approach or touch a suspicious package/device. Immediately evacuate everyone away from such discoveries and immediately report all findings to the Administrator or Incident Commander.</li> </ol> </li> </ol>

*continues on next page*

Suspicious  
Package/Device

Coordinating with Law  
Enforcement

Investigation

Telephone Procedures

Administrator/Incident  
Commander

It is essential to coordinate all actions with law enforcement officials.

If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

### **Telephone Procedure – Bomb Threat**

The following should be utilized if telephone threats or warnings about a bomb in the facility are received:

1. Keep the caller on the line as long as possible.
2. Ask the caller to repeat the message.
3. Record every word spoken by the person making the call.
4. Record the time the call was received and terminated.
5. Ask the caller his/her name.
6. If the caller does not indicate the location of the bomb or possible detonation time, the person receiving the call should ask the caller to provide this information.
7. It may be advisable to inform the caller that the building is occupied and that the detonation of a bomb could result in death or serious injury to many innocent people.

Complete the *Bomb Threat Telephone Procedure Checklist*.

### **Emergency Job Tasks – Bomb Threat**

Specific tasks are assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - i) Contact Law Enforcement.
  - ii) Activate the ICS to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.
  - iii) Instruct all staff members to search respective areas/departments to look for any unusual or extraneous items, such as boxes, packages, bags, etc.
  - iv) Upon arrival of Law Enforcement, establish contact with the officer in charge and relay all relevant information regarding the situation.
  - v) Responsible for making the decision regarding evacuation, which would be activated via evacuation emergency procedures.
  - vi) Ensure residents and staff members are accounted for and safe.
  - vii) Continuously remind all staff to remain calm and in control so as to not upset the residents.



*continues on next page*

Management Staff

Management Staff of All Departments

- 1) Report to the Incident Command Post.
- 2) Instruct staff members to search respective areas discreetly and thoroughly, looking for any unusual or extraneous items, such as boxes, packages, bags, etc.
- 3) Remain calm so as to not upset the residents.
- 4) Be prepared to activate evacuation procedures.

Staff Members

Staff Members of All Departments

- 1) Search respective areas discreetly and thoroughly, looking for any unusual or extraneous items, such as boxes, packages, bags, etc.
- 2) Remain calm so as to not upset the residents.
- 3) Be prepared to activate evacuation procedures.

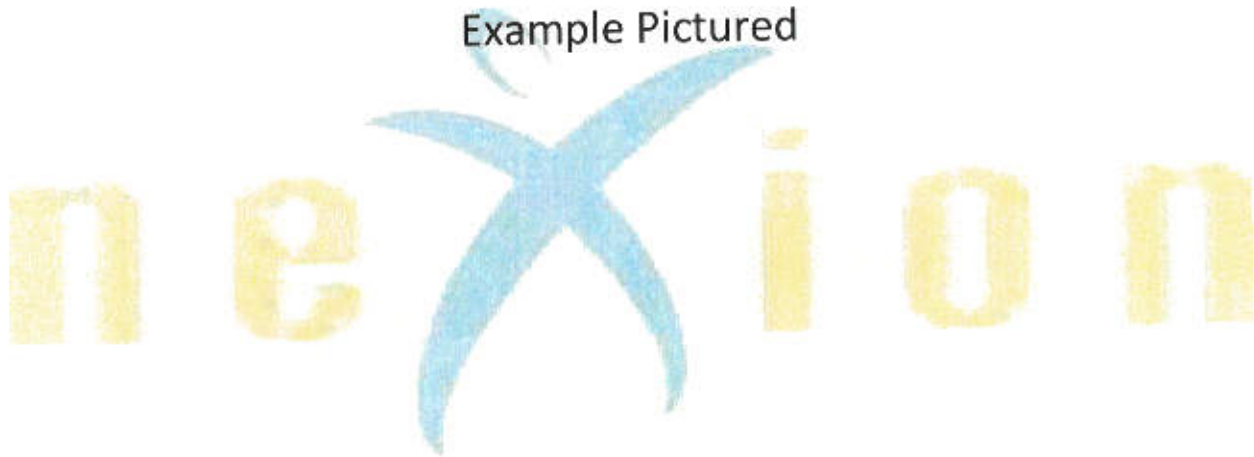
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## Appendix I:

### Nexion Hazardous Vulnerability Assessment

(Please utilize the above titled spreadsheet on the I-Drive to complete your assessment)

Example Pictured





# HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURALLY OCCURRING EVENTS

Annex M  
Attachment 3  
Tab 1

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)							RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT		PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services		Preplanning	Time effectiveness, resources	Community Mutual Aid staff and supplies	Relative threat
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High		0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane	0	0	0	0		0	0	0	0%
Tornado	0	0	0	0		0	0	0	0%
Severe Thunderstorm	0	0	0	0		0	0	0	0%
Snow Fall	0	0	0	0		0	0	0	0%
Blizzard	0	0	0	0		0	0	0	0%
Ice Storm	0	0	0	0		0	0	0	0%
Earthquake	0	0	0	0		0	0	0	0%
Tidal Wave	0	0	0	0		0	0	0	0%
Temperature Extremes	0	0	0	0		0	0	0	0%
Drought	0	0	0	0		0	0	0	0%
Flood, External	0	0	0	0		0	0	0	0%
Wild Fire	0	0	0	0		0	0	0	0%
Landslide	0	0	0	0		0	0	0	0%
Dam Inundation	0	0	0	0		0	0	0	0%
Volcano	0	0	0	0		0	0	0	0%
Epidemic	0	0	0	0		0	0	0	0%
AVERAGE SCORE	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0%

\* threat increases with percentage

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

ASJH  
3/14/2017

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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

### Guidance

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

### Directions for the Completion of Survey

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

THIS IS NOT AN EMERGENCY PLAN

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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

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

Mail To:

**P.O. Box 3767**

**Baton Rouge, LA 70821**

Or Ship To:

**628 N. 4<sup>th</sup> St, 3<sup>rd</sup> Floor**

**Baton Rouge, LA 70802**

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

Health Standards Section, Nursing Home Emergency Preparedness

Malcolm Tietje

Phone: (225)342-2390

Fax: (225)342-0453

E-Mail: [Malcolm.Tietje@la.gov](mailto:Malcolm.Tietje@la.gov)

Or

Health Standards Section, Program Manager

Mary Sept

Phone: (225)342-3240

Fax: (225)342-0453

E-Mail: [Mary.Sept@la.gov](mailto:Mary.Sept@la.gov)

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021



# 2021 Nursing Home Emergency Preparedness Plan Survey

For Year: 2021

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

**Facility Name (Print):**

Thibodaux Healthcare and Rehabilitation Center

**Name of Administrator (Print):**

Bradley Barbera

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

Phone #: 985-446-1332

Cell Phone #: 985-665-1050

Administrator E-Mail: thibodaux.adm@nexion-health.com

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

Name: Kala Benoit

Position: Director of Nursing

Phone #: 985-446-1332

Cell Phone #: 985-860-0843

E-Mail: thibodaux.don@nexion-health.com

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

150 Percy Brown Road

Thibodaux, LA 70301

**Longitude:** 90\*47'28.43

**Latitude:** 29\*47'22.91

# 2021 Nursing Home Emergency Preparedness Plan Survey

VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: Thibodaux Healthcare and Rehabilitation Center

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

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

Date submitted: 2/25/21

**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: Administrator

NAME: Bradley Barbera

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

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

i. ☐ Category 1- winds 74 to 95 mph

ii. ☒ Category 2- winds 96 to 110 mph

iii. ☐ Category 3- winds 111 to 130 mph

iv. ☐ Category 4- winds 131 to 155 mph

v. ☐ Category 5- winds 156 mph and greater

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

i. 72 Hours before the arrival of the hurricane.

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

i. 72 Hours before the arrival of the hurricane.

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

TITLE/POSITION: Administrator

NAME: Bradley Barbera

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

#### A. Facility Description:

1. What year was the facility built? 2020

2. How many floors does facility have? 1

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

☒ Yes, answer 3.a, b, c, d

☐ No/Unknown, answer 3.e

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

i. ☐ Category 1- winds 74 to 95 mph

ii. ☐ Category 2- winds 96 to 110 mph

iii. ☒ Category 3- winds 111 to 130 mph

iv. ☐ Category 4- winds 131 to 155 mph

v. ☐ Category 5- winds 156 mph and greater

vi. ☐ Unable to determine : see A.3.e

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

i. ☐ Category 1- winds 74 to 95 mph

ii. ☐ Category 2- winds 96 to 110 mph

iii. ☒ Category 3- winds 111 to 130 mph

iv. ☐ Category 4- winds 131 to 155 mph

v. ☐ Category 5- winds 156 mph and greater

vi. ☐ Unable to determine : see A.3.e

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

i. ☐ Based on professional/expert report,

ii. ☐ Based on building plans or records,

iii. ☒ Based on building codes from the year building was constructed

iv. ☐ Other non-subjective based source. Name and describe source.

\_\_\_\_\_

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

i. ☐ Yes

ii. ☒ No

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

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

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

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



## 2021 Nursing Home Emergency Preparedness Plan Survey

- c) Generator(s) is 18 feet above sea level.
- d) Lowest electrical service box(s) is 13 feet above sea level.
- e) Fuel storage tank(s), if applicable, is 13 feet above sea level.
- f) Private water well, if applicable, is n/a feet above sea level.
- g) Private sewer system and motor, if applicable, is n/a feet above sea level.

5. Does plan contain a copy of the facility's Sea Lake Overland Surge from Hurricanes (SLOSH) model?

☒ Yes. Use SLOSH to answer A.5.a. and b.

➤ If No. Obtain SLOSH, incorporate into planning, and then indicate that this has been done by marking yes.

a) Is the building or any of its essential systems susceptible to flooding from storm surge as predicted by the SLOSH model?

i. ☐ Yes- answer A.5.b

ii. ☒ No, go to A. 6.

b) If yes, what is the **weakest** SLOSH predicted category of hurricane that will cause flooding?

i. ☐ Category 1- winds 74 to 95 mph

ii. ☐ Category 2- winds 96 to 110 mph

iii. ☐ Category 3- winds 111 to 130 mph

iv. ☐ Category 4- winds 131 to 155 mph

v. ☐ Category 5- winds 156 mph and greater

6. Mark the FEMA Flood Zone the building is located in?

a) ☐ **B and X** – Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. B Zones are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile. **Moderate to Low Risk Area**

b) ☒ **C and X** – Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level. Zone C may have ponding and local drainage problems that don't warrant a detailed study or designation as base floodplain. Zone X is the area determined to be outside the 500-year flood and protected by levee from 100-year flood. **Moderate to Low Risk Area**

c) ☐ **A** – Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones. **High Risk Area**

d) ☐ **AE** – The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30 Zones. **High Risk Area**

e) ☐ **A1-30** – These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format). **High Risk Area**

f) ☐ **AH** – Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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

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

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

## 2021 Nursing Home Emergency Preparedness Plan Survey

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: 1250      2nd generator: \_\_\_\_\_      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 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 96 Hours      2nd \_\_\_\_\_ Hours      3rd \_\_\_\_\_ Hours
  - e) If generator will be used for sheltering in place for a hurricane (extended duration), are there provisions for a seven day supply of fuel?
    - i. ☐ Not applicable. The facility will not use the generator for sheltering in place during hurricanes.
    - ii. ☐ Yes. Facility has a seven day supply on hand at all times or natural gas.
    - iii. ☒ Yes. Facility has signed current contract/agreement for getting a seven day fuel supply before hurricane.
    - iv. No supply or contract. Obtain either a contract or an onsite supply of fuel, OR make decision to not use generator for sheltering in place, then mark answer.
  - f) Will life sustaining devices, that are dependent on electricity, be supplied by these generator(s) during outages?
    - i. ☒ Yes
    - ii. ☐ No

## 2021 Nursing Home Emergency Preparedness Plan Survey

- g) Does generator provide for air conditioning?
- i. ☒ Yes. Mark closest percentage of the building that is cooled?
    - ☒ 100 % of the building cooled
    - ☐ 76% or more of the building is cooled
    - ☐ 51 to 75% of the building is cooled
    - ☐ 26 to 50% of the building is cooled
    - ☐ Less than 25% of the building is cooled
  - ☐ No. The generator does not provide for any air conditioning.
  - ii. If air conditioning fails, for any reason, does the facility have procedures (specific actions) in place to prevent heat related medical conditions?
    - ☒ Yes
    - ☐ No
- h) Does facility have in the plan, a current list of what equipment is supplied by each generator?
- ☒ Yes
  - If No - Evaluate, identify then indicate that this has been done by answering Yes.
15. Utility information – answer all that apply **(should match what is in MSTAT!)**
- a) Who supplies electricity to the facility?
    - i. Suppliers name: Entergy
    - ii. Account #: 28909653
  - b) Who supplies water to the facility? (supplier's name)
    - i. Suppliers name: City of Thibodaux
    - ii. Account #: 28-04035
  - c) Who supplies fuels (natural gas, propane, gasoline, diesel, etc) to the facility? If applicable.
    - i. Suppliers name: Sun Coast Resources, Inc.
    - ii. Account #: 10091088
  - 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 indentify on floor plan and mark Yes.
    - ii. Storage areas for supplies: ☒ Yes. If No- indicate on floor plan and mark Yes.



## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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

#### 1. Residents information

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

Total Licensed Beds: 78

- 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: 4

- 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: 10

- 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: 39

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

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

☒ Yes. If No - Obtain and mark Yes.

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

☒ Yes. If No - Obtain and mark Yes.

- iii. Each resident's allergies, if any?

☒ Yes. If No - Obtain and mark Yes.

## 2021 Nursing Home Emergency Preparedness Plan Survey

- 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?

60

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

- a) Does facility have transportation, or have current or currently verified contracts or agreements for emergency evacuation transportation?  
☒ Yes. If No - Obtain transportation and mark Yes.
- i. Is the capacity of planned emergency transportation adequate for the transport of all residents, planned staff and supplies to the evacuation host site(s)?  
☒ Yes. If No - Obtain adequate transport and mark Yes.
- ii. Is all transportation air conditioned?  
☒ Yes. go to B. 3. a) iv.  
☐ No, go to B. 3. a) iii.
- iii. If not air conditioned are there provisions (specific actions and supplies) in plan to prevent and treat heat related medical conditions?  
☐ Yes. If No - make plans (specific actions and supplies) and mark Yes.
- iv. Is there a specified time or timeline (H-Hour) that transportation supplier will need to be notified by?  
☒ Yes. What is that time 48 hours?  
☐ No. There is no need for a specified time or timeline for contacting transportation.

## 2021 Nursing Home Emergency Preparedness Plan Survey

- b) Does each contract or agreement for **-NON-AMBULANCE-** transportation contain the following information? **NOTE:** Vehicles that **are not owned by but at the disposal** of the facility **shall have written usage agreements** (with all required information) that are **signed and dated**. Vehicles that **are owned by the facility** will need to verify ownership.
- i. The complete name of the transportation provider?  
☒ Yes. If No - obtain and mark Yes.
- ii. The number of vehicles and type (van, bus, car) of vehicles contracted for?  
☒ Yes. If No - obtain and mark Yes.
- iii. The capacity (number of people) of each vehicle?  
☒ Yes. If No - obtain and mark yes.
- iv. Statement of if each vehicle is air conditioned?  
☒ Yes. If No - obtain and mark Yes.
- v. Verification of facility ownership, if applicable; copy of vehicle's title or registration?  
☒ Yes. If No - obtain and mark Yes.
- c) Have copies of each **signed and dated contract/agreement** been included for submitting?  
☒ Yes. If no, obtain and mark Yes.
- d) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)  
☒ Yes. If No - complete and mark Yes.
4. Host Site(s)-**extra pages for multiple sites have been included with forms near end of survey. (should match what is in MSTAT!)**
- a) Does the facility have current contracts or verified agreements for a **primary** evacuation host site(s) outside of the primary area of risk?  
☒ Yes. If No - obtain and mark Yes.
- b) Provide the following information:(list all sites, if multiple sites **list each - see extra pages** )
- i. What is the name of each **primary** site(s)?  
Vivian Healthcare Center
- ii. What is the physical address of each host site(s)?  
912 South Pecan  
Vivian, LA 71082  
\_\_\_\_\_
- iii. What is the distance to each host site(s)?  
343 miles
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?  
yes

## 2021 Nursing Home Emergency Preparedness Plan Survey

- v. Does plan include map of route to be taken and written directions to host site?  
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at **each primary** host site(s)?  
Name: Mary Allen  
Phone: 318-375-2203  
Email: vivian.adm@nexion-health.com  
Fax: 318-375-2866
- vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?  
➤ Capacity that will be allowed at each site:  
78  
➤ Total Capacity of all primary sites:  
78  
➤ 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



## 2021 Nursing Home Emergency Preparedness Plan Survey

- x. Is the capacity of primary host site(s) adequate for staff?  
☒ Yes  
☐ No. If No - where will staff be housed?  
\_\_\_\_\_
- xi. Is there a specified time or timeline (H-Hour) that **primary** host site will need to be notified by?  
☒ Yes. If Yes - what is that time? 72 hours  
☐ 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)?  
Village Creek Rehabilitation and Nursing Center
- ii. What is the physical address of each **alternate/secondary** host site(s)?  
705 North Main Street  
Lumberton, TX 77657  
\_\_\_\_\_
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?  
243 miles
- 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: Delphia Smith  
Phone: 409-755-4200  
Email: lumberton.adm@nexion-health.com  
Fax: 409-755-4200
- 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:  
78
  - Total Capacity of all **alternate/secondary** sites:  
78
  - Is this adequate for all evacuating residents?  
☒ Yes. If No - obtain and mark Yes.

## 2021 Nursing Home Emergency Preparedness Plan Survey

- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?  
☒ Yes, go to - B.4.d) x.  
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;  
➤ What type of facility it is?  
\_\_\_\_\_  
➤ What is host site currently being used for?  
\_\_\_\_\_  
➤ Is the square footage of the space to be used adequate for the residents?  
☐ Yes  
☐ No  
➤ What is the age of the host facility(s)?  
\_\_\_\_\_  
➤ Is host facility(s) air conditioned?  
☐ Yes  
☐ No  
➤ What is the current physical condition of facility?  
☐ Good  
☐ Fair  
☐ Poor  
➤ Are there provisions for food preparation and service?  
☐ Yes  
☐ No  
➤ What are the provisions for bathing and toilet accommodations?  
☐ Yes  
☐ No  
➤ Are any other facilities contracted to use this site?  
☐ Yes  
☐ No
- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?  
☒ Yes  
☐ No. If No - where will staff be housed?  
\_\_\_\_\_
- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?  
☒ Yes. If yes what is that time? 72 hours  
☐ No.
- e) Have copies of each **signed and dated contract/agreement** been included for submitting?  
☒ Yes. If No - obtain and mark Yes.
- f) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)  
☒ Yes. If No - complete and mark Yes.

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

## 2021 Nursing Home Emergency Preparedness Plan Survey

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



## 2021 Nursing Home Emergency Preparedness Plan Survey

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

☒ Yes

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

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

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

☒ Yes. go to - B. 8. c)

☐ No. go to - B. 8. b) i,ii,iii,iv

- b) If no, provide the following:

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

☐ Yes, see B. 7.b). ii, iii, iv

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

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

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

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

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

☐ Yes. If no, obtain and mark Yes.

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

☐ Yes. If no, complete and mark Yes

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

☒ Yes

If No - make necessary provisions for medications then mark Yes

9. Communications/Monitoring - all hazards

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

- i. What equipment/system does facility use to **monitor** emergency broadcasts or alerts? cell phones, television, social media, weather alert

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

☒ Yes. Name equipment: email

☐ No

- iii. Is the equipment tested?

☒ Yes

☐ No

## 2021 Nursing Home Emergency Preparedness Plan Survey

- iv. Is the **monitoring** equipment powered and operable during utility outages?  
☒ Yes.  
☐ No.
- v. Are there provisions/plans for facility to **monitor** emergency broadcasts and alerts at **evacuation site**?  
☒ Yes  
☐ No
- b) **Communicating- send and receive-** with emergency services and authorities. Provide the following:
- i. What equipment does facility have to **communicate** during emergencies?  
cellular phones
- ii. Is there back up or alternate equipment used to send/receive and what is it?  
☒ Yes. Name equipment: two way radios  
☐ No
- iii. Is the equipment tested?  
☒ Yes  
☐ No
- iv. Is the **communication** equipment powered and operable during utility outages?  
☒ Yes.  
☐ No
- v. Are there provisions/plans for facility to send and receive **communications** at evacuation site?  
☒ Yes  
☐ No

### C. All Hazard Analysis

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

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Plans for **sheltering in place**

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

## 2021 Nursing Home Emergency Preparedness Plan Survey

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



## 2021 Nursing Home Emergency Preparedness Plan Survey

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

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

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

**Provide Name:** Bradley Barbera

**Position:** Adminostrator

**Emergency contact information:**

**Phone:** 985-446-1332

**Email:** thibodaux.adm@nexion-health.com

**Fax:** 985-446-3974

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

**Provide Name:** Kala Benoit

**Position:** Director Nursing

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Emergency contact information:

Phone: 985-446-1332

Email: thibodaux.don@nexion-health.com

Fax: 985-446-3974

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

Provide Name: Bradley Barbera

Position: Administrator

Emergency contact information:

Phone: 985-446-1332

Email: thibodaux.adm@nexion-health.com

Fax: 985-446-3974

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

Provide Name: Kala Benoit

Position: Director of Nursing

Emergency contact information:

Phone: 985-446-1332

Email: thibodaux.don@nexion-health.com

Fax: 985-446-1332

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

Provide Name: Bradley Barbera

Position: Administrator

Emergency contact information:

Phone: 985-665-1050 mobile

Email: thibodaux.adm@nexion-health

Fax: 985-446-3974

- 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:

Annie Adams, SSD

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

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

Bradley Barbera, NFA

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

Maggie Morell, LPN, Medical Records

- Resident's identification.

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

### V. Administration & Logistics

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

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

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

### VI. Plan Development and Maintenance

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



## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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

☐ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

### VII. Authentication

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

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

# 2021 Nursing Home Emergency Preparedness Plan Survey

## AUTHENTICATION

Facility Name (Print):

Thibodaux Healthcare and Rehabilitation Center

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

Date: 2/25/21

Facility Administrator Name (PRINT): Bradley Barbera, NFA

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



Comments:

\_\_\_\_\_

# 2021 Nursing Home Emergency Preparedness Plan Survey

## TRANSPORTATION COVER SHEET

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

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

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

**Name of transportation resource provider (print):**

Acadian Ambulance

**Contact Person:** Carlo Gagliano, Jr.

**Phone # of Contact Person:** 985-637-0693

**Physical Address of transportation provider:**

130 East Kaliste Saloon Road  
Lafayette, LA 70508

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

48 hours

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

6 hours

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

3 hours

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

Ambulance

Total number of transport vehicles to be provided: TBD

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

2

Is the transportation air conditioned? ☒ YES ☐ NO

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

**Date of agreement/contract/verification:** 2/24/21

**Date agreement/ contract ends:** 2/24/22

## MEDICAL TRANSPORTATION AGREEMENT

THIS AGREEMENT is made and entered into on the February 12, 2021, by and between Acadian Ambulance Service, Inc ("SUPPLIER"), and Nexion Health at Thibodaux, Inc. d/b/a Thibodaux Healthcare & Rehabilitation Center ("FACILITY"), effective 3/1/2021 (the "Effective Date").

### Recitals

WHEREAS, SUPPLIER is established and experienced in providing quality medical transportation services to health care providers;

WHEREAS, FACILITY desires and has requested that SUPPLIER provide medical transportation services to patients that require such transportation services; and

WHEREAS, SUPPLIER is willing to provide ground transportation services under the terms and conditions stated herein;

NOW THEREFORE, in consideration of the foregoing recitals, mutual covenants and promises hereinafter set forth, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

### ARTICLE I DEFINITIONS

- 1.1. Covered Persons. Individuals whose transport(s) fall within the purview of this Agreement.
- 1.2. Covered Services. Medical Necessity ambulance services (and related supplies) provided by SUPPLIER to a Covered Person or to a facility where the Covered Person may receive appropriate care.
- 1.3. Indigent. Any person who has no third party insurance or source of payment.
- 1.4. Medical Necessity. The services, procedures, drugs, supplies, or medical equipment provided by SUPPLIER in accordance with established medical protocols in connection with the diagnosis or treatment of the Covered Person. For the purposes of this definition, emergency medical transportation shall be deemed a Medical Necessity if established medical protocols are followed and non-emergency medical transportation shall be deemed a Medical Necessity if a patient is transported to or from a state licensed facility, or if the transport is pre-approved by the responsible party and the patient's ailment contraindicates transportation by any other means.
- 1.5. Payors. FACILITY, certain employers, plan sponsors or other entities obligated to make payments for health care services.
- 1.6. Usual Charge. The fee regularly charged by SUPPLIER.

## **ARTICLE II**

### **OBLIGATIONS/REPRESENTATIONS OF FACILITY AND/OR PAYORS**

- 2.1 Information. FACILITY agrees to provide SUPPLIER with any/all information necessary to obtain payment from Medicare, Medicaid or private insurance carriers. Such information shall include, but is not limited to all applicable billing information, history or physical, and any other information required to obtain payment for services set forth in this Agreement.
- 2.2 SUPPLIER/Patient Relationship. This Agreement shall not have the purpose or effect of infringing upon SUPPLIER'S provider/patient relationship with any Covered Person. FACILITY shall remain solely and ultimately responsible for the quality of health care services provided by FACILITY and shall render such services according to generally accepted medical and surgical practices and professional standards.

## **ARTICLE III**

### **OBLIGATIONS / REPRESENTATIONS APPLICABLE TO SUPPLIER**

- 3.1 Scope of Service. Upon request and acceptance, SUPPLIER will provide twenty-four (24) hour access to emergency (in locations not prohibited by City Ordinances), urgent, and non-emergency ambulance service on a BLS (Basic Life Support) unit with MICU (Mobile Intensive Care Unit) unit capabilities to FACILITY'S private, public, and contract customers that qualify for ambulance service needs.

Bariatric services may be provided, based upon availability of bariatric unit, patient necessity, for a patient whose weight is in excess of 500 pounds or request from FACILITY.

Additional services may be requested based upon availability and FACILITY will be charged and agrees to pay SUPPLIER's customary rates for requested services unless otherwise mutually agreed upon.

It will be mutually agreed upon by all parties to provide the appropriate mode and level of service determined based upon medical necessity and standards of care in accordance with all local, state and federal regulations.

- 3.2 Nondiscrimination. SUPPLIER shall not discriminate against any COVERED Person because of race, physical handicap, color, religion, sex or national origin. SUPPLIER shall not be required to provide medical care if a Covered Person refuses to cooperate with the medical advice and treatment or if there is other good cause for refusing to



provide medical services. SUPPLIER agrees to comply with the provisions of 41 C.F.R. § 60-1.4.

- 3.3 Utilization Management. SUPPLIER shall cooperate with any utilization management program provided by FACILITY or its designee for review of utilization of health care services.
- 3.4 Business and Health Records. Upon the written request of the Secretary of Health and Human Services or the Comptroller General or any of the duly authorized representatives, SUPPLIER will make available those contracts, books, documents and records necessary to verify the nature and extent of the costs of providing services under this Agreement. Such inspection shall be available for up to four (4) years after the rendering of such services. If SUPPLIER carries out any of the duties of this Agreement through a subcontract with a value of \$10,000 or more over a twelve (12) month period with a related individual or organization, SUPPLIER agrees to include this requirement in any subcontract. This Section is included pursuant to and is governed by the requirement of public law 96-499, Section 952 (Section 1861 (v) (I) of the Social Security Act) and the regulations promulgated hereunder. No attorney-client, accountant-client or other legal privilege will be deemed to have been waived by FACILITY or SUPPLIER by virtue of this Agreement.
- 3.5 Credentialing. SUPPLIER and all its employees and representatives providing services hereunder will be duly licensed or certified and in good standing as required by the appropriate governing regulatory agency. SUPPLIER shall provide to FACILITY evidence thereof upon request. SUPPLIER shall continuously satisfy FACILITY'S reasonable credentialing criteria and shall provide services and supplies according to generally accepted medical practices and professional standards, and within the scope of the employee's or representative's applicable license. SUPPLIER and its employees and representatives shall comply with all applicable federal, state and municipal laws, orders and regulations, and shall promptly notify FACILITY upon becoming the subject of any regulatory or professional disciplinary action, which may materially affect the Covered Services. SUPPLIER shall use its best efforts to assure that all duties are provided in and through the FACILITY as may be required by any standard, ruling or regulation of The Joint Commission ("TJC"); the State Department of Health, State Board (IF APPLICABLE); or any other federal, state, or local government agency, corporate entity or individual exercising authority with respect to, affecting FACILITY in such a manner as to confirm to all requirements of the federal and state Constitutions and all applicable federal and state statutes and regulations. Further, Supplier's director (IF APPLICABLE) shall ensure that its director shall have thorough knowledge of the TJC standards, including, but not limited to, the director's role in this process from daily operations to performance improvement.
- 3.6 Continuous Performance Improvement. SUPPLIER, as part of FACILITY'S Performance Improvement Program will ensure the quality and appropriateness of patient care services provided are monitored and evaluated, and identified problems are resolved.

- 3.6 a. SUPPLIER will have a planned and systematic process for the monitoring and evaluation of the quality and appropriateness of services provided to FACILITY patients. This system shall be coordinated with the FACILITY'S Performance Improvement Program and Contractor shall report results on a quarterly basis when requested.
- 3.6 b. Upon reasonable request, SUPPLIER will provide a written document outlining the aforementioned plan.
- 3.6 c. SUPPLIER will maintain written standards of care/practice. Said standards shall be available to the FACILITY, upon reasonable request for review.

#### ARTICLE IV PAYMENT

- 4.1 Compensation. For Services provided under this Agreement, FACILITY agrees to pay SUPPLIER as set forth on Schedule A.
  - 4.1.1 The rates set forth herein are the contractually negotiated rates between FACILITY and SUPPLIER, and shall supersede any rates set by local ordinance or the laws of any other governmental entity, unless the superseding of such local ordinance or governmental rates by these contractually negotiated rates is specifically prohibited by law. If any changes to these contractually negotiated rates are required by law, the parties agree to meet and discuss the changes and to amend this Agreement so that it complies with all legal requirements.
- 4.2 Rates. Unless indicated otherwise by specific rates in Exhibit A, the rates that SUPPLIER shall charge FACILITY when FACILITY pays SUPPLIER for ground ambulance transports shall be subject to the Medicare Allowable rates for the geographic area in which services are provided. For ground ambulance roundtrip transports of inpatients in which the patient is a Beneficiary of Medicaid or a Medicaid managed care plan where the FACILITY is responsible for ground ambulance transportation, FACILITY shall be subject to the Medicaid allowable rates.
- 4.3 Claim Processing. All invoices for services provided are due net sixty (60) days from receipt. All invoices not paid in full within 61 days from date of invoice will be considered past due. Once an invoice becomes past due, SUPPLIER 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 SUPPLIER's mailing of the Past Due Notice shall obligate FACILITY to pay finance charges of 1% per month, retroactive to the respective invoice date(s), on the unpaid balance of the respective invoice(s). Facility is not responsible for payment of invoices submitted more than 120 days after date of invoiced service unless FACILITY's authorized agent specifically consents in writing to pay such invoice due to unforeseen circumstances, provided however such period will be extended for an additional 60 days (180 days) for third party denied claims so long as Supplier diligently and successfully uses the applicable

claims appeals process during such 180 day period and FACILITY has provided thirty party payor information to SUPPLIER in a reasonable amount of time prior to any timely filing limitations.

- 4.4 Delinquent Status of FACILITY. 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 1% per month and compounded monthly. FACILITY shall also reimburse SUPPLIER 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 SUPPLIER does not waive by the exercise of any rights hereunder), SUPPLIER 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.
- 4.5 Charge Verification. Upon request, SUPPLIER shall furnish FACILITY or their duly authorized representative with such documents or reports as may be reasonably necessary to verify the accuracy of charges as reflected on SUPPLIER Service's bills.
- 4.6 Coordination of Benefits. SUPPLIER shall make all reasonable efforts to assist in coordinating benefits with other health care plans, which may provide coverage to patients covered under a Health Plan. Other plans shall include, but are not limited to group insurance plans, Blue Cross and Blue Shield Plans, government-sponsored plans (including Medicare and Medicaid), multiple-employer trust plans and prepaid health maintenance organization plans.
- 4.7 Waiver of Charges. SUPPLIER shall collect full deductibles, co-payments or coinsurance amounts applicable under a Health Plan except as determined to be uncollectible pursuant to reasonable and prudent professional collection practices.
- 4.8 Separate Agreements. SUPPLIER is free to enter into a separate agreement with a payor under such terms and condition as they may agree upon.

## **ARTICLE V**

### **TERM and TERMINATION**

- 5.1 Term of Agreement. This Agreement shall be in effect for one (1) year from the Effective Date, and shall thereafter automatically renew for additional one (1) year terms until terminated by either party giving notice to termination of the other party.

5.2 Termination. All notices of termination must in writing. Refer to Section 8.9 of this Agreement.

5.2.1 Either party shall be free to terminate this Agreement by providing thirty (30) days written notice to the other party.

5.2.2 Material breach of this Agreement upon thirty (30) days' prior written notice to terminate to the breaching Party for a breach of any material term or condition; provided the breaching Party shall not have cured such breach within the thirty (30) day period.

5.2.3 SUPPLIER may terminate this Agreement in whole or in part with respect to a particular FACILITY should an entity acquire all or substantially all of the business or assets of FACILITY or any FACILITY to which this Agreement pertains, whether by merger, reorganization, acquisition, sale or otherwise.

5.2.4 Repeated failure by FACILITY to pay timely shall be grounds for termination of this Agreement at the option of SUPPLIER without further notice.

5.2.5 This Agreement shall automatically terminate for any of the following reasons:

5.2.5.1 Cessation of business or insolvency of SUPPLIER or FACILITY.

5.2.5.2 If legislation is enacted or a court of competent jurisdiction interprets a law so as to prohibit the continuance of this Agreement; or

5.2.5.3 If SUPPLIER: (1) suffers revocation, termination or suspension of any license required; (2) is found guilty of any felony criminal offense or a misdemeanor in the scope of SUPPLIER'S services; (3) is found guilty of gross misconduct in providing supplies or services; or (4) fails to meet the liability insurance requirements of Article III.

## **ARTICLE VI INDEMNIFICATION**

6.1 Liability of FACILITY. FACILITY shall indemnify, defend and hold harmless SUPPLIER, 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.

6.2 Liability of SUPPLIER. SUPPLIER 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 SUPPLIER, or its agents, officers, directors or employees.

- 6.3 Non-assumption of Liability. FACILITY and Payors do not assume any liability for the neglect, fraudulent, dishonest or other acts or omissions of SUPPLIER. SUPPLIER does not assume any liability for the neglect, fraudulent, dishonest or other acts or omissions of FACILITY or Payor.

## **ARTICLE VII INSURANCE**

- 7.1 Liability Insurance. SUPPLIER 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. SUPPLIER 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. SUPPLIER agrees to furnish FACILITY with satisfactory evidence of such insurance upon request. SUPPLIER 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 provisions that the underwriter will have no right of recovery or subrogation against the other party.

## **ARTICLE VIII MISCELLANEOUS**

- 8.1 Other Programs. Nothing contained in this Agreement shall prevent the FACILITY, FACILITY'S policyholders, policy owners, employers subject to Health Plans, Payors or SUPPLIER from participating in or contracting with any other health care or other provider, provider organization, health maintenance organization or other health delivery or insurance program.
- 8.2 Independent Entities. The relationship of SUPPLIER to FACILITY and any Payor shall continue to be as independent entities, and no such party is an employee, agent or representative of any other party by virtue of this Agreement, nor shall any such party have any expressed or implied right or authority to assume or create any obligation or responsibility on behalf of or in the name of any other party by virtue of this Agreement.
- 8.3 Confidentiality. SUPPLIER and FACILITY shall maintain the confidentiality of medical records of Covered Persons in accordance with HIPAA Compliance and other applicable local, state, and federal laws.
- 8.4 Governing Law. This Agreement shall be subject to and governed according to the laws of the State of Louisiana, irrespective of the fact that either party is or may become a resident of another state.



- 8.5 Binding Effect. This Agreement shall be binding upon and shall inure to the benefit of the parties hereto, their respective successors, assigns or other legal representatives.
- 8.6 Assignment. No right or obligation hereunder may in any way whatsoever be assigned or delegated to a third party without the express prior written consent of the other party hereto, and any attempted assignment without such consent shall be considered null and void. Notwithstanding the above, this Agreement, or any or all of the services required herein, may be assigned, or subcontracted to any of SUPPLIER'S affiliates.
- 8.7 Legal Fees. In the event either party brings any action for any relief, declaratory or otherwise, arising out of this Agreement or on account of any breach or default hereof, the prevailing party shall be entitled to receive from the other party, reasonable attorneys' fees, costs, and expenses related to such action.
- 8.8 Severability. If any portion or portions of this Agreement shall be for any reason invalid or unenforceable, the remaining portion(s) shall be valid and enforceable and carried into effect unless to do so would clearly violate the present legal and valid intention of the parties hereto.
- 8.9 Notices. Any notice required or permitted to be given pursuant to any provisions of this Agreement shall be given in writing, and either delivered in person, by electronic transmission, deposited in the United States mail, postage pre-paid, registered or certified mail, return receipt requested, properly addressed, or by a nationally recognized overnight courier service, to the following addresses:

**If to SUPPLIER:**

Acadian Ambulance Service, Inc  
PO Box 98000  
Lafayette, LA 70509-8000  
Attn: Executive Vice President / CFO

**If to FACILITY:**

Nexion Health at Thibodaux, Inc. d/b/a Thibodaux Healthcare & Rehabilitation Center  
150 Percy Brown Rd  
Thibodaux, LA 70301  
Attn: Administrator

With a copy to:

Nexion Health at Thibodaux, Inc  
6937 Warfield Avenue  
Sykesville, MD 21784  
Attn: General Counsel

Either party may change the notification addresses listed above with proper notice as listed above. If a notice that otherwise fulfills the requirements of this Section is rejected by the addressee, or if an addressee refuses to accept such a notice, or if a change in address for which no notice was given causes the notice to be undeliverable, then the notice is effective upon the occurrence of such rejection, refusal or undeliverability.

- 8.10 Entire Agreement. This Agreement constitutes the entire agreement and understanding between the parties with respect to the subject matter hereof and supersedes any previous agreement or understanding, whether oral or otherwise. No modification of this Agreement shall be valid unless in writing and signed by each of the parties hereto.
- 8.11 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.
- 8.12 Execution and Delivery of Original Signed Agreement. This Agreement must be properly executed by authorized parties and shall be deemed effectively executed upon the receipt by both parties hereto of the fully executed Agreement. Each party to this Agreement agrees to deliver an original, inked and signed Agreement within two (2) weeks of receiving the executed hereof. Failure to return this executed Agreement to SUPPLIER within 30 days of the commencing date written above shall render this Agreement null and void and any services provided to facility shall be charged and billed at customary rates.
- 8.13 Force Majeure. The performance by Ambulance Provider shall be excused in the event and during an event of Force Majeure. For purposes of this Agreement an Event of Force Majeure shall be defined as an event such that performance is rendered unsafe or prevented by the following: acts of God; acts of war, riot, accident, flood or sabotage; unavailability of adequate fuel, labor, power or materials; judicial or governmental laws, regulations, requirements, orders or actions; injunctions or restraining orders which are ultimately determined to have been wrongfully granted.

SIGNATURES:

In WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their authorized representative on the day and year first written above.

SUPPLIER

Acadian Ambulance Service, Inc

FACILITY

Nexion Health at Thibodaux, Inc. d/b/a  
Thibodaux Healthcare & Rehabilitation  
Center

By:

DocuSigned by:  
*Tim Burke*  
2040100556A543C

Name:

Tim Burke

Title:

Regional Vice-President

Date:

2/24/2021 | 4:29 PM PST

By:

DocuSigned by:  
*Brian Lee*  
2040100556A543C

Name:

Brian Lee

Title:

General Counsel

Date:

2/24/2021 | 3:12 PM PST

## **SCHEDULE A PAYMENT AND BILLING**

### **Ground Ambulance:**

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

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

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

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

**EXHIBIT A – Acadian Ambulance Service, Inc**  
**Transport Rates & Service Descriptions**  
**Nexion Health at Thibodaux, Inc. d/b/a Thibodaux Healthcare & Rehabilitation Center**  
**Medicare Local 99LA**

**A. Ground Ambulance**

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

Rates are subject to change annually when rates are published by the Centers for Medicare and Medicaid Services. You may refer to the CMS link below for more information.  
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/afspuf.html>

**B. Other**

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

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



## Certificate Of Completion

Envelope Id: D070B8E9B11B4125BABC98E84C2D2EB3  
 Subject: Thibodaux Healthcare and Rehabilitation Center MTA- Request for eSignatures  
 fccorgid: 00D36000001RNHFEA4  
 Source Envelope:  
 Document Pages: 12  
 Certificate Pages: 5  
 AutoNav: Enabled  
 EnvelopeId Stamping: Enabled  
 Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:  
 Carlo Gagliano, Jr  
 P O Box 98000  
 Lafayette, LA 70509-8000  
 cgagliano@acadian.com  
 IP Address: 13.110.14.8

## Record Tracking

Status: Original  
 2/12/2021 11:10:23 AM

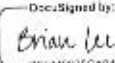
Holder: Carlo Gagliano, Jr  
 cgagliano@acadian.com

Location: DocuSign

## Signer Events

Brian Lee  
 blee@nexion-health.com  
 General Counsel  
 Security Level: Email, Account Authentication  
 (None)

## Signature

DocuSigned by:  
  
 25a446615CA9435

Signature Adoption: Pre-selected Style  
 Using IP Address: 162.219.216.195

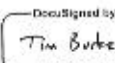
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 Viewed: 2/24/2021 5:10:05 PM  
 Signed: 2/24/2021 5:12:37 PM

## Electronic Record and Signature Disclosure:

Accepted: 2/24/2021 5:10:05 PM  
 ID: 5345a83b-37a4-47c8-b187-86ca5ac14369  
 Company Name: Acadian Ambulance Service, Inc.

Tim Burke  
 tim.burke@acadian.com  
 Regional Vice-President  
 Security Level: Email, Account Authentication  
 (None)

DocuSigned by:  
  
 186C2100555354EE

Signature Adoption: Pre-selected Style  
 Using IP Address: 68.191.92.71  
 Signed using mobile

Sent: 2/24/2021 5:12:39 PM  
 Viewed: 2/24/2021 6:28:10 PM  
 Signed: 2/24/2021 6:29:03 PM

## Electronic Record and Signature Disclosure:

Accepted: 2/24/2021 6:28:10 PM  
 ID: ba1e34cf-cde5-47e1-9aa3-4a0e7954d9c1  
 Company Name: Acadian Ambulance Service, Inc.

## 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

Bradley Barbera  
 thibodaux.adm@nexion-health.com  
 Security Level: Email, Account Authentication  
 (None)

## Electronic Record and Signature Disclosure:

**COPIED**

Sent: 2/24/2021 6:29:05 PM

**Carbon Copy Events**

Not Offered via DocuSign

Contracts

contracts@acadian.com

Security Level: Email, Account Authentication  
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

**Status****COPIED****Timestamp**

Sent: 2/24/2021 6:29:07 PM

**Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

Hashed/Encrypted

2/12/2021 11:15:21 AM

Certified Delivered

Security Checked

2/24/2021 6:28:10 PM

Signing Complete

Security Checked

2/24/2021 6:29:03 PM

Completed

Security Checked

2/24/2021 6:29:07 PM

**Payment Events****Status****Timestamps**

Electronic Record and Signature Disclosure

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

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

### **Getting paper copies**

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

### **Withdrawing your consent**

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

### **Consequences of changing your mind**

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

### **All notices and disclosures will be sent to you electronically**

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

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

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

To contact us by phone call: 337-521-3455

To contact us by email send messages to: [jgreco@acadian.com](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.

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

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

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [jgreco@acadian.com](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.

**To withdraw your consent with Acadian Ambulance Service, Inc.**

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

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [jgreco@acadian.com](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..

### **Required hardware and software**

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..



# 2021 Nursing Home Emergency Preparedness Plan Survey

## SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: Pharmacy

Name of Supplier:

National Pharmacy

Contact Person: Charmaine Hopkins

Phone # of Contact Person: 318-465-1387

FAX#: 318-629-1387

E-Mail Address: charmaine@national-pharm.com

Indicate where the supplies are to be delivered to;

☒ Evacuation host site

☒ Nursing home's licensed facility

☒ determined upon decision of sheltering or evacuating

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

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

48 hours

How long will it take to receive the delivery?

12 hours

Date of agreement/contract/verification: 2/25/21

Date agreement/contract ends: 2/25/22