

2021 Nursing Home Emergency Preparedness Plan SurveyFor Year: 2021ALL Information in the Plan should match information in the ESF-8 Portal.**Facility Name (Print):**Twin Oaks Nursing Home**Name of Administrator (Print):**Karen ConnorAdministrator's Emergency Contact Information (should be reflected in MSTAT/ESF8):Phone #: 985-652-9538Cell Phone #: 504-250-9865Administrator E-Mail: kconnor@twinoaksnh.comAlternative (not administrator) Emergency Contact Information (should be reflected in MSTAT/ESF8):Name: Jeremy GouxPosition: Governing Body/OwnershipPhone #: 985-828-0504Cell Phone #: 504-400-1900E-Mail: jgoux@wgllawfirm.com**Physical or Geographic address of Facility (Print):**506 W 5th StLaPlace, LA 70068**Longitude:** 90.49833**Latitude:** 30.06983

2021 Nursing Home Emergency Preparedness Plan Survey

VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: Twin Oaks Nursing Home

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**.

St. John the Baptist Parish

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

Date submitted: 02/18/2021

MARK the appropriate answer:

- ☐ YES ☒ NO -Did the local parish Office of Homeland Security and Emergency Preparedness give any recommendations?
- ☐ - I have included recommendations, or correspondence from OHSEP and facility's response with this review.
- ☐ - There was **NO response** from the local/parish Office of Homeland Security and Emergency Preparedness; **include verification of delivery such as a mail receipt, a signed delivery receipt, or other proof that it was sent or delivered to their office for the current year.** Be sure to include the date plan was sent or delivered.

Karen Connor

From: Travis Perrilloux [travis.perrilloux@stjohn-la.gov]
Sent: Friday, February 19, 2021 7:17 AM
To: Karen Connor
Cc: Natasha Chopin
Subject: RE: Twin Oaks Emergency Plan

Greetings Karen,

St. John the Baptist Parish Department of Public Safety has received the Emergency Operation Plan for 2021 for *Twin Oaks Nursing Home/Maison Oaks Assisted Living*

Best-

COL. TRAVIS PERRILLOUX, LEM
Interim Director of Public Safety
Office of Homeland Security and Emergency Preparedness

St. John the Baptist Parish
1801 West Airline Highway, LaPlace, LA 70068
Office: (985) 652-2222 | Fax: (985) 652-2183 | Mobile: (985) 379-6710
Pager: (985) 330-3825 Email: travis.perrilloux@stjohn-la.gov
www.sjbparish.com



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From: Karen Connor [<mailto:kconnor@twinoaksnh.com>]
Sent: Thursday, February 18, 2021 3:58 PM
To: Travis Perrilloux
Subject: Twin Oaks Emergency Plan

**** This message originated from outside of our organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. ****

Good afternoon Travis, hope this finds you well. Tis the season to submit the Emergency Operation Plan for 2021. Please see attached. We would welcome any feedback. Please acknowledge receipt of the plan.

Stay warm,

Karen Connor

Twin Oaks Nursing Home/Maison Oaks Assisted Living
504-250-9865

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: Governing Body/Ownership

NAME: Jeremy Goux

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

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

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

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

- i. 72 Hours before the arrival of the hurricane.

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

- i. 72 Hours before the arrival of the hurricane.

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

TITLE/POSITION: Governing Body/Ownership

NAME: Jeremy Goux

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

A. Facility Description:

1. What year was the facility built? 1975

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.

Previous Storms

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. At the time of construction the information was not available.

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 15 feet above sea level.

b) Air conditioner (HVAC) is 17 feet above sea level.

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- c) Generator(s) is 19 feet above sea level.
 - d) Lowest electrical service box(s) is 17 feet above sea level.
 - e) Fuel storage tank(s), if applicable, is 15 feet above sea level.
 - f) Private water well, if applicable, is N/A feet above sea level.
 - g) Private sewer system and motor, if applicable, is N/A feet above sea level.
5. Does plan contain a copy of the facility's Sea Lake Overland Surge from Hurricanes (SLOSH) model?
- ☒ Yes. Use SLOSH to answer A.5.a. and b.
 - If No. Obtain SLOSH, incorporate into planning, and then indicate that this has been done by marking yes.
 - a) Is the building or any of its essential systems susceptible to flooding from storm surge as predicted by the SLOSH model?
 - i. ☒ Yes- answer A.5.b
 - ii. ☐ No, go to A. 6.
 - b) If yes, what is the **weakest** SLOSH predicted category of hurricane that will cause flooding?
 - i. ☐ Category 1- winds 74 to 95 mph
 - ii. ☐ Category 2- winds 96 to 110 mph
 - iii. ☒ Category 3- winds 111 to 130 mph
 - iv. ☐ Category 4- winds 131 to 155 mph
 - v. ☐ Category 5- winds 156 mph and greater
6. Mark the FEMA Flood Zone the building is located in?
- a) ☒ **B and X** – Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. B Zones are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile. **Moderate to Low Risk Area**
 - b) ☐ **C and X** – Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level. Zone C may have ponding and local drainage problems that don't warrant a detailed study or designation as base floodplain. Zone X is the area determined to be outside the 500-year flood and protected by levee from 100-year flood. **Moderate to Low Risk Area**
 - c) ☐ **A** – Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones. **High Risk Area**
 - d) ☐ **AE** – The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30 Zones. **High Risk Area**
 - e) ☐ **A1-30** – These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format). **High Risk Area**
 - f) ☐ **AH** – Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of

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

- g) ☐ **AO** – River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones. **High Risk Area**
- h) ☐ **AR** – Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations. **High Risk Area**
- i) ☐ **A99** – Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones. **High Risk Area**
- j) ☐ **V** – Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones. **High Risk – Coastal Areas**
- k) ☐ **VE, V1 – 30** – Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones. **High Risk – Coastal Areas**
- l) ☐ **D** – Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk. **Undetermined Risk Area**
7. What is the area's Base Flood Elevation (BFE) if given in flood mapping?
- ❖ See the A zones. Note: AE zones are now used on new format FIRMs instead of A1-A30 Zones. The BFE is a computed elevation to which floodwater is anticipated to rise. Base Flood Elevations (BFEs) are shown on Flood Insurance Rate Maps (FIRMs) and flood profiles.
 - ❖ The facility's Base Flood Elevation(BFE) is: 6
8. Does the facility flood during or after heavy rains?
- a) ☐ Yes
- b) ☒ No
9. Does the facility flood when the water levels rise in nearby lakes, ponds, rivers, streams, bayous, canals, drains, or similar?
- a) ☐ Yes
- b) ☒ No
10. Is facility protected from flooding by a levee or flood control or mitigation system (levee, canal, pump, etc)?
- a) ☒ Yes
- b) ☐ No

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

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

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

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

 - b) What is the **wattage(s)** of the generator(s)? Give answer in **kilowatts (kW)**.
 1st; 4500 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 120 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

 - g) Does generator provide for air conditioning?

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- 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 #: 26475400
- b) Who supplies water to the facility? (supplier's name)
- i. Suppliers name: St. John the Baptist Parish
 - ii. Account #: 0215017450
- c) Who supplies fuels (natural gas, propane, gasoline, diesel, etc) to the facility? If applicable.
- i. Suppliers name: Atmos
 - ii. Account #: 25-0092551404480114-1
- d) Does plan contain the emergency contact information for the utility providers? (Contact names, 24 hour emergency phone numbers)?
- i. ☒ Yes
 - ii. No. Please obtain contact information for your utility providers.
16. Floor Plans
- a) Does plan have current legible floor plans of the facility?
- i. ☒ Yes
 - ii. No. Please obtain, then indicate that this has been done by answering Yes
- b) Indicate if the following locations are marked, indicated or described on floor plan:
- i. Safe areas for sheltering: ☒ Yes. If No- Please identify on floor plan and mark Yes.
 - ii. Storage areas for supplies: ☒ Yes. If No- indicate on floor plan and mark Yes.
 - iii. Emergency power outlets: ☒ Yes. If No- identify on floor plan and mark Yes.

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- 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: 148

- 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: 1

- 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: 11

- 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: 35

- 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: 26

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

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

☒ Yes. If No - Obtain and mark Yes.

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

☒ Yes. If No - Obtain and mark Yes.

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

☒ Yes. If No - Obtain and mark Yes.

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

2. Staff

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

45

3. Transportation - should match what is in MSTAT!

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

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- b) Does each contract or agreement for **NON-AMBULANCE**- transportation contain the following information? **NOTE: Vehicles that are not owned by but at the disposal of the facility shall have written usage agreements (with all required information) that are signed and dated. Vehicles that are owned by the facility will need to verify ownership.**
- i. The complete name of the transportation provider?
☒ Yes. If No - obtain and mark Yes.
 - ii. The number of vehicles and type (van, bus, car) of vehicles contracted for?
☒ Yes. If No - obtain and mark Yes.
 - iii. The capacity (number of people) of each vehicle?
☒ Yes. If No - obtain and mark yes.
 - iv. Statement of if each vehicle is air conditioned?
☒ Yes. If No - obtain and mark Yes.
 - v. Verification of facility ownership, if applicable; copy of vehicle's title or registration?
☒ Yes. If No - obtain and mark Yes.
- c) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If no, obtain and mark Yes.
- d) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.
4. Host Site(s)-**extra pages for multiple sites have been included with forms near end of survey. (should match what is in MSTAT!)**
- a) Does the facility have current contracts or verified agreements for a **primary** evacuation host site(s) outside of the primary area of risk?
☒ Yes. If No - obtain and mark Yes.
 - b) Provide the following information:(list all sites, if multiple sites list each - see extra pages)
 - i. What is the name of each **primary** site(s)?
Sage Specialty Hospital
 - ii. What is the physical address of each host site(s)?
8375 Florida Blvd
Denham Springs, LA
70726
 - iii. What is the distance to each host site(s)?
60 Miles
 - iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
Yes
 - v. Does plan include map of route to be taken and written directions to host site?

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- ☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at **each primary** host site(s)?
Name: Sharon Faulkner
Phone: 225-978-6077
Email: sfaulkner@sageltc.com
Fax: 225-665-0736
- vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?
- Capacity that will be allowed at each site:
85
 - Total Capacity of all primary sites:
85
 - 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?
LTAC
 - What is host site currently being used for?
LTAC
 - Is the square footage of the space to be used adequate for the residents?
☒ Yes
☐ No
 - What is the age of the host facility(s)?

 - Is host facility(s) air conditioned?
☒ Yes
☐ No
 - What is the current physical condition of facility?
☒ Good
☐ Fair
☐ Poor
 - Are there adequate provisions for food preparation and service?
☒ Yes
☐ No
 - Are there adequate provisions for bathing and toilet accommodations?
☒ Yes
☐ No
 - Are any other facilities contracted to use this site?
☐ Yes
☒ No
- x. Is the capacity of primary host site(s) adequate for staff?

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☒ Yes

☐ No. If No - where will staff be housed?

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

☒ Yes. If Yes - what is that time? 48 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)?

Ruston Nursing & Rehab Center

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

3720 Hwy 80 East

Ruston, LA

71270

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

288 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: Casy

Phone: Spatafora

Email: 83cspatafora@tarahc.com

Fax: 318-254-1387

- 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:

20

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

100

➤ Is this adequate for all evacuating residents?

☒ Yes. If No - obtain and mark Yes.

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

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

- ix. If **alternate/secondary** host site is not a licensed nursing home provide a description of host site(s) including;
- What type of facility it is?

 - What is host site currently being used for?

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

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

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 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.

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

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

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

☒ Yes

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

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

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

☒ Yes. go to - B. 8. c)

☐ No. go to - B. 8. b) i,ii,iii,iv

- b) If no, provide the following:

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

☒ Yes, see B. 7.b). ii, iii, iv

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

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

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

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

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

☒ Yes. If no, obtain and mark Yes.

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

☒ Yes. If no, complete and mark Yes

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

☒ Yes

If No - make necessary provisions for medications then mark Yes

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

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

- i. What equipment/system does facility use to **monitor** emergency broadcasts or alerts? NOAA Weather Alert Radios, Mobile Phones, Internet, Local Television, Land Lines

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

☒ Yes. Name equipment: Second NOAA Weather Alert Radio

☐ No

- iii. Is the equipment tested?

☒ Yes

☐ No

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

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

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

C. All Hazard Analysis

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

☒ Yes

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

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

A. **Plans for sheltering in place**

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

B. Plans for Evacuation

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

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

Provide Name: Jeremy Goux

Position: Governing Body/Ownership

Emergency contact information:

Phone: 985-400-1900

Email: jpgoux@wglawfirm.com

Fax: 985-757-9963

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

Provide Name: Karen Connor

Position: Administrator

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Emergency contact information:

Phone: 504-250-9865

Email: kconnor@twinoaksnh.com

Fax: 985-651-0222

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

Provide Name: Karen Connor

Position: Administrator

Emergency contact information:

Phone: 504-250-9865

Email: kconnor@twinoaksnh.com

Fax: 985-651-0222

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

Provide Name: Elisa Batiste

Position: Director of Nursing

Emergency contact information:

Phone: 504-237-8110

Email: ebatiste@twinoaksnh.com

Fax: 985-651-0222

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

Provide Name: Jeff Burch

Position: Regional Administrator

Emergency contact information:

Phone: 504-554-3692

Email: jburch@gouxco.com

Fax: 985-651-0222

- 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:

Cyndi Boswell, Social Worker

- 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:

Karen Connor, Administrator

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

Tanger Rixner, Health Information Management

- Resident's identification.

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- b) Resident's current or active diagnoses.
 - c) Resident's medications, including dosage and times administered.
 - d) Resident's allergies.
 - e) Resident's special dietary needs or restrictions.
 - f) Resident's next of kin, including contact information.
4. Title or position of person(s) assigned to ensure that an adequate supply of the following items accompany residents on buses or other transportation during all phases of evacuation?
Kim Gauff, Certified Dietary Manager
- a) Water
 - b) Food
 - c) Nutritional supplies and supplements
 - d) All other necessary supplies for the resident.
5. Title(s) or position(s) of person(s) assigned for contacting emergency services and monitoring emergency broadcasts and alerts?
Karen Connor, Administrator

V. Administration & Logistics

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

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

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

VI. Plan Development and Maintenance

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

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

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

VII. **Authentication**

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

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

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AUTHENTICATION

Facility Name (Print):

Twin Oaks Nursing Home

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: 02/22/2021

Facility Administrator Name (PRINT): Karen Connor

Facility Administrator Signature: _____

KC, LNFA

Comments:

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EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Riverbend Nursing & Rehab

Contact Person: Kellie Johnston

Phone # of Contact Person: 504-656-0068

FAX#: 504-656-0037

E-Mail Address: kmaronge@hotmail.com

Physical Address of evacuation site:

13735 Hwy 23

Belle Chasse, LA

70037

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

1.5 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 02/22/2021

Date agreement/contract ends: Renews until terminated

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

A. Provide the following information:(list each alternate or secondary site)

- i. What is the name of each **alternate/secondary** site(s)?
Riverbend Nursing & Rehab
- ii. What is the physical address of each **alternate/secondary** host site(s)?
13735 Hwy 23
Belle Chasse, LA
70037
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
40 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: Kellie Maronge
Phone: 504-234-1412
Email: kmaronge@hotmail.com
Fax: 504-656-0037
- 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:
20
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
➤ What type of facility it is?

➤ What is host site currently being used for?

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

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

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and Riverbend Nursing & Rehab

RIVERBEND NURSING & REHAB, Belle Chasse, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, Riverbend Nursing & Rehab has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/22/2016. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: KM. WFA

Dated: 02/22/21

Kellie Johnston
Administrator
Riverbend Nursing & Rehab

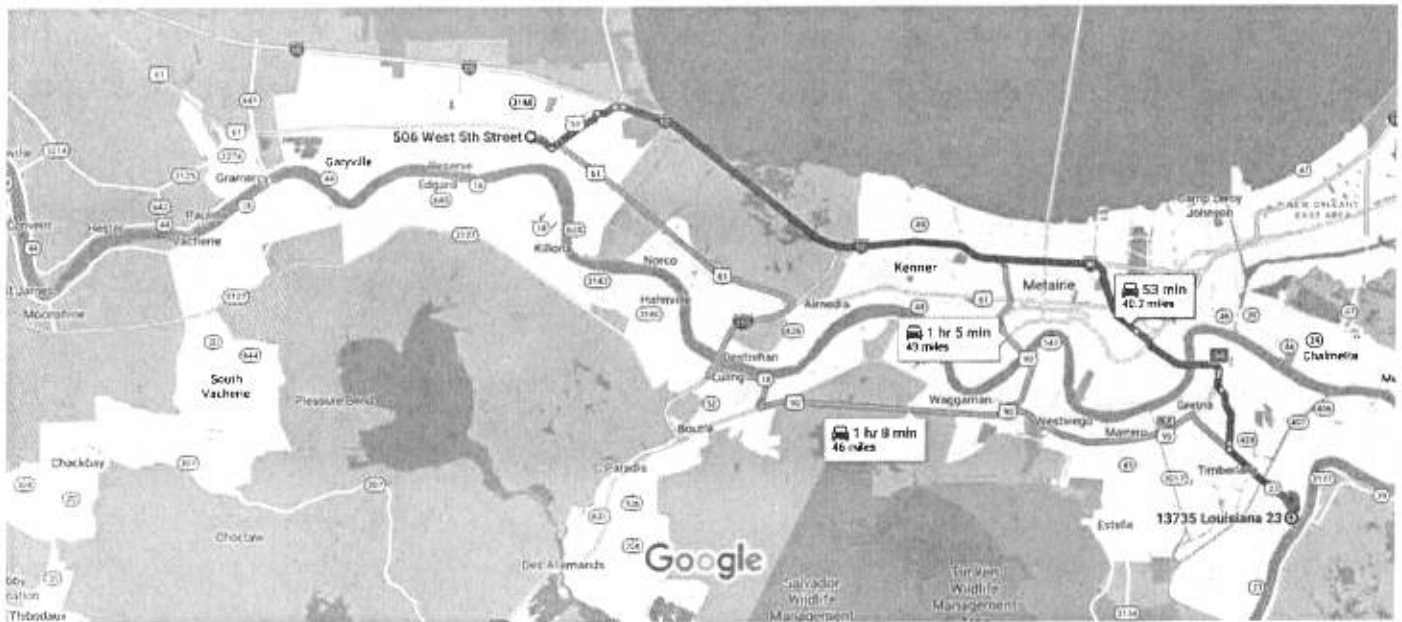
Signature: Kellie Johnston

Dated: 2/22/21

Google Maps

506 West 5th Street, LaPlace, LA to 13735
Louisiana 23, Belle Chasse, LA

Drive 40.3 miles, 53 min



Map data ©2021 2 mi

506 W 5th St

Laplace, LA 70068





Get on I-10 E from W 5th St and Main St

- ↑ 1. Head east toward W 5th St
10 min (4.4 mi)
- ↶ 2. Turn left onto W 5th St
299 ft
- ↶ 3. Turn left onto Main St
0.9 mi
- ↷ 4. Turn right onto US-51 N/Main St
2.3 mi
Continue to follow US-51 N
- ⤴ 5. Use the right lane to merge onto I-10 E via the ramp to New Orleans
0.8 mi
- ⤴ 6. Merge onto I-10 E
0.3 mi









Continue on I-10 E to Terrytown. Take exit 9A from US-90

BUS W

- ⤴ 6. Merge onto I-10 E
27 min (28.9 mi)
- 20.6 mi

-  7. Keep right at the fork to stay on I-10 E, follow signs for New Orleans Business District/Interstate 10 E
3.5 mi
-  8. Keep left at the fork to continue on US-90 BUS W, follow signs for U.S. 90 Business/Westbank/U.S. 90/Claiborne Ave
4.0 mi
-  9. Use the right 2 lanes to take exit 9A for Terry Parkway toward Frontage Road
0.2 mi
-  10. Keep left at the fork, follow signs for Terry Pkwy and merge onto Terry Pkwy
0.6 mi

Follow Terry Pkwy to LA-23 N in Belle Chasse

-  11. Use the left 2 lanes to merge onto Terry Pkwy
15 min (7.0 mi)
 -  Pass by NTB-National Tire & Battery (on the left)2.3 mi
-  12. Continue straight to stay on Terry Pkwy
 -  Pass by Wendy's (on the right in 0.2 mi)0.2 mi
-  13. Turn left onto LA-23 S
 -  Pass by Burger King (on the right in 2.5 mi)4.3 mi
-  14. Make a U-turn
 -  Destination will be on the right0.2 mi

13735 LA-23

Belle Chasse, LA 70037

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

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Waldon Health Care Center

Contact Person: Konswalo Taylor

Phone # of Contact Person: 504-466-0222

FAX#: 504-466-0228

E-Mail Address: ktaylor@waldonhc.com

Physical Address of evacuation site:

2401 Idaho Ave

Kenner, LA

70065

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

1 Hour

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

2 Hours

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 02/21/2021

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each **alternate or secondary site**)

- i. What is the name of each **alternate/secondary** site(s)?
Waldon Health Care Center
- ii. What is the physical address of each **alternate/secondary** host site(s)?
2401 Idaho Ave
Kenner, LA
70065
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
19 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: Konswalo Taylor
Phone: 504-466-0222
Email: ktaylor@waldonhc.com
Fax: 504-466-0228
- 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:
20
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
➤ What type of facility it is?

➤ What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

- Is host facility(s) air conditioned?
☐ Yes
☐ No
- What is the current physical condition of facility?
☐ Good
☐ Fair
☐ Poor
- Are there provisions for food preparation and service?
☐ Yes
☐ No
- What are the provisions for bathing and toilet accommodations?
☐ Yes
☐ No
- Are any other facilities contracted to use this site?
☐ Yes
☐ No

- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
☒ Yes
☐ No. If No - where will staff be housed?

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.

- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and Waldon Health Care Center

WALDON HEALTH CARE CENTER, Kenner, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, Waldon Health Care Center has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/22/2016. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: KU CNFA

Dated: 02/22/21

Konswalo Taylor
Administrator
Waldon Health Care Center

Signature: [Handwritten Signature]

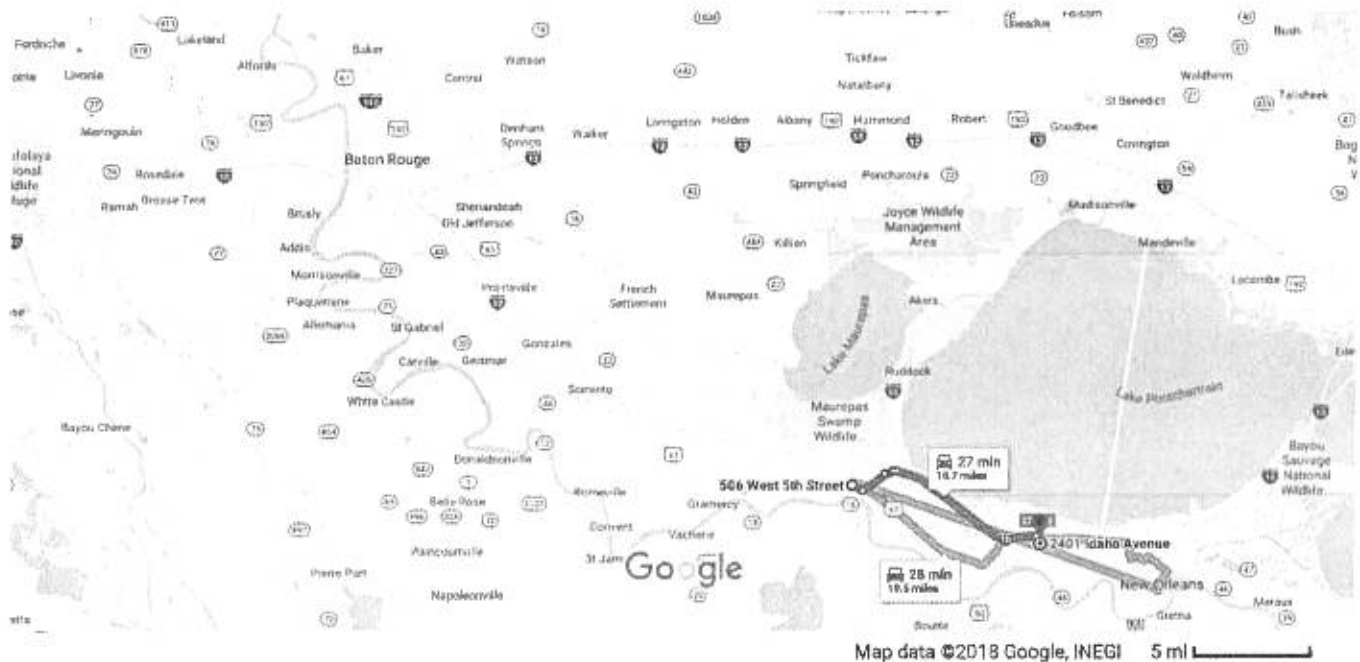
Dated: 2/21/21

Google Maps

506 West 5th Street, LaPlace, LA to 2401
Idaho Ave, Kenner, LA 70062

Drive 18.7 miles, 27 min

Waldon



506 W 5th St

Laplace, LA 70068

Get on I-10 E from W 5th St and Main St

1. Head southeast toward W 5th St
2. Turn left onto W 5th St
3. Turn left onto Main St
4. Turn right onto US-51 N/Main St
Continue to follow US 51 N
5. Turn right to merge onto I-10 E toward New Orleans

11 min (4.4 mi)

210 ft

1.0 mi

2.3 mi

0.8 mi

0.3 mi

Follow I-10 E to LA-49 S/Williams Blvd in Kenner. Take exit 223A-B from I-10 E

6. Merge onto I-10 E

12 min (13.6 mi)

13.4 mi

7. Take exit 223A-B for LA-49/Williams Blvd toward N.O. International Airport

0.2 mi

Continue on LA-49 S/Williams Blvd. Drive to Idaho Ave

4 min (0.7 mi)


8. Turn right onto LA-49 S/Williams Blvd

0.4 mi

9. Turn left onto 26th St

0.1 mi

10. Turn right onto Idaho Ave

 Destination will be on the right

0.2 mi

2401 Idaho Ave

Kenner, LA 70062

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

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Lacombe Nursing Center

Contact Person: Jill Charles

Phone # of Contact Person: 985-882-5417

FAX#: 985-882-3100

E-Mail Address: jill@lacombecare.com

Physical Address of evacuation site:

28119 Highway 190

Lacombe, LA

70445

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

1.5 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 02/22/2021

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each alternate or secondary site)

- i. What is the name of each **alternate/secondary** site(s)?
Lacombe Nursing Center
- ii. What is the physical address of each **alternate/secondary** host site(s)?
28119 Highway 190
Lacombe, LA
70445
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
72 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: Jill Charles
Phone: 985-882-5417
Email: jill@lacombecare.com
Fax: 985-882-3100
- 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:
20
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
➤ What type of facility it is?

➤ What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

- Is host facility(s) air conditioned?
☐ Yes
☐ No
- What is the current physical condition of facility?
☐ Good
☐ Fair
☐ Poor
- Are there provisions for food preparation and service?
☐ Yes
☐ No
- What are the provisions for bathing and toilet accommodations?
☐ Yes
☐ No
- Are any other facilities contracted to use this site?
☐ Yes
☐ No

- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
☒ Yes
☐ No. If No - where will staff be housed?

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.

- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and Lacombe Nursing Centre

LACOMBE NURSING CENTRE, Lacombe, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, Lacombe Nursing Centre has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/22/2016. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: K. Connor

Dated: 02/22/21

Jill Charles
Administrator
Lacombe Nursing Centre

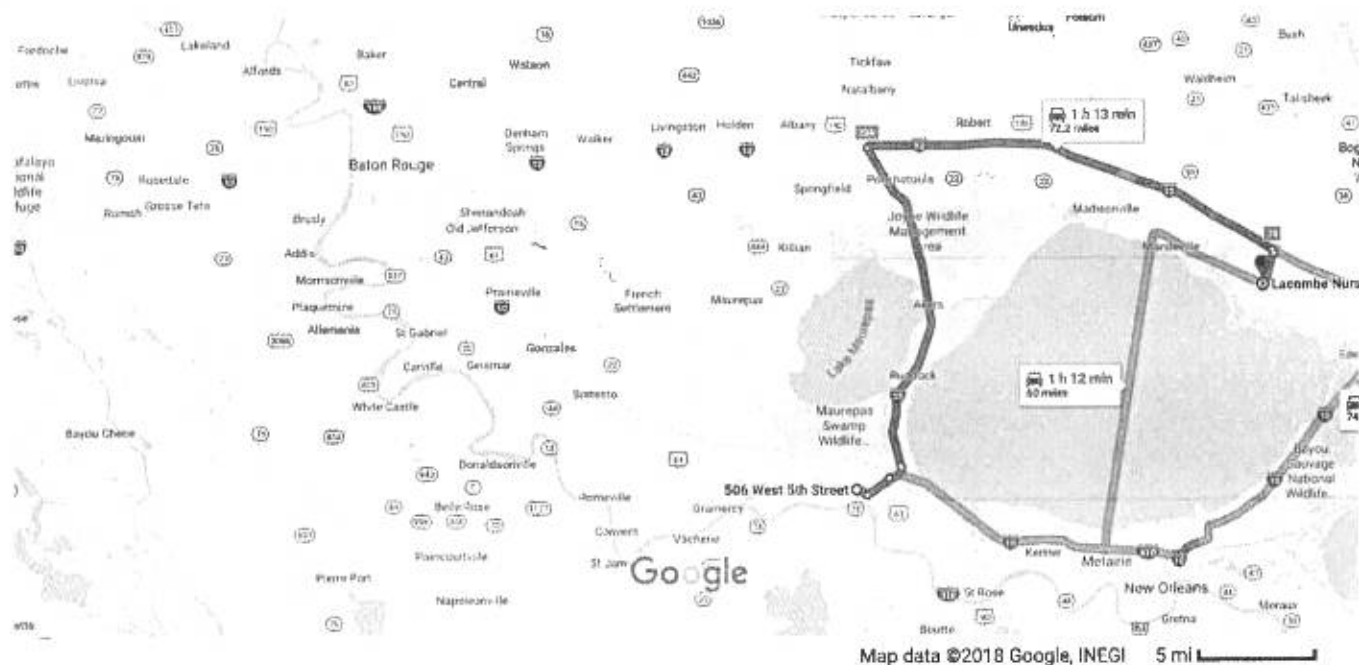
Signature: J. Charles

Dated: 2/22/21

Google Maps

506 West 5th Street, LaPlace, LA to
Lacombe Nursing Center

Drive 72.2 miles, 1 h 13 min



506 W 5th St

Laplace, LA 70068

Get on I-55 N/US-51 N from Main St

- ↑ 1. Head southeast toward W 5th St
- ↩ 2. Turn left onto W 5th St
- ↩ 3. Turn left onto Main St
- ↪ 4. Turn right onto US-51 N/Main St
Continue to follow US-51 N
- ↩ 5. Turn left onto the I-55 N/US-51 N ramp to Hammond

13 min (5.1 mi)

270 ft

1.0 mi

2.3 mi

1.5 mi

0.3 mi

Follow I-55 N and I-12 E to LA-434 S in Lacombe. Take exit 74 from I-12 E

- ↑ 6. Continue onto I-55 N/US-51 N
Continue to follow I-55 N

55 min (64.2 mi)

28.2 mi

 7. Take exit 29A to merge onto I-12 E toward Slidell

35.6 mi

 8. Take exit 74 for LA-434 toward Lacobe/St Tammany


0.4 mi


Continue on LA-434 S. Drive to US-190 W

4 min (2.9 mi)

 9. Turn right onto LA-434 S

2.5 mi

 10. At the traffic circle, take the 1st exit onto US-190 W

 Destination will be on the right

0.5 mi

Lacombe Nursing Center

28119 US-190, Lacombe, LA 70445

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

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Metairie Healthcare Center

Contact Person: Guy Burch

Phone # of Contact Person: 504-442-4004

FAX#: 504-885-8154

E-Mail Address: gburch@metairiehc.com

Physical Address of evacuation site:

6401 Riverside Dr.

Metairie, LA

70003

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

1 Hour

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

2 Hours

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 02/22/2021

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each **alternate or secondary site**)

- i. What is the name of each **alternate/secondary** site(s)?
Metairie Healthcare Center
- ii. What is the physical address of each **alternate/secondary** host site(s)?
6401 Riverside Dr.
Metairie, LA
70003
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
20 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: Guy Burch
Phone: 504-442-4004
Email: gburch@metairiehc.com
Fax: 504-885-8154
- 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:
20
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
➤ What type of facility it is?

➤ What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and Metairie Healthcare Center

METAIRIE HEALTHCARE CENTER, Metairie, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, Metairie Healthcare Center has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/22/2016. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: KC, WFA

Dated: 02/22/21

Guy Burch
Administrator
Metairie Healthcare Center

Signature: G Burch

Dated: 2/22/21

Google Maps

506 West 5th Street, LaPlace, LA to 6401
Riverside Dr, Metairie, LA 70003

Drive 19.8 miles, 30 min

Metairie



506 W 5th St

LaPlace, LA 70068

Get on I-10 E from W 5th St and Main St

↑ 1. Head southeast toward W 5th St

11 min (4.4 mi)

↩ 2. Turn left onto W 5th St

210 ft

↩ 3. Turn left onto Main St

1.0 mi

↪ 4. Turn right onto US-51 N/Main St

2.3 mi

ⓘ Continue to follow US-51 N

↗ 5. Turn right to merge onto I-10 E toward New Orleans

0.8 mi

0.3 mi

Follow I-10 E to LA-49 N/Williams Blvd in Kenner. Take exit 223A-B from I-10 E

↗ 6. Merge onto I-10 E

12 min (13.6 mi)

13.4 mi

- 7. Take exit 223A-B for LA-49/Williams Blvd toward N.O. International Airport

0.2 mi

Take Bruin Dr to Riverside Dr in Metairie

7 min (1.8 mi)

- ↩ 8. Turn left onto LA-49 N/Williams Blvd

0.3 mi

- 9. Turn right onto Bruin Dr

1.0 mi

- 10. Turn right onto Power Blvd

112 ft

- ↩ 11. Turn left onto Riverside Dr

📍 Destination will be on the left

0.4 mi

6401 Riverside Dr

Metairie, LA 70003

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

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Pontchartrain Health Care Center

Contact Person: Patricia Lavarine

Phone # of Contact Person: 985-626-8581

FAX#: 985-624-9478

E-Mail Address: patti@pontcare.com

Physical Address of evacuation site:

1401 Florida St.

Metairie, LA

70448

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

1.5 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 02/23/2021

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each **alternate or secondary site**)

- i. What is the name of each **alternate/secondary** site(s)?
Pontchartrain Health Care Center
- ii. What is the physical address of each **alternate/secondary** host site(s)?
1401 Florida St.
Mandeville, LA
70448
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
53 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: Patti Lavarine
Phone: 985-626-8581
Email: patti@pontcare.com
Fax: 985-624-9478
- 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:
20
 - Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is not a licensed nursing home provide a description of host site(s) including;
 - What type of facility it is?

 - What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and Pontchartrain Health Care Centre

PONTCHARTRAIN HEALTH CARE CENTRE, Mandeville, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, Pontchartrain Health Care Centre has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/22/2016. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: KM, WFA

Dated: 02/22/21

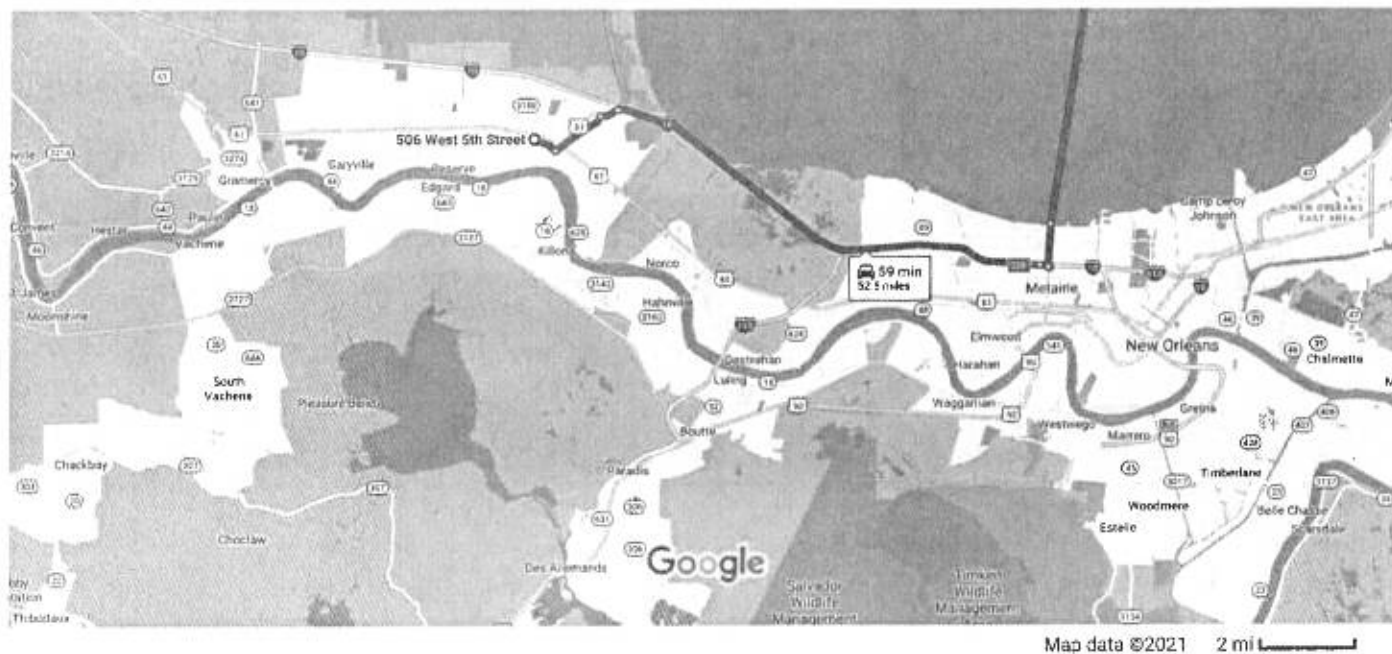
Patricia Lavine
Administrator
Pontchartrain Health Care Centre

Signature: Pate Z

Dated: 2/23/21

Google Maps

506 West 5th Street, LaPlace, LA to Pontchartrain Health Care Center Drive 52.5 miles, 59 min



506 W 5th St

Laplace, LA 70068

Continue to US-51 N/Main St

8 min (3.3 mi)

↑ 1. Head east toward W 5th St

299 ft

↶ 2. Turn left onto W 5th St

0.9 mi

↶ 3. Turn left onto Main St

2.3 mi

Take I-10 E and Lake Pontchartrain Causeway to your destination in Mandeville

51 min (49.2 mi)

↘ 4. Turn right onto US-51 N/Main St

ⓘ Continue to follow US-51 N


0.8 mi

⬆ 5. Use the right lane to merge onto I-10 E via the ramp to New Orleans


18.8 mi

↘ 6. Use the right 2 lanes to take exit 228 toward Mandeville


0.6 mi

- 


7. Merge onto N Causeway Blvd

1.7 mi
- 


8. Continue onto Lake Pontchartrain Causeway

24.0 mi
- 


9. Continue onto N Causeway Blvd

0.1 mi
- 


10. Slight right onto N Causeway Blvd Service Rd


0.4 mi
- 

11. Continue onto E Causeway Approach


1.1 mi
- 

12. Use the right 2 lanes to turn right onto U.S. Hwy 190 E

 Pass by Smoothie King (on the right in 0.9 mi)

1.6 mi
- 

13. Turn left

 Destination will be on the left

22 s (151 ft)

Pontchartrain Health Care Center
1401 Florida St, Mandeville, LA 70448

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

2021 Nursing Home Emergency Preparedness Plan Survey

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: Drugs, Pharmaceuticals, Wound Supplies, DME

Name of Supplier:

Pontchartrain Pharmacy

Contact Person: Steve Campo

Phone # of Contact Person: 985-626-9726

FAX#: 985-626-7917

E-Mail Address: steve.campo@earthlink.net

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?

24 Hours

How long will it take to receive the delivery?

12-24 Hours

Date of agreement/contract/verification: 01/07/2021

Date agreement/contract ends: Renews Until Terminated



**Pontchartrain Pharmacy
Emergency evacuation Policy and Procedure**

Purpose:

To prepare and continue to service all facility needs in an emergency situation.

Policy:

Pontchartrain Pharmacy has many sources to aide in supplying appropriate medications during an emergency situation and will maintain all records to do so.

Procedure:

During an emergency crisis such as a hurricane, Pontchartrain Pharmacy, Inc will:

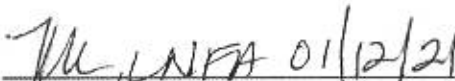
1. Issue a 30 day supply of medications for all residents that are to be evacuated
2. Assist the staff to provide for emergency medications that will be needed
3. Provide an on-call service with a pharmacy for your convenience. PPI is contracted with Med-Call for these services and will assist with the pharmacy selection. A list is available of pharmacies that have contracted with us to provide this service.

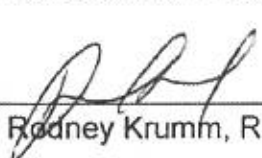
Please be assured that our on-call pharmacist will be available during this period.

Pharmacist on-call: Cell: **504-577-7551**

Twin Oaks Nursing Home

Pontchartrain Pharmacy


Karen Conner, NFA Date

 1/7/21
Rodney Krumm, RPh Date

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

Type of Supply: Medical Supplies, medical equipment, housekeeping supplies, incontinence supplies

Name of Supplier:

Medline Industries

Contact Person: Tim Cashen

Phone # of Contact Person: 225-229-3145

FAX#: 866-914-2730

E-Mail Address: tcashen@medline.com

Indicate where the supplies are to be delivered to;

☐ Evacuation host site

☐ Nursing home's licensed facility

☒ determined upon decision of sheltering or evacuating

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

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

24 Hours

How long will it take to receive the delivery?

12-24 Hours

Date of agreement/contract/verification: 01/07/2021

Date agreement/contract ends: Renews Until Terminated



Medline Industries, Inc.

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

Gulf Coast Disaster Plan
Updated January 2021

PURPOSE AND SCOPE

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

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

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

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

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

Medline Capabilities

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

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

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

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

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

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

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

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

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

MEDLINE EMERGENCY ACTION PLAN

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

Medline's Disaster Response Team (DRT)

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

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

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

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

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

Customer Communications

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

Disaster Preparedness and Response Plan

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

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

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

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

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

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

Disaster Preparedness Checklist

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

Disaster Preparedness and Response Plan

Key Contacts

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

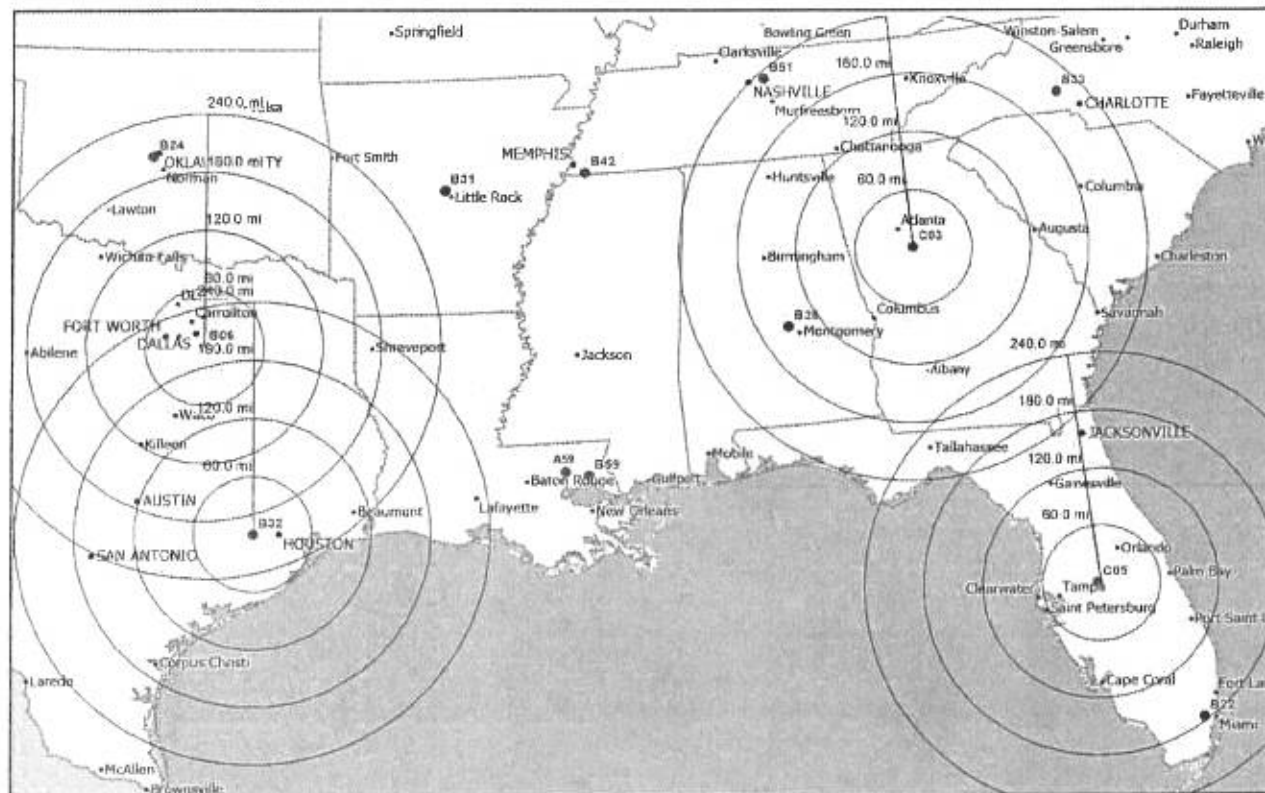
Medline Customer Service

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

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

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

GULF COAST DISTRIBUTION CENTERS



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

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

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

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

Type of Supply: Food, Water, Dining Supplies

Name of Supplier:

Reinhart Foodservice

Contact Person: Shannon Hayes

Phone # of Contact Person: 504-733-5200

FAX#: 504-734-5270

E-Mail Address: sphayes@rfsdelivers.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?

12-24 Hours

Date of agreement/contract/verification: 02/16/2021

Date agreement/contract ends: Renews Until Terminated



Reinhart Foodservice Louisiana, LLC d/b/a
Performance Foodservice - New Orleans
918 Edwards Ave.
Harahan, LA 70123

February 16, 2021

Valued Customer:

Reinhart Foodservice Louisiana, LLC, doing business as Performance Foodservice-New Orleans ("Performance Foodservice"), is committed to working with you through our disaster planning service to ensure that emergency supplies are provided to your facility prior to and in the event of a disaster or emergency. This letter shall serve as documentation of Performance Foodservice's policy regarding delivery of goods during a disaster or emergency.

Should Performance Foodservice be affected by a disaster or emergency, it will take the following actions:

- Customers will be notified of delays by phone as soon as possible.
- Proper food safety and sanitation procedures will be maintained throughout the event.
- Customers will not receive any food that has been affected by damage sustained from the disaster or emergency.
- Deliveries will resume as soon as possible from either the affected Performance Foodservice facility or one or more alternate facilities.

If your facility is involved in a disaster or emergency, Performance Foodservice may supply the following items upon request and depending upon availability:

- Coordinated delivery schedule adjustments prior to or after the emergency has passed.
- Disaster/Emergency order consultation and order placement assistance.
- Delivery of emergency rations and supplies as available from the Performance Foodservice OPCO's inventory supplies and delivered on a first come/first serve basis prior to the event, and/or as service is available in the affected area.

Refer to your state's Department of Health and Human Services guidelines for food and water supply for emergencies. Performance Foodservice will provide to you, upon request, a Disaster Planning Kit which gives information on recommended perishable and non-perishable food and water to keep on hand in case an emergency arises, and a Three-Day Emergency/Disaster Menu.

Should your facility undergo a disaster or emergency, it is your responsibility to notify Performance Foodservice regarding stoppage of delivery or delivery to an alternate site. Alternate shelter site deliveries will be made as available on normal routes and days in the area. You should take as many supplies as possible to the shelter site from your current inventory. This recommendation is to ensure your existing inventory is not destroyed during the event and/or product is available for meals should our ability to ship supplies to the alternate site be delayed because of excessive demands prior to and following the event. Should you have any questions regarding this policy, please contact your Performance Foodservice Healthcare Account Manager or Customer Service at 1-800-488-3988.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Wood", written over a horizontal line.

Steve Wood

Area President New Orleans and Shreveport Opcos

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

Type of Supply: Generator Fuel

Name of Supplier:

Siarco Inc.

Contact Person: Kevin Crais

Phone # of Contact Person: 225-869-5596

FAX#: 225-869-3988

E-Mail Address: kevinc@siarcoil.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?

12-24 Hours

Date of agreement/contract/verification: 02/22/2021

Date agreement/contract ends: Renews Until Terminated



Siarc Inc.

SERVING YOU SINCE 1943

February 22, 2021

Karen Connor
Twin Oaks Nursing Home
LaPlace, LA

Re: Fuel Supply for Generators

Siarc, Inc. Oil & Fuel has served south Louisiana with petroleum products since 1943. We are proud to call Twin Oaks Nursing Home one of our long-standing customers.

Siarc has verbal agreements with local refineries to secure supply for emergency service personnel, such as government agencies and health care facilities, during states of emergency. We also have onsite storage that is utilized in advance of a storm. Siarc will, as in the past, exercise these agreements to provide diesel fuel to Twin Oaks Nursing Home to run its emergency generators in a state of emergency.

We are proud to have a 100% fill rate for ALL of our regular customers in the aftermath of Hurricanes Katrina, Rita, Gustav, Isaac and Delta. These were very trying time periods for all of Louisiana and the Petroleum industry and many of our competitors are unable to boast the same accomplishment. We are confident that our years of service, close relationships with local refineries and experiences from past emergencies will allow us to maintain the same level of service for Twin Oaks Nursing Home and all our customers should another emergency situation arise.

Sincerely,



Kevin Crais, V.P.
Siarc, Inc

P.O. Box 1330 LaPlace, Louisiana 70069
(225) 869-5596 (225) 869-3988 fax (225) 869-1139
1-800-960-0117

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

Phone # of Contact Person: 985-637-0693

Physical Address of transportation provider:

91 Dep. Barton Granier Dr.

Lafayette, LA

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?

1 Hour

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

2 Hours

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

Ambulance & Medical Transport Vans

Total number of transport vehicles to be provided: As needed

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

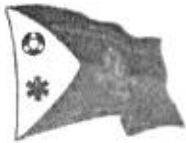
2 stretcher per ambulance, 2-4 wheelchairs per van.

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 02/02/2021

Date agreement/ contract ends: Renews until terminated



Acadian

Ambulance Service



NATIONALLY
ACCREDITED

P.O. Box 98000 • LAFAYETTE, LA • 70509-8000

EMPLOYEE
OWNED

AMBULANCE
DISPATCH
511
800-259-1111

ADMINISTRATION
337-291-3333
800-259-3333

BILLING
800-259-2222

February 02, 2021

To whom it may concern:

In response to a request for verification from Twin Oaks Nursing Home (hereinafter "Facility"), please allow this to serve as confirmation that Facility currently has in place an agreement for the evacuation of resident/patients in the case of a disaster, as required by the Louisiana Department of Health and Hospitals and in accordance with the terms and conditions of such Agreement. The Agreement auto-renews annually unless otherwise terminated by either party. As of this Date, no notice of termination has been received and therefore such Agreement remains in full force and effect for the 2021 calendar year.

Sincerely,

Carlo N. Gagliano Jr.
Community Relations Supervisor
Acadian Ambulance Service, Inc.

2021 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):

Cline Bus Tours

Contact Person: John McCommon

Phone # of Contact Person: 601-605-4483

Physical Address of transportation provider:

277 Commerce Park Dr.
Ridgeland, MS
39258

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?

3 Hours

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

2 Hours

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

Bus

Total number of transport vehicles to be provided: As needed

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

25 wheelchair and/or seated

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 02/19/2021

Date agreement/ contract ends: Renews until terminated

CLINE

Ridgeland • Memphis • Oxford
Prattville • Starkville



Birmingham • Little Rock
Jonesboro
TOURS

Cline Tours, Inc.
P.O. Box 1498
Ridgeland, MS 39158
PHONE (601) 675-4487
TOLL FREE 1-800-233-5307
FAX (601) 606-2562

www.clinetours.com

Serving The South Since 1983

Cline Tours, Inc.
P.O. Box 8 • 300148
Memphis, TN 38130
PHONE (901) 767-3441
TOLL FREE 1-877-767-3441
FAX (901) 767-3477

February 19, 2021

Inspired Healthcare Management, LLC
Dale Cooney
Box 880
Mandeville LA 70470

Dear Dale:

This letter is to serve as our agreement to furnish an adequate number of 56 passenger motor coaches to be used for evacuation purposes in the event of any natural, man made or any other disaster requiring the residents of Inspired Healthcare Management, LLC to be evacuated. This offer is subject to fleet availability at the time of the request.

Our normal requirements dictate at least 48 hours advance notice of such evacuation. It is understood that Cline Tours, Inc. will make every possible effort to expedite evacuation to ensure that residents are taken to a predesignated safe place as quickly as possible.

The price cannot be determined up front as we do not know where we will be taking the residents or for how long. until such time as it is safe to return to the original pickup point, if needed, will be provided from our closest available office.

This letter and offer of service is to remain in effect until December 31, 2021.

Please feel free to contact me should you have questions or need more information.

Sincerely,

John McCommon
President

Cline Tours, Inc.
3000 7th Avenue North
Birmingham, AL 35203
PHONE (205) 591-7555
TOLL FREE 1-800-633-3223

Cline Tours, Inc.
2215 Oak Blvd
Prattville, AL 36067
PHONE (334) 367-4610
TOLL FREE 1-800-233-5307

Cline Tours, Inc.
315 Highway 7 South
Oxford, MS 38655
PHONE (662) 236-3248
TOLL FREE 1-800-233-5307

Cline Tours, Inc.
3342 East Georgia Avenue
Hot Springs, AR 71901
PHONE (501) 886-1065
TOLL FREE 1-800-233-5307

CHARTER BUSES • SHUTTLE BUSES • PACKAGE BUS TOURS

Host Sites 2021

- i. Sage Specialty Hospital, Denham Springs, LA
- ii. Good Samaritan Living Center, Franklinton, LA
- iii. Regency House of Alexandria LA
- iv. LaSalle Nursing Home, Jena, LA
- v. Courtyard of Natchitoches, Natchitoches, LA
- vi. Lagniappe Healthcare, Bastrop, LA
- vii. SCC of Alpine Guest Care, Ruston LA
- viii. Ruston Nursing & Rehab Center, Ruston, LA
- ix. West Carroll Care Center, Oak Grove, LA
- x. Winnfield Nursing & Rehabilitation Center, Winnfield, LA
- xi. Mary Anna Nursing Home, Wisner, LA
- xii. Capitol House Nursing & Rehab, Baton Rouge, LA

Local (fire, tornado, etc)

- i. Riverbend Nursing & Rehab, Belle Chasse, LA
- ii. Waldon Healthcare Center, Kenner, LA
- iii. Lacombe Nursing Center, Lacombe, LA
- iv. Metairie Healthcare Center, Metairie, LA
- v. Pontchartrain Health Care Center, Mandeville, LA

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Sage Specialty Hospital

Contact Person: Sharon Faulkner

Phone # of Contact Person: 225-978-6077

FAX#: 225-665-0736

E-Mail Address: sfaulkner@sageltc.com

Physical Address of evacuation site:

8375 Florida Blvd.

Denham Springs, LA

70726

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

1.5 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☒ PRIMARY or ☐ ALTERNATE site?

Is it a ☐ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 80

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

Date of agreement/contract/verification: 06/05/2020

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- i. What is the name of each **primary** site(s)?
Sage Specialty Hospital
- ii. What is the physical address of each host site(s)?
8375 Florida Blvd.
Denham Springs, LA
70726
- iii. What is the distance to each host site(s)?
60.7 Miles
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
Yes
- 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: Sharon Faulkner
Phone: 225-978-6077
Email: sfaulkner@sageltc.com
Fax: 225-665-0736
- vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?
 - Capacity that will be allowed at each site:
80
 - 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?
LTAC
 - What is host site currently being used for?
LTAC
 - Is the square footage/area of the space to be used adequate for the residents?
☒ Yes
☐ No
 - What is the age of the host facility(s)?
Unknown
 - Is host facility(s) air conditioned?
☒ Yes

2021 Nursing Home Emergency Preparedness Plan Survey

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

- xi. Is there a specified time or timeline (H-Hour) that primary host site will need to be notified by?
 - ☒ Yes. If Yes - what is that time? 48 Hours
 - ☐ No.



Transfer Agreement
Twin Oaks Nursing Home and Sage Specialty Hospital

Sage Specialty Hospital, Denham Springs LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, Sage Specialty Hospital has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 06/05/2020. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: KM WFA

Dated: 02/12/21

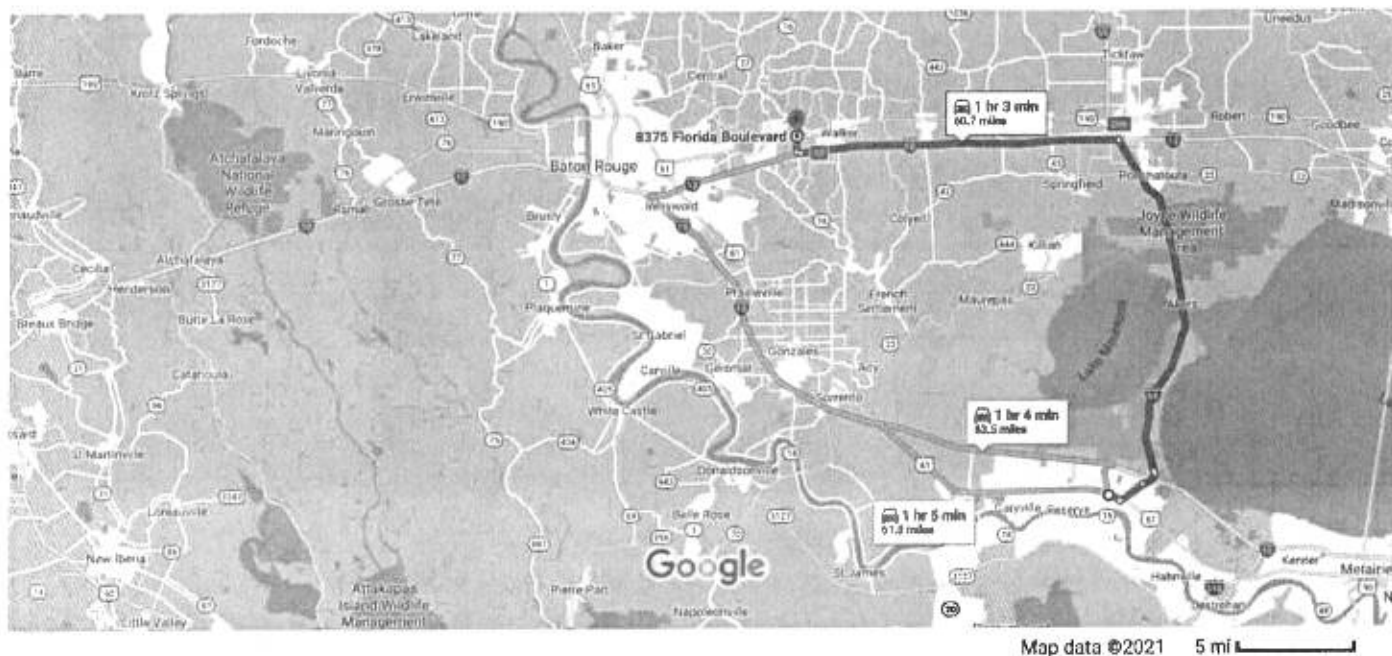
Sharon Faulkner
Administrator
Sage Specialty Hospital

Signature: Sharon Faulkner

Dated: 2-17-21

Google Maps**506 West 5th Street, LaPlace, LA to 8375
Florida Boulevard, Denham Springs, LA**

Drive 60.7 miles, 1 hr 3 min

**506 W 5th St**

Laplace, LA 70068

Get on I-55 N/US-51 N from Main St

11 min (5.1 mi)

↑ 1. Head east toward W 5th St

299 ft

↶ 2. Turn left onto W 5th St

0.9 mi

↶ 3. Turn left onto Main St

2.3 mi

↷ 4. Turn right onto US-51 N/Main St

ⓘ Continue to follow US-51 N

1.5 mi

↶ 5. Turn left onto the I-55 N/US-51 N ramp to Hammond

0.3 mi



Follow I-55 N and I-12 W to LA-1026 N/Juban Rd in Parish**Governing Authority District 3. Take exit 12 from I-12 W**

46 min (54.3 mi)






↷ 6. Continue onto I-55 N/US-51 N

ⓘ Continue to follow I-55 N

28.4 mi

-  7. Take exit 29B to merge onto I-12 W toward Baton Rouge
25.5 mi
-  8. Take exit 12 to merge onto LA-1026 N/Juban Rd
0.3 mi

Continue on LA-1026 N/Juban Rd to your destination

-  9. Merge onto LA-1026 N/Juban Rd
4 min (1.4 mi)
-  10. Turn left onto U.S. Hwy 190 W
1.2 mi
-  11. Turn right
456 ft
-  12. Turn left
272 ft
-  Destination will be on the left
325 ft

8375 Florida Blvd

Denham Springs, LA 70726

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

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Good Samaritan Living Center

Contact Person: Emily Jones

Phone # of Contact Person: 985-839-6706

FAX#: 985-839-6783

E-Mail Address: emily@goodsamlivingcenter.com

Physical Address of evacuation site:

605 Hilltop Dr.

Franklinville, LA

70438

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

2 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☒ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 02/08/2021

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each alternate or secondary site)

- i. What is the name of each **alternate/secondary** site(s)?
Good Samaritan Living Center
- ii. What is the physical address of each **alternate/secondary** host site(s)?
605 Hilltop Dr.
Franklinton, LA
70438
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
268 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: Emily Jones
Phone: 985-839-6706
Email: emily@goodsamlivingcenter.com
Fax: 985-839-6783
- 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:
20
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
➤ What type of facility it is?

➤ What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and Good Samaritan Living Center

Good Samaritan Living Center, Franklinton, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, Good Samaritan Living Center has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/19/2018. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: K. Connor

Dated: 02/18/21

Emily Jones
Administrator
Good Samaritan Living Center

Signature: Emily Jones

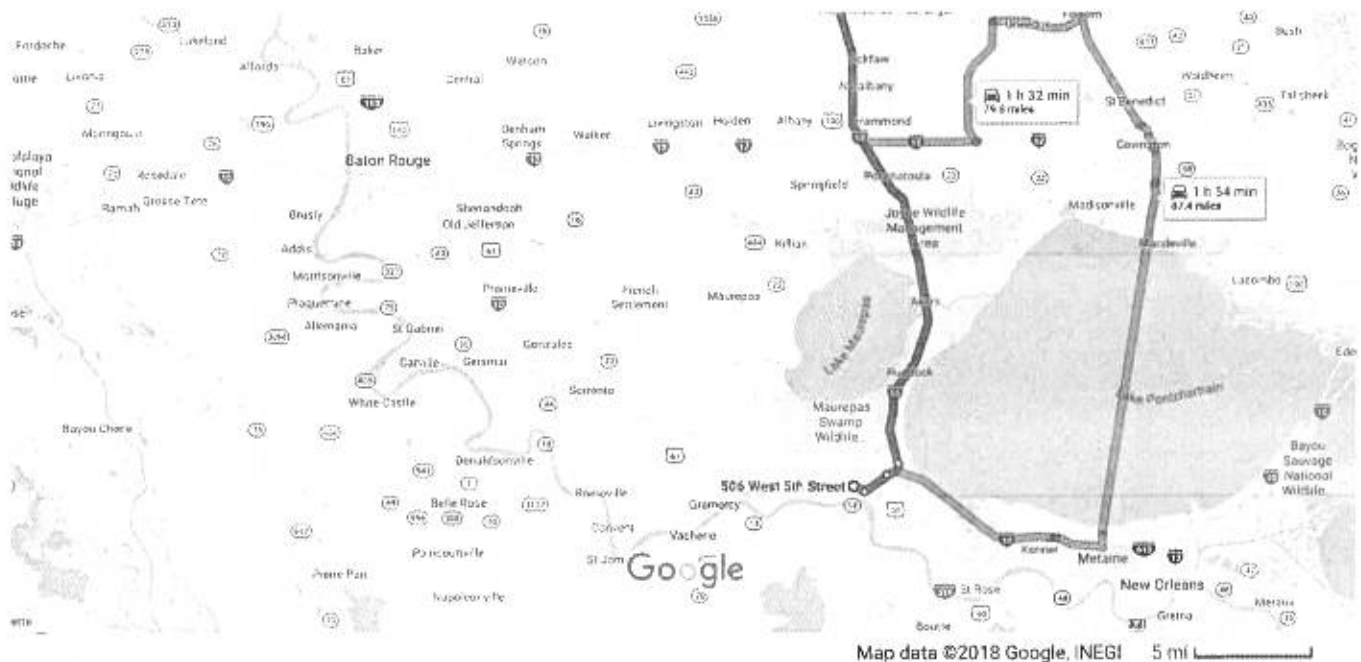
Dated: 2/8/21

Google Maps

506 West 5th Street, LaPlace, LA to 605 Hilltop Dr, Franklinton, LA 70438

Drive 78.5 miles, 1 h 29 min

Good Samaritan Living Center



506 W 5th St

Laplace, LA 70068

Get on I-55 N/US-51 N from Main St

↑ 1. Head southeast toward W 5th St

13 min (5.1 mi)

↶ 2. Turn left onto W 5th St

210 ft

↶ 3. Turn left onto Main St

1.0 mi

↷ 4. Turn right onto US-51 N/Main St

2.3 mi

ⓘ Continue to follow US-51 N

1.5 mi

↶ 5. Turn left onto the I-55 N/US-51 N ramp to Hammond

0.3 mi

Follow I-55 N to LA-16 E/W Oak St in 3. Take exit 46 from I-55 N

↑ 6. Continue onto I-55 N/US-51 N

39 min (46.0 mi)

ⓘ Continue to follow I-55 N

45.8 mi

7. Take exit 46 for LA-16 toward Amite City/Montpelier

0.2 mi

Follow LA-16 E to Hilltop Dr in Franklinton

37 min (27.4 mi)

8. Turn right onto LA-16 E/W Oak St (signs for Amite City)

 Continue to follow LA-16 E

23.6 mi

9. Turn left onto LA-16 E/LA-25 N

2.5 mi

10. Continue onto Washington St

0.3 mi

11. Turn left onto 12th St

322 ft

12. Turn right onto Greenlaw St

0.7 mi

13. Turn left onto Hilltop Dr

0.3 mi

605 Hilltop Dr

Franklinton, LA 70438

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



2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Regency House of Alexandria

Contact Person: Patricia Small

Phone # of Contact Person: 318-445-8343

FAX#: 318-445-8372

E-Mail Address: psmall@steadcare.com

Physical Address of evacuation site:

5131 Masonic Dr.

Alexandria, LA

71301

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

3 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 02/08/2021

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each alternate or secondary site)

- i. What is the name of each **alternate/secondary** site(s)?
Regency House of Alexandria
- ii. What is the physical address of each **alternate/secondary** host site(s)?
5131 Masonic Dr.
Alexandria, LA
71301
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
176 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: Patricia Small
Phone: 318-445-8343
Email: psmall@steadcare.com
Fax: 318-445-8372
- 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:
20
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
➤ What type of facility it is?

➤ What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
 - ☒ Yes. If yes what is that time? 48 Hours
 - ☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
 - ☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
 - ☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and Regency House of Alexandria

Regency House of Alexandria, Alexandria, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, Regency House of Alexandria has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/19/2018. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: KU LNFA

Dated: 02/08/21

Patricia Small
Administrator
Regency House of Alexandria

Signature: Patricia A. Small

Dated: 02-08-2021

Google Maps

506 W 5th St, LaPlace, LA to 5131 Masonic Drive 176 miles, 2 h 46 min
Dr, Alexandria, LA

Regency House of Alexandria




506 W 5th St

Laplace, LA 70068




Get on I-10 W in 7 from Belle Terre Blvd

- | | | |
|---|---|----------------|
| ↑ | 1. Head west | 8 min (3.7 mi) |
| ↩ | 2. Turn left toward W 5th St | 102 ft |
| ↪ | 3. Turn right onto W 5th St | 161 ft |
| ↪ | 4. Turn right onto Elm St | 0.2 mi |
| ↪ | 5. Turn right onto Percy Hebert Rd | 0.2 mi |
| ↩ | 6. Turn left to stay on Percy Hebert Rd | 430 ft |
| ↑ | 7. Continue onto Belle Terre Blvd | 0.2 mi |
| | | 2.2 mi |

-  8. Keep left at the fork, follow signs for I-10 W/Baton Rouge and merge onto I-10 W
- 0.9 mi

Follow I-10 W to 9. Take exit 151 from I-10 W

48 min (54.6 mi)

-  9. Merge onto I-10 W
- 50.3 mi
-  10. Keep left at the fork to stay on I-10 W, follow signs for Interstate 10 W/Lafayette
- 3.9 mi
-  11. Take exit 151 for LA-415 toward US-190/Lobdell
- 0.3 mi

Get on I-49 N/US-167 N in 2

55 min (52.9 mi)

-  12. Turn right onto LA-415 N/N Lobdell Hwy (signs for US-190)
-  Continue to follow N Lobdell Hwy
- 3.6 mi
-  13. Slight right onto US-190 W
- 49.0 mi
-  14. Turn right to merge onto I-49 N/US-167 N toward Alexandria
- 0.3 mi

Follow I-49 N to US-167 BUS N/US-71 N in F. Take exit 80 from I-49 N

50 min (61.1 mi)

-  15. Merge onto I-49 N/US-167 N
-  Continue to follow I-49 N
- 60.2 mi
-  16. Take exit 80 to merge onto US-167 BUS N/US-71 N toward MacArthur Dr
- 0.9 mi

Continue on US-71 N. Drive to Masonic Dr in Alexandria

6 min (3.7 mi)

-  17. Merge onto US-167 BUS N/US-71 N
-  Continue to follow US-71 N
- 2.9 mi
-  18. Use the right lane to turn slightly left onto Masonic Cir
- 0.2 mi

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

LaSalle Nursing Home

Contact Person: Phyllis Bryan

Phone # of Contact Person: 318-992-6627

FAX#: 318-992-9288

E-Mail Address: pbryan@lasallenursinghome.com

Physical Address of evacuation site:

139 9th St.

Jena, LA

71342

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

3.5 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 02/08/2021

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each **alternate or secondary site**)

- i. What is the name of each **alternate/secondary** site(s)?
LaSalle Nursing Home
- ii. What is the physical address of each **alternate/secondary** host site(s)?
139 9th St.
Jena, LA
71342
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
214 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: Phyllis Bryan
Phone: 318-992-6627
Email: pbryan@lasallenursinghome.com
Fax: 318-992-9288
- 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:
20
 - Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not** a licensed nursing home provide a description of host site(s) including;
 - What type of facility it is?

 - What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

- Is host facility(s) air conditioned?
☐ Yes
☐ No
- What is the current physical condition of facility?
☐ Good
☐ Fair
☐ Poor
- Are there provisions for food preparation and service?
☐ Yes
☐ No
- What are the provisions for bathing and toilet accommodations?
☐ Yes
☐ No
- Are any other facilities contracted to use this site?
☐ Yes
☐ No

- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
☒ Yes
☐ No. If No - where will staff be housed?

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.

- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and LaSalle Nursing Home

LaSalle Nursing Home, Jena, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basic.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, LaSalle Nursing Home has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/12/2019. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: KC, CNFA

Dated: 02/08/21

Phyllis Bryan
Administrator
LaSalle Nursing Home

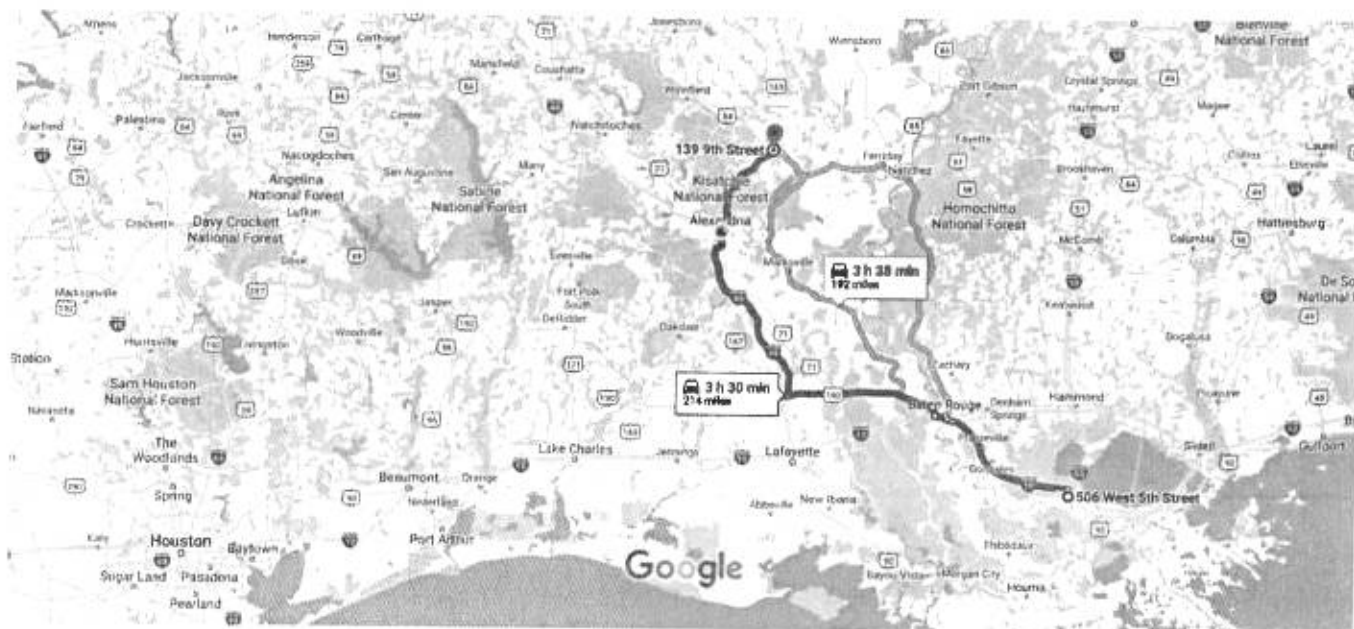
Signature: Phyllis Bryan

Dated: 2/8/2021

Google Maps**506 West 5th Street, LaPlace, LA to 139 9th St, Jena, LA**

Drive 214 miles, 3 h 30 min

LaSalle Nursing Home



Map data ©2020 Google, INEGI 20 mi

506 W 5th St




Laplace, LA 70068

Get on I-10 W in 7 from Belle Terre Blvd

- | | |
|---|----------------|
| ↑ 1. Head west | 8 min (3.7 mi) |
| ↙ 2. Turn left toward W 5th St | 102 ft |
| ↘ 3. Turn right onto W 5th St | 161 ft |
| ↘ 4. Turn right onto Elm St | 0.2 mi |
| ↘ 5. Turn right onto Percy Hebert Rd | 0.2 mi |
| ↙ 6. Turn left to stay on Percy Hebert Rd | 430 ft |
| ↑ 7. Continue onto Belle Terre Blvd | 0.2 mi |
| ↘ 8. Keep left at the fork, follow signs for I-10 W/Baton Rouge and merge onto I-10 W | 2.2 mi |
| | 0.9 mi |

Follow I-10 W to 9. Take exit 151 from I-10 W

48 min (54.6 mi)

-  9. Merge onto I-10 W
-  10. Keep left at the fork to stay on I-10 W, follow signs for Interstate 10 W/Lafayette
-  11. Take exit 151 for LA-415 toward US-190/Lobdell

50.3 mi

3.9 mi

0.3 mi

Get on I-49 N/US-167 N in 2

55 min (52.9 mi)

-  12. Turn right onto LA-415 N/N Lobdell Hwy (signs for US-190)
-  Continue to follow N Lobdell Hwy
-  13. Slight right onto US-190 W
-  14. Turn right to merge onto I-49 N/US-167 N toward Alexandria

3.6 mi

49.0 mi

0.3 mi

Follow I-49 N to Pineville. Take the US 165 N exit from US-167 N/Pineville Expy

59 min (69.8 mi)

-  15. Merge onto I-49 N/US-167 N
-  Continue to follow I-49 N
-  16. Use the right 2 lanes to take exit 84 for US-167 N/LA-28 E/Pineville Expy
-  Continue to follow US-167 N/Pineville Expy
-  18. Take the US 165 N exit toward Monroe

64.7 mi



0.6 mi

4.2 mi

0.2 mi

Follow US-165 N and LA-8 E to your destination in Midway

38 min (33.1 mi)

-  19. Use any lane to turn right onto US-165 N/Monroe Hwy
-  Continue to follow US-165 N

11.1 mi

- 

20. Turn right onto LA-8 E

20.6 mi
- 

21. Turn left onto LA-3104

1.0 mi
- 

22. Turn left onto US-84 W

0.3 mi
- 

23. Turn right

0.1 mi

139 9th St
Jena, LA 71342

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

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Courtyard of Natchitoches

Contact Person: Anna Warren

Phone # of Contact Person: 318-214-5730

FAX#: 318-214-4484

E-Mail Address: anna.warren@nrmchospital.org

Physical Address of evacuation site:

708 Keyser Ave

Natchitoches, LA

71457

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

3.5 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 02/08/2021

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each **alternate or secondary site**)

- i. What is the name of each **alternate/secondary** site(s)?
Courtyard of Natchitoches
- ii. What is the physical address of each **alternate/secondary** host site(s)?
708 Keyser Ave
Natchitoches, LA
71457
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
232 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: Anna Warren
Phone: 318-214-5730
Email: anna.warren@nrmchospital.org
Fax: 318-214-4484
- 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:
20
 - Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
 - What type of facility it is?

 - What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and Courtyard of Natchitoches

Courtyard of Natchitoches, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, Courtyard of Natchitoches has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/11/2020. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature:

KC LNFA

Dated:

02/08/21

~~Paula Barker~~ Anna Warren

Administrator

Courtyard of Natchitoches

Signature:

Anna Warren

Dated:

2/8/2021

Google Maps

506 West 5th Street, LaPlace, LA to 708
Keyser Avenue, Natchitoches, LA

Drive 232 miles, 3 h 38 min

Courtyard of Natchitoches



506 W 5th St




Laplace, LA 70068

Get on I-10 W in 7 from Belle Terre Blvd

- | | | |
|---|---|----------------|
| ↑ | 1. Head west | 8 min (3.7 mi) |
| ↙ | 2. Turn left toward W 5th St | 102 ft |
| ↘ | 3. Turn right onto W 5th St | 161 ft |
| ↘ | 4. Turn right onto Elm St | 0.2 mi |
| ↘ | 5. Turn right onto Percy Hebert Rd | 0.2 mi |
| ↙ | 6. Turn left to stay on Percy Hebert Rd | 430 ft |
| ↑ | 7. Continue onto Belle Terre Blvd | 0.2 mi |
| ↘ | 8. Keep left at the fork, follow signs for I-10 W/Baton Rouge and merge onto I-10 W | 2.2 mi |
| | | 0.9 mi |



Follow I-10 W to 9. Take exit 151 from I-10 W

48 min (54.6 mi)

-  9. Merge onto I-10 W
50.3 mi
-  10. Keep left at the fork to stay on I-10 W, follow signs for Interstate 10 W/Lafayette
3.9 mi
-  11. Take exit 151 for LA-415 toward US-190/Lobdell
0.3 mi


Get on I-49 N/US-167 N in 2

55 min (52.9 mi)

-  12. Turn right onto LA-415 N/N Lobdell Hwy (signs for US-190)
 Continue to follow N Lobdell Hwy
3.6 mi
-  13. Slight right onto US-190 W
49.0 mi
-  14. Turn right to merge onto I-49 N/US-167 N toward Alexandria
0.3 mi






Follow I-49 N to LA-478 E in Natchitoches. Take exit 132 from I-49 N

1 h 34 min (113 mi)

-  15. Merge onto I-49 N/US-167 N
 Continue to follow I-49 N
113 mi
-  16. Take exit 132 for LA-478
0.3 mi

Follow LA-478 E, LA-1 N and LA-1 BUS N/South Dr to your destination in 6

13 min (8.0 mi)

-  17. Turn right onto LA-478 E
4.0 mi
-  18. Turn left onto LA-1 N
1.4 mi
-  19. Continue straight onto LA-1 BUS N/South Dr
 Pass by Dairy Queen Grill & Chill (on the left in 1.7 mi)
2.2 mi
-  20. Turn right onto Keyser Ave
0.4 mi

↩ 21. Turn left

105 ft

↩ 22. Turn left

66 ft

➡ 23. Turn right

105 ft

708 Keyser Ave

Natchitoches, LA 71457

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

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Lagniappe Healthcare

Contact Person: Amanda Boatright

Phone # of Contact Person: 318-281-5188

FAX#: 318-283-2989

E-Mail Address: aboatright@lagniappehealthcare.com

Physical Address of evacuation site:

1408 Summerlin Lane

Bastrop, LA

71220

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

4.5 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 02/08/2021

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each alternate or secondary site)

- i. What is the name of each **alternate/secondary** site(s)?
Lagniappe Healthcare
- ii. What is the physical address of each **alternate/secondary** host site(s)?
1408 Summerlin Lane
Bastrop, LA
71220
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
247 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: Amanda Boatright
Phone: 318-281-5188
Email: aboatright@lagniappehealthcare.com
Fax: 318-283-2989
- 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:
20
 - Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
 - What type of facility it is?

 - What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and Lagniappe Healthcare

Lagniappe Healthcare, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, Lagniappe Healthcare has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/11/2020. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: KU, LNFA

Dated: 02/08/21

Amanda Boatright
Administrator
Lagniappe Healthcare

Signature: Amanda Boatright MHA

Dated: 2-8-2021

Google Maps

506 West 5th Street, LaPlace, LA to 1408 Summerlin Lane, Bastrop, LA

Drive 247 miles, 4 h 26 min

Lagniappe Healthcare



Map data ©2020 Google, INEGI 50 mi

506 W 5th St

Laplace, LA 70068

Get on I-10 W in 7 from Belle Terre Blvd

- 8 min (3.7 mi)
- ↑

1. Head west

102 ft
- ↶

2. Turn left toward W 5th St

161 ft
- ↷

3. Turn right onto W 5th St

0.2 mi
- ↷

4. Turn right onto Elm St

0.2 mi
- ↷

5. Turn right onto Percy Hebert Rd

430 ft
- ↶

6. Turn left to stay on Percy Hebert Rd

0.2 mi
- ↑

7. Continue onto Belle Terre Blvd













2.2 mi
- ↷

8. Keep left at the fork, follow signs for I-10 W/Baton Rouge and merge onto I-10 W

0.9 mi


Follow I-10 W, US-61 N and US-425 N to Cooper Lake Rd in Bastrop

4 h 13 min (243 mi)

-  9. Merge onto I-10 W
50.3 mi
-  10. Keep right at the fork to continue on I-110 N,
follow signs for Downtown/Metro Airport
8.8 mi
-  11. Take exit 8C to merge onto US-61 N toward
Natchez
 Pass by Sonic Drive-In (on the left in 22.0 mi)
 Entering Mississippi
79.9 mi
-  12. Use the left 2 lanes to turn left onto US-425
N/John R Junkin Dr
 Continue to follow US-425 N
 Pass by Sonic Drive-In (on the left in 77.0 mi)
 Entering Louisiana
96.7 mi
-  13. Turn left onto LA-3051 W
6.1 mi
-  14. Turn left onto US-165 S/US-425 N
 Pass by McDonald's (on the right in 0.8 mi)
1.3 mi

Take Larkina St to your destination in 5

2 min (0.7 mi)

-  15. Turn right onto Cooper Lake Rd
0.1 mi
-  16. Turn left onto Larkina St
0.4 mi
-  17. Turn left onto Montgomery Ave
466 ft
-  18. Turn right
151 ft

1408 Summerlin Ln

Bastrop, LA 71220

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

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

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

SCC of Alpine Rehabilitation Center

Contact Person: Thomas Little

Phone # of Contact Person: 318-255-6492

FAX#: 318-232-2000

E-Mail Address: tlittle@alpineskillednursing.com

Physical Address of evacuation site:

5401 N. Service Rd. East

Ruston, LA

71270

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

4.5 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 02/08/2021

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each **alternate or secondary site**)

- i. What is the name of each **alternate/secondary** site(s)?
SCC of Alpine Rehabilitation Center
- ii. What is the physical address of each **alternate/secondary** host site(s)?
5401 N. Service Rd. East
Ruston, LA
71270
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
291 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: Thomas Little
Phone: 318-255-6492
Email: tlittle@alpinesillednursing.com
Fax: 318-232-2000
- 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:
20
 - Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not** a licensed nursing home provide a description of host site(s) including;
 - What type of facility it is?

 - What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and SCC of Alpine Rehabilitation Center

SCC OF ALPINE REHABILITATION CENTER, Ruston, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, SCC of Alpine Rehabilitation Center has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/22/2016. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: KC, UNFA

Dated: 02/08/21

Thomas Little
Administrator
SCC of Alpine Rehabilitation Center

Signature: TL

Dated: 2-9-2021

- ↑ 6. Continue onto I-55 N/US-51 N
 - Continue to follow I-55 N
 - Entering Mississippi
- 7. Take exit 72 for MS-27 N toward Crystal Springs/Utica

Get on I-20 W/US-61 S/US-80 W in Vicksburg from MS-27 N

47 min (41.9 mi)

- ↩ 8. Turn left onto MS-27 N (signs for Utica)
- 9. Turn right onto Curtis Rd
- 10. Turn right onto MS-18 E/MS-27 N
- ↩ 11. Turn left onto MS-27 N
- ↩ 12. Turn left onto US-80/Clay St/Old U.S. 80
 - Continue to follow Clay St/Old U.S. 80
- ⤴ 13. Slight right to merge onto I-20 W/US-61 S/US-80 W

Follow I-20 W to Ruston. Take exit 86 from I-20 W

1 h 33 min (107 mi)

- ⤴ 14. Merge onto I-20 W/US-61 S/US-80 W
 - Continue to follow I-20 W
 - Entering Louisiana
- 15. Take exit 86 for LA-33 toward Farmerville/Ruston

Take North Service Rd E to your destination in 8

2 min (0.5 mi)

- 16. Turn right onto LA-33 N/Farmerville Hwy
- 17. Turn right onto North Service Rd E
- ↩ 18. Turn left
- 19. Turn right
 - Destination will be on the left

2401 North Service Rd E

Ruston, LA 71270

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

Google Maps

506 West 5th Street, LaPlace, LA to 2401 North Service Road East, Ruston, LA

Drive 291 miles, 4 h 33 min

Alpine Rehabilitation Center



506 W 5th St

Laplace, LA 70068

Get on I-55 N/US-51 N from Main St

1. Head southeast toward W 5th St 13 min (5.1 mi)
2. Turn left onto W 5th St 210 ft
3. Turn left onto Main St 1.0 mi
4. Turn right onto US-51 N/Main St 2.3 mi
 - Continue to follow US-51 N 1.5 mi
5. Turn left onto the I-55 N/US-51 N ramp to Hammond 0.3 mi

Follow I-55 N to MS-27 N in Copiah County. Take exit 72 from I-55 N

1 h 55 min (136 mi)

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Ruston Nursing and Rehab Center

Contact Person: Casy Spatafora

Phone # of Contact Person: 318-255-5001

FAX#: 318-254-1387

E-Mail Address: 83cspatafora@tarahc.com

Physical Address of evacuation site:

3720 Hwy 80 East

Ruston, LA

71270

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

4.5 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 02/08/2021

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information: (list each alternate or secondary site)

- i. What is the name of each **alternate/secondary** site(s)?
Ruston Nursing & Rehab Center
- ii. What is the physical address of each **alternate/secondary** host site(s)?
3720 Hwy 80 East
Ruston, LA
71270
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
274 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: Casy Spatafora
Phone: 318-255-5001
Email: 83cspatafora@tarahc.com
Fax: 318-254-1387
- 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:
20
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
➤ What type of facility it is?
➤ What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and Ruston Nursing & Rehab Center

Ruston Nursing & Rehab Center, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, Ruston Nursing & Rehab Center has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/11/2020. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: KU, LNEA

Dated: 02/08/21

Casy Spatafora
Administrator
Ruston Nursing & Rehab Center

Signature: [Signature]

Dated: 2/8/21

Google Maps**506 West 5th Street, LaPlace, LA to 3720 Hwy 80, Ruston, LA**

Drive 274 miles, 5 h 26 min

Ruston Nursing & Rehab Center

**506 W 5th St**

Laplace, LA 70068

Take W 5th St and Hemlock St to US-61 N

- ↑ 1. Head west 2 min (0.4 mi)
- ↩ 2. Turn left toward W 5th St 102 ft
- ↩ 3. Turn left onto W 5th St 161 ft
- ↩ 4. Turn left onto Hemlock St 0.1 mi
- ⓘ Pass by NAPA Auto Parts - Auto Parts & Supply (on the left) 0.2 mi

Take I-10 W, US-190 W, I-49 N and US-167 N to US-80 E in Parish Governing Authority District 5

- ↩ 5. Turn left onto US-61 N 4 h 28 min (274 mi)
- 0.3 mi

- 6. Turn right onto Belle Terre Blvd
2.2 mi
- 7. Keep left at the fork, follow signs for I-10 W/Baton Rouge and merge onto I-10 W
51.2 mi
- 8. Keep left at the fork to stay on I-10 W, follow signs for Interstate 10 W/Lafayette
3.9 mi
- 9. Take exit 151 for LA-415 toward US-190/Lobdell
0.3 mi
- 10. Turn right onto LA-415 N/N Lobdell Hwy (signs for US-190)
➤ Continue to follow N Lobdell Hwy
3.6 mi
- 11. Slight right onto US-190 W
49.0 mi
- 12. Turn right to merge onto I-49 N/US-167 N toward Alexandria
➤ Continue to follow I-49 N
65.0 mi
- 13. Use the right 2 lanes to take exit 84 for US-167 N/LA-28 E/Pineville Expy
0.6 mi
- 14. Continue onto LA-28 E/US-167 N/Pineville Expy
➤ Continue to follow US-167 N
48.6 mi
- 15. Turn right onto US-167 N/W Court St
➤ Continue to follow US-167 N
42.9 mi
- 16. Turn right onto Par Rd 1/Riser Rd
285 ft
- 17. Turn left onto E Tennessee Ave E
1.6 mi
- 18. Turn left onto Par Rd 12
1.0 mi
- 19. Turn left onto LA-146 W
0.2 mi
- 20. Turn right onto N Chatham Rd/Par Rd 112
0.3 mi
- 21. Turn right onto Beacon Light Rd
2.6 mi
- 22. Turn right onto US-80 E
0.3 mi

3720 US-80

Ruston, LA 71270

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

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each alternate or secondary site)

- i. What is the name of each alternate/secondary site(s)?
West Carroll Care Center
- ii. What is the physical address of each alternate/secondary host site(s)?
706 Ross St.
Oak Grove, LA
70163
- iii. What is the distance, in miles, to each alternate/secondary host site(s)?
251 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: Dewanna Little
Phone: 318-428-9612
Email: dlittle@wchsystems.com
Fax: 318-428-0045
- 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:
20
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the alternate/secondary site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If alternate/secondary host site is **not** a licensed nursing home provide a description of host site(s) including;
➤ What type of facility it is?

➤ What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each alternate or secondary site)

- i. What is the name of each alternate/secondary site(s)?
West Carroll Care Center
- ii. What is the physical address of each alternate/secondary host site(s)?
706 Ross St.
Oak Grove, LA
70163
- iii. What is the distance, in miles, to each alternate/secondary host site(s)?
251 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: Dewanna Little
Phone: 318-428-9612
Email: dlittle@wchsystems.com
Fax: 318-428-0045
- 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:
20
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the alternate/secondary site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If alternate/secondary host site is **not** a licensed nursing home provide a description of host site(s) including;
➤ What type of facility it is?

➤ What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (*blank form provided*)
☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and West Carroll Care Center

West Carroll Care Center, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, West Carroll Care Center has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/11/2020. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: *Karen Connor* *LNFA*

Dated: 02/08/21

Dewana Little
Administrator
West Carroll Care Center

Signature: *Dewana Little* *WCA*

Dated: 03/09/2021

Google Maps

506 West 5th Street, LaPlace, LA to 706 Ross Street, Oak Grove, LA

Drive 251 miles, 5 h 25 min

West Carroll Care Center



Map data ©2020 Google, INEGI 50 mi

506 W 5th St
Laplace, LA 70068

Take W 5th St and Hemlock St to US-61 N

- ↑

1. Head west

2 min (0.4 mi)
- ↩

2. Turn left toward W 5th St

102 ft
- ↩

3. Turn left onto W 5th St

161 ft
- ↩

4. Turn left onto Hemlock St

0.1 mi
- 📍

Pass by NAPA Auto Parts - Auto Parts & Supply (on the left)


0.2 mi


Follow I-10 W, US-61 N and US-425 N to LA-128 E/Lee St in Gilbert


- ↩




5. Turn left onto US-61 N





3 h 12 min (189 mi)
- 0.3 mi

-  6. Turn right onto Belle Terre Blvd

2.2 mi
-  7. Keep left at the fork, follow signs for I-10 W/Baton Rouge and merge onto I-10 W

51.2 mi
-  8. Keep right at the fork to continue on I-110 N, follow signs for Downtown/Metro Airport



8.8 mi
-  9. Take exit 8C to merge onto US-61 N toward Natchez
 -  Pass by Sonic Drive-In (on the left in 22.0 mi)
 -  Entering Mississippi


79.9 mi
-  10. Use the left 2 lanes to turn left onto US-425 N/John R Junkin Dr
 -  Continue to follow US-425 N
 -  Pass by AutoZone Auto Parts (on the right in 12.6 mi)
 -  Entering Louisiana


46.2 mi



Take LA-578 N and LA-17 N to your destination in Oak Grove




1 h 12 min (61.8 mi)


-  11. Turn right onto LA-128 E/Lee St
 -  Continue to follow LA-128 E


5.0 mi
-  12. Continue straight onto LA-4 W


2.4 mi
-  13. Turn right onto LA-578 N

7.7 mi
-  14. Turn right onto LA-17 N/LA-577 N
 -  Continue to follow LA-17 N

16.4 mi
-  15. Continue straight onto LA-17 N/Broadway St/Main St
 -  Continue to follow LA-17 N
 -  Pass by Subway (on the left in 29.3 mi)


29.9 mi
-  16. Turn right onto Gaddis St

0.2 mi
-  17. Turn right onto Ross St

180 ft
-  18. Turn left onto Settoon St

486 ft

19. Turn left

 Destination will be on the right

230 ft

706 Ross St

Oak Grove, LA 71263

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

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Winnfield Nursing and Rehabilitation Center

Contact Person: Margaret McDaniel

Phone # of Contact Person: 318-628-3533

FAX#: 318-628-7600

E-Mail Address: 85mmcdaniel@tarahc.com

Physical Address of evacuation site:

915 First Street

Winnfield, LA

71483

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

4.5 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 03/01/2021

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each **alternate or secondary site**)

- i. What is the name of each **alternate/secondary** site(s)?
Winnfield Nursing and Rehabilitation Center
- ii. What is the physical address of each **alternate/secondary** host site(s)?
915 First Street
Winnfield, LA
71483
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
225 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: Margaret McDaniel
Phone: 318-628-3533
Email: 85mmcdaniel@tarahc.com
Fax: 318-628-7600
- 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:
20
 - Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including:
 - What type of facility it is?

 - What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

- Is host facility(s) air conditioned?
☐ Yes
☐ No
- What is the current physical condition of facility?
☐ Good
☐ Fair
☐ Poor
- Are there provisions for food preparation and service?
☐ Yes
☐ No
- What are the provisions for bathing and toilet accommodations?
☐ Yes
☐ No
- Are any other facilities contracted to use this site?
☐ Yes
☐ No

- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
☒ Yes
☐ No. If No - where will staff be housed?

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.

- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.

Memorandum of Understanding (MOU)

Between
Winnfield Nursing and Rehabilitation Center, LLC
and
Twin Oaks Nursing and rehabilitation Center

This Memorandum of Understanding (MOU) sets forth the terms and understanding between the Winnfield Nursing and Rehabilitation Center, LLC and Twin Oaks Nursing and Rehabilitation Center to continue a mutual emergency evacuation and transfer agreement between the two parties: with each facilities agreeing to be a host facility for residents and staff who may need evacuation. As a host facility we will help provide essential care and services for each other's residents including: medication, nursing and physician care, food, shelter, clothing, etc. to the maximum extent of our capabilities at that time.

The intention of this agreement is not for the accepting facility to provide an extended time of care, but to provide a temporary place of shelter until the disaster affected facility resident(s) can return or they can be placed somewhere else. This memorandum of understanding is not a commitment of funds.

This MOU is at-will and may be modified by mutual consent of authorized officials. It will become effective on March 1, 2021 and continue until it is renewed on March 1, 2022.

Signatures:



Margaret McDaniel, LNFA
Executive Director
Winnfield Nursing and Rehabilitation Center, LLC


Administrator Signature

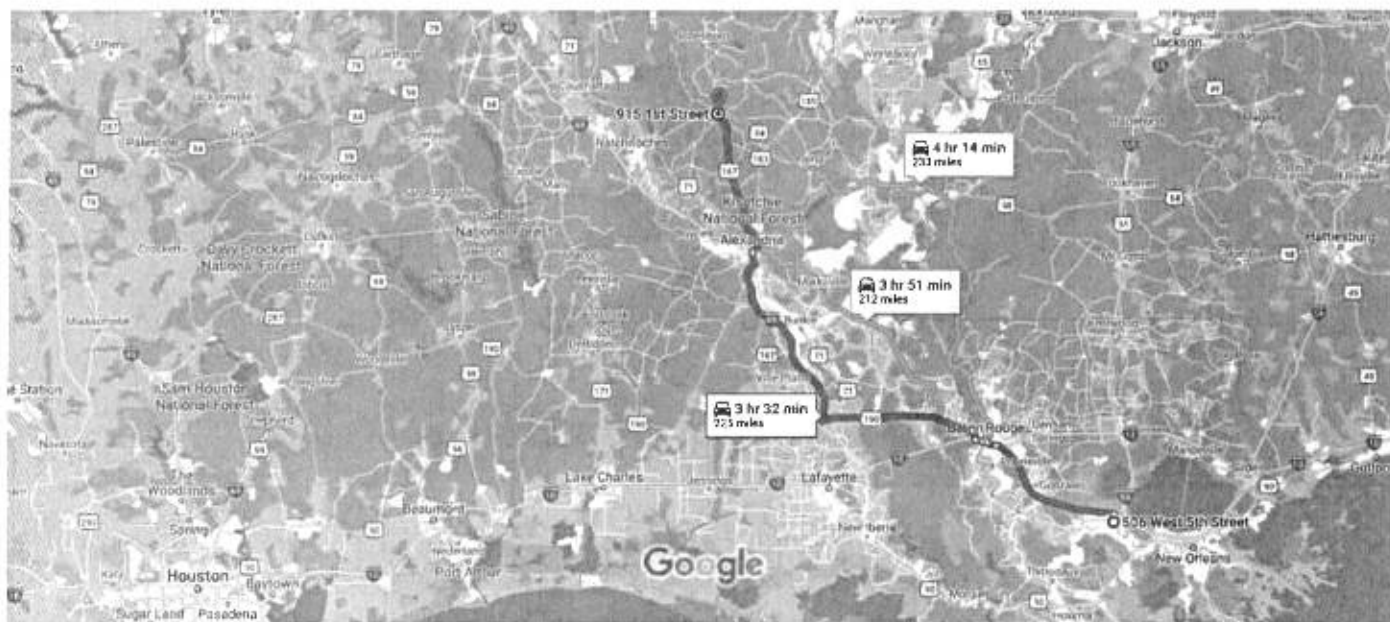
March 01, 2021
Date

March 01, 2021
Date

Google Maps

506 West 5th Street, LaPlace, LA to 915 1st Street, Winnfield, LA

Drive 225 miles, 3 hr 32 min



Map data ©2021 Google, INEGI 20 mi

506 W 5th St






Laplace, LA 70068

Get on I-10 W in 7 from Belle Terre Blvd





- | | | |
|---|---|----------------|
| ↑ | 1. Head west | 8 min (3.7 mi) |
| | | 102 ft |
| ↶ | 2. Turn left toward W 5th St | 161 ft |
| ↷ | 3. Turn right onto W 5th St | 0.2 mi |
| ↷ | 4. Turn right onto Elm St | 0.2 mi |
| ↷ | 5. Turn right onto Percy Hebert Rd | 430 ft |
| ↶ | 6. Turn left to stay on Percy Hebert Rd | 0.2 mi |
| ↑ | 7. Continue onto Belle Terre Blvd | 2.2 mi |
| ↷ | 8. Keep left at the fork, follow signs for I-10 W/Baton Rouge and merge onto I-10 W | 0.9 mi |

Follow I-10 W to 9. Take exit 151 from I-10 W




47 min (54.6 mi)

-  9. Merge onto I-10 W
 -  10. Keep left to stay on I-10 W
 -  11. Keep left to stay on I-10 W
 -  12. Keep left to stay on I-10 W
 -  13. Take exit 151 to merge onto LA-415 N/N Lobdell Hwy toward US-190/Lobdell
- 47.2 mi
3.1 mi
1.9 mi
2.0 mi
0.4 mi

Get on I-49 N/US-167 N in St. Landry Parish

-  14. Merge onto LA-415 N/N Lobdell Hwy
 -  Continue to follow N Lobdell Hwy
 -  15. Slight right onto U.S. Hwy 190 W
 -  16. Use the right lane to merge onto I-49 N/US-167 N via the ramp to Alexandria
- 55 min (52.9 mi)
3.6 mi
49.0 mi
0.3 mi

Continue to Alexandria. Take exit 84 from I-49 N

-  17. Merge onto I-49 N/US-167 N
 -  Continue to follow I-49 N
 -  18. Use the right 2 lanes to take exit 84 for US-167 N/LA-28 E/Pineville Expy
- 54 min (65.3 mi)
64.7 mi
0.6 mi

Follow US-167 N to 1st St in Winnfield

-  19. Continue onto LA-28 E/US-167 N/Pineville Expy
 -  Continue to follow US-167 N
 -  20. Turn right onto S Pineville St
 -  21. Turn right onto 1st St
 -  Destination will be on the left
- 49 min (48.0 mi)
47.5 mi
0.5 mi
407 ft

915 1st St

506 West 5th Street, LaPlace, LA to 915 1st Street, Winnfield, LA -...

<https://www.google.com/maps/dir/506+West+5th+Street,+LaPlace,...>

Winnfield, LA 71483

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

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Mary Anna Nursing Home

Contact Person: Candace Sanders

Phone # of Contact Person: 318-724-7244

FAX#: 318-724-6698

E-Mail Address: maryanna776@aol.com

Physical Address of evacuation site:

125 Turner St.

Wisner, LA

71378

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

3.5 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 02/08/2021

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each alternate or secondary site)

- i. What is the name of each **alternate/secondary** site(s)?
Mary Anna Nursing Home
- ii. What is the physical address of each **alternate/secondary** host site(s)?
125 Turner St.
Wisner, LA
71378
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
184 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: Candace Sanders
Phone: 318-724-7244
Email: maryanna776@aol.com
Fax: 318-724-6698
- 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:
20
 - Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
 - What type of facility it is?

 - What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and Mary Anna Nursing Home

Mary Anna Nursing Home, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, Mary Anna Nursing Home has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/11/2020. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: [Handwritten Signature]

Dated: 02/08/21

Candace Sanders
Administrator
Mary Anna Nursing Home

Signature: [Handwritten Signature]

Dated: 2-8-2021

Google Maps**506 West 5th Street, LaPlace, LA to 125
Turner St, Wisner, LA**

Drive 184 miles, 3 h 11 min

Mary Anna Nursing Home



Map data ©2020 Google, INEGI 20 mi

506 W 5th St


Laplace, LA 70068

Get on I-10 W in 7 from Belle Terre Blvd


- ↑ 1. Head west 8 min (3.7 mi)
- ↩ 2. Turn left toward W 5th St 102 ft
- ↪ 3. Turn right onto W 5th St 161 ft
- ↪ 4. Turn right onto Elm St 0.2 mi
- ↪ 5. Turn right onto Percy Hebert Rd 0.2 mi
- ↩ 6. Turn left to stay on Percy Hebert Rd 430 ft
- ↑ 7. Continue onto Belle Terre Blvd 0.2 mi
- ↪ 8. Keep left at the fork, follow signs for I-10 W/Baton Rouge and merge onto I-10 W 2.2 mi
- 0.9 mi

Follow I-10 W, US-61 N and US-425 N to Watson St in Wisner


3 h (180 mi)


-  9. Merge onto I-10 W


50.3 mi

-  10. Keep right at the fork to continue on I-110 N,
follow signs for Downtown/Metro Airport


8.8 mi


-  11. Take exit 8C to merge onto US-61 N toward
Natchez


 Pass by Sonic Drive-In (on the left in 22.0 mi)


 Entering Mississippi

79.9 mi

-  12. Use the left 2 lanes to turn left onto US-425
N/John R Junkin Dr

 Continue to follow US-425 N

 Pass by AutoZone Auto Parts (on the right in 12.6 mi)

 Entering Louisiana


41.3 mi


Continue on Watson St. Drive to Turner St

1 min (0.1 mi)

-  13. Turn left onto Watson St

420 ft

-  14. Turn right onto Turner St

 Destination will be on the left

174 ft

125 Turner St

Wisner, LA 71378

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

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Capitol House Nursing & Rehab Center

Contact Person: Latereca Montgomery

Phone # of Contact Person: 225-275-0474

FAX#: 225-272-4930

E-Mail Address: lmontgomery@capitolhouse.com

Physical Address of evacuation site:

11546 Florida Blvd.

Baton Rouge, LA

70815

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

What is the latest time that evacuation host site can be contacted according to agreement?

48 Hours

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

1.5 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

Is it a ☒ LICENSED Nursing Home or ☐ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 20

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

Date of agreement/contract/verification: 02/23/2021

Date agreement/contract ends: Renews until terminated

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Provide the following information:(list each alternate or secondary site)

- i. What is the name of each **alternate/secondary** site(s)?
Capitol House Nursing & Rehab Center
- ii. What is the physical address of each **alternate/secondary** host site(s)?
11546 Florida Blvd
Baton Rouge, LA
70815
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
54 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: Latereca Montgomery
Phone: 225-275-0474
Email: lmontgomery@capitolhouse.com
Fax: 225-272-4930
- 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:
20
 - Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including:
 - What type of facility it is?

 - What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 48 Hours
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.



Transfer Agreement
Twin Oaks Nursing Home and Capitol House Nursing & Rehab

CAPITOL HOUSE NURSING & REHAB, Baton Rouge, LA, enters into a contractual agreement for the transfer of residents FROM Twin Oaks Nursing Home on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc) or other causes which may require the evacuation of residents FROM Twin Oaks Nursing Home, Capitol House Nursing & Rehab has agreed to be the alternate emergency source of shelter. Twin Oaks Nursing Home agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and dietary supplies.

The contract is dated 02/19/2018. It is an open-ended contract until nullified by any of the individuals under this contract.

Karen Connor
Administrator
Twin Oaks Nursing Home

Signature: KU, LNFA

Dated: 02/22/21

Latereca Montgomery
Administrator
Capitol House Nursing & Rehab

Signature: [Signature]

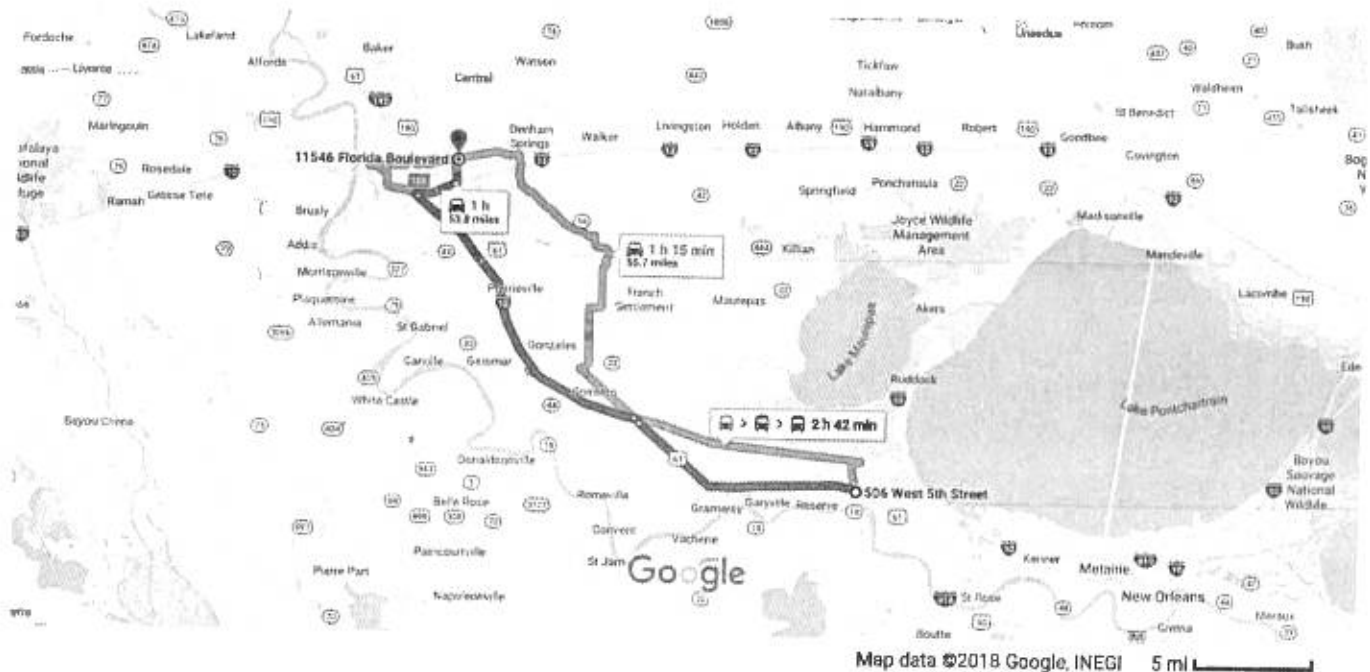
Dated: 2/23/21

Google Maps

506 West 5th Street, LaPlace, LA to 11546 Florida Boulevard, Baton Rouge, LA

Drive 53.8 miles, 1 h

Capitol House Nursing & Rehab



506 W 5th St


Laplace, LA 70068

Get on I-10 W in Saint Amant from US-61 N

- ↑ 1. Head southeast toward W 5th St 25 min (20.8 mi)
- ➡ 2. Turn right onto W 5th St 210 ft
- ➡ 3. Turn right onto Elm St 0.2 mi
- ⬅ 4. Turn left onto US-61 N 0.4 mi
- ⤴ 5. Merge onto I-10 W via the ramp to Baton Rouge 19.7 mi
- 0.6 mi

Continue on I-10 W to Baton Rouge. Take exit 4 from I-12 E

- ⤴ 6. Merge onto I-10 W 27 min (30.8 mi)
- ➡ 7. Take exit 159 to merge onto I-12 E toward Hammond 27.0 mi
- 3.6 mi


 8. Take exit 4 for Sherwood Forest Blvd

 9. Keep left at the fork, follow signs for S Harrell's Ferry Rd/S Sherwood Forest Blvd N


0.1 mi

0.1 mi

Follow S Sherwood Forest Blvd to Florida Blvd

 10. Use the left 2 lanes to turn left onto S Sherwood Forest Blvd

7 min (2.2 mi)

 11. Turn right onto Florida Blvd

2.0 mi

0.2 mi

11546 Florida Blvd

Baton Rouge, LA 70815

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