

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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

### Guidance

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

### Directions for the Completion of Survey

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

## 2021 Nursing Home Emergency Preparedness Plan Survey

6. If printing out and manually completing this survey:

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

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

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

Mail To:

P.O. Box 3767

Baton Rouge, LA 70821

Or Ship To:

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

Baton Rouge, LA 70802

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

Health Standards Section, Nursing Home Emergency Preparedness

Malcolm Tietje

Phone: (225)342-2390

Fax: (225)342-0453

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

Or

Health Standards Section, Program Manager

Mary Sept

Phone: (225)342-3240

Fax: (225)342-0453

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

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

For Year: 2021

Facility Name (Print):

Park Place Healthcare, LLC.

Name of Administrator (Print):

SONYA BERRY, LNFA

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

Phone #: 504-393-9595

Cell Phone #: 504-232-3702

Administrator E-Mail: sberry@parkplacehc.com

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

Name: Akayla Bailey, RN, DON

Position: Director of Nursing

Phone #: 504-393-9595

Cell Phone #: 504-858-1702

E-Mail: don@parkplacehc.com

Physical or Geographic address of Facility (Print):

535 COMMERCE ST GRETNA, LA. 70056

Longitude: 90

Latitude: 30

## 2021 Nursing Home Emergency Preparedness Plan Survey

VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: Park Place Healthcare, LLC.

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**.

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

Date submitted: 2/21/2021

**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.



## 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. 48 Hours before the arrival of the hurricane.

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

TITLE/POSITION: Owner

NAME: Bob Dean, Jr.

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.

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

TITLE/POSITION: Owner

NAME: Bob Dean, Jr.

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

#### A. Facility Description:

1. What year was the facility built? 1984

2. How many floors does facility have? 1

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

☒ Yes, answer 3.a, b, c, d

☐ No/Unknown, answer 3.e

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

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

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

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

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

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

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

- i. ☐ Yes
- ii. ☒ No

e) If plan does not have information on the facility's wind speed ratings (wind loads)

explain why. n/a

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 3.8 feet above sea level.

b) Air conditioner (HVAC) is 14.5 feet above sea level.

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

- c) Generator(s) is 6.8 feet above sea level.
- d) Lowest electrical service box(s) is 9.8 feet above sea level.
- e) Fuel storage tank(s), if applicable, is 3.8 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

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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

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

- ❖ See the **A** zones. Note: **AE** zones are now used on new format FIRMs instead of A1-A30 Zones. The BFE is a computed elevation to which floodwater is anticipated to rise. Base Flood Elevations (BFEs) are shown on Flood Insurance Rate Maps (FIRMs) and flood profiles.
- ❖ The facility's Base Flood Elevation(BFE) is: 1.5

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

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

11. Have the areas of the building that are to be used for safe zones/sheltering been identified?
  - a) ☒ Yes
  - b) No. Identify these areas then indicate that this has been completed by marking Yes.
  
12. Have the facility's internal and external environments been evaluated to identify potential chemical or biological hazards?
  - a) ☒ Yes
  - b) No. Evaluate and identify areas then indicate that this has been done by marking Yes.
  
13. Has the facility's external environment been evaluated to identify potential hazards that may fall or be blown onto or into the facility?
  - a) ☒ Yes
  - b) No. Evaluate and identify areas then indicate that this has been done by answering Yes.
  
14. Emergency Generator - **generator information should match MSTAT!**
  - a) Is the generator(s) intended to be used to shelter in place during hurricanes (extended duration)?
    - i. ☒ Yes. The generator(s) will be used for Sheltering in place for Hurricanes.
    - ii. ☐ No. The generator(s) will **NOT** be used for Sheltering In Place for Hurricanes.
  
  - b) What is the wattage(s) of the generator(s)? Give answer in kilowatts (kW).  
 1st; 300KW                      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 336 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

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

g) Does generator provide for air conditioning?

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

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

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

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

- ☒ Yes
- ☐ No

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

☒ Yes

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

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

a) Who supplies electricity to the facility?

- i. Suppliers name: ENTERGY
- ii. Account #: 172829608

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

- i. Suppliers name: Jefferson S&W
- ii. Account #: 734292

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

- i. Suppliers name: Atmos Energy
- ii. Account #: 4039030812

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.

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021



## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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

#### 1. Residents information

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

Total Licensed Beds: 138

- 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: 11

- 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: 52

- 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: 15

- 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: 9

- 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.

THIS IS NOT AN EMERGENCY PLAN

Revised for 2021



## 2021 Nursing Home Emergency Preparedness Plan Survey

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

### 2. Staff

- a) Is each of the following provided in the list(s) or roster(s) of all current staff that is kept in or used with the facility emergency preparedness plan: **do not send in this list or roster.**
  - i. Emergency contact information for all current staff?  
☒ Yes. If No - Obtain and mark Yes.
  - ii. Acknowledgement of if they will work during emergency events like hurricanes or not?  
☒ Yes. If No - Obtain and mark Yes.
- b) What is **total number of planned staff and other non residents** that will require facility transportation for an evacuation or need to be sheltered?  
30

### 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 72 hours?  
☐ No. There is no need for a specified time or timeline for contacting transportation.

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

- b) Does each contract or agreement for NON-AMBULANCE- transportation contain the following information? **NOTE: Vehicles that are not owned by but at the disposal of the facility shall have written usage agreements (with all required information) that are signed and dated. Vehicles that are owned by the facility will need to verify ownership.**
- The complete name of the transportation provider?  
☒ Yes. If No - obtain and mark Yes.
  - The number of vehicles and type (van, bus, car) of vehicles contracted for?  
☒ Yes. If No - obtain and mark Yes.
  - The capacity (number of people) of each vehicle?  
☒ Yes. If No - obtain and mark yes.
  - Statement of if each vehicle is air conditioned?  
☒ Yes. If No - obtain and mark Yes.
  - Verification of facility ownership, if applicable; copy of vehicle's title or registration?  
☒ Yes. If No - obtain and mark Yes.
- c) Have copies of each **signed and dated contract/agreement** been included for submitting?  
☒ Yes. If no, obtain and mark Yes.
- d) Has a cover page been completed and attached for each contract/agreement. (*blank form provided*)  
☒ Yes. If No - complete and mark Yes.
4. Host Site(s)-*extra pages for multiple sites have been included with forms near end of survey. (should match what is in MSTAT!)*
- Does the facility have current contracts or verified agreements for a primary evacuation host site(s) outside of the primary area of risk?  
☐ Yes. If No - obtain and mark Yes.
  - Provide the following information:(list all sites, if multiple sites **list each** - see extra pages )
    - What is the name of each primary site(s)?  
 Plaquemine Plaza Holdings, LLC.
    - What is the physical address of each host site(s)?  
 24320 Ferdinand Street  
 Plaquemine, LA. 70769
    - What is the distance to each host site(s)?  
 92.0
    - Is the host site(s) located outside of the parishes identified as hurricane risk areas?  
 Yes
    - Does plan include map of route to be taken and written directions to host site?  
☒ Yes. If No - obtain and mark Yes.

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

Name: Bob G. Dean, Jr.

Phone: 1-225-343-9152

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

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

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

➤ Capacity that will be allowed at each site: 138

➤ Total Capacity of all primary sites: 138

➤ 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?

Hurricane Evacuation Site

➤ What is host site currently being used for?

Evacuation Site

➤ Is the square footage of the space to be used adequate for the residents?

☒ Yes

☐ No

➤ What is the age of the host facility(s)?

➤ Is host facility(s) air conditioned?

☒ Yes

☐ No

➤ What is the current physical condition of facility?

☒ Good

☐ Fair

☐ Poor

➤ Are there adequate provisions for food preparation and service?

☒ Yes

☐ No

➤ Are there adequate provisions for bathing and toilet accommodations?

☒ Yes

☐ No

➤ Are any other facilities contracted to use this site?

☒ Yes

☐ No

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

☒ Yes

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

THIS IS NOT AN EMERGENCY PLAN

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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

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

☒ Yes. If No - obtain and mark Yes.

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

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

Independence Evacuation Site

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

129 Calhoun Street

Independence, LA. 70443

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

69.3

- 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: Bob G. Dean, Jr.

Phone: 1-225-343-9152

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

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

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

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

138

➤ Total Capacity of all alternate/secondary sites:

138

➤ 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.

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

- 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?  
Hurricane Evacuation Site
  - What is host site currently being used for?  
Evacuation Site
  - Is the square footage of the space to be used adequate for the residents?  
☒ Yes  
☐ No
  - What is the age of the host facility(s)?
  - Is host facility(s) air conditioned?  
☒ Yes  
☐ No
  - What is the current physical condition of facility?  
☒ Good  
☐ Fair  
☐ Poor
  - Are there provisions for food preparation and service?  
☒ Yes  
☐ No
  - What are the provisions for bathing and toilet accommodations?  
☒ Yes  
☐ No
  - Are any other facilities contracted to use this site?  
☒ Yes  
☐ No
- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?  
☒ Yes  
☐ No. If No - where will staff be housed?
- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?  
☒ Yes. If yes what is that time? 72 Hours  
☐ No.
- e) Have copies of each **signed and dated contract/agreement** been included for submitting?  
☒ Yes. If No - obtain and mark Yes.
- f) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)  
☐ Yes. If No - complete and mark Yes.

Type text here

THIS IS NOT AN EMERGENCY PLAN

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

THIS IS NOT AN EMERGENCY PLAN

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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

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

THIS IS NOT AN EMERGENCY PLAN

Revised for 2021



## 2021 Nursing Home Emergency Preparedness Plan Survey

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

☒ Yes

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

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

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

☒ Yes. go to - B. 8. c)

☐ No. go to - B. 8. b) i,ii,iii,iv

- b) If no, provide the following:

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

☐ Yes, see B. 7.b). ii, iii, iv

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

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

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

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

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

☐ Yes. If no, obtain and mark Yes.

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

☐ Yes. If no, complete and mark Yes

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

☒ Yes

If No - make necessary provisions for medications then mark Yes

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

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

- i. What equipment/system does facility use to **monitor** emergency broadcasts or alerts? TV & Internet

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

☒ Yes. Name equipment: Battery operated radio/cell phone

☐ No

- iii. Is the equipment tested?

☒ Yes

☐ No

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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

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

C. All Hazard Analysis

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

☒ Yes

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

THIS IS NOT AN EMERGENCY PLAN

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

A. **Plans for sheltering in place**

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

### B. Plans for Evacuation

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021



## 2021 Nursing Home Emergency Preparedness Plan Survey

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

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

Provide Name: Bob G. Dean, Jr.

Position: Owner

Emergency contact information:

Phone: 1-225-343-9152

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

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

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

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

Position: \_\_\_\_\_

Emergency contact information:

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

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

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

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

Provide Name: Bob G. Dean, Jr.

Position: Owner

Emergency contact information:

Phone: 1-225-343-9152

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

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

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

Provide Name: Donise Boscareno

Position: Director of Operations

Emergency contact information:

Phone: 1-225-485-5877

Email: Dboscaren@lahcc.com

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

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

Provide Name: Bob G. Dean, Jr.

Position: Owner

Emergency contact information:

Phone: 1-225-343-9152

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

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

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

- 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:  
Douneba Thammard, Social Services Coordinator
    - a) If facility is going to shelter in place or evacuate.
    - b) The date and approximate time that the facility is evacuating.
    - c) The name, address, and all contact information of the evacuation site.
    - d) An emergency telephone number for responsible party to call for information.
  2. Title or position of person(s) assigned to notify the Department of Health and Hospitals- Health Standards Section and the local Office of Homeland Security and Emergency Preparedness of the facility's decision to shelter in place or evacuate:  
SONYA BERRY, 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?  
Akayla Bailey, Director of Nursing
    - a) Resident's identification.
    - b) Resident's current or active diagnoses.
    - c) Resident's medications, including dosage and times administered.
    - d) Resident's allergies.
    - e) Resident's special dietary needs or restrictions.
    - f) Resident's next of kin, including contact information.
  4. Title or position of person(s) assigned to ensure that an adequate supply of the following items accompany residents on buses or other transportation during all phases of evacuation?  
Akayla Bailey, Director of Nursing & Stephen Black, Assistant Director of Nursing
    - 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?  
SONYA BERRY, Administrator

THIS IS NOT AN EMERGENCY PLAN

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

### V. Administration & Logistics

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

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

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

### VI. Plan Development and Maintenance

A. Has the plan been developed in cooperation with the local Office of Homeland Security and Emergency Preparedness?

☒ Yes  
☐ No

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

☐ Yes  
☐ No

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

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

**THIS IS NOT AN EMERGENCY PLAN**

Revised for 2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

☒ Yes

No - Complete this step then mark Yes

### VII. Authentication

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

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

THIS IS NOT AN EMERGENCY PLAN

Revised for 2021

# 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 Services of New Orleans, LLC.

**Contact Person:** Kevin Spansel

**Phone # of Contact Person:** 504-374-2811

**Physical Address of transportation provider:**

P O BOX 98000  
Lafayette, LA 70509-8000

**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?

72 Hours

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

TBD

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

TBD

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

Ambulance & Wheelchair Van

Total number of transport vehicles to be provided: TBD

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

TBD

Is the transportation air conditioned? ☒ YES ☐ NO

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

**Date of agreement/contract/verification:** 1/1/2021

**Date agreement/ contract ends:** Annually

**Acadian**  
**AMBULANCE SERVICE**  
of NEW ORLEANS, L.L.C.

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

AMBULANCE  
DISPATCH  
511  
800-259-1111

ADMINISTRATION  
337-291-3333  
800-259-3333

BILLING  
800-259-2222

January 1, 2021

Park Place Healthcare, LLC. d/b/a Park Place Rehab and Nursing Center  
Admin  
535 Commerce Street  
Gretna, LA 70056

Re: Evacuation Agreement

Dear: Admin

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

Sincerely,

DocuSigned by:

*Kevin Spansel*

5245CEF7D680444...

Kevin Spansel, NREMT-P  
Community Relations Supervisor  
Acadian Ambulance Service, Inc.

DocuSigned by:

*Jeff Demars*

44B9677A8607463...

1/10/2021 | 1:39 PM PST

**Estimated Transport Mileage:**



# 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):**

Nicoll's Limousine and Shuttle Service

**Contact Person:** Mike Nicoll

**Phone # of Contact Person:** 504-454-7722

**Physical Address of transportation provider:**

4305 William Blvd Kenner, LA. 70065

**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?

72 Hours

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

TBD

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

TBD

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

Bus & Shuttle

Total number of transport vehicles to be provided: TBD

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

TBD

Is the transportation air conditioned? ☒ YES ☐ NO

If transportation is facility owned attach verification of ownership.

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

Date agreement/ contract ends: Annually

**TRANSPORTATION AGREEMENT  
FOR  
LA HEALTH CARE CONSULTANTS, LLC**

This agreement is by and between Nicoll's Limousine and Shuttle Service, hereinafter called PROVIDER, and all nursing homes owned and/or operated by LA Health Care Consultants, LLC (LHCC) hereinafter called CUSTOMER, as follows:

NAME: Maison Deville of Harvey  
2233 Eighth Street  
Harvey, LA 70058  
(504) 363-9522

NAME: West Jefferson Health Care  
1020 Manhattan Blvd.  
Harvey, LA 70058  
(504) 363-0165

NAME: Maison Deville of Houma  
107 South Hollywood Blvd.  
Houma, LA 70360  
(985) 876-3250

NAME: South Lafourche Nursing  
146 East 28<sup>th</sup> Street  
Cut Off, LA 70345  
(985) 537-3569

NAME: Maison Orleans Health Care Center  
1420 General Taylor Street  
New Orleans, LA 70115  
(504) 895-7755

NAME: Park Place Rehab & Nursing  
535 Commerce Street  
Gretna, LA 70056  
(504) 393-9595

NAME: River Palms Nursing & Rehab  
5301 Tullis Drive  
New Orleans, LA 70131  
(504) 394-5807

### PURPOSE

To evacuate nursing home residents, as directed by each nursing home administrator, in the event of an approaching hurricane or other disaster which requires evacuation and to return residents as instructed.

To transport all required medical equipment and supplies, mattresses, wheelchairs, etc. as needed.

### MISCELLANEOUS

Customer shall furnish a minimum of one (1) nurse aide per bus for each trip.

Provider shall furnish one (1) 26 ft. box truck per nursing home to transport all equipment and supplies. As space is available, provider will transport, on the buses, mattresses, wheelchairs, medical supplies, etc. as needed.

It is the intent of the provider to furnish safe, comfortable and expedient transportation to and from your designated locations.

This agreement shall commence on March 1, 2021, and end on February 28, 2022, unless extended by mutual written agreement by the parties hereto.

Signed this 2nd day of February, 2021.

Nicoll's Limousine and Shuttle Service

By: Mike Nicoll  
Mike Nicoll

LA Health Care Consultants, LLC (LHCC)

By: [Signature]

## 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:

Plaquemine Plaza Holdings, LLC.

Contact Person: Bob G. Dean, Jr.

Phone # of Contact Person: 1-225-343-9152

FAX#:

E-Mail Address:

Physical Address of evacuation site:

24320 Ferdinand Street

Plaquemine, LA 70769

**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?

72 Hours

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

1 hr and 42 min

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: 138

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

Date of agreement/contract/verification: 1/1/2021

Date agreement/contract ends: Annually

## 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:

Independence Evacuation Site

Contact Person: Bob G. Dean, Jr.

Phone # of Contact Person: 1-225-343-9152

FAX#:

E-Mail Address:

Physical Address of evacuation site:

129 Calhoun Street

Independence, LA. 70443

**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?

72 Hours

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

1 hr and 20 min

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?

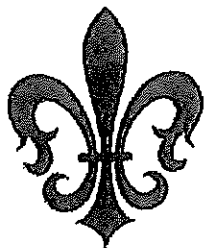
Is it a ☐ LICENSED Nursing Home or ☒ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 138

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

Date of agreement/contract/verification: 1/1/2021

Date agreement/contract ends: Annually



PLAQUEMINE PLAZA HOLDINGS, LLC  
343 THIRD STREET, SUITE 600  
BATON ROUGE, LA 70801

---

**Year 2021 Hurricane Evacuation Plan**    Effective Date 1/1/2021

To:

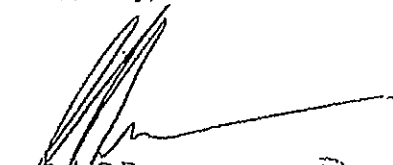
- Maison Deville Nursing Home Inc.
- Maison Deville Nursing Home of Harvey LLC
- Raceland Manor Nursing Home Inc. DBA South Lafourche Nursing & Rehab
- St. Elizabeth's Caring LLC DBA West Jefferson Healthcare, LLC
- Uptown Healthcare Center, LLC DBA Maison Orleans Nursing & Rehab
- River Palms Nursing & Rehab LLC
- Park Place Rehab and Nursing Center

The letter serves as confirmation of our arrangement that in the event of an emergency evacuation. Depending on the acuity of your residents, we have three different sites in which we will deploy services and residents to.  
Evacuation sites are below:

	<u>Evacuation Site Address:</u>
1	24320 Ferdinand Street, Plaquemine, LA 70769
2	129 Calhoun Street Independence, LA 70443

The nursing facilities listed above will pay Plaquemine Plaza Holdings, LLC \$20,000.00 a month for this service. This fee will be paid every month on the 5th. If you have any questions or need additional information, please do not hesitate to contact me at (225) 343-9152.

Sincerely,



Bob G Dean  
Man. Member

**PLAQUEMINE EVACUATION SITE**

**FACILITY ADDRESS: 24320 FERINAND STREET  
PLAQUEMINE LA 70764**

<b>PLAQUEMINE POLICE DEPARTMENT</b>	<b>225-687-9723</b>
<b>FIRE DEPARTMENT</b>	<b>225-687-7335</b>
<b>SHERIFFS DEPARTMENT</b>	<b>225-687-5100</b>
<b>LOCAL OFFICE EMERGENCY PREPAREDNESS (FOR ARRANGING NATIONAL GUARD ASSISTANCE)</b>	<b>225-687-5140</b>
<b>CITY OF PLAQUEMINE</b>	<b>225-687-4796</b>
<b>WATER &amp; LIGHTS – AFTER HOURS</b>	
<b>ATMOS GAS OUTAGE</b>	<b>1-888-286-6700</b>
<b>CLECO</b>	<b>1-800-622-6537</b>
<b>DEMCO</b>	<b>1-800-262-1160</b>
<b>ENTERGY</b>	<b>1-800-968-8243</b>
<b>PLAQUEMINE UTILITIES</b>	<b>225-687-3725</b>
<b>AIR MASTERS</b>	<b>504-831-9711</b>
<b>DAIGLE’S HEATING/AIR</b>	<b>225-545-4058</b>
<b>ROTO ROOTER (Joey- preferred plumber)</b>	<b>office 225 925-8710</b>
<b>DOC’S LAUNDRY(STEPHEN LOTT)</b>	<b>225-445-1808</b>
<b>INTERNET SERVICES (SHANE)</b>	<b>225-772-1489</b>
<b>DUMPSTER SERVICES</b>	<b>225-778-3800</b>
<b>FRESENIUS DIALYSIS 24660 PLAZA DRIVE PLAQUEMINE LA 70764</b>	<b>1-800-759-1246</b>
<b>ACADIAN AMBULANCE 25205 TENANT RD PLAQUEMINE LA 70764</b>	<b>225-687-9785</b>
<b>OUR LADY OF LAKE HOSP(BATON ROUGE) 8080 MARGARET ANN AVE BATON ROUGE LA 70809</b>	<b>225-765-8964</b>

**BATON ROUGE GENERAL (MID CITY) 225-387-7000**

**BATON ROUGE GENERAL(BLUEBONNET) 225-763-4070**

**ALRINA PONVILLE (OMBUDSMAN) 225-229-7916**

**PEOPLES PHARMACY 985-873-8003**

**KITCHEN NUMBERS**

**RHINEHART FOOD SERVICES 504-799-5200**  
**( Rhinehart) cell 225 715-8227**

**KLEINPETER MILK 225-753-2121**

**ICE TRUCK SERVICES 225-756-6405**  
**(Kleinpeter Rep – Gary)**

**BREAD**  
**( Comes from Rhinehart)**

**SUPPLIES**

**MEDLINE**

**TIM CASHEN 225-229-3145**  
**TODD ROMIG 504-256-1798**

**BOCO MEDICAL (DME) 225-281-7333**

**BREATHING CARE (TUBE FEEDING, O2) 985-448-2113(PHONE)**  
**985-448-2114 (FAX)**

**LINCARE**  
**PAM BARLOW 318-658-6007**  
**TOM BELAIR 512-417-7318**

**OTHER LOCALS:**

**ACE HARDWARE 225-687-1987**

**LITTLE CAESARS 225-687-0020**

**WAL-MART 225-687-2550**

**LEBLANC'S GROCERY 225-238-2204**

**BUTCHER BOY GROCERY 225-687-4547**



**INDEPENDENCE EVACUATION SITE**

**FACILITY ADDRESS: 129 CALHOUN STREET  
INDEPENDENCE LA 70443**

**NUMBERS FOR INDEPENDENCE EVACUATION SITE**

**COMPUTER SERVICES/HOOK UP**

**ANTHONY CATALANO**

**985-507-1284**

**MAYOR: MICHAEL RAGUSA**

**mayorragusa@att.net**

**985-878-2930(OFFICE)**

**985-878-4568(FAX)**

**985-507-4265 (CELL)**

**CITY HALL**

**985-878-4145**

**PERMITS:**

**MELANIE BOYKIN**

**985-878-4145 (OFFICE)**

**985-878-4568 (FAX)**

**CHIEF OF POLICE**

**FRANK EDWARDS**

**985-878-9477 (OFFICE)**

**985-507-0242(FAX)**

**POLICE DEPARTMENT**

**985-878-4188**

**SHERIFF: DANIEL EDWARDS**

**985-748-8147**

**FIRE CHIEF: JOHN POLITO**

**985-634-4257(CELL)**

**FIRE DEPARTMENT**

**985-878-2702**

**LALLIE KEMP HOSPITAL**

**985-878-9421**

**985-878-1333**

**CHERIE HOOKIN(ADMINISTRATOR)**

**985-878-1360(OFFICE)**

**985-507-7777(CELL)**

**HOOD MEMORIAL HOSPITAL (AMITE)**

**985-748-9485**

**(ALISHA CHATELAIN)**

**985-284-2471**

**alicia@hoodmemorial.com**

**NORTH OAKS HOSPITAL**

**985-345-2700**

**15790 PAUL VEGA MD DRIVE  
HAMMOND LA 70403  
(MICHELLE SUTTON)  
suttonm@northoaks.org**

**ST HELENA HOSPITAL  
16874 HIGHWAY 43  
GREENSBURG LA 70441  
(NAVEED OANNE)**

**225-222-6111**

**OFFICE OF EMERGENCY PREPAREDNESS  
DAWSON PRIME**

**985-748-3211**

**PROGRESSIVE WASTE (CLAY)**

**985-788-7519  
985-878-9998**

**LOCAL PHARMACIES**

**WAL MART**

**985-878-2078**

**(515 W 3<sup>RD</sup> ST)**

**PAULS PHARMACY**

**985-878-4401**

**(345 RAILROAD AVE)**

**PETES PHARMACY**

**985-878-6321**

**(539 W RAILROAD AVE)**

**POWER COMPANY (ENTERGY)**

**1-800-968-8243**

**INTERNET PROVIDER (CHARTER)**

**866-513-4900**

**PHONE COMPANY (AT&T)**

## 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: Water

Name of Supplier:

DS Water

Contact Person: David Purple

Phone # of Contact Person: 1-504-206-7358

FAX#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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?

24 Hours

Date of agreement/contract/verification: 1/1/2021

Date agreement/contract ends: Annually

**DS SERVICES OF AMERICA, INC.  
EMERGENCY WATER AGREEMENT**

This Emergency Water Agreement (the "Agreement") is entered into as of January, 2021 (the "Effective Date") by and between DS Services of America, Inc., ("DSS") and the undersigned customer ("Customer"). Under this Agreement, DSS will supply Customer's bottled water needs in the event of a local or national declared emergency or natural disaster, subject to the following terms and conditions:

- (1) In the event of a declared emergency or natural disaster, all water distribution is governed by the local emergency management agency and/ or the Federal Emergency Management Association ("FEMA"). Accordingly, DSS's obligations hereunder are subject to FEMA requirements.
- (2) All deliveries under this Agreement will be based on availability after DSS services regularly scheduled customers.
- (3) A 50-gallon minimum on all emergency water shipments may be required. Product sales are subject to availability of package size and water type.
- (4) Customer shall be charged DSS's list prices in the local market at the time of delivery, payable by either cash or credit card and all sales are final. Refundable bottle deposits are required on all five and three gallon bottles (where applicable), subject to return of the bottles in good condition, normal wear and tear excepted.
- (5) This Agreement shall remain in effect for one (1) year from the Effective Date. A new Emergency Water Agreement, if needed, must be entered into by Customer each calendar year. Requests should be sent to: [corppo@dsservices.com](mailto:corppo@dsservices.com)
- (6) DSS DISCLAIMS ANY AND ALL WARRANTIES UNDER THIS AGREEMENT, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. The total liability of DSS

under this Agreement shall be limited to repairing or replacing defective water bottles delivered by DSS to Customer. DSS specifically disclaims any responsibility or liability for any consequential, incidental, special, exemplary, punitive, or other similar damages, however denominated. If, despite the limitations contained herein, monetary liability is imposed upon DSS, Customer agrees that under no circumstances shall any liability exceed the lesser of actual damages or an amount equal to the total payment(s) made by Customer to DSS pursuant to this Agreement. Customer agrees to waive and hold DSS and its subsidiaries, directors, officers, agents and employees harmless against any claims, damage, injury, or liability suffered or incurred by Customer or Customer's agents, guests or family members arising from Customer's or Customer's agents, guests and family members negligence or misconduct or operation or use of water bottles or other products provided to Customer under this Agreement. Customer acknowledges that water can cause damage to surfaces with which it comes in contact, and that water leaks may occur from water bottles. Customer is responsible for selecting the location for placement of water bottles in Customer's location in order to minimize potential loss or damage.

(7) This Agreement shall be governed and interpreted in accordance with the laws of the State of Georgia. Customer may not assign its rights or obligations under this Agreement, in whole or in part, nor delegate its duties under this Agreement, without the prior written consent of DSS. This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes any prior negotiations, promises, understandings, agreements, course of dealing or performance, representations, warranties, or communications, whether oral or written, between the parties hereto.

Park Place Healthcare, LLC.

**(Customer)**

By: S. Berry

Name: SONYA BERRY, LNFA

Title: ADMINISTRATOR

Address: 535 Commerce St.

City/State/Zip: Gretna, LA. 70056

Phone: 504-393-9595

# 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: Emergency Medication

Name of Supplier:

People Drug Store

Contact Person: Susan Brunet

Phone # of Contact Person: 1-225-925-6496

FAX#: 1-225-925-6499

E-Mail Address: office@peoplesdrugsinfo.com or jacesjaces@bellsouth.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?

72 Hours

How long will it take to receive the delivery?

24 Hours

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

Date agreement/ contract ends: Annually

***Peoples* DRUG STORE, INC.**

Emergency Medications Agreement

This agreement is entered into between Park Place and Peoples Drug Store. During emergency situations, Peoples Drug Store will provide medications to the facility to ensure that a 7-day supply of medication for each resident is on-hand at the facility. This agreement will remain in effect for a period of one year.



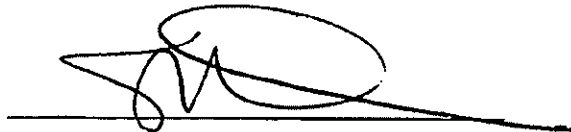
Park Place

535 Commerce Street

Gretna, LA 70056

Date:

2/2/21



Peoples Drug Store

7869 Main Street

Houma, LA 70360

Date:

2/2/2021

## 2021 Nursing Home Emergency Preparedness Plan Survey

### SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: Food

Name of Supplier:

Reinhardt Food Service

Contact Person: Candice J. Faler

Phone # of Contact Person: 985-778-8449

FAX#: \_\_\_\_\_

E-Mail Address: Candice.faler@pfgc.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?

72 Hours

How long will it take to receive the delivery?

24 Hours

Date of agreement/contract/verification: 2/16/21

Date agreement/contract ends: Annually





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 blue ink, appearing to read "Steve Wood", written over a horizontal line.

Steve Wood

Area President New Orleans and Shreveport Opcos



Carline Black 38/58 Low Density/Linear Low 60 Gal	244/70		Propak	100 CT	CS		1	2	2	2	3	4
Charcoal Twin Pack	EN206		Kingford	2/20Lb	CS		1	2	3	4	5	
Cleaner All Purpose Terrifico Lavender	R6302	14/17	ProPower	2/3:00MI	CS		1	1	1	1	2	
Container Foam 3 compartment 9x9x3 Fluor	C9274	137/360	Propak	200 cnt	CS		5	7	9	12	17	
Cup Foam 12 Ounce White Propak Lid T3266 68752 T3414 131 13100	12996	82/00	Propak	25/40Cnt	CS		1	2	2	3	4	
Cup Foam 8 Ounce White Propak Lid L8656 N6594	12996	75/25	Propak	40/25Cnt	CS		1	2	2	3	4	
Cutlery Kit Plastic Medium Weight Knife Fork Spoon Napkin Salt	CA124	387/50	Propak	250Cnt	CS		1	6	8	9	13	
Film Plastic 12x2000 Roll Foodservice	83228	68/0	Propack	12x2000	CS		1	1	2	2	3	
Foil Aluminum Heavy Duty 18x1000 Roll	89362	25/0	Propack	18x 1000	CS		1	1	1	2	3	
Fork Plastic Polypropylene Medium Weight White	CA136	30/30	Propak	1000/Cnt	CS		1	1	2	2	3	
Fuel Chaffer 4.5Ht 8.5 Ounce Great Wick Sure Heat	A6706		Propak	24/Cnt	CS		1	1	2	2	3	
Glove Vinyl Disposable Extra Large Powder Free	F5797		Propak	1/100Cnt	CS		2	2	4	4	6	
Glove Vinyl Disposable Medium Powder Free	F6443		Propak	1/100Cnt	CS		2	2	4	4	6	
Knife Plastic Polypropylene Medium Weight Bulk White	CA110		Propak	1000/Cnt	CS		1	1	2	2	3	
Lid Aluminum 1/2 Size Slim Tbl	83836		Propak	100/Cnt	CS		2	4	6	8	10	
Lid Aluminum Full Size Slim Tbl	83254		Propak	50/Cnt	CS		2	4	6	8	10	
Lid Cup Plastic Vented For 8 Ounce White	99436	2/0	Wincup Holdings	1000/Cnt	CS		1	1	2	2	3	
Lighter Fluid Charcoal	L6402		Trophy	12/32Oz	CS		1	1	1	1	2	
Napkin Dinner 15X17 White 2 Ply 1/8 Fold	J8734	54/0	Tork	8/375Cnt	CS		1	1	1	1	2	
Pan Aluminum Slim Tbl 1/2 Size Deep 12-3/4X10-3/8X2-9/16	83814	22/0	Propak	100/Cnt	CS		2	4	6	8	10	
Pan Aluminum Slim Tbl Full Size Deep 20.75X3-3/8 3/46 Ounce	83252	61/1	Propak	50/Cnt	CS		2	4	6	8	10	
Plate Foam 3 Compartment 9" Non Laminated White	91282	8/42	Propak	4/125Cnt	CS		2	3	4	5	7	
Plate Foam 6" Non Laminated White	B1790	23/0	Propak	1000/Cnt	CS		1	2	3	4	5	
Sanitizer Ready To Use Table Top Spray No Rinse	CS386	2/15	Us Chemical	6/32Oz	CS		1	1	2	2	3	
Spoon Plastic Polypropylene Medium Weight Bulk White	CA192	38/60	Propak	1000/Cnt	CS		1	1	1	2	3	
Straw Super Jumbo 7 3/4 Flex White Wrapped	CA180	9/0	Propak	25/400	CS		1	1	1	1	2	
Supplement Drink 2 Calorie High Nitrogen Vanilla Ready To Serve	14044		Twoal	24/8Oz	CS						0	
Supplement Drink Apple Ready To Serve Clear	R4714		Ensure	32/6.7Oz	CS						0	
Supplement Drink Arginaid Cherry Mix	A3048		Novartis	56/30Z	CS						0	
Supplement Drink Glucerna Vanilla Ready To Serve	L0566		Glucerna	24/8Oz	CS						0	
Supplement Drink Juven Fruit Punch Mix	J2418		Ross Labs	30/24G	CS						0	
Supplement Drink Nepro With Carbsteady Vanilla Plastic Bottle	HP196		Nepro	24/8Oz	CS						0	
Supplement Drink Protein Liquid Fruit Punch Promod Ready To	V2514		Promod	6/32Oz	CS						0	
Supplement Drink Ready Care 2.0 Butter/Buttered Pecan Ready	K2980		Ready Care	12/32Oz	CS						0	
Supplement Drink Ready Care 2.0 Vanilla Ready To Serve	K3468		Ready Care	12/32Oz	CS						0	
Supplement Drink Ready Care No Sugar Added Vanilla Ready T	K2978		Ready Care	12/32Oz	CS						0	
Supplement Drink Ready Care 2.0 Choc Ready To Serve	EM882	updated 7.15	Ready Care	12/32 oz	CS						0	
Supplement Pudding Vanilla Ready To Serve	19802		Ensure	48/4Oz	CS						0	
Thickened Drink Dairy Honey Consistency	A5884		Ready Care	12/32Oz	CS						0	
Thickened Drink Dairy Honey Consistency Ready Care	H9514		Lyons Magnus	24/8Oz	CS						0	
Thickened Drink Dairy Nectar Like Consistency	H9332		Ready Care	24/8Oz	CS						0	
Thickened Drink Hydrolyte Nectar Consistency T And Easy	13870		Thick & Easy	6/48Oz	CS						0	
Thickened Juice Honey Consistency Apple	15766		Ready Care	6/46Oz	CS						0	
Thickened Juice Honey Consistency Apple	39030		Ready Care	48/4Oz	CS						0	
Thickened Juice Honey Consistency Cranberry Cocktail 10%	19040		Ready Care	6/46Oz	CS						0	
Thickened Juice Honey Consistency Orange	38768		Ready Care	48/4Oz	CS						0	
Thickener Food Beverage With Pump Bottles	L0354		Simply Thick	6/64Oz	CS						0	
Thickener Food Instant Can	N0864	104/91	Ready Care	12/8Oz	CS						0	
Towel Cloth Foodservice Deluxe Quarter Fold 12X21 Antimicrob	24540	39/12	Propak	150/Cnt	CS		2	3	4	5	7	
Towel Paper 1 Ply Htdwnd 1 Ply 350/Roll Brown Non Perforated	A5534		Tork Universal	12/Cnt	CS		1	1	1	1	2	
Trey Foam 12X16 White	BA370	0/0	Tork Universal	100/Cnt	CS		10	15	20	25	35	
Water Distilled	26512		Packer	6/1Gal	CS		17	25	24	42	59	



### 3 Day Shelf Stable Menu Plus Extra Sandwich, Paper Supplies

Description	Product #	Inventor y/ Order	Possible Sub	Brand	Pack Size	P/B Unit	Amount Needed	100	150	200	250	350
DRINK FRUIT PUNCH PWD MIX	10246			REJUV	12/8.6 oz	CS	14 - 8.6 oz	2	2	3	3	5
DRINK LEMONADE PWD MIX U/	10028			REJUV	12/8.6 oz	CS	14 - 8.6 oz	2	2	3	3	5
JUICE APPLE 100% RTU ASEF	13046			REJUV	12/46 oz	CS	9 - 46 oz	1	2	2	2	3
JUICE CRAN CKTL 5% RTU AS	13044			REJUV	12/46 oz	CS	10 - 46 oz	2	2	2	3	5
JUICE ORANGE 100% RTU ASE	13040			REJUV	12/46 oz	CS	9 - 46 oz	1	2	2	2	3
CEREAL CORN FLAKES BULK	26304			HOSPITALITY	4/35 oz	CS	2 - 35 oz	1	1	1	1	3
CEREAL CRISP RICE BULK	26306			HOSPITALITY	4/35 oz	CS	2 - 35 oz	1	1	1	1	3
CEREAL RAISIN BRAN BULK	26328			HOSPITALITY	4/35 oz	CS	4 - 35 oz	1	2	2	2	3
CHICKEN & DUMPLING 20% CH	23910	73/0		KATY'S KITCHEN	12/48 oz	CS	19 - 48 oz	2	2	4	4	6
CHILI WITH BEANS	10274	17/8		CULINARY SECRETS	6/1 #10 Can	CS	9 - 1 #10 Can	2	3	3	4	6
RAVIOLI BF IN TOM MEAT SA	28310	20/0		CHEF BOY-R-DEE	6/1 #10 Can	CS	8 - 1 #10 Can	2	3	3	4	6
STEW BEEF LAYER PACK 25%	11130	53/0		CULINARY SECRETS	6/1 #10 Can	CS	8 - 1 #10 Can	2	3	3	4	6
FRUIT COCKTAIL IN JUICE C	10696			BOUNTIFUL HARVEST	6/1 #10 Can	CS	4 - 1 #10 Can	1	1	2	2	3
PEACH SLICED THICK I/ JC	10704			BOUNTIFUL HARVEST	6/1 #10 Can	CS	4 - 1 #10 Can	1	1	2	2	3
PEAR SLICED I/ JC CHOICE	10716			BOUNTIFUL HARVEST	6/1 #10 Can	CS	4 - 1 #10 Can	1	1	2	2	3
BEAN GREEN CUT 5 SIEVE EX	CP656	updated 7.15		BOUNTIFUL HARVEST	6/1 #10 Can	CS	4 - 1 #10 Can	1	1	2	2	3
CORN WHOLE KERNEL FANCY	10432			BOUNTIFUL HARVEST	6/1 #10 Can	CS	4 - 1 #10 Can	1	1	2	2	3
PEA SWEET MIXED SIEVE EXT	18190			BOUNTIFUL HARVEST	6/1 #10 Can	CS	4 - 1 #10 Can	1	1	2	2	3
VEGETABLE MX FCY CARPOT	10834			BOUNTIFUL HARVEST	6/1 #10 Can	CS	4 - 1 #10 Can	1	1	2	2	3
JELLY APPLE old C5614	H1000			KATY'S KITCHEN	6/1 #10 Can	CS	1 - 1 #10 Can	1	1	1	1	2
JELLY GRAPE	20054			KATY'S KITCHEN	6/1 #10 Can	CS	1 - 1 #10 Can	1	1	1	1	2
Mayo	23946			KATY'S KITCHEN/CULIN	4/1 Gal	CS	4 - 1 gall	1	1	1	2	3
MARGARINE SOLID PRINT REF	11708			CHEF MARK	30/1 lb	CS	1 - 1 lb	1	1	1	1	2
MILK INST N/F DRY	PE289			VILLAGE FARM BY STUR	1/5 lb	EA	7 - 5 lb	7	11	14	18	25
TUNA CHUNK LIGHT SKIPJACK	36646	157/0		HIDDEN BAY	6/66.5 oz	CS	5 - 66.5 oz	1	2	2	3	4
BREAD WHITE RND TOP BKD 1/	29546			BRICKFIRE BAKERY	14/20 oz	CS	39 - 20 oz	3	5	6	7	10
CHICK BONED DELUXE CANNED	12012	36/0		KATY'S KITCHEN	6/48 oz	CS	6 - 48 oz	1	2	2	3	4
COOKIE ASST OLD FASH CHOC	12292	102/0		KEEBLER	1/10 lb	CS	1 - 10 lb	1	2	2	3	4
CRACKER SALTINE KRISPY ZT	21110	97/0		CHEF MARK	500/1 Pkg	CS	900 - 1 Pkg	2	3	4	5	7
PUDDING CHOCOLATE RTU	V2146			CULINARY SECRETS	6/1 #10 Can	CS	4 - 1 #10 Can	1	1	2	2	3
PUDDING VANILLA RTU	V2158			CULINARY SECRETS	6/1 #10 Can	CS	4 - 1 #10 Can	1	1	2	2	3
SOUP CHICK NOODLE COND CA	25388	36/40		KATY'S KITCHEN	12/50 oz	CS	9 - 50 oz	1	2	2	2	3
SOUP STOCK VEG W/ BEEF CO	22116	38/0		HEINZ USA	12/50.5 oz	CS	7 - 50.5 oz	1	1	1	1	2
Air Freshener Capri Tropical Mist	75990			Propower	6/32Oz	CS		1	1	1	1	2
Bleach Better Value	13782			PROWPOWER	6/1 Gal	CS		1	1	1	2	3
Bowl Foam 12 Ounce White	T12746	0/4		Wincup Holdings	1000/Cnt	CS		1	2	2	3	4
Bowl Foam 5 Ounce Non Laminated White Celebrity	B1794	12/12		Genpak	8/125Cnt	CS		1	2	2	3	4

Carline Black 38/58 Low Density/Linear Low 60 Gal	24470			Propak	100 CT	CS		1	2	2	2	3	4
Charcoal 1 Win Pack	EN206			Kingford	220lb	CS		1	2	3	4	5	
Cleaner All Purpose Terrico Lavender	RE302	14/17		Propower	23/100M	CS		1	1	1	1	2	
Container Foam 3 compartment 9x3x3 Fluor	C9274	137/360		Propak	200 cnt	CS		5	7	9	12	17	
Cup Foam 12 Ounce White Propak Lid T3266 68/52 134/14 131	13100	82/00		Propak	25/40Cnt	CS		1	2	2	3	4	
Cup Foam 8 Ounce White Propak Lid L8656 N6594	12986	75/25		Propak	40/25Cnt	CS		1	2	2	3	4	
Cutlery Kit Plastic Medium Weight Knife Fork Spoon Napkin Sall	CA124	387/50		Propak	250/Cnt	CS		4	6	8	9	13	
Film Plastic 12x2000 Roll Foodservice	83228	68/0		Propack	12x2000	CS		1	1	2	2	3	
Foil Aluminum Heavy Duty 18x1000 Roll	89362	25/0		Propack	18x 1000	CS		1	1	2	2	3	
Fork Plastic Polypropylene Medium Weight White	CA136	30/30		Propak	1000/Cnt	CS		1	1	1	2	3	
Fuel Chaler 4.5Hr 8.5 Ounce Great Wick Sure Heat	AE706			Propak	24/Cnt	CS		1	1	2	2	3	
Glove Vinyl Disposable Extra Large Powder Free	F5797			Propak	1/100Cnt	CS		2	2	4	4	6	
Glove Vinyl Disposable Medium Powder Free	F6443			Propak	1/100Cnt	CS		2	2	4	4	6	
Knife Plastic Polypropylene Medium Weight Bulk White	CA110			Propak	1000/Cnt	CS		1	1	2	2	3	
Lid Aluminum 1/2 Size Slim Tbl	83836			Propak	100/Cnt	CS		2	4	6	8	10	
Lid Aluminum Full Size Slim Tbl	83254			Propak	50/Cnt	CS		2	4	6	8	10	
Lid Cup Plastic Vented For 8 Ounce White	99436	2/0		Wincup Holdings	1000/Cnt	CS		1	1	2	2	3	
Lighter Fluid Charcoal	LE402			Trophy	1232Oz	CS		1	1	1	1	2	
Napkin Dinner 15X17 White 2 Ply 1/8 Fold	JB734	54/0		Tok	83/5Cnt	CS		1	1	1	1	2	
Pan Aluminum Slim Tbl 1/2 Size Deep 12-3/4X10-3/8X2-9/16	83814	22/0		Propak	100/Cnt	CS		2	4	6	8	10	
Pan Aluminum Slim Tbl Full Size Deep 20-7/5X3-3/8 346 Ounce	83252	61/1		Propak	50/Cnt	CS		2	4	6	8	10	
Plate Foam 3 Compartment 9" Non Laminated White	91282	8/42		Propak	4/125Cnt	CS		2	3	4	5	7	
Plate Foam 6" Non Laminated White	B1790	23/0		Propak	1000/Cnt	CS		1	2	3	4	5	
Sanitizer Ready To Use Table Top Spray No Rinse	C8386	2/15		Us Chemical	6/32Oz	CS		1	1	2	2	3	
Spoon Plastic Polypropylene Medium Weight Bulk White	CA192	38/60		Propak	1000/Cnt	CS		1	1	2	2	3	
Straw Super Jumbo 7 3/4" Flex White Wrapped	CA180	9/0		Propak	25/400	CS		1	1	1	1	2	
Supplement Drink 2 Calorie High Nitrogen Vanilla Ready To Ser	14044			Twocal	24/8Oz	CS						0	
Supplement Drink Apple Ready To Serve Clear	RA714			Ensure	32/6.7Oz	CS						0	
Supplement Drink Arginaid Cherry Mix	A3048			Novartis	56/13Oz	CS						0	
Supplement Drink Glucerna Vanilla Ready To Serve	LO566			Glucerna	24/8Oz	CS						0	
Supplement Drink Juven Fruit Punch Mix	JP2418			Ross Labs	30/24G	CS						0	
Supplement Drink Nepro With Carbsleady Vanilla Plastic Bottle	HP196			Nepro	24/8Oz	CS						0	
Supplement Drink Protein Liquid Fruit Punch Promod Ready To	V2514			Promod	6/32Oz	CS						0	
Supplement Drink Ready Care 2.0 Butterbuttered Pecan Read	K2980			Ready Care	12/32Oz	CS						0	
Supplement Drink Ready Care 2.0 Vanilla Ready To Serve	K3468			Ready Care	12/32Oz	CS						0	
Supplement Drink Ready Care No Sugar Added Vanilla Ready T	K2978			Ready Care	12/32Oz	CS						0	
Supplement Drink Ready Care 2.0 Choc Ready To Serve	EM882	updated 7.15		Ready Care	12/32 oz	CS						0	
Supplement Pudding Vanilla Ready To Serve	19802			Ensure	48/4Oz	CS						0	
Thickened Drink Dairy Honey Consistency	A5884			Ready Care	12/32Oz	CS						0	
Thickened Drink Dairy Honey Consistency Ready Care	H9514			Lyons Magnu	24/8Oz	CS						0	
Thickened Drink Dairy Nectar Like Consistency	H9332			Thick & Easy	24/8Oz	CS						0	
Thickened Drink Hydrolye Nectar Consistency T And Easy	13670			Thick & Easy	6/48Oz	CS						0	
Thickened Juice Honey Consistency Apple	15766			Ready Care	6/46Oz	CS						0	
Thickened Juice Honey Consistency Apple	39030			Ready Care	48/4Oz	CS						0	
Thickened Juice Honey Consistency Cranberry Cocktail 10%	19040			Ready Care	6/46Oz	CS						0	
Thickened Juice Honey Consistency Orange	38768			Ready Care	48/4Oz	CS						0	
Thickener Food Beverage With Pump Bottles	LO354			Simply Thick	6/64Oz	CS						0	
Thickener Food Instant Can	NO864	104/91		Ready Care	12/8Oz	CS						0	
Towel Cloth Foodservice Deluxe Quarter Fold 12X21 Antimicrob	24540	39/12		Protrak	150/Cnt	CS		2	3	4	5	7	
Towel Paper 1 Ply Htdwd 1 Ply 350/Roll Brown Non Perforated	A5534			Tok Universal	12/Cnt	CS		1	1	1	1	2	
Tray Foam 12X16 White	B4370	0/0	V3306-79	Gempak	100/Cnt	CS		10	15	20	25	35	
Water Distilled	26512			Packer	6/1 Gal	CS		17	25	24	42	59	



Water Spring	W1930		Crystal Geyser	70/80z	CS		3	5	7	10	13
Water Spring	96748		Crystal Geyser	6/1Gal	CS		17	25	34	42	59
add:											0
sliced Sandwich Meat	ES764	70/36									5
Container Foam Squat 8oz	13112	78/0	Propak								5
Container Foam Squat 6oz	D6534		Wincup Holdings								5
Water Nestle 16.9 oz. 24 ct	A2580										0
Water CG 35/5 L	D1894										0
water rejuv	59254										20

#### Extra Items for Convenience and from TBD:

TBD Chili Base -Walk Ons	K7184		Walk Ons	4/96oz							
TBD Ground Beef 80/20 Frozen	M0754		Iowa Beef	8/10 lb							
Cheyenne Beef Patty 4oz	48928		PC	15 lb							
Frank All Meat	42300		PC	2/5 lb							
TBD Bread Sliced 3/4" Sourdough Sweet	HN154		Highland Baking	188 ct							
Sliced Turkey	20042		Cobblestreet	4/2.5 lb							
Sliced Turkey	J3168		Jennie-O	4/5.5 oz							
Sliced Ham	63174		Cobblestreet	4/2.5 oz							
Hamburger Bun	58862		Brickfire	10/12 ct							
Hot Dog Bun	D1884		Brickfire	12/12 ct							
TBD Jumbo Hot Dog Bun	A3296		Alpha	6/12 ct							
TBD Wheat Hot Dog Bun	73790		Alpha	12/12 ct							
White Bread Sliced Pullman	26844		Brickfire	6/ 30 sl							
Cutlery Kit Nap KFS SP IW	NE420		Max Packaging	250 ct							
Toilet Tissue 2 Ply Rolls	D8666		Cottonelle	60 ct							
TBD WATER SPRING IMPORTED PET	BC334		Acqua Panna	12/1 L							
TBD WATER SPRING Drinking	D7152		Acqua Panna	12/1 L							
Cutlery Kit Nap KFS SP IW	CJ326		Acqua Panna	?							
SANDWICH PBJ GRAPE 2.8 OZ	C8816			72/CNT							
SANDWICH PBJ WEL STRBY	C8768			72/CNT							
CEREAL CINN TOAST CRUNCH	37868		Gen Mills	96/1 OZ							

#### Help move these refrigerated items fast:

EGG HARD CKD PEELED G/F	E7728		72 12/12CNT	papetti							
POTATO RD SKIN 3/4" LG DC	CH274		70 2/10 LB	Simply Potato							
SALAD PASTA ROTELLI REF	CA224		70 2/5 LB	Cobblestone Market							
SALAD POTATO C/STY REF	72278		70 2/5 LB	Mrs Gerry							
SALAD POTATO DEVILED EGG	BD778		70 12/LB	st Clair							
SALAD PTO MUSTARD REF	CA234		70 2/5 LB	Cobblestone Market							
YOUGURT BLB F/F LIGHT N	B2740		72 12/5,30Z	like n fit							
YOUGURT BLUEBERRY L/F FOB	71282		72 12/6 OZ	Dannon							
YOUGURT GREEK PEACH REF	M5982		72 12/5,30Z	like n fit							
YOUGURT GREEK PLAIN N/F	G3178		72 6/32 OZ	oikos							
YOUGURT GREEK VANILLA F/F	L7822		72 2/6 LB	oikos							
YOUGURT GREEK VANILLA PRO BAG	R7066		72 12/5,30Z	oikos							
YOUGURT GREEK VARIETY	S6802		72 12/5,30Z	oikos							
YOUGURT MIXED BERRY L/F	71568		72 12/6 OZ	Dannon							
YOUGURT PEACH L/F FOB REF	71536		72 6/32 OZ	Dannon							
YOUGURT PLAIN L/F REF	46306		72 12/6 OZ	Dannon							
YOUGURT TRDTNL VAN I /BAG	29826		72 4/6 LB	Dannon							
YOUGURT VAN F/F LIGHT N	V9962		72 12/5,30Z	like n fit							
YOUGURT VANILLA FLV LOW	B3160		72 6/32 OZ	Dannon							
	52726										

#### Inventory 3/19

29	
19	
15	
28	
27	
43	
32	
14	
8	
99	
44	
26	
209	
50	
47	
11	
37	
23	
17	
15	

YOGURT VRTY ACTIVIA	E9638	72 24/4 OZ	activia	58
YOGURT VRTY STREY/PEACH	B2366	72 24/4 OZ	lite n flt	45
YOGURT VRTY STREY/RASP/	F0482	72 48/4 OZ	lite n flt	90
YOGURT VRTY STREYBAN PCH	V5734	72 48/4 OZ	lite n flt	70
Honeydew Chunks	69832	8 lb		
Cantaloupe Chunks	69860	8 lb		
Fruit Salad Delux	74096	24 lb		
Pineapple Chunks	74334	8 lb		
Orange Sections	74488	8 lb		
Fruit Salad Delux	74548	8lb		
Apple Red Slic 2 oz	V8842	100/2 oz		





Dear Performance Foodservice Customer:

Prior to the Department of Health and Hospital (DHH) deadline for updating your Emergency Plan, Reinhart Foodservice Louisiana, L.L.C. d/b/a Performance Foodservice-New Orleans and Shreveport ("Performance Foodservice") has updated our Emergency Preparedness Manual. As in the past, in the event of an emergency, Performance is committed to giving priority service to hospital and nursing home customers. Our response time, however, may be affected by weather and road conditions, which will determine our ability to safely put our drivers and trucks on the road. Further, our initial ability to supply shelf stable food and paper items may be limited by current inventories. Stocking levels of these items vary based on sales and lead-time required to obtain stock. Appropriate substitutions will be made as inventory is depleted. Remember it is important to adjust inventory levels prior to the orders!

In complying with DHH's Model Nursing Home Emergency Plan, Performance's recommendations have taken into consideration the following:

- Facilities are expected to exist **without outside assistance for 48 hours**. For food service this includes:
  - Special diets
  - Residents, staff, families of residents and families of staff who must be fed
- If sheltering in place, facility **should be prepared for 7 days**, and the plan should include:
  - The amount of food kept on hand
  - Plans for the deliveries prior to and after the event =
    - When will the order be placed?
    - When will the order be delivered?
- If evacuating, preparations should include food for:
  - Residents, staff, families of residents and staff who will be traveling with the facility
  - Food and water for the trip, taking into consideration extended travel times due to traffic conditions
  - Special dietary needs
  - Meal service supplies, i.e. paper supplies, can openers, etc.

A three-day sample disaster menu has been included with this document. In addition to a regular disaster menu, we suggest that facilities have a policy in place to address the needs of residents on therapeutic diets such as those with dysphagia or swallowing problems.

Performance has established the following policies regarding merchandise return. All items must be returned in the original, unadulterated, unopened, undamaged case within fourteen days of invoice date. No refrigerated, frozen, bottled water or damaged merchandise may be returned per HACCP regulations. A restocking fee of 33% will be charged on all returned products.

We strongly recommend you purchase and store your disaster food and paper supplies by **June 1<sup>st</sup>, the start of the hurricane season**. These supplies should be kept in your inventory throughout the year. If you are forced to evacuate, please make arrangements to bring your food and disposable supplies with you as well as to the procedures for medicine and patient charts. At the end of hurricane season, any inventory remaining of these items will be worked into your fall/winter menu cycle.

We are frequently asked about our ability to furnish water during an emergency weather situation. We stock a limited amount of bottled water with inventory based on current sales volume. We strongly suggest that you make arrangements with a local water supplier to source potable water before an emergency catches your facility unprepared.

When sheltering is in place, DHH's Model Nursing Home Plan requires seven days drinking water, which is defined as one gallon of fluids per person per day. When evacuating, facilities should also plan for water needs during travel, which may be extended due to traffic conditions. Facilities should have letters on file from the city, parish, police jury, fire departments or even local milk companies who can provide the quantities of water needed. We will work diligently to provide supplies of water that we can source on short notice, but significantly increasing our bottled water inventory based on speculated sales is not practical or economically feasible.

Finally, we have been asked about placing refrigerated trailers at customer sites prior to a hurricane's landfall. Because of the unpredictable nature of these storms, it is not prudent to deploy our equipment prior to a storm. Our policy is to place these trailers in strategic locations, if necessary, after the storm passes. With a limited number of trailers, they will be placed where they can benefit the largest number of customers, rather than reserved for any single facility.

In closing, attached is emergency contact information to be used during a disaster situation. If you have any questions about any topic, please contact your healthcare specialist immediately.

Sincerely,

Healthcare Division

REINHART FOODSERVICE LOUISIANA, LLC d/b/a Performance Foodservice - Shreveport and Performance Foodservice - New Orleans

Steve Wood

Area President

Performance Foodservice—New Orleans

Ted Meyer

OPCO President

Performance Foodservice—Shreveport



**REINHART FOODSERVICE LOUISIANA, LLC**  
**PERFORMANCE FOODSERVICE NEW ORLEANS AND SHREVEPORT**  
**EMERGENCY CALL LIST**

New Orleans OPCO			Shreveport OPCO		
Phone Numbers	800-488-3988	(504) 733-5200	Toll Free Phone Number	800-256-1336	(318) 869-3061
Fax Number	504-734-5270		Fax Number	318-213-5119	
Performance Foodservice Healthcare Team					
Lydia Brossette-Roberts, RD, LDN, Vice President Healthcare Sales			(318) 344-7358		
Dawn LeBlanc, RD, LDN, Healthcare Menu Systems Coordinator			(337) 772-9078		
HEALTHCARE SALES TEAM - NEW ORLEANS OPCO		Phone	HEALTHCARE SALES TEAM - SHREVEPORT OPCO		Phone
Shannon Hayes, RD, LDN	Regional Manager Healthcare	(225) 288-1279	Tiffany Wenzel, RD/LD	Regional Manager Healthcare	(817) 320-4614
Adrienne Uffman, RD, LDN	Southeast Louisiana	(225) 715-8227	Mary Lively, RD, LDN	North Louisiana	(318) 282-4471
Dawn Arceneaux, RD, LDN	South Central Louisiana	(337) 344-9767	Angel Schlotterbeck, CDM, CFP	SW/Central Louisiana	(318) 452-8675
Candice Faler, RD, LDN	New Orleans/North Shore	(985) 778-8449	Jennifer Hoffman, RD/LD	Northeast Texas	(713) 301-6360
Angel Schlotterbeck, CDM, CFP	SW/Central Louisiana	(318) 452-8675	Liz Doran, RD/LD	Central Texas	(210) 269-8510
Customer Service Team - New Orleans OPCO			Customer Service Team - Shreveport OPCO		
Lori Nunez	Customer Service Manager	(504) 206-3756	EJ Howard	Customer Service Manager	(318) 626-6033
	Cell	(504) 270-8719		Cell	(318) 393-1302
Jeannette Lemoine	Inside Sales-Healthcare	(504) 206-3754	Regina Ross	Healthcare Customer Service	(318) 869-3061 x00110
Dawn Sisung	Inside Sales	(504) 206-3753	Sherry Golla	Customer Service	(318) 869-3061 x00114
			Michelle Causey	Customer Service	(318) 869-3061 x00109
Senior Management - New Orleans OPCO			Senior Management - Shreveport OPCO		
Steven Wood	OPCO President	(504) 206-3790	Ted Meyer	OPCO President	(318) 990-1005
Travis Nuccio	Vice President of Sales	(504) 206-3794	Ron Armstrong	Vice President of Sales	(903) 748-5764
Jerry Urick	Vice President of Operations	(504) 206-3770	Ken Elkins	Vice President of Operations	(318) 393-7780
Troy Korbe	District Manager-North MS	(601) 466-8543	Scotty Lee	District Manager	(318) 564-9081
Dean Murray,	District Manager-South MS	(228) 235-4241	Christi Robertson	District Manager	(662) 832-2005
Scott Gosnell	District Manager-Baton Rouge	(225) 252-2142			
Mark Leger	District Manager-SW Louisiana	(337) 739-7938			
Alton Adams	District Manager-New Orleans	(504) 329-8031			

Revised: 1/11/2021

# Introduction to Disaster Preparedness

Preparing for a disaster is daunting. Food service operations within healthcare facilities face unique challenges during disasters. Healthcare facilities frequently remain open even under extenuating circumstances. On one hand, facilities must deal with the hardships that accompany the disaster itself such as power outages, and on the other hand, they must care for disaster victims. Healthcare food service directors can start preparing for the worst by joining the disaster preparedness committee. Being involved will foster strong communication. Communicating disaster response plans ensures the food service staff will understand their role in supporting the facility and other departments will know what assistance the food service department needs to continue to carry out its mission. Along with attending emergency preparedness meetings, food service directors may want to review disaster response recommendations for the types of disasters that are of concern in the facility's geographic location. This background knowledge will be useful for committee discussions as well as food service department trainings.

In general, natural disasters fit into one of three categories: short term, long term and water supply disruptions.

- Short term disasters occur within a small geographic area, are handled by local emergency services and the disaster duration typically ranges from hours to a couple of days. Complications such as utility and transportation disruptions are also relatively short.
- Long term disasters range from several days to weeks. Local emergency services need state and national support to provide relief from the disaster. Interruptions in utilities and transportation last longer because repairs to infrastructure are more complex.
- Water supply disruptions can result from natural disasters or they can occur independent of a disaster due to situations such as water main breaks or introduction of toxins into the source of drinking water. Food service directors can help with estimating the facility's water needs and creating an emergency water supply plan. Both the Joint Commission and the Centers for Medicare and Medicaid require healthcare facilities to have an emergency water supply plan.

As you review the tools and resources in this disaster preparedness kit, keep in mind the three main types of disasters, as well as which specific disasters your area is prone to. Planning ahead can make all the difference. If you would like more information on disaster preparedness resources, contact Nutrition Services at [rfs-nsdept@pfgc.com](mailto:rfs-nsdept@pfgc.com).

## Table of Contents

Healthcare disaster procedure manual .....	7-11
Diet liberalization sample letter .....	12
Three-day disaster menu .....	13
Three-day disaster menu cold food only .....	14
Temperature chart .....	15
Emergency food service phone numbers .....	16-17
Disaster planning flow chart .....	18
Disaster index .....	19-20
Risks assessment .....	21-22
Emergency supply kit .....	23-24
Emergency supply brochure .....	25-26
Employee disaster preparedness in-services .....	27-35
Disaster case studies .....	36-40
Sources .....	41





# HEALTHCARE DISASTER PROCEDURE MANUAL

This manual is provided as a sample prototype. Please customize to meet the needs of your facility according to your local jurisdiction.

# Disaster Procedures

It is important that a plan for procuring, preparing, and serving foods be familiar to the administrator, food service supervisor and food service employees in the event of a disaster. Each facility should have a disaster procedure outlined to continue operations during an emergency. Service of a meal at the usual time will help to maintain morale and keep staff from becoming disorganized and panicked.

## BASIC PRINCIPLES OF FOODSERVICE WITHOUT UTILITIES OR WITH EQUIPMENT MALFUNCTION:

1. Use as much of the perishable items on hand that does not require cooking for service (milk and milk products, fresh fruit, vegetables that can be eaten raw, cold cuts, and fully cooked leftovers). It is **CRITICAL** that the temperature of these foods be checked to ensure that they are not in the temperature danger zone. The temperature danger zone according to the FDA Food Code is 41-135°F (check with your local jurisdiction for applicable temperatures in your area). Examine products in the cooler and freezer and use perishable products before utilizing non-perishable pantry items.
2. **DO NOT** open refrigerator or freezer doors unless necessary. Try to take inventory by looking through the window, only open the door to get products for immediate use. Ice cream can be used if it is still frozen. Generally, food in a refrigerator is safe if the power is out no more than a few hours and if the temperature does not exceed 40°F for more than two (2) hours. Always keep an appliance thermometer in the refrigerator to see if food is being stored at safe temperatures (40°F or below). To retain cold temperature, open freezer or refrigerator door only as often as necessary. If freezer is not full, group packages together quickly. Meat and poultry should be separated from other product and placed on separate trays so their juices will not contaminate each other or other foods if they thaw. Check food for evidence of thawing before refreezing. Food that has or may have thawed during a power outage, and has refrozen before being checked, cannot reliably be examined for damage. You cannot rely on appearance or odor to determine whether a food will make you sick. Meats that have thawed according to methods acceptable by your jurisdiction and are still below 40°F and then are properly cooked or reheated to recommended minimum internal temperatures within 4 hours are safe to consume. Meats that feel slimy or that have an odor should be thrown away. Seafood and ground meat are more likely to thaw and/or spoil before other meats and should receive attention before other items.
3. Many refrigerator items are salvageable if they are not needing to be time and temperature controlled for safety (e.g. mustard, ketchup, peanut butter, vinegar-based salad dressings and sauces).
4. Use canned foods after the perishable items have been used or are no longer safe to use (e.g. use cottage cheese or cheese slices before using canned tuna).



5. Meals are to be served on disposable ware until the ability to wash and sanitize dishes is restored.
6. If water is not available, save all liquids from canned fruits and vegetables. Ice made from potable water should be removed from the ice machine and stored in clean, covered, food-grade containers and placed in the refrigerator/freezer. An emergency back-up source for water needs to be identified. Consider having an agreement with a local water supply company. Check with your local jurisdiction to determine the required amount that must be allotted and stored per person. Vegetable juices from canned vegetables can provide fluids. Fruit juices may be used in place of drinking water. Juice and coffee from machines that contain potable water may also be used to provide liquid. In cases of disaster, community water systems may become contaminated and water from these systems might need to be disinfected prior to use for human consumption. Contact your local health department for information on the preferred method prior to disinfecting any water.
7. At least one flashlight with working batteries should be kept in the supervisor's desk.
8. Dietary personnel should be instructed in procedures and menus for emergency feeding initially when no emergency is present. An annual in-service should be provided on emergency feeding.
9. If electricity or gas is unavailable, use chafing dishes and sterno to heat ready-to-eat and/or canned food if the equipment is available. Any properly refrigerated leftovers must be heated to an internal temperature of 165°F. Alternate sources of heating can be used if proper ventilation is available.
10. It is recommended that bags of ice be kept in the freezer in the event of injuries.
11. Emergency supply of bottled water should always be kept on hand. Check with your local jurisdiction to determine the required amount that must be allotted and stored per person. This includes residents, staff, families of residents and families of staff who will be at the facility. If traveling to an evacuation site, the facility must have enough fluids for the travel. Assume that all other water sources are contaminated until proven safe. Purify all water used for drinking, cooking and for washing cooking and eating utensils. Purify the water used for washing hands, body, kitchen and bathroom surfaces. Do not use water that has an odor, dark color, or contains floating material. Refer to your local health department in situations where water has been contaminated for the preferred manner to disinfect water. Murky and discolored water should be allowed to settle and filter before disinfecting. To disinfect water using heat, boil at a rolling boil for three minutes, allow cooling, and store in cleaned, sanitized and covered food-grade containers. To disinfect clear water using chemicals, add 1/8 teaspoon (8 drops) of unscented, liquid chlorine bleach (5.25% concentration) per gallon of water. Let the water stand for at least 30 minutes before using. Commercially prepared iodine tablets which are formulated for disinfecting water may also be used to chemically disinfect water. Contact your local health department for the preferred method in your area before attempting to disinfect any water.
12. Normal laundry procedures would be disrupted during a natural disaster.

## RESIDENT MEAL SERVICE

1. Disposable service is to be used. Do not take non-disposable trays into the resident's room unless necessary.
2. All residents should receive a regular diet meal except for residents whose diets are highly restrictive. Highly restrictive diets include brittle diabetics, renal diets and those residents with food allergies. Texture modified diets should be observed when possible (see sample letter for Medical Staff). A high protein level is contraindicated when the water supply is limited. Discussion with medical staff must take place prior to an emergency as to the feasibility of supplement service during an emergency.
3. Follow the basic menu pattern:
  - Breakfast:
    - Fruit juice
    - Dry cereal
    - Bread, margarine, jelly
    - Fresh milk then aseptic packaged milk if available or reconstituted dry milk
  - Lunch and Dinner:
    - Protein source
    - Vegetable
    - Starch, bread or crackers with margarine
    - Fruit or dessert
    - Fresh milk then aseptic packaged milk if available or reconstituted dry milk
4. Protein sources include: cottage cheese, cold cuts, cheese, canned tuna, three bean salad, peanut butter, canned meat (beef, chicken or pork), chili and beans, pork and beans, ravioli, kidney beans, pinto beans, ranch style beans, wieners, beef stew or hash.
5. Staples include: canned vegetables, canned soups, canned fruit juices, aseptic milk, boxed cookies, graham crackers, saltines, jelly, dry cereal, canned pudding, evaporated or non-fat dry milk, and mayonnaise.
6. Use as much perishable items on the first day of the menu – such as lettuce, tomatoes, ice cream, frozen vegetables or meats. If gas service has not been interrupted make use of any frozen or refrigerated items. Refer to your state food code for regulations regarding the amount of time that food can remain without temperature control. A Temperature Chart is also included with this manual.
7. Canned vegetables can be served as salad by marinating in Italian or French Salad Dressing and served at room temperature. These items should be used after all perishable items have been utilized for the menu.
8. If dry milk is reconstituted, it must be reconstituted with potable water, kept in cleaned and sanitized, covered, food-grade containers, and must be time and temperature controlled for safety prior to use.



## Supplies

**CONTROL OF SUPPLIES IS EXTREMELY IMPORTANT.** Please be familiar with the following:

1. A non-perishable food supply is routinely maintained in inventory. This includes a back-up source for water. Check with your local jurisdiction for the recommended amount of days' worth of supplies that you should have on-hand.
2. All perishable supplies are routinely maintained in inventory. Check with your local jurisdiction for the recommended amount of days' worth of supplies that you should have on-hand.
3. Disposable supplies should always be kept on-hand. Check with your local jurisdiction for the recommended amount of days' worth of supplies that you should have on-hand.

## Sanitation

This is the responsibility of everyone that prepares and serves food. Good personal hygiene and sanitary food handling practices help to control food-borne diseases.

1. Single service and disposable items should be stored, handled and dispensed in a sanitary manner.
2. Waste should be collected in plastic bags, sealed tightly at the top and put in a dumpster for collection. Be careful not to overfill the bag or make it too heavy to handle.
3. When manual dish washing is employed, dishes and utensils must be immersed for at least 30 seconds in clean hot water at a temperature of 171°F or immersed in a sanitizing solution that has been prepared to the recommended concentration and confirmed with appropriate chemical test strip. Immersion times for chemical sanitation vary so check with the sanitizing chemical's manufacturer for the recommended time.

## Work Assignments

Work assignments should take into consideration what employees have been trained for; however, everyone must be flexible. All workers should carry out tasks assigned to them by the person in charge. Non-foodservice employees may be assigned to the kitchen for preparation, tray delivery and clean up. The order of authority within the department starts with the foodservice supervisor, then the cook, followed by the relief cook.



NAME OF FACILITY

**SAMPLE LETTER**

As a Physician on Staff, I approve liberal modification of restricted diets during a disaster situation to include, but not limited to extreme fire damage or weather emergencies.

---

Signature  
Staff Physician

Note: Customize for your facility.

### Three Day Disaster Menu (Note: Item# will vary by Operating Center)

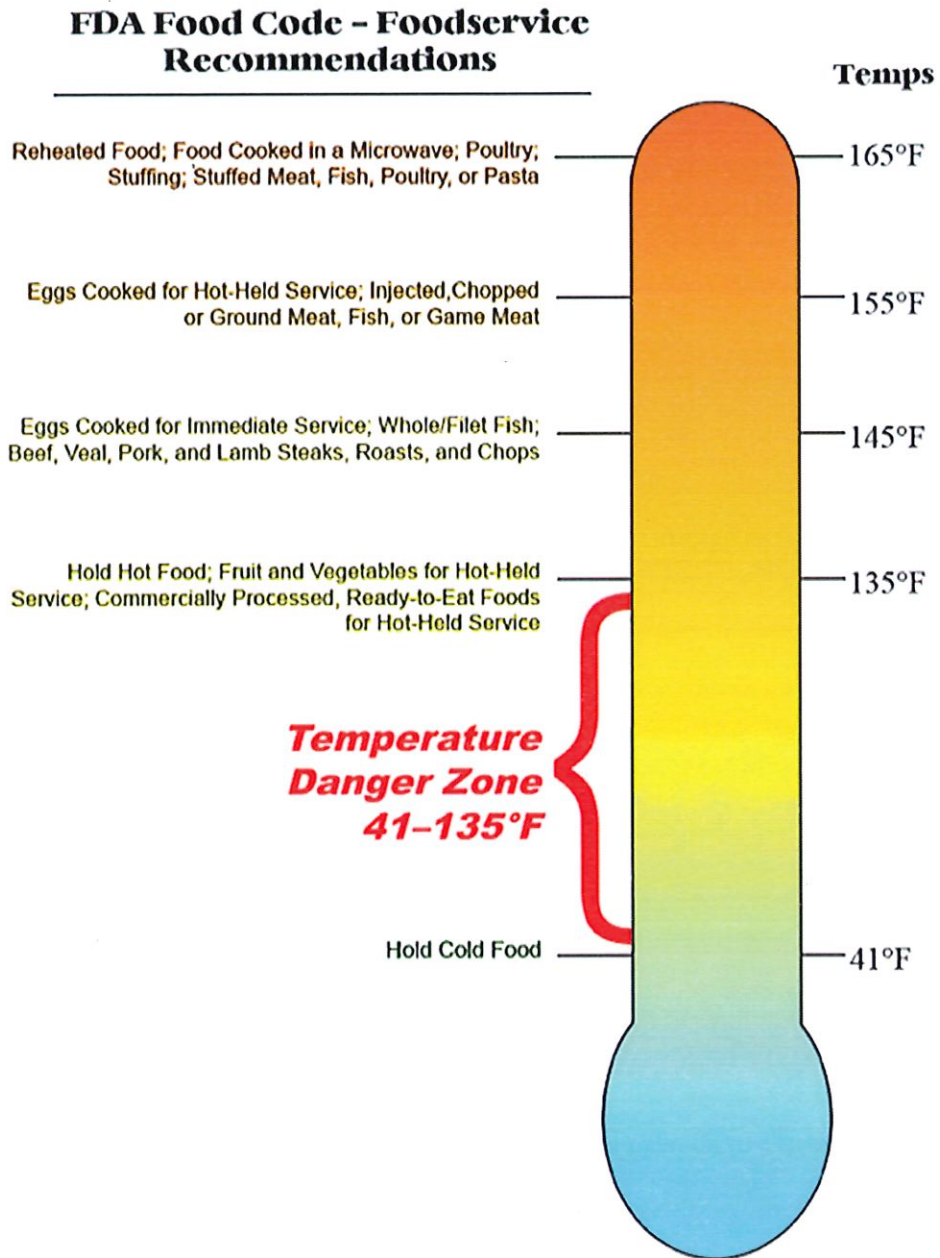
MEAL	Unit	Description	Item #	Unit	Description	Item #	Unit	Description	Item #
BREAKFAST	4 fl oz	Apple Juice	13686	4 fl oz	Orange Jc	13308	4 fl oz	Cranberry Juice	13352
	3/4 c	Dry Cereal	26304	3/4 c	Dry Cereal	26306	3/4 c	Dry Cereal	26328
	1 ea	Bread Slice	29546	1 ea	Bread Slice	29546	1 ea	Bread Slice	29546
	1 pkg	Jelly	15092	1 pkg	Jelly	15092	1 pkg	Jelly	15092
	8 oz	Milk	17624	8 oz	Milk	17624	8 oz	Milk	17624
LUNCH	8 oz	Beef Stew	11130	8 oz	Beef Ravioli/Sc NOR SHR	28310 27992	8 oz	Beef Chili NOR	11136
	1/2 c	Green Beans	CP656	1/2 c	Green Peas	CP610	1/2 c	Whole Kernel Corn	CP678
	1 ea	Bread Slice	29546	1 ea	Bread Slice	29546	3 pkt	Crackers	21110
	4 oz	Sliced Peaches	10704	4 oz	Vanilla Pudding	21012	1/2 c	Sliced Pears	14370
	8 oz	Beverage	10342	8 oz	Beverage	10342	8 oz	Beverage	10342
DINNER	1/2 c	Chicken & Dumplings	23910	1/2 c	Tuna Salad	36646	2 Tbsp	Peanut Butter	31766
	1/2 c	Mix Vegetables	CP650	2 ea	Bread Slice	29546	2 ea	Bread Slice	29546
	1 ea	Bread Slice	29546	6 oz	Chicken Noodle Soup	25388	6 oz	Vegetable Soup	22116
	2 ea	Cookies	12292	3 pkt	Crackers	21110	3 pkt	Crackers	21110
	8 oz	Milk	17624	1/2 c	Fruit Mix	14370	1/2 c	Chocolate Pudding	V2146
ASSORTED HS SNACKS	1 pkt	Graham Crackers	22796	1 pkt	Graham Crackers	22796	1 pkt	Graham Crackers	22796
	4 oz	Beverage	11900	4 oz	Beverage	11900	4 oz	Beverage	11900

NOTE: This menu was designed to be produced with little or no preparation, only heating is required. The disaster menu can be entered in menuMATRIX, if requested, and an order guide, based on census, can be generated. Please contact your Healthcare Sales Specialist about information on accessing this menu in menuMATRIX and to place an emergency food order.

## 3 Day Disaster Menu - Cold Food Only

Day 1			Day 2		Day 3		Exchanges
Meal	Unit	Description	Unit	Description	Unit	Description	3-ounce Protein Sources:
Breakfast	4 fl oz	Apple Juice	4 fl oz	Orange Juice	4 fl oz	Cranberry Juice	3 oz Ready Cooked Meats
	3/4 C	Dry Cereal	3/4 C	Dry Cereal	3/4 C	Dry Cereal	3/4 C Cottage Cheese
	1	Slice of Bread	1	Slice of Bread	1	Slice of Bread	3/4 C Canned Entrée
	1 Ea	Margarine & Jelly	1 Ea	Margarine & Jelly	1 Ea	Margarine & Jelly	1 C Canned Beans
	8 fl oz	Milk	8 fl oz	Milk	8 fl oz	Milk	1/2 C Meat Salad
Lunch	1/2 C	Ham Salad	1/2 C	Tuna Salad	3 oz	Cold Cuts & Cheese	4 Tbsp Peanut Butter
	2 Sl	Bread Slice	2 Sl	Bread Slice	2 Sl	Bread Slice	3 oz Cheese Slices
	1/2 C	Toss Salad w/Drsg	1/2 C	Marinated Veg Salad	1/2 C	Cucumber Onion Sld	2 Ea All Meat Wieners
	1/2 C	Fruit Cup	1/2 C	Mandarin Oranges	1/2 C	Sliced Pears	
	8 fl oz	Beverage	8 fl oz	Beverage	1 tsp	Mustard and/or Mayo	
		or Milk		or Milk	8 fl oz	Beverage	<b>Bread Sources:</b>
Supper	3 oz	Cold Cuts & Cheese	1/2 C	Pimento Cheese	1/2 C	Chicken Salad	1 slice bread
	2 Sl	Bread Slice	2 Sl	Bread Slice	2 Sl	Bread Slice	3 pkt Saltine Crackers
	1/2 C	Tomato & Onion Salad	1/2 C	Toss Salad w/Drsg	1/2 C	Sliced Tomatoes	
	1/2 C	Sliced Peaches	1/2 C	Fruit Cocktail	1/2 C	Fruit Salad	
	1 tsp	Mustard and/or Mayo	8 fl oz	Milk	8 fl oz	Milk	
	8 fl oz	Milk					
HS Snack	2 Ea	Cookies	1 pkt	Graham Cracker	2 Ea	Cookies	
	4 fl oz	Beverage	4 fl oz	Beverage	4 fl oz	Beverage	

# Temperature Chart



Disclaimer: Temperatures listed are according to Food and Drug Administration (FDA) Food Code. They do not reflect required temperatures for all jurisdictions. Please check with your city or county health department for required temperature information for your area.

USDA also provides recommended minimum internal cooking temperatures for consumers that may vary from FDA recommendations.



## Emergency Food Service Phone Numbers

### ☐ Workforce:

- First in command: \_\_\_\_\_
- Second in command: \_\_\_\_\_
- Meal production: \_\_\_\_\_
- Inventory/records: \_\_\_\_\_
- First Aid: \_\_\_\_\_
- Cleaning: \_\_\_\_\_
- Communication: \_\_\_\_\_
- Public Relations: \_\_\_\_\_
- Donations: \_\_\_\_\_
- Volunteer Coordinator: \_\_\_\_\_

### ☐ Utilities:

- Gas: \_\_\_\_\_
- Water: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Electricity: \_\_\_\_\_
- Sewage: \_\_\_\_\_
- Waste Disposal: \_\_\_\_\_

### ☐ Repair:

- Sewage Pumping: \_\_\_\_\_
- Pest Control Operator: \_\_\_\_\_
- Well contractor: \_\_\_\_\_
- Plumber: \_\_\_\_\_
- Electrician: \_\_\_\_\_
- Gas Repair: \_\_\_\_\_
- Cleaning Service: \_\_\_\_\_

☐ Local Health Department: \_\_\_\_\_

☐ City Building Inspector: \_\_\_\_\_

☐ Property Insurance Company: \_\_\_\_\_

☐ Food Service Suppliers: \_\_\_\_\_

☐ Ice/Dry Ice Vendor: \_\_\_\_\_

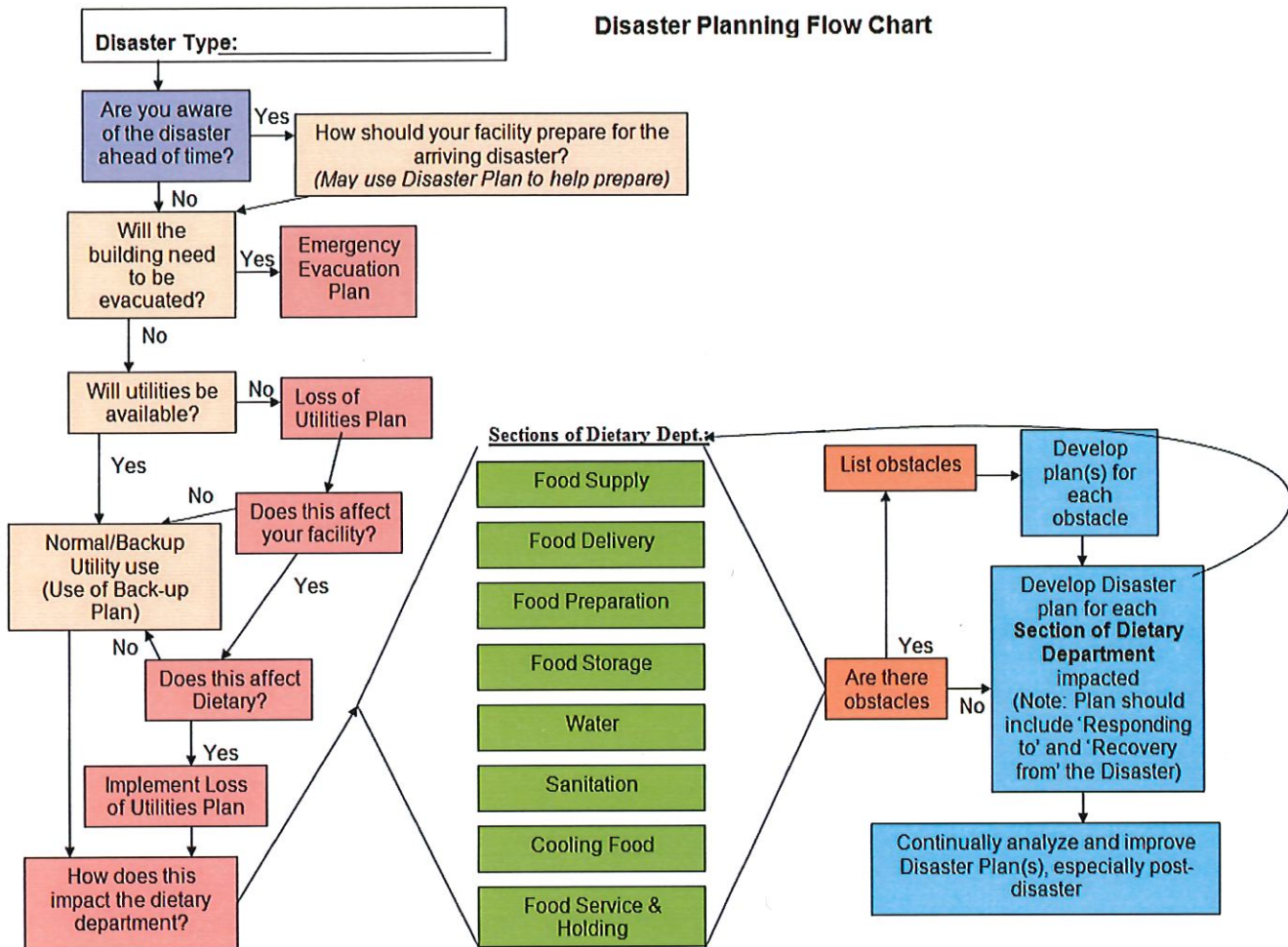
☐ Media Contacts: \_\_\_\_\_

☐ Portable Toilet Rental: \_\_\_\_\_

☐ Outside Facility Assistance: \_\_\_\_\_

- Kitchen Use: \_\_\_\_\_
- Extra Workers: \_\_\_\_\_
- Cooler Space: \_\_\_\_\_

## Disaster Planning Flow Chart



# Emergency and Disaster Index

---

## ☐ Standard Forms

- ☐ Chain of Command Flow Chart
- ☐ Emergency Contact List
- ☐ Emergency Supply List
- ☐ Communication Policy
- ☐ Finance Policy
- ☐ Security Policy
- ☐ Power Outage Food Policy
- ☐ Contaminated Water Policy
- ☐ Food Emergency Plan/Agreement
- ☐ Water Emergency Plan/Agreement
- ☐ Food/Water Distribution Policy
- ☐ Personal Hygiene Policy
- ☐ Sanitation Policy

## ☐ Specific Disaster: *Example – Deliberate Contamination*

- ☐ Policy:
- ☐ Policy:
- ☐ Policy:

## ☐ Specific Disaster: *Example – Power Outage*

- ☐ Policy:
- ☐ Policy:
- ☐ Policy:

## ☐ Specific Disaster: *Example - Flood*

- ☐ Policy:
- ☐ Policy:
- ☐ Policy:



☐ **Specific Disaster:** *Example – Pandemic*

☐ Policy:

☐ Policy:

☐ Policy:

☐ **Emergency Procedures**

☐ Create Emergency Phone List

☐ Determine Critical Operations

☐ Operations

☐ Staff in Charge

☐ Action Plan

☐ **In-services:**

☐ Water Safety

☐ Power Outage Food Safety

☐ Hand Washing

☐ Ice Safety

☐ Controlling Pests

☐ HACCP

☐ Recovering from Natural Disasters

☐ SDS

☐ Fire Safety

☐ **Additional Resources:**

☐ FEMA Resources

## Know Your Risks Assessment Form Directions

- ❖ Rate the probability and severity for each type of disaster from 0 – 5, with 5 being the most probable / most severe.
- ❖ Probability = how likely is it that the disaster will strike your business
- ❖ Severity = how damaging the disaster would be to your business if it were to strike
- ❖ Multiply the probability score by the severity score and write the result in the total column
- ❖ Devise a plan for any event scoring  $\geq 17$



**\*MAKE COPIES  
OF THIS FORM**

## Know Your Risks

Use this form to review potential threats. Fill in one field for probability and one field for severity. Finally, multiply the probability and severity levels and enter the total in the total value column.

THREATS	Probability (0-5)	Severity (0-5)	Total
Earthquake			
Tornado/Wind/Hurricane			
Flood			
Severe Winter Weather			
Interior Fire			
Wildfire			
Loss/Illness of Key Staff			
Workplace Violence			
Software/Hardware Failure			
Power Outage			
Loss of Utilities (water, gas, electricity, etc.)			
Pandemic/Epidemic/Flu			
Loss of Premises			
Other			
Other			
Other			
Other			
Other			
Other			

OFB-EZ® is a program of the Insurance Institute for Business & Home Safety  
Download this document at [DisasterSafety.org/open-for-business](https://DisasterSafety.org/open-for-business)


5

# Emergency Supply Kit

## Food Preparation Supplies:

- ☐ Water: seven-day supply - 1 gallon of water per person per day\*  
(\*Note: This recommendation may vary so check with your local/state authorities)
- ☐ Food: seven-day supply of non-perishable food
- ☐ Manual can opener for food
- ☐ Extra supplements
- ☐ Paper cups, plates and plastic utensils, paper towels
- ☐ Gravity tube-feeding supplies
- ☐ Hand/battery operated equipment (whisks, heating elements)

## Safety Equipment Supplies:

- ☐ Battery-powered, hand crank radio, or a NOAA weather radio with extra batteries
- ☐ Flashlights with extra batteries
- ☐ First aid kit
- ☐ Basic tool kit (hammer, nails, screwdriver, screws, pliers/wrench)
- ☐  approved foodservice gloves
- ☐ Fire Extinguisher
- ☐ Matches in a waterproof container

## Food Safety and Sanitation Supplies:

- ☐ Thermometers – digital, dial, instant-read, oven, cooler, freezer
- ☐ Blankets/extra towels/tarps to insulate coolers/freezers
- ☐ Dry Ice – (cooler/freezer space must be ventilated due to carbon dioxide production)
- ☐ Hand sanitizing gel
- ☐ Water purification supplies (contact your local health department for local recommendations)

- ☐ Sanitizer test strips
- ☐ Sterno® or other portable heat source for cooking
- ☐ Moist towelettes, garbage bags and plastic ties for personal sanitation
- ☐ Liquid bleach (no soap or additives, 5.25% sodium hypochlorite)
- ☐ Garbage bags for food waste
- ☐ Duct tape
- ☐ Picnic coolers with gel packs
- ☐ Personal protective equipment
  - ☐ Eye protection
  - ☐ Fitted dust mask (N-95)
  - ☐ Rubber boots
  - ☐ Rubber gloves
  - ☐ Protective clothing
  - ☐ Wash cloths
  - ☐ Face masks

**Other Supplies:**

- ☐ Secure area for cash/receipts
- ☐ Emergency reference material such as a first aid book
- ☐ Camcorder/camera to document damage





**Side Plates**

Plate Foam 6" Non Laminated White  
RFS# B1790

8/125Cnt



**Foam Cup**

Cup Foam 8 Ounce White  
RFS# 12996

40/25Cnt



**Juice Cups**

Cup Plastic 9 oz Clear  
RFS# N6366

20/50Cnt



**Foam Bowl**

Bowl Foam 12 Ounce Non Laminated White  
RFS# B1796

8/125Cnt



**Disposable Silverware**

Cutlery Kit Plastic Medium Weight Knife Fork  
Spoon Napkin Salt & Pepper Individually  
Wrapped White RFS# CA124

250/Cnt



**Portable Burner**

Stove Butane Single Burner RFS # MH780

6/CNT



[performancefoodservice.com](http://performancefoodservice.com)



### Bottled Water

Water Bottled Spring RFS# D9230

24/16.9 fl oz



### Can Opener

Can Opener Portable Hand Firm Grip Black  
RFS# 92950

1/Cnt



### Ensure

Supplement Drink Ensure Plus Vanilla Ready To  
Drink Plastic Bottle RFS# J1190

24/8 oz



### First Aid Kit

Kit First Aid 25 Person RFS# CT050

1/Cnt



### Food Thermometer

Thermometer Digital Pocket -40 To +450 F  
Waterproof  
RFS# 52438

1/Cnt



### Sanitizer Test Strips

Test Paper Chlorine 15' Cm-240 Dispenser  
Pack RFS# 84852

2/Cnt



### Bleach

Bleach Liquid Germicidal Concentrate  
RFS# F7046

3/121 oz



### Napkins

Napkin Dinner 1 Ply 16x16 1/4 Fold White  
RFS# W0836

12/250Cnt



### Meal Plates

Plate Foam 3 Compartment 9" Non Laminated  
White RFS# 91282

4/125Cnt



performancefoodservice.com



# Power Outage Food Safety

## Dietary Employee Training Program

**Objective:** The participant will be able to:

- ♦ Identify the need for food safety during a power outage.
- ♦ List ways to prepare for potential power outages.
- ♦ Explain how to keep freezers and coolers cold without power.
- ♦ Describe how to create a safe environment for potentially hazardous foods in the freezer and cooler when power returns.

### Course Outline:

- I. Introduction: The Importance of Food Safety During a Power Outage
- II. Storing and Using Food Supplies Appropriately
- III. Conclusion / Discussion
- IV. Pre/Post Test

### Course Information:

#### I. Introduction: The Importance of Food Safety During a Power Outage

Keeping food safe is an essential part of the daily foodservice profession. A foodborne illness or outbreak can be caused by improperly handling food or food left in the temperature danger zone (41°F-135°F) for more than four hours. Because food temperature is an important part of food safety, if your facility loses power, certain procedures must be enforced in order to ensure all food is being stored, cooked, held for service, or served in the safest manner possible.

#### II. Storing and Using Food Supplies Appropriately

##### A. Be Prepared

In order to combat a potentially hazardous situation, being prepared and having your staff well trained for potential power outages is essential. Be sure the freezer is always at 0°F and the cooler is at or below 39°F on a typical day. Use appliance thermometers to determine the temperature of the freezer or cooler. The appliance thermometer will also indicate the temperature of the freezer or cooler when the power goes out. When storing frozen foods, keep the freezer as full as possible and keep food close together so the food stays colder longer. It is also recommended to have a hanging cooler/freezer thermometer to determine the temperature of the storage areas. Be aware of possible sources of ice or dry ice to keep freezers and coolers cold. Your facility may also want to consider buying picnic coolers for refrigerated food in case the power outage will last longer than four hours. Purchase or make ice or store gel packs in the freezer to use in the coolers when needed. Preparing in advance for a possible power outage is important for ensuring the safety of the food being served.

##### B. What to Do When the Power Goes Out

If the power goes out at your facility, it is important to preserve as much temperature control in the freezer and cooler as possible by keeping the doors closed as much as possible. To help keep the cooler and freezer cooler longer, buy ice or dry ice and place in the storage area. If using dry ice, it is essential to ensure that there is proper ventilation in the cooler or freezer to avoid carbon



dioxide build-up. Make as few trips as possible into the freezer or cooler, making sure the door is closed immediately after you enter and exit. It is also helpful to list the contents of the freezer on the outside of the freezer door so the staff know exactly what they need and are able to get in and out as quickly as possible. Be sure to check the temperature of the freezer and cooler before removing food to ensure it has not in the temperature danger zone and is safe to eat. Also, be sure to check the temperature of the food periodically with a bimetallic stem or infrared thermometer. Since the cooler usually can keep food cool for only four hours, it is important to use the food in the cooler first before it is no longer safe to eat. Make sure all refrigerated foods are cooked to the proper internal temperature to destroy any possible foodborne illness or pathogens. Any food items left in the cooler longer than four hours after the power outage should be discarded. Once the refrigerated food is no longer available or safe to use, begin to use the foods located in the freezer. It is important to remember that if any food looks questionable or has an odor, discard it immediately; do not attempt to use it. After food in the freezer has been used up or is no longer safe to use, move on to food stored in dry storage. For emergency cooking, your facility can use a fireplace if indoors and a charcoal grill or camp stove outdoors. If cooking indoors, be sure to do so in areas with proper ventilation. Be sure to take food temperatures often. Keep foods hot by using candle warmers, chafing dishes, and fondue pots. Use only approved devices for warming food. Canned foods can be eaten directly out of a can. If cooking in a can, be sure to remove the label and top from the can for safety. When using open flame to cook your food, always be sure to extinguish the flame before leaving the room or area.

### **C. What to Do When Power Returns**

When your facility regains power, be sure to check the safety of all food in the freezer and cooler. If an appliance thermometer was kept in your freezer or refrigerator, check the temperature when the power comes back on. If foods in the freezer are below 41°F and ice crystals are present, the foods can be refrozen for future use or immediately cooked. If there is not a thermometer in the freezer, check each package of food to determine its safety. Discard any perishable food left at 41°F or higher for 4 hours or longer. If the power outage lasted long enough that refrigerated and frozen food needed to be discarded, clean and sanitize the storage units before adding new food to remove any possible cross contamination or odors from spoiled foods. Be sure to remove the shelves and trays and wash with hot water and baking soda. Follow with a rinse and then sanitize. If an odor persists, allow the storage unit to air out for several days or use equal parts of vinegar and water to absorb the odor.

## **III. Conclusion/ Discussion**

While food safety is important in everyday food preparation, it is also very important during an emergency. Even though food supplies may be decreasing, it is not safe to eat potentially hazardous foods which have been in the temperature danger zone for more than 4 hours. Keeping customers safe is important not only during a normal day, but also when your facility is in a state of emergency.

*The information provided in this in-service is not meant to be all-inclusive. Performance values the safety and well-being of their customers and therefore strongly recommends contacting your local jurisdiction disaster planning. For more information regarding Dietary Employee Training Program or other nutrition services, contact [rfs-nsdept@pfgc.com](mailto:rfs-nsdept@pfgc.com). 1. T, 2. F, 3. F, 4. F, 5. T*

\*\*\*\*\*

**IV. Pre Test / Post Test (Circle One)**

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

- |   |   |  |
|---|---|--|
| T | F | 1. Keeping food safe is critical to avoid causing a foodborne illness or outbreak.   |
| T | F | 2. When storing foods in the freezer, store them as far apart as possible to keep the freezer cold.  |
| T | F | 3. Dry ice can be used to keep a walk-in freezer cold, even if proper ventilation is not available.  |
| T | F | 4. An employee should make as many trips as possible into the freezer or refrigerator to determine the temperature.                                      |
| T | F | 5. If power has been out for over four hours, discard the food in the refrigerator, and then clean and sanitize the storage unit before adding new food. |



# Recovering from Natural Disasters

## Dietary Employee Training Program

**Objective:** The participant will be able to:

- ♦ Describe different ways to prepare for a disaster.
- ♦ Identify precautions that need to be taken after a disaster.
- ♦ Understand ways to clean and decontaminate after a disaster.

### Course Outline:

- I. Introduction: Natural Disasters
- II. Preparing and Reacting to a Natural Disaster
- III. Conclusion / Discussion
- IV. Pre/Post Test

### Course Information:

#### I. Introduction: Natural Disasters

Natural disasters could affect any facility at any location. Being prepared for a disaster can increase safety at any site. Each type of disaster is different and should be handled accordingly. No matter the type of disaster, it is important that all employees and volunteers have the appropriate protective wear. In most disaster sites, gloves, boots, and protective clothing are needed.

#### II. Preparing and Reacting to a Natural Disaster

##### A. Any Natural Disaster (*tornado, hurricane, flood, fire, earthquake, etc.*)

##### o Preparing for a Disaster

- Take video or photographs of facility's entire inventory and equipment for your records and place in a fireproof safe.
- Keep receipts and bills of inventory in a fireproof safe or on a secure cloud-based computer network.
- Begin buying gloves, cleaning chemicals, and items needed for a disaster to be prepared, as stores only carry so many items and could be out by time you get there.

##### o After any Disaster

- When foodservice personnel are cleared to enter a disaster affected area, wear protective clothing which includes long pants, long-sleeved shirt, closed-toed rubber soled shoes or boots, work gloves and depending on the situation, a dust mask, safety glasses, and a hard hat.
- Watch for hidden damage. In most disaster sites, damage is not always visible.
- Avoid leaning or pushing on damaged material, it could be supporting the structure.
- If you smell natural or propane gas or hear a hissing noise, leave the property immediately. Call the fire department, or if you have a propane tank system, contact a propane supplier.
- Avoid walking across areas of the floor that sag or have weak spots. If the area needs to be traveled, place a thick plywood panel across the damaged area, extending 8-12 inches on each side of the weak area.

- If the power is out, use battery operated flashlights. Do not use candles or any type of open flame because there could be faulty electrical equipment, down lines, or gas leaks.
  - When making temporary repairs save all the receipts.
  - Take photographs or video of all the damage for insurance purposes.
  - Electricity should be turned off if you see sparks, frayed wires, or smell hot insulation.
  - If the sewage lines are damaged, do not use the sinks, showers, and toilets.
  - Turn off the water if there are any damaged water pipes.
  - If cleaning chemicals get mixed they can become toxic. When entering an area with a strong smell or your eyes start to burn or water, open the windows and get out of the building. If the chemical spill is nontoxic, carefully clean up the spill using personal protective equipment outlined in the chemical's safety data sheet.
  - Drywall and insulation will need to be replaced if there is water damage from a flood or fire extinguisher. If not replaced it could lead to mold, mildew, and a weak structure.
- **Cleaning Up After a Disaster**
- When determining if an item is salvageable, start by discarding the non-salvageable items to eliminate any confusion. All saved items should be washed and sanitized to ensure safety.
- **Hard, non-porous surfaces (floors, walls, equipment)**
    - The first step in cleaning this type of surface is to remove all visible dirt and excess water. Then wash and sanitize the item if able and let dry. Disinfect metal pots and pans by boiling for 10 minutes. Fans can be used to speed up the drying process.
  - **Porous, soft, absorbent, uncleanable surfaces**
    - This surface type includes damaged equipment, wood, plastic utensils, linens, drywall, insulation, paneling, furnishings, wallpaper, books, paperwork, and menus. If any of these items are affected by damage, they need to be discarded.
  - **Coolers/Freezers**
    - When cleaning the cooler(s) and freezer(s), remove all the shelves and trays so everything can be washed, rinsed, and sanitized. If there is still an odor, wash with hot water and baking soda and leave the door open for 15 minutes. Other products to help reduce the odor include newspaper, coffee grounds, baking soda, or cotton balls soaked in vanilla.
- **Fire Disaster**
- First check with the fire department to be sure it is safe to enter the facility.
  - Check the ceiling for signs of sagging. If the plaster or wallboards get wet from the fire hose it becomes very heavy and dangerous if it falls.
  - Open the windows and doors for ventilation and drying.
  - Throw away all food and beverages exposed to heat, smoke, or soot.
  - Pots, pans, dishes, and silverware should be washed in soapy water, rinsed, and polished with a fine powder cleaner.
  - Painted walls and washable wallpaper can be cleaned by wiping the surface with a bleach solution to decrease the chances of mold and mildew growth.



○ **Flood Disaster**

- Avoid flood water because it could be contaminated with sewage, chemicals, and bacteria.
- If the sewage system is damaged, it should be a priority to fix right away.
- Disinfect everything that was touched by the flood water.
- It is important to remember that after the water is gone, the building structure could be weak, and caution needs to be taken.
- Throw away all food that has been in contact with flood water.

**III. Conclusion/ Discussion**

All employees should be aware of how to properly handle any disaster situation. Taking proper precautions when at a disaster site could prevent unnecessary accidents.

*The information provided in this in-service should not be used to replace policies set by your facility or local jurisdiction. Performance values the safety and well-being of their customers and therefore strongly recommends consulting your local jurisdiction for more information on kitchen decontamination and salvaging inventory. For more information regarding Dietary Employee Training Program or other nutrition services, please contact [rfs-nsdept@pfgc.com](mailto:rfs-nsdept@pfgc.com). 1. F, 2. T, 3. F, 4. T, 5.F*

\*\*\*\*\*

**IV. Pre/ Post Test (Circle One)**

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

- |   |   |  |
|---|---|--|
| T | F | 1. If you smell natural or propane gas, the first thing to do is to turn off the gas and wait.               |
| T | F | 2. It is important to photograph or videotape all inventory before a disaster and place in a fireproof safe. |
| T | F | 3. Contaminated books, paperwork, and menus can all be kept and decontaminated.                              |
| T | F | 4. Throw away all food that comes in contact with smoke, heat, soot, or flood water.                         |
| T | F | 5. In a flood, once the water is gone, the building is completely safe to enter.                             |

# Disaster Planning – Pandemic

## Dietary Employee Training Program

**Objective:** The participant will be able to:

- ◆ Explain the impact pandemics can have on society
- ◆ Understand workplace policies designed to prevent illness
- ◆ Give examples of what employees can do to minimize the spread of infectious diseases at work

### Course Outline:

- I. Introduction to pandemics
- II. Dealing with Pandemics
- III. Conclusion / Discussion

### Course Information:

#### I. Introduction: Pandemics

A pandemic is a disease that has spread worldwide and is caused by a microbe that has never caused sickness in humans before. Some pandemic diseases result from a microbe crossing over from animals to humans. Most pandemics are caused by viruses and influenza is the most common. Since pandemics are new diseases to humans it takes time for scientists to develop vaccines. Once a vaccine is available, getting vaccinated is important because it is the most effective way to prevent the spread of a pandemic illness. As with all other types of disasters, pandemics can have enormous economic and social consequences. Having massive illness is disruptive to business, schools, and government functions. If the pandemic results in a high death toll the emotional consequences to survivors may last their entire lifetimes.

#### II. Dealing with Pandemics

It is critical for employers and employees to work together to prevent the spread of infectious diseases. Employers should set policies that minimize employee contact with infectious diseases. On the other hand, employees can prevent illness by adopting healthy behaviors.

##### A. Before a Pandemic Hits

- a. Employers need to keep updated emergency contact information for employees
- b. Employers encouraging employees to get an annual flu shot is an effective way to decrease workplace illness
- c. Employees should be reminded that getting the flu shot cannot give you the flu because the virus has been deactivated.
- d. Managers may provide cross training among employees so that essential functions can be performed if staffing levels are disrupted during a pandemic.
- e. Managers may include a pandemic scenario during disaster drill trainings.
- f. Healthy habits such as not smoking, eating healthy, exercising, & getting adequate sleep will reduce the chances of contracting an infectious disease.



#### **B. Workplace Policies and Operating Procedures Once a Pandemic Hits**

- a. Stay home if you have a fever or symptoms of a fever (chills, sweating, aches, weakness / fatigue) to stay home until at least 24 hours after symptoms have resolved without medication. Please note that the time frame for staying home after symptoms have resolved can vary and that you should check with guidelines from your local health department or the Centers for Disease Control and Prevention (CDC) for exact details.
- b. Consult a doctor before returning to work.
- c. Talk with your manager if you need flexibility on sick leave policies during the pandemic.
- d. Decrease face time with other employees by using web or tele meetings and trainings.
- e. Talk with your manager if you need tissues, soap, and no touch garbage cans.

#### **C. Employee Behavior During a Pandemic**

- a. Wash hands often and use proper hand washing techniques.
- b. Follow cough and sneeze etiquette (use tissues, cover mouth, or cough & sneeze into a tissue).
- c. Avoid shaking hands.
- d. Keep a distance of at least six feet from other people.
- e. Clean and sanitize surfaces that come in frequent contact with hands such as computers, phones, and work surfaces).
- f. Monitor the expiration dates on cleaning and sanitizing solutions and replace as needed.
- g. Properly use any needed personal protective equipment (gloves, mask)

### **III. Conclusion / Discussion**

Pandemics can unexpectedly reduce staffing levels and impair a business's ability to function. It is up to both employees and employers to stop the spread of infectious diseases in the workplace. By planning ahead, setting appropriate policies, and educating employees on health behaviors businesses may be able to continue to operate even during a pandemic.

For more information regarding Dietary Employee Training Program or other nutrition services, please contact [rfs-nsdept@pfgc.com](mailto:rfs-nsdept@pfgc.com). 1.T, 2.F, 3.T, 4.T, 5.F

\*\*\*\*\*

Pre-Test / Post-Test (Circle One)

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

- |   |   |  |
|---|---|--|
| T | F | 1. Cross training employees helps businesses continue to function during a pandemic.   |
| T | F | 2. Getting vaccinated is not effective in preventing the spread of infectious diseases.  |
| T | F | 3. Proper hand washing helps prevent the spread of pandemic diseases.  |
| T | F | 4. The CDC provides guidelines on how long employees who have contracted the pandemic illness must stay home after symptoms have resolved. |
| T | F | 5. Cleaning and sanitizing workspaces has no impact on the spread of infectious diseases.  |

## **Case Study One: Thunderstorm**

You oversee the foodservice operations at an assisted living facility with 50 residents. It has been a misty and dreary morning. You hear that the radio is on in the kitchen and the dietary staff is listening while preparing lunch. At about 11 o'clock the National Weather Service announces a severe thunderstorm warning for your county. Ten minutes later you can hear the storm outside. At about 11:30 the lights in the kitchen go out, the radio goes dead, and your office computer turns off. Your facility does not have a back-up generator. The stove and oven are gas and remain on.

### 1. What do you do next?

According to your cellphone the time is now 12 noon. Residents have been gathered into the dining room by the CNAs. The manager of your facility called the utility company and learned that there are a lot of trees down within the service area. The company customer service representative politely promised that power will be restored to your facility as quickly as possible but could not say when that will be. Meanwhile the storm has not subsided. There are enough battery-operated lights in the dining room for residents to eat. Following lunch, the dietary staff gathers up the dirty dishes and wipes off the tables.

### 2. What priorities will you assign them for the afternoon?

By 1:30 staff has checked the temperatures of the meats and other time / temperature control for safety foods. Following temperature checks the cooler and freezer doors were shut and you instructed staff to keep them closed unless necessary. There has been no update on when power will be restored, and the storm has not let up. Staff shift change is at 2 pm.

### 3. What issues do you need to address to continue to ensure that your meals meet food safety standards?

Staff shift change went smoothly with only one call-in. The second shift workers chatted with first shift about the downed trees, which roads are blocked, and which parts of the city did not have functioning traffic lights on their drives into work. You review your cooler and freezer inventory against your menu and update supper to include as much time / temperature control for safety foods as possible. You print off a copy of your disaster menu with recipes and instruct staff to take inventory of your dry storage area. By comparing the inventory to your recipes, you determine that the facility currently has enough food to last at least three days on the disaster menu, even if the storm gets worse and supply deliveries become interrupted.



You report your findings to the building manager. The dietary staff is busily preparing supper in the kitchen. You instruct staff to check the temperature of all time / temperature control for safety foods and record the result. Staff is disposing of any foods from the refrigerator or freezer with a temperature above 41°F.

4. What are your concerns if power is not restored by morning?

## **Case Study Two: Tornado**

You are the foodservice director for a 50-bed nursing home in the town of Midwest, Minnesota. You have a staff of 10 full time and part time foodservice workers. On a hot July evening Midwest experiences an F3 tornado which thankfully misses the nursing home but has snapped many power lines across town leaving the entire town without electricity. Since the nursing home is small, you do not have a backup generator. There are no plans to evacuate the facility since it did not sustain any damage and power is expected to be back up within 24-48 hours according to the electrical company.

1. What kind of disaster(s) is this (internal, external, technological)?
  
  
  
  
  
  
  
  
  
  
2. How will you keep potentially hazardous food safe? What will you need to discard? What will you be able to keep?
  
  
  
  
  
  
  
  
  
  
3. What kinds of foods can you safely serve residents?
  
  
  
  
  
  
  
  
  
  
4. What other effects could this disaster have on your foodservice facility?
  
  
  
  
  
  
  
  
  
  
5. You are expecting a delivery from your supplier the day after the disaster. How should you handle the delivery?
  
  
  
  
  
  
  
  
  
  
6. What will you need to do to recover from this disaster?

## **Case Study Three: Water Contamination**

You are a 100-bed hospital with a small public cafeteria for hospital visitors in Yukon, Minnesota. You are currently at 50% capacity. The local health department has just announced that the city water supply has been compromised due to a break in one of the main water pipes. The city has issued a boil water alert.

1. What kind of disaster(s) is this?
2. What are some safe sources of drinking water?
3. How would you go about determining how much water to purchase?
4. What is the recommended process for boiling water to kill bacteria?
5. What foodservice equipment should not be used during this time?
6. What are some alternate sources of "fluids" other than bottled water?



## **Case Study Four: Pandemic**

National news has recently reported the outbreak of the H5N7 pandemic influenza. You are the foodservice manager of a small assisted living facility in Rural, Illinois, one-hour away from Chicago. As far as you know, no outbreak has been announced in your town. Your facility has established a pandemic influenza plan which includes a “lock down” on the establishment. This means that no unauthorized visitors will be allowed into the establishment. Your administrator expects you to develop policies with your staff to uphold the plan.

1. What type of disaster is this (short term, long term, water supply disruption)? Explain.
2. What are some personal hygiene policies you will need to discuss with your staff? Foodservice delivery personnel?
3. If staff members are affected by the pandemic influenza, what would be some ways that they could communicate with staff at the assisted living facility?
4. If you are short-handed what are some other possible sources of staff?
5. Name some examples of food supplies that you may want to stockpile in case of delayed deliveries.

## SOURCES

Environmental Protection Agency. *Emergency Disinfection of Drinking Water*. EPA 816-F-06-027. August 2006. Available at <http://www.epa.gov/safewater>.

National Restaurant Association Educational Foundation. *ServSafe® Essentials, Seventh edition*. Chicago, IL: NRAEF, 2017.

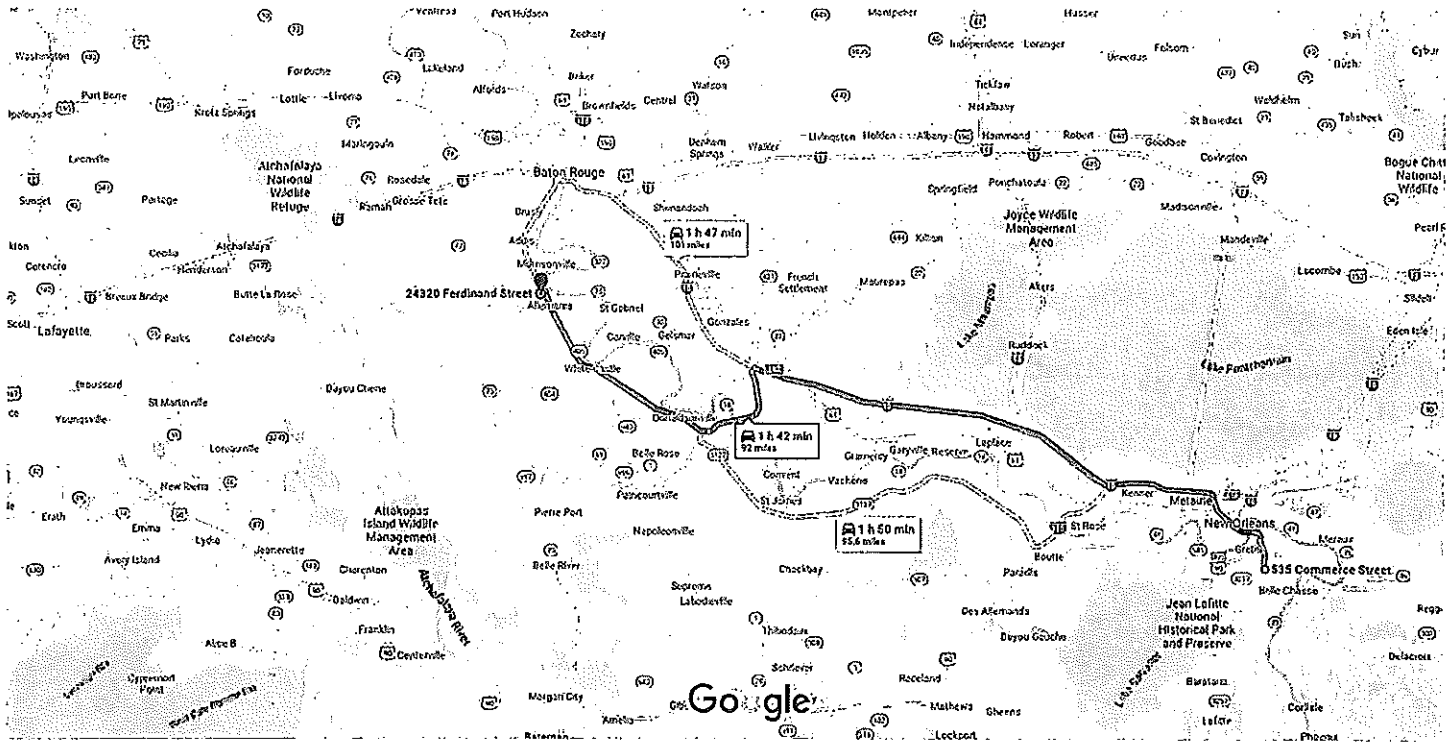
Nursing Facility Minimum Licensing Standards Emergency Preparedness (LAC 48:I.9729)

U.S. Food and Drug Administration. *Food Facts: Food and Water Safety During Hurricanes, Power Outages, and Floods*. December 2007. Available at <http://www.fda.gov/food/resourcesforyou/consumers/ucm076881.htm>.

Google Maps

535 Commerce Street, Gretna, LA to 24320  
Ferdinand St, Plaquemine, LA 70764

Drive 92.0 miles, 1 h 42 min



Map data ©2020 INEGI 5 mi

535 Commerce St


Gretna, LA 70056

Get on US-90 BUS E from Terry Pkwy

- ↑ 1. Head southwest toward Commerce St  
8 min (3.2 mi)  
82 ft
- ↶ 2. Turn left toward Commerce St  
92 ft
- ↷ 3. Turn right onto Commerce St  
328 ft
- ↷ 4. Turn right onto Wall Blvd  
● Pass by Regions Bank (on the right)  
0.2 mi
- ↑ 5. Continue onto Terry Pkwy  
● Pass by Starbucks (on the right)  
2.5 mi
- ⤴ 6. Use the right lane to merge onto US-90 BUS E via the ramp to New Orleans  
0.4 mi

Follow I-10 W to LA-22 W in Sorrento. Take exit 182 from I-10 W

50 min (55.6 mi)

 7. Merge onto US-90 BUS E

4.6 mi

 8. Merge onto I-10 W


50.6 mi

 9. Take exit 182 for LA-22 S toward Donaldsonville


0.3 mi


### Take LA-70 W and LA-1 N to Ferdinand St in Plaquemine

41 min (33.3 mi)


 10. Turn left onto LA-22 W

0.6 mi


 11. Slight left onto LA-70 W/Crawford Leblanc Blvd


 Continue to follow LA-70 W

9.4 mi

 12. Keep right to continue on LA-3089 W

2.9 mi

 13. Continue onto LA-1 N/W 10th St

 Continue to follow LA-1 N


19.8 mi

 14. Turn left onto LA-405/LA-75/Bellevue Dr

 Continue to follow LA-75/Bellevue Dr

0.5 mi

 15. Turn right onto Ferdinand St

 Destination will be on the left

0.2 mi

### 24320 Ferdinand St

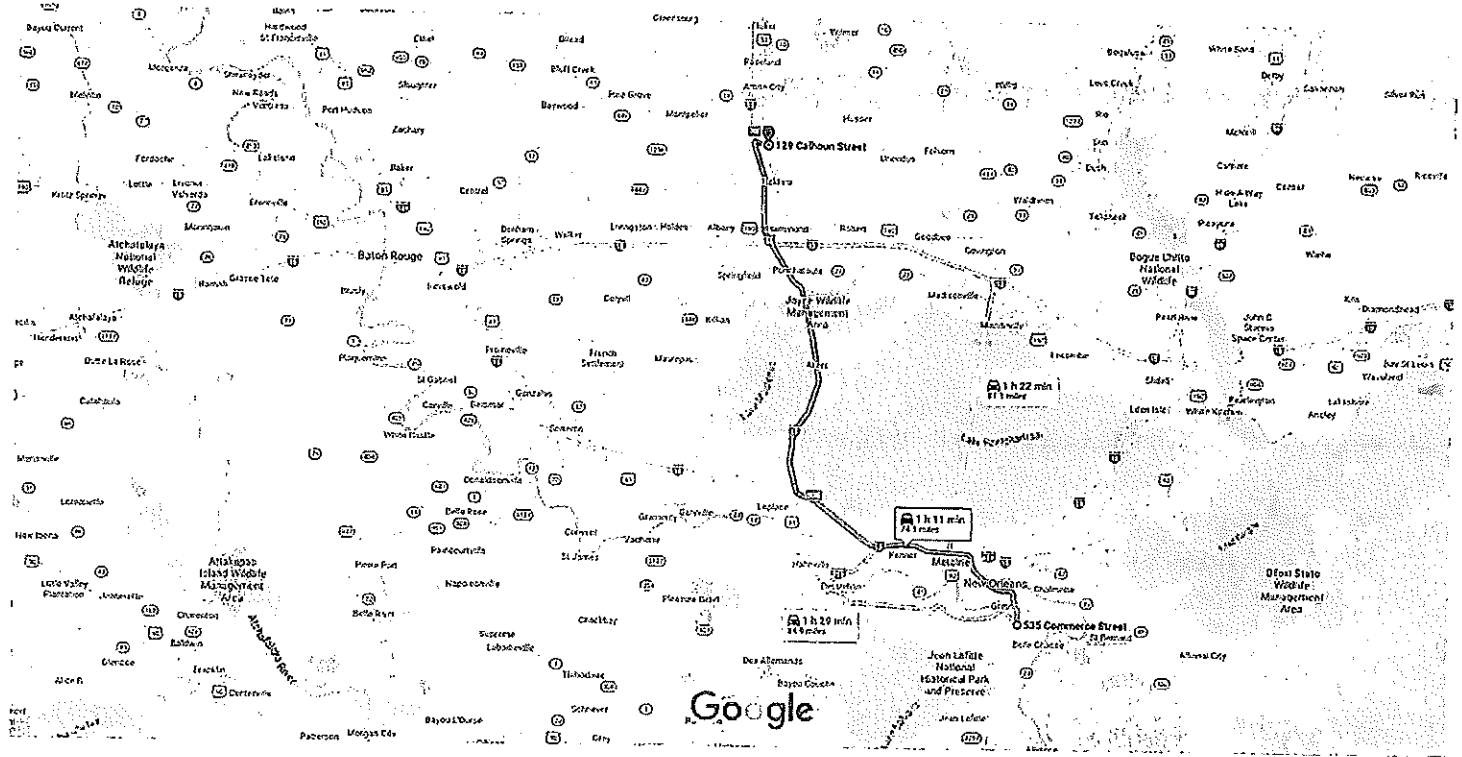
Plaquemine, LA 70764

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

Google Maps

535 Commerce Street, Gretna, LA to 129  
Calhoun St, Independence, LA 70443

Drive 74.1 miles, 1 hr 11 min



Map data ©2020 INEGI 5 mi

535 Commerce St

Gretna, LA 70056






Get on US-90 BUS E from Terry Pkwy

- ↑ 1. Head southwest toward Commerce St  
8 min (3.2 mi)
- ↶ 2. Turn left toward Commerce St  
82 ft
- ↷ 3. Turn right onto Commerce St  
92 ft
- ↷ 4. Turn right onto Wall Blvd  
328 ft  
● Pass by Regions Bank (on the right)  
0.2 mi
- ↑ 5. Continue onto Terry Pkwy  
● Pass by Starbucks (on the right)  
2.5 mi
- ↗ 6. Use the right lane to merge onto US-90 BUS E via the ramp to New Orleans  
0.4 mi






Follow I-10 W and I-55 N to LA-40 E in 3. Take exit 40 from I-55 N

1 hr 3 min (69.3 mi)



-  7. Merge onto US-90 BUS E  
4.6 mi
-  8. Merge onto I-10 W  
23.6 mi
-  9. Use the right 2 lanes to take exit 210 for I-55 N  
toward Hammond  
1.1 mi
-  10. Continue onto I-55 N  
39.8 mi
-  11. Take exit 40 for LA-40 toward Independence  
0.2 mi

#### Continue on LA-40 E. Drive to Calhoun St in Independence

-  12. Continue straight onto LA-40 E (signs for  
Independence)  
4 min (1.6 mi)  
1.3 mi
-  13. Turn right onto E Railroad Ave  
344 ft
-  14. Continue straight to stay on E Railroad Ave  
0.1 mi
-  15. Turn left onto Calhoun St  
 Destination will be on the left  
374 ft

## 129 Calhoun St

Independence, LA 70443

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:

Plaquemine Plaza Holdings, LLC.

Contact Person: Bob G. Dean, Jr.

Phone # of Contact Person: 1-225-343-9152

FAX#:

E-Mail Address:

Physical Address of evacuation site:

24320 Ferdinand Street

Plaquemine, LA. 70769

**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?

72 Hours

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

1 hr and 42 min

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: 138

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

Date of agreement/contract/verification: 1/1/2021

Date agreement/contract ends: Annually

# 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:

Independence Evacuation Site

Contact Person: Bob G. Dean, Jr.

Phone # of Contact Person: 1-225-343-9152

FAX#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Physical Address of evacuation site:

129 Calhoun Street

Independence, LA. 70443

**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?

72 Hours

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

1 hr and 20 min

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?

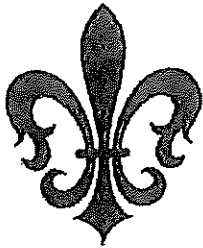
Is it a ☐ LICENSED Nursing Home or ☒ NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: 138

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

Date of agreement/contract/verification: 1/1/2021

Date agreement/contract ends: Annually



PLAQUEMINE PLAZA HOLDINGS, LLC  
343 THIRD STREET, SUITE 600  
BATON ROUGE, LA 70801

---

**Year 2021 Hurricane Evacuation Plan**    Effective Date 1/1/2021

To:

- Maison Deville Nursing Home Inc.
- Maison Deville Nursing Home of Harvey LLC
- Raceland Manor Nursing Home Inc. DBA South Lafourche Nursing & Rehab
- St. Elizabeth's Caring LLC DBA West Jefferson Healthcare, LLC
- Uptown Healthcare Center, LLC DBA Maison Orleans Nursing & Rehab
- River Palms Nursing & Rehab LLC
- Park Place Rehab and Nursing Center

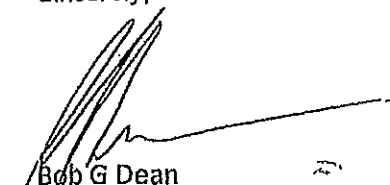
The letter serves as confirmation of our arrangement that in the event of an emergency evacuation. Depending on the acuity of your residents, we have three different sites in which we will deploy services and residents to.

Evacuation sites are below:

	<u>Evacuation Site Address:</u>
1	24320 Ferdinand Street, Plaquemine, LA 70769
2	129 Calhoun Street Independence, LA 70443

The nursing facilities listed above will pay Plaquemine Plaza Holdings, LLC \$20,000.00 a month for this service. This fee will be paid every month on the 5th. If you have any questions or need additional information, please do not hesitate to contact me at (225) 343-9152.

Sincerely,



Bob G Dean  
Man. Member

**PLAQUEMINE EVACUATION SITE**

**FACILITY ADDRESS: 24320 FERINAND STREET  
PLAQUEMINE LA 70764**

<b>PLAQUEMINE POLICE DEPARTMENT</b>	<b>225-687-9723</b>
<b>FIRE DEPARTMENT</b>	<b>225-687-7335</b>
<b>SHERIFFS DEPARTMENT</b>	<b>225-687-5100</b>
<b>LOCAL OFFICE EMERGENCY PREPAREDNESS (FOR ARRANGING NATIONAL GUARD ASSISTANCE)</b>	<b>225-687-5140</b>
<b>CITY OF PLAQUEMINE WATER &amp; LIGHTS – AFTER HOURS</b>	<b>225-687-4796</b>
<b>ATMOS GAS OUTAGE</b>	<b>1-888-286-6700</b>
<b>CLECO</b>	<b>1-800-622-6537</b>
<b>DEMCO</b>	<b>1-800-262-1160</b>
<b>ENTERGY</b>	<b>1-800-968-8243</b>
<b>PLAQUEMINE UTILITIES</b>	<b>225-687-3725</b>
<b>AIR MASTERS</b>	<b>504-831-9711</b>
<b>DAIGLE’S HEATING/AIR</b>	<b>225-545-4058</b>
<b>ROTO ROOTER (Joey- preferred plumber)</b>	<b>office 225 925-8710</b>
<b>DOC’S LAUNDRY(STEPHEN LOTT)</b>	<b>225-445-1808</b>
<b>INTERNET SERVICES (SHANE)</b>	<b>225-772-1489</b>
<b>DUMPSTER SERVICES</b>	<b>225-778-3800</b>
<b>FRESENIUS DIALYSIS 24660 PLAZA DRIVE PLAQUEMINE LA 70764</b>	<b>1-800-759-1246</b>
<b>ACADIAN AMBULANCE 25205 TENANT RD PLAQUEMINE LA 70764</b>	<b>225-687-9785</b>
<b>OUR LADY OF LAKE HOSP(BATON ROUGE) 8080 MARGARET ANN AVE BATON ROUGE LA 70809</b>	<b>225-765-8964</b>



**BATON ROUGE GENERAL (MID CITY) 225-387-7000**

**BATON ROUGE GENERAL(BLUEBONNET) 225-763-4070**

**ALRINA PONVILLE (OMBUDSMAN) 225-229-7916**

**PEOPLES PHARMACY 985-873-8003**

**KITCHEN NUMBERS**

**RHINEHART FOOD SERVICES 504-799-5200**  
 ( Rhinehart) cell 225 715-8227

**KLEINPETER MILK 225-753-2121**

**ICE TRUCK SERVICES 225-756-6405**  
 (Kleinpeter Rep – Gary)

**BREAD**  
 ( Comes from Rhinehart)

**SUPPLIES**

**MEDLINE**

**TIM CASHEN 225-229-3145**  
**TODD ROMIG 504-256-1798**

**BOCO MEDICAL (DME) 225-281-7333**

**BREATHING CARE (TUBE FEEDING, O2) 985-448-2113(PHONE)**  
**985-448-2114 (FAX)**

**LINCARE**  
**PAM BARLOW 318-658-6007**  
**TOM BELAIR 512-417-7318**

**OTHER LOCALS:**

**ACE HARDWARE 225-687-1987**  
**LITTLE CAESARS 225-687-0020**  
**WAL-MART 225-687-2550**  
**LEBLANC'S GROCERY 225-238-2204**  
**BUTCHER BOY GROCERY 225-687-4547**

**INDEPENDENCE EVACUATION SITE**

**FACILITY ADDRESS: 129 CALHOUN STREET  
INDEPENDENCE LA 70443**

**NUMBERS FOR INDEPENDENCE EVACUATION SITE**

**COMPUTER SERVICES/HOOK UP  
ANTHONY CATALANO**

**985-507-1284**

**MAYOR: MICHAEL RAGUSA  
mayorragusa@att.net**

**985-878-2930(OFFICE)  
985-878-4568(FAX)  
985-507-4265 (CELL)**

**CITY HALL**

**985-878-4145**

**PERMITS:  
MELANIE BOYKIN**

**985-878-4145 (OFFICE)  
985-878-4568 (FAX)**

**CHIEF OF POLICE  
FRANK EDWARDS**

**985-878-9477 (OFFICE)  
985-507-0242(FAX)**

**POLICE DEPARTMENT**

**985-878-4188**

**SHERIFF: DANIEL EDWARDS**

**985-748-8147**

**FIRE CHIEF: JOHN POLITO**

**985-634-4257(CELL)**

**FIRE DEPARTMENT**

**985-878-2702**

**LALLIE KEMP HOSPITAL**

**CHERIE HOOFKIN(ADMINISTRATOR)**

**985-878-9421  
985-878-1333  
985-878-1360(OFFICE)  
985-507-7777(CELL)**

**HOOD MEMORIAL HOSPITAL (AMITE)  
(ALISHA CHATELAIN)  
[alicia@hoodmemorial.com](mailto:alicia@hoodmemorial.com)**

**985-748-9485  
985-284-2471**

**NORTH OAKS HOSPITAL**

**985-345-2700**

**15790 PAUL VEGA MD DRIVE  
HAMMOND LA 70403  
(MICHELLE SUTTON)  
[suttonm@northoaks.org](mailto:suttonm@northoaks.org)**

**ST HELENA HOSPITAL  
16874 HIGHWAY 43  
GREENSBURG LA 70441  
(NAVEED OANNE)**

**225-222-6111**

**OFFICE OF EMERGENCY PREPAREDNESS  
DAWSON PRIME**

**985-748-3211**

**PROGRESSIVE WASTE (CLAY)**

**985-788-7519  
985-878-9998**

**LOCAL PHARMACIES**

**WAL MART**

**985-878-2078**

**(515 W 3<sup>RD</sup> ST)**

**PAULS PHARMACY**

**985-878-4401**

**(345 RAILROAD AVE)**

**PETES PHARMACY**

**985-878-6321**

**(539 W RAILROAD AVE)**

**POWER COMPANY (ENTERGY)**

**1-800-968-8243**

**INTERNET PROVIDER (CHARTER)**

**866-513-4900**

**PHONE COMPANY (AT&T)**

## 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)?  
Masion De'Ville of Houma
- ii. What is the physical address of each host site(s)?  
107 South Hollywood Road  
Houma, La. 70360
- iii. What is the distance to each host site(s)?  
55.6
- 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: William Daigre, LNFA  
Phone: 1-504-421-0144  
Email: \_\_\_\_\_  
Fax: \_\_\_\_\_
- vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?
  - Capacity that will be allowed at each site:  
TBD
  - Is this adequate for all evacuating residents?  
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **primary** site a currently licensed nursing home(s)?  
☒ Yes, go to- B.4.b) x.  
☐ No, go to- B.4.b) ix.
- ix. If **primary** host site is **not** a licensed nursing home provide a description of host site(s) including;
  - What type of facility it is?  
\_\_\_\_\_
  - What is host site currently being used for?  
\_\_\_\_\_
  - Is the square footage/area of the space to be used adequate for the residents?  
☒ Yes  
☐ No
  - What is the age of the host facility(s)?  
\_\_\_\_\_
  - Is host facility(s) air conditioned?  
☒ Yes  
☐ No

## 2021 Nursing Home Emergency Preparedness Plan Survey

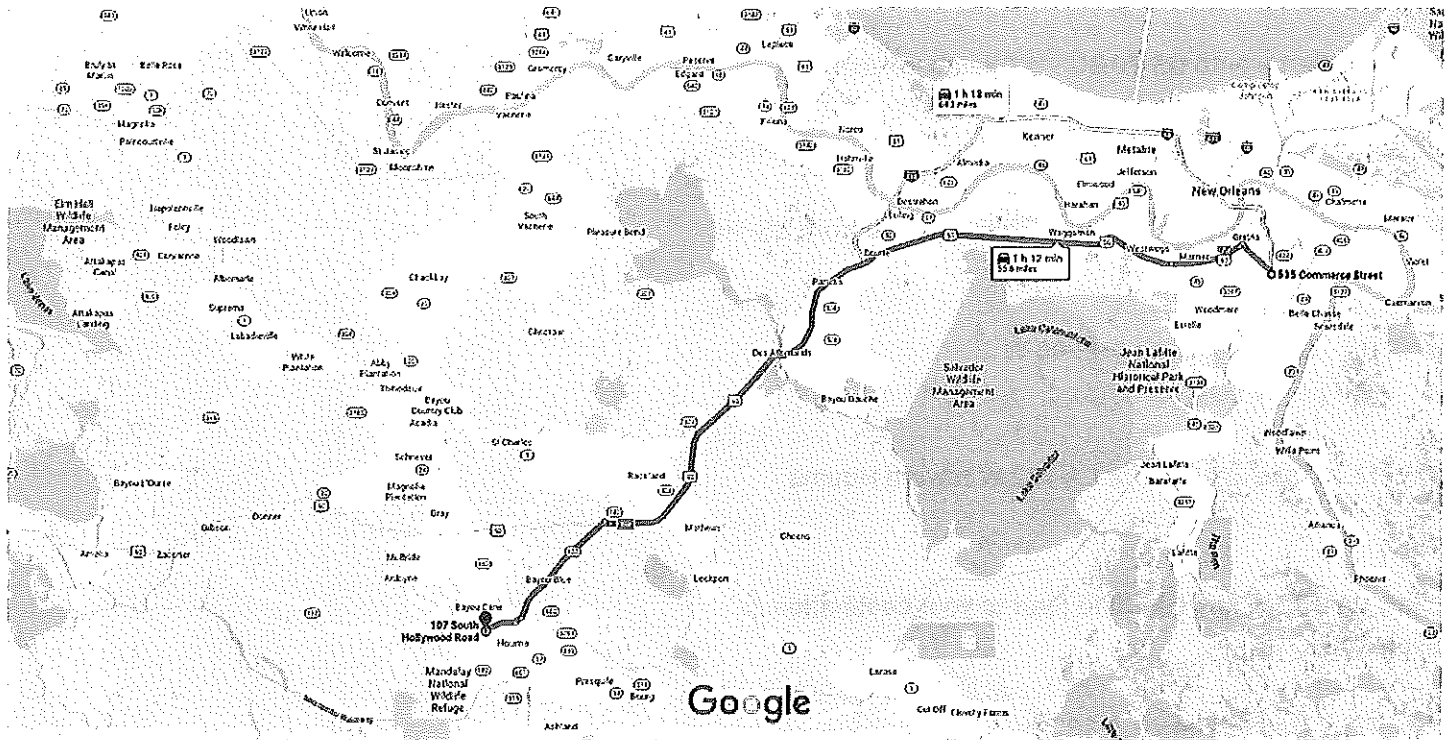
- What is the current physical condition of facility?
    - ☒ Good
    - ☐ Fair
    - ☐ Poor
  - Are there adequate provisions for food preparation and service?
    - ☒ Yes
    - ☐ No
  - Are there adequate provisions for bathing and toilet accommodations?
    - ☒ Yes
    - ☐ No
  - Are any other facilities contracted to use this site?
    - ☒ Yes
    - ☐ No
- x. Is the capacity of primary host site(s) adequate for staff?  
☒ Yes  
☐ No. If No - where will staff be housed?  
\_\_\_\_\_
- xi. Is there a specified time or timeline (H-Hour) that primary host site will need to be notified by?  
☒ Yes. If Yes - what is that time? 72 Hours  
☐ No.



Google Maps

535 Commerce Street, Gretna, LA to 107 South  
Hollywood Road, Houma, LA

Drive 55.6 miles, 1 hr 12 min



Map data ©2020 2 mi




535 Commerce St

Gretna, LA 70056




Get on US-90 BUS W in Gretna from LA-23 N

7 min (2.7 mi)








- ↑ 1. Head southwest toward Commerce St  
82 ft
- ↙ 2. Turn left toward Commerce St  
92 ft
- ↗ 3. Turn right onto Commerce St  
328 ft
- ↗ 4. Turn right onto Wall Blvd  
① Pass by Regions Bank (on the right)  
0.2 mi
- ↙ 5. Use the left 2 lanes to turn left onto LA-23 N  
2.2 mi
- ↙ 6. Turn left onto Westbank Expy  
157 ft
- ⤴ 7. Slight left at McDonald's to merge onto US-90 BUS W  
0.2 mi

-  8. Merge onto US-90 BUS W  
4 min (3.9 mi)
-  9. Merge onto US-90 BUS W/Westbank Expy  
 Pass by Church's Chicken (on the right in 0.2 mi)  
7 min (4.1 mi)

**Follow US-90 W to LA-182 W in 5. Take exit 210 from US-90 W**

- 41 min (35.7 mi)
-  10. Slight right onto US-90 W  
 Pass by Burger King (on the left in 14.2 mi)  
35.3 mi
-  11. Take exit 210 for LA-182 W toward Houma  
0.4 mi

**Follow LA-182 W and LA-3040 Spur to your destination in Bayou Cane**

- 16 min (9.3 mi)
-  12. Turn left onto LA-182 W  
7.0 mi
-  13. Turn right toward LA-3040 Spur  
217 ft
-  14. Turn left onto LA-3040 Spur  
 Parts of this road may be closed at certain times or days  
0.4 mi
-  15. Turn right onto LA-3040 Spur/N Hollywood Rd  
1.7 mi
-  16. Turn left  
407 ft
-  17. Turn right  
108 ft

**107 S Hollywood Rd**

Houma, LA 70360

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 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)

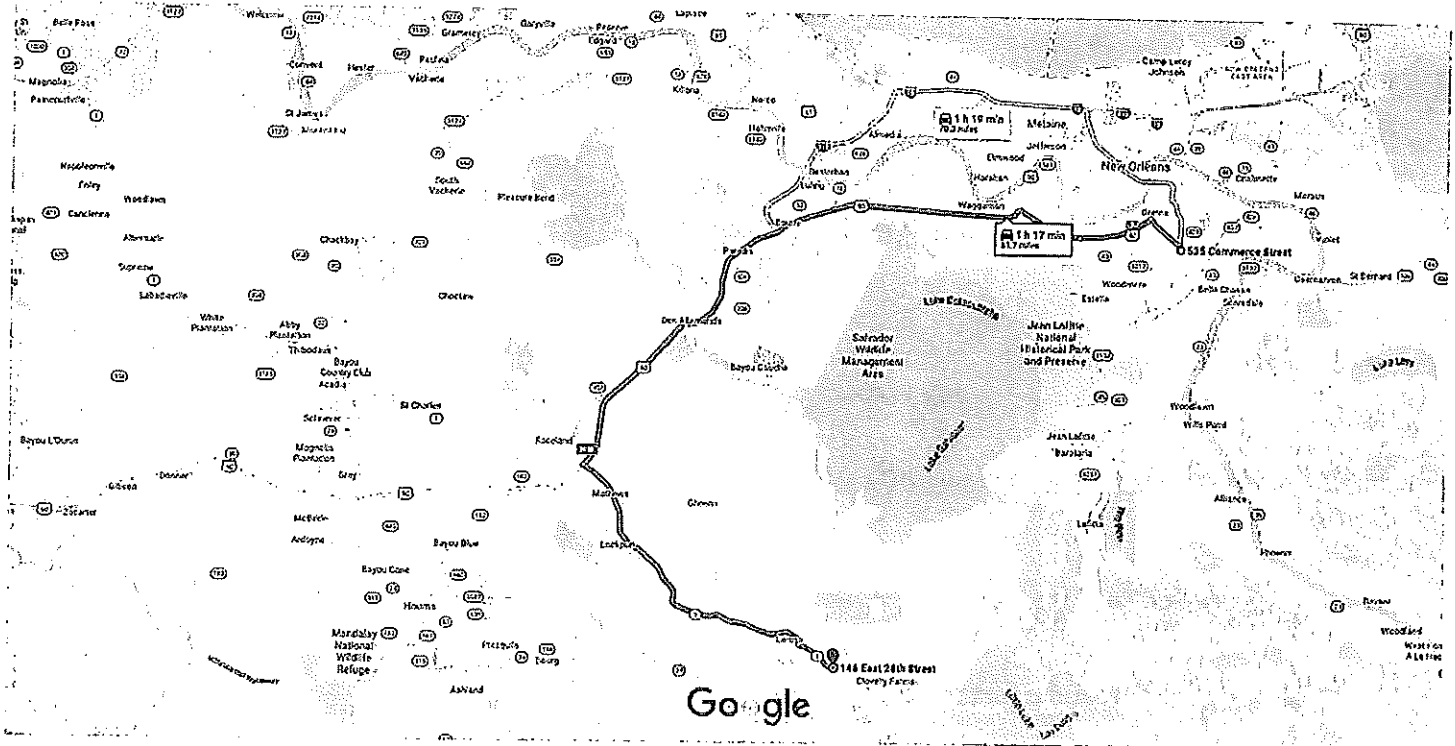
- i. What is the name of each primary site(s)?  
South Lafourche Nursing & Rehab
- ii. What is the physical address of each host site(s)?  
146 E 28th Street  
Cut Off, La. 70345
- iii. What is the distance to each host site(s)?  
61.7
- iv. Is the host site(s) located outside of the parishes identified 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: Bob Duet, LNFA  
Phone: 1-985-5373569  
Email: \_\_\_\_\_  
Fax: \_\_\_\_\_
- vii. What is the capacity (number of residents allowed) of each primary host site(s)?
  - Capacity that will be allowed at each site:  
TBD
  - Is this adequate for all evacuating residents?  
☒ Yes. If No - obtain and mark Yes.
- viii. Is the primary site a currently licensed nursing home(s)?  
☒ Yes, go to- B.4.b) x.  
☐ No, go to- B.4.b) ix.
- ix. If primary host site is **not** a licensed nursing home provide a description of host site(s) including;
  - What type of facility it is?  
\_\_\_\_\_
  - What is host site currently being used for?  
\_\_\_\_\_
  - Is the square footage/area of the space to be used adequate for the residents?  
☒ Yes  
☐ No
  - What is the age of the host facility(s)?  
\_\_\_\_\_
  - Is host facility(s) air conditioned?  
☒ Yes  
☐ No

## 2021 Nursing Home Emergency Preparedness Plan Survey

- What is the current physical condition of facility?
    - ☒ Good
    - ☐ Fair
    - ☐ Poor
  - Are there adequate provisions for food preparation and service?
    - ☒ Yes
    - ☐ No
  - Are there adequate provisions for bathing and toilet accommodations?
    - ☒ Yes
    - ☐ No
  - Are any other facilities contracted to use this site?
    - ☒ Yes
    - ☐ No
- x. Is the capacity of primary host site(s) adequate for staff?  
☒ Yes  
☐ No. If No - where will staff be housed?  
\_\_\_\_\_
- xi. Is there a specified time or timeline (H-Hour) that primary host site will need to be notified by?  
☒ Yes. If Yes - what is that time? 72 Hours  
☐ No.



# Google Maps 535 Commerce Street, Gretna, LA to 146 E 28th St, Cut Off, LA 70345 Drive 61.7 miles, 1 hr 17 min






Map data ©2020 2 mi

535 Commerce St  
Gretna, LA 70056




Get on US-90 BUS W in Gretna from LA-23 N

7 min (2.7 mi)






- ↑ 1. Head southwest toward Commerce St  
82 ft
- ↩ 2. Turn left toward Commerce St  
92 ft
- ↘ 3. Turn right onto Commerce St  
328 ft
- ↘ 4. Turn right onto Wall Blvd  
Pass by Regions Bank (on the right)  
0.2 mi
- ↩ 5. Use the left 2 lanes to turn left onto LA-23 N  
2.2 mi
- ↩ 6. Turn left onto Westbank Expy  
157 ft
- ⬆ 7. Slight left at McDonald's to merge onto US-90 BUS W  
0.2 mi

-  8. Merge onto US-90 BUS W  
4 min (3.9 mi)
-  9. Merge onto US-90 BUS W/Westbank Expy  
 Pass by Church's Chicken (on the right in 0.2 mi)  
7 min (4.1 mi)

Follow US-90 W to LA-308 S in 6. Take exit 215B from US-90 W

- 37 min (31.2 mi)
-  10. Slight right onto US-90 W  
 Pass by Burger King (on the left in 14.2 mi)  
30.9 mi
-  11. Take exit 215B for LA-308 toward Raceland  
0.3 mi

Follow LA-308 S to E 28th St in Larose

- 26 min (19.9 mi)
-  12. Turn left onto LA-308 S (signs for Lockport)  
17.4 mi
-  13. Turn left onto LA-308 S/E Main St  
 Continue to follow LA-308 S  
2.3 mi
-  14. Turn left onto E 29th St  
0.1 mi
-  15. Turn left onto E 28th St  
407 ft

146 E 28th St

Cut Off, LA 70345

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

### AUTHENTICATION

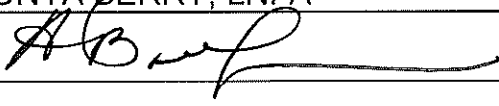
Facility Name (Print):

Park Place Healthcare, LLC.

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

Date: 2/15/2021

Facility Administrator Name (PRINT): SONYA BERRY, LNFA

Facility Administrator Signature: 

Comments: