

# 2019 Nursing Home Emergency Preparedness Plan Survey

For Year: 2019

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

Facility Name (Print):

Maison Deville of Houma

Name of Administrator (Print):

William Daigre

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

Phone #: 985-362-9522

Cell Phone #: 337-636-5031

Administrator E-Mail: wdaigre@devillehouma.com

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

Name: Tanya Hebert

Position: Ass Admin

Phone #: 985-876-3250

Cell Phone #: 985-991-1301

E-Mail: thebert@devillehouma.com

Physical or Geographic address of Facility (Print):

107 South Holly Wood Dr

Houma LA 70360

Longitude: 90.744367

Latitude: 29.605766

**RECEIVED**  
MAR 01 2019  
HEALTH STANDARDS

# 2019 Nursing Home Emergency Preparedness Plan Survey

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# 2019 Nursing Home Emergency Preparedness Plan Survey

VERIFICATION of OHSEP SUBMITTAL for Year: 2019

Nursing Facility's Name: Maison Deville of Houma

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**.

O.E.P. Terribone Consoladated Gov

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

Date submitted: 2/28/2019

**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.

# 2019 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. 48 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: C.O.O. L.H.C.C.

NAME: Corniee Vallerie

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. 48-72 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. 48-72 Hours before the arrival of the hurricane.

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

TITLE/POSITION: C.O.O. L.H.C.C.

NAME: Corniee Vallierie

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

### A. Facility Description:

1. What year was the facility built? 1960,1971,1996,2004

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.  
LSU Shelter Survey

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. uilding Surroundings are classified as ASCE7, EXPOSURE 7

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 2 feet above sea level.

b) Air conditioner (HVAC) is 8 feet above sea level.

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- c) Generator(s) is 2.5 feet above sea level.
- d) Lowest electrical service box(s) is 8 feet above sea level.
- e) Fuel storage tank(s), if applicable, is 3 feet above sea level.
- f) Private water well, if applicable, is N/A feet above sea level.
- g) Private sewer system and motor, if applicable, is N/A feet above sea level.

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

- Yes. Use SLOSH to answer A.5.a. and b.
- If No. Obtain SLOSH, incorporate into planning, and then indicate that this has been done by marking yes.

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

- i.  Yes- answer A.5.b
- ii.  No, go to A. 6.

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

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

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

- a)  **B and X** – Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. B Zones are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile. **Moderate to Low Risk Area**
- b)  **C and X** – Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level. Zone C may have ponding and local drainage problems that don't warrant a detailed study or designation as base floodplain. Zone X is the area determined to be outside the 500-year flood and protected by levee from 100-year flood. **Moderate to Low Risk Area**
- c)  **A** – Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones. **High Risk Area**
- d)  **AE** – The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30 Zones. **High Risk Area**
- e)  **A1-30** – These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format). **High Risk Area**
- f)  **AH** – Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of

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

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

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

- ❖ See the **A** zones. Note: **AE** zones are now used on new format FIRMs instead of A1-A30 Zones. The BFE is a computed elevation to which floodwater is anticipated to rise. Base Flood Elevations (BFEs) are shown on Flood Insurance Rate Maps (FIRMs) and flood profiles.
- ❖ The facility's Base Flood Elevation(BFE) is: 7.92 NSUJ 43

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

- a)  Yes  
b)  No

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

- a)  Yes  
b)  No

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

- a)  Yes  
b)  No

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11. Have the areas of the building that are to be used for safe zones/sheltering been identified?  
 a)  Yes  
 b) No. Identify these areas then indicate that this has been completed by marking Yes.
12. Have the facility's internal and external environments been evaluated to identify potential chemical or biological hazards?  
 a)  Yes  
 b) No. Evaluate and identify areas then indicate that this has been done by marking Yes.
13. Has the facility's external environment been evaluated to identify potential hazards that may fall or be blown onto or into the facility?  
 a)  Yes  
 b) No. Evaluate and identify areas then indicate that this has been done by answering Yes.
14. Emergency Generator - **generator information should match MSTAT!**
- a) Is the generator(s) intended to be used to shelter in place during hurricanes (extended duration)?  
 i.  Yes. The generator(s) will be used for Sheltering in place for Hurricanes.  
 ii.  No. The generator(s) will **NOT** be used for Sheltering In Place for Hurricanes.
- b) What is the **wattage(s)** of the generator(s)? Give answer in **kilowatts (kW)**.  
 1st; 40 kw      2nd generator; 16 kw      3rd generator; \_\_\_\_\_
- c) Mark which primary **fuel** each generator(s) uses?  
 i.  natural gas;    2nd generator;  natural gas;    3rd generator;  natural gas  
 ii.  propane;        2nd generator;  propane;        3rd generator;  propane  
 iii.  gasoline;        2nd generator;  gasoline;        3rd generator;  gasoline  
 iv.  diesel;            2nd generator;  diesel;            3rd generator;  diesel
- d) How many **total hours** would generator(s) run on the fuel supply **always on hand**? (enter NG if Natural Gas)  
 1st 74 Hours    2nd 75 Hours      3rd \_\_\_\_\_ Hours
- e) If generator **will be used for sheltering in place for a hurricane (extended duration)**, are there provisions for a seven day supply of fuel?  
 i.  Not applicable. The facility will not use the generator for sheltering in place during hurricanes.  
 ii.  Yes. Facility has a seven day supply on hand at all times or natural gas.  
 iii.  Yes. Facility has signed current contract/agreement for getting a seven day fuel supply before hurricane.  
 iv. No supply or contract. Obtain either a contract or an onsite supply of fuel, OR make decision to not use generator for sheltering in place, then mark answer.
- f) Will life sustaining devices, that are dependent on electricity, be supplied by these generator(s) during outages?  
 i.  Yes  
 ii.  No



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g) Does generator provide for air conditioning?

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

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

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

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

- Yes
- No

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

Yes

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

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

a) Who supplies electricity to the facility?

- i. Suppliers name: energy
- ii. Account #: 28785392

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

- i. Suppliers name: Reinhart
- ii. Account #: 70554

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

- i. Suppliers name: TPLG
- ii. Account #: 0015674

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

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

16. Floor Plans

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

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

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

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

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

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

#### 1. Residents information

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

Total Licensed Beds: 200

- 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: 33

- 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: 16

- 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: 34

- 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: 47

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

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

Yes. If No - Obtain and mark Yes.

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

Yes. If No - Obtain and mark Yes.

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

Yes. If No - Obtain and mark Yes.

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

### 2. Staff

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

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.

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

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- 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: Each Facility Administrator  
Phone: 337-636-5031  
Email: wtdaigre@devillehouma.com  
Fax: 985-873-0046
- vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?  
➤ Capacity that will be allowed at each site:  
Depends on current census  
➤ Total Capacity of all primary sites:  
➤ 200  
➤ 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?  
a old nursing home  
➤ What is host site currently being used for?  
evacuation site for LHCC  
➤ 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

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- 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? \_\_\_\_\_  
 No.
- c) Does the facility have current contracts or verified agreements for an alternate or secondary host site(s)?  
 Yes. If No - obtain and mark Yes.
- d) Provide the following information:(list all sites, if multiple sites list each - see extra pages )
- i. What is the name of each alternate/secondary site(s)?  
See Attached
- ii. What is the physical address of each alternate/secondary host site(s)?  
See attached  
\_\_\_\_\_  
\_\_\_\_\_
- iii. What is the distance, in miles, to each alternate/secondary host site(s)?  
\_\_\_\_\_
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?  
 Yes  
 No
- v. Does plan include map of route to be taken and written directions to host site?  
 Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each alternate/secondary host site(s)?  
Name: William Daigre  
Phone: 337-636-5031  
Email: wdaigre@devillehouma.com  
Fax: 985-8730046
- 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:  
as needed  
➤ Total Capacity of all alternate/secondary sites:  
as needed  
➤ Is this adequate for all evacuating residents?  
 Yes. If No - obtain and mark Yes.

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

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



## 2019 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.

## 2019 Nursing Home Emergency Preparedness Plan Survey

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

Yes

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

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

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

Yes. go to - B. 8. c)

No. go to - B. 8. b) i,ii,iii,iv

- b) If no, provide the following:

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

Yes, see B. 7.b). ii, iii, iv

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

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

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

Yes. If No, obtain information then mark Yes.

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

Yes. If no, obtain and mark Yes.

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

Yes. If no, complete and mark Yes

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

Yes

If No - make necessary provisions for medications then mark Yes

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

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

- i. What equipment/system does facility use to **monitor** emergency broadcasts or alerts? cell phones, satellite phone, email

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

Yes. Name equipment: cell phones, satellite phone, email

No

- iii. Is the equipment tested?

Yes

No

## 2019 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, satallite phone, email
- ii. Is there back up or alternate equipment used to send/receive and what is it?  
 Yes. Name equipment: cell phones, satallite phone, email  
 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.

## 2019 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

## 2019 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

## 2019 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

## 2019 Nursing Home Emergency Preparedness Plan Survey

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

## 2019 Nursing Home Emergency Preparedness Plan Survey

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

Yes

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

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

Yes

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

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

Yes

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

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

Yes

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

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

Yes

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

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

Yes

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

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

Yes

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

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

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

**Provide Name:** LHCC

**Position:** COO

**Emergency contact information:**

**Phone:** 225 343-9152

**Email:** CVALLIER@DEANCOMPANIES.COM

**Fax:** NA

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

**Provide Name:** LHCC

**Position:** COO



# 2019 Nursing Home Emergency Preparedness Plan Survey

**Emergency contact information:**

Phone: 225-343-9152

Email: CVALLIER@DEANCOMPANIES.COM

Fax: NA

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

Provide Name: William Daigre

Position: admin

**Emergency contact information:**

Phone: 3376365031

Email: wdaigre@devillehouma.com

Fax: 985-873-0046

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

Provide Name: Tanya Hebert

Position: Ass Admin

**Emergency contact information:**

Phone: 985-876-3250

Email: thebert@devillehouma.com

Fax: 985-873-0046

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

Provide Name: William Daigre

Position: Admin

**Emergency contact information:**

Phone: 337 636 5031

Email: wdaigre@devillehouma.com

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

**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:

Soc Services

- 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:

Administration

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?

Don

- a) Resident's identification.

# 2019 Nursing Home Emergency Preparedness Plan Survey

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

## 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

## 2019 Nursing Home Emergency Preparedness Plan Survey

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

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

Yes

No - Complete this step then mark Yes

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

Yes

No - Complete this step then mark Yes

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

Yes

No - Complete this step then mark Yes

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

Yes

No - Complete this step then mark Yes

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

Yes

No - Complete this step then mark Yes

### VII. Authentication

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

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

# 2019 Nursing Home Emergency Preparedness Plan Survey

## AUTHENTICATION

Facility Name (Print):

Maison Deville of Houma

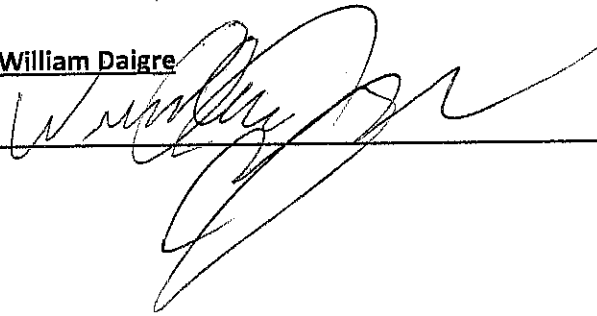
The Emergency Preparedness Plan for the above named facility provides the emergency operational plans and procedures that this facility will follow during emergency events. The current plan supersedes any previous emergency preparedness plans promulgated by this facility for this purpose. This plan was 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:

2/28/2019

Facility Administrator Name (PRINT): William Daigre

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



Comments:

\_\_\_\_\_

# 2019 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 Service

Contact Person: Carlo N Gagliardo

Phone # of Contact Person: 485-673-0643

Physical Address of transportation provider:

49000 of Fayette LA  
70504-9000

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

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

48 hrs prior to before need!

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

0-2 hrs

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

1 to 2 hrs

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

Ambulance

Total number of transport vehicles to be provided: AS Needed

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

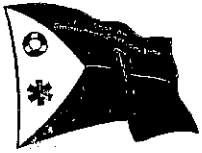
2 stretchers & 6 wheel chair

Is the transportation air conditioned?  YES  NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 1/1/19

Date agreement/ contract ends: 1/1/20



# Acadian

## Ambulance Service



NATIONALLY  
ACCREDITED

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

EMPLOYEE  
OWNED

AMBULANCE  
DISPATCH  
511  
800-259-1111

ADMINISTRATION  
337-291-3333  
800-259-3333

BILLING  
800-259-2222

January 01, 2019

Maison DeVillie Nursing Home  
107 South Hollywood Road  
Houma, LA 70360

To whom it may concern:

In response to a request for verification from Maison DeVillie Nursing Home (hereinafter "Facility"), please allow this to serve as confirmation that Facility currently has in place an Agreement for the evacuation of resident/patients in the case of a disaster, as required by the Louisiana Department of Health and Hospitals and in accordance with the terms and conditions of such Agreement. The Agreement auto renews annually unless otherwise terminated by either party. As of this Date, no notice of termination has been received and therefore such Agreement remains in full force and effect for the 2019 calendar year.

Sincerely,

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



# 2019 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:** Milke Nicole

**Phone # of Contact Person:** 504-522-5656

**Physical Address of transportation provider:**

\_\_\_ 840 Reynolds St  
\_\_\_ New Orleans LA 70112  
\_\_\_

**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?

\_\_\_ N/A

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

\_\_\_ 2 & 1/2 Hrs

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

\_\_\_ 2 Hrs

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

\_\_\_ BUS

Total number of transport vehicles to be provided: AS NEEDED

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

\_\_\_ To be Determined

Is the transportation air conditioned?  YES  NO

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

**Date of agreement/contract/verification:** March 1, 2019

**Date agreement/ contract ends:** Feb 29, 2020



**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) 362-2020

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

NAME: Raceland Manor  
4302 Highway 1  
Raceland, LA 70394  
(985) 537-3569

NAME: Uptown Healthcare Center  
1420 General Taylor Street  
New Orleans, LA 70115  
(504) 895-7755

NAME: Plaquemine Manor  
59355 River West Drive  
Plaquemine, LA 70764  
(225) 387-1345

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.

MISCELLANEOUS

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

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, 2019, and end on February 29, 2020, unless extended by mutual written agreement by the parties hereto.

Signed this 5<sup>th</sup> day of February, 2019.

Nicoll's Limousine and Shuttle Service

By:   
Mike Nicoli

LA Health Care Consultants, LLC (LHCC)

By: 



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

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**Year 2019 Hurricane Evacuation Plan**  
**Effective Date: 1/1/2019**

To:


MAISON DEVILLE NURSING HOME OF HARVEY, LLC  
MAISON DEVILLE NURSING HOME, INC.  
PLAQUEMINE MANOR NURSING HOME, INC. D/B/A IBERVILLE OAKS NURSING & REHAB, INC.  
RACELAND MANOR NURSING HOME, INC. D/B/A SOUTH LAFOURCHE NURSING & REHAB, INC.  
UPTOWN HEALTHCARE CENTER, LLC D/B/A MAISON ORLEANS HEALTHCARE OF NEW ORLEANS, LLC  
ST. ELIZABETH'S CARING, LLC D/B/A West Jefferson Health Care Center LLC

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 through fiscal year 2019.  
Evacuation sites are below:

	<u>Evacuation Site Address:</u>
1	24320 Ferdinand Street, Plaquemine, LA70769
2	129 Calhoun Street Independence, LA 70443
3	59355 Riverwest Dr. Plaquemine, LA 70764

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

# 2019 Nursing Home Emergency Preparedness Plan Survey

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

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

- i. What is the name of each alternate/secondary site(s)?  
\_\_\_ 129 Independence
- ii. What is the physical address of each alternate/secondary host site(s)?  
\_\_\_ 129 Independence Ave  
\_\_\_ 129 Calhoun Ave  
\_\_\_ Independence LA 70443
- iii. What is the distance, in miles, to each alternate/secondary host site(s)?  
\_\_\_
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?  
 Yes  
 No
- v. Does plan include map of route to be taken and written directions to host site?  
 Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each alternate/secondary host site(s)?  
Name: Garnice Vallie  
Phone: 1-504-310-5858  
Email: GVallie@hcc.com  
Fax: 1-225-215-1719
- 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:  
\_\_\_  
> Is this adequate for all evacuating residents?  
 Yes. If No - obtain and mark Yes.
- viii. Is the alternate/secondary site a currently licensed nursing home(s)?  
 Yes go to - B.4.d) x.  
 No, go to - B.4.d) ix.
- ix. If alternate/secondary host site is not a licensed nursing home provide a description of host site(s) including;  
> What type of facility it is?  
\_\_\_ Evacuation Center  
> What is host site currently being used for?  
\_\_\_ For FHCC to evacuate to

## 2019 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?  
 Yes  
 No
  - What is the age of the host facility(s)?  
2017-2018 Renovation
  - Is host facility(s) air conditioned?  
 Yes  
 No
  - What is the current physical condition of facility?  
 Good  
 Fair  
 Poor
  - Are there provisions for food preparation and service?  
 Yes  
 No
  - What are the provisions for bathing and toilet accommodations?  
 Yes  
 No
  - Are any other facilities contracted to use this site?  
 Yes  
 No
- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?  
 Yes  
 No. If No - where will staff be housed?  
\_\_\_\_\_
- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?  
 Yes. If yes what is that time? \_\_\_\_\_  
 No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?  
 Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)  
 Yes. If No - complete and mark Yes.



YOUR TRIP TO:

129 Calhoun St

1 HR 38 MIN | 97.2 MI

Est. fuel cost: \$6.25

Trip time based on traffic conditions as of 11:59 AM on February 27, 2017. Current Traffic: Light

1. Start out going northwest on E Main St/LA-24/LA-56 toward Terminal Dr.  
Then 1.92 miles ..... 1.92-total miles
2. Turn right onto Prospect Blvd/LA-3087. Continue to follow LA-3087.  
LA-3087 is 0.2 miles past Roberta Grove Blvd.  
If you are on Main St and reach Rosemary St you've gone about 0.2 miles too far.  
Then 5.04 miles ..... 6.93-total miles
3. Turn right onto Highway 182/LA-182.  
If you are on Highway 182 and reach Smithwillow Dr you've gone about 0.5 miles too far.  
Then 3.15 miles ..... 10.08-total miles
4. Merge onto US-90 E/Highway 90 E toward New Orleans.  
Then 22.73 miles ..... 32.81-total miles
5. Take I-310 N toward LA-3127 N/Donaldsonville/New Orleans.  
Then 14.23 miles ..... 44.03-total miles
6. Merge onto I-10 W via EXIT 1 on the left toward Baton Rouge.  
Then 10.54 miles ..... 54.57-total miles
7. Keep right to take I-55 N via EXIT 210 toward Hammond.  
Then 40.79 miles ..... 95.36-total miles
8. Take the LA-40 exit, EXIT 40, toward Independence.  
Then 0.22 miles ..... 95.58-total miles
9. Merge onto LA-40 toward Independence.  
Then 1.35 miles ..... 96.93-total miles
10. Turn right onto E Railroad Ave/LA-40. Continue to follow E Railroad Ave.  
Then 0.24 miles ..... 97.13-total miles
11. Take the 3rd left onto Calhoun St.  
Calhoun St is just past E 4th St.  
If you reach Tiger Ave you've gone a little too far.  
Then 0.04 miles ..... 97.17-total miles
12. 129 Calhoun St, Tangipahoa, LA, 70443-2735, 129 CALHOUN ST is on the left.  
If you reach Cypress St you've gone a little too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

97.21 miles

YOUR TRIP TO:

129 Calhoun St

Go northeast on Highway 182/LA-182

97.171 miles 1 hr 37 min

# 2019 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 Manor

Contact Person: Lorville Waller

Phone # of Contact Person: 225-343-9152

FAX#: 646-310-5858

E-Mail Address: lwaller@lhcc.com

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?

— AS SOON AS POSSIBLE

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

— 2 hrs

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

— 1 hr 35 min

Type of evacuation host site:

Is it the  PRIMARY or  ALTERNATE site?

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

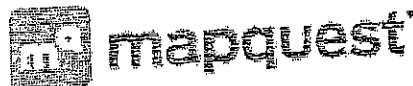
Total number of residents and staff that facility is willing to host: AS NEEDED

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

Date of agreement/contract/verification: 1/1/19

Date agreement/contract ends: 1/1/20





Trip to:  
**24320 Ferdinand St**  
 Plaquemine, LA 70764-3634  
 65.77 miles / 1 hour 30 minutes

Notes  
*Plaquemine Manor*

**Are you comfortable in your retirement?**

If you have a \$500,000 portfolio, download the guide for retirees by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan."

[Click Here to Download Your Guide!](#)

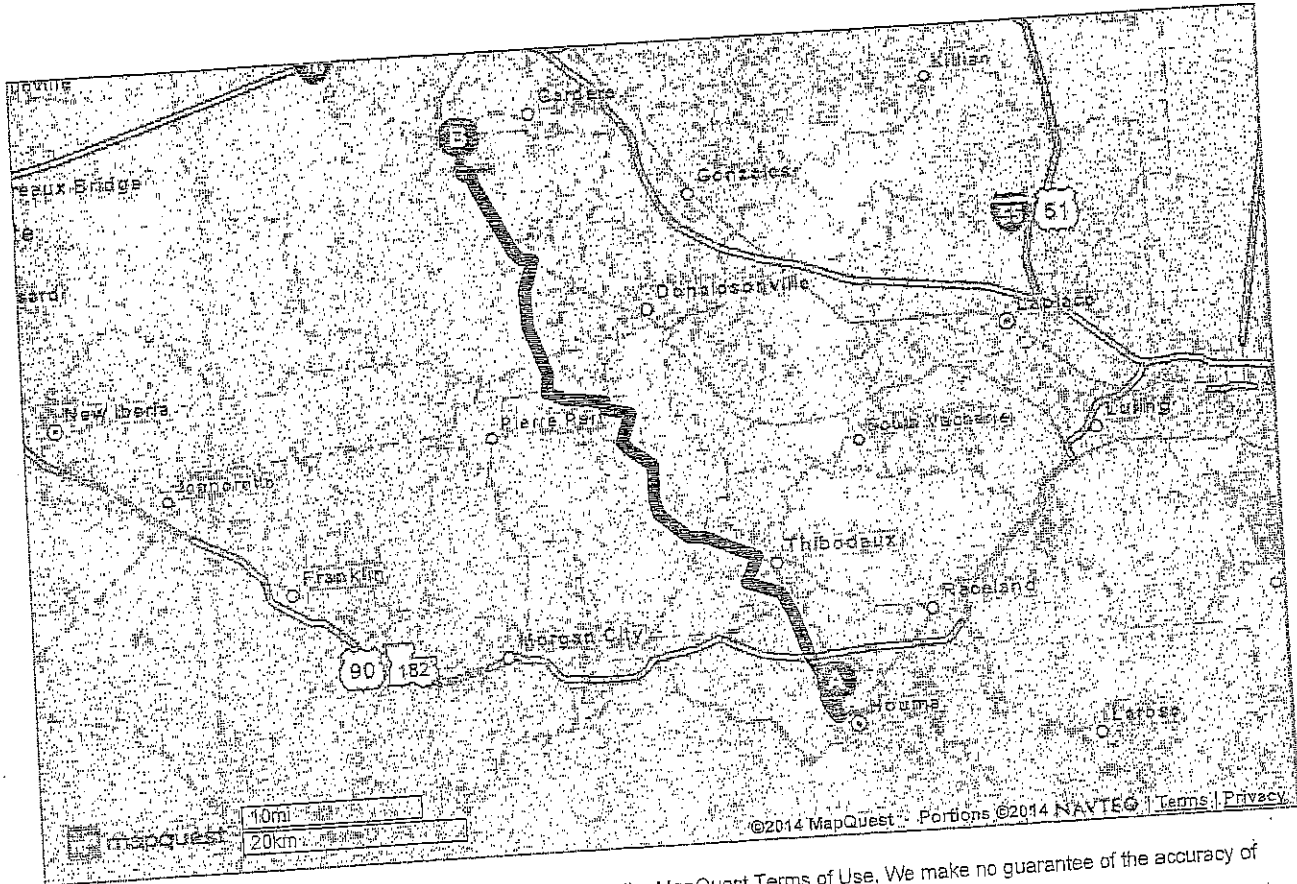
FISHER INVESTMENTS\*

- |  |  |                          |
|--|--|--------------------------|
|  | <b>107 S Hollywood Rd, Houma, LA 70360-2714</b>  | Download<br>Free App     |
|  | 1. Start out going west on LA-3040-SPUR / S Hollywood Rd toward W Tunnel Blvd / LA-3040 N. <a href="#">Map</a>   | 0.08 Mi<br>0.08 Mi Total |
|  | 2. Turn right onto Martin Luther King Blvd / LA-3040. Continue to follow LA-3040. <a href="#">Map</a><br><i>Chase ATM is on the corner<br/>If you are on S Hollywood Rd and reach Corporate Dr you've gone about 0.4 miles too far</i> | 2.5 Mi<br>2.6 Mi Total   |
|  | 3. Turn left onto LA-24 W / W Park Ave. Continue to follow LA-24 W. <a href="#">Map</a><br><i>LA-24 W is just past LA-24 E<br/>If you are on Bayou Garden Blvd and reach Bois St you've gone about 0.3 miles too far</i>               | 8.2 Mi<br>10.8 Mi Total  |
|  | 4. LA-24 W becomes LA-20 E. <a href="#">Map</a>  | 1.1 Mi<br>12.0 Mi Total  |
|  | 5. Turn left onto LA-3185. <a href="#">Map</a><br><i>LA-3185 is 0.2 miles past Devil Swamp Rd<br/>If you are on LA-20 E and reach Cortez St you've gone about 0.1 miles too far</i>  | 5.3 Mi<br>17.3 Mi Total  |
|  | 6. Turn left onto St Mary St / LA-1. Continue to follow LA-1. <a href="#">Map</a><br><i>LA-1 is 0.1 miles past Leighton Dr<br/>WAG A PACK #7 is on the corner<br/>If you reach LA-308 you've gone a little too far</i>                 | 22.1 Mi<br>39.4 Mi Total |
|  | 7. Turn left onto LA-70. <a href="#">Map</a><br><i>LA-70 is 0.5 miles past LA-1005<br/>If you reach Virginia St you've gone about 0.5 miles too far</i>  | 5.0 Mi<br>44.4 Mi Total  |
|  | 8. Turn right onto LA-69. <a href="#">Map</a><br><i>LA-69 is 0.1 miles past Grand Byu<br/>If you reach Gumbo St you've gone about 0.8 miles too far</i>  | 11.4 Mi<br>55.8 Mi Total |
|  | 9. Turn left onto LA-1 N. <a href="#">Map</a><br><i>LA-1 N is just past Mayor Doc Foley St<br/>If you are on Bowie St and reach La-1 you've gone a little too far</i>  | 9.4 Mi<br>65.1 Mi Total  |

Total Travel Estimate: 65.77 miles - about 1 hour 30 minutes

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Enter your mobile number



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0.5 Mi

65.6 Mi Total



10. Turn left onto Belleview Rd / LA-75. [Map](#)

*Belleview Rd is just past Lindburg St*

*If you are on Church St and reach LA-75 you've gone a little too far*

0.2 Mi

65.8 Mi Total



11. Turn right onto Ferdinand St. [Map](#)

*Ferdinand St is 0.2 miles past Railroad Ave*

*If you reach High School St you've gone a little too far*



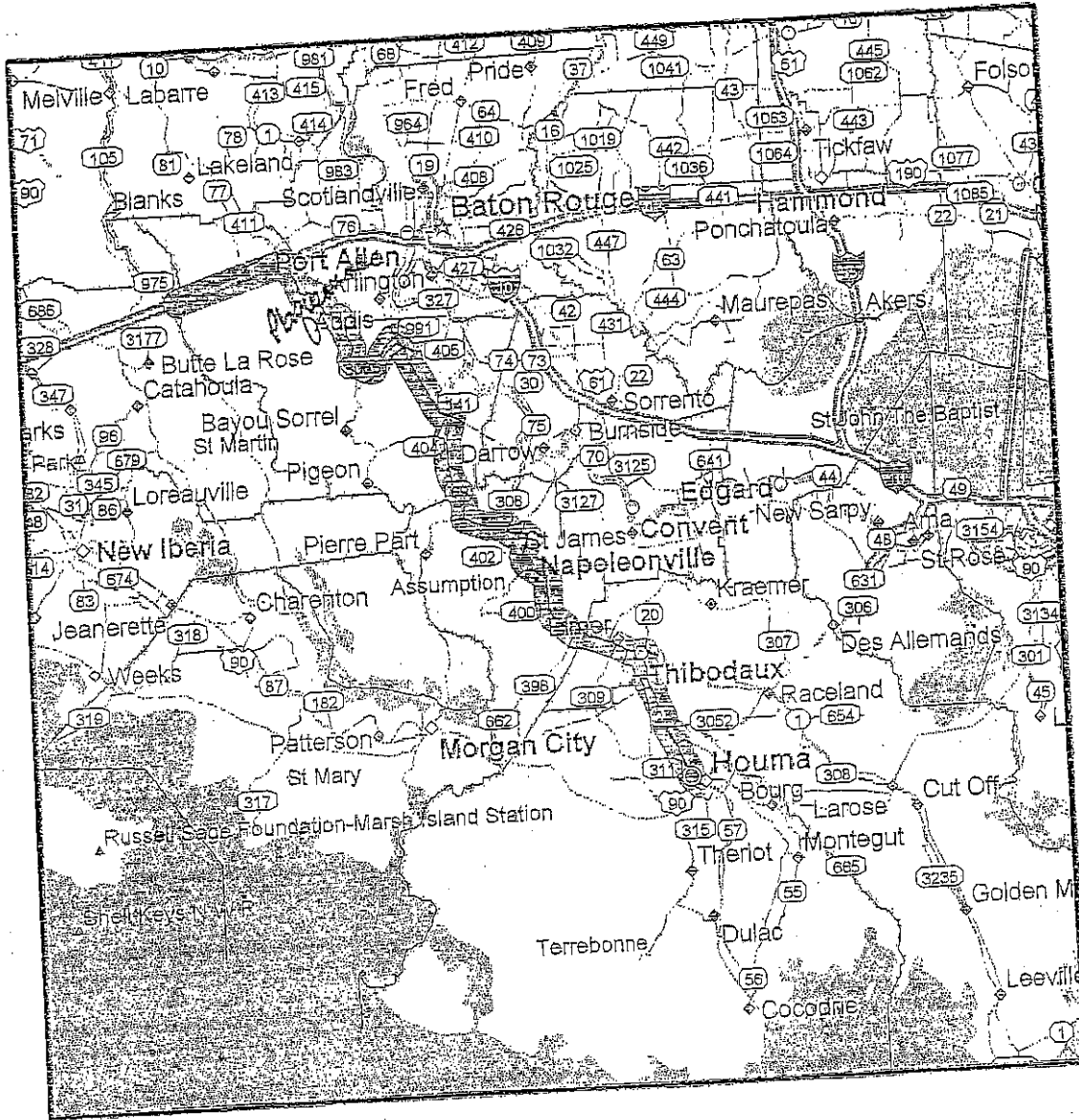
12. 24320 FERDINAND ST is on the left. [Map](#)

*Your destination is just past Canal St*

*If you reach Robertson St you've gone a little too far*



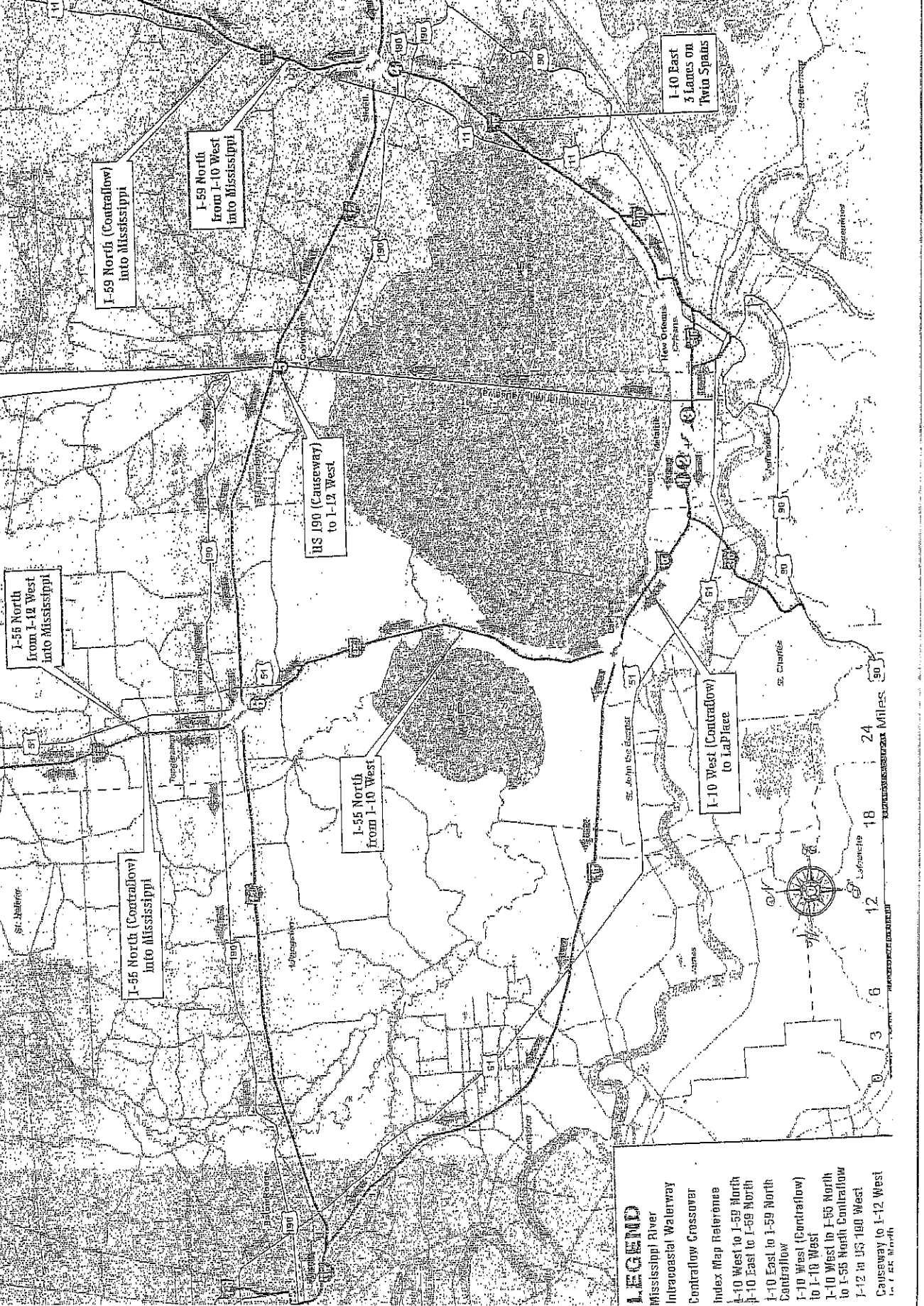
24320 Ferdinand St, Plaquemine, LA 70764-3634



	Road	Dir	Near	Exit #	Time	Dist	Mi
	START - Start2				0:00	0.0	0.0
1	SR 3040 (S Hollywood Rd)	NE			0:00	0.0	11
2	SR 24 (W Main St)	N			0:20	10.6	3.9
3	SR 20	N	Schriever LA		0:30	14.5	14
4	SR 1 (W 1st St)	NW	Thibodaux LA		0:52	28.4	5.3
5	SR 308	NW			1:00	33.7	0.1
6	SR 402 (Hospital Rd)	W	Napoleonville LA		1:00	33.8	5.1
7	SR 1	NW	Napoleonville LA		1:10	38.9	4.10
8	SR 70	W	Paincourtville LA		1:18	43.9	11
9	SR 69	N			1:35	55.2	9.4
10	SR 1 (Scenic)	NW	White Castle LA		1:57	64.6	0.4
11	SR 75 (Belleview Dr)	SW	Plaquemine LA		1:58	65.0	0.2
12	Ferdinand St	NW					

# CONTRAFLOW DIVING INSTRUCTIONS & MAP

INSTRUCTIONS and map can also be obtained by logging onto the [www.tchpafish.net](http://www.tchpafish.net) and clicking on **How Diving Instructions & Map**



**LEGEND**

- Mississippi River
- Intracoastal Waterway
- Contraflow Crossover
- Index Map Reference
- I-10 West to I-59 North
- I-10 East to I-59 North
- I-10 East to I-59 North
- Contraflow
- I-10 West (Contraflow)
- I-10 West
- I-10 West to I-55 North
- I-55 North Contraflow
- I-12 in US 190 West
- Causeway to I-12 West

# West Jefferson Healthcare Center

*"A Tradition of Caring"*



1020 Manhattan Blvd  
Harvey LA 70058  
Phone 504-362-2020  
Fax: (504) 362-9620

February 4, 2019

Maison De'Ville of Harvey  
Maison De'Ville of Houma  
Maison Orleans  
Iberville Oaks  
South Lafourche Nursing & Rehab

In the event of an emergency, West Jefferson Healthcare Center, located at 1020 Manhattan Blvd., Harvey, LA, 70058, will work to accommodate your evacuation needs. The ESF-8 Portal will be updated to reflect census and open beds.

Feel free to utilize the following contact information as needed:  
Facility: (504)362-2020  
E-Fax: (504)336-2147  
24 hour After Hours Contact: (504) 237-4854

Thanks.

A handwritten signature in cursive script, appearing to read "Tamara White". The signature is fluid and elegant, with a large initial "T" and "W".

Tamara White, LNFA, MBA, RN  
Administrator

# 2019 Nursing Home Emergency Preparedness Plan Survey

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

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

- i. What is the name of each alternate/secondary site(s)?  
\_\_\_ West Jeff Health Care Center
- ii. What is the physical address of each alternate/secondary host site(s)?  
\_\_\_ 1020 Manhattan Blvd  
\_\_\_ Harvey, LA 70058  
\_\_\_
- iii. What is the distance, in miles, to each alternate/secondary host site(s)?  
\_\_\_ Secular
- 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: Tamara White  
Phone: 504-362-2020  
Email: N/A  
Fax: 504-362-9620
- 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:  
\_\_\_ To Be Determined  
> Is this adequate for all evacuating residents?  
 Yes. If No - obtain and mark Yes.
- viii. Is the alternate/secondary site a currently licensed nursing home(s)?  
 Yes go to - B.4.d) x.  
 No, go to - B.4.d) ix.
- ix. If alternate/secondary host site is not a licensed nursing home provide a description of host site(s) including:  
> What type of facility it is?  
\_\_\_  
> What is host site currently being used for?  
\_\_\_

## 2019 Nursing Home Emergency Preparedness Plan Survey

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



# YOUR TRIP TO:

1020 Manhattan Blvd



1 HR 10 MIN | 52.3 MI

Est. fuel cost: \$3.50

Trip time based on traffic conditions as of 11:04 AM on February 28, 2019. Current Traffic: Moderate



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



1. Start out going northeast on S Hollywood Rd toward Main St/LA-24.

Then 1.77 miles ..... 1.77 total miles



2. Turn left onto N Hollywood Rd.

Then 0.48 miles ..... 2.25 total miles



3. Turn left onto Highway 182/LA-182.

Then 6.54 miles ..... 8.80 total miles



4. Merge onto US-90 E toward New Orleans.

Then 35.88 miles ..... 44.68 total miles



5. Merge onto US-90 Bus E toward New Orleans.

Then 7.02 miles ..... 51.70 total miles



6. Take EXIT 6 toward Manhattan Blvd.

Then 0.30 miles ..... 52.01 total miles



7. Merge onto Westbank Expy.

Then 0.09 miles ..... 52.09 total miles



8. Turn right onto Manhattan Blvd.

If you reach Green Leaf Dr you've gone about 0.1 miles too far.

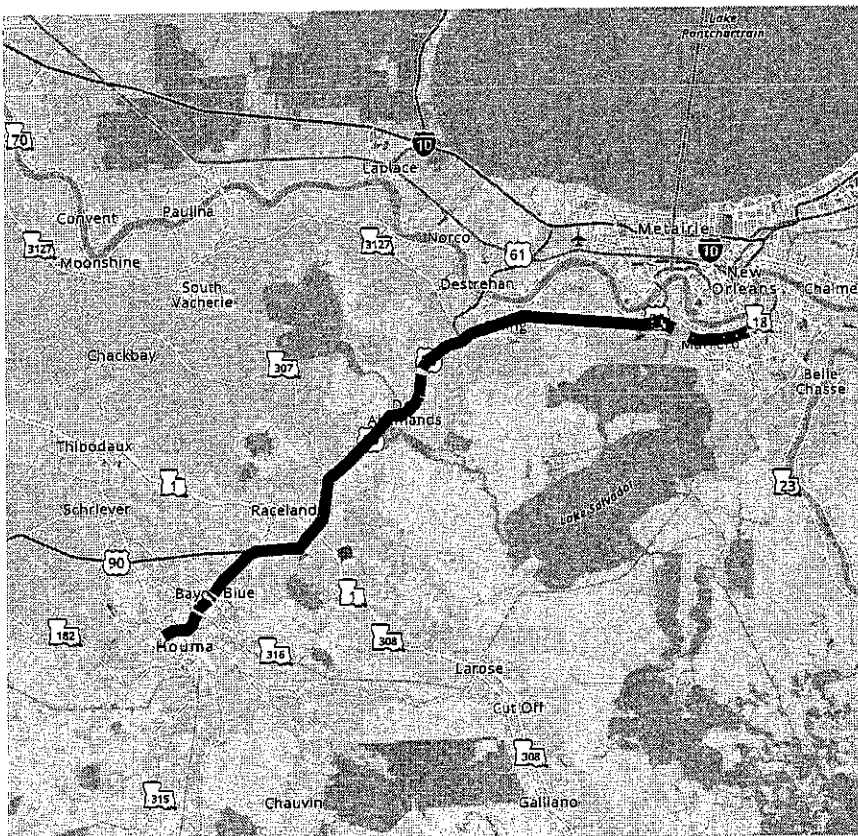
Then 0.22 miles ..... 52.32 total miles



9. 1020 MANHATTAN BLVD.

If you reach Apache Dr you've gone a little too far.

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Car trouble mid-trip?  
MapQuest Roadside Assistance  
is here:  
(1-888-461-3625)



*Maison Orleans Healthcare*  
NURSING HOME & REHABILITATION

1420 GENERAL TAYLOR STREET  
NEW ORLEANS, LA 70115

*A tradition of caring*

(504) 895-7755 PHONE  
(504) 355-4876 FAX

---

February 20, 2019

Re: Emergency Evacuation for 2019

Iberville Oaks Nursing and Rehab  
South Lafourche Nursing and Rehab  
Maison DeVille of Harvey  
Maison DeVille of Houma  
West Jefferson Healthcare

To Whom It May Concern:

Maison Orleans Healthcare and Rehabilitation located at 1420 General Taylor St New Orleans, LA. 70115 is at your disposal for use of any and all evacuation procedures. Space within the facility will be made available to you, your residents, and in staff in case of emergency. We will coordinate our open beds with the ESF-8 Portals.

Please access the following contact information as needed: Facility phone number: (504) 895-7755 24 hour emergency number(s) Lindsay Dukes (504) 421-0145.

Sincerely,

*Lindsay Dukes, LNFA*  
Lindsay Dukes, LNFA

*"Family Owned and Operated"*

# 2019 Nursing Home Emergency Preparedness Plan Survey

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

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

- i. What is the name of each alternate/secondary site(s)?  
\_\_\_\_\_ Maison Orleans HealthCare
- ii. What is the physical address of each alternate/secondary host site(s)?  
\_\_\_\_\_ 1420 General Taylor St  
\_\_\_\_\_ New Orleans LA 70115  
\_\_\_\_\_
- iii. What is the distance, in miles, to each alternate/secondary host site(s)?  
\_\_\_\_\_ See map
- 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: \_\_\_\_\_ Lindsay Duke  
Phone: \_\_\_\_\_ (504) 895-7755  
Email: \_\_\_\_\_  
Fax: \_\_\_\_\_ 504 355-4976
- 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:  
\_\_\_\_\_ To Be Determined  
➤ Is this adequate for all evacuating residents?  
 Yes. If No - obtain and mark Yes.
- viii. Is the alternate/secondary site a currently licensed nursing home(s)?  
 Yes go to - B.4.d) x. \_\_\_\_\_  
 No, go to - B.4.d) ix.
- ix. If alternate/secondary host site is not a licensed nursing home provide a description of host site(s) including:  
➤ What type of facility it is?  
\_\_\_\_\_  
➤ What is host site currently being used for?  
\_\_\_\_\_

## 2019 Nursing Home Emergency Preparedness Plan Survey

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



Trip to:  
**1420 General Taylor St**  
 New Orleans, LA 70115-3718  
 60.25 miles / 1 hour 13 minutes  
 Notés

*Uptown Health Care*  
 AKA  
 MAISON Orleans HealthCare


**Are you comfortable in your retirement?**

If you have a \$500,000 portfolio, download the guide for retirees by Forbes columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan."


[Click Here to Download Your Guide!](#)

FISHER INVESTMENTS


Icon	Instruction	Distance	Total Distance
	107 S Hollywood Rd, Houma, LA 70360-2714		Download Free App
	1. Start out going northeast on LA-3040-SPUR / S Hollywood Rd toward LA-24 E / W Main St. Continue to follow S Hollywood Rd. <a href="#">Map</a>	1.8 Mi	1.8 Mi Total
	2. Turn left onto N Hollywood Rd. <a href="#">Map</a>	0.5 Mi	2.2 Mi Total
	3. Turn slight right. <a href="#">Map</a>	0.02 Mi	2.3 Mi Total
	4. Turn left onto LA-182 E / US-90-BR E. <a href="#">Map</a>	6.5 Mi	8.8 Mi Total
	5. Merge onto US-90 E toward New Orleans. <a href="#">Map</a>	22.8 Mi	31.6 Mi Total
	6. Merge onto I-310 N / LA-3127 N toward Donaldsonville / New Orleans. <a href="#">Map</a>	1.4 Mi	33.0 Mi Total
	7. Keep right to take I-310 N toward New Orleans. <a href="#">Map</a>	9.9 Mi	42.8 Mi Total
	8. Keep right to take I-10 E via EXIT 1A toward New Orleans. <a href="#">Map</a>	10.3 Mi	53.1 Mi Total
	9. Keep right to take I-10 E toward New Orleans Business District. <a href="#">Map</a>	3.5 Mi	56.7 Mi Total
	10. Keep left to take US-90-BR W via EXIT 234A toward Westbank / Superdome / Claiborne Ave. <a href="#">Map</a>	1.4 Mi	58.0 Mi Total
	11. Take the Carondelet St exit toward St Charles Ave. <a href="#">Map</a>	0.3 Mi	58.3 Mi Total

-  12. Turn slight left onto Calliope St. [Map](#)  
0.03 Mi  
58.3 Mi Total


---

-  13. Take the 1st right onto St Charles Ave. [Map](#)  
*If you reach Margaret Pl you've gone about 0.1 miles too far*  
1.7 Mi  
60.1 Mi Total


---

-  14. Turn left onto Peniston St. [Map](#)  
*Peniston St is just past Amelia St*  
*If you reach General Taylor St you've gone a little too far*  
0.1 Mi  
60.2 Mi Total


---

-  15. Take the 2nd right onto Prytania St. [Map](#)  
*Prytania St is just past Pitt St*  
*If you reach Perrier St you've gone a little too far*  
0.05 Mi  
60.2 Mi Total


---

-  16. Take the 1st right onto General Taylor St. [Map](#)  
*If you reach Constantinople St you've gone a little too far*  
0.04 Mi  
60.2 Mi Total

---

-  17. 1420 GENERAL TAYLOR ST is on the left. [Map](#)  
*If you reach Pitt St you've gone a little too far*

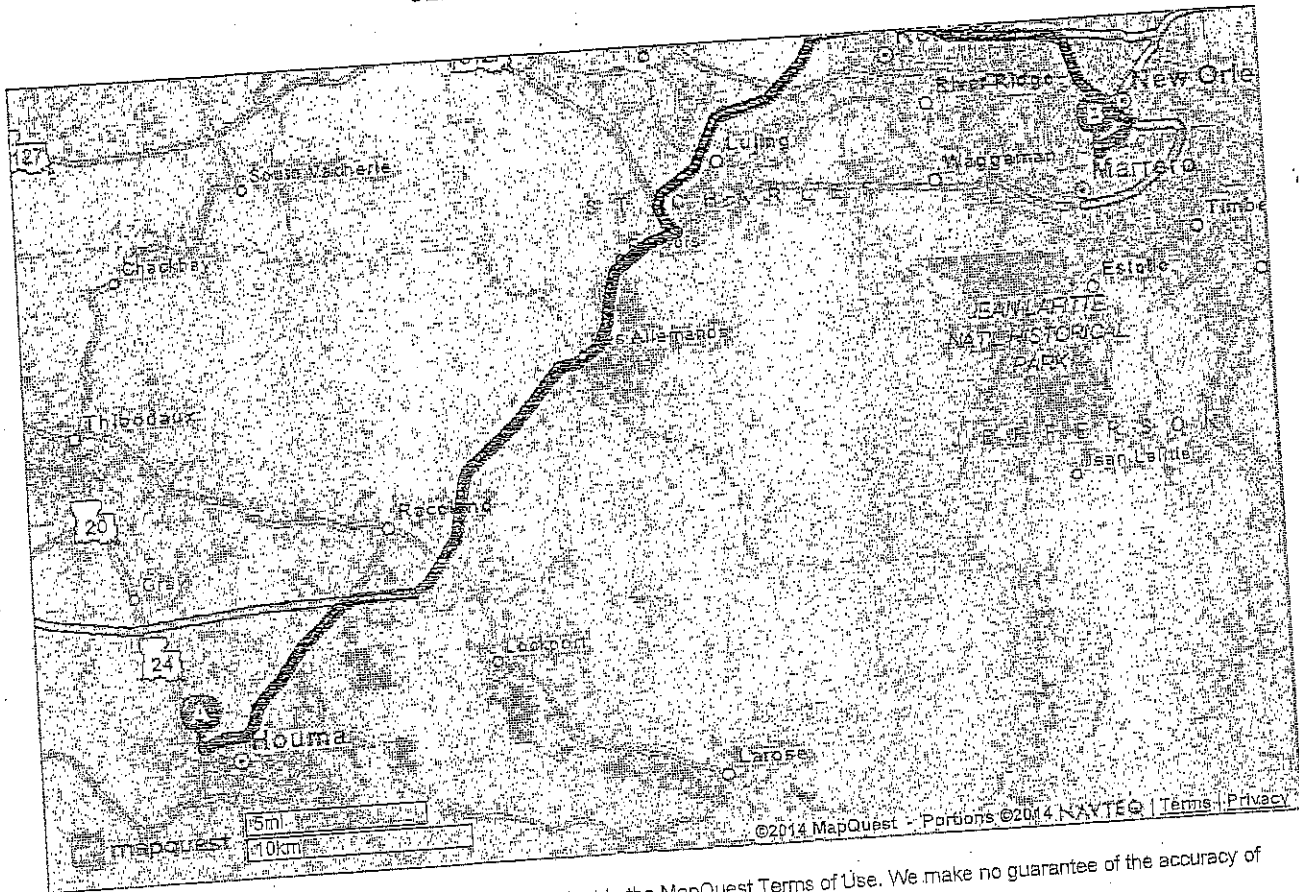
---

-  1420 General Taylor St, New Orleans, LA 70115-3718

Total Travel Estimate: 60.25 miles - about 1 hour 13 minutes

FREE NAVIGATION APP  
SELECT:  IPHONE  ANDROID

Enter your mobile number



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**IBERVILLE OAKS NURSING & REHAB**

**59355 River West Drive**

**Plaquemine, LA 70764**

**225-385-4332**

**February 26, 2019**

**RE: Emergency Evacuation for 2019**

**Iberville Oaks Nursing & Rehab**

**South Lafourche Nursing & Rehab**

**Maison Deville of Harvey**

**Maison Deville of Houma**

**West Jefferson Healthcare**

**Maison Orleans**

**To Whom It May Concern:**

**Iberville Oaks Nursing & Rehab located at 59355 River West Drive, Plaquemine, LA 70764 is at your disposal for use of any and all evacuation procedures. Space within the facility will be made available to you, your residents, and staff in case of an emergency. We will coordinate our open beds with the ESF-8 Portals.**

**Please access the following contact information as needed. Facility phone number is: 225-385-4332 and 24 hour emergency number (s) Gwen Masters 225-603-1558.**

**Sincerely,**

***Gwen Masters***

**Gwen Masters, LNFA**

# 2019 Nursing Home Emergency Preparedness Plan Survey

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

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

- i. What is the name of each alternate/secondary site(s)?  
IBERIA OAKS Nursing & Rehab
- ii. What is the physical address of each alternate/secondary host site(s)?  
59355 River West  
PLAQUEMINE LA 70764
- iii. What is the distance, in miles, to each alternate/secondary host site(s)?  
\_\_\_\_\_
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?  
 Yes  
 No
- v. Does plan include map of route to be taken and written directions to host site?  
 Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each alternate/secondary host site(s)?  
Name: GLYNIS MASTERS  
Phone: 225-395-4332  
Email: GMASTERS@IBERIAOAKS.COM  
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:  
to be determined  
➤ Is this adequate for all evacuating residents?  
 Yes. If No - obtain and mark Yes.
- viii. Is the alternate/secondary site a currently licensed nursing home(s)?  
 Yes go to - B.4.d) x.  
 No, go to - B.4.d) ix.
- ix. If alternate/secondary host site is not a licensed nursing home provide a description of host site(s) including;  
➤ What type of facility it is?  
\_\_\_\_\_  
➤ What is host site currently being used for?  
\_\_\_\_\_

## 2019 Nursing Home Emergency Preparedness Plan Survey

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

# YOUR TRIP TO:

59355 River West Dr



**1 HR 34 MIN | 66.3 MI**

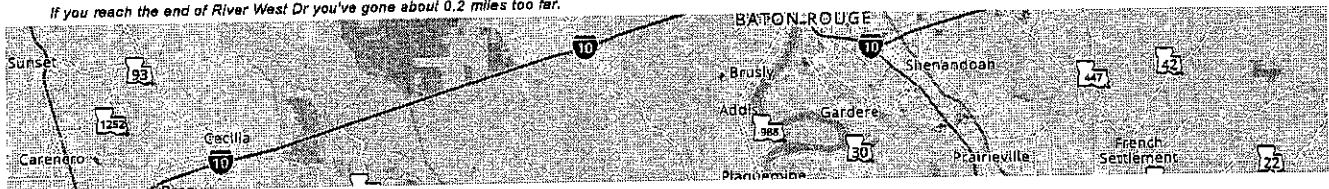
**Est. fuel cost: \$4.44**

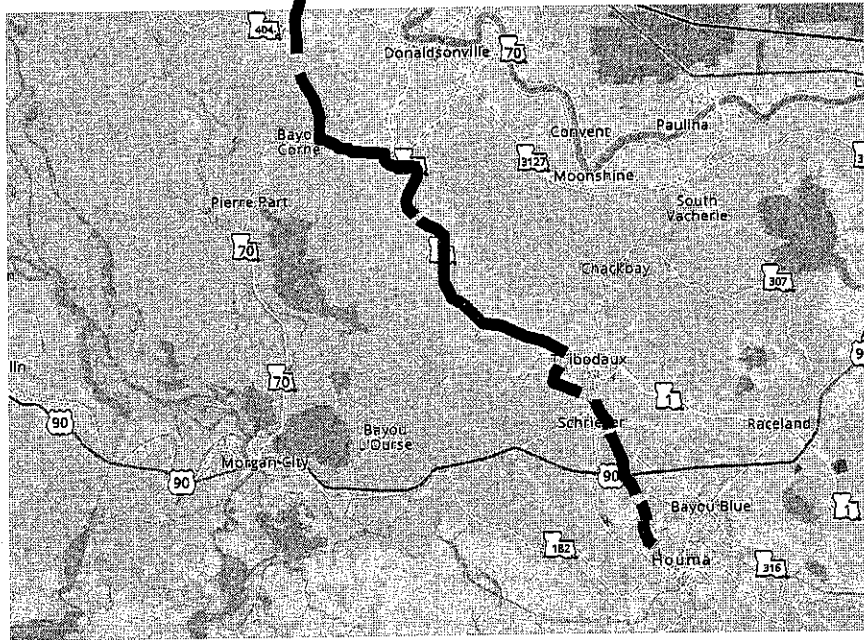
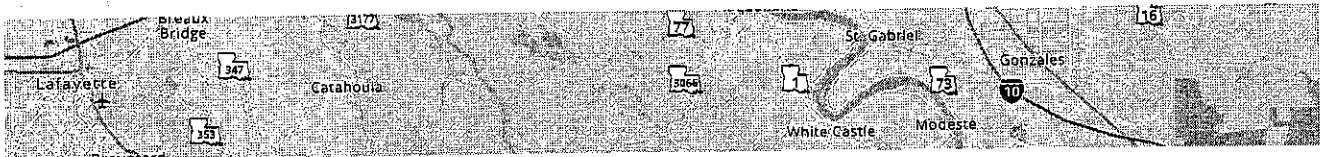
Trip time based on traffic conditions as of 10:13 AM on February 26, 2018. Current Traffic: Moderate



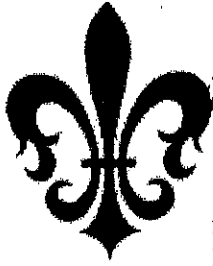
Print a full health report of your car with HMM vehicle diagnostics (800) 906-2501

1. Start out going west on S Hollywood Rd toward W Tunnel Blvd/LA-3040.  
Then 0.08 miles ..... 0.08 total miles
- 2. Take the 1st right onto Martin Luther King Jr Blvd/LA-3040.  
*If you reach Corporate Dr you've gone about 0.4 miles too far.*  
Then 2.48 miles ..... 2.56 total miles
- ↑ 3. Martin Luther King Jr Blvd/LA-3040 becomes Bayou Gardens Blvd.  
Then 0.05 miles ..... 2.62 total miles
- ⤵ 4. Turn left onto W Park Ave/LA-24. Continue to follow W Park Ave.  
Then 8.11 miles ..... 11.73 total miles
- ↑ 5. W Park Ave becomes W Main St/LA-20.  
Then 0.24 miles ..... 11.94 total miles
- ⤵ 6. Turn left onto Julia Rd/LA-3185. Continue to follow LA-3185.  
*If you are on W Park Ave and reach Cortez St you've gone about 0.1 miles too far.*  
Then 5.27 miles ..... 17.21 total miles
- ⤵ 7. Turn left onto Saint Mary St/Louisiana Scenic Bayou Byway/LA-1. Continue to follow Louisiana Scenic Bayou Byway/LA-1.  
*Louisiana Scenic Bayou Byway is 0.1 miles past Leighton Dr.*  
*If you reach Bayou Rd you've gone a little too far.*  
Then 22.43 miles ..... 39.64 total miles
- ⤵ 8. Turn left onto Highway 70/LA-70.  
Then 5.00 miles ..... 44.64 total miles
- 9. Turn right onto Highway 69/LA-69. Continue to follow LA-69.  
*LA-69 is 0.1 miles past Grand Bayou St.*  
*If you reach Gumbo St you've gone about 0.8 miles too far.*  
Then 11.33 miles ..... 55.66 total miles
- ⤵ 10. Turn left onto Highway 1/Louisiana Scenic Bayou Byway/LA-1.  
*If you reach Latino St you've gone a little too far.*  
Then 8.06 miles ..... 63.73 total miles
- ⤵ 11. Turn left onto Saint Louis Rd.  
*If you reach Senator Gay Blvd you've gone about 0.3 miles too far.*  
Then 1.46 miles ..... 65.19 total miles
- ↗ 12. Turn slight right onto Tenant Rd.  
Then 0.98 miles ..... 66.18 total miles
- 13. Turn right onto River West Dr.  
*River West Dr is 0.1 miles past Ragusa Rd.*  
*If you reach Sam Distefano St you've gone about 0.1 miles too far.*  
Then 0.11 miles ..... 66.28 total miles
- 📍 14. 59355 River West Dr, Plaquemine, LA 70764-6553, 59355 RIVER WEST DR is on the right.  
*If you reach the end of River West Dr you've gone about 0.2 miles too far.*





Car trouble mid-trip?  
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is here:  
(1-888-461-3625)



*Maison De'ville of Harvey*

NURSING HOME & REHABILITATION

*A tradition of carina*

2233 8<sup>th</sup> street  
Harvey, LA 70058

(504) 362-9522 phone  
(504) 368-4118 fax

---

**Date: February 18 , 2019**

**To: Raceland Manor  
Plaquemine Manor  
Maison Deville of Houma  
West Jefferson Healthcare Center  
UPTOWN CARE CENTER**

**From: Dante' Landry, Administrator**

**RE: Emergency Evacuation Procedures**

Maison Deville of Harvey is at your disposal for use during any evacuation event. Space within this facility will be made available to your residents and staff in case of an emergency. Contact phone number (504) 362-9522, Fax (504) 263-5099.

Sincerely,

Dante' Landry, NFA  
Administrator

*"Family Owned and Operated"*

# 2019 Nursing Home Emergency Preparedness Plan Survey

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

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

- i. What is the name of each alternate/secondary site(s)?  
\_\_\_ Maison De Ville of Harvey
- ii. What is the physical address of each alternate/secondary host site(s)?  
\_\_\_ 2233 8<sup>th</sup> St  
\_\_\_ Harvey LA 70058  
\_\_\_
- iii. What is the distance, in miles, to each alternate/secondary host site(s)?  
\_\_\_ SEE MAP
- 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: Deante Lundy  
Phone: 504-362-9522  
Email: N/A  
Fax: 504-368-418
- 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:  
\_\_\_ TO BE DETERMINED  
➤ Is this adequate for all evacuating residents?  
 Yes. If No - obtain and mark Yes.
- viii. Is the alternate/secondary site a currently licensed nursing home(s)?  
 Yes go to - B.4.d) x.  
 No, go to - B.4.d) ix.
- ix. If alternate/secondary host site is not a licensed nursing home provide a description of host site(s) including;  
➤ What type of facility it is?  
\_\_\_  
➤ What is host site currently being used for?  
\_\_\_

## 2019 Nursing Home Emergency Preparedness Plan Survey

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



# YOUR TRIP TO:

2233 8th St, Harvey, LA, 70058-4005



**1 HR 10 MIN | 52.7 MI**

**Est. fuel cost: \$3.53**

Trip time based on traffic conditions as of 10:17 AM on February 28, 2019. Current Traffic: Light



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



1. Start out going northeast on S Hollywood Rd toward Main St/LA-24.  
Then 1.76 miles 1.76 total miles



2. Turn left onto N Hollywood Rd.  
Then 0.48 miles 2.25 total miles



3. Turn left onto Highway 182/LA-182.  
Then 6.54 miles 8.79 total miles



4. Merge onto US-90 E toward New Orleans.  
Then 36.88 miles 44.66 total miles



5. Merge onto US-90 Bus E toward New Orleans.  
Then 7.02 miles 51.70 total miles



6. Take EXIT 6 toward Manhattan Blvd.  
Then 0.30 miles 52.00 total miles



7. Merge onto Westbank Expy.  
Then 0.09 miles 52.09 total miles



8. Turn left onto Manhattan Blvd.  
*If you reach Green Leaf Dr you've gone about 0.1 miles too far.*  
Then 0.20 miles 52.29 total miles

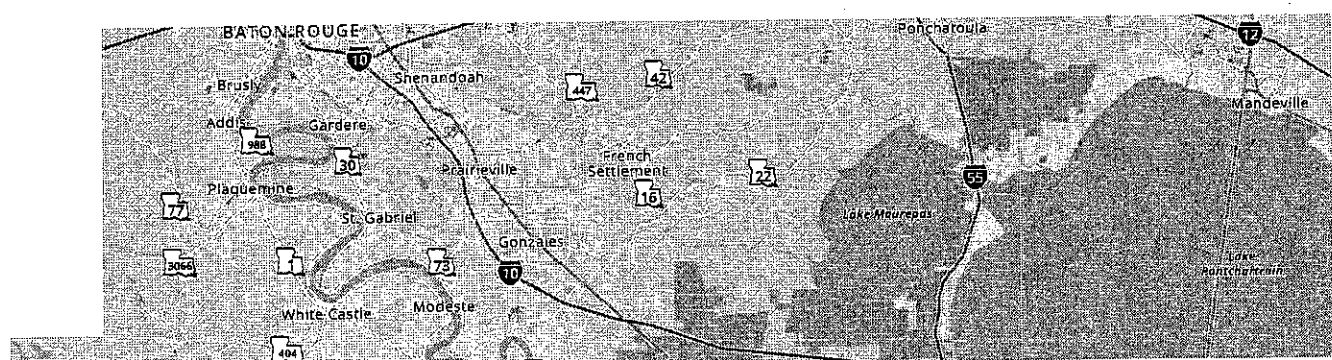


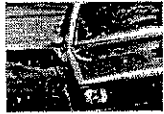
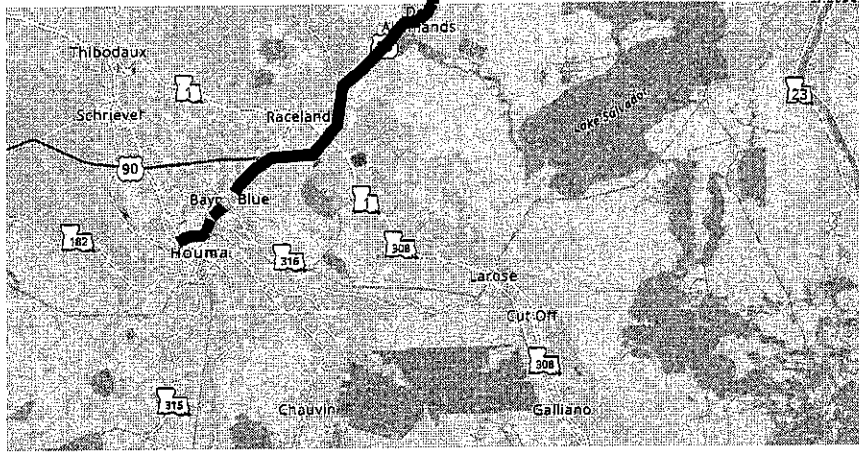
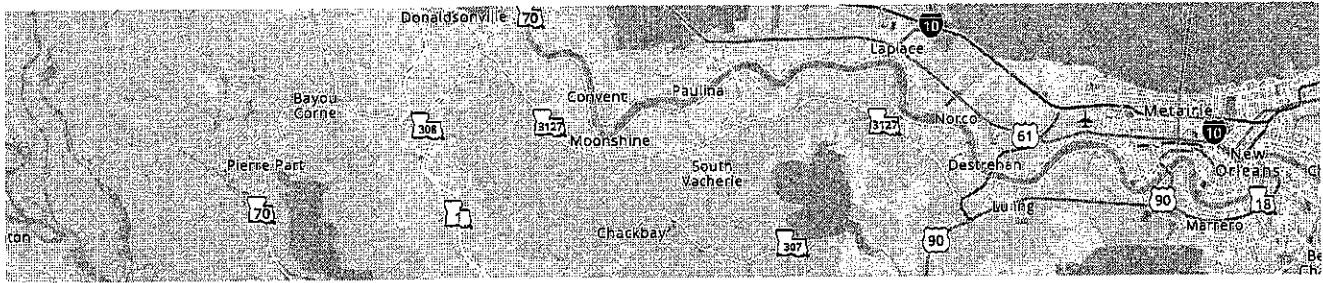
9. Turn left onto 8th St.  
*8th St is 0.1 miles past Westbank Expy.*  
*If you reach Pine St you've gone about 0.1 miles too far.*  
Then 0.41 miles 52.70 total miles



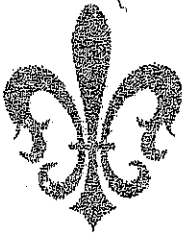
10. 2233 8th St, Harvey, LA 70058-4005, 2233 8TH ST is on the right.  
*Your destination is just past Yetta Ave.*  
*If you reach Marlon Ave you've gone a little too far.*

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# South Lafourche Nursing and Rehab

146 East 28th St  
Cutoff, LA 70364

(985) 693-1045 main  
(985) 693-1011 fax

February 7th, 2019

RE: Emergency Evacuation for 2019

Iberville Oaks Nursing and Rehab  
South Lafourche Nursing and Rehab

Maison DeVile of Harvey  
Maison DeVile of Houma  
West Jefferson Healthcare  
Maison Orleans

To whom it may Concern:

South Lafourche Nursing and Rehab located at 146 East 28th St Cutoff, LA 70345 is at your disposal for use of any and all evacuation procedures. Space within the facility will be made available to you, your residents, and staff in case of emergency. We will coordinate our open beds with the ESF-8 Portals.

Please access the following contact information as needed: Facility phone number: (985) 693-1045

24 hour emergency number(s) Bob Duet (985) 856-8005.

Sincerely,

Bob J. Duet, NFA

# 2019 Nursing Home Emergency Preparedness Plan Survey

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

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

- i. What is the name of each alternate/secondary site(s)?  
South La Fourche Nursing & Rehab
- ii. What is the physical address of each alternate/secondary host site(s)?  
146 East 28th St  
Cutoff LA 70364  
\_\_\_\_\_
- iii. What is the distance, in miles, to each alternate/secondary host site(s)?  
See map
- 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 Dyer  
Phone: 985-693-1045  
Email: N/A  
Fax: 985-693-1011
- 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:  
TO Be Determined  
> Is this adequate for all evacuating residents?  
 Yes. If No - obtain and mark Yes.
- viii. Is the alternate/secondary site a currently licensed nursing home(s)?  
 Yes go to - B.4.d) x.  
 No, go to - B.4.d) ix.
- ix. If alternate/secondary host site is not a licensed nursing home provide a description of host site(s) including:  
> What type of facility it is?  
\_\_\_\_\_  
> What is host site currently being used for?  
\_\_\_\_\_

## 2019 Nursing Home Emergency Preparedness Plan Survey

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

# YOUR TRIP TO:

146 E 28th St, Cut Off, LA, 70345-2207



**44 MIN** | **28.8 MI** 🚗

**Est. fuel cost: \$1.92**

Trip time based on traffic conditions as of 10:26 AM on February 28, 2019. Current Traffic: Moderate



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



1. Start out going northeast on S Hollywood Rd toward W Main St/LA-24.

Then 0.07 miles ..... 0.07 total miles



2. Take the 1st right onto Main St/LA-24. Continue to follow Main St.

*If you are on N Hollywood Rd and reach W Park Ave you've gone a little too far.*

Then 1.90 miles ..... 1.97 total miles



3. Stay straight to go onto Main St/LA-24/LA-56.

Then 5.17 miles ..... 7.14 total miles



4. Turn left onto Country Dr/LA-24.

*If you are on Highway 56 and reach Huit Dr you've gone about 0.3 miles too far.*

Then 0.20 miles ..... 7.33 total miles



5. Turn right onto Highway 24/LA-24.

Then 3.98 miles ..... 11.22 total miles



6. Turn left onto Bourg Larose Hwy/LA-24.

*Bourg Larose Hwy is 0.7 miles past Nelo St.*

*If you are on Highway 56 and reach Klondyke Rd you've gone a little too far.*

Then 14.05 miles ..... 25.27 total miles



7. Turn right onto Highway 3235/LA-3235.

*If you reach E Avenue E you've gone about 0.3 miles too far.*

Then 0.45 miles ..... 25.72 total miles



8. Turn left onto W 15th St.

*W 15th St is just past W 13th St.*

*If you reach W 23rd St you've gone about 0.7 miles too far.*

Then 0.57 miles ..... 26.28 total miles



9. Turn right onto E Main St/LA-308.

*E Main St is just past W Main St.*

*If you are on Highway 308 and reach Twin Oaks Trl you've gone about 0.2 miles too far.*

Then 2.33 miles ..... 28.61 total miles



10. Turn left onto E 25th A St.

*E 25th A St is 0.1 miles past E 27th Pl.*

*If you reach E 26th Pl you've gone a little too far.*

Then 0.10 miles ..... 28.71 total miles



11. Take the 1st left onto E 28th St.

*If you reach the end of E 29th St you've gone about 0.7 miles too far.*

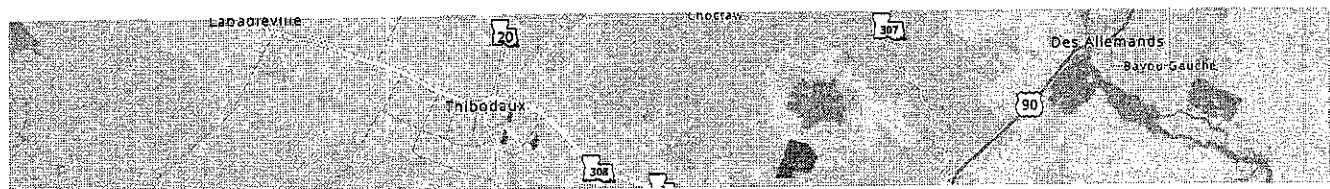
Then 0.04 miles ..... 28.75 total miles

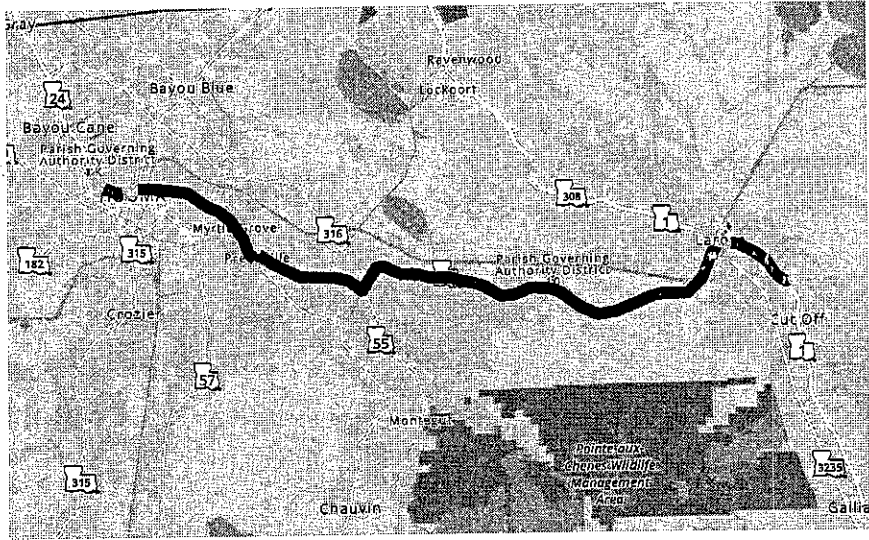
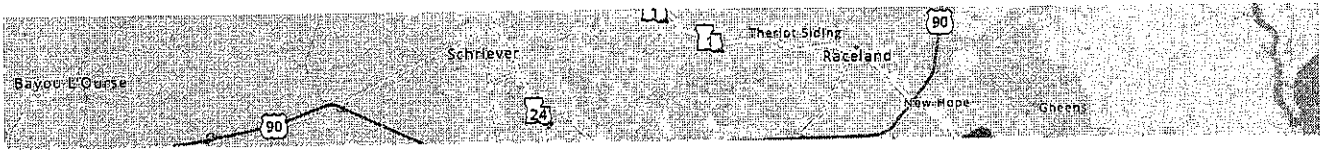


12. 146 E 28th St, Cut Off, LA 70345-2207, 146 E 28TH ST is on the right.

*If you are on E 25th A St and reach E Main St you've gone about 0.8 miles too far.*

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.





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 (1-888-461-3625)

# 2019 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/Water

Name of Supplier:

Reinhardt

Contact Person: Stan Wood

Phone # of Contact Person: 1900-498-3998

FAX#: 1900-733-5200

E-Mail Address: N/A

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 hr

How long will it take to receive the delivery?

48 hrs

Date of agreement/contract/verification: 1/11/19

Date agreement/contract ends: 1/11/20





Reinhart Foodservice  
918 Edwards Ave  
New Orleans, LA 70123

January 11, 2019

Maison De Ville  
107 South Hollywood Dr  
Houma LA 70360

Valued Customer:

This letter shall serve as documentation of the policy of Reinhart Foodservice of Louisiana, L.L.C. ("Reinhart") regarding delivery of goods during a disaster or emergency. Reinhart is committed to working with you to ensure that emergency supplies are available to your facility in the event of an emergency situation.

Should Reinhart be affected by a disaster or emergency the following actions will take place:

- Affected 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 facility or alternate distribution center(s).

If your facility is involved in a disaster or emergency the following items may be supplied upon availability and upon request:

- Emergency seven-day food supply with a 72-hour notice (we reserve the right to Make alternative product substitutions).

Refer to your state's Department of Health and Human Services guidelines for food and water supply for emergencies. Reinhart 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 Reinhart as to stoppage of delivery or delivery to an alternate site. Should you have any questions regarding this policy, please contact your Healthcare Specialist at 1-800-488-3988.

Thank you.  
Sincerely,

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

Area President-SHR/NOR  
Steve Wood

# 2019 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: DS Water

Name of Supplier:

DS Water

Contact Person: N/A

Phone # of Contact Person: 1-800-453-6292

FAX#: N/A

E-Mail Address: N/A

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?

As soon as possible

How long will it take to receive the delivery?

48 hrs

Date of agreement/contract/verification: 2/27/2019

Date agreement/contract ends: 2/27/2020

# DS Waters

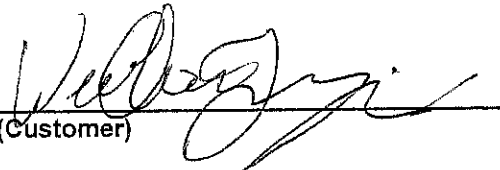
## DS WATERS OF AMERICA, INC. EMERGENCY WATER AGREEMENT

This Emergency Water Agreement (the "Agreement") is entered into as of February 27, 2001 (the "Effective Date") by and between DS Waters of America, Inc. ("DSW") and the undersigned customer ("Customer"). Under this Agreement, DSW will make reasonable efforts to 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").
- (2) All deliveries under this Agreement will be based on availability after DSW services regularly scheduled customers.
- (3) A 50-gallon minimum on all emergency water shipments is required. Product sales are subject to availability of package size and water type.
- (4) Customer shall be charged DSW'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: 465 N. Halstead, Pasadena, California 91107.
- (6) DSW DISCLAIMS ANY AND ALL WARRANTIES UNDER THIS AGREEMENT, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, CLEAR TITLE, OR NONINFRINGEMENT. The total liability of DSW under this Agreement shall be limited to repairing or replacing

defective water bottles delivered by DSW to Customer. DSW 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 DSW, 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 DSW pursuant to this Agreement. Customer agrees to waive and hold DSW 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 DSW. 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.

  
(Customer)

By: Maison De'Ville Nursing Home  
Name: William Daigle  
Title: Administrator

Address: 107 S. Hollywood Rd.  
City/State/Zip: Houma, LA 70360  
Phone: (985) 876-3250

# 2019 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: Med

Name of Supplier:

Peoples Drug Store Inc.

Contact Person: SUSAN B

Phone # of Contact Person: 989-873-8526

FAX#: 985-873-8541

E-Mail Address: N/A

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?

N/A

How long will it take to receive the delivery?

10 MIN



Date of agreement/contract/verification: 4/15/19

Date agreement/contract ends: 4/15/20

# Peoples DRUG STORE, INC.

## Emergency Medications Agreement

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

	
Maison De'Ville	Peoples Drug Store
107 S. Hollywood Rd.	7869 Main Street
Houma, LA 70360	Houma, LA 70360
Date <u>1/15/19</u>	Date <u>01/15/19</u>

# 2019 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: Medical

Name of Supplier:

Medline Industries Inc.

Contact Person: Brian Bevers

Phone # of Contact Person: 563-543-0558

FAX#: 563-584-7977

E-Mail Address: WA

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 hrs

How long will it take to receive the delivery?

Min of 24 hrs

Date of agreement/contract/verification: 2/1/19

Date agreement/contract ends: 2/1/20



# Medline Industries, Inc.

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

Gulf Coast Plan  
Updated January 2019

2019  
WH

## PURPOSE AND SCOPE

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

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

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

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

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

## Medline Capabilities

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

Our greatest strengths include our network of 40+ distribution centers with 17.6+ million SF, thousands of dedicated Team Members, 700+ power units in our owned fleet, \$1.8+ billion in domestic inventory, critical disaster response equipment, and our detailed internal disaster response plan. This is in addition to strategic contractual agreements with third party transportation providers and world class emergency preparedness and response partners that we train and work with.

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

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

\$1,800,000,000 of inventory into a targeted geographic area. For the Gulf Coast, our distribution centers in Auburndale, FL; Medley, FL; Oklahoma City, OK; Prattville, AL; Maumelle, AR; Katy, TX; Memphis, TN; and Covington, LA; combined with the Wilmer, TX and McDonough, GA distribution centers (two of our largest central stocking locations or "Hubs"), offer a logistical advantage in times of crisis. As situations occur, inventory is immediately re-directed to the areas with the most critical need.

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

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

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

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



## Disaster Preparedness and Response Plan

### MEDLINE EMERGENCY ACTION PLAN

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

#### Medline's Disaster Response Team (DRT)

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

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

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

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

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

#### Customer Communications

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

## Disaster Preparedness and Response Plan

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

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

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

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

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

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

### Disaster Preparedness Checklist

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

### Key Contacts

Name	Organization/Position	Primary	Secondary
Customer Service	Monday - Friday 8:00 AM - 8:00 PM (EST)	800-633-5463	563-589-7977
Customer Service Extended Hours	Monday - Friday 8:00 PM - 8:00 AM (EST) & 24 Hours Sat. - Sun.	563-543-0558	
Bill Abington	President, Global Operations	847-949-2002	847-922-3882
Brian Bevers	SVP, Operations	847-643-4830	847-708-7676
Jeff Brennan	VP, Transportation - Outbound	847-643-4147	847-372-7352
Larry Corrigan	VP, Operations	847-643-4251	847-903-9661
Nick Dow	RVP, Operations	847-643-4852	773-392-1704
Efrem Hawkins	AVP, Operations	909-429-4734 x2235	951-317-2769
Harry Hays	AVP, Operations	972-572-1001 x2223	253-468-5252
Chris Johnson	AVP, Operations	224-931-1480	847-532-4889
Paul Niederkorn	AVP, Operations	763-428-0124 x2221	214-762-6385
Ben Roedel	AVP, Operations	224-931-1067	920-210-0447
Dave Sevenikar	AVP, Operations	951-296-2600 x1232	909-376-3052
Wes Swearingin	SVP, Operations	847-643-4255	847-445-7120

#### Medline Customer Service

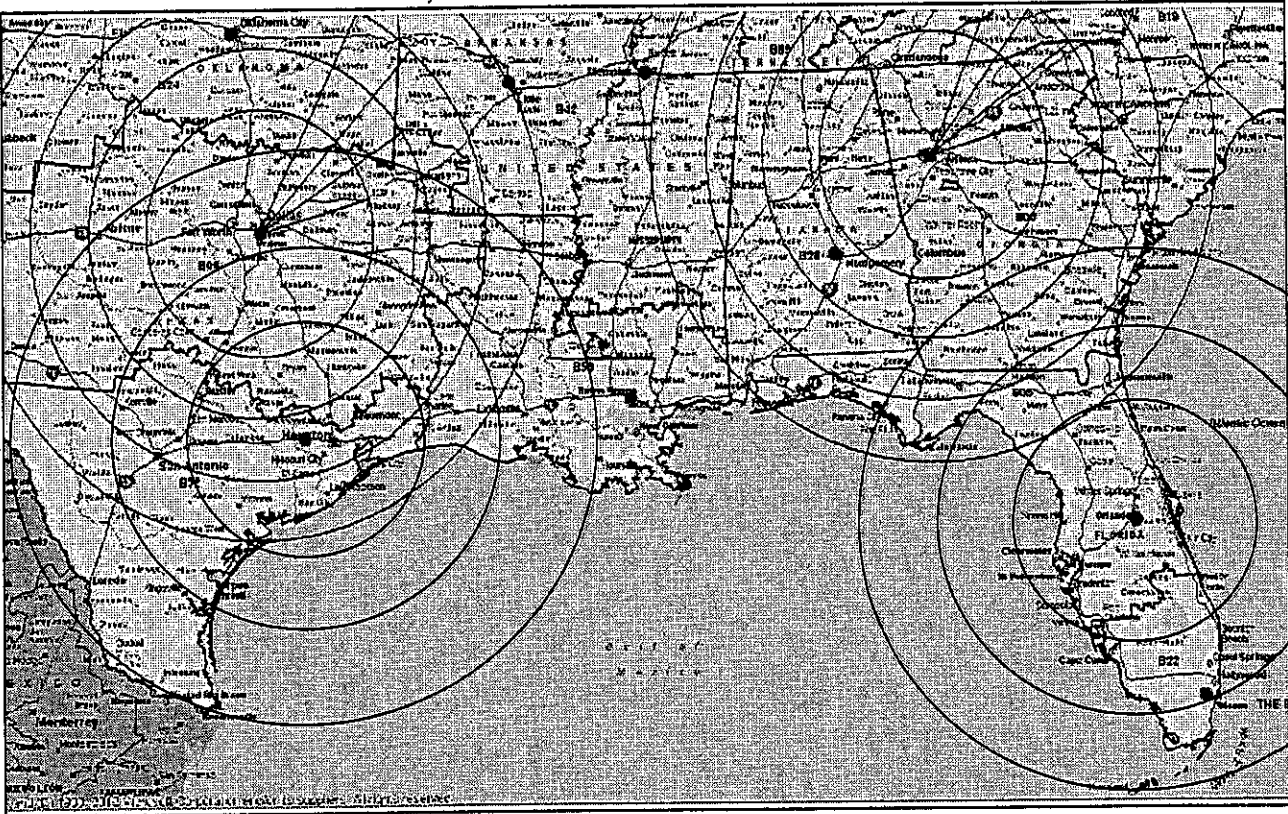
Medline's customer service department is available 24 hours a day, 365 days a year for assistance with emergency orders.

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

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

# Disaster Preparedness and Response Plan

## GULF COAST DISTRIBUTION CENTERS



McDonough, GA - C03  
1500 Medline Drive  
McDonough, GA 30253

Auburndale, FL - C05  
1062 Old Dixie Highway  
Auburndale, FL 33823

Wilmer, TX - B06  
1 Medline Drive  
Wilmer, TX 75172

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

Oklahoma City, OK - B24  
8001 SW 47th Street  
Oklahoma City, OK 73179

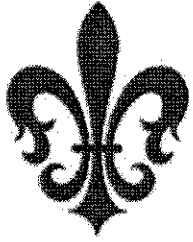
Prattville, AL - B28  
735 County Road 4 East  
Prattville, AL 36067

Maumelle, AR - B31  
500 Sharkey Dr  
Maumelle, AR 72113

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

Memphis, TN - B42  
4500 Mendenhall Road  
Memphis, TN 38141

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



# MAISON DE'VILLE of HOUMA

Nursing Home & Rehabilitation

107 South Hollywood Rd  
Houma, LA 70360


(985) 876-3250 main  
(985) 873-0046 fax

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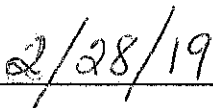
2/28/2019

Maison De'Ville Nursing Home  
107 South Hollywood Dr.  
Houma LA 70360

Delivery of 2019 Nursing Home Emergency Preparedness Plan and Survey updates for 2019.

A handwritten signature in cursive script, reading "Suzy Bourg", written over a horizontal line.

Signature

A handwritten date "2/28/19" written in cursive script, positioned above a horizontal line.

Date



# MAISON DE'VILLE of HOUMA

Nursing Home & Rehabilitation

107 South Hollywood Rd  
Houma, LA 70360

(985) 876-3250 main  
(985) 873-0046 fax

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2/28/2019

Maison De'Ville Nursing Home  
107 South Hollywood Dr.  
Houma LA 70360

Please accept the following documentation as sufficient evidence that Masion Deville of Houma has demonstrated substantial compliance in the updated review and delivery of its emergency preparedness plan and survey.

Sincerely,

William T. Daigre

**RECEIVED**  
MAR 01 2019  
**HEALTH STANDARDS**