

Maison De'ville of Harvey
NURSING HOME & REHABILITATION

2233 8th street
Harvey, LA 70058

A tradition of carina

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

February 17, 2020


Jefferson Parish – Louisiana
Emergency Management
EMS Compliance Division

Re: 2020 Emergency Plans

Dear Ms. Ward,


Please accept a copy of our updated changes for our Emergency Plan for 2020.

Sincerely,

 #3569

Anthony Jones, LNFA
Administrator of Maison Deville of Harvey

Jefferson Parish – Louisiana – Emergency Management – EMS Compliance Division have received an official copy of the updated changes to the Emergency Plan for 2020 from Maison Deville of Harvey Nursing Home.

 #3569

Signature

2-17-20

Date

"Family Owned and Operated"

**MAISON DEVILLE OF HARVEY
NURSING HOME**

EMERGENCY PREPAREDNESS

2020

"Family Owned and Operated"



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EMERGENCY PLANS – 2020

SUBMITTAL TO JEFFERSON PARISH – EOM

"Family Owned and Operated"

2020
NURSING HOME EMERGENCY PLAN

Facility Name:
MAISON DEVILLE OF HARVEY NURSING HOME

Name of Administrator:
Anthony Jones, LNFA

Physical or Geographic Address of Facility:
2233 8th Street
Harvey, LA 70058
Longitude: -90.07414 Latitude: 29.90449

Mailing Address of the Facility:
2233 8th Street
Harvey, LA 70058

Phone#:
504-362-9522
Fax #:
504-368-4118

E-mail address:
ajones@devilleharvey.com

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**2020 NURSING HOME EMERGENCY PREPAREDNESS LETTER
OF AUTHENTICATION**

"Family Owned and Operated"

All information needs to be completed before March 1 submittal to DHH-HSS.

EMERGENCY PREPAREDNESS PLAN FOR:

MAISON DEVILLE OF HARVEY NURSING HOME

Has been submitted to the local or parish **OFFICE OF HOMELAND SECURITY AND EMERGENCY PREPAREDNESS** and verification of the following is included in (Tab P)

Our facility's Emergency Preparedness Plan has been submitted to the

Jefferson Parish Department of Emergency Management

JEFFERSON PARISH OFFICE OF HOMELAND SECURITY AND EMERGENCY PREPAREDNESS

And the Emergency Plan was (circle one or more of the following):

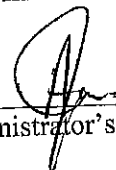
RECEIVED OR REVIEWED OR APPROVED

Circle Yes or No

YES or NO - Did the Office of Homeland Security and Emergency Preparedness give any recommendations? **Include in Tab P**

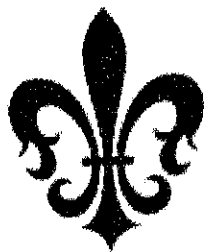
YES or NO - Did the facility address these recommendations?

Include any recommendations, or correspondence from OHSEP and facility's response in Tab P. If no response from the local /parish Office of Homeland Security and Emergency Preparedness; include a mail receipt or similar verification that it was sent of delivered to their office.

 #3569
Administrator's Signature

Anthony Jones
Print Name

"Family Owned and Operated"



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February 17, 2020

AUTHENTICATION – 2019 Nursing Home Emergency Preparedness Plan Survey

Maison Deville of Harvey Nursing Home

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

Effective Date: March 1, 2020

 #3569
Anthony Jones, LNFA

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**EMERGENCY
UPDATED
PLAN/SURVEY
2020**

"Family Owned and Operated"

2020 Nursing Home Emergency Preparedness Plan Survey

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

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

Guidance

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

Directions for the Completion of Survey

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

2020 Nursing Home Emergency Preparedness Plan Survey

6. **If printing out and manually completing this survey:**

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

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

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

Mail To:

P.O. Box 3767

Baton Rouge, LA 70821

Or Ship To:

628 N. 4th St, 3rd Floor

Baton Rouge, LA 70802

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

Health Standards Section, Nursing Home Emergency Preparedness

Malcolm Tietje

Phone: (225)342-2390

Fax: (225)342-0453

E-Mail: Malcolm.Tietje@la.gov

Or

Health Standards Section, Program Manager

Mary Sept

Phone: (225)342-3240

Fax: (225)342-0453

E-Mail: Mary.Sept@la.gov

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Revised for 2020

2020 Nursing Home Emergency Preparedness Plan Survey

For Year: 2020

Facility Name (Print):

Maison De'Ville of Harvey

Name of Administrator (Print):

Anthony Jones

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

Phone #: N/A

Cell Phone #: 985-205-7543

Administrator E-Mail: ajones@devilleharvey.com

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

Name: Denise Madsen

Position: Director of Nursing

Phone #: N/A

Cell Phone #: 504-858-1726

E-Mail: den@devilleharvey.com

Physical or Geographic address of Facility (Print):

2233 8th Street

Harvey, LA 70058

Longitude: -90.07414

Latitude: 29.90449

2020 Nursing Home Emergency Preparedness Plan Survey

VERIFICATION of OHSEP SUBMITTAL for Year: 2020

Nursing Facility's Name: Maison De'ville of Harvey

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**.

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

Date submitted: _____

MARK the appropriate answer:

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

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

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

2020 Nursing Home Emergency Preparedness Plan Survey

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

- A. Are the facility's goals, in regards to emergency planning, documented in plan?
☒ YES
➤ NO, if goals are NOT in plan add the facility's goals and indicate completion by marking YES.

- B. Does the facility's plan enable the achievement of those goals?
☐ YES
➤ NO, if plan does NOT provide for the achievement of goals, correct the plan and indicate completion by marking YES.

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

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

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

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

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

i. 72 Hours before the arrival of the hurricane.

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

i. 60 Hours before the arrival of the hurricane.

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

TITLE/POSITION: Owner

NAME: Bob G. Dean Jr.

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

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

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

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

i. 72 Hours before the arrival of the hurricane.

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

i. 60 Hours before the arrival of the hurricane.

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2020 Nursing Home Emergency Preparedness Plan Survey

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

TITLE/POSITION: Owner

NAME: Bob G Dean Jr.

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

A. Facility Description:

1. What year was the facility built? 1966

2. How many floors does facility have? 1

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

☐ Yes, answer 3.a, b, c, d

☒ No/Unknown, answer 3.e

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

i. ☐ Category 1- winds 74 to 95 mph

ii. ☐ Category 2- winds 96 to 110 mph

iii. ☐ Category 3- winds 111 to 130 mph

iv. ☐ Category 4- winds 131 to 155 mph

v. ☐ Category 5- winds 156 mph and greater

vi. ☒ Unable to determine : see A.3.e

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

i. ☐ Category 1- winds 74 to 95 mph

ii. ☐ Category 2- winds 96 to 110 mph

iii. ☐ Category 3- winds 111 to 130 mph

iv. ☐ Category 4- winds 131 to 155 mph

v. ☐ Category 5- winds 156 mph and greater

vi. ☒ Unable to determine : see A.3.e

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

i. ☐ Based on professional/expert report,

ii. ☐ Based on building plans or records,

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

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

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

i. ☒ Yes

ii. ☐ No

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

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

a) Building's lowest living space is -1.3 feet above sea level.

b) Air conditioner (HVAC) is 79 feet above sea level.

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Revised for 2020

2020 Nursing Home Emergency Preparedness Plan Survey

- c) Generator(s) is 79 feet above sea level.
- d) Lowest electrical service box(s) is 79 feet above sea level.
- e) Fuel storage tank(s), if applicable, is _____ 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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2020 Nursing Home Emergency Preparedness Plan Survey

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

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

- ❖ See the **A** zones. Note: **AE** zones are now used on new format FIRMs instead of A1-A30 Zones. The BFE is a computed elevation to which floodwater is anticipated to rise. Base Flood Elevations (BFEs) are shown on Flood Insurance Rate Maps (FIRMs) and flood profiles.
- ❖ The facility's Base Flood Elevation(BFE) is: 3 Feet above HEAG

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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2020 Nursing Home Emergency Preparedness Plan Survey

11. Have the areas of the building that are to be used for safe zones/sheltering been identified?
 a) ☒ Yes
 b) No. Identify these areas then indicate that this has been completed by marking Yes.
12. Have the facility's internal and external environments been evaluated to identify potential chemical or biological hazards?
 a) ☒ Yes
 b) No. Evaluate and identify areas then indicate that this has been done by marking Yes.
13. Has the facility's external environment been evaluated to identify potential hazards that may fall or be blown onto or into the facility?
 a) ☒ Yes
 b) No. Evaluate and identify areas then indicate that this has been done by answering Yes.
14. Emergency Generator - **generator information should match MSTAT!**
 a) Is the generator(s) intended to be used to shelter in place during hurricanes (extended duration)?
 i. ☒ Yes. The generator(s) will be used for Sheltering in place for Hurricanes.
 ii. ☐ No. The generator(s) will **NOT** be used for Sheltering In Place for Hurricanes.
- b) What is the **wattage(s)** of the generator(s)? Give answer in **kilowatts (kW)**.
 1st; 20kw 2nd generator; _____ 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 72 Hours 2nd _____ Hours 3rd _____ Hours
- e) If generator will be used for sheltering in place for a hurricane (extended duration), are there provisions for a seven day supply of fuel?
 i. ☐ Not applicable. The facility will not use the generator for sheltering in place during hurricanes.
 ii. ☐ Yes. Facility has a seven day supply on hand at all times or natural gas.
 iii. ☒ Yes. Facility has signed current contract/agreement for getting a seven day fuel supply before hurricane.
 iv. No supply or contract. Obtain either a contract or an onsite supply of fuel, OR make decision to not use generator for sheltering in place, then mark answer.
- f) Will life sustaining devices, that are dependent on electricity, be supplied by these generator(s) during outages?
 i. ☒ Yes
 ii. ☐ No

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2020 Nursing Home Emergency Preparedness Plan Survey

g) Does generator provide for air conditioning?

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

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

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

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

- ☐ Yes
- ☐ No

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

☒ Yes

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

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

a) Who supplies electricity to the facility?

i. Suppliers name: Entergy

ii. Account #: 23089857

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

i. Suppliers name: Jefferson Parish Water Board

ii. Account #: 30529 + 305740

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

i. Suppliers name: Atmos

ii. Account #: 25-000789848-0285348-5

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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2020 Nursing Home Emergency Preparedness Plan Survey

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

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

1. Residents information

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

Total Licensed Beds: 100

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

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

RED: 0

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

YELLOW: 23

- 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: 32

- 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: 45

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

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

☒ Yes. If No - Obtain and mark Yes.

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

☒ Yes. If No - Obtain and mark Yes.

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2020 Nursing Home Emergency Preparedness Plan Survey

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

2. Staff

- a) Is each of the following provided in the list(s) or roster(s) of all current staff that is kept in or used with the facility emergency preparedness plan: **do not send in this list or roster.**
 - i. Emergency contact information for all current staff?
☒ Yes. If No - Obtain and mark Yes.
 - ii. Acknowledgement of if they will work during emergency events like hurricanes or not?
☒ Yes. If No - Obtain and mark Yes.
- b) What is **total number** of planned **staff** and other **non residents** that will require facility transportation for an evacuation or need to be sheltered?
20

3. Transportation - should match what is in MSTAT!

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

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- b) Does each contract or agreement for **NON-AMBULANCE**- transportation contain the following information? **NOTE: Vehicles that are not owned by but at the disposal of the facility shall have written usage agreements (with all required information) that are signed and dated. Vehicles that are owned by the facility will need to verify ownership.**

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)?

Plaquemine Plaza Holding LLC

ii. What is the physical address of each host site(s)?

129 Calhoun Street
Independence La 70443

iii. What is the distance to each host site(s)?

74 miles

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

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

☒ Yes. If No - obtain and mark Yes.

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- vi. Who is the contact person at each **primary** host site(s)?
 Name: Angie Courville
 Phone: 225 343 9152
 Email: angie.c@deancompanies.com
 Fax: 225 612 6603
- vii. What is the capacity (number of residents allowed) of each **primary** host site(s)?
 ➤ Capacity that will be allowed at each site: 500
 ➤ Total Capacity of all primary sites: 500
 ➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **primary** site a currently licensed nursing home(s)?
☐ Yes, go to- B.4.b) x.
☒ No, go to- B.4.b) ix.
- ix. If **primary** host site is **not** a licensed nursing home provide a description of host site(s) including;
 ➤ What type of facility it is?

 ➤ What is host site currently being used for?

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

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

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- xi. Is there a specified time or timeline (H-Hour) that primary host site will need to be notified by?
☐ Yes. If Yes - what is that time? _____
☒ No.
- c) Does the facility have current contracts or verified agreements for an alternate or secondary host site(s)?
☒ Yes. If No - obtain and mark Yes.
- d) Provide the following information: (list all sites, if multiple sites list each - see extra pages)
- i. What is the name of each alternate/secondary site(s)?
West Jefferson Health care
 - 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)?
1.1 miles
 - iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☒ Yes
☐ No
 - v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
 - vi. Who is the contact person at each alternate/secondary host site(s)?
 Name: Lindsay Dukes NFA
 Phone: 504 421 0145
 Email: ldukes@westjeffersoning.com
 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:
100
 ➤ Total Capacity of all alternate/secondary sites:
100
 ➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
 - viii. Is the alternate/secondary site a currently licensed nursing home(s)?
☒ Yes, go to - B.4.d) x.
☐ No, go to - B.4.d) ix.

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- ix. If **alternate/secondary** host site is **not** a licensed nursing home provide a description of host site(s) including;
- What type of facility it is?
Nursing Facility
 - What is host site currently being used for?
Nursing Facility
 - Is the square footage of the space to be used adequate for the residents?
☒ Yes
☐ No
 - What is the age of the host facility(s)?

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

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

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

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ii. Does each contract for **Drinking Water or fluids** contain all of the following?

- name of supplier?
 - specified time or timeline (H-Hour) that supplier will need to be notified
 - contact information of supplier
- ☒ Yes. If No - obtain information then mark Yes.

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

☒ Yes. If no - obtain and mark Yes

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

☒ Yes. If no - complete and mark Yes

c) Does facility have a supply of water for needs other than drinking?

☒ Yes

If No - make necessary provisions for water for non drinking needs then mark Yes.

d) **For evacuations**, does host site(s) have an adequate supply of water for all needs?

☒ Yes

If No - make necessary provisions for water for non drinking needs then mark Yes

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

a) Does facility have - **on site** - a seven day supply of **medications for all resident's needs**?

☒ Yes. go to - B. 7. c)

☐ No. go to - B. 7.b) i,ii,iii,iv

b) If no, provide the following:

i. Does facility have a current or currently verified contract to have a seven day supply of **medications** delivered prior to a foreseeable emergency event?

☒ Yes, see B. 7.b) ii, iii, iv

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

ii. Does contract for **medications** contain the following?

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

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

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

☒ Yes. If no - obtain and mark Yes.

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

☒ Yes. If no - complete and mark Yes.

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

☒ Yes

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

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

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

☒ Yes. go to - B. 8. c)

☐ No. go to - B. 8. b) i, ii, iii, iv

- b) If no, provide the following:

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

☐ Yes, see B. 7.b). ii, iii, iv

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

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

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

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

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

☐ Yes. If no, obtain and mark Yes.

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

☐ Yes. If no, complete and mark Yes

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

☒ Yes

If No - make necessary provisions for medications then mark Yes

9. Communications/Monitoring - all hazards

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

- i. What equipment/system does facility use to **monitor** emergency broadcasts or alerts? radio, cellphone alerts, television, email or text Reg. 2 floor.

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

☒ Yes. Name equipment: _____

☐ No

- iii. Is the equipment tested?

☒ Yes

☐ No

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iv. Is the **monitoring** equipment powered and operable during utility outages?

- ☒ Yes.
☐ No.

v. Are there provisions/plans for facility to **monitor** emergency broadcasts and alerts at **evacuation site**?

- ☒ Yes
☐ No

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

i. What equipment does facility have to **communicate** during emergencies?

ii. Is there back up or alternate equipment used to send/receive and what is it?

- ☐ Yes. Name equipment: _____
☒ No

iii. Is the equipment tested?

- ☐ Yes
☒ No

iv. Is the **communication** equipment powered and operable during utility outages?

- ☒ Yes.
☐ No

v. Are there provisions/plans for facility to send and receive **communications** at evacuation site?

- ☒ Yes
☐ No

C. All Hazard Analysis

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

- ☒ Yes

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

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

A. **Plans for sheltering in place**

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

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

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

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

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

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

Provide Name: Bob G. Dean Jr.

Position: Owner

Emergency contact information:

Phone: 225-343-9152

Email: l@deancompanies.com

Fax: 225-343-9152

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

Provide Name: Anthony Jones, LNFA

Position: Administrator

Emergency contact information:

Phone: 504-362-9522

Email: a.jones@devilleharvey.com

Fax: 504-263-5099

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

Provide Name: Anthony Jones, LNFA

Position: Administrator

Emergency contact information:

Phone: 504-362-9522

Email: a.jones@devilleharvey.com

Fax: 504-263-5099

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

Provide Name: Denise Madsen

Position: DON

Emergency contact information:

Phone: 504-362-2020

Email: den@devilleharvey.com

Fax: 504-263-5099

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

Provide Name: Anthony Jones, LNFA

Position: Administrator

Emergency contact information:

Phone: 504-362-9522

Email: a.jones@devilleharvey.com

Fax: 504-263-5099

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

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

Carolyn Renard / Social 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:

Admin Anthony Jones

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?

DOX Denise Madser

- a) Resident's identification.
- b) Resident's current or active diagnoses.
- c) Resident's medications, including dosage and times administered.
- d) Resident's allergies.
- e) Resident's special dietary needs or restrictions.
- f) Resident's next of kin, including contact information.

4. Title or position of person(s) assigned to ensure that an adequate supply of the following items accompany residents on buses or other transportation during all phases of evacuation?

Jeffery Nelson, 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?

Admin Anthony Jones

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V. Administration & Logistics

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

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

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

VI. Plan Development and Maintenance

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

- ☒ Yes
☐ No

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

- ☒ Yes
☐ No

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

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

- ☒ Yes

No - Complete this step then mark Yes

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

- ☒ Yes

No - Complete this step then mark Yes

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

- ☒ Yes

No - Complete this step then mark Yes

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

- ☒ Yes

No - Complete this step then mark Yes

THIS IS NOT AN EMERGENCY PLAN

Revised for 2020

2020 Nursing Home Emergency Preparedness Plan Survey

5. Were all updates, amendments, modifications or changes to the nursing facility's emergency preparedness plan submitted to the Health Standards Section along with this survey?
- ☒ Yes
No - Complete this step then mark Yes

VII. Authentication

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

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

THIS IS NOT AN EMERGENCY PLAN

Revised for 2020



EMERGENCY OPERATIONS PLAN



Submitted by: Anthony Jones, LNFA
MAISON DEVILLE NURSING HOME OF HARVEY 2233 8TH STREET, HARVEY, LA 70058

I. Emergency Operations Plan Overview

Our facility is committed to protecting the well-being of our residents, staff and visitors. An important aspect of this responsibility is the development and active commitment of facility leadership and staff to an effective Emergency Management Program (EMP). This document, our facility's All-Risk Emergency Operations Plan (EOP), states our organization's understanding of how we will manage and conduct actions under emergency conditions. As such, it has been reviewed and approved by our organization's leadership.

This plan has been developed based on understanding both natural and man-made disasters that may pose risks to the health and safety of residents, staff and visitors and may impact the facility's operations.

This is an "all hazards" plan and we have verified through our Hazard Vulnerability Analysis (HVA) that the hazards that pose the greatest risk (a combination of probability and consequence) are given special attention in our plan, training and exercises.

We recognize that the effectiveness of this plan requires the commitment of facility administrators and staff. The day-to-day provision of services to our residents requires considerable focus and effort, yet we have a duty to prepare for events that may have significant impact to our residents and facility.

This plan will be reviewed at least annually and updated as necessary based on information obtained from drills and activation or changes to local, state and federal regulatory requirements.

II. Purpose and Scope

The purpose of our EOP is to describe our all-hazards approach to emergency management, and by so doing, support the following incident objectives:

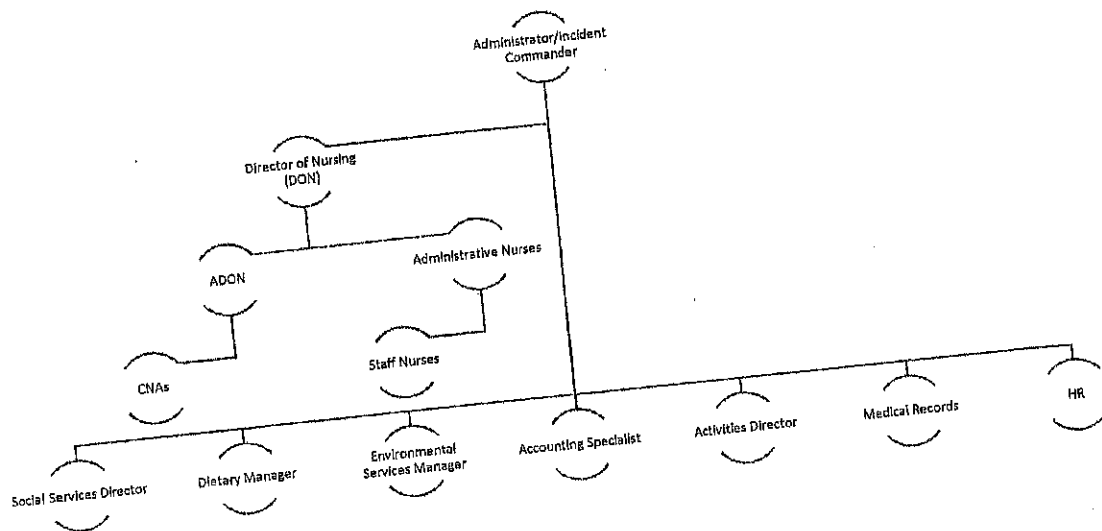
- Maintain a safe and secure environment for residents, staff and visitors;
- Sustain our organization's functionality, including our usual day-to-day business operations
- Integrate into the community's emergency response system as necessary.

The scope of this plan extends to any event that disrupts, or has the potential to disrupt, our normal standards of care or business continuity. This includes the impact due to internal incidents, such as a fire, or external incidents, such as an earthquake.

III. Structure and Leadership

The organizational structure is as indicated by the Organization Chart and identifies the general chain-of-command and principal roles of facility administrators and department managers/supervisors.

The normal organizational structure and its associated processes are well suited for day-to-day operations but may be adjusted to accommodate changes needed for emergency management. Based on the nature of the hazard and once the EOP is activated, our leadership structure may switch to the emergency management system, called the Incident Command System (ICS). In the event of activation, the emergency management team forms a "parallel structure" to the existing management team. The head of the emergency management system, "Incident Commander/Facility Administrator" reports to the CEO and/or corporate designee.



IV. Risk Assessment

Comprehensive emergency management includes four phases: preparedness, mitigation, response and recovery. A critical component of the preparedness phase is assessing risks and vulnerabilities, and a common tool used for this purpose is the Hazard Vulnerability Analysis (HVA). For this reason, our facility has completed an HVA that is reviewed annually.

A. Hazard Vulnerability Analysis (HVA)

To complete our initial HVA, we completed the following six-step process:

1. Establish the participants in the HVA process. We involved knowledgeable stakeholders in the HVA process, including both facility and corporate input.
2. Identify the hazards. This step consists of identifying all the hazards that could significantly impact operations, residents care, or unusual service needs. Hazards may be both internal to the facility or community-based.
3. Assess the hazard-associated "risk". Each identified hazard was assessed according to its probability and consequences.
4. Rank the hazards by magnitude of risk. This step involves sorting the risks into categories, e.g., high risk, moderate risk, and low risk. This step also includes expert judgment, e.g., information from emergency management officials that may be aware of community vulnerabilities.
5. Analyze the vulnerability of "mission-critical" systems to each hazard. This final step assessed vulnerabilities relative to human impact, property and facility impact, and operational impact.
6. Prioritize the vulnerabilities and implement risk intervention activities (mitigation) as appropriate. Generally, our vulnerabilities are ranked by the following priorities:
 - a. Life safety threat (injury/illness, death, short and long-term health risk)
 - b. Disruption of facility operations
 - c. Business system failure
 - d. Loss of customer
 - e. Property and/or environment damage
 - f. Liability and/or legal/regulatory exposure

Hazard Vulnerability Analysis (HVA)

For each hazard listed in column 1, rate the probability of the event occurring, and the severity of the possible impact. Sum the scores from columns 2-5 and list the result in column 6. This method is used to consider which hazards to use as "most likely scenarios" based on ratings and to help determine the most appropriate strategies for management.

EVENT 1	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK 6
	PROBABILITY 2	HUMAN IMPACT 3	PROPERTY IMPACT 4	BUSINESS IMPACT 5	
	Likelihood this will occur 0 = N/A 1 = Low 2 = Moderate 3 = High	Possibility of death or injury 0 = N/A 1 = Low 2 = Moderate 3 = High	Physical losses and damages 0 = N/A 1 = Low 2 = Moderate 3 = High	Interruption of services 0 = N/A 1 = Low 2 = Moderate 3 = High	
SCORE					
	1	0	2	1	4
Flood	3	1	2	2	8
Hurricane	1	3	3	3	10
Fire	1	2	2	2	7
Tornado	3	1	2	2	8
Severe Weather	1	3	1	1	6
Bomb/Active Shooter					

See Section 13 for HVA.

B. Top 3 Risks

Our HVA assessment process has determined that the top three risks facing our facility include those listed below:

1. Fire
2. Hurricane/Severe Weather
3. Tornado
- 4.

C. Risk Mitigation

Mitigation planning establishes a short and long-term action plan to eliminate hazards and/or reduce the impact of those hazards that are inevitable.

Based on the results of the HVA, the mitigation strategy considers, but is not be limited to, the following:

- The use of appropriate building construction standards.
- Relocation, retrofitting or removal of structures at risk.
- Removal or reduction of the amount or size of the hazard.
- Segregation of the hazard from that which is to be protected.
- Provision of protective systems or equipment.
- Establishing hazard warning and communications procedures.
- Redundancy or duplication of critical systems, equipment, information, operations, or materials.

Our emergency operations program is designed to be "all hazard" meaning that we remain vigilant and ready to respond to all emergency events whether they have been pre-identified through our HVA or not. This is accomplished through practiced team work, good communication and the process of incident action planning.

D. Emergency Management Codes and Procedures

Policy Statement

Emergency management codes are used to notify employees of a crisis or disaster that may impact the facility. Codes are used to inform employees and begin mobilization of resources before general notification of residents, family or visitors.

Policy Interpretation and Implementation

1. The following are some examples of hazards that Maison Deville Nursing Home of Harvey may be exposed to and the codes are utilized to notify the employees of the various crises or disaster situations that may impact the facility:
 - a. Fire Emergency (Code Red)
 - b. Missing Resident (Dr. Wander)
 - c. Severe Weather/Natural Disaster (Code Green)

d. Utility Outage (Code Black)

e. Hazardous Materials Incident (Code Orange)

f. Workplace Violence or Threat of Violence (Code Gray)

g. Nuclear Power Plant Emergency (Code Brown)

h. Suspicious Package/Bomb Threat (Code Yellow)

i. Medical Emergency (Code Blue)

j. Epidemic/Pandemic Episode (Code Purple)

k. Terrorist Attack (Code White)

l. Evacuation _____

m. Shelter-in-Place _____

2. All employees are trained to respond to emergency situations that may impact the facility.

IV. Communication Plan

A. Overview

Our communication plan supports *rapid* and *accurate* communication both internally and externally. This section describes the elements of a basic communication plan incorporated into this EOP.

Relative to internal communications, the facility maintains a contact list of all staff, including telephone numbers and email addresses (if available). This contact information may be used whenever it is necessary to notify staff of a threat or emergency that may impact or involve them. We have a regular schedule to update staff on critical information related to the emergency. **See Section 3 for detailed information including contact information, organizational chart, staff assignments and emergency contact numbers.**

B. Internal Communication

Once an incident is recognized that may require activation of the EOP, the person who first recognizes the incident should immediately notify their supervisor or the senior manager on site.

Our internal communication equipment includes:

- ☐ Overhead Page
- ☐ Cell phones with texting
- ☐ Message board
- ☐ Runner

C. Communication with External Partners

It is also important to communicate with relevant external partners to: 1) gather information relevant to the incident, and 2) share information regarding the facility's status, activities and needs. Our facility will report incidents as required to jurisdictional authorities. We may also share relevant situational information with external partners consistent with local policies and procedures. Our external communication equipment includes:

- ☐ Land lines
- ☐ Cell phones with texting
- ☐ Crank radio
- ☐ Internet
- ☐ ESF-8 Portal/MSTAT

D. Resident and Family Communication

Our facility provides information to all residents and family members regarding our EOP as part of our orientation and on-going communications. In the event of an emergency, family members may be notified and briefed on the status of the facility and the condition of their loved one as soon as it is feasible to do so. In case of an emergent situation, where time and conditions do not allow us to communicate with our resident's families in a timely manner, we may utilize the Ombudsman, the ESF-8/MSTAT portal, the American Red Cross, and other methods as available to provide a phone number to families where they can call and obtain information on the status and location of their resident.

E. Public Relations Liaison

Our facility has identified a responsible staff person to release information to the public after a disaster. Unless otherwise specified, it will be the Facility Incident Commander (IC).

V. Employee Preparedness

Emergency response and recovery operations can be stressful for affected residents and employees in addition to the families of both. Our employees may be requested to report to their work site and provide services related to emergency response and recovery operations in addition to their normally assigned duties. Supervisors, co-workers, and residents share an expectation that medical services will proceed uninterrupted and that medical needs generated by the incident impact will be addressed. Preparedness planning in this facility should be recognized as a shared responsibility between nursing home leadership and staff. All staff are expected to have a current *family disaster plan* so that they can fulfil their work obligations knowing that their families are well prepared and safe. Staff are encouraged to visit www.ready.gov/make-a-plan and/or www.redcross.org/prepare/location/home-family/plan for guidance and templates for personal disaster plans.

A. Staffing During an Emergency - Staff Recall

Maison Deville Nursing Home of Harvey staff may be called in and/or availability may be requested by a pre-designated staff person for each department. The individuals contacted may be asked to report for duty immediately or be scheduled for future shifts during the emergency. The location of a detailed emergency contact list for staff is contained in Section 3.

B. Emergency Employee Call-Ins

All staff in regular, part-time and prn positions should contact their immediate supervisor or manager if they are unable to report to duty as scheduled.

All approved Paid Time Off (PTO) days during an event may be cancelled. Employees should be available to report for duty if it is safe and feasible to do so.

E. Employee Assignments

Employees may be assigned to **Team A** or **Team B** and should report to duty as follows:

- Team A will report to the facility as scheduled once an emergency is declared, and travel is safe. Team A will remain at the facility for the duration of the disaster event and its effects, and until relieved by Team B.
- Team B members are expected to report to duty to their department or labor pool when an all-clear is called by the Incident Commander (IC) or local officials, and it is safe to travel.

Employees who do not provide direct patient care and whose departmental functions can be halted until the emergency is over will be designated as either Team A or Team B and deployed to a labor pool. Those employees will report directly to the Business Office for assignment.

Team A and Team B will be encouraged to bring the following to the facility:

- Staff identification
- Medications/personal items
- Money: cash and change for vending
- Flashlight with extra batteries
- Critical personal phone numbers
- Battery-operated cell phone charger

F. Staff Responsibility

Team A and B employees will be deployed and rotated, as deemed appropriate by the IC, during the duration of the disaster; work in various assigned shifts; and/or provide non-routine duties. Team A and B employees will report in when an "All Clear" is called and/or it is safe to travel.

G. Staff Support

To the extent that the facility's needs permit, space may be provided for families of working staff during the disaster. Reasonable sleeping and showering areas will be assigned to off-duty staff. Families should bring snacks, drinks, linens, personal items and children's activities whenever possible. Food will be provided in from a limited menu for staff.

H. Staff Recall

The protocol for contacting staff in the event of a disaster/emergency may call for additional staff resources. Call lists include 24-hour contact information for all key staff including home telephones, mobile devices, and email.

Numbers for emergency contact is in EOP in Command Center

A list of staff telephone numbers for emergency contact is in EOP in Command Center (Administrator's office)

Instructions: List all department staff members and responses received. Forward this list to the Command Center.

[illegible]

IV. ORGANIZATION AND RESPONSIBILITIES:

A. Organization & Staffing:

Emergency/Disaster Job Assignment

All personnel are pre-assigned specific tasks to perform during emergency situations.

1. All personnel are assigned specific tasks to perform during emergency/disaster situations.
2. Department directors are responsible for assigning their respective employees to such positions.
3. All newly hired personnel will be required to attend an orientation class concerning our fire safety and disaster preparedness plans.
4. Periodic in-service training classes will be conducted to keep all personnel informed of changes in our fire safety and disaster preparedness plans as well as any changes in job assignments.
5. In addition to orientation and in-service training classes, periodic drills will be conducted to assist personnel in performing their assigned tasks.

Emergency Job Tasks – Evacuation

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

1. Administrator/Incident Commander

- a. Meet with management team to activate Incident Command System (ICS) and finalize instructions for evacuation.
- b. Contact ownership, Corporate Contact, Louisiana Department of Health, and Local Emergency Management Office to notify them of decision to evacuate.
- c. Notify staff members of decision to evacuate.
- d. Notify alternate care facilities of pending arrival.
- e. Designate Phase I and Phase II Coordinators in conjunction with the Director of Nursing.
- f. Designate a staff member to monitor and complete the Resident Evacuation Tracking Log.
- g. Contact vendors that may be needed for post-incident restoration and decide for services.
- h. Secure the facility and ensure all electronics and computers have been turned off and unplugged.
- i. Approve shut-down procedures for non-essential utilities and designate appropriate personnel to implement shut-down.
- j. Ensure Emergency "Go-Box" is complete.
- k. Establish communications with the Administrator of the receiving facility.
- l. Establish daily communications with staff members, residents, and resident families/responsible parties.
- m. Continuously remind all staff to remain calm and in control so as to not upset the residents.
- n. Initiate recovery and re-entry efforts when deemed safe.

2. Director of Nursing

- a. Designate groups of residents to be transported based on acuity and determine staffing needs.
- b. Complete *Resident Acuity Levels for Evacuation Purposes* to determine transportation needs.
- c. Prepare list of residents and evacuation destination(s), so nursing staff can prepare Emergency "Go Bags" to include clothing, supplies, medications, etc.
- d. Ensure complete data backup prior to onset of the incident/disaster.
- e. Designate Phase I Coordinator in conjunction with Incident Commander.

- f. Designate Phase II Coordinator.
- g. Assist in coordinating transfer of all residents to alternate hospitals or other locations.
- h. Notify pharmacy of pending evacuation and alert for need to provide back-up medications.
- i. Continuously remind nursing staff to remain calm and in control so as to not upset the residents.
- j. Supervise resident evacuation from the building and the flow of residents to modes of transportation. Ensure residents have emergency packets, "Go Bags" and identification wristbands.
- k. At the appropriate time, accompany residents to receiving facility and establish a Nursing Office to be staffed by the Director of Nursing and other Administrative Nurses.
- l. Maintain effective lines of communication with all nursing staff members to promote quality assurance.

3. Nursing Staff

- a. Ensure all physician orders have been obtained for residents.
- b. Prepare medications for those residents going to alternate facilities or hospitals (ensure a week's worth of medications if possible).
- c. Prepare medications for those residents going home with families/responsible parties (ensure a week's worth of medications if possible).
- d. Prepare equipment, medical supplies, first aid supplies, treatment carts, crash cart, emergency medication boxes, oxygen, and medication carts for transport.
- e. Ensure residents are properly prepared for evacuation.
- f. Assist in resident transfers.
- g. Remain calm so as to not upset the residents.

4. Certified Nursing Assistants

- a. Remove all residents from bed if possible and place in wheelchairs, Geri-chairs, etc.
- b. Prepare residents in designated groups according to acuity for transport to alternate care facilities.
 - Ensure the residents:
 - (1) Are properly attired for the weather with shoes, coats, hats, etc;
 - (2) Are wearing identification wristbands;
 - (3) Have emergency packets with face sheet, identification, Do Not Resuscitate (DNR) orders, insurance information, etc;
 - (4) Have Emergency "Go Bags" with personal clothing, gowns/pajamas, shoes, slippers, socks, and underclothes for three to four days;
 - (5) Have incontinence supplies, personal grooming items, and other medical supplies;
 - (6) Have dental supplies, dentures, hearing aides, eyeglasses, etc;
 - (7) Have all adaptive aids (for example, hearing aids and dentures are packed and properly labeled) and
 - (8) Have pillows, blankets, and bed linens (mattress may be transported as well).
- c. Designate staff members to accompany each group.
- d. Remain calm so as to not upset the residents.

5. Medical Records

- a. Protect and gather resident records for transport. Send each record with the Phase I resident to his/her receiving location.
- b. Send resident records for Phase II residents to the receiving facility.
- c. Ensure resident records are safeguarded at the receiving facility.
- d. Ensure complete data backup prior to the onset of the incident/disaster.
- e. Remain calm so as to not upset the residents.

6. Office Staff

- a. Protect and gather vital employee and facility records, including banking documents, checkbooks, and pertinent account information for transport if necessary.
- b. Ensure complete data backup prior to the onset of the incident/disaster; load any pertinent backup data onto laptop prepped to use in emergency situations.
- c. Ensure all computers have been turned off and unplugged.
- d. Ensure specific departments are maintaining time sheets for employees who are working at the alternate care sites.
- e. As directed by the Incident Commander, continue to notify families/responsible parties of the plan to evacuate.
- f. Document all emergency actions taken and notifications.
- g. Ensure telephone/emergency phone coverage for the facility.
- h. As directed by Incident Commander, continue to notify staff members to report to the facility as soon as possible.
- i. Remain calm so as to not upset the residents.

7. Social Services/Activities

- a. Notify families/responsible parties who have requested their loved ones be discharged to their care. Make a list and forward to the nursing department, so discharge orders can be obtained from attending physicians.
- b. Monitor volunteers.
- c. Work closely with nursing staff to meet the needs of the residents.
- d. Remain calm so as to not upset the residents.

8. Maintenance

- a. Work with responding emergency agencies on items such as utility controls and elevator operations. Support responding emergency agencies with building security and traffic control.
- b. Make final rounds of the facility and grounds.
- c. Make emergency repairs of the facility.
- d. Secure windows and other building openings.
- e. Ensure that all windows are closed. Pull shades and close all drapes.
- f. Check equipment for functionality, complete checklist accordingly.
- g. Secure the facility and ensure all electronic devices and computers have been turned off and unplugged.
- h. Activate shut-down procedures.
- i. Secure all potential flying debris (above, below, around, and in the facility).
- j. Gather supplies, such as radios, flashlights, batteries, etc., for transport.
- k. Remain calm so as to not upset the residents.

9. Food Services

- a. Ensure refrigerators and freezers are set on the lowest setting prior to exiting the facility.
- b. Ensure non-essential equipment is unplugged.
- c. Gather emergency food, water, cooking utensils, and food disposal supplies for transport. Assign someone to accompany food items during transportation to the alternate care facility.
- d. Protect and gather for transport vital resident and department records.
- e. Notify vendors to deliver supplies, including ice and water to the alternate care facility.
- f. Determine the number of residents, visitors, volunteers, employees, and their family members for whom food service will be provided.
- g. Prepare to assist in resident evacuation and report to the alternate care facility.
- h. Remain calm so as to not upset the residents.

10. Housekeeping/Laundry

- a. Protect and gather an adequate supply of linens to be transported to the evacuation site.
- b. Ensure all equipment is unplugged.
- c. Notify vendors to deliver supplies to the alternate care facility if necessary.
- d. Determine the number of residents, visitors, volunteers, employees, and their family members who need supplies and linens.
- e. Gather supplies such as linens, blankets, trash can liners, mops, rags, buckets, trash cans, cleaning supplies, toilet paper, etc.
- f. Prepare to assist in resident evacuation and report to the alternate care facility.
- g. Remain calm so as to not upset the residents.

11. Transportation

- a. Check fuel, oil, and water levels for each vehicle.
- b. Prepare maps with evacuation routes and alternate routes.
- c. Cancel any upcoming appointments until further notice
- d. Contact dialysis facility to ensure facility has most recent progress notes from last session
- e. Remain calm so as to not upset the residents.

12. Medical Director

- a. Assist facility with transfer decisions and emergency orders if Attending Physician cannot be reached.

VI. Coordination with Response Partners

Understanding that most emergencies experienced by our facility will likely involve other response partners, our facility has established relationships with relevant response partners in the community and become familiar with local policies and procedures relevant to emergency management.

The ESF-8/MSTAT portal is a tool that may be used by our facility to communicate situational information to the to parish and state concerning emergency operations, bed availability/census, and evacuation status. This information will be updated according to the required reporting schedules as directed.

VII. Resource Management

Resource management is critical to maintaining safe and effective care of residents and staff. Our facility maintains an adequate supply of emergency equipment and materials on hand. Additionally, our facility has established agreements with a variety of vendors for our re-supply and recovery needs for all departments. In the event of evacuation, our vendor agreements have provisions for delivery of needed equipment and supplies to the evacuation destination. ***See Section 14 for a list of these vendors for copies of or relevant documentation for emergency agreements.***

VIII. Education and Training

Education and training, including drills and exercises, are utilized in this facility to achieve proficiency during emergency response. In compliance with state and federal regulations, our facility conducts initial training on the EOP during the orientation of new staff, and annually to all staff or as needed if the EOP is changed. A disaster drill is held twice annually, and a detailed account of drills and exercises is maintained, along with feedback and corrective actions if indicated. Staff from all shifts shall participate in drills or test exercises. In addition, fire and internal disaster drills are held at least quarterly, under varied conditions for each individual shift of facility personnel. The actual evacuation of patients to safe areas during a drill is optional. A dated and signed report and evaluation of each drill and rehearsal is maintained and includes the signatures of all employees who participated.

Additionally, our facility may also participate in any state and federal drills when asked to do so by local or state agencies, including Louisiana Department of Health.

IX. Facility Evacuation

The facility administration aims to pre-plan for all anticipated hazards with a goal to minimize the stress and danger to our residents and staff. Due to the increased risks of mortality and morbidity related to the evacuation of residents who are elderly, frail and/or residents who suffer from chronic health conditions, sheltering in place will always be our first response choice if it is at all feasible and safe. If sheltering in place would put our residents at greater risk than evacuation, or when given a mandatory order to do so by appropriate authorities, the Administrator/Incident Commander (IC) has the authority to activate our emergency evacuation plan.

The following terms are important to understanding how we evacuate our facility.

- There are *two types of evacuation*:
 - *emergent* which unfolds in minutes to hours and
 - *urgent/planned* which unfolds in hours to days
- There are two types of *partial evacuation*:
 - *Horizontal Evacuation* involves moving residents, staff and visitors to a safe area on the same floor. Accomplished by compartmentalizing through the use of rated doors and rated assemblies – smoke partitions, fire walls, etc.) into an adjacent smoke/fire compartment.
 - *Vertical Evacuation* involves moving residents, staff and visitors off the floor and down stairs and elevators to safe area within the facility.
- The *Staging Area* is the last place to move residents before leaving the building. Residents may be sent to a staging area based on level of acuity.
- *Complete Evacuation* involves moving residents, staff and visitors to a pre-designated area outside of the building.
- *Emergency Shut Down* involves turning off electricity, gas, etc. to the facility.
- *Relocation* involves moving residents to an alternate facility (also called a receiving facility) offsite.

Agreements for transporting residents to evacuation sites have been made with transportation and ambulance companies. Our facility also maintains a main evacuation host site and at least two evacuation sites for relocation. ***See Sections 7-9 for bus, van and ambulance transportation agreements and for primary and alternate host site agreements with maps.***

A. LOGISTICS

Based on the unique needs of our residents, including mobility status, cognitive abilities, and health status, our SNF community has developed evacuation logistics as part of our plan.

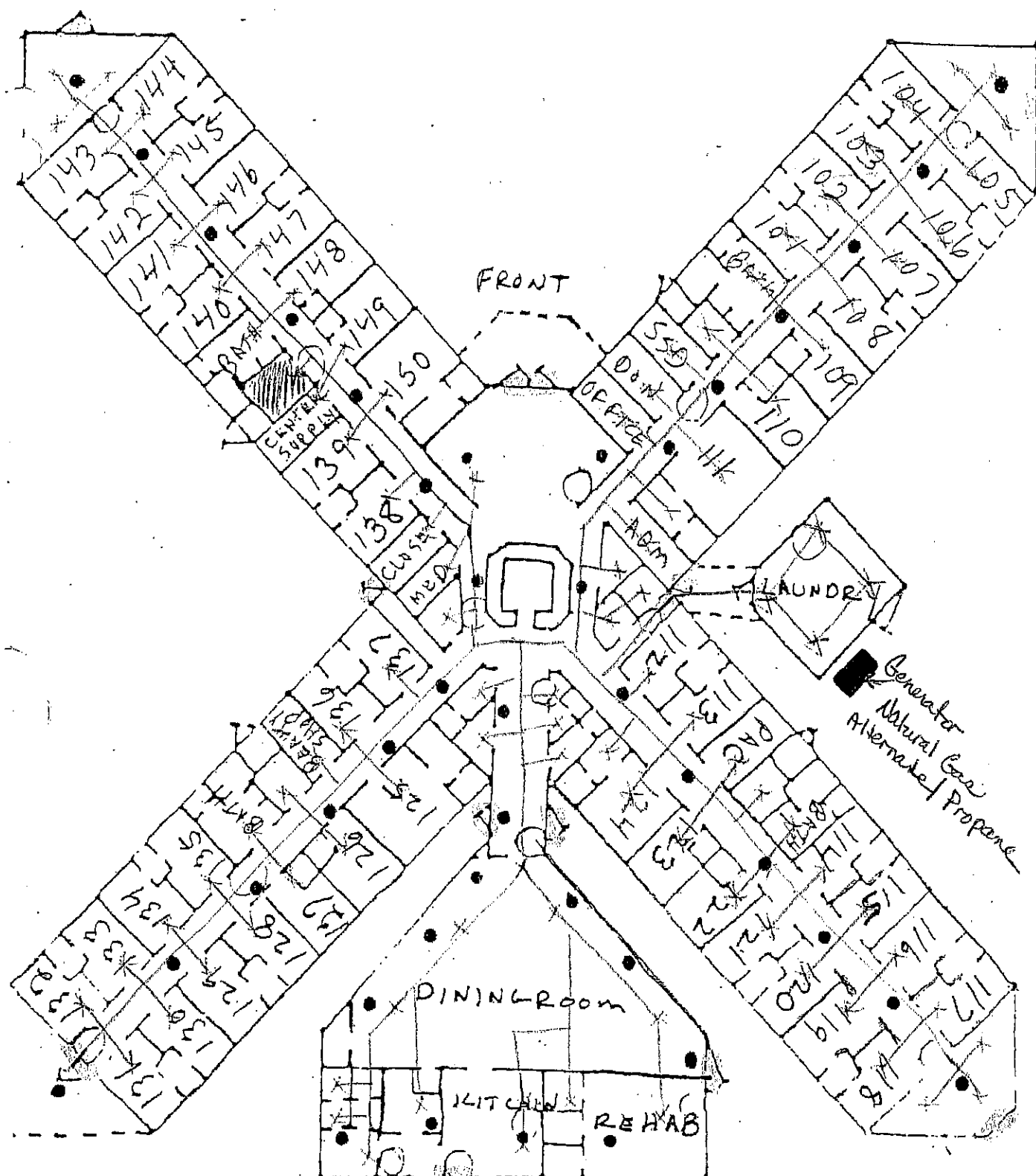
Transportation

- **Residents who are independent in ambulation:** may be evacuated first unless there are extenuating circumstances. They should load first on vehicles where there are multiple rows of seats and move to the back of the vehicle. They may be accompanied by a designated staff member to the designated mode of transportation. If safe and appropriate, families may be offered an opportunity to take their family member home for care during the anticipated period of disruption to services.
- **Residents who require assistance with ambulation:** will be accompanied by designated staff member to the designated mode of transportation. If safe and appropriate, families may be offered an opportunity to take their family member home for care during the anticipated period of disruption to services. This may include residents with assistive devices.
- **Residents who are non-ambulatory:** will be transferred by designated staff members via the designated mode of transportation. This may include residents in wheelchairs or those who are bedridden.
- **Residents with equipment/prosthetics:** essential equipment/prosthetics will accompany residents and should be securely stored in the designated mode of transportation.

Evacuation Forms and Tools

Forms and tools we may use include:

- **Resident Evacuation/Emergency "Go-Bag" Checklist** - a recommended list of items that accompany residents during evacuation
 - **Face Sheets**- containing resident demographics
 - **Resident Emergency Packet**- pertinent information including backup medical record
 - **Resident Evacuation Tracking log** for determining resident transport needs and special requirements
- Evacuation maps** with primary and backup routes and destinations included at end of this Appendix.



- FIRE EXITS**

- ☒ HAZARDOUS / BIOHAZARD ROOM

- ~~SECRET~~ SPRINKLER SYSTEM

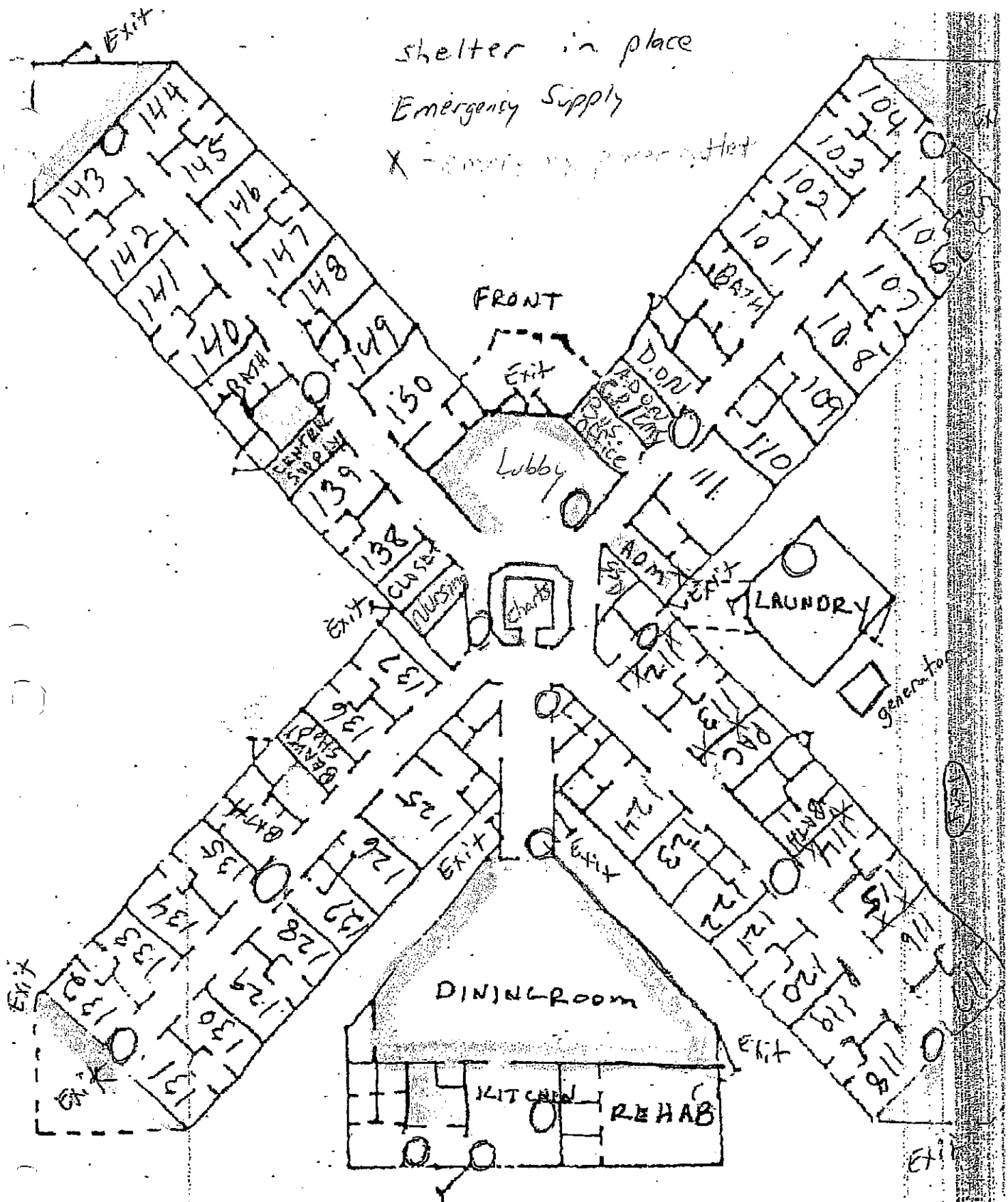
- ☒ SMOKE DETECTORS

★ Elevation vs Flood =
E2 = 3Ft

shelter in place

Emergency Supply

X - Emergency power outlet



Hand-drawn floor plan of a building, likely a residential or institutional facility, featuring a central lobby and four wings. The wings are numbered 100-149. The central area includes a lobby, front entrance, dining room, kitchen, rehab, laundry, and generator. Various rooms like bathrooms, closets, and storage are also labeled. Multiple exits are marked throughout the plan.

Wing 100 (Top Right): Rooms 100-109. Includes a bathroom (BATH) near room 101.

Wing 110 (Bottom Right): Rooms 110-119. Includes a bathroom (BATH) near room 111.

Wing 120 (Bottom Left): Rooms 120-129. Includes a bathroom (BATH) near room 121.

Wing 130 (Top Left): Rooms 130-139. Includes a bathroom (BATH) near room 131.

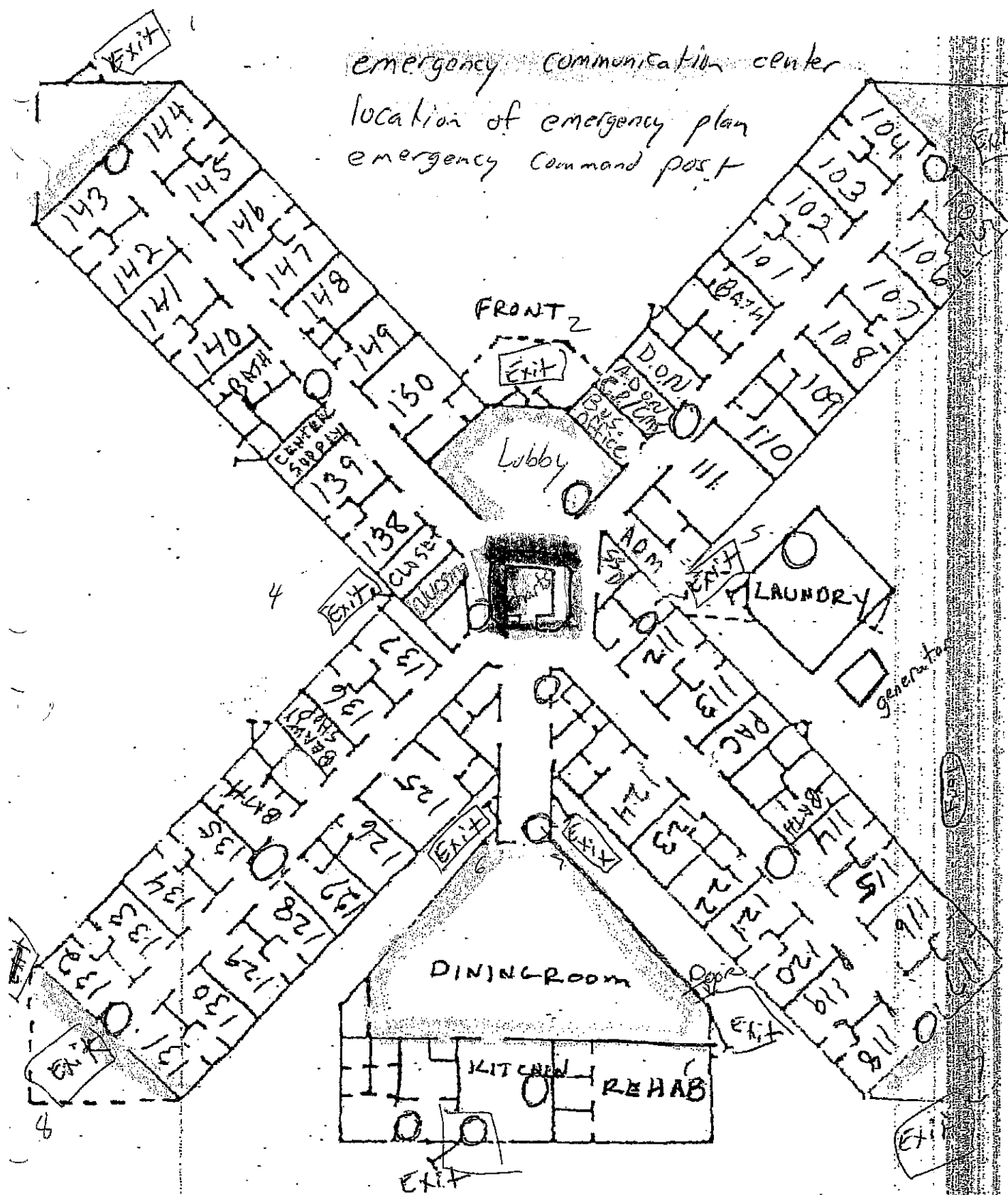
Wing 140 (Far Left): Rooms 140-149. Includes a bathroom (BATH) near room 141.

Central Area:

- Lobby:** Central hub area.
- FRONT 2:** Front entrance area.
- DINING ROOM:** Located below the lobby.
- KITCHEN:** Located below the dining room.
- REHAB:** Located to the right of the kitchen.
- LAUNDRY:** Located to the right of the lobby.
- generator:** Located to the right of the laundry.
- ADM.:** Administrative area near the lobby.
- CL.:** Closets near the lobby.
- STORAGE:** Located near the laundry.
- EXIT:** Multiple exits are marked throughout the plan.

Other Labels:

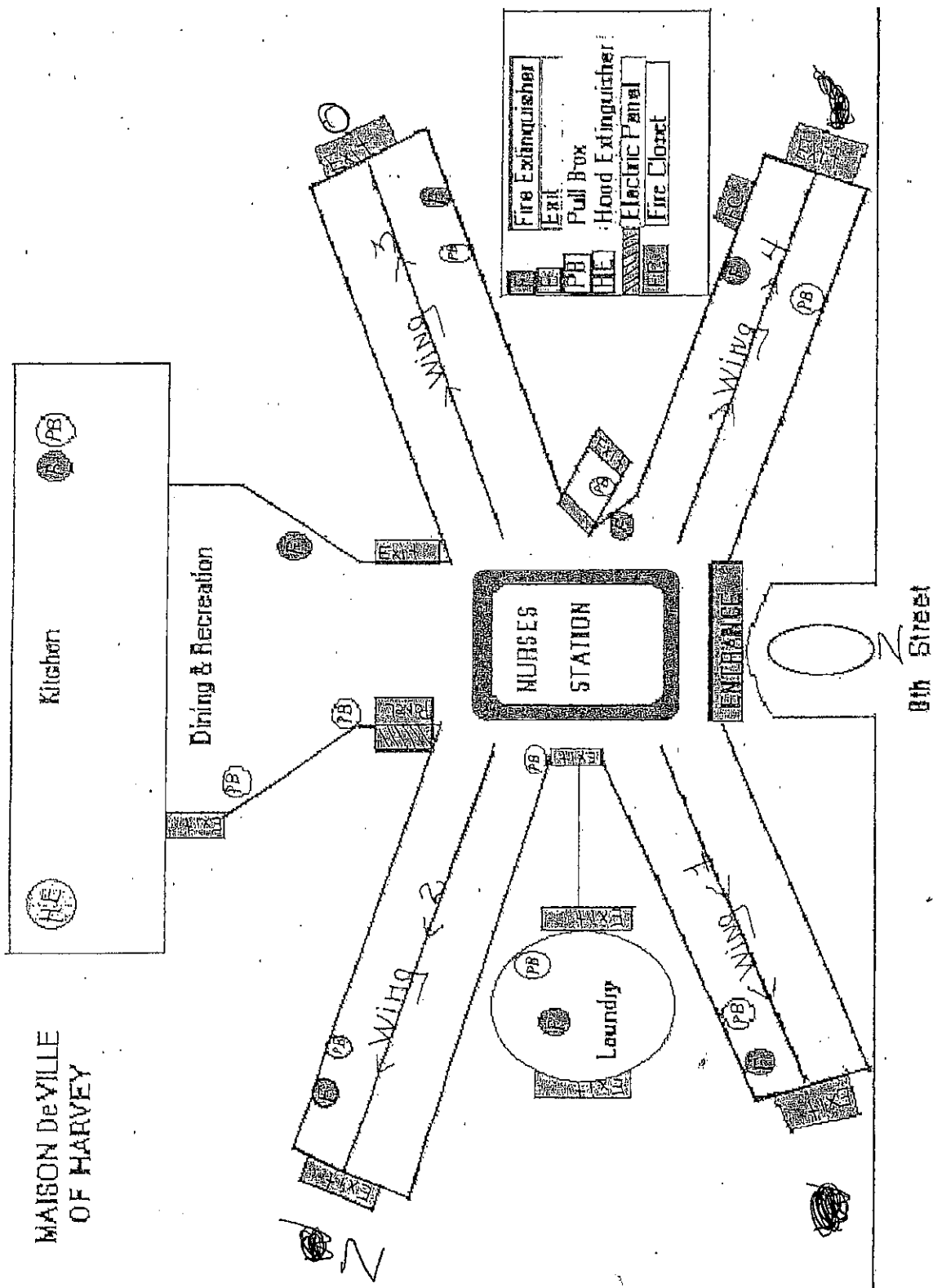
- EXIT 1:** Located near the top left corner.
- EXIT 2:** Located near the top center.
- EXIT 3:** Located near the top right corner.
- EXIT 4:** Located near the bottom left corner.
- EXIT 5:** Located near the bottom right corner.
- EXIT 6:** Located near the bottom center.
- EXIT 7:** Located near the bottom right corner.
- EXIT 8:** Located near the bottom left corner.
- EXIT 9:** Located near the bottom right corner.
- EXIT 10:** Located near the bottom right corner.
- EXIT 11:** Located near the bottom right corner.
- EXIT 12:** Located near the bottom right corner.
- EXIT 13:** Located near the bottom right corner.
- EXIT 14:** Located near the bottom right corner.
- EXIT 15:** Located near the bottom right corner.
- EXIT 16:** Located near the bottom right corner.
- EXIT 17:** Located near the bottom right corner.
- EXIT 18:** Located near the bottom right corner.
- EXIT 19:** Located near the bottom right corner.
- EXIT 20:** Located near the bottom right corner.



Maison Deville of Harvey
 2233 8th Street
 Harvey, Texas


18 feet

MAISON DeVILLE
OF HARVEY



Generator

Maison De'ville of Harvey has a backup/emergency generator that can be used for sheltering in place or emergency standby only.

 #3569

Anthony Jones, NFA

Plans and resources for emergency power supply

In the event of a power outage this facility is powered with an Onan 20 Generator. There is a 250 gallon propane tank on site to power the generator. It is capable of providing continuous emergency power for at least 72 consecutive hours without refueling.

This facility plans to evacuate for any situation that warrants loss of power for more than eight hours. This includes any event which warrants evacuating at least three days prior to the event occurring. This evacuation will take the residents, staff and family members to a prearranged destination (24730 Plaza Drive, Plaquemine, LA 70764), which is equipped with all the necessary supplies and equipment to live comfortably and safely until the threat is over and it's safe to return to the facility.



Maison De'ville of Harvey
NURSING HOME & REHABILITATION

2233 8th street
Harvey, LA 70058

A tradition of carina

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

March 1, 2020


To Whom It May Concern:

The official copy of the personnel list will be posted in the administrator's office in the emergency preparedness book.

There are 20 staff members that have agreed to help in the emergency events, and 8 staff members that have family evacuating with the nursing home that require transportation.

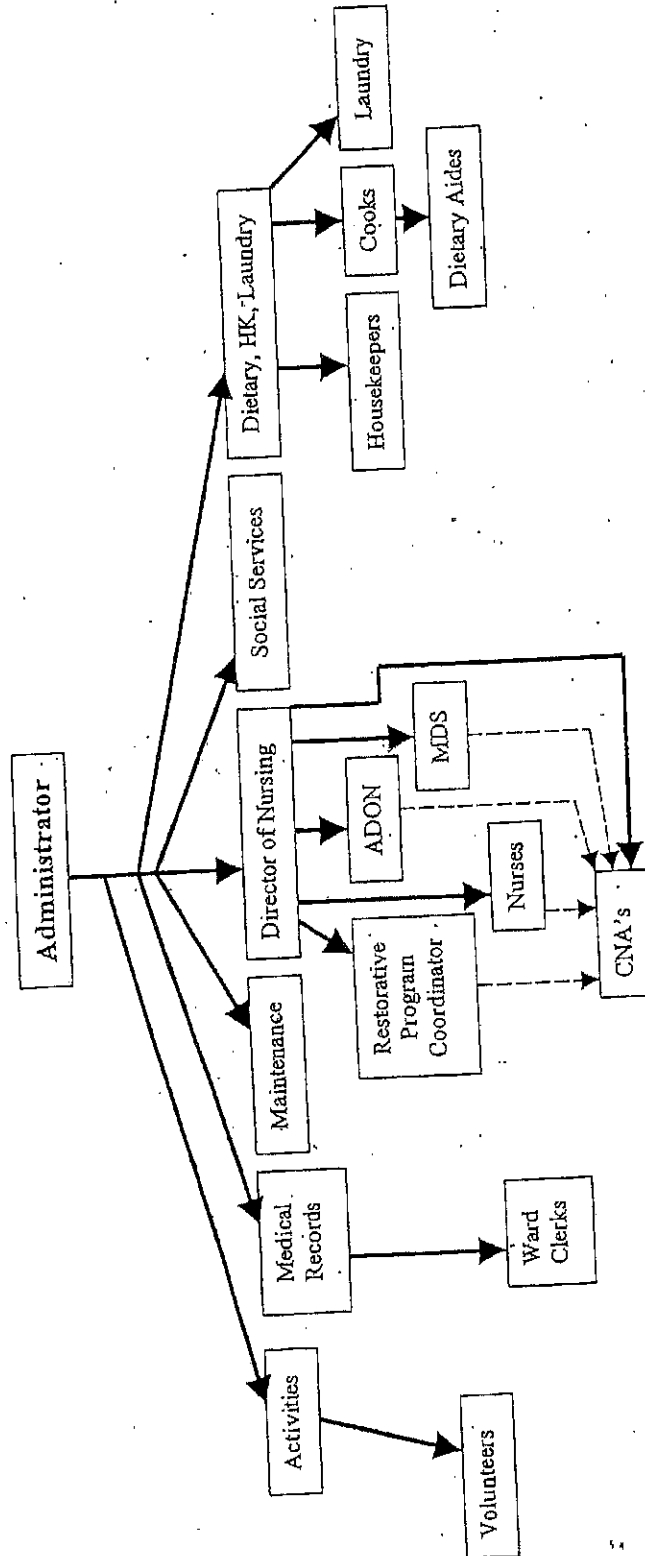
This list will be kept current by the administrator and updated should a disaster occur.

Signed,

 #3569
Anthony Jones, LNFA
Nursing Home Administrator

"Family Owned and Operated"

Maison DeVill Nursing Home of Harvey, LLC
Organizational Chart



Job Action Sheet

ADMINISTRATOR

- A) BRIEF ALL STAFF ON THEIR RESPONSIBILITIES IN AN EMERGENCY AND MAINTAIN RECORDS OF THEIR BRIEFINGS
- B) IMPLEMENT THE PLAN AND SUPERVISE EXECUTION
- C) CONTRACT WITH AND NOTIFY SUPPORTING AGENCIES, EVACUATION HOSTS, AND TRANSPORT, FOOD, AND OTHER SERVICE AND MATERIAL SUPPLIERS
- D) NOTIFY THE PUBLIC OFFICIALS OF EVACUATION DECISIONS, DESTINATIONS, AND ARRIVAL, AS FACILITY OFFICIAL SPOKESPERSON

Emergency Command System

JOB ACTION SHEET

ASSISTANT ADMINISTRATOR / OFFICE MANAGER

- A) Verify adequate levels of supplies
- B) Act as custodian of all documentation except medical records
- C) Maintain current information regarding incident status
- D) Maintain and report regular and overtime hours worked / volunteered
- E) Receive, investigate and document claims alleged to be the result of any incident
- F) Maintain accurate records of cost

Emergency Command System

JOB ACTION SHEET

NURSING

- A) Prepare Clients for the hazard concerned, whether in-place shelter or evacuation (Evaluate - ID Bracelets, etc)
- B) Supervise triage and loading of residents, support staff, and any accompanying staff families into evacuation vehicles Prepare vehicle manifests, and supervise provision of care en route
- C) Collect, coordinate and maintain inventory of essential medical supplies and equipment Determine the anticipated pharmaceuticals needed and request items
- D) Coordinate with ~~assistant~~ administrator to insure the implementation of resident/staff tracking system and maintain adequate levels of nursing personnel
- E) Coordinate with reception location medical staff
- F) Assure treatment of residents and manage the care areas
- G) Act as custodian of medical records

Emergency Command System

JOB ACTION SHEET

DIETARY

- A) Assure adequate levels of food and water
- B) Arrange to have on hand foods that do not require refrigeration or cooking, for use in evacuation or in-place sheltering situations
- C) Develop a loading list and supervise the packing for transport of foods, water, and service supplies for use on transport
- D) Provide ice and containers to preserve perishable foods and medicines in an evacuation
- E) Estimate the number of meals that can be served utilizing existing stores
- F) Organize food and water stores for preparation and rationing
- G) Inventory emergency drinking water and estimate when resupply will be necessary
- H) Initiate the feeding of staff and volunteers

Emergency Command System

JOB ACTION SHEET

Environmental

- A) Procure and keep on hand the needed supplies and equipment
- B) Maintain surveillance of the resident areas to assure highest possible degree of cleanliness and safety
- C) Develop procedures and provide for securing the facility
- D) Evaluate, control and monitor the condition of utilities, hvac, sanitation and mechanical systems
- D) Arrange emergency laundry services and appropriate utility transport

Emergency Command System

JOB ACTION SHEET

SOCIAL SERVICES / ACTIVITIES

- A) Provide information to visitors and families regarding status and location of residents
- B) Collect, coordinate and maintain inventory of activity supplies and equipment
- C) Maintain register and control access to area in accordance with administrator's direction

Emergency Operations Plan

Transportation Agreement Cover Sheet

Name of transportation resource provider:
ACADIAN AMBULANCE

Contact Person:
Kevin Spansel

Physical Address or location of transportation provider:
1065 Robert Blvd., Slidell, LA 70458

Time Restrictions:
48 Hours

Type and quantity of transportation:
Ambulances – As many as needed

Number and type of passengers accommodated:
Up to 3

Date of Agreement: **1/14/2020**

Date Agreement Ends: **1/14/2021**

"Family Owned and Operated"

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

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

AMBULANCE
DISPATCH
511
800-259-1111

ADMINISTRATION
337-291-3333
800-259-3333

BILLING
800-259-2222

January 1, 2020

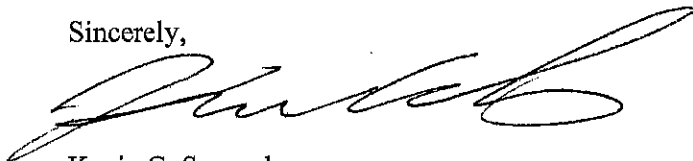
Maison DeVille Nursing Home of Harvey
c/o Administrator
2233 Eight Street
Harvey, LA 70058

Re: Evacuation Agreement

To whom it may concern:

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

Sincerely,



Kevin C. Spansel
Community Relations Supervisor
Acadian Ambulance Service, Inc.

Emergency Operations Plan

Transportation Agreement Cover Sheet

Name of transportation resource provider:
Nicolls Limousine and Shuttle Service

Contact Person:
Mike Nicoll

Physical Address or location of transportation provider:
4305 Williams Blvd., Kenner, LA 70065

Time Restrictions:
72 Hours

Type and quantity of transportation:
4 - Buses

Number and type of passengers accommodated:
25

Date of Agreement: **3/1/2020**

Date Agreement Ends: **2/29/2021**

"Family Owned and Operated"

**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: South Lafourche Nursing
146 East 28th Street
Cut Off, LA 70345
(985) 537-3569

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

NAME: Iberville Oaks Nursing
59355 River West Drive
Plaquemine, LA 70764
(225) 385-4332

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

PURPOSE

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

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

MISCELLANEOUS

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

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

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

This agreement shall commence on March 1, 2020, and end on February 28, 2021, unless extended by mutual written agreement by the parties hereto.

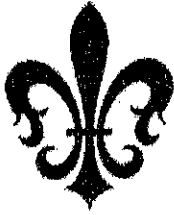
Signed this 1st day of February 2020.

Nicoll's Limousine and Shuttle Service

By: Mike Nicoll
Mike Nicoll

LA Health Care Consultants, LLC (LHCC)

By: [Signature]



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

Year 2020 Hurricane Evacuation Plan Effective Date 1/1/2020

To:

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

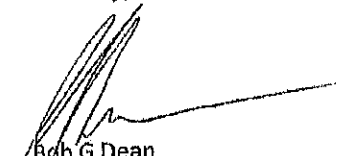
The letter serves as confirmation of our arrangement that in the event of an emergency evacuation. Depending on the acuity of your residents, we have three different sites in which we will deploy services and residents to.

Evacuation sites are below:

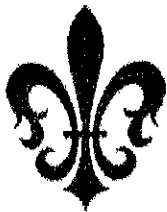
	<u>Evacuation Site Address:</u>
1	24320 Ferdinand Street, Plaquemine, LA 70769
2	129 Calhoun Street Independence, LA 70443
3	59355 Riverwest Dr. Plaquemine, LA 70764

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



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

Year 2020 Hurricane Evacuation Plan

To: PLAQUEMINE MANOR NURSING HOME, INC./D/B/A/ INBERVILLE OAKS NURSING & REHAB, INC.

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

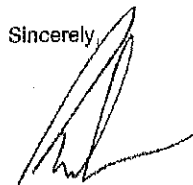
<u>Evacuation Site Address</u>	<u>Bed Availability</u>
1. 24320 Ferdinand Street Plaquemine, LA 70769	120 Beds
2. 129 Calhoun Street Independence, LA 70443	120 Beds

Also, should a disaster occur and you require additional beds for your residents, the following skilled nursing facility beds will be made available to you.

<u>Facility</u>	<u>Address</u>	<u>Phone</u>	<u>Bed Availability</u>
Malson De'Ville Nursing Home, Inc.	107 S Hollywood Rd Houma, LA 70360	985-876-3250	20 Beds
St. Elizabeth's Caring, LLC	1020 Manhattan Blvd. Harvey, LA 70058	504-362-9522	20 Beds
Malson De'Ville Nursing Home of Harvey	2233 8 th Street Harvey, LA 70058	504-362-9522	20 Beds
South Lafourche Nursing and Rehab	4302 Highway 1 Raceland, LA 70394	985-693-1065	20 Beds
Maison Orleans Healthcare of New Orleans	1420 General Taylor Street New Orleans, LA 70115	504-896-7755	20 Beds
River Palms Nursing Home	5301 Tullis Dr. New Orleans, LA 70131	504-394-5807	20 Beds

If you have any questions or need additional information, please do not hesitate to contact me at (225) 343-9152.

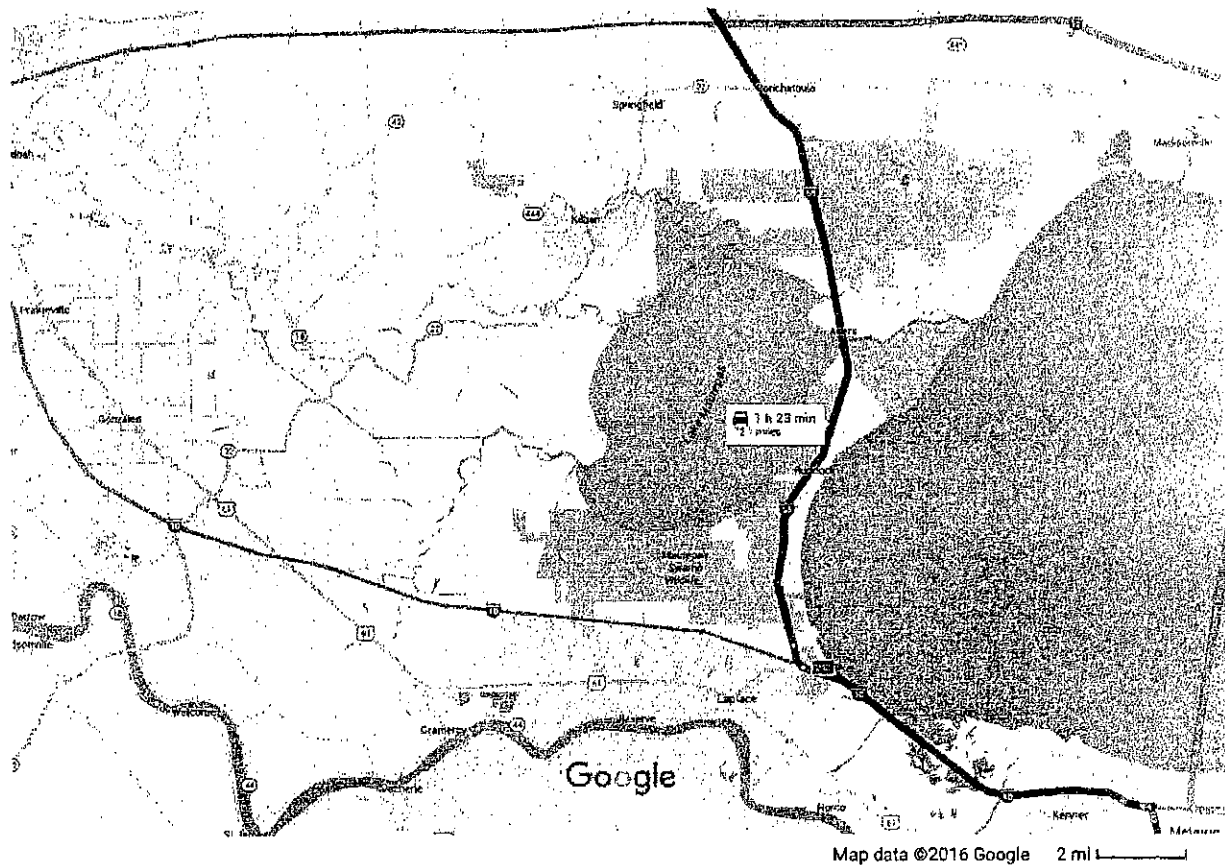
Sincerely,


Bob G. Dean
Man. Member

Google Maps

2233 8th Street, Harvey, LA to 129
Calhoun St, Independence, LA 70443

Drive 72.1 miles, 1 h 23 min



2233 8th St

Harvey, LA 70058

Get on I-10 W in Metairie from River Rd, Seven
Oaks Blvd, Huey P Long Bridge and S
Clearview Pkwy

26 min (13.0 mi)

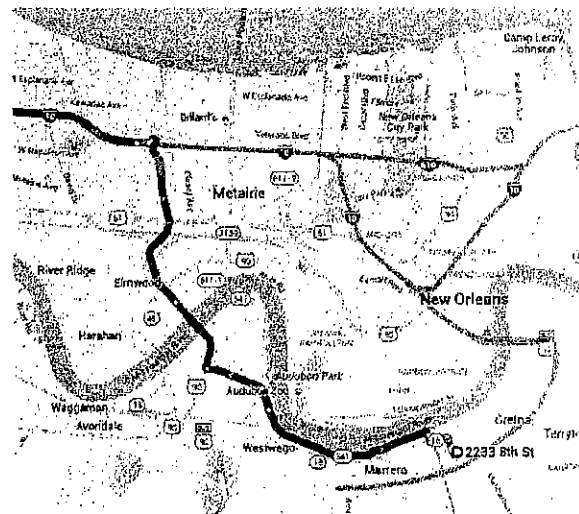
- ↑ 1. Head west on 8th St toward Marion St
- ↗ 2. Turn right onto Brown Ave
- ↖ 3. Turn left onto 4th St
- ↗ 4. Turn right onto Destrehan Ave

427 ft

0.4 mi

0.4 mi

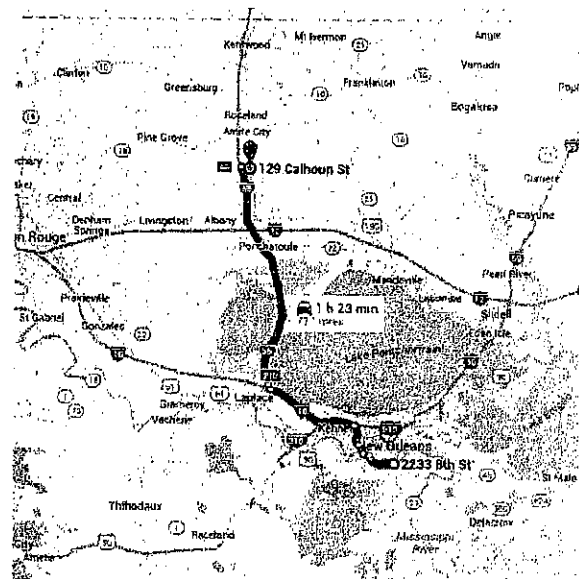
0.2 mi



- ↑ 5. Continue onto River Rd
4.0 mi
- ↗ 6. Slight right to stay on River Rd
0.5 mi
- ↑ 7. Continue onto Seven Oaks Blvd
1.3 mi
- ↗ 8. Slight right to merge onto Huey P Long Bridge
1.7 mi
- ↙ 9. Keep left to continue on S Clearview Pkwy
3.9 mi
- ↗ 10. Use the right lane to take the I-10 W ramp to Baton Rouge
0.4 mi
- ↙ 11. Keep left at the fork and merge onto I-10 W
0.3 mi

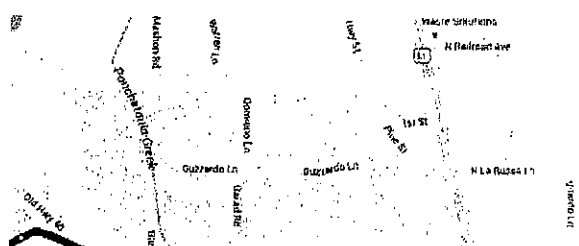
Follow I-10 W and I-55 N to LA-40 E in 3. Take exit 40 from I-55 N

- ↗ 12. Merge onto I-10 W
49 min (57.5 mi)
- ↗ 13. Use the right 2 lanes to take exit 210 for Interstate 55 N toward Hammond
16.4 mi
- ↑ 14. Continue onto I-55 N
1.1 mi
- ↗ 15. Take exit 40 for LA-40 toward Independence
39.8 mi



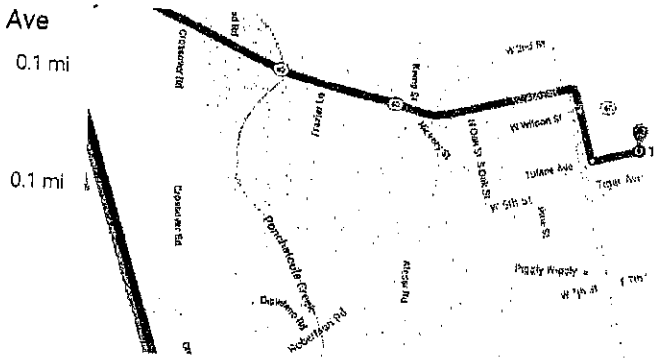
Continue on LA-40 E. Drive to Calhoun St in Independence

- ↗ 16. Slight right onto LA-40 E (signs for Independence)
5 min (1.7 mi)



↑ 17. Continue straight onto E Railroad Ave

↙ 18. Turn left onto Calhoun St
Destination will be on the left



129 Calhoun St
Independence, LA 70443

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

Google Maps



Maison De'ville of Harvey

NURSING HOME & REHABILITATION

A tradition of caring

2233 8TH STREET
HARVEY, LA 70058

(504) 362-9522 PHONE
(504) 368-4118 FAX

Date: 02/13/2020

**TO: Raceland Manor
Plaquemine Manor
Maison Deville of Houma
West Jefferson Healthcare Center
Uptown Care Center**

From: Anthony Jones, NFA

RE: Emergency Evacuation Procedure

Maison De'ville of Harvey's facility and staff are available for your use if an evacuation event were to occur. Space and care will be made available to your residents and staff in case of any emergency. Please note our phone is 504-362-9522 and fax is 504-263-5099

Sincerely,

Anthony Jones, NFA
Administrator

"Family Owned and Operated"

West Jefferson Healthcare Center



A tradition of caring

**1020 Manhattan Blvd
Harvey, LA 70058
Phone: 504-362-2020
Fax: 504-362-9620**

February 21, 2020

Re: Emergency Evacuation 2020

River Palms Nursing & Rehab
Maison DeVille of Houma
Maison DeVille of Harvey
Maison Orleans Healthcare & Rehab
South Lafourche Nursing & Rehab
Iberville Oaks Nursing & Rehab

To Whom It May Concern:

West Jefferson Healthcare Center located at 1020 Manhattan Blvd, Harvey, LA. 70058 is at your disposal for use and all evacuation procedures. Space within the facility will be made 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: (504) 362-2020. In the event there is an emergency please contact (504) 421-0145.

Sincerely,

Lindsay Dukes, MSW, LNFA
Lindsay Dukes, MSW, LNFA



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

January 27, 2020

Re: Emergency Evacuation for 2020

Iberville Oaks Nursing & Rehab
South Lafourche Nursing & Rehab
Maison DeVillie of Harvey
Maison DeVillie of Houma
West Jefferson Healthcare Center
River Palms Nursing & Rehab

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 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: (504) 895-7755, 24- hour emergency number is (205) 7465550.

Sincerely,

Kim Russell RN, LNFA

Kim N Russell, RN, LNFA

"Family Owned and Operated"

Tab L

Hurricane Evacuation Checklist

WHEN A HURRICANE ENTERS INTO OR FORMS IN THE GULF:

- 1. Call Reinhart – order food**
- 2. Call Reinhart – order water**
- 3. Call First Choice – order disposal diapers, wet wipes and emergency medical supplies**
- 4. Call Amsan – order extra toilet paper and paper towels**
- 5. Call Nicoll's Limousie – have buses on standby**
- 6. Call Acadian Ambulance – let them know how many residents that need to be transported by ambulance and van.**

Review and update Client Transportation Categories on all Clients in accordance with Tab M, resident census and conditions.

Call family members for anyone going home.

Update and issue ID bracelets.

WHEN EVACUATION IS IMMINENT

- 1. Contact host site**
- 2. Contact Nursing Home Designated Regional Coordinator**
- 3. Contact Parish Office of Homeland Security and Emergency**

THINGS YOU WILL NEED FOR/PRIOR TO EVACUATION

- 1. Ramps for the buses**
- 2. Medicine Carts**
- 3. Treatment Cart**
- 4. All medical charts for all residents including current nurses notes binder and MAR's**
- 5. Emergency drug kits – for buses**
- 6. Computers (office manager and careplanner only)**
- 7. Communication devices: cell phones**
- 8. Weather radio**
- 9. Cigarettes**
- 10. List of important phone numbers**
- 11. Face Sheets**

12. Facility checkbooks & cash on hand (bring quarters)
13. Current print out of Patient Fund account
14. Baggies
15. Tape
16. Batteries
17. Flashlights
18. Knife, hammer, nails, pliers, screwdrivers, etc....
19. Non Perishable food items
20. water & juice
21. Snacks
22. Disposable plates, cups & utensils
23. Diet cards
24. Resident's clothes and personal belongings
25. ID bracelets
26. Face sheet & pictures of residents
27. Ice Chest (for each bus) and ice
28. Paper towels, toilet paper, wet wipes and disposal diapers
29. Extra blankets, pillows, etc...
30. Emergency Operations Plan



THREE DAY DISASTER MENU

MEAL	Unit	Description	Item #	Unit	Description	Item #	Unit	Description	Item #
BREAKFAST	4 fl oz	Apple Juice	13686	4 fl oz	Orange Juice	13308	4 fl oz	Cranberry Juice	13352
	3/4 c	Dry Cereal	26304	3/4 c	Dry Cereal	26306	3/4 c	Dry Cereal	26328
	1 ea	Bread Slice	29546	1 ea	Bread Slice	29546	1 ea	Bread Slice	29546
	1 pkg	Jelly	18574	1 pkg	Jelly	18574	1 pkg	Jelly	18574
	8 oz	Milk	17624	8 oz	Milk	17624	8 oz	Milk	17624
LUNCH	8 oz	Beef Stew	28198	8 oz	Beef Ravioli/Sc NOR	28310	8 oz	Beef Chili w Beans	28214
	1/2 c	Green Beans	C2980		SHR	27992			
	1 ea	Bread Slice	29546	1/2 c	Green Peas	18190	1/2 c	Whole Kernel Corn	10432
	4 oz	Sliced Peaches	10624	1 ea	Bread Slice	29546	3 pkt	Crackers	21110
	8 oz	Beverage	10246	4 oz	Vanilla Pudding	21012	1/2 c	Sliced Pears	10710
DINNER	6 oz	Chicken & Dumplings	23910	8 oz	Beverage	54172	8 oz	Beverage	10028
	1/2 c	Mix Vegetables	10834	1/2 c	Tuna Salad	36646	1/2 c	Chicken Salad	12012
	1 ea	Bread Slice	29546	2 ea	Bread Slice	29546	2 ea	Bread Slice	29546
	2 ea	Cookies	12292	6 oz	Chicken Noodle Soup	25388	6 oz	Vegetable Soup	22116
	8 oz	Milk	17624	3 pkt	Crackers	21110	3 pkt	Crackers	21110
HS SNACK	1 pkt	Graham Crackers	22796	1/2 c	Fruit Mix	10668	1/2 c	Chocolate Pudding	21040
	4 oz	Beverage	10028	8 oz	Milk	17624	8 oz	Milk	17624
				2 ea	Cookies	12292	1 pkt	Graham Crackers	22796
				4 oz	Beverage	10246	4 oz	Beverage	54172

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



Maison De'ville of Harvey

NURSING HOME & REHABILITATION

2233 8th street
Harvey, LA 70058

A tradition of caring

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

Emergency Plans – 2020

SUPPLIER AGREEMENT

Reinhardt Food Service

Contact Person: *Shannon Hayes*

Phone # of Contact Person: *225-288-1279*

Email address: *sphayes@RFSdelivers.com*

Indicate where the supplies are to be delivered to:

☐ Evacuation Host Site

☐ Nursing Home's Licensed Facility

☒ Determined upon decision of sheltering or evacuating

Time lines or Restrictions: H – Hour or the number of hours needed

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

72 hours

How long will it take to receive the delivery?

24 hours

Date of agreement/contract/verification: _____

Date agreement/contract ends: _____

Signature: *See contract, next page*

"Family Owned and Operated"



Reinhart Foodservice Louisiana, L.L.C.
918 Edwards Ave
Harahan, LA 70123
January 30, 2020

Bd-Maison Deville Harvey
Atten: Administrator
2233 8th Street
Harvey, LA 70058

Valued Customer:

This letter shall serve as documentation of the policy of Reinhart Foodservice 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:

- Freezer/refrigerated trailer (requires signed Food Trailer Usage Agreement)
- 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,

Louisiana Market President

REINHART FOODSERVICE OF LOUISIANA EMERGENCY CALL LIST

New Orleans Division				Shreveport Division			
Toll Free Phone Number	800-488-3988	Fax	504-734-5270	Toll Free Phone Number	800-256-1336	HC Fax	318-213-5119
Local Phone Number	504-733-5200			Local Phone Number	318-869-3061	Fax	318-213-5105
		EXT	CELL PHONE			EXT	CELL PHONE
HEALTHCARE SALES TEAM - NEW ORLEANS DIVISION				HEALTHCARE SALES TEAM - SHREVEPORT DIVISION			
Shannon Hayes, RD, LDN	Healthcare Regional Manager	527339	225-288-1279	Tiffany Wentzel, RD/LD	Healthcare Regional Manager	528322	817-320-4614
Adrienne Uffman, RD, LDN	Southeast Louisiana	527302	225-715-8227	Kim Branch, RD, LDN	North Louisiana	528316	318-518-3721
Dawn Arceneaux, RD, LDN	South Central Louisiana	527320	337-344-9767	Angel Schlotterbeck, CDM, CFP	Southwest/Central Louisiana	528319	318-230-1341
Candice Faler, RD, LDN	New Orleans/North Shore/Mississippi	527353	985-778-8449	Jennifer Hoffman, RD/LD	Northeast Texas	528317	713-301-6360
Angel Schlotterbeck, CDM, CFP	Southwest/Central Louisiana	528319	318-230-1341	Jimmy Yen	Southeast Texas	528335	281-745-7858
				Elsie Sielen	Central Texas	528320	214-507-9229
	Lydia Hampton, RD, LDN		Vice President of Healthcare Sales - RFS of Louisiana				318-344-7358
	Dawn LeBlanc, RD, LDN		Healthcare Menu Systems Coordinator - RFS of Louisiana				528318
Customer Service Team - New Orleans Division				Customer Service Team - Shreveport Division			
Lori Nunez	Manager/Healthcare Customer Svc	527736		Tami Rutten, CDM, CFP	Healthcare Specialist/Inside Sales	528224	
Dawn Siung	Inside Sales	527743		Regina Ross	Healthcare Customer Service	528227	
Jeannette Lemoine	Inside Sales - Healthcare	527703					
Senior Management - New Orleans Division				Senior Management - Shreveport Division			
Gil Tynes	Vice President of Sales	527336	228-861-9730	Jay Tynes	Vice President of Sales	528202	228-860-9894
Steve Mills	Director of Operations	527794	602-616-6947	Ken Elkins	Director of Operations	528209	318-393-7780
Steven Wood	Area President - RFS Louisiana	527707	504-202-7276	Michael Buvid	General Manager	528200	573-202-9414



Dear Reinhart Foodservice Louisiana, L.L.C. Customer:

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

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

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

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

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

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

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

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

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

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

Sincerely,

Healthcare Division
REINHART FOODSERVICE LOUISIANA, L.L.C.

Louisiana Market President
Reinhart – New Orleans
Reinhart – Shreveport

REINHART FOODSERVICE EMERGENCY CALL LIST

New Orleans Division			
Toll Free Phone Number	800-488-3988	Fax	504-734-5270
Local Phone Number	504-733-5200		
HEALTHCARE SALES TEAM - NEW ORLEANS DIVISION			
Shannon Hayes, RD, LDN	Regional Manager Healthcare	527339	225-288-1279
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Dawn Arceneaux, RD, LDN	South Central Louisiana	527320	337-344-9767
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Dawn Seung	Inside Sales	527743	
Senior Management - New Orleans Division			
Gil Tynes	Vice President of Sales	527336	225-861-9730
Steve Mills	Director of Operations	527794	602-616-6947
Steven Wood	Division President	527707	504-202-7276
Reinhardt Foodservice Corporate Healthcare Team			
Lydia Hampton, RD, LDN	Vice President of Healthcare Sales LA		
Dawn LeBlanc, RD, LDN	Healthcare Menu Systems Coordinator		
Shreveport Division			
Toll Free Phone Number	800-256-1336	Fax	318-213-5105
Local Phone Number	318-869-3061		
HEALTHCARE SALES TEAM - SHREVEPORT DIVISION			
Tiffany Wenzel, RD/LD	Regional Manager Healthcare	528322	817-320-4614
Mary Lively, RD, LDN	North Louisiana	528316	318-282-4471
Angel Schlotterbeck, CDM, CFP	Southwest/Central Louisiana	528319	318-230-1341
Jennifer Hoffman, RD/LD	Northeast Texas	528317	713-301-6360
Liz Doran	Central Texas	528320	710-269-8510
Lauren Benit	Southeast Texas		504-202-7669
Customer Service Team - Shreveport Division			
Tami Rutten, CDM, CFP	Healthcare Specialist/Inside Sales	528224	
Regina Ross	Healthcare Customer Service	528227	
Senior Management - Shreveport Division			
Ron Armstrong	Vice President of Sales	528202	903-728-5764
Ken Ellias	Director of Operations	528209	318-393-7780
Ted Meyer	SHR General Manager	528200	318-890-1005
Steven Wood	Division President	527707	504-202-7276
Reinhardt Foodservice Corporate Healthcare Team			
			318-344-7358

Revised: 1/3/2020

Introduction to Disaster Preparedness

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

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

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

As you review the tools and resources in this disaster preparedness kit, keep in mind the three main types of disasters, as well as which specific disasters your area is prone to. Planning ahead can make all the difference. If you would like more information on disaster preparedness resources contact Nutrition Services at nsdept@rfsdelivers.com or call 888-711-4020.

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HEALTHCARE DISASTER PROCEDURE MANUAL

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

Disaster Procedures

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

BASIC PRINCIPLES OF FOODSERVICE WITHOUT UTILITIES OR WITH EQUIPMENT MALFUNCTION:

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

5. Meals are to be served on disposable ware until the ability to wash and sanitize dishes is restored.

If water is not available, save all liquids from canned fruits and vegetables. Ice made from potable water should be removed from the ice machine and stored in clean, covered, food-grade containers and placed in the refrigerator/freezer. An emergency back-up source for water needs to be identified. Consider having an agreement with a local water supply company. Check with your local jurisdiction to determine the required amount that must be allotted and stored per person. Vegetable juices from canned vegetables can provide fluids. Fruit juices may be used in place of drinking water. Juice and coffee from machines that contain potable water may also be used to provide liquid. In cases of disaster, community water systems may become contaminated and water from these systems might need to be disinfected prior to use for human consumption. Contact your local health department for information on the preferred method prior to disinfecting any water.

7. At least one flashlight with working batteries should be kept in the supervisor's desk.
8. Dietary personnel should be instructed in procedures and menus for emergency feeding initially when no emergency is present. An annual in-service should be provided on emergency feeding.
9. If electricity or gas is unavailable, use chafing dishes and sterno to heat ready-to-eat and/or canned food if the equipment is available. Any properly refrigerated leftovers must be heated to an internal temperature of 165°F. Alternate sources of heating can be used as long as proper ventilation is available.
10. It is recommended that bags of ice be kept in the freezer at all times in the event of injuries.
11. Emergency supply of bottled water should always be kept on hand. Check with your local jurisdiction to determine the required amount that must be allotted and stored per person. This includes residents, staff, families of residents and families of staff who will be at the facility. If traveling to an evacuation site, the facility must have enough fluids for the travel. Assume that all other water sources are contaminated until proven safe. Purify all water used for drinking, cooking and for washing cooking and eating utensils. Purify the water used for washing hands, body and kitchen and bathroom surfaces. Do not use water that has an odor, dark color, or contains floating material. Refer to your local health department in situations where water has been contaminated for the preferred manner to disinfect water. Murky and discolored water should be allowed to settle and filter before disinfecting. To disinfect water using heat, boil at a rolling boil for 5 minutes, allow cooling, and store in cleaned, sanitized and covered food-grade containers. To disinfect clear water using chemicals, add 1/8 teaspoon (8 drops) of unscented, liquid chlorine bleach per gallon of water. If the water is extremely cold, murky or discolored add double the amount of chlorine. The bleach should contain 4 - 6 percent sodium hypo chlorine as its only active ingredient. Let the water stand for at least 30 minutes before using. Commercially prepared iodine tablets which are formulated for disinfecting water may also be used to chemically disinfect water. Contact your local health department for the preferred method in your area before attempting to disinfect any water.
12. Normal laundry procedures would be disrupted during a natural disaster.

RESIDENT MEAL SERVICE

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

Supplies

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

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

Sanitation

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

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

Work Assignments

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

NAME OF FACILITY

SAMPLE LETTER

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

Signature
Staff Physician

Note: Customize for your facility.



3 Day Disaster Menu - Cold Food Only

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



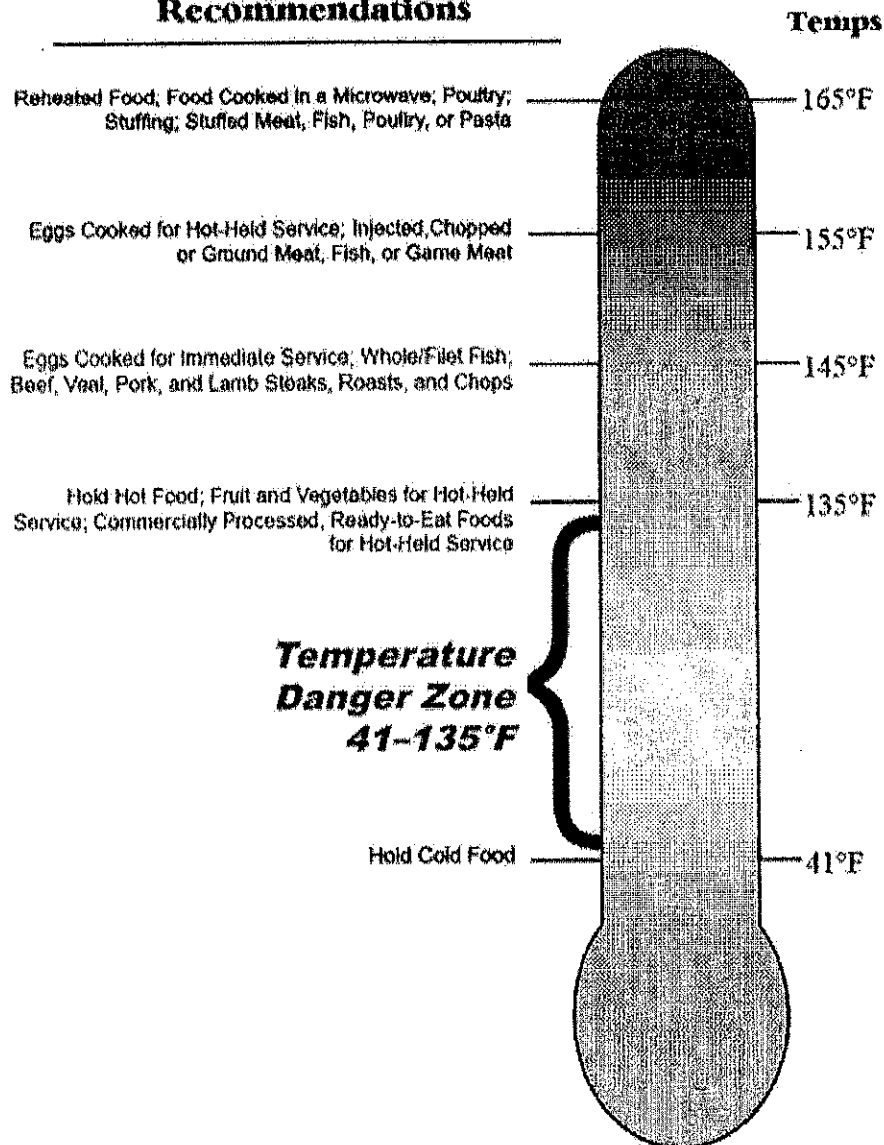
THREE DAY DISASTER MENU

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

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

Temperature Chart

FDA Food Code - Foodservice Recommendations



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

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

Emergency Food Service Phone Numbers

☐ Workforce:

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

☐ Utilities:

- Gas: _____
- Water: _____
- Phone: _____
- Electricity: _____
- Sewage: _____
- Waste Disposal: _____

☐ Repair:

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

☐ Local Health Department: _____

☐ City Building Inspector: _____

☐ Property Insurance Company: _____

☐ Food Service Suppliers: _____

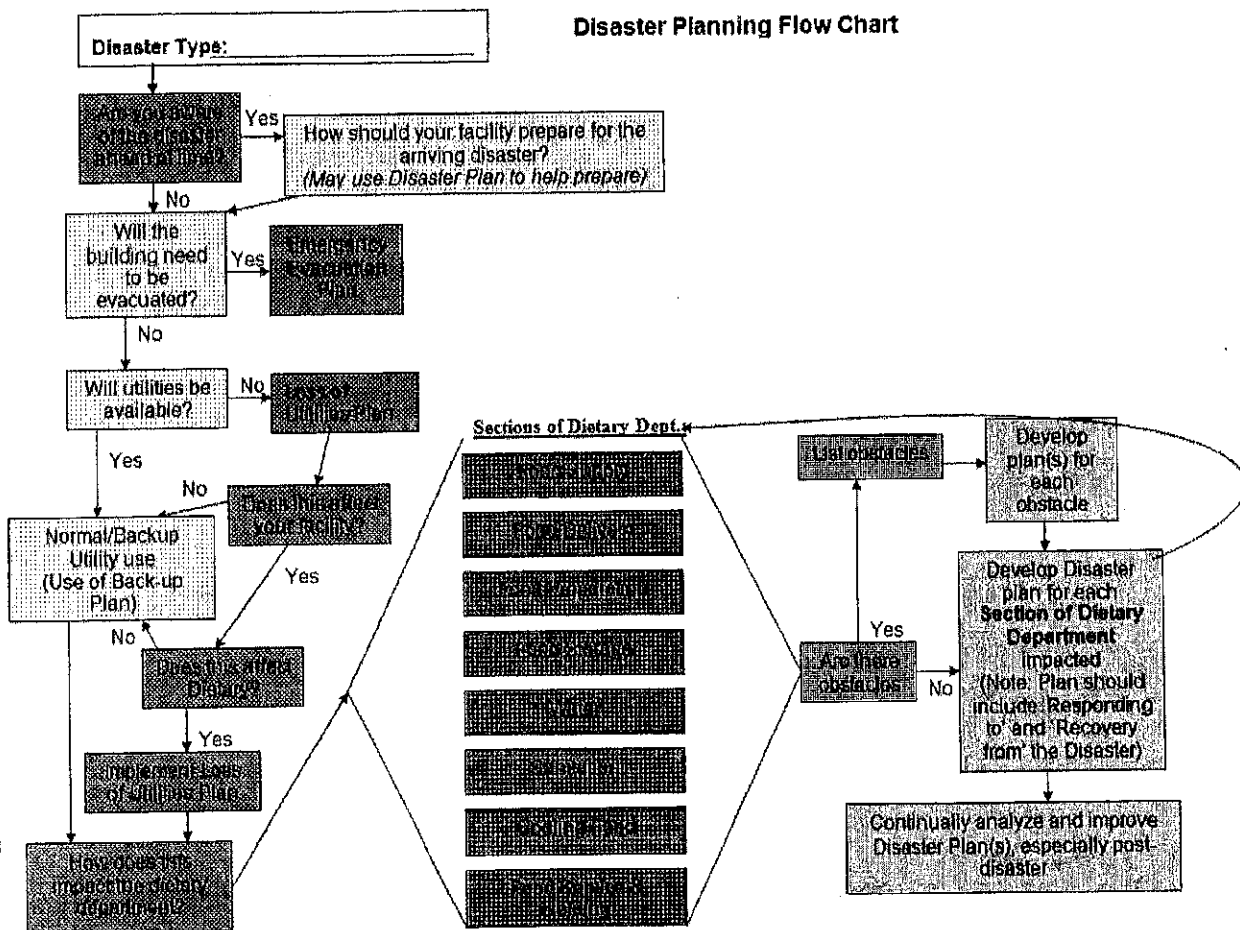
☐ Ice/Dry Ice Vendor: _____

☐ Media Contacts: _____

☐ Portable Toilet Rental: _____

☐ Outside Facility Assistance: _____

- Kitchen Use: _____
- Extra Workers: _____
- Cooler Space: _____



Know Your Risks Assessment Form Directions

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



MAKE COPIES
OF THIS FORM

Know Your Risks

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

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

OFB #2 is a program of the Insurance Institute for Business & Home Safety
Download this document at DisasterSafety.org/open-for-business


5

Emergency Supply Kit

Food Preparation Supplies:

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

Safety Equipment Supplies:

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

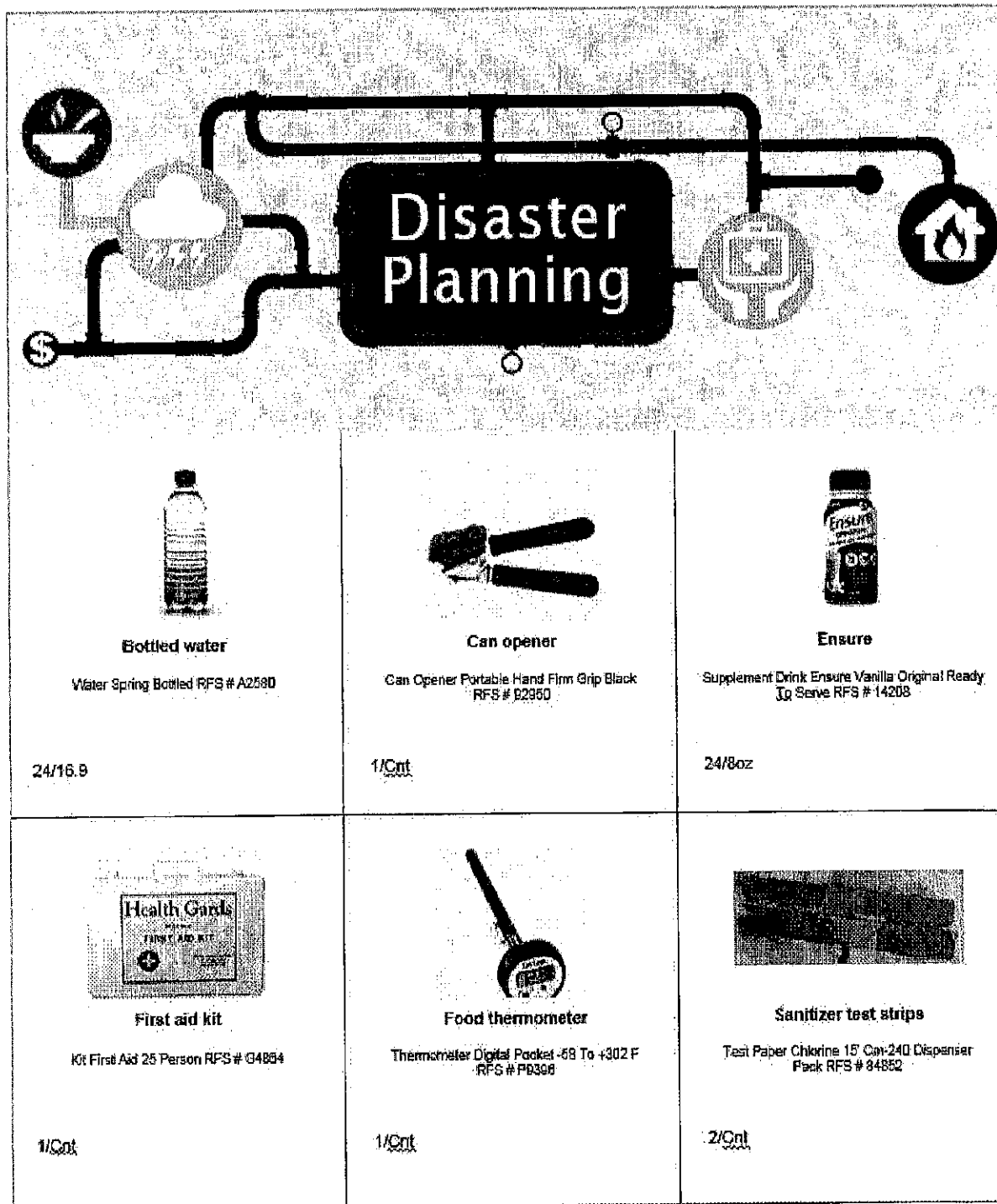
Food Safety and Sanitation Supplies:

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

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

Other Supplies:

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

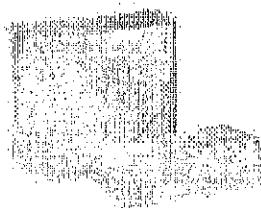




Bleach

Bleach Liquid Germicidal Concentrate
RFS # F7046

3/121oz



Napkins

Napkin Dinner 16x16 1/4 Fold White
RFS # W0838

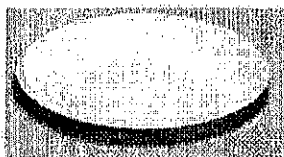
12/250Cnt



Meal Plate

Plate Foam 3 Compartment 9" Laminated White
RFS # B4300

500/Cnt



Dessert Plate

Plate Foam 6" Non Laminated White
RFS # B1790

8/125Cnt



Foam Cup

Cup Foam 8 Ounce White
RFS # 12996

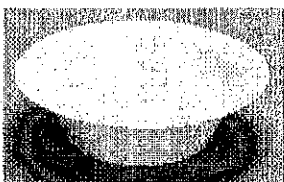
40/25Cnt



Drinking Cup

Cup Plastic 9 Ounce Clear
RFS # N6366

20/50 Cnt



Foam Bowl

Bowl Foam 12 Ounce Non Laminated White
RFS # B1799

8/125 Cnt



Cutlery Kit

Cutlery Kit Med VM Knife, Fork, Spoon, Salt &
Pepper, Napkin, Individually Wrapped
RFSW CA124

250/Cnt



Portable Burner

Stove Butane Single Burner, 9000 BTU
RFS # MH780

1/Cnt



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Reinhardt
FOODSERVICE
Get it right from us.

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Power Outage Food Safety

Dietary Employee Training Program

Objective: The participant will be able to:

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

Course Outline:

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

Course Information:

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

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

II. Storing and Using Food Supplies Appropriately

A. Be Prepared

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

B. What To Do When the Power Goes Out

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

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

C. What To Do When Power Returns

When your facility regains power, be sure to check the safety of all food in the freezer and cooler. If an appliance thermometer was kept in your freezer or refrigerator, check the temperature when the power comes back on. If foods in the freezer are below 40°F and ice crystals are present, the foods can be refrozen for future use or immediately cooked. If there is not a thermometer in the freezer, check each package of food to determine its safety. Discard any perishable food left at 40°F for 4 hours or longer. If the power outage lasted long enough that refrigerated and frozen food needed to be discarded, clean and sanitize the storage units before adding new food to remove any possible cross contamination or odors from spoiled foods. Be sure to remove the shelves and trays and wash with hot water and baking soda. Follow with a rinse and then sanitize. If an odor persists, allow the storage unit to air out for several days or use equal parts of vinegar and water to absorb the odor.

III. Conclusion/ Discussion

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

The information provided in this in-service is not meant to be all-inclusive. Reinhart values the safety and well-being of their customers and therefore strongly recommends contacting your local jurisdiction disaster planning. For more information regarding Reinhart's Dietary Employee Training Program or other nutrition services, please refer to our website at <http://www.rfsdelivers.com> or contact NSDept@RFSDelivers.com. 1. T, 2. F, 3. F, 4. F, 5. T

IV. Pre Test / Post Test (Circle One)

Name: _____

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

Recovering from Natural Disasters

Dietary Employee Training Program

Objective: The participant will be able to:

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

Course Outline:

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

Course Information:

I. Introduction: Natural Disasters

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

II. Preparing and Reacting to a Natural Disaster

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

o Preparing for a Disaster

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

o After any Disaster

- Wear protective clothing which includes long pants, long-sleeved shirt, closed-toed rubber soled shoes or boots, work gloves and depending on the situation, a dust mask, safety glasses, and a hard hat.
- Watch for hidden damage. In most disaster sites, damage is not always visible.
- Avoid leaning or pushing on damaged material, it could be supporting the structure.
- If you smell natural or propane gas or hear a hissing noise, leave the property immediately. Call the fire department, or if you have a propane tank system, contact a propane supplier.
- Avoid walking across areas of the floor that sag or have weak spots. If the area needs to be traveled, place a thick plywood panel across the damaged area, extending 8-12 inches on each side of the weak area.
- If the power is out, use battery operated flashlights. Do not use candles or any type of open flame because there could be faulty electrical equipment, down lines, or gas leaks.

- When making temporary repairs save all of the receipts.
- Take photographs or video of all the damage for insurance purposes.
- Electricity should be turned off if you see sparks, frayed wires, or smell hot insulation.
- If the sewage lines are damaged, do not use the sinks, showers, and toilets.
- Turn off the water if there are any damaged water pipes.
- If cleaning chemicals get mixed they can become toxic. When entering an area with a strong smell or your eyes start to burn or water, open the windows and get out of the building. If the chemical spill is nontoxic, carefully clean up the spill using rubber gloves.
- Drywall and insulation will need to be replaced if there is water damage from a flood or fire extinguisher. If not replaced it could lead to mold, mildew, and a weak structure.

○ **Cleaning Up After a Disaster**

When determining if an item is salvageable, start by discarding the non salvageable items to eliminate any confusion. All saved items should be washed and sanitized to ensure safety.

- **Hard, non-porous surfaces (floors, walls, equipment)**
 - The first step in cleaning this type of surface is to remove all visible dirt and excess water. Then wash and sanitize the item if able and let dry. Disinfect metal pots and pans by boiling for 10 minutes. Fans can be used to speed up the drying process.
- **Porous, soft, absorbent, uncleanable surfaces**
 - This surface type includes damaged equipment, wood, plastic utensils, linens, drywall, insulation, paneling, furnishings, wallpaper, books, paperwork, and menus. If any of these items are affected by damage, they need to be discarded.
- **Coolers/Freezers**
 - When cleaning the cooler(s) and freezer(s), remove all of the shelves and trays so everything can be washed, rinsed, and sanitized. If there is still an odor, wash with hot water and baking soda and leave the door open for 15 minutes. Other products to help reduce the odor include newspaper, coffee grounds, baking soda, or cotton balls soaked in vanilla.

○ **Fire Disaster**

- First check with the fire department to be sure it is safe to enter the facility.
- Check the ceiling for signs of sagging. If the plaster or wallboards get wet from the fire hose it becomes very heavy and dangerous if it falls.
- Open the windows and doors for ventilation and drying.
- Throw away all food and beverages exposed to heat, smoke, or soot.
- Pots, pans, dishes, and silverware should be washed in soapy water, rinsed, and polished with a fine powder cleaner.
- Painted walls and washable wallpaper can be cleaned by wiping the surface with a bleach solution to decrease the chances of mold and mildew growth.

o **Flood Disaster**

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

III. Conclusion/ Discussion

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

The information provided in this in-service should not be used to replace policies set by your facility or local jurisdiction. Reinhart values the safety and well-being of their customers and therefore strongly recommends consulting your local jurisdiction for more information on kitchen decontamination and salvaging inventory. For more information regarding Reinhart's Dietary Employee Training Program or other nutrition services, please refer to our website at <http://www.rfsdelivers.com> or contact NSDept@RFSDelivers.com. 1. F, 2. T, 3. F, 4. T, 5.F

IV. Pre/ Post Test (Circle One)

Name: _____

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

Disaster Planning – Pandemic

Dietary Employee Training Program

Objective: The participant will be able to:

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

Course Outline:

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

Course Information:

I. Introduction: Pandemics

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

II. Dealing with Pandemics

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

A. Before a Pandemic Hits

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

B. Work Place Policies and Operating Procedures Once a Pandemic Hits

- a. Stay home if you have a fever or symptoms of a fever (chills, sweating, aches, weakness / fatigue) to stay home until at least 24 hours after symptoms have resolved without medication
- b. See a doctor before returning to work
- c. Talk with your manager if you need flexibility on sick leave policies during the pandemic
- d. Decrease face time with other employees by using web or tele meetings and trainings
- e. Talk with your manager if you need tissues, soap, and no touch garbage cans

C. Employee Behavior During a Pandemic

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

III. Conclusion / Discussion

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

For more information regarding Reinhart's Dietary Employee Training Program or other nutrition services, please refer to our website at <http://www.rfsdelivers.com> or contact NSDept@RFSDelivers.com. 1 F, 2 T, 3.T, 4.F, 5 T

Pre-Test / Post-Test (Circle One)

Name: _____

- T F 1. Cross training employees helps businesses continue to function during a pandemic.
- T F 2. Getting vaccinated is not effective in preventing the spread of infectious diseases.
- T F 3. Proper hand washing helps prevent the spread of pandemic diseases.
- T F 4. Employees who have a pandemic illness should stay home until 24 hours after their symptoms resolve.
- T F 5. Cleaning and sanitizing work spaces has no impact on the spread of infectious diseases.

Case Study One: Thunderstorm

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

1. What do you do next?

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

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

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

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

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

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

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

Case Study Two: Tornado

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

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

Case Study Three: Water Contamination

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

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

Case Study Four: Pandemic

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

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

SOURCES

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University of Tennessee. *National Recommendations for Disaster Food Handling*. Available at <http://fyys.ifas.ufl.edu/foodsafety/HTML/tn001.htm>.

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Maison De'ville of Harvey
NURSING HOME & REHABILITATION

2233 8th street
Harvey, LA 70058

A tradition of caring

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

Emergency Plans – 2019

SUPPLIER AGREEMENT

People's Drug Store
Contact Person: Susan Brunet

Phone # of Contact Person: 985-381-2995

Email address: jacesjaces@bellsouth.net

Indicate where the supplies are to be delivered to:

☒ **Evacuation Host Site**

☐ **Nursing Home's Licensed Facility**

☐ **Determined upon decision of sheltering or evacuating**

Time lines or Restrictions: H – Hour or the number of hours needed

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

72 Hours

How long will it take to receive the delivery?

8 Hours

Date of agreement/contract/verification: January 10, 2020

Date agreement/contract ends: January 10, 2021

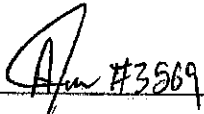
Signature: _____

"Family Owned and Operated"

Peoples DRUG STORE, INC.

Emergency Medications Agreement

This agreement is entered into between Maison deville of Harvey and Peoples Drug Store. During emergency situations, Peoples Drug Store will provide medications to the facility 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.

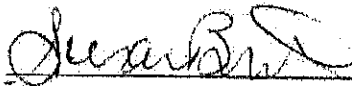


Maison deville of Harvey

2233 Eighth Street

Harvey, LA 70058

Dated: _____



Peoples Drug Store

7869 Main Street

Houma, LA 70360

Dated: 01/09/2020

Peoples Drug Store

Phone 985-873-8003

Fax 985-873-8541

Our driver leaves at 4:30PM. If you know you are getting an admission, please let us know and we can detain her to include your delivery.

After hours phone numbers

*** For any refill or new order that can wait until the next morning, call the pharmacy number and leave a detailed message on the answering machine. Please let us know if you need the medication before our regular delivery.

For medication emergencies, call:

Jarrold Cell 985-438-0055

Ronnie Cell 985-860-1316

Susan cell 985-381-2995

Store Hours

Mon-Thurs 8:00 AM to 6:30 PM

Fri 8:00 to 6:00 PM

Sat 8:00 to 5:00 PM

Sunday Closed

**WESTPORT LINEN SERVICES
EMERGENCY LINEN ADDENDUM**

(Effective January 22, 2019 -- February 28, 2021)

These are the latest changes made to the Emergency Linen Service Agreement for Plaza Holdings LLC, ("Facility") and Westport Linen Services, LLC, ("Westport").

The following locations will be covered under the agreement for emergency linen processing:

South Lafourche Nursing and Rehab -- previously Raceland Manor
146 E 28th St
Cut Off, LA 70345

Iberville Oaks Nursing and Rehab- previously Plaquemine Manor Nursing Home
59355 River West Dr Plaquemine, LA 70764

Maison Deville Nursing Home
107 S. Hollywood RD
Houma, LA

West Jefferson Healthcare Center
1020 Manhattan Blvd
Harvey, LA 70058

Maison Deville of Harvey
2233 8th St
Harvey, LA 70058

Maison Orleans previously Uptown Healthcare
1420 General Taylor
New Orleans, LA 70115

If activated the Evacuation site addresses are as follows:

59355 River West Dr
Plaquemine, LA 70764

24320 Ferdinand St
Plaquemine LA 70769

129 Calhoun St
Independence, LA 70764

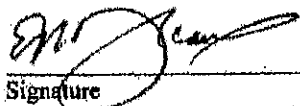
Prices are \$.60 per pound received by Westport.

If transported by a Westport Delivery truck, delivery fee is \$1.55 per mile driven.

If Westport carts are used during the service, carts will be rented at \$5.00 per day.

Carts are to be returned to Westport, if not carts will be billed at \$350 each.

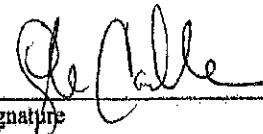
Invoice Billing is weekly and to be paid with a Credit Card submitted to Westport on first day of service.


Signature

Westport Linen Services, LLC.

CEO
Title

1/31/19
Date

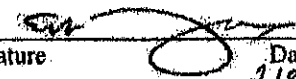

Signature

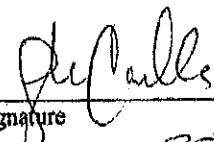
Plaza Holdings LLC.

CEO
Title

2-18-2020
Date

Renewal 2020:


Signature
CEO
Title
2.18.20
Date


Signature
CEO
Title
2-18-2020
Date

Renewal 2021:

Signature

Title

Date

Signature

Title

Date

TAB N:

TRANSFER FORM

In the event of an emergency which necessitates the evacuation of

_____ (name of nursing facility)

I, _____ (name of Resident/Patient's Physician),

hereby authorize the Medical Director or his designee at the receiving/host
hospital the right to order the continuation of care for

(Name of patient),

provided the host hospital has the physical and staffing capability to admit
the evacuated nursing home patient.

Resident/Patient's Physician

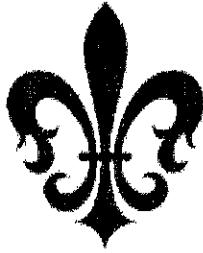
Date

Medical Director of Nursing Facility

Date

Resident/Patient or Legal Representative
or Responsible Party

Date



Maison De'ville of Harvey
NURSING HOME & REHABILITATION

2233 8TH STREET
HARVEY, LA 70058

A tradition of caring

(504) 362-9522 PHONE
(504) 368-4118 FAX

To Whom It May Concern:

Resident and their family will be notified of emergency events by the facility Social Worker. Staff will be notified of emergency events by their respective department supervisors.

Signed,

**Anthony Jones, LNFA
Nursing Home Administrator**

"Family Owned and Operated"

Tab K

Risk assessment coversheet

Decisions to evacuate or shelter in place shall take into consideration the facilities risk assessment. Information included in this plan shall be current, valid and reliable.

1. Elevation(s) of facility's Heating Ventilation Air Conditioning (HVAC) system(s). **at and above sea level**
2. Elevation(s) of electrical service junction(s). **At sea level**
3. Elevation(s) of generator(s) and connection(s). **At sea level**
4. Elevation(s) of fuel supply, fuel storage tanks, and connection(s). **At sea level**
5. Facility's roof type and wind load evaluations. **Flat tar-type of roof, wind load is approximately 150mph**
6. Window evaluation: can they be shuttered, will they be shuttered, wind load determinations. **Above sea level, we have no shutters, wind load is approximately 120 MPH**
7. Wind load determination for building – what is building able to withstand?
Approximately 150 or more mph
8. Evaluation of fuel resources for generator(s). How much fuel do you have stored on site? How long will generator(s) run on fuel? If not on hand how will fuel be supplied for seven day requirement? **At sea level, 250 gallons of fuel are stored on site, generator will run approximately 3 days, we will purchase more propane if needed**
9. Generator output and needed power. How much power is needed to run listed emergency equipment? What is the output of your generator? **We have a standby Onan 20 Genset generator. 60Hz, 1800 RPM. For a single phase 13 KW – 17KVA and for a three phase 20 KW – 25 KVA. Amps: 120/240=60, 127/220=66, 139/240=60. 120/208=69, 240/416=35, 254/440=30, 277/480=30 and 120/240=69**
10. Lay down hazard evaluation of property. Are there any objects – towers, trees, tanks, buildings, etc. that might be blown onto or into your building causing damage?
There are several trees surrounding the facility that could cause a hazard and two sheds in the rear of the building.

11. Hazardous materials evaluation. Is there any hazardous material stored in or around facility that should be secured or removed prior to hurricane? Chemicals, biologics, compressed gasses, flammables, etc. **There are oxygen tanks stored at the facility and they are always secured in the building.**
12. How will security for persons and supplies be provided after an emergency event?
The facility will have enough staff on hand for security for residents and all supplies will be reordered as needed.
13. What is the Sea, Lake, and Overland Surge from Hurricanes (SLOSH? Model using Maximum Of MEOW's (MOM) predictions for the facility? Include categories 1 through 5 at high tide.
 - *E1= Cat. 1 hurricanes at high tide
 - *E2= Cat. 2 hurricanes at high tide
 - *E3= Cat. 3 hurricanes at high tide
 - *E4= Cat. 4 hurricanes at high tide
 - *E5= Cat. 5 hurricanes at high tide
14. Floor(s) (Tab A) clearly showing interior safe zones and emergency supply storage areas. **On Tab A**
15. Elevation(s) of water system back flow preventers. **At sea level**

Hazards which the facility may be subject to:

Biological - A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease spreads easily person-to-person, causes serious illness, and can sweep across the country and around the world in very short time.

Dam - The benefits of dams are numerous: they provide water for drinking, navigation, and agricultural irrigation. Dams also provide hydroelectric power and create lakes for fishing and recreation. Most important, dams save lives by preventing or reducing floods.

Drought - Drought can be defined on the basis of the degree of dryness (in comparison to "normal" or average amount) and the duration of the dry period. The drought's impact may include direct effects to the local economic, agricultural, and hydrological (rivers, reservoirs and water tables) resources or may be the cause for secondary effects such as wildfires

Flooding - A flood, as defined by the National Flood Insurance Program is: "A general and temporary condition of partial or complete inundation of two or more acres of normally dry land area or of two or more properties (at least one of which is your property) from:

Overflow of inland or tidal waters,

Unusual and rapid accumulation or runoff of surface waters from any source, or a mudflow.

Fire - Causes of Fires and Fire Deaths: Cooking is the leading cause of home fires in the U.S. It is also the leading cause of home fire injuries. Cooking fires often result from unattended cooking and human error, rather than mechanical failure of stoves or ovens. Careless smoking is the leading cause of fire deaths. Smoke alarms and smolder-resistant bedding and upholstered furniture are significant fire deterrents. Heating is the second leading cause of residential fires and the second leading cause of fire deaths. However, heating fires are a larger problem in single family homes than in apartments. Unlike apartments, the heating systems in single family homes are often not professionally maintained. Arson is both the third leading cause of residential fires and residential fire deaths. In commercial properties, arson is the major cause of deaths, injuries and dollar loss.

Hurricane and Tropical Weather - A hurricane is a tropical storm with winds that have reached a constant speed of 74 miles per hour or more. The eye of a storm is usually 20-30 miles wide and may extend over 400 miles. The dangers of a storm include torrential rains, high winds and storm surges. A hurricane can last for 2 weeks or more over open water and can run a path across the entire length of the Eastern Seaboard.

Heat - Most heat disorders occur because the victim has been overexposed to heat or has over exercised for his or her age and physical condition. Other conditions that can induce heat-related illnesses include stagnant atmospheric conditions and poor air quality.

Hazardous Materials - Hazardous materials in various forms can cause death, serious injury, long-lasting health effects, and damage to buildings, homes, and other property. Many products containing hazardous chemicals are used and stored in homes routinely. These products are also shipped daily on the nation's highways, railroads, waterways, and pipelines

Nuclear - Radiation is any form of energy propagated as rays, waves or energetic particles that travel through the air or a material medium.

Thunderstorms - Thunderstorms can bring heavy rains (which can cause flash flooding), strong winds, hail, lightning and tornadoes. In a severe thunderstorm get inside a sturdy building and stay tuned to a battery-operated radio for weather information. Severe thunderstorms can strike at any time of the day or night. The heaviest volume of severe thunderstorms occurs from April through September

Terrorism - Terrorism is defined in the Code of Federal Regulations as "the unlawful use of force and violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives."

Tornados - A tornado is a violent windstorm characterized by a twisting, funnel-shaped cloud. It is spawned by a thunderstorm (or sometimes as a result of a hurricane) and produced when cool air overrides a layer of warm air, forcing the warm air to rise rapidly.

Winter Weather - Winter weather conditions are expected to cause significant inconveniences and may be hazardous, especially to motorists

Hazards which the facility will not be subject to:

none

RECORD OF IN-SERVICE

Name of Facility <i>Maison Deville</i>	Date <i>02/07/2020</i>	Time <i>1:45pm to 2:05pm</i>
Facilitator's Name	In-Service Title <i>Fire Drill</i>	

Objectives of the In-Service:

Fire alarm was pulled. Alarm sounded. All staff in place. Doors were shut to residents room. Facility fire doors closed. Staff with fire extinguisher in place. All wheel chair residents were brought to safety area. Fire department came to facility to clear facility after fire drill.

Brief evaluation of the participants' responses to the In-Service: (Attach course evaluations)

Attendance Record/Signature Sheet
on Side Two

MAISON DE'VILLE OF HARVEY

DATE 1 / 30 / 20

FIRE DRILL STATEMENT

This is to certify that a fire drill for the _____ shift was held on

1 / 30 / 20 at 8 am/pm (circle one)

Comments:

Participants:

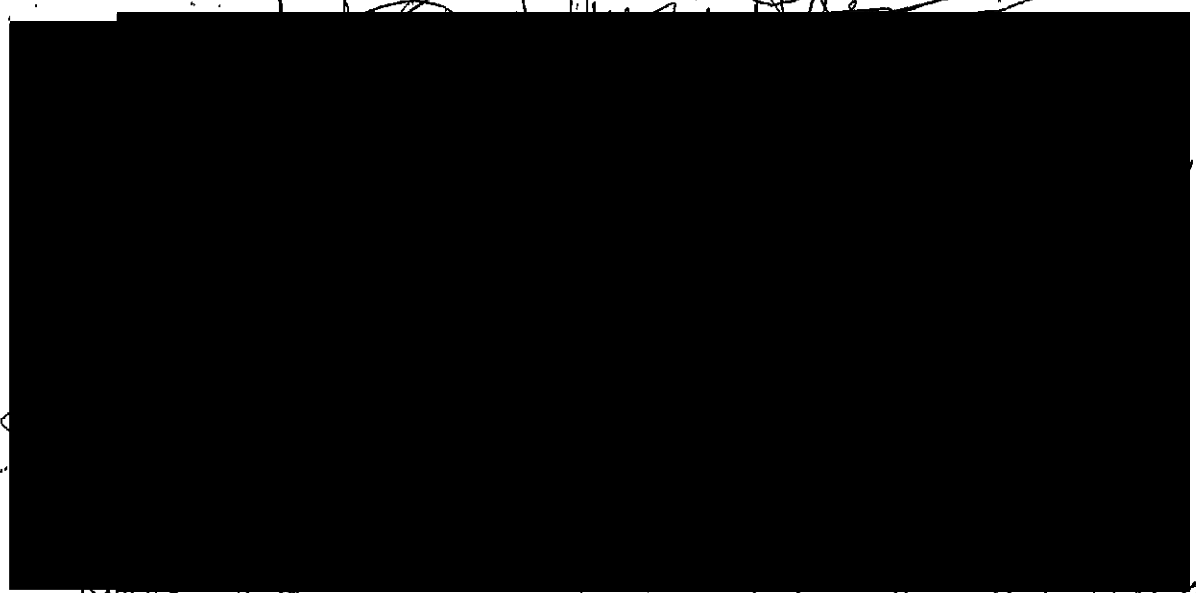


Michael Walker
SIGNATURE OF PERSON SUPERVISING FIRE DRILL

1 - 20
DATE

Fire Drill Statement

This is to certify that a fire drill for Maison De Ville was held on 1-20 at 2:00 ☒ a.m. ☐ p.m.
Comments: [Signature]



Maison De Ville
FACILITY NAME
[Redacted]

[Signature]
SIGNATURE OF PERSON SUPERVISING DRILL
[Redacted]
ADMINISTRATOR

DATE: 1-30-20 - 11pm

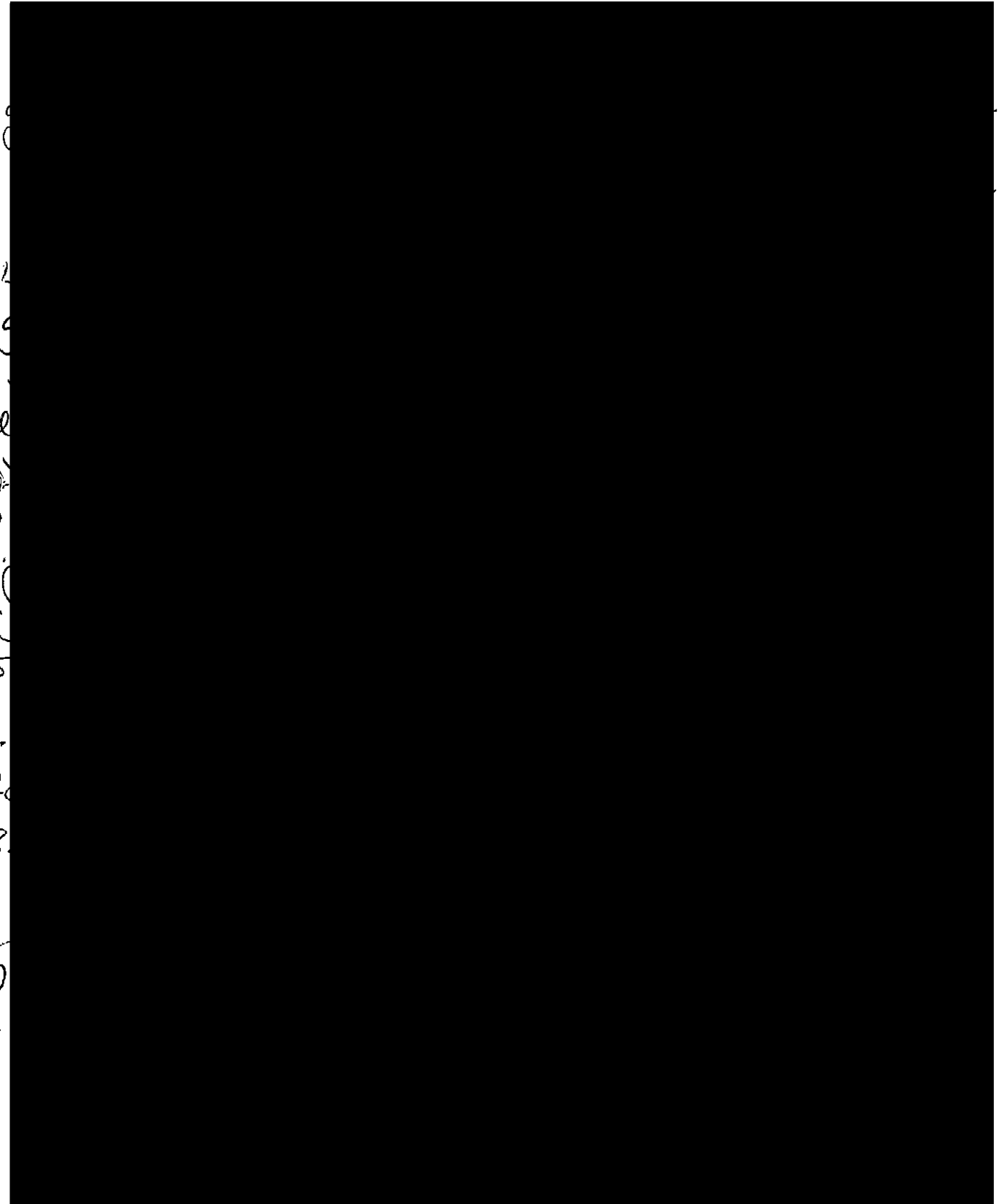
Drill: Fire Drill

Print Name

Signature



Fire Drill Jan. 30th 2020



0
2
3
6
7
8.
9.
10
11.
12
13
14
15
)

MAISON DE'VILLE OF HARVEY

DATE 12/10/19

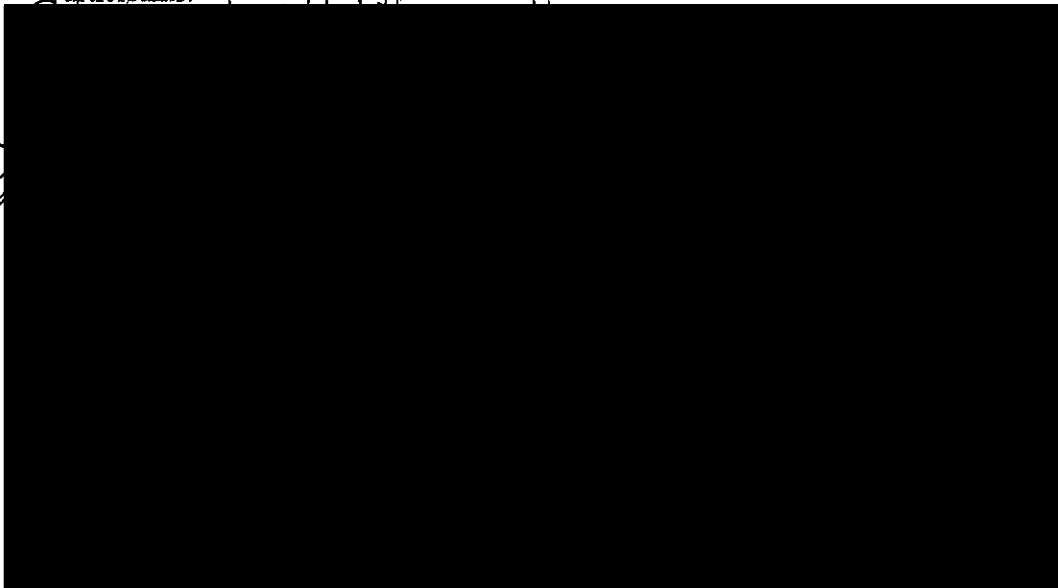
FIRE DRILL STATEMENT

This is to certify that a fire drill for the _____ shift was held on

12/10/19 at _____ am/pm. (circle one)

Comments:

Participants:



Michael Walker
SIGNATURE OF PERSON SUPERVISING FIRE DRILL

12/10/19
DATE

Fire Drill Statement

[Handwritten mark]

This is to certify that a fire drill for

Maison Deville

Date *3/3/19*

was held on

3/13/19

at

6:00

a.m. ☒ p.m.

DATE



Maison Deville
FACILITY NAME

Robert [Signature]

Michael Walke
SIGNATURE OF PERSON SUPERVISING DRILL

Antony [Signature]
ADMINISTRATOR

MAISON DE'VILLE OF HARVEY

DATE 2 / 21 / 19

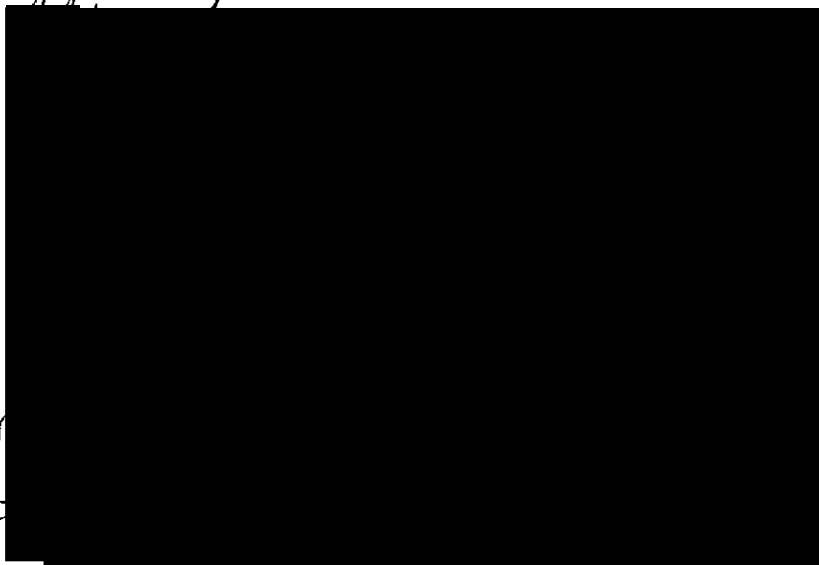
FIRE DRILL STATEMENT

This is to certify that a fire drill for the 10-6 shift was held on

2 / 21 / 19 at 10:15 am/pm (circle one)

Comments:

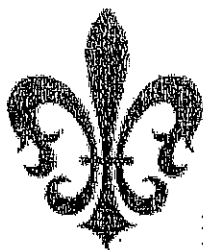
Participants:



Shameel Cordona

SIGNATURE OF PERSON SUPERVISING FIRE DRILL

DATE



Maison De'ville of Harvey

NURSING HOME & REHABILITATION

A tradition of caring

2233 8th street
Harvey, LA 70058

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

Fire Drill Sheet

Date: 1/29/19

Time: 1:20 pm

Family Owned

MAISON DE'VILLE OF HARVEY

DATE 12/4/18

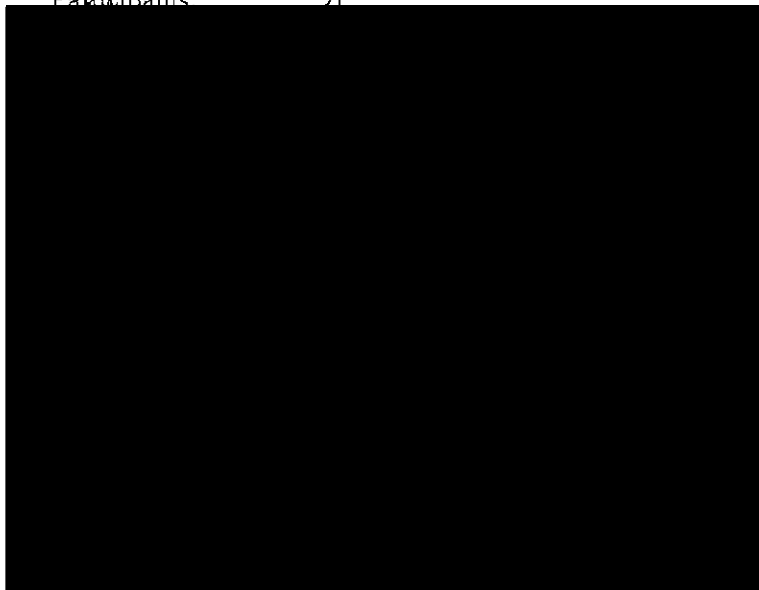
FIRE DRILL STATEMENT

This is to certify that a fire drill for the 2nd shift was held on

12/4/18 at 3:18 am/pm (circle one)

Comments:

Participants:

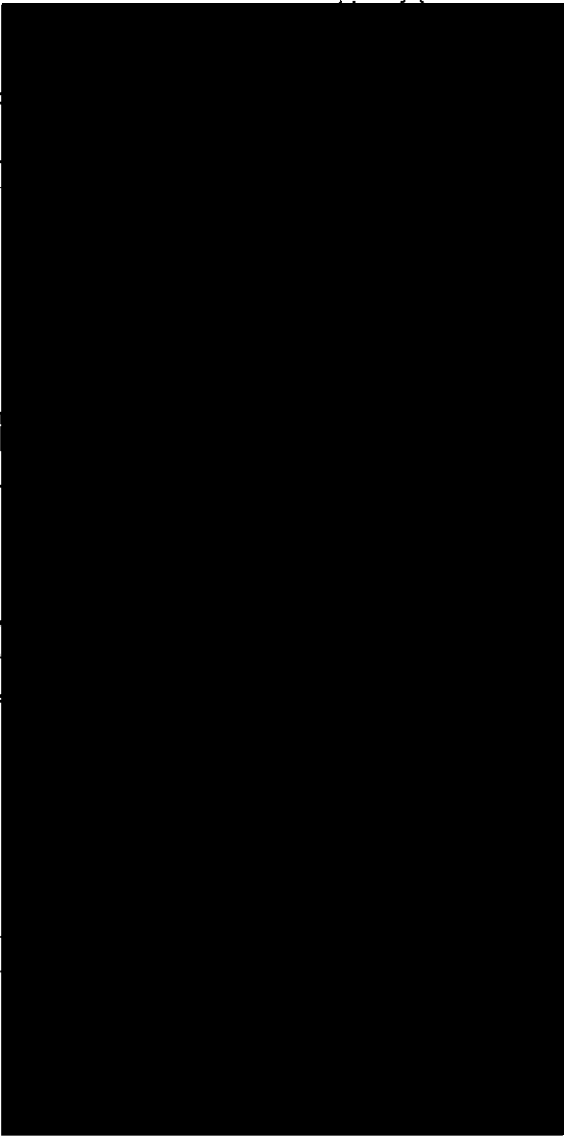


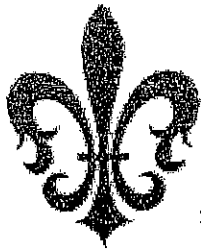
Michael Walker

SIGNATURE OF PERSON SUPERVISING FIRE DRILL

12-4-18

DATE





Maison De'ville of Harvey
NURSING HOME & REHABILITATION

2233 8th street,
Harvey, LA 70058

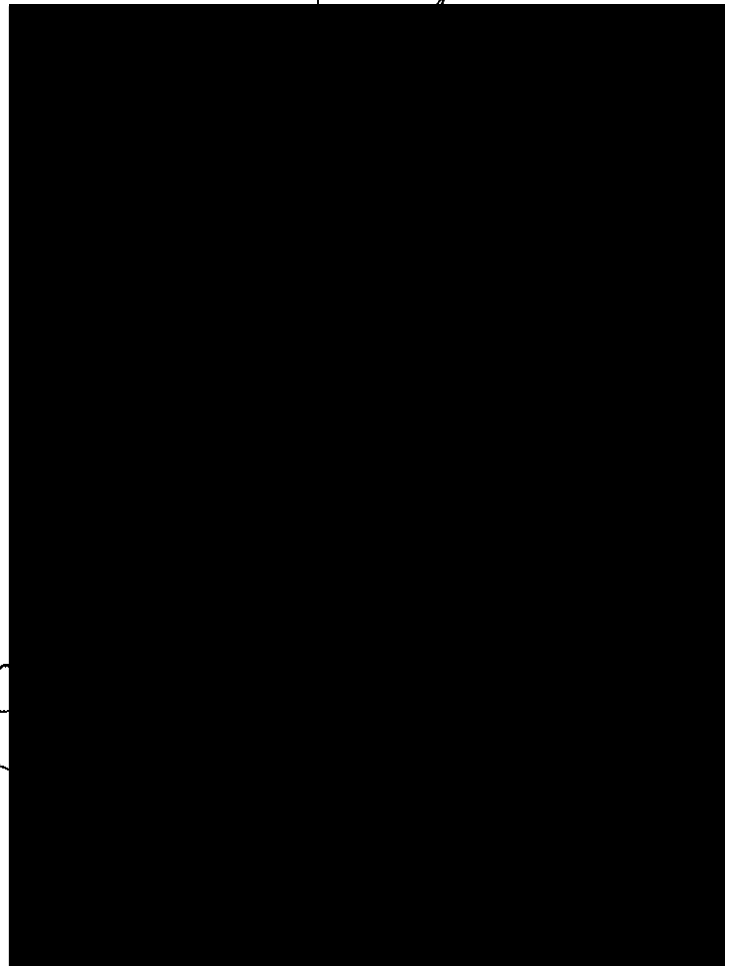
A tradition of caring

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

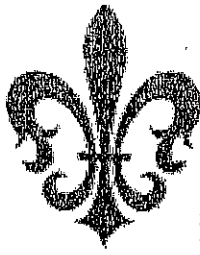
Fire Drill Sheet

Date: 11/13/18

Time: 8:30 AM



"Family Owned and Operated"



Maison De'ville of Harvey
NURSING HOME & REHABILITATION

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2233 8th street
Harvey, LA 70058

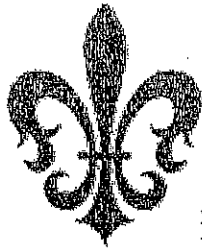
(504) 362-9522 phone
(504) 368-4118 fax

Fire Drill Sheet

Date: 10/31/18

Time: 10:00 AM

owned and Operate
Swanya S.
Wil Green



Maison De'ville of Harvey

NURSING HOME & REHABILITATION

A tradition of carina

2233 8th street
Harvey, LA 70058

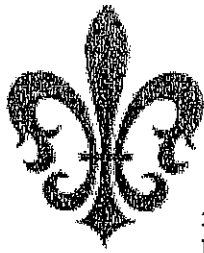
(504) 362-9522 phone
(504) 368-4118 fax

Fire Drill Sheet

Date: 8/22/18

Time: 10:05 pm

City Owned and Op



Maison De'ville of Harvey

NURSING HOME & REHABILITATION

A tradition of carina

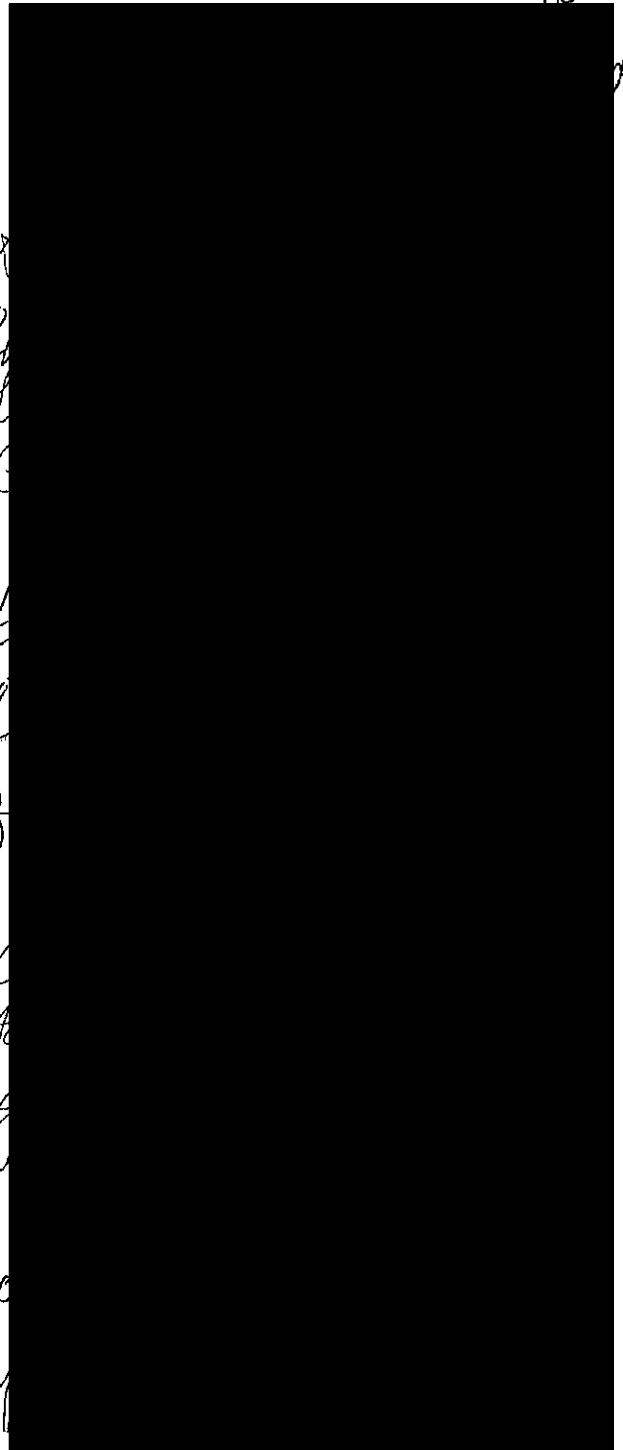
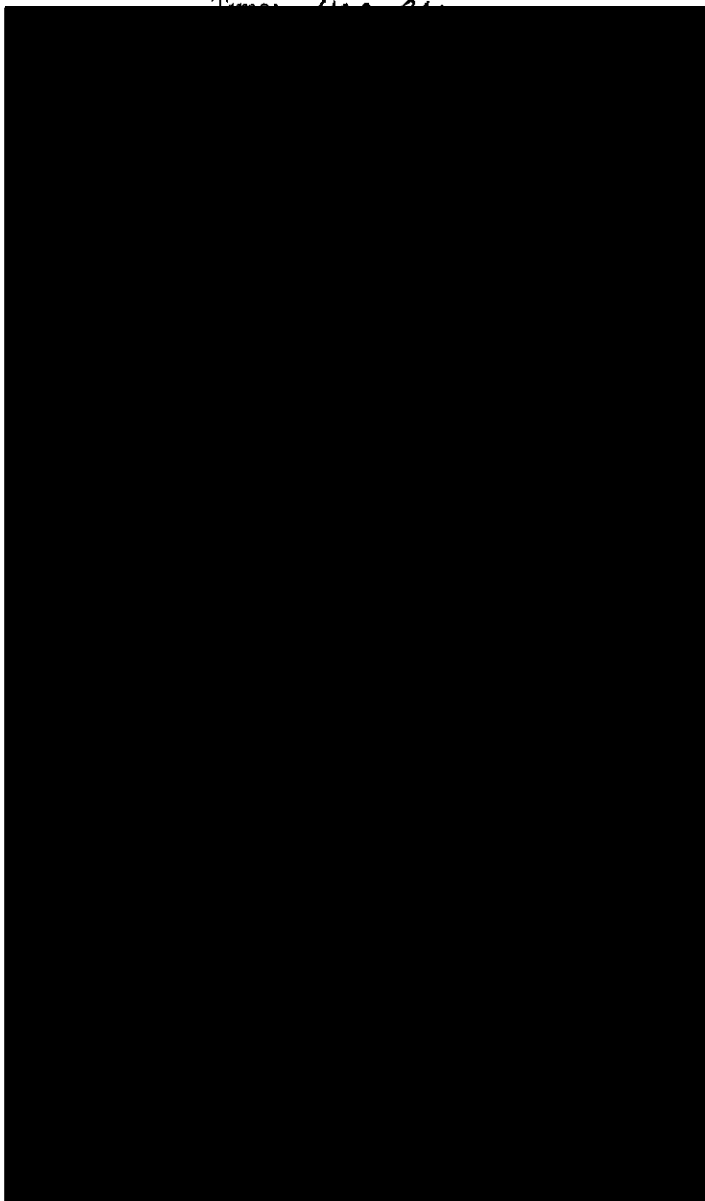
2233 8th street
Harvey, LA 70058

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

Fire Drill Sheet

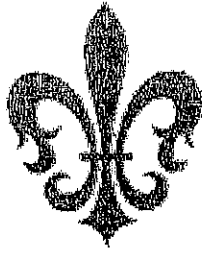
Date: 7/24/18

Time: 11:00 AM



ed and C

M



Maison De'ville of Harvey

NURSING HOME & REHABILITATION

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2233 8th street
Harvey, LA 70058

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

Fire Drill Sheet

Date: 6/13/18

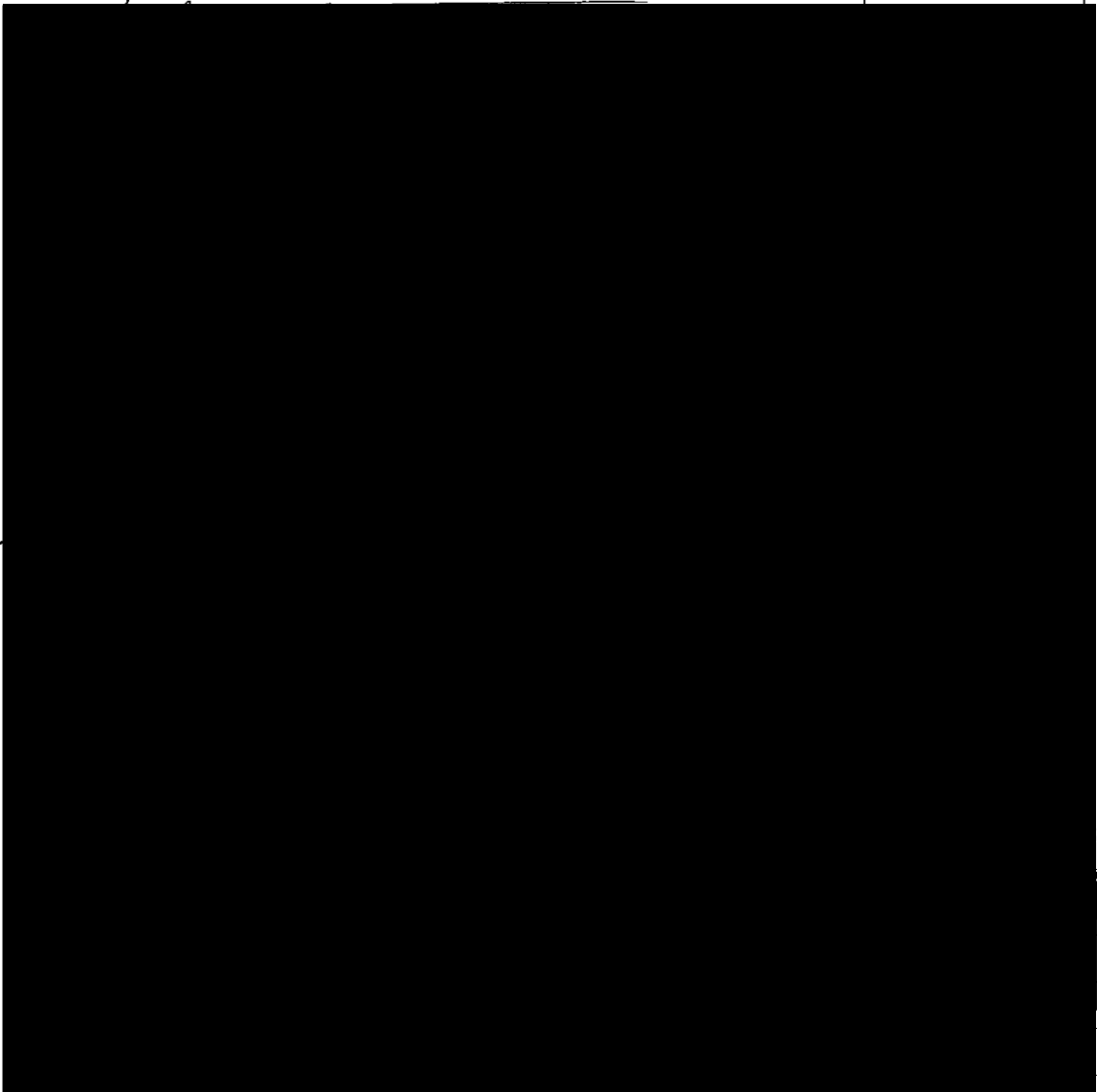
Time: 3:00 pm

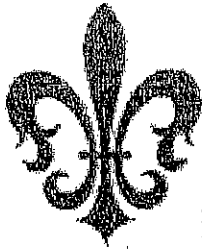
Fire Drill Leaders

1. Dante Landry, RN

3. [Signature] Admin

"Family Owned and Operated"





Maison De'ville of Harvey

NURSING HOME & REHABILITATION

A tradition of caring

2233 8th street
Harvey, LA 70058

(504) 362-9522 phone

(504) 368-4118 fax

Fire Drill Sheet

Date: 5/23/18

Time: 10:20 am

Fire Drill → Leaders

1. Dante Sanchez
2. Michael Walter

"Family Owned and Operated"

MAISON DE'VILLE OF HARVEY

DATE 5/25/18

FIRE DRILL STATEMENT

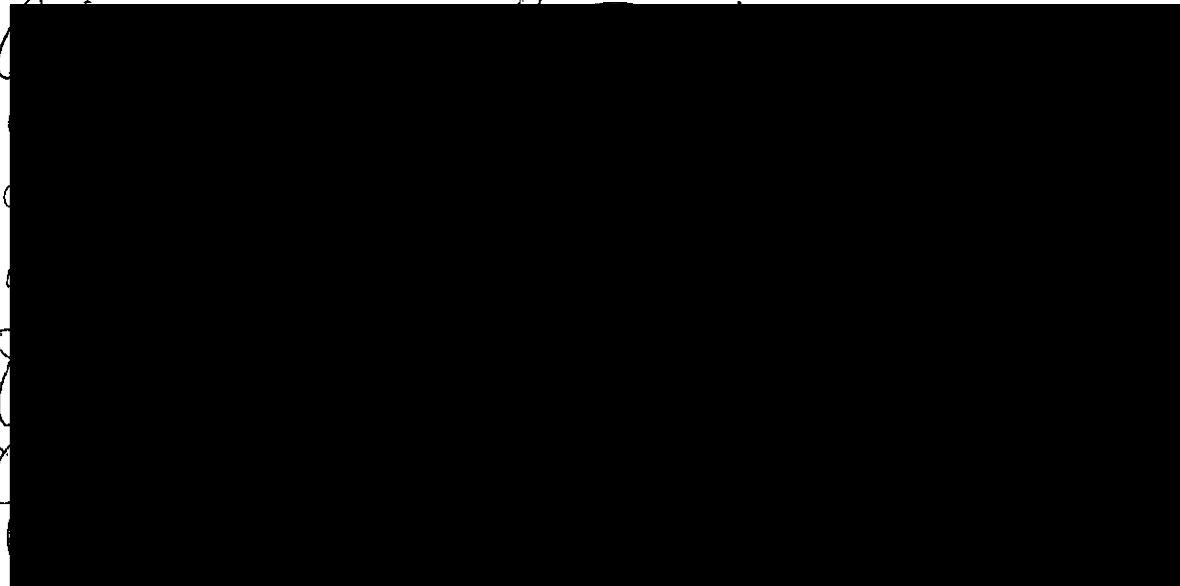
This is to certify that a fire drill for the 6a-2p shift was held on

5/25/18 at 10:10 am pm. (circle one)

Comments:

fire drill took 7 mins. to do

Participants:



[Signature]
SIGNATURE OF PERSON SUPERVISING FIRE DRILL

5/25/18
DATE

P.M.

Fire Drill Statement

This is to certify that a fire drill for

was held on

Comments:

Date

3-16-2018

Maison Jeville

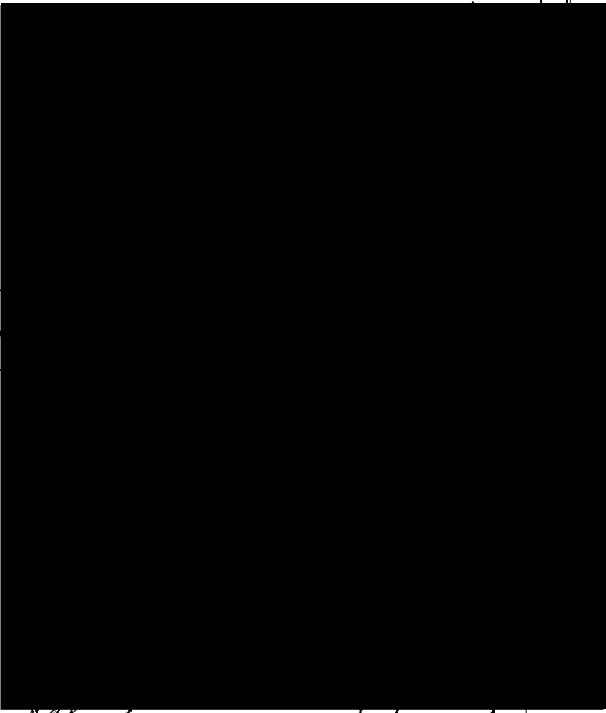
March 12, 2018

at 1:30

☐ a.m.

☒ p.m.

DATE



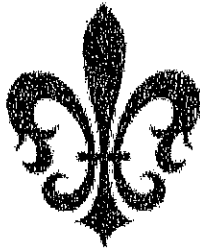
Michael Walsh
SIGNATURE OF PERSON SUPERVISING DRILL

Maison Jeville Murnie

FACILITY NAME

Home

ADMINISTRATOR



Maison De'ville of Harvey

NURSING HOME & REHABILITATION

A tradition of carina

2233 8th street
Harvey, LA 70058

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

FIRE DRILL

February 22, 2018

A fire drill was conducted at the facility on Monday, February 22, 2018. The staff did significantly better than the last drill that we performed. Residents were quickly cleared from the halls and all rooms were checked and closed off. Fire extinguishers were retrieved and brought to the location of the mock fire. A few new employees needed to be educated on the proper action to take for a fire or fire drill.

Cheryl J. Carter, LNFA

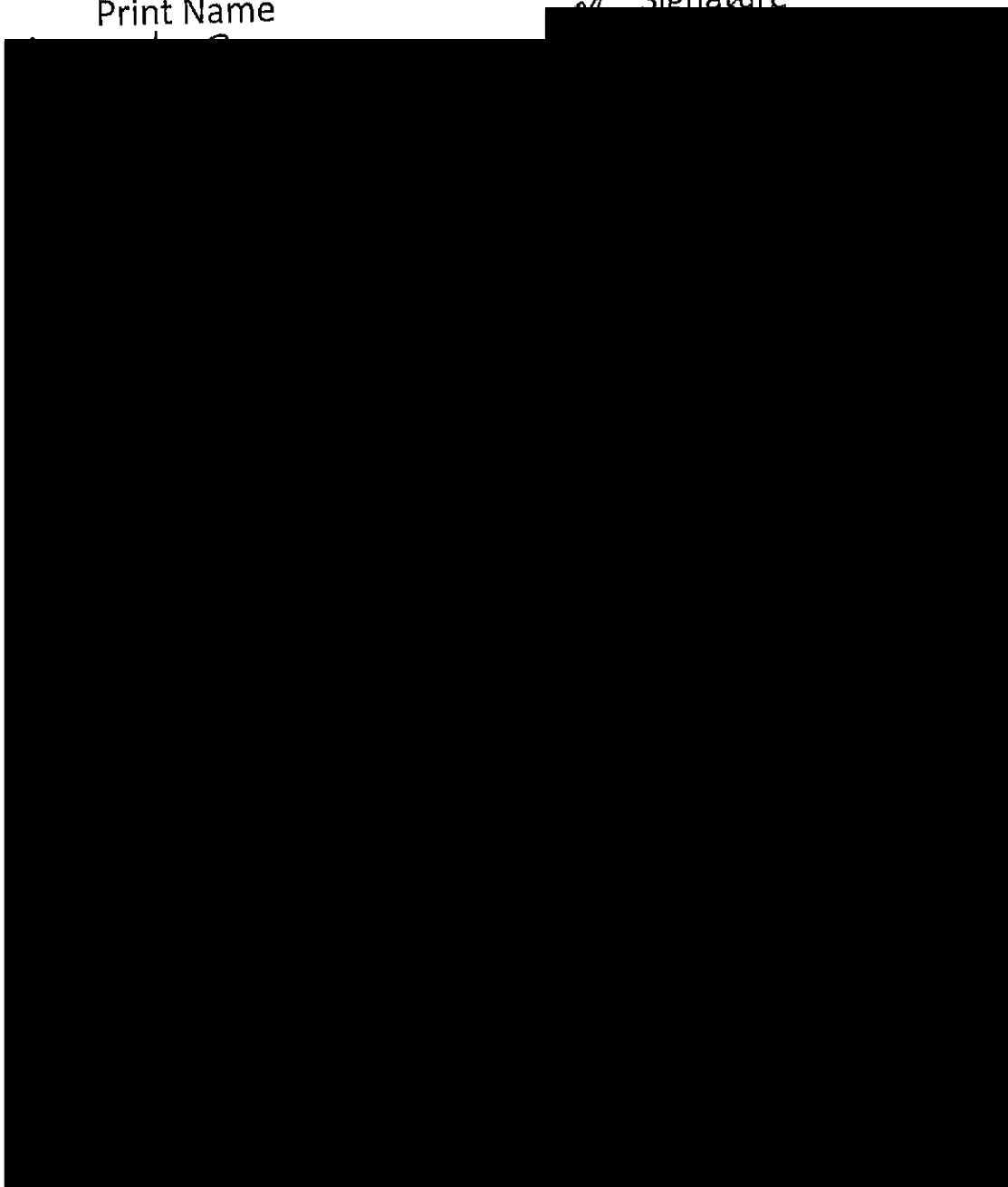
"Family Owned and Operated"

February 22, 2018

Fire Drill

Print Name

Signature

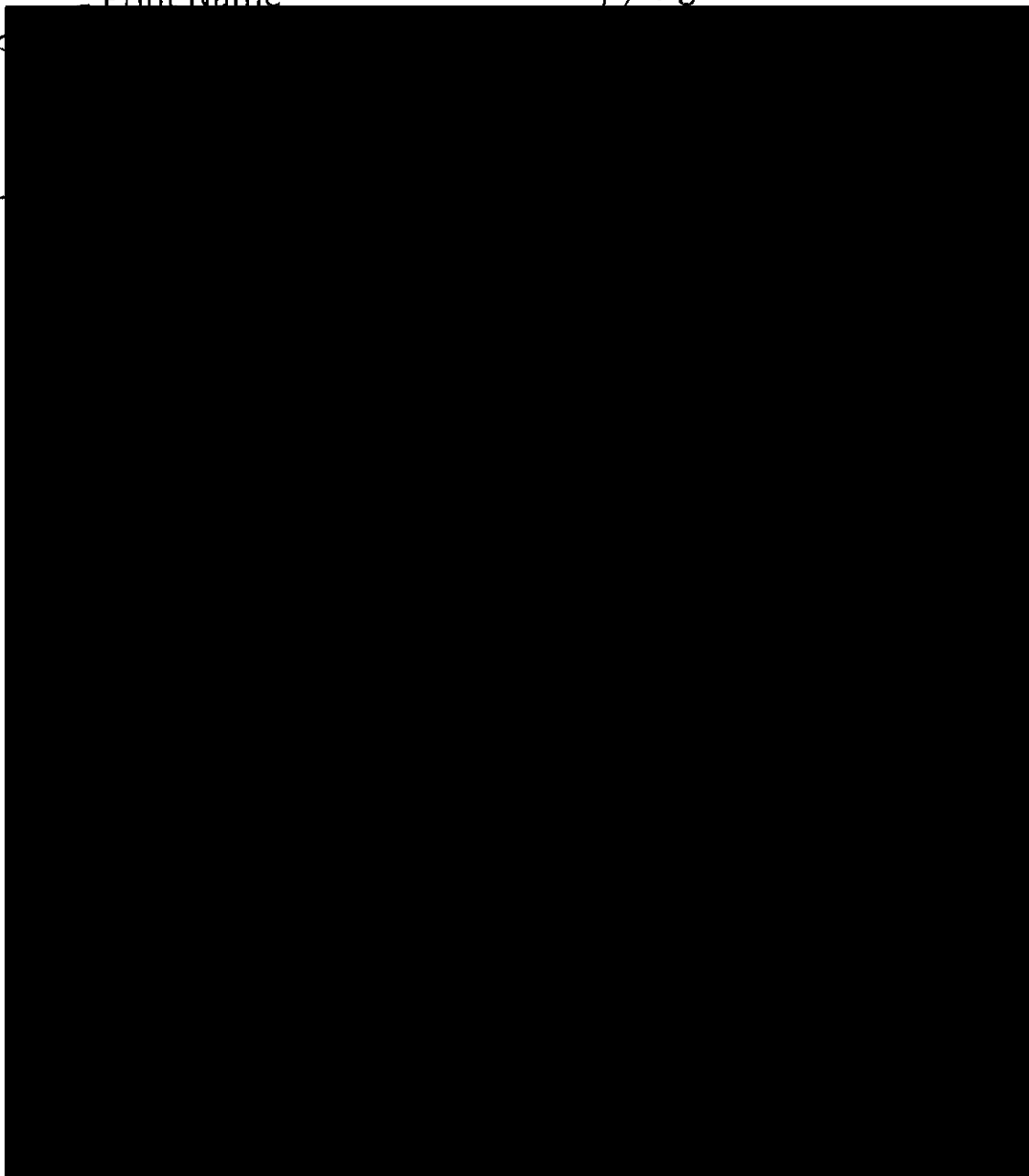


February 22, 2018

Fire Drill

Print Name

Signature



A M

Fire Drill Statement

This is to certify that a fire drill for Mason DeVille
was held on 1-12-08 at 10:00 ☒ a.m. ☐ p.m.
DATE

Comments:

[Redacted Signature Block]

Michael DeVille
ADMINISTRATOR

MEDICAL FACILITY
 FIRE SAFETY SELF INSPECTION

Month of _____

Month of Jan 2018 FIRE SA

Facility

MAISON De V

- a. Fire Alarm System Tested
- b. Fire/Smoke Detectors Tested
- c. Fire/Smoke Doors Operate Properly
- d. Filters in Kitchen/Laundry Inspected
- e. Emergency Generator Tested
- f. Exit Signs Lighted
- g. Fire Extinguishers Checked
- h. Corridors and Exits Unobstructed

[illegible]

Date: _____

- ## II. Emergency Generator

III. Sprinkler System Check

1. Static Pressure 60 lbs Residual Pressure 50 lbs Difference 10 lbs
k. Tamper Alarm Yes Water Flow Alarm: Electrical ✓ Mechanical ✓
l. Heads Unobstructed Yes
m. Last Contractor Inspection Yes

Date _____

RC 16, 2017

Contractor CA Fire

9/ ~~10~~ Jesse Coopers 61705/

FIRE DILL REPORT

- iv. Did Discoverer take appropriate action?
- v. Did others take appropriate action?
- vi. Notification of Fire Department.
- vii. All Doors Closed.
- viii. Extinguishers taken to involved area.
- ix. All oxygen turned off.
- x. Drift satisfactory
- xi. Observer

Date	Date	Date
DEN	DEN	DEN
yes		
yes		
yes		
Yes		
yes		
yes		
yes		
Mr. W.		

COM
REY
SIDE

Louisiana State Fire Marshal - Life Safety Code Division



Maison De'ville of Harvey

NURSING HOME & REHABILITATION

2233 8th street
Harvey, LA 70058

A tradition of caring

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

Generator Test Sheet

Date: 2/24/20

Time: 10:00 - 10:30

Run time: 30 minutes

Gas level: 75%

Signature: Walter

"Family Owned and Operated"



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2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: 2/19/20

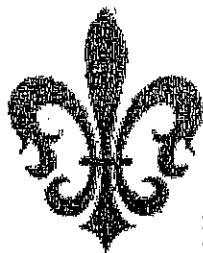
Time: 10P 10:30

Run time: 38 mins

Gas level: 750%

Signature: N. J. J.

"Family Owned and Operated"



Maison De'ville of Harvey

NURSING HOME & REHABILITATION

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2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: 2/19/20

Time: 10:18:30

Run time: 30 mins

Gas level: 75%

Signature: Walker

"Family Owned and Operated"



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2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: 2-5-20

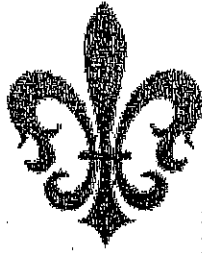
Time: 10:10:30 AM

Run time: 30 mins

Gas level: 75% / 6

Signature: M. Walker

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Maison De'ville of Harvey

NURSING HOME & REHABILITATION

A tradition of caring

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Harvey, LA 70058

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

Generator Test Sheet

Date: 1-29-20

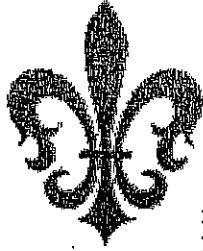
Time: 10-10:30 AM

Run time: 26 mins

Gas level: 75%

Signature: M. Walker

"Family Owned and Operated"



Maison De'ville of Harvey
NURSING HOME & REHABILITATION

2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: 1-22-20

Time: 10-10:30

Run time: 30 min.

Gas level: 750/6

Signature: 11-11-11

"Family Owned and Operated"



Maison De'ville of Harvey

NURSING HOME & REHABILITATION

A tradition of caring

2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: 12-4-19

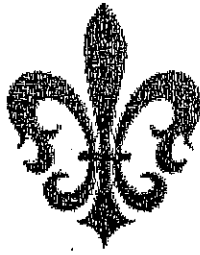
Time: 10-10:30 pm

Run time: 30 mins

Gas level: 77%

Signature: Mechel Waters

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

Generator Test Sheet

Date: 12-8-20

Time: 10:00 - 10:30 AM

Run time: 30 minutes

Gas level: 75%

Signature: M. Walker

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(504) 362-9522 phone
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Generator Test Sheet

Date: 12-11-19

Time: 10-10:30

Run time: 30 mins

Gas level: 776/0

Signature: M. Walker

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Generator Test Sheet

Date: 12-18-19

Time: 10:30 AM

Run time: 30 MINS

Gas level: 25%

Signature: M. Walker

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Generator Test Sheet

Date: 1-1-20

Time: 10-10:30 AM

Run time: 30 mins

Gas level: 75%

Signature: M. Wallen

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2233 8th street
Harvey, LA 70058

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(504) 368-4118 fax

Generator Test Sheet

Date: 1-15-20

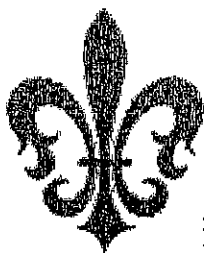
Time: 16:00 - 16:30 AM

Run time: 30 mins

Gas level: 75%

Signature: M. Walda

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2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: 9-18/19

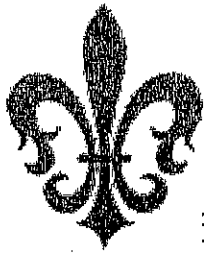
Time: 16:00 - 10:30 Hrs

Run time: 30 m. 15

Gas level: 79 0/6

Signature: M. Weller

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Maison De'ville of Harvey

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2233 8th street
Harvey, LA 70058

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(504) 368-4118 fax

Generator Test Sheet

Date: 9/25/19

Time: 10-10:30 AM

Run time: 30 mins

Gas level: 79%

Signature: Meedall

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Maison De'ville of Harvey

NURSING HOME & REHABILITATION

2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: 10-2-19

Time: 10:00 - 10:30 AM

Run time: 30 Mins

Gas level: 79%

Signature: Mike Walker

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Maison De'ville of Harvey

NURSING HOME & REHABILITATION

2233 8th street
Harvey, LA 70058

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(504) 362-9522 phone

(504) 368-4118 fax

Generator Test Sheet

Date: 10-9-19

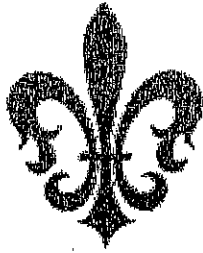
Time: 10-10:30 AM

Run time: 30 mins

Gas level: 790/0

Signature: M, W

"Family Owned and Operated"



Maison De'ville of Harvey

NURSING HOME & REHABILITATION

2233 8th street
Harvey, LA 70058

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Generator Test Sheet

Date: 10/16/19

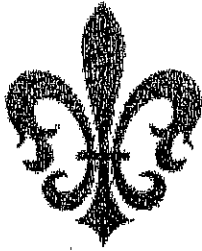
Time: 10:00 AM - 10:30 AM

Run time: 30 mins

Gas level: 79%

Signature: M. Walker

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Harvey, LA 70058

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

Generator Test Sheet

Date: 10/23/19

Time: 10:00 - 10:30 am

Run time: 30 mins

Gas level: 79%

Signature: Michael Walker

"Family Owned and Operated"



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2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: 10/30/19

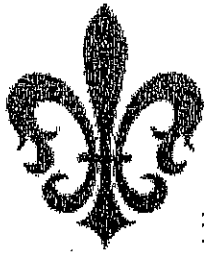
Time: 10:10:30 AM

Run time: 30 m:15

Gas level: 77%

Signature: M. W.

"Family Owned and Operated"



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2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: 11/6/19

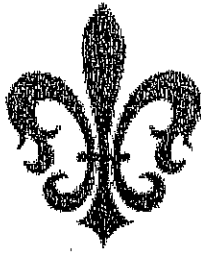
Time: 10:10:30 AM

Run time: 30 mins

Gas level: 77%

Signature: M. W.

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Harvey, LA 70058

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(504) 368-4118 fax

Generator Test Sheet

Date: 11/13/19

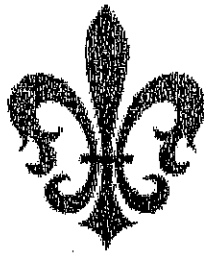
Time: 10:00 - 10:30 AM

Run time: 30 min

Gas level: 77 1/2

Signature: M. Walker

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Harvey, LA 70058

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

Generator Test Sheet

Date: 21/20/19

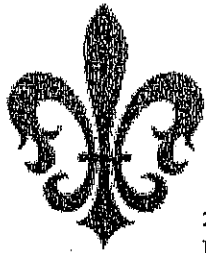
Time: 10-10:30 AM

Run time: 30 mins

Gas level: 77 1/2

Signature: M. Walker

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Generator Test Sheet

Date: 11/27/19

Time: 10-10:30 AM

Run time: 30 mins

Gas level: 770%

Signature: m. walker

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2233 8th street
Harvey, LA 70058

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(504) 368-4118 fax

Generator Test Sheet

Date: 8-7-19

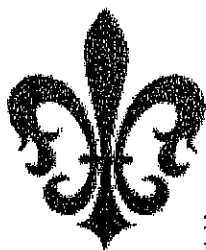
Time: 10:00 AM

Run time: 10:30 AM

Gas level: 800/6

Signature: M. W.

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NURSING HOME & REHABILITATION

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2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: 8-14-19

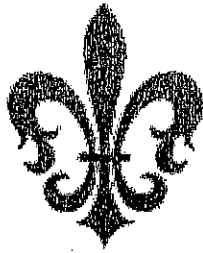
Time: 10:00 AM

Run time: 10:30 AM

Gas level: 80%

Signature: M. Walker

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Harvey, LA 70058

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

Generator Test Sheet

Date: 8-21-19

Time: 10

Run time: 10:30 AM

Gas level: 80%

Signature: M. W.

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2233 8th street
Harvey, LA 70058

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Generator Test Sheet

Date: 9-28-19

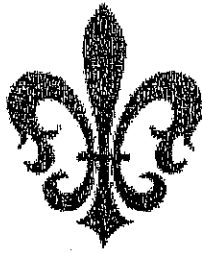
Time: 10:00 AM

Run time: 10:00 AM

Gas level: 88%

Signature: M. Walker

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Harvey, LA 70058

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(504) 368-4118 fax

Generator Test Sheet

Date: 9-4-19

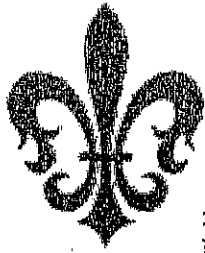
Time: 10:16:30 AM

Run time: 30 mins

Gas level: 80%

Signature: M. Walker

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Maison De'ville of Harvey

NURSING HOME & REHABILITATION

A tradition of carina

2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: 9-11-19

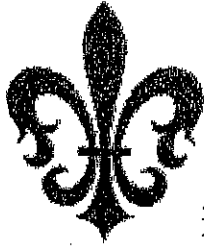
Time: 10:00:30 AM

Run time: 30 min

Gas level: 80%

Signature: M.W.

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Maison De'ville of Harvey
NURSING HOME & REHABILITATION

2233 8th street
Harvey, LA 70058

A tradition of carina

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

Generator Test Sheet

Date: 2-3-14

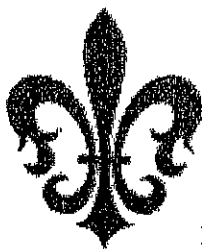
Time: 10:00 AM

Run time: 10:30 AM

Gas level: 75%

Signature: M. [unclear]

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Maison De'ville of Harvey

NURSING HOME & REHABILITATION

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2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: 2-16-19

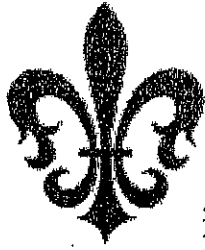
Time: 10:00 AM

Run time: 10:30 AM

Gas level: 790/6

Signature: M. Walker

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Maison De'ville of Harvey
NURSING HOME & REHABILITATION

2233 8th street
Harvey, LA 70058

A tradition of caring

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(504) 368-4118 fax

Generator Test Sheet

Date: 6-12-19

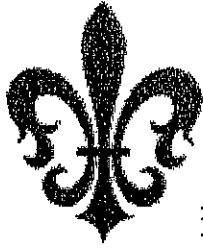
Time: 10:00 AM

Run time: 10:30 AM

Gas level: 80%

Signature: Michael W.

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Maison De'ville of Harvey
NURSING HOME & REHABILITATION

2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: 6-19-14

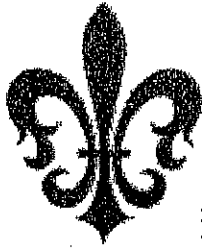
Time: 10 AM

Run time: 15:30 AM

Gas level: 800/6

Signature: M. Walker

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NURSING HOME & REHABILITATION

2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: 6-26-19

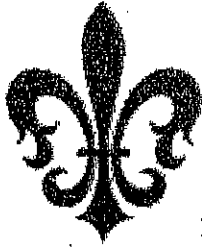
Time: 10:00 AM

Run time: 10:30 AM

Gas level: 80 %

Signature: M. W.

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Harvey, LA 70058

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Generator Test Sheet

Date: 7-31-14

Time: 10

Run time: 10:30 AM

Gas level: 86%

Signature: M. W.

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Generator Test Sheet

Date: 2-24-19

Time: 10:00

Run time: 10:30

Gas level: 800/b

Signature: M. Walker

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Generator Test Sheet

Date: 7-17-19

Time: 10 AM

Run time: 10:30 AM

Gas level: 79%

Signature: Michael Walker

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2233 8th street
Harvey, LA 70058

A tradition of carina

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

Generator Test Sheet

Date: 6-5-19

Time: 10:00 AM

Run time: 10:30 AM

Gas level: 88%

Signature: Michael Walker

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2233 8th street
Harvey, LA 70058

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

Generator Test Sheet

Date: ~~3-26-19~~ 3-26-19

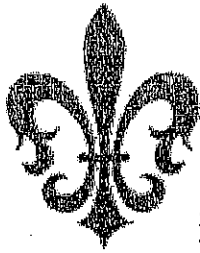
Time: _____

Run time: 10:00 AM - 10:30 AM

Gas level: 70%

Signature: M. Walker

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NURSING HOME & REHABILITATION

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Harvey, LA 70058

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(504) 368-4118 fax

Generator Test Sheet

Date: 1/6/19

Time: 10:00 am

Run time: 10:30 am / 30 min RUN
Time

Gas level: 90%

Signature: [Signature]

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Maison Deville of Harvey

Shelter in Place Drill

2-11-2020

On Feb 11, 2020 NFA Anthony Jones initiated a shelter in place drill based on a simulated unknown chemical drill in the area. All staff and residents were brought inside and all entrances and exits were secured. Staff members were assigned to watch for news and media updates of the situation via television, radio, and internet. Communications were checked and manned at the telephone, cellphones, email, and fax. Ventilation was simulated to be suspended to prevent introduction of the unknown chemical into the facility. Residents, supplies, and staff were gathered in the dining room and bed bound residents had a one on one staff member assigned for their needs. Once an all clear was sounded residents and staff were allowed to return to their rooms and outside areas.

Post incident review:

Staff responded quickly and efficiently to the simulated emergency. Residents were relocated and accounted for in a timely and safe manner. Drill displayed that no changes are needed at this time in staff response.

DATE: 2-11-20

Drill: Shelter in place drill

Print Name

Signature

A large black rectangular redaction box covers the entire table area, obscuring all content that would have been present in the rows and columns for Print Name and Signature.

MAISON DEVILLE HARVEY

FEB 13, 2019

SHELTER IN PLACE DRILL

12:00pm-12:30pm

On Feb 13, 2019 at approximately 12pm emergency and fire rescue vehicles arrived at the school across the street. The police also responded. There was no indication of the reason for the response. Maison Deville immediately went on lock down in response to the unidentified threat. Doors were locked and monitored. All staff currently in the facility were notified of the situation and to report any unusual situations. Residents that were in the outside areas were brought into the facility for safety. Supplies were gathered in preparation of all scenarios such as gas leak, active shooter, bomb. Staff continued to monitor the situation until emergency personnel had left the area. An all clear was called and the doors unlocked. Monitoring of the doors was lifted. Residents were allowed to return to outside areas.

The cause of the incident remains unknown.

Post incident review:

Staff responded quickly to the areas assigned. Residents were moved timely and safely. There were no injuries during the incident. There are no recommendations for changes in the process at this time.

Dan Fenchy, RN
D.L. Pinsky, RN, BSK



Maison De'ville of Harvey

NURSING HOME & REHABILITATION

A tradition of caring

2233 8th street
Harvey, LA 70058

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

SHELTER IN PLACE DRILL

Feb. 13, 2019

1.

2.

3.

4.

5.

6.

7.

8.

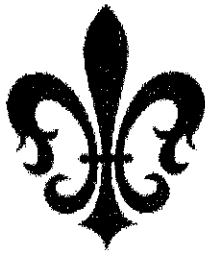
9.

10.

11.

12.

13.



Maison De'ville of Harvey

NURSING HOME & REHABILITATION

2233 8TH STREET
HARVEY, LA 70058

A tradition of care

(504) 362-9522 PHONE
(504) 368-4118 FAX

To Whom It May Concern:

The facility will monitor weather warnings via local news broadcast and internet. Radios will be used as back up to stay abreast of weather conditions.

Signed,

Anthony Jones, LNFA
Nursing Home Administrator

"Family Owned and Operated"

Time Lines

What are the timelines or restrictions for the following, if none, state that, use these timelines in your planning.

1. Transportation:
 - i. When is notification of resource(s) required? **H120**
 - ii. Loading supplies, equipment takes how long? **Approximately 1 hour**
 - iii. Boarding of Residents and staff takes how long? **Approximately 5-8 hours**
 - iv. Determined evacuation time. **Depending on traffic 2-15 hours**
2. Food:
 - i. When is notification of resource(s) required? **H120**
 - ii. Delivery time? **Next day delivery**
 - iii. Load and unload supplies takes how long? **Approximately 1 hour**
3. Water:
 - i. When is notification of resource(s) required? **H120**
 - ii. Delivery time? **Either same day deliver or next day delivery**
 - iii. Load and unload supplies takes how long? **Approximately 1 hour**
4. Medical Supplies:
 - i. Gathering information on what is needed takes how long?
Approximately 1 hour
 - ii. When is notification of resource(s) required? **H120**
 - iii. Delivery time **next day delivery**
 - iv. Load or unload supplies takes how long? **Approximately 1 hour**
5. Medications:
 - i. Gathering information on what is needed takes how long?
Approximately 1-2 hours
 - ii. When is notification of resource(s) required? **H120**
 - iii. Delivery time **same day delivery or next day delivery**
 - iv. Distribution of supplies takes how long? **Approximately 1 hour**
6. List all other factors that will need to be considered such as census, local/parish OHSEP mandates, travel time, host site restrictions, traffic conditions, and any other given or determined time line restrictions.
 - i. Should census increase facility would request an additional bus.
 - ii. Should this facility evacuate to other host site food and water will already be available at that location.

Fire Policy & Procedure

Purpose: The primary purpose of the Fire Policy and Procedure is to provide a course of action for all personnel to follow in the event of a fire.

Procedure:

R - Rescue anyone in immediate danger.

A - Alert other staff members of the fire and location over the intercom system. Pull the nearest fire alarm. The Person in Charge shall contact the fire department by calling 911.

C - Contain the fire. Close all doors and windows adjacent to the fire. Close all fire doors. Shut off all fans, ventilators and air conditioners, as these will feed the fire and spread smoke throughout the building.

E - Extinguish if the fire is small. The extinguisher should be aimed low at the base of the fire, and move slowly upward with a sweeping motion.

- Never aim high at the middle or top of the flames as this will cause the fire to spread.
- If you cannot extinguish the fire, **evacuate** the building immediately.

Special Note: The most common cause of death in a fire is smoke, and not the flames. Keep low to the floor and avoid inhaling too much smoke.

Duties of Personnel:

Person In Charge:

1. Call the fire department at 9-1-1. Give exact location of the fire and its extent.
2. Call the Administrator.
3. Assist with residents if evacuation is necessary.
4. Assign a staff member to meet the fire department in order to direct them to the fire. Assign a staff member to keep a roster of residents if evacuation is necessary. Assign a staff member to answer the telephone and relay messages and instructions.

Nursing, Dietary, and Housekeeping/Laundry Personnel:

1. Remove residents from immediate danger.
2. Close all doors and windows.
3. Turn off fans, ventilators, air conditioners, and other equipment.
4. Stay close to residents to provide reassurance and provide comfort measures.
5. Make sure fire exits are clear.

Maintenance Personnel:

1. Go directly to scene of fire, taking extra fire extinguishers.
2. Check to be sure that all ventilating or blower equipment is shut off.
3. Once fire is over, care for all fire extinguishers.

Administrator:

1. Call the fire department if not already done.
2. Coordinate staff movement for highest efficiency.
3. Assist with resident movement in coordination with charge nurse.
4. Delegate responsibility for the movement of records as deemed necessary.
5. Check with department heads in the event of evacuation to determine that all staff and residents are out of the building.

Evacuation Procedures

Depending on the location of the fire, residents may be evacuated to

another portion of the building, rather than total facility evacuation. However, in the event that a partial or complete evacuation of the facility becomes necessary, the following procedure shall be followed:

1. The shift charge nurse shall immediately contact the Administrator, Maintenance Director, and Director of Nursing, if they are not yet present.
2. Once the Administrator, Director of Nursing, or Maintenance Director arrives and determines that the situation requires evacuation, the facility call tree shall be put into effect in order to obtain available persons to evacuate the residents to safety.
 - Administrator contacts: Medical Records and Business Office personnel
 - Director of Nursing contacts: Social Worker and Activity Director
 - Maintenance Director contacts: Housekeeping/Laundry Supervisor and Dietary Manager

Once Business Office and Medical Records personnel arrive, they shall contact the Board of Directors and other off-duty personnel to come and assist with the evacuation.

3. A command center shall be established per the Administrator's direction. This should be in a convenient location out of the line of danger.
 - The Administrator, or highest ranking person at scene, shall become the "Commander" in order to direct people to areas needing assistance.
4. Alternate placement for residents must be arranged. The Administrator, or highest ranking person at scene, shall designate someone to coordinate a shelter.
 - This can be arranged by contacting the American Red

Cross by calling 9-1-1 and requesting a shelter through the County Department of Emergency Government.

5. Residents should be evacuated in this order: residents in immediate danger, nonambulatory or bedridden residents, wheelchair residents, and ambulatory residents.
6. The Administrator, or highest ranking person on scene, shall assign a second person to coordinate transportation.
7. Once a shelter is arranged, the Commander shall designate a meeting spot outside of the facility. Residents shall be evacuated from the building in an orderly fashion.
 - o All departmental personnel shall report to the designated location with the supplies they are assigned to gather.
8. Medical Records personnel shall be responsible for tagging and identifying all residents upon evacuation. They shall also be responsible for ensuring that the residents' medical records are transported with the resident.
9. Nursing personnel will be responsible for caring for residents. The Charge Nurse shall be responsible for taking the Med Cart to the meeting spot.
10. Housekeeping and Laundry personnel will be responsible for gathering all linens and supplies needed for resident care. If possible, attempts should be made to gather resident clothing also.
11. Dietary personnel will be responsible for gathering food and dietary supplies.
12. The Social Worker will be responsible for contacting family members to notify them of the disaster and where residents are being transported.
 - o The Social Worker may also have to reassure and supervise family members and on-lookers that may arrive

on the scene.

13. The Activities personnel shall be assist wherever needed. The Activities personnel shall also be responsible for the facility pets.
14. The Business Office Manager shall gather all departmental employee schedules and the employee roster, as well as other pertinent business office supplies and records.
15. The Administrator, or designated person, shall check all rooms before leaving the grounds. An "X" should be marked on each door to verify that the room is empty.
 - o All available staff members shall assist with a last walk through of the building to ensure that no residents or staff members are left behind.
16. Once everyone has been evacuated and all supplies gathered, boarding of residents and supplies for relocation shall begin in an orderly fashion.
17. The Social Worker shall be responsible for keeping an official roster with names of residents, staff, board members, and volunteers present at the time of disaster and during the evacuation. Information to be recorded shall include:
 - o name of resident and next of kin/responsible party
 - o shelter transferred to and person accompanying resident
 - o medications, med sheet, and chart sent with resident to location of transfer.

Disclaimer: It is important to note that each situation is going to be different, and that a situation may not allow for the above procedures to be implemented in this specific order.

At a time of a disaster, it is imperative that the Administrator be contacted in order to give staff proper direction. This policy and procedure is written so that there are clear guidelines for providing resident care and ensuring their safety in the event of a disaster.

Sound judgment and common sense are the best practices in an emergency. Therefore, the Administrator and charge persons will have to make the best judgment at that time.

This plan will be in cooperation with the American Red Cross, the County Emergency Government office, and local Police and County Sheriff's Departments.

Fire Drill Policy & Procedure

Purpose: The purpose of this policy is to establish a procedure for staff to follow when conducting fire drills. Fire drills are to be conducted on a

quarterly basis on each of the three shifts according to Wisconsin statutes.

In order to meet this requirement, fire drills are scheduled on a monthly basis.

Procedure:

1. Call Fire Systems at ----; ask for Central Monitoring Station. Tell them we will be conducting a fire drill. Tell them facility's account number, password number, and your name.
2. Call County Dispatch at ---- to tell them we will be conducting a fire drill. Tell them facility name, approximate time, and your name.
3. Remove glass rod from fire alarm pull station **FIRST, AND SAVE.**
4. Place red fire flag at desired site.
5. When fire is discovered, the pull station alarm should be activated.
6. Notify the charge nurse of location of fire. Charge nurse shall announce over the intercom. All available staff shall grab the nearest fire extinguisher and go to the announced location.
7. Follow the RACE procedures as stated in the "Fire Policy and Procedures."
8. Check the Fire Control Panel for the A number and Alarm Zone number.
9. The fire alarm may be silenced by pushing the **SILENCE** pad. This will silence the bells, but will continue dialing and notifying Fire Systems of the fire drill.
10. Announce "All Clear" and meet at the nurses' station. A discussion of the fire drill shall ensue. A critique of the drill should be done. Recommendations, concerns should be noted on fire drill report form.
 - o All staff in attendance must sign the back of the fire drill

report form in order to verify attendance.

11. Reset the alarm system.

12. Call Fire Systems to notify them that the drill is over.

13. Call County Dispatch to notify them that the drill is over.

14. Complete the fire drill report form and submit to the Administrator.

Severe Weather Policy & Procedure

Purpose: The purpose of a Severe Weather Policy and Procedures is to educate and inform staff of weather conditions that warrant their attention.

It is the facility's responsibility to keep the residents and staff safe at all times. If severe weather strikes, precautions need to be taken to ensure their safety.

Definitions: *Watch* -- Means that conditions are favorable for a thunderstorm or tornado to develop.

Warning -- Means that a thunderstorm or tornado have been sighted. If a siren sounds, stay inside and take cover.

Procedure:

1. Account for all residents and staff. Make sure everyone is inside.
2. Close all windows and pull all curtains.
3. Keep all residents away from windows.

If there is a tornado warning, further precautions need to be taken:

4. Gather residents in hallways behind fire doors, or in the bathroom. If residents are in bed, pull the beds into the hallway. If this is not possible, make sure all curtains in room are pulled, including cubicle curtains.
 - o Cover the resident with extra blankets and pillows, especially near the head.
5. Gather flash lights and radio. Be sure to listen to weather reports for updates. Do not leave the area until the storm has passed and the warning has lifted.
6. Stay calm and provide reassurance to the residents. Keep them as comfortable as possible.

Disaster Policy & Procedure

Purpose: The purpose of a Disaster Policy and Procedure is to inform the facility's employees of the steps that should be taken in the event of a disaster.

The Administrator, or highest ranking staff person on duty, shall be responsible for declaring a situation a disaster and activate the facility disaster and evacuation policies and procedures.

A disaster may be a fire, tornado strike, gas leak, flood, electrical power outage, heating failure, explosion, bomb threat, or any other situation that would warrant evacuation of the facility in order to protect the lives and safety of the facility's staff and residents.

Procedures:

1. In the event of an emergency, the shift charge nurse shall immediately contact the Administrator, Maintenance Director, and Director of Nursing.
2. Call 9-1-1 to report the situation.
3. Once the Administrator, Director of Nursing, or Maintenance Director arrives and determines that the situation requires evacuation, the facility call tree shall be put into effect in order to obtain available persons to evacuate the residents to safety.
 - o Administrator contacts: Medical Records and Business Office personnel
 - o Director of Nursing contacts: Social Worker and Activity Director
 - o Maintenance Director contacts: Housekeeping/ Laundry Supervisor and Dietary Manager
4. Once Business Office and Medical Records personnel arrive, they shall contact the Board of Directors and other off-duty personnel to come and assist with the evacuation.
5. A command center shall be established per the Administrator's direction. This should be in a convenient location out of the line of danger.
 - o The Administrator, or highest ranking person at scene,

shall become the "Commander" in order to direct people to areas needing assistance.

6. Alternate placement for residents must be arranged. The Administrator, or highest ranking person at scene, shall designate someone to coordinate a shelter.
 - o This can be arranged by contacting the American Red Cross by calling 9-1-1 and requesting a shelter through the County Department of Emergency Government.
7. The Administrator, or highest ranking person on scene, shall assign a second person to coordinate transportation.
8. Once a shelter is arranged, the Commander shall designate a meeting spot outside of the facility. Residents shall be evacuated from the building in an orderly fashion.
 - o All departmental personnel shall report to the designated location with the supplies they are assigned to gather.
9. Medical Records personnel shall be responsible for tagging and identifying all residents upon evacuation. They shall also be responsible for ensuring that the residents' medical records are transported with the resident.
10. Nursing personnel will be responsible for caring for residents. The Charge Nurse shall be responsible for taking the Med Cart to the meeting spot.
11. Housekeeping and Laundry personnel will be responsible for gathering all linens and supplies needed for resident care. If possible, attempts should be made to gather resident clothing also.
12. Dietary personnel will be responsible for gathering food and dietary supplies.
13. The Social Worker will be responsible for contacting family members to notify them of the disaster and where residents are

being transported.

- The Social Worker may also have to reassure and supervise family members and on-lookers that may arrive on the scene.

14. The Activities personnel shall be assist wherever needed. The Activities personnel shall also be responsible for the facility pets.

15. The Business Office Manager shall gather all departmental employee schedules and the employee roster, as well as other pertinent business office supplies and records.

16. The Administrator, or designated person, shall check all rooms before leaving the grounds. An "X" should be marked on each door to verify that the room is empty.

- All available staff members shall assist with a last walk through of the building to ensure that no residents or staff members are left behind.

17. Once everyone has been evacuated and all supplies gathered, boarding of residents and supplies for relocation shall begin in an orderly fashion.

18. The Social Worker shall be responsible for keeping an official roster with names of residents, staff, board members, and volunteers present at the time of disaster and during the evacuation.

- Information to be recorded shall include: name of resident and next of kin/responsible party; shelter transferred to and person accompanying resident; medications, med sheet, and chart sent with resident to location of transfer.

Disclaimer: It is important to note that each situation is going to be different, and that a situation may not allow for the above procedures to be implemented in this specific order.

At a time of a disaster, it is imperative that the Administrator be

contacted in order to give staff proper direction. This policy and procedure is written so that there are clear guidelines for providing resident care and ensuring their safety in the event of a disaster. Sound judgement and common sense are the best practices in an emergency. Therefore, the Administrator and charge persons will have to make the best judgement at that time.

This plan will be in cooperation with the American Red Cross, the County Emergency Government office, and local Police and County Sheriff's Departments.

Loss of Telephone Service Policy & Procedure

Purpose: In the event that there is a power outage, or other circumstances in which the facility is out of telephone service, it is important that staff know how to respond in such a situation. The

facility's operation depends on the use of telephone a great deal.

It is important that the nursing personnel are able to communicate with physicians regarding resident care. It is also important that we be able to make emergency contacts if need be. The following procedures should provide clear guidelines for staff to follow if this situation occurs.

Procedures:

1. In the event that telephone service is lost due to outside causes, the telephone company must be notified immediately.
2. Unplug the fax machine, and plug in the Emergency Phone.
3. If the Emergency Phone does not work, the Maintenance Director, or other designated person, shall be directed to go to the nearest operating telephone available in order to report the loss, and as much information concerning the outage as possible.
4. If the telephone service is anticipated to be out for an indefinite period of time, the shift charge nurse shall contact the local radio station to inform them of the phone outage so that weather and other major announcements can be relayed to the facility during the telephone outage.
5. A designated person and vehicle must be ready at all times to depart in an emergency in order to report any disaster requiring emergency services from the police, fire department, or ambulance.

Bomb Threat Policy & Procedure

Purpose: The purpose of this policy is to inform staff of precautions to be taken in the event of a bomb threat.

The current national situation of increased bombings, bomb threats, and bomb scares must be given immediate consideration. In the past, the vast majority of bomb threats were hoaxes. However, the current trend

nationally is that more of the threats are materializing.

Upon receipt of a bomb threat, it is impossible to know if it is real or a hoax. Therefore, precautions need to be taken for the safety of our residents and employees.

Procedure: If you receive a bomb threat over the phone, follow these procedures:

1. Keep the caller on the line as long as possible.
2. Ask the caller to repeat the message.
3. Ask the caller his name.
4. Ask the caller where the bomb is located.
5. Record every word spoken by the person making the call.
6. Record time call was received and terminated.
7. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.
8. Complete the bomb threat form, attached, to record the caller's characteristics.

If possible, during the call, try to notify the charge nurse immediately.

The charge nurse shall:

1. Call the Police Department at 9-1-1.
2. Call the Administrator if not present.
3. Organize staff to evacuate residents upon police or administrative order.

Once the Police have arrived:

- Keys shall be available so that searchers can inspect all rooms. Employee lockers will be searched. If padlocked, padlock will be cut off.

- The Administrator or designee shall remain with the Search Commander during the entire search to provide assistance and counsel during the search.
- If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

Emergency Notification of Administrator

The Business Office Manager during normal business hours, or the Charge Nurse at any other time shall notify the Administrator. In the following situations, the Administrator is to be notified immediately, if possible, on a 24-hour basis:

- Death involving unusual circumstances or family dispute;

- Emergency requiring immediate services or repair authorization;
- Fire of any size or nature;
- Missing resident;
- Formal Division of Health Inspection or Annual Survey;
- Urgent resident/family problems;
- Any situation involving violence by staff or resident.

Absence of Administrator

In the absence of the Administrator from the facility, the Director of Nursing shall be the designated "Person-in-Charge."

If the Administrator and Director of Nursing are absent from the facility, there shall be two persons in charge of the facility. The charge nurse on duty shall be in charge of staff and all resident care delivery. The Business Office Manager shall be in charge of all business matters.

If the Administrator cannot be reached, a board member shall be contacted. The President of the Board of Directors should be contacted first. If the President cannot be reached, contact the Vice-President.

If the Vice-President cannot be reached, the Secretary shall be notified.

If none of the latter persons cannot be reached, attempts should continue to inform any one of the other board members.

Water Shortage Policy & Procedure

Purpose: The purpose of this policy is to ensure that there will adequate water supply on hand to supply residents with water for their personal and hygienic needs.

Procedure: If the water supply is suddenly disrupted for any reason, the following steps will be taken by the person-in-charge.

1. Notify the Administrator and the Maintenance Director immediately.
2. All attempts will be made to determine the cause for water disruption and the probable length of shut down.
3. The Dietary Department will distribute emergency meals and provide juice and other beverages that are on hand for resident consumption.
4. The hot water in the hot water tanks will be utilized by kitchen staff for cooking purposes if necessary.
5. Disposable dishes and utensils may be used during emergencies.
6. If necessary, water will be brought in and dispensed as needed. This water supply is only for necessary circumstances, and should be used conservatively.
7. If it becomes apparent that a water shortage will last for an undetermined length of time, the Administrator will order emergency measures to be taken to ensure proper care for those whose care has been disrupted by lack of water supply. Arrangements will be made to transfer those residents to the hospital or to other facilities for care.

Electrical Power Outage Policy & Procedure

Purpose: It is the policy of this facility to provide auxiliary power to designated areas within the facility to operate life-support equipment should our normal power supply fail.

The facility has an emergency generator that should be automatically activated in the event of a power outage. The generator operates on natural gas, and as long as the gas lines are not damaged or disrupted, the generator is capable of providing the facility with a minimal supply of electricity.

Procedure: In the event of a power outage, the following steps should be followed:

1. Immediately identify any residents that require oxygen concentrators or other life support equipment. Move the resident to areas supplied with emergency power (outlets marked with a red "X" on them).
2. Gather all flashlights and other needed supplies. Check on all residents to ensure their safety. Calm any residents experiencing distress.
3. Unplug the fax machine, and plug in the *"Emergency Phone."*

Facility Generator DOES NOT...

- Provide Heat or Water
- Provide Power to Laundry or Kitchen
- Operate Fire Alarm System (this is on its own battery back-up system)
- Operate the phone system

Areas Equipped with Emergency Lighting:

- Front Lobby
- Hallways
- Break room
- Laundry Room
- Boiler Room
- Stairways

Missing Resident Policy & Procedure

Purpose: The purpose of a Missing Resident Policy and Procedure is to ensure that all necessary steps are taken in the event that a resident wanders away from the facility.

Procedures:

1. Any staff member observing a patient attempting to leave the facility shall with proper conduct attempt to prevent such departure. Should the attempt fail or a resident is determined missing on scheduled checks, the following should be done:

- The charge professional should be notified.
- All available staff will be directed by the charge professional to systematically search the entire premises, both inside and outside, patient rooms, bathrooms, closets, kitchen, basement, lobby, and offices.

Should a facility search prove unsuccessful, the person-in-charge shall carry out the following steps:

2. Assign available staff to begin neighborhood search. Some staff members should always remain in the building with residents.
3. Contact the RN on call if none in the building. The Administrator and/or Director of Nursing should be called if possible.

Should a neighborhood search prove unsuccessful, the person-in-charge shall carry out these steps:

4. Notify local law enforcement agency via the telephone number 911. Ask for assistance to locate a wanderer, give them description of the resident.
5. When the authorities have arrived, give them a picture of the resident if available.
6. The authorities will assume command and direction of the search from this point. The briefing to authorities shall consist of identification and other pertinent information about the resident that could assist in determining the resident's whereabouts.
7. The family and/or responsible party of the resident shall be notified. Explain what is being done to find the resident and encourage them to assist if able.
8. All previously contacted persons and organizations shall be notified of the return to the facility of the resident.

Upon return of the resident to the facility, the director of nursing or person-in-charge should:

9. Examine the resident for injuries, and contact the attending physician and report findings and conditions of the resident.
Follow orders
10. An incident report shall be written and signed by the charge nurse providing detailed accounting of the incident in its entirety.
11. The person-in-charge shall be responsible for documenting the incident in the nursing notes of the resident's chart. All documentation must be concise and reflect the actual facts as they relate to the incident including:
 - o times
 - o persons contacted
 - o condition of resident upon return to the facility
 - o physician notification
 - o physician's orders
 - o treatment indicated
 - o any other pertinent information.
12. The maintenance personnel are responsible for seeing that alarms are operational for 24 hour service and are checked on a routine basis.
13. In the event of an alarm malfunction, maintenance shall be notified immediately. In event of the inability to locate maintenance personnel, contact the alarm company.

Winter Storms Safety Precautions

Purpose: The purpose of these winter storm safety precautions is to inform staff of measures that should be taken during severe winter weather.

The following winter storm safety precautions have been established for all personnel to follow during blizzards, heavy snow, freezing rain, ice storms, or sleet.

Precautions:

1. Keep posted on all area weather bulletins and relay to others.

2. Have portable radio available. Make sure extra batteries are available.
3. Be prepared for isolation at the facility.
4. Make sure all emergency equipment and supplies are on hand, or can be readily obtained.
5. Make sure emergency food supplies and equipment are on hand.
6. Make sure emergency supply of water is available.
7. Make sure emergency power supply is operable.
8. Make sure heating system is operable.
9. Have extra blankets available and keep residents as warm as possible.
10. Make sure adequate staff is available.
11. Keep flashlights handy, and extra batteries available.
12. Close drapes on cloudy days and at night.
13. Travel only when necessary, and only during daylight hours.
Never travel alone. Travel only assigned routes.
14. Be prepared to evacuate residents if necessary.
15. Do not make any unnecessary trips outside. If you must venture outside, make sure you are properly dressed, and fully covered.
16. Avoid overexertion by doing only what is necessary. Cold weather strains the heart.
17. Do not panic; remain calm.

Heat & Humidity Policy & Procedure

Purpose: The purpose of this policy is to provide precautionary and preventative measures for our residents during the hot and humid summer months. Elderly people are extremely vulnerable to heat related disorders.

Definitions:

Heat Exhaustion: A disorder resulting from overexposure to heat or to

7
the sun. Early symptoms are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting.

There may also be cramps in the muscles of the arms, legs, or abdomen. The person turns pale and perspires profusely, skin is cool and moist, pulse and breathing are rapid.

Body temperature remains at a normal level or slightly below or above.

The person may seem confused and may find it difficult to coordinate body movements.

Heat Stroke: A profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air.

The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration.

Heat stroke may cause convulsions and sudden loss of consciousness.

In extreme cases it may be fatal.

Precautionary Procedures:

1. Keep the air circulating.
2. Draw all shades, blinds and curtains in rooms when exposed to direct sunlight.
3. Remove residents from areas that are exposed to direct sunlight.
4. Keep outdoor activities to a minimum.
5. Check to see that residents are appropriately dressed.
6. Provide ample fluids, and provide as many fluids as the resident will take.
7. Increase the number of baths given.

Last Updated:

3/21/16

Emergency Preparedness Communication Plan

Law Enforcement

Emergencies	9-1-1
Jefferson Parish Sheriff's Office	(504) 363-5500
Sheriff's Office Information for Westbank	(504) 349-5322
State Police	(504) 471-2775

Fire

To report a fire	9-1-1
Harvey Fire Department	(504) 364-3763

EMS

Acadian Ambulance	1-800-259-1111
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Public Works

Jefferson Parish Dept. of Water	(504) 736-6060
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Utilities

Entergy	1-800-368-3749
Atmos	(504) 849-4300
AT&T	1-866-620-6000

Fuel

Gas Pro (propane for generator)	(504) 366-8848
Gen Tech (Generator repair)	(504) 465-0960

Host Evacuation Sites

Plaquemine Plaza	(225) 343-9152
Plaquemine Manor	(225) 687-3428
Raceland Manor	(985) 537-3569
Maison DeVillie of Houma	(985) 876-3250
West Jefferson Healthcare	(504) 362-2020
Uptown Healthcare Center	(504) 895-7755

Parish OEP

Homeland Security/Emergency Preparedness	(504) 349-5360
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Red Cross

Red Cross	(504) 620-3105
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Other

Fire Protection (fire panel)	(225) 924-2421
Road Emergencies	1-800-469-4828
Reinhart Foodservice	(504) 733-5200
First Choice	1-800-809-4556

Medical

Peoples Drugs	(985) 873-8526
Davita Dialysis	(985) 688-4155
West Jefferson Medical Center	(225) 388-9045
Canon Hospice (Dr. Akula)	(504) 347-5511
Lakeside Hospice	(504) 818-2723
	(504) 456-6011

PHYSICIAN INFORMATION

DR. RUSSO - *MEDICAL DIRECTOR*

OFFICE- (504) 367-8577

CELL- (504) 330-2500

FAX- (504) 367-8579

DR. SIMONSON

OFFICE- (504) 347-5435

CELL- (504) 259-6644

FAX- (504) 349-2119

DR. CASHMAN

OFFICE- (504) 328-5703

FAX- (504) 328-5706

2020 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):

Contact Person: Kevin Spaniel

Phone # of Contact Person: 800-259-3333

Physical Address of transportation provider:

1065 Robert Blvd
Slidell LA 70458

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

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

48 hours

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

ASAP

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

30 minutes

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

ambulance

Total number of transport vehicles to be provided: up to 3

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

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 1/1/20

Date agreement/ contract ends: 1/1/21

2020 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

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

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

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

Name of EVACUATION HOST SITE:

Plaquemine Plaza Holding

Contact Person: Bob Dean Jr.

Phone # of Contact Person: 225-343-9152

FAX#: 225-612-6603

E-Mail Address: 10deanecompanies.com

Physical Address of evacuation site:

129 Calhoun Street.
Independence La 70443

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

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

N/A

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

74 Miles

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

1 hour

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: 500

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

Date of agreement/contract/verification: 1/1/2020

Date agreement/contract ends: 2/1/2020

2020 Nursing Home Emergency Preparedness Plan Survey

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

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

- i. What is the name of each **primary** site(s)?
Plaquemine Plaza Holdings
- ii. What is the physical address of each host site(s)?
129 Chalhoum St Independence La
24320 Ferdinand St Plaquemine La
- iii. What is the distance to each host site(s)?
74 + 72 miles
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
Yes
- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at **each primary** host site(s)?
Name: _____
Phone: _____
Email: _____
Fax: _____
- vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?
 - Capacity that will be allowed at each site:
500
 - 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?
Renovated warehouse
 - What is host site currently being used for?
standby emergency shelter
 - 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)?
24 years
 - Is host facility(s) air conditioned?
☒ Yes
☐ No

2020 Nursing Home Emergency Preparedness Plan Survey

- What is the current physical condition of facility?
 - ☒ Good
 - ☐ Fair
 - ☐ Poor
- Are there adequate provisions for food preparation and service?
 - ☒ Yes
 - ☐ No
- Are there adequate provisions for bathing and toilet accommodations?
 - ☒ Yes
 - ☐ No
- Are any other facilities contracted to use this site?
 - ☒ Yes
 - ☐ No

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

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

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

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

2020 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.

2020 Nursing Home Emergency Preparedness Plan Survey

AUTHENTICATION


Facility Name (Print):

Maison Deville of Harvey

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: 2/24/2020

Facility Administrator Name (PRINT): Anthony Jones

Facility Administrator Signature:  #3569

Comments:

2020 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 / Linen

Name of Supplier:

Linchart

Contact Person: _____

Phone # of Contact Person: _____

FAX#: _____

E-Mail Address: _____

Indicate where the supplies are to be delivered to;

- ☒ Evacuation host site
☐ Nursing home's licensed facility
☐ determined upon decision of sheltering or evacuating

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

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

72 hours

How long will it take to receive the delivery?

1-2 hours

Date of agreement/contract/verification: 1/15/2020

Date agreement/contract ends: 2/1/2020



JEFFERSON PARISH

DEPARTMENT OF EMERGENCY MANAGEMENT

CYNTHIA LEE SHENG
PARISH PRESIDENT

JOSEPH A. VALIENTE
DIRECTOR

February 27, 2020

Anthony Jones
Administrator
Maison De'Ville Nursing Home of Harvey
2233 8th Street
Harvey, LA 70058

Dear Mr. Jones,

The Jefferson Parish Department of Emergency Management has received your Emergency Plan on February 27, 2020 for the year 2020. We have reviewed your Emergency Plan and filed it as an official record.

If you have any questions or request any additional information, please contact me.

Sincerely,

Allen Dyess
Coordinator II
Jefferson Parish Emergency Management
910 3rd Street
Gretna, LA 70053
504 349 5360 Office
504 610 2531 Cell

910 3RD STREET - GRETN, LA 70053
OFFICE 504.349.5360 - FAX 504.227.1315
EMAIL: JValiente@Jeffparish.net



IBERIA PARISH GOVERNMENT

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300 Iberia Street • New Iberia, LA 70560-4543
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M. Larry Richard
Parish President

February 28, 2020

Belle Teche Nursing & Rehabilitation Center, LLC
Attention: Mr. Marcus Mathews
P.O. Box 9766
New Iberia, LA 70562

Please accept this as acknowledgement that I have reviewed the Emergency Procedure/Disaster and Evacuation Plan for Belle Teche Nursing & Rehabilitation Center, LLC.

Prescott L. Marshall, Director
Iberia Parish Office of Homeland Security
And Emergency Preparedness

28 FEB 2020

Date

Emergency Operations Binder Content	Section
Verification of Plan Submission to OSHEP	1
Facility Emergency Operations Plan w/ signature attestation	2
Facility Floor Plan & Area Sketch Map with Emergency Shut off Valves	3
Facility Demographics <ul style="list-style-type: none"> • Flood Zone • Generator Information 	4
Employees <ul style="list-style-type: none"> • Roster • Organizational Chart • Staff Assignments • Staff Recall Sheet • Emergency Point of Contact Numbers 	5
Residents <ul style="list-style-type: none"> • Census for Triaging • Resident Emergency Packet • Resident Identification • Resident "Go-Bags" w/ checklist 	6
Transport Agreements <ul style="list-style-type: none"> • Bus • Van • Ambulance 	7
Primary Host Facility Agreement w/Evac Route & Map	8
Alternate Host Facility Agreement(s) w/Evac Route & Map	9
Disaster Checklists <ul style="list-style-type: none"> • Supply Inventory • Backup water • Emergency Menu • Facility Operations 	10
Vendor Agreements & 24hr Contact Information	11
Transfer Agreement & Transfer Form Authorizing Admission	12
Hazards Vulnerability Assessment <ul style="list-style-type: none"> • Risk Assessment Cover Sheet • Hazards Facility May be Subjected to 	13
Proof of Staff Training on Emergency Procedures	14
Annual Disaster Drills <ul style="list-style-type: none"> • Shelter in Place & Evacuation 	15
Declaration of Emergency Standards	16
Local Emergency Phone Numbers	17
DHH-HSS Emergency Preparedness Plan Survey 2018	18
Nursing Facility Minimum Licensing Standards, Emergency Preparedness requirements LAC 48: I.9729	19

Maison Deville Nursing Home of Harvey's Emergency Operations Plan (EOP) is a detailed plan stating how we intend to manage and conduct actions under emergency conditions. This plan is reviewed annually by the Administrator and updated as indicated. This EOP has been reviewed and approved by our organization's corporate leadership.

Approved By:

Signature

Printed Name/Title

Date

Reviewed/Revised:

Date

Signature

Reviewed/Revised:

Date

Signature

Maison Deville Nursing Home of Harvey
Emergency & Disaster Preparedness Plan 2019