

Heritage Man Houma

2/26/21



HERITAGE MANOR
OF HOUMA

February 22, 2021

Malcolm Tietje

DHH- Health Standards Section

Medical Certification Program Manager

P.O. Box 3767

Baton Rouge, La. 70821-3767

RE: Heritage Manor of Houma

Emergency Preparedness Plan 2021

To confirm the receipt of above referenced information, please have a representative sign and date below.

Confirmation of approval on the enclosed Emergency Plan can be mailed to Heritage Manor of Houma, 852 Centurion Lane, Houma, La. 70360 and/or Emailed to dsrodgers@asimgt.com.

Print Name

Date

Signature



HERITAGE MANOR
OF HOUMA

February 22, 2021

Terrebonne Office of Emergency Preparedness
101 Government Street
Gray, La. 70359

**RE: Heritage Manor of Houma
Emergency Preparedness Plan 2021**

To confirm the receipt of above referenced information, please have a representative sign and date below.

Confirmation of approval on the enclosed Emergency Plan can be mailed to Heritage Manor of Houma, 852 Centurion Lane, Houma, La. 70360 and/or Emailed to dsroddgers@asimgt.com.

BERNARD WALKER

Print Name

[Signature]

Signature

2/26/21

Date

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

Guidance

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

Directions for the Completion of Survey

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

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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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For Year: 2021

Facility Name (Print):

Heritage Manor of Houma

Name of Administrator (Print):

Daria Rodgers, N.F.A.

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

Phone #: (985) 851-2307

Cell Phone #: (985) 856-5122

Administrator E-Mail: dsroddgers@asimgt.com

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

Name: Brian Robichaux, D.O.N.

Position: Director of Nursing

Phone #: (985) 851-2308

Cell Phone #: (985) 804-9887

E-Mail: brobichaux@asimgt.com

Physical or Geographic address of Facility (Print):

Heritage Manor of Houma

852 Centurion Lane Houma, LA 70360

Longitude: -90.767396

Latitude: 29.606725

2021 Nursing Home Emergency Preparedness Plan Survey

VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: Heritage Manor of Houma

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

Terrebonne Parish Office of Emergency Preparedness 101 Government Street Gray, LA 70359
(Name of the Local/Parish Office of Homeland Security and Emergency Preparedness)

Date submitted: 2/24/21

MARK the appropriate answer:

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

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

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

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Are the facility's goals, in regards to emergency planning, documented in plan?

☒ YES

➤ NO, if goals are NOT in plan add the facility's goals and indicate completion by marking YES.

B. Does the facility's plan enable the achievement of those goals?

☒ YES

➤ NO, if plan does NOT provide for the achievement of goals, correct the plan and indicate completion by marking YES.

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

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

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

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

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

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

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

- i. 24-48 Hours before the arrival of the hurricane.

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

TITLE/POSITION: Administrator

NAME: Darla Rodgers, N.F.A.

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 hurricane's 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. 24-48 Hours before the arrival of the hurricane.

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

NAME: Darla Rodgers, N.F.A.

A. Facility Description:

2. How many floors does facility have? One

☒ Yes, answer 3.a, b, c, d

☐ No/Unknown, answer 3.e

1. ☐ Category 1- winds 74 to 95 mph

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

1. ☐ 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

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.

i. ☒ Yes

ii. ☐ No

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

a) Building's lowest living space is 10.0 feet above sea level.

b) Air conditioner (HVAC) is 11.5 feet above sea level.

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- c) Generator(s) is 14 feet above sea level.
- d) Lowest electrical service box(s) is 11 feet above sea level.
- e) Fuel storage tank(s), if applicable, is 12 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. 5.

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

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

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

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

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

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

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

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

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

- a) ☐ Yes
- b) ☒ No

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

- a) ☐ Yes
- b) ☒ No

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

- a) ☐ Yes
- b) ☒ No

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11. Have the areas of the building that are to be used for safe zones/sheltering been identified?
 - a) ☒ Yes
 - b) No. Identify these areas then indicate that this has been completed by marking Yes.
12. Have the facility's internal and external environments been evaluated to identify potential chemical or biological hazards?
 - a) ☒ Yes
 - b) No. Evaluate and identify areas then indicate that this has been done by marking Yes.
13. Has the facility's external environment been evaluated to identify potential hazards that may fall or be blown onto or into the facility?
 - a) ☒ Yes
 - b) No. Evaluate and identify areas then indicate that this has been done by answering Yes.
14. Emergency Generator - **generator information should match MSTAT!**
 - a) Is the generator(s) intended to be used to shelter in place during hurricanes (extended duration)?
 - i. ☒ Yes. The generator(s) will be used for Sheltering in place for Hurricanes.
 - ii. ☐ No. The generator(s) will **NOT** be used for Sheltering In Place for Hurricanes.
 - b) What is the **wattage(s)** of the generator(s)? Give answer in **kilowatts (kW)**.
 1st: 1,000 2nd generator: _____ 3rd generator: _____
 - c) Mark which primary **fuel** each generator(s) uses?

i.	<input type="checkbox"/> natural gas;	2nd generator: <input type="checkbox"/> natural gas;	3rd generator: <input type="checkbox"/> natural gas
ii.	<input type="checkbox"/> propane;	2nd generator: <input type="checkbox"/> propane;	3rd generator: <input type="checkbox"/> propane
iii.	<input type="checkbox"/> gasoline;	2nd generator: <input type="checkbox"/> gasoline;	3rd generator: <input type="checkbox"/> gasoline
iv.	<input type="checkbox"/> diesel;	2nd generator: <input type="checkbox"/> diesel;	3rd generator: <input type="checkbox"/> diesel
 - d) How many **total hours** would generator(s) run on the fuel supply **always on hand**? (enter NG if Natural Gas)
 1st 1,200 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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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 MSTATI)

a) Who supplies electricity to the facility?

- i. Suppliers name: Sleeca
- ii. Account #: 214754-C01

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

- i. Suppliers name: Consolidated Waterworks Dist. #1
- ii. Account #: 01-18-0119651

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

- i. Suppliers name: Retif Oil and Fuel
- ii. Account #: 3661

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

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

16. Floor Plans

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

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

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

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

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

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

1. Residents information

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

Total Licensed Beds: 120

- 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: 10

- 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: 76

- 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: 15

- 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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- 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?
40

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

- a) Does facility have transportation, or have current or currently verified contracts or agreements for emergency evacuation transportation?
☒ Yes. If No - Obtain transportation and mark Yes.
- i. Is the capacity of planned emergency transportation adequate for the transport of all residents, planned staff and supplies to the evacuation host site(s)?
☒ Yes. If No - Obtain adequate transport and mark Yes.
- ii. Is all transportation air conditioned?
☒ Yes. go to B. 3. a) iv.
☐ No, go to B. 3. a) iii.
- iii. If not air conditioned are there provisions (specific actions and supplies) in plan to prevent and treat heat related medical conditions?
☒ Yes. If No - make plans (specific actions and supplies) and mark Yes.
- iv. Is there a specified time or timeline (H-Hour) that transportation supplier will need to be notified by?
☒ Yes. What is that time 72 hours?
☐ No. There is no need for a specified time or timeline for contacting transportation.

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- b) Does each contract or agreement for NON-AMBULANCE transportation contain the following information? **NOTE: Vehicles that are not owned by but at the disposal of the facility shall have written usage agreements (with all required information) that are signed and dated. Vehicles that are owned by the facility will need to verify ownership.**
- The complete name of the transportation provider?
☒ Yes. If No - obtain and mark Yes.
 - The number of vehicles and type (van, bus, car) of vehicles contracted for?
☒ Yes. If No - obtain and mark Yes.
 - The capacity (number of people) of each vehicle?
☒ Yes. If No - obtain and mark yes.
 - Statement of if each vehicle is air conditioned?
☒ Yes. If No - obtain and mark Yes.
 - Verification of facility ownership, if applicable; copy of vehicle's title or registration?
☒ Yes. If No - obtain and mark Yes.
- c) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If no, obtain and mark Yes.
- d) Has a cover page been completed and attached for each contract/agreement. (*blank form provided*)
☒ Yes. If No - complete and mark Yes.
4. Host Site(s)-*extra pages for multiple sites have been included with forms near end of survey. (should match what is in MSTAT!)*
- Does the facility have current contracts or verified agreements for a primary evacuation host site(s) outside of the primary area of risk?
☒ Yes. If No - obtain and mark Yes.
 - Provide the following information:(list all sites, if multiple sites list **each** - see extra pages)
 - What is the name of each primary site(s)?
Landmark of Baton Rouge
 - What is the physical address of each host site(s)?
6105 Oxford Place Drive
Baton Rouge, LA
70806
 - What is the distance to each host site(s)?
105 miles
 - Is the host site(s) located outside of the parishes identified as hurricane risk areas?
Yes
 - Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.

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- vi. Who is the contact person at each **primary** host site(s)?
 Name: Mallory Hayden, N.F.A.
 Phone: (225) 721-2471
 Email: mhayden@asingt.com
 Fax: (225) 293-023
- vii. What is the capacity (number of residents allowed) of each **primary** host site(s)?
 ➤ Capacity that will be allowed at each site: 50
 ➤ Total Capacity of all primary sites: 110
 ➤ 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?
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)?
19 Years
 ➤ 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? 72 Hours
☐ No.
- c) Does the facility have current contracts or verified agreements for an alternate or secondary host site(s)?
☒ Yes. If No - obtain and mark Yes.
- d) Provide the following information: (list all sites, if multiple sites list each - see extra pages)
- What is the name of each alternate/secondary site(s)?
Landmark South
 - What is the physical address of each alternate/secondary host site(s)?
18180 Jefferson Hwy.
Baton Rouge, LA
70817
 - What is the distance, in miles, to each alternate/secondary host site(s)?
120 miles
 - Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☒ Yes
☐ No
 - Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
 - Who is the contact person at each alternate/secondary host site(s)?
 Name: James Smith, N.E.A.
 Phone: (225) 291-8474
 Email: jsmith3@asimgt.com
 Fax: (225) 292-5350
 - 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:
60
 ➤ Total Capacity of all alternate/secondary sites:
60
 ➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
 - 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)?
2 Years
 - 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, television, cell phones, internet OEP warnings/updates.

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

☒ Yes. Name equipment: Viber App for cell phones

☐ 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?
Telephone, Fax, computers, and walkie-talkies.
- ii. Is there back up or alternate equipment used to send/receive and what is it?
☒ Yes. Name equipment: Cell phones
☐ 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: Darla Rodgers, N.F.A.

Position: Administrator

Emergency contact information:

Phone: (985) 856-5122

Email: dsroddgers@asimgt.com

Fax: (985) 851-6562

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

Provide Name: Brian Robichaux, D.O.N.

Position: Director of Nursing

Emergency contact information:

Phone: (985) 804-9887

Email: brobichaux@asimgt.com

Fax: (985) 851-1732

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

Provide Name: Darla Rodgers, N.F.A.

Position: Administrator

Emergency contact information:

Phone: (985) 851-2307

Email: dsroddgers@asimgt.com

Fax: (985) 851-6562

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

Provide Name: Brian Robichaux, D.O.N.

Position: Director of Nursing

Emergency contact information:

Phone: (985) 851-2308

Email: brobichaux@asimgt.com

Fax: (985) 851-1732

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

Provide Name: Darla Rodger, N.F.A.

Position: Administrator

Emergency contact information:

Phone: (985) 856-5122

Email: dsroddgers@asimgt.com

Fax: (985) 851-6562

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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:
Social Services and Admissions Coordinator
 - a) If facility is going to shelter in place or evacuate.
 - b) The date and approximate time that the facility is evacuating.
 - c) The name, address, and all contact information of the evacuation site.
 - d) An emergency telephone number for responsible party to call for information.
 2. Title or position of person(s) assigned to notify the Department of Health and Hospitals- Health Standards Section and the local Office of Homeland Security and Emergency Preparedness of the facility's decision to shelter in place or evacuate:
Administrator
 3. Title or position of person(s) assigned to securely attach the following information to each resident during an emergency so that it remains with the resident at all times?
Assessment Nurse's and Medical Records
 - 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?
Dietary Manager, Assistant Dietary Manager, and Assistant Director of Nursing
 - a) Water
 - b) Food
 - c) Nutritional supplies and supplements
 - d) All other necessary supplies for the resident.
 5. Title(s) or position(s) of person(s) assigned for contacting emergency services and monitoring emergency broadcasts and alerts?
Administrator, Director of Nursing, and Maintenance Supervisor

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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

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

☒ Yes

No - Complete this step then mark Yes

VII. Authentication

The plan should be signed and dated by the responsible party(s) each year or as changes, modifications, or updates are made. A copy of that

Authentication page shall be signed, dated and included with this survey.

(Blank form provided near end of document)

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

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SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: FOOD, WATER, AND SUPPLIES

Name of Supplier:

SYSCO

Contact Person: Michael Gros Contract Sales

Phone # of Contact Person: (985) 805-0196

FAX#: _____

E-Mail Address: MICHAEL.GROS@SYSCO.COM

Indicate where the supplies are to be delivered to;

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

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

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

72 HOURS

How long will it take to receive the delivery?

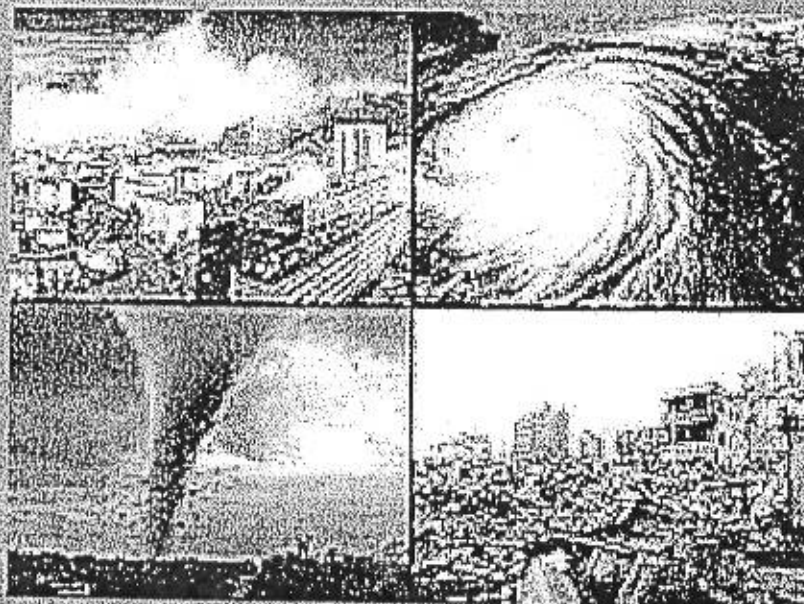
72 - 96 HOURS

Date of agreement/contract/verification: 2/1/21

Date agreement/contract ends: 2/1/22



2021 DISASTER PROCEDURES



116 Kol Drive Broussard, La 70518

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Sysco Food Service Contact List

Sysco Customer Care Center 800/ 797-2627

Employee	Title	Cell Number	Email
Troy Boudreaux	Director Local Sales	337-252-4306	TROY.BOUDREAUX@sysco.com
Michael Gros	Contract Sales	337-277-4741 985-805-0196	MICHAEL.GROS@sysco.com
Jane Conley	Dietitian	337-278-9720	MARYJANE.CONLEY@sysco.com
Mary Jumonville	Dietitian	337-281-5091	MARY.JUMONVILLE@sysco.com
Erica Venable	Healthcare Specialist	337-277-2646	ERICA.VENABLE@sysco.com
Eva Marcantel	Dietitian	337-983-2622	EVA.MARCANTEL@sysco.com
Kim Albritton	Dietitian	316-658-4692	KIMBERLY.ALBRIITON@sysco.com
Craig Clark	District Manager Lafayette, Lake Charles, Alexandria	337-277-1074	CRAIG.CLARK@sysco.com
John DeFrances	District Manager New Orleans, Baton Rouge, Houma, Thibodaux	225-288-5722 225-622-4129	JOHN.DEFRANCES@sysco.com
	Transportation		429-DSC-DL@sysco.com

Resident Meal Service

- In accordance with all state and national guidelines for emergency preparedness, Sysco Food Service recommends that all healthcare customers keep on hand a minimum of seven (7) day supply of the suggested food items in order to prepare meals during a natural disaster, especially during hurricane season (June 1-November 1).
 - Keep the Disaster Plan in a designated place where employees can locate it quickly.
 - Keep a list of phone numbers, emergency phone numbers and addresses for your employees and other essential people in the community e.g.; The Red Cross, National Guard, Security Companies that you deal with and keep this list when the disaster plan.
 - Keep additional copies at other locations in the facility and at home.
 - Meal preparation needs to be simple.
 - First -- Use all edible foods in your refrigerator.
 - Second -- Use as many freezer foods as possible before spoilage sets in.
 - Third -- Start on your supply of non-perishable foods.
 - Use less salt in cooking- to decrease thirst sensations.
 - Print several copies of your resident tray cards to include food allergies.
 - Use disposable service as needed.
 - Evacuating preparation steps include:
 - Serve a hot meal prior to leaving the facility.
 - Prepare a bag lunch for travel.
 - Bring extra bottles of water for travel.
 - Pack extra snack items for travel.
 - Prepare a bag lunch for on-arrival at destination.
 - Place resident's diet info in Ziploc bags.
 - Remember that you may not have power.
 - Make sure you have manual can openers.
 - Have flashlights and batteries available throughout the facility.
 - An outside grill with charcoal and lighter fluid may be necessary.
 - Have at least two or three chaffers available and a supply of Sterno fuel cans.
 - Keep a supply of paper & disposables.
 - Foam divided containers, plates, bowls, cups, lids, gloves, straws.
 - Forks, spoons, knives or silverware kits.
 - Napkins, Sterno, aluminum pans & covers.
 - Keep a supply of janitorial & disinfectant products.
 - Trash liners & bleach.
 - Disinfectants & hand sanitizer.
-

Sample 7 Day Menu

	Day 1	Day 2	Day 3
Breakfast	Juice ½ c	Juice ½ c	Juice ½ c
	Dry Cereal	Dry Cereal	Dry Cereal
	Bread, 1 sl	Bread, 1 sl	Bread, 1 sl
	Milk, 8 oz	Milk, 8 oz	Milk, 8 oz
	Coffee or Tea, 1 c	Coffee or Tea, 1 c	Coffee or Tea, 1 c
Lunch	Ravioli, 1 c	Vegetable Soup, 1 c	Chili 1 c
	Green Beans ½ c	Macaroni & Cheese, ½ c	Corn, 1/2 c
	Crackers 4 packs	Crackers 4 packs	Fritos 1 oz
	Applesauce, ½ c	Pears, ½ c	Pudding, ½ c
	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz
Supper	Peanut Butter Jelly	Tuna Salad, ½ c	Creole Red Beans 1 c
	Chicken Noodle Soup, 1 c	Carrots & Peas, ½ c	Steamed Rice, ½ c
	Bread, 2 sl	Bread, 2 sl	Green Beans ½ c
	Pudding, ½ c	Peaches, ½ c	Pears, ½ c
	Milk, 8 oz	Milk, 8 oz	Milk, 8 oz
	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz
	Day 4	Day 5	Day 6
Breakfast	Juice ½ c	Juice 1/2c	Juice ½ c
	Dry Cereal 1 oz	Dry Cereal 1 oz	Dry Cereal 1 oz
	Bread, 1 sl	Bread, 1 sl	Bread, 1 sl
	Milk, 8 oz	Milk, 8 oz	Milk, 8 oz
	Coffee or Tea	Coffee or Tea	Coffee or Tea
Lunch	Chicken Salad, ½ c	Sloppy Joe ½ c (Chili with Mix)	Chicken Stew
	Beet Salad, ½ c	Corn, ½ c	Green Peas
	Bread, 2 sl	Bread, 2 sl	Steamed Rice ½ c
	Fruit Cocktail, ½ c	Pears, ½ c	Pudding, ½ c
	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz	Coffee or Tea, 8 oz
Supper	Corned Beef Hash 1 c	Peanut butter & Jelly	Vegetable Soup 1 c
	Mixed Vegetables ½ c	Sliced Carrots, ½ c	Macaroni & Cheese ½ c
	Crackers 4 packs	Bread, 2 sl	Potato Chips 1 oz
	Peaches	Applesauce, ½ c	Fruit Cocktail ½ c
	Milk, 8 oz	Milk, 8 oz	Milk, 8 oz
	Coffee or Tea	Coffee or Tea	Coffee or Tea
	Day 7		
Breakfast	Juice ½ c		
	Dry Cereal 1 oz		
	Bread, 1 sl		
	Milk, 8 oz		
	Coffee or Tea		
Lunch	Meat Sauce (Chili & Spaghetti Sauce), 1c		
	Mixed Vegetables, ½ c		
	Spaghetti Noodles 1 oz		
	Cookies 2 each		
	Coffee or Tea, 8 oz		
Supper	Chicken Salad, ½ c		
	Sliced Carrots ½ c		
	Bread, 2 sl		
	Potato Chips		
	Milk, 8 oz		
	Coffee or Tea		

Food & Supplies

*** Sysco Food Service may make substitutions or pack size changes should product availability become an issue.

Sysco Item#	Description	Pack Size	Need to Stock
1933074	Bleach Gallon	6/1 gallon	
0614984	Kit Cutlery Fork, Knife, Spoon, Sail, Pepper & Napkin	150 each	
8182065	Straws Wrapped Flex	25/400	
7602428	Plastic spoons	1000 each	1
1535648	8-9 oz cold cups	2500 each	1
4922076	8 oz hot cups	1000 each	1
4096331	8 oz hot cup sip lid	1000 ct	1
4100582	8 oz squat bowl	2500 each	1
4245882	8 oz squat bowl lid	1000 ct	
8966553	3-compartment trays 9x9	150 ct	1
6530978	Napkin Dinner 1/4 fold 1 ply White	8/500 ct	
7293283	Foil Pan Full Size	40 ct	
7293257	Foil Pan Lid full size	80 ct	
4783496	Fuel Chafing	24/6 hr	

	Description	Quantity for 100	Pack	Need to Stock
6347629	Apple	3 cases	48/5.5 oz	3 cases
6347660	Orange	3 cases	48/5.5 oz	2 cases
6130579	Tea Bag Iced Premium Filter Pack	1 case	160/1.4 oz	
3990241	Coffee Filter Pack Classic Roast	1 case	160/1.4 oz	
7082978	Water	9 case	6/1 gallon	
Cereal	Description	Quantity	Pack	
3132883	Cornflakes	2 cases	96/bowl	2 cases
3133204	Raisin Bran	2 cases	96/bowl	
2733848	Tootsie Frookies	2 cases	96/bowl	
Bread	Description	Quantity	Pack	
7082648	White Sliced Bread	4 each	7/20 oz	4
Condiments	Description	Quantity	Pack	
4043899	Assorted	1 case	200/5.5 oz	2 cases
6937445	Low Calorie	1 case	400 ct	
5477021	Grape Jelly	1 case	6/#10	
4000893	Sugar packs	1 case	2000ct/ 1/10 oz	
6115315	Sugar Substitute Pink Pc	1 case	2000/1 gm	
7139198	Creamer Non-Dairy Powder Packet	1 case	10/100 Ct	
4002432	Mayonnaise Heavy Duty	1 case	4/1 ga	
4233375	Relish Sweet	1 case	4/1 ga	
Vegetables	Description	Quantity	Pack	
0910380	Diced Beet Salad	1 case	6/#10	
7082648	Instant Potatoes	2 cases	6/#10	1 case
4114195	Sliced Carrots	2 cases	6/#10	1 case
4062618	Green Beans	2 cases	6/#10	1 case
4113650	Sweet Peas	2 cases	6/#10	1 case
4315665	Corn	2 cases	6/#10	
4015622	Vegetables for Stew	1 case	6/#10	
Fruits	Description	Quantity	Pack	
4062030	Applesauce	2 cases	6/#10	1 case
2182209	Pears	2 cases	6/#10	1 case
3548393	Mandarin Oranges	2 cases	6/#10	
3678893	Peaches	2 cases	6/#10	1 case
Entrees	Description	Quantity	Pack	
8682692	Tuna Fish	2 cases	6/66 oz	1 case
4104402	Soup Chicken Noodle	2 cases	12/50 oz	1 case
4045233	Soup Vegetable	2 cases	12/50 oz	1 case

4220992	Chicken Chunk Canned	2 cases	6/29oz	
6976823	Corned Beef Hash	1 case	6/52 oz	
4232690	Creole Red Beans	1 case	6/#10	1 case
4437653	Ravioli	1 case	24/15oz	1 case
7082907	Parboiled Rice	1 case	50#	1 case
2979417	Chili No Beans	3 cases	6/#10	1 case
4044176	Mix Seasoning Sloppy Joe	1 case	6/15 oz	
4189361	Spaghetti Sauce	1 case	6/#10	1 case
7957144	Pasta Spaghetti Noodles	1 case	2/10lb	1 case
6082992	Peanut Butter	1 case	6/5#	1 case
5284274	Cheese Sauce	1 case	6/#10	1 case
4862702	Macaroni	1 case	2/10#	1 case
Pudding	Description	Quantity	Pack	
5763834	Vanilla	2 cases	48/ 4 oz	2 cases
0664452	Vanilla NSA	As needed	12/ 4 pk	1 case
Cookies	Description	Quantity	Pack	
2872372	Assorted Cookies	3 cases	1/10#	3 cases
1794593	Cookie Assorted Sugar Free	3 cases	212/75 oz	
1702325	Cookie Shortbread Mini Sandies	3 cases	100/1 oz	
Chips	Description	Quantity	Pack	
6083552	Corn Chips Single Serve	1 case	104/1 oz	1 case
5527403	Chip Potato Ridged Original	3 cases	104/ 1 oz	1 case
Crackers	Description	Quantity	Pack	
4204996	Saltine	3 cases	500/ 2 pk	1 case
Supplements	Description	Quantity	Pack	
0101766	Food Thickener	As needed	12/8 oz	
0237693	Juice Apple 100% Nectar Thick	As needed	48/4 oz	
0238014	Juice Apple 100% Honey Thick	As needed	48/4 oz	
0237719	Juice Orange 100% Nectar Thick	As needed	48/4 oz	
0238014	Juice Orange 100% Honey Thick	As needed	48/4 oz	1 case
0429357	Milk 2% Honey Thick	As needed	24/8 oz	
0429274	Milk 2% Nectar Thick	As needed	24/8 oz	
7961564	Tea Sweet Lemon Nectar Thick	As needed	24/8 oz	
7960396	Tea Sweet Lemon Honey Thick	As needed	24/ 8oz	
0238097	Water Lemon Honey Thick	As needed	24/4 oz	
0237768	Water Lemon Nectar Thick	As needed	24/4 oz	1 case

Estimated Water Needs:

Type of Water	Amount Needed	How Much is Needed	Example
All-purpose Water	1 gallon per person per day	# people X 1 gallon X # days= gallons needed	100 people X 1 gallon X 7 days= 700 gallons needed
Drinking Water	2 quarts (0.5 gallons) per person per day	# people X 0.5 gallons X # days= gallons needed for drinking	100 people X 0.5 gallons X 7 days= 350 gallons needed for drinking

Agreement/Affidavit & Ordering Procedures

SYSCO Food Service, as this customer's food service distributor agrees to supply food, water and non-foods in the case of an emergency. This agreement is from the period of February 1st, 2021 to February 1st, 2022.

This customer is expected to notify SYSCO Food Service of their food, water and non-food needs in enough time to process the order and to make a timely delivery.

SYSCO Food Service in the event of an emergency will provide the following:

- ❖ SYSCO Food Service will contact this facility within seventy-two (72) hours to determine whether an emergency order of food, water and non-food supplies is needed. (See page 3 for list.) Orders will be delivered to the facility at a mutually agreeable time and place.
- ❖ Prior to an emergency, a list of this facility's emergency needs will be provided to SYSCO Food Service.
- ❖ The custom emergency supply list will be kept on file along with the facility's contact information.
- ❖ This facility's emergency stock will be warehoused at SYSCO Food Service. Since the emergency stock is customized for this facility, the food, water and non-food supplies may reflect as many days as this customer needs.
- ❖ Additionally, should this facility need to evacuate, SYSCO Food Service will deliver emergency stock to the point of evacuation.
- ❖ Customers must be available to receive orders on a 24-hour bases. This will be determined by the traffic conditions and expected landfall.
- ❖ Estimating water needs information is found on page 3.
- ❖ Annually in **JANUARY** a Disaster Procedure, which has been revised and updated at SYSCO Food Service will be provided to this customer and posted on each customer's **esysco.net** under **Shared List**.
- ❖ www.esysco.net website and the healthcare link are available as additional ways to contact SYSCO Food Service during a declared disaster.
- ❖ Disaster orders are subject to being nonrefundable or non-returnable.
- ❖ Healthcare Customers with Primary Vendor relationships will receive Priority service.
- ❖ Healthcare Emergency Contact Phone Number is 800-256-1631, Ext. 4323.

Michael T. Gros
Contract Sales
Sysco Food Service
January 2021

Facility Administrator: _____

Emergency Food & Supply List Attached

☒ Yes

☐ No

Initial

Return a copy to SYSCO Food Service. Retain for your files.

Sysco corporation
Gulf Coast Region

Facility Contact Information

Facility Name: Heritage Manor of Houma
Facility Phone Number: 985-851-2307

Primary Contact: Darla Rodgers, WFA
Title: Administrator
Cell Phone Number: 985-856-5122
Text Messaging Available: ☒ Yes ☐ No
Email Address: dscodgers@asimgt.com

Alternate Contact: Mia Shelvin, Dietary Mgr.
Cell Phone Number: 985-859-0427
Text Messaging Available: ☒ Yes ☐ No
Email Address: Mshelvin@asimgt.com

Evacuation Information:

Evacuation Address: Landmark of Baton Rouge
9105 Oxford Place Drive
Baton Rouge, LA 70809
Evacuation Phone Number: 225-293-1003

Complete and EMAIL Copy to:
Jane Conley, MPH, RDN, LDN
maryjane.conley@sysco.com

p. 337-252-4323 c. 337-278-9720

Retain original for your files.

Sysco partner
Gulf Coast Region

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: WATER

Name of Supplier:

KENTWOOD / DS Services

Contact Person: Nicole Vonterrious

Phone # of Contact Person: (800) 492-8377

FAX#: (678) 460-3682

E-Mail Address: customerservice@ds-services.com

Indicate where the supplies are to be delivered to;

☐ Evacuation host site

☐ Nursing home's licensed facility

☒ determined upon decision of sheltering or evacuating

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

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

96 HOURS

How long will it take to receive the delivery?

96 - 120 HOURS

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

Date agreement/contract ends: 2/24/22

Rodgers, Darla S 22

To: Rodgers, Darla S 22
Subject: Fwd: Kentwood Springs Account 8380236

From: Customer Service <customerservice@dsservices.com>

Subject: Kentwood Springs Account 8380236

Dear Darla Rodgers,

Thank you for contacting us via email regarding an Emergency Water Agreement. We have forwarded your email to the respective department. Please be assured your issue will be resolved in a timely manner.

If you need further assistance, please visit us at www.water.com, email us at customerservice@dsservices.com, or contact us at 800-492-8377. Our Customer Care Agents are available Monday through Friday 8:00 a.m. – 9:00 p.m. EST and Saturday 9:00 a.m. – 6:00 PM.

Sincerely,

Vonterrious, Customer Care Associate
DS Services of America, Inc.
Customer Care Center
Office (800) 492-8377
customerservice@dsservices.com

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

This Emergency Water Agreement (the "Agreement") is entered into as of Feb. 24th, 2021 (the "Effective Date") by and between DS Services of America, Inc., ("DSS") and the undersigned customer ("Customer"). Under this Agreement, DSS will supply Customer's bottled water needs in the event of a local or national declared emergency or natural disaster, subject to the following terms and conditions:

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

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

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

Heritage Manor of Houma
(Customer)

By: Darla Rodgers, NFA
Name: DARLA RODGERS, NFA
Title: Administrator

Address: 852 Centurion Lane
City/State/Zip: Houma, LA 70360
Phone: (985) 891-2307

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: Medications

Name of Supplier:

Senior Script Pharmacy

Contact Person: Laura Boothe, RPH Pharmacy Manager

Phone # of Contact Person: (225) 304-0490

FAX#: (225) 304-0489

E-Mail Address: Laura.Boothe@seniorscript-pharm.com

Indicate where the supplies are to be delivered to;

☐ Evacuation host site

☐ Nursing home's licensed facility

☒ determined upon decision of sheltering or evacuating

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

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

48 Hours

How long will it take to receive the delivery?

48 Hours

Date of agreement/contract/verification: 1/7/21

Date agreement/contract ends: Automatic Renewal



01/07/2021

To: Administrator

From: Senior Script Pharmacy

RE: Emergency Preparedness

In the event the residents of Heritage Manor of Houma are required to be evacuated the following process should be followed in regards to obtaining patient's medications.

Heritage Manor of Houma should immediately notify Senior Script Pharmacy as to the location that each resident is being evacuated.

Senior Script Pharmacy will make the necessary arrangements to provide timely delivery of medications to the residents at the facility to which they were evacuated. In addition, Senior Script Pharmacy has a disaster plan in place to ensure the residents continue receiving their medications in the event a disaster occurred which interrupted Senior Script Pharmacy's ability to meet the resident's medication needs. A copy of Senior Script Pharmacy's Disaster Plan including contact numbers is attached.

Thank you,

A handwritten signature in black ink, appearing to read "Laura Boothe", with a stylized flourish at the end.

Laura Boothe, RPh
Pharmacy Manager

26737 Hwy 1032 • Denham Springs, LA 70726
Phone (225) 304-0490 • Fax (225) 304-0489
Toll Free Phone 1-800-493-9641 • Toll Free Fax 1-800-489-9947



January 1, 2021

Administrator: Darla Rodgers
Heritage Manor of Houma
852 Centurion Lane
Houma, La 70360

Re: Emergency Medication Agreement

This agreement is entered into between your facility and Senior Script Pharmacy. During emergency situations, Senior Script Pharmacy will provide medications to your facility to ensure that a 7-day supply of medications for each resident is on hand at the facility, 24 hours prior notification by the facility to the pharmacy is requested. This agreement will remain in effect for a period of one year and will automatically renew unless either party gives a 30-day written notice of cancellation.

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

Darla Rodgers, Administrator
Heritage Manor of Houma
852 Centurion Lane
Houma, La 70360

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

Laura Boothe, RPH, PIC
Senior Script Pharmacy
26737 Hwy 1032
Denham Springs, La 70726

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: Medical

Name of Supplier:

McKesson

Contact Person: John Pratt, Account Manager

Phone # of Contact Person: (955) 209-1443

FAX#: (800) 390-2929

E-Mail Address: john.pratt@McKesson.com

Indicate where the supplies are to be delivered to;

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

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

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

72 Hours

How long will it take to receive the delivery?

96 Hours

Date of agreement/contract/verification: 2/1/21

Date agreement/contract ends: 2/1/22

McKESSON

February 1, 2021

To Whom It May Concern:

Heritage Manor of Houma is a McKesson Medical-Surgical (MMS) customer.

During any natural disaster or weather event MMS will do everything possible to get supplies to our customers. Each year we provide our customers with our disaster plan and it includes what they need to do before and after a disaster. We also request that our customers submit an alternate site evacuation form and additional contact information. Please read our disaster plan it contains the information of what we will do.

MMS may require that extraordinary costs incurred to ship supplies during a state of emergency be borne by your facility. This should not be an issue if you are prepared.

MMS will continue to deliver before and after any disasters if we are able to reach any facility and are allowed passage by disaster authorities. We do warn customers that contra-flow, flooding and ice will delay shipments from our warehouses. We cannot guarantee delivery due to road closures.

This is a yearly agreement for customers in good standing and runs from February 01, 2021 to February 01, 2022. Each year MMS will give all customers an updated disaster plan and note any changes.

Thank you,



John Pratt
Account Manager
McKesson Medical-Surgical
Cell- 985-209-1443
Customer Service-800-347-2456

McKESSON

Contingency Disaster Plan Louisiana and Mississippi

February 1, 2021

McKesson Medical-Surgical will take a proactive approach to ensure resources are available, as needed during any major disaster situations by utilizing our professional customer service team. Your Account Representative will be responsible for providing our Emergency Response Team with accurate information on your account including after-hours phone numbers and contact names. Should your facility evacuate, the alternate site form must be completed and submitted to your McKesson Account Representative. Our goal is to ship orders 72 hours **before** the threat of any forecasted major weather event. **Is imperative that orders are placed well in advance of any forecasted major event such as but not limited to: hurricanes, flooding, winter storms, etc.** McKesson cannot guarantee delivery due to potential road closures but, will make every effort in meeting the needs of our customers.

McKesson Medical Surgical will ensure routine medical supplies will be available and shipped if your orders are placed within these parameters but we cannot guarantee delivery, please prepare accordingly. The Jackson, MS Distribution Center has direct access to alternate distribution centers throughout the US to help ensure product availability during any major emergencies. In addition, our **Mississippi Distribution Center truck fleet will be put on alert and used for emergency purposes.** Please understand that downed power lines, trees and other debris on the roadways as well as fuel shortages can cause delays in deliveries. For these reasons we again request you keep a minimal supply on hand as outlined in your Disaster Preparedness Plan.

In the event that a facility has to evacuate, McKesson will **drop ship** to an alternate location. The facility **must provide a physical location, phone number and a contact** at that location to accept delivery. The bill to will remain the same only the ship to will be changed for a drop shipped. If for any reason McKesson incurs excessive costs due to a facility placing an order late, you may be required to pay those costs that we incur.

In order to increase our capacity to ship orders during a major disaster, we ask our customers not to place excessively large orders. **It is imperative that all customers keep a minimal supply of medical products on hand as outlined in your Disaster Preparedness Plan.**

MCKESSON

Disaster Plan Contacts for Jackson Warehouse and Customer Service Louisiana and Mississippi

February 1, 2021

Customer Service: 800-347-2456

Account Representative
John Pratt 985-209-1443

Sales Leader:
Billy Ray Clemons 205-914-9357

Operations Leader (Jackson MS)
Tim Diver or Kent Fletcher Office- 800-347-2456

If toll free is not working Customer Service: 601-856-5900 Option 1

To: Administration/Nursing

Re: Your evacuation site and contacts page next page

In the event of an evacuation please fill out and email the Alternate Site Evacuation Facility form to john.pratt@mckesson.com

It is imperative that we know where you will evacuate to in order to deliver supplies to your alternate site.

MCKESSON

Alternate Site Evacuation Facility

Please fill out where you will evacuate to and your evacuating teams contact information.

Your Account Name: Heritage Manor of Houma

McKesson Acct Number: 20112139

McKesson Rep Name: John Pratt

Your Acct Contacts: John Pratt, Account Manager

Billy Ray Clemons, Sales Leader[#] (205)-914-9357

Phone Number: 1-800-347-2456

Emergency Number: (985) 209-1443

Cell Numbers for evacuating Admin, D.O.N., A.D.O.N., Other:

Darla Rodgers, NFA[#] (985) 856-5122

Brian Robichaux, DON[#] (985) 804-9887

Alternate Site Name: Landmark of Baton Rouge

Alternate Site Address: 9105 Oxford Place

Baton Rouge, LA 70809

Alternate site contacts: Mallory Hayden, Adm[#] (225) 293-1003

Special Instructions: (Second alternate site)

Landmark South

18180 Jefferson Hwy.

Baton Rouge, LA 70817

James Smith, Adm[#] (225) 291-8477

***Note- Once you have determined your Evacuation Site please contact your McKesson Representative with this form completed and inform him or her of any changes. This is very important in making sure we ship your product to the appropriate address in a timely manner.*

MCKESSON

'Safety Through Solutions'

Disaster Preparedness Recommended Medical Supply Checklist

- ✓ Alcohol Gel/Hand Sanitizer
- ✓ Alcohol Prep Pads
- ✓ Bag Bath
- ✓ Band-aids
- ✓ Batteries
- ✓ Bio Hazard Bags
- ✓ Briefs
- ✓ Cups- all types
- ✓ Diabetic Supplies; syringes, lancets, testing supplies
- ✓ Enteral Feeding Supplies
- ✓ General Wound Care Supplies
- ✓ Gloves
- ✓ Linens
- ✓ Over the Counter Medications
- ✓ Peri-wash
- ✓ Probe Covers
- ✓ Respiratory Supplies
- ✓ Shampoo Rinse Free
- ✓ Sharps Collector
- ✓ Sterile Saline
- ✓ Tissues
- ✓ Trash Can Liners
- ✓ Toilet Paper
- ✓ Underpads
- ✓ Urological Supplies
- ✓ Wet Wipes
- ✓ Wound Care

Rev: 2/1/21

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

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

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

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

Name of EVACUATION HOST SITE:

Landmark of Baton Rouge

Contact Person: Mallory Hayden, N.F.A.

Phone # of Contact Person: (225) 293-1003

FAX#: (225) 293-1023

E-Mail Address: mhayden@asingt.com

Physical Address of evacuation site:

9105 Oxford Place Drive

Baton Rouge, LA

70809

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?

1 Hour

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

2.5 Hours

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

2 Hours

Type of evacuation host site:

Is it the ☒ PRIMARY or ☐ ALTERNATE site?

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

Total number of residents and staff that facility is willing to host: 50

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

Date of agreement/contract/verification: 1/11/21

Date agreement/contract ends: Automatic Renewal- Annual for State Plan


HERITAGE MANOR
OF HOUMA

HOST AGREEMENT

This agreement is entered into between Heritage Manor of Houma, represented by its Administrator, Darla Rodgers and Landmark of Baton Rouge represented by its Administrator, Mallory Hayden.

Heritage Manor of Houma, as part of its Emergency Evacuation Plan, must have permission in writing of the nearest most convenient facility large enough to house its residents in the event of a fire or disaster.

It is understood that the use Landmark of Baton Rouge is for actual emergencies only, and the facility is not for the practice of said drills.

It is further understood that an evacuation is for temporary, short term use only, until such time as all residents can be moved to a more permanent housing.

This agreement will automatically renew annually until such time as either party give a thirty (30) day written notice of their intent to cancel.

Darla Rodgers

Administrator

Mallory Hayden

Darla Rodgers, Administrator

Heritage Manor of Houma

1/11/21

Date

1/11/21

Date

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- i. What is the name of each alternate/secondary site(s)?
Landmark of Baton Rouge
- ii. What is the physical address of each alternate/secondary host site(s)?
9105 Oxford Place Drive
Baton Rouge, LA
70809
- iii. What is the distance, in miles, to each alternate/secondary host site(s)?
106 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: Mallory Hayden, N.F.A.
Phone: (225) 293-1003
Email: mhayden@asimgt.com
Fax: (225) 293-1023
- 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:
50
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the alternate/secondary site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If alternate/secondary host site is **not** a licensed nursing home provide a description of host site(s) including:
➤ What type of facility it is?
Nursing Facility
➤ What is host site currently being used for?
Nursing Facility

2021 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?
☒ Yes
☐ No
- What is the age of the host facility(s)?
18 years
- 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? 24 Hours
☐ No.
- g) Have copies of each signed and dated contract/agreement been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (blank form provided)
☒ Yes. If No - complete and mark Yes.

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- i. What is the name of each **alternate/secondary** site(s)?
Landmark of Baton Rouge
- ii. What is the physical address of each **alternate/secondary** host site(s)?
9105 Oxford Place Drive
Baton Rouge, LA
70809
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
106 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: Mallory Hayden, N.E.A.
Phone: (225) 293-1003
Email: mhayden@asimgt.com
Fax: (225) 293-1023
- 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:
50
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is not a licensed nursing home provide a description of host site(s) including:
➤ What type of facility it is?
Nursing Facility
➤ What is host site currently being used for?
Nursing Facility

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- i. What is the name of each primary site(s)?
Landmark South Nursing and Rehab
- ii. What is the physical address of each host site(s)?
18180 Jefferson Hwy
Baton Rouge, LA
70817
- iii. What is the distance to each host site(s)?
120 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: James Smith, N.F.A.
Phone: (225) 291-8474
Email: jsmith3@asimgt.com
Fax: (225) 292-5350
- vii. What is the capacity (number of residents allowed) of each primary host site(s)?
➤ Capacity that will be allowed at each site:
60
➤ 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?
Nursing Facility
➤ What is host site currently being used for?
Nursing Facility
➤ 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)?
2 years
➤ Is host facility(s) air conditioned?
☒ Yes
☐ No

2021 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?
☒ Yes
☐ No
- What is the age of the host facility(s)?
18 years
- 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? 24 Hours
☐ No.
- g) Have copies of each signed and dated contract/agreement been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (blank form provided)
☒ Yes. If No - complete and mark Yes.

2021 Nursing Home Emergency Preparedness Plan Survey

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

- xi. Is there a specified time or timeline (H-Hour) that primary host site will need to be notified by?
☒ Yes. If Yes - what is that time? 24 Hours
☐ No.

2021 Nursing Home Emergency Preparedness Plan Survey

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

- i. Provide the following information: (list primary sites in this area, if multiple sites list each)
 - i. What is the name of each primary site(s)?
Landmark South Nursing and Rehab
 - ii. What is the physical address of each host site(s)?
18180 Jefferson Hwy.
Baton Rouge, LA
70817
 - iii. What is the distance to each host site(s)?
120 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: James Smith, N.F.A.
Phone: (225) 291-8474
Email: jsmith3@asimgt.com
Fax: (225) 292-5350
 - vii. What is the capacity (number of residents allowed) of each primary host site(s)?
➤ Capacity that will be allowed at each site:
60
➤ 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?
Nursing Facility
➤ What is host site currently being used for?
Nursing Facility
➤ 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)?
2 years
➤ Is host facility(s) air conditioned?
☒ Yes
☐ No

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- xi. Is there a specified time or timeline (H-Hour) that primary host site will need to be notified by?
- ☒ Yes. If Yes - what is that time? 24 Hours
- ☐ No.


HERITAGE MANOR
OF HOUMA

HOST AGREEMENT

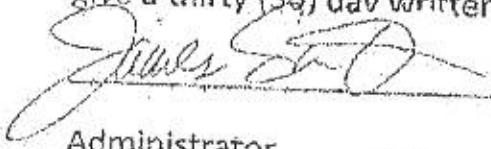
This agreement is entered into between Heritage Manor of Houma, represented by its Administrator, Darla Rodgers and Landmark South represented by its Administrator, James Smith.

Heritage Manor of Houma, as part of its Emergency Evacuation Plan, must have permission in writing of the nearest most convenient facility large enough to house its residents in the event of a fire or disaster.


It is understood that the use Landmark South is for actual emergencies only, and the facility is not for the practice of said drills.

It is further understood that an evacuation is for temporary, short term use only, until such time as all residents can be moved to a more permanent housing.

This agreement will automatically renew annually until such time as either party give a thirty (30) day written notice of their intent to cancel.


Administrator

1/11/21
Date


Darla Rodgers, Administrator

1/11/21
Date

Heritage Manor of Houma


HERITAGE MANOR
OF HOUMA

TRANSPORTATION AGREEMENT

This agreement is entered into between Heritage Manor of Houma, represented by its Administrator, Darla Rodgers, and Landmark South represented by its Administrator, James Smith.

Landmark South agrees to provide the facility van/bus to assist in the transportation of the residents of Heritage Manor of Houma during an emergency requiring evacuation.

This agreement will automatically renew annually until such time as either party give a thirty (30) day written notice of their intent to cancel.

Darla Rodgers

Darla Rodgers, Administrator

Heritage Manor of Houma

1/11/21

Date

James Smith
Administrator

1/11/21

Date

2021 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

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

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

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

Name of transportation resource provider (print):

ACADIAN

Contact Person: CARLO GAGLIANO JR.

Phone # of Contact Person: (985) 446-3005

Physical Address of transportation provider:

1018 BOND STREET
HOUMA, LA
70360

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?

NO RESTRICTION

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

2 HOURS

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

1 HOUR

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

AMBULANCE

Total number of transport vehicles to be provided: 5

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

10 STRETCHER

Is the transportation air conditioned? ☒ YES ☐ NO

If transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 1/1/21

Date agreement/ contract ends: 1/1/22



Acadian

Ambulance Service



NATIONALLY
ACCREDITED

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

EMPLOYEE
OWNED

AMBULANCE
DISPATCH
511
800-259-1111

ADMINISTRATION
337-291-3333
800-259-3333

BILLING
800-259-2222

January 01, 2021

To whom it may concern:

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

Sincerely,

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



Acadian

Ambulance Service



NATIONALLY
ACCREDITED

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

EMPLOYEE
OWNED

AMBULANCE
DISPATCH
511
800-259-1111

ADMINISTRATION
337-291-3333
800-259-3333

BILLING
800-259-2222

January 01, 2020

Heritage Manor of Houma

To whom it may concern:

In response to a request for verification from Heritage Manor of Houma (hereinafter "Facility"), please allow this to serve as confirmation that Facility currently has in place an Agreement for the evacuation of resident/patients in the case of a disaster, as required by the Louisiana Department of Health and Hospitals and in accordance with the terms and conditions of such Agreement. The Agreement auto renews annually unless otherwise terminated by either party. As of this Date, no notice of termination has been received and therefore such Agreement remains in full force and effect for the 2020 calendar year.

Sincerely,

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

8

Origin Facility Name
Address
City, State, Zip
Phone #
Contact Person
Guarantor Printed Name

Destination Facility Name
Address
City, State, Zip
Phone #
Contact Person
Guarantor Signature

<u>Date Received</u>	<u>Time Received</u>	<u>Total Mileage</u>
Acadian Contact: Carlo Gagliano Jr.		
Fax #:	(337) 521-3696	
Cell #:	(985) 637-0693	
Email:	cgagliano@acadian.com	
Text #:	(985) 637-0693	

[illegible]

Emergency Evacuation Request and Guarantee of Payment

Heritage Manor of Houma (hereinafter referred to as "Facility"), whose address is 852 Centurion Lane, Houma, LA, 70360 and **Acadian Ambulance Service, Inc** (hereinafter referred to as "Acadian") hereby enter into this agreement effective 9/11/2020 ("Effective Date") for purposes of facilitating the scheduled ground transportation* and evacuation of patients meeting medical necessity guidelines, from Facility, due to hurricane, natural disaster, or other act of God (hereinafter an "Event").

Term: This Agreement shall have a primary term beginning on the 9/11/2020 and ending on 12/31/2020 and shall renew annually unless either party gives written notice to the other of its intent not to renew at least 30 days prior to the expiration of the term then in effect. In addition, either party may cancel this agreement by giving the other party 30 days written notice of such cancellation which shall cancellation shall become effective on the latter of the noticed date of cancellation or 31 days from the date of mailing same.

Evacuation Procedure: Facility agrees and understands that it is Facility's responsibility to request evacuation services under this Agreement which must be made as set forth herein and in the form attached hereto as Exhibit A (fully incorporated herein by reference). Acadian shall have no obligation to facilitate the transport of patients of Facility, who must meet medical necessity guidelines, until the fully completed Evacuation Request Form (Exhibit A) and the designation of a destination facility acceptable to the transporting agency are received by Acadian from Facility and such receipt has been confirmed. It is the sole responsibility of Facility to designate such a destination facility/ shelter and to confirm that such shelter/ facility is in agreement to accept Facility's patients. The designated shelter must be within a reasonable distance or 200 miles unless specifically accepted in writing by an authorized Acadian representative. Furthermore, should the shelter so designated by Facility stop accepting residents or if any designated destination is at a distance which would hinder Acadian's ability to facilitate the evacuation of other facilities, it shall be the responsibility of Facility to secure an alternate destination for transportation of patients satisfactory to Acadian. Facility understands and agrees that Acadian has limited resources. Therefore, Acadian agrees to use good faith efforts to accommodate any request with either internal resources or in coordination with state, federal and/or mutual aid assets when request for transport is made, as required herein, at a minimum of 48 hours prior to wind speeds reaching 40 mph. Thereafter, transportation shall be performed on an as available basis without any guaranty of performance. Furthermore, if mutual aid resources are not available for the request and Acadian resources are not available, Acadian may give notice of the request to the local EOC command with jurisdiction over the Event and Acadian shall notify Facility of same at which time Acadian's obligations hereunder shall be deemed fulfilled.

If, under any circumstance, Facility is not prepared to evacuate upon arrival by Acadian or coordinated resources, Acadian's obligation hereunder shall terminate. The schedule of evacuations shall be at the sole determination of Acadian and its mutual aid partners based on availability of resources and proximity of Facility to the threatened area. At the conclusion of the event and upon request of Facility and acceptance by Acadian, Acadian or coordinated resources shall at a mutually agreed upon time, return residents and inpatients from the designated shelter back to Facility.

Facility also understands and agrees should conditions in the area in which facility is located deteriorate so that labor and resources, if not immediately removed, may be put in harm's way, Acadian and its coordinated providers have

the right to cease all transports under this agreement and resume when and if conditions allow. The decision to cease such operations shall be determined in good faith by the provider rendering services and Acadian shall not have any liability, obligation or otherwise to Facility or residents for non-performance under these circumstances. However, Acadian shall inform facility as soon as practicable of the removal of resources under this paragraph when known.

Compensation: Facility hereby agrees to be responsible for and pay all cost associated with the transportation of patients from the Facility during the evacuation and post event. The rates that Acadian shall charge Facility when Facility pays Acadian for ground ambulance transports shall be the Medicaid Allowable rates in effect at the time service is provided according to the level of service provided plus mileage (per loaded mile). For multiple patients transported in the same ambulance vehicle, the mileage will be pro-rated by the number of patients transported in that same vehicle.

Facility agrees that it shall pay all sums owed to Acadian within 30 days of presentation of an invoice by Acadian for services performed at the address set forth below. All invoices not paid in full within 61 days from date of invoice will be considered past due. Once an invoice becomes past due, Acadian may mail to Facility a Past Due Notice consisting of the invoice number(s) and amount(s) due on said invoice(s). Failure of Facility to pay the past due invoice(s) in full within thirty (30) days of Acadian's mailing of the Past Due Notice shall obligate Facility to pay finance charges of 12% per annum, retroactive to the respective invoice date(s), on the unpaid balance of the respective invoice(s). All invoices not paid in full within 91 days from date of invoice will be considered delinquent. Once an invoice becomes delinquent, Facility shall no longer be entitled to the discount to which it would otherwise be entitled under the terms of this contract. Except for invoiced payments that Facility has successfully disputed, all delinquent invoices shall bear interest at the lesser of the rate of 3% per month or the highest rate permissible under applicable law, calculated daily and compounded monthly. Facility shall also reimburse Facility for all reasonable costs incurred in collecting any delinquent invoices, including, without limitation, attorneys' fees, court costs and all other amounts to which it is legally entitled. In addition to all other remedies available under this Agreement or at law (which Acadian does not waive by the exercise of any rights hereunder), Acadian shall have the option to either terminate this Agreement or suspend the provision of any Services if Facility fails to pay any amounts when due hereunder and such failure continues for 30 days following written notice thereof.

Facility Billing: It shall be the Facility's responsibility to bill any local, state or federal agency, including FEMA, for reimbursement of amounts expended for evacuation and return services. Acadian shall not be limited or restricted by the reimbursement schedule of any state or federal agency making payment or being called upon to make payment or reimbursement to Facility, in its collection of amounts owed hereunder.

No Third Party Beneficiary:

This Agreement is for the benefit of the named parties only, there being no third party beneficiaries with rights under same.

Governing Law & Venue: This Agreement shall be governed in accordance with the laws of the State of Louisiana. The venue for any dispute arising in connection with this Agreement shall be in Lafayette Parish, Louisiana.

Entire Agreement: This Agreement supersedes all previous Evacuation Agreements between Acadian and Facility and constitutes the entire agreement between the parties relating to the matters covered by this Agreement. No oral statements or prior written materials not specifically incorporated herein shall be in force and effect, and no changes in or additions to this Agreement shall be recognized unless incorporated herein by amendment, as provided herein, such amendments(s) to become effective on the date stipulated in such amendment(s). This Agreement may not be amended or modified except by a writing executed by all parties hereto.

Nondiscrimination. Acadian shall not discriminate against any patient because of race, physical handicap, color, religion, sex or national origin. Acadian shall not be required to provide medical care if a patient refuses to cooperate with the medical advice and treatment or if there is other good cause for refusing to provide medical services. Acadian agrees to comply with the provisions of 41 C.F.R. § 60-1.4.

Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall be deemed to be one and the same agreement. A signed copy of this Agreement delivered by facsimile, e-mail or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

Liability Insurance. Acadian shall maintain, at its own expense, professional liability insurance in amounts equal to at least \$1,000,000 for each claim and \$3,000,000 annual in the aggregate. Acadian shall maintain, at its own expense, comprehensive general liability insurance in amounts equal to at least \$1,000,000 for each claim and \$3,000,000 annual in the aggregate. Acadian agrees to furnish Facility with satisfactory evidence of such insurance upon request. Acadian shall immediately advise Facility of any termination of such insurance or any reduction in the amount of such insurance. The parties agree that any insurance policies maintained by them shall contain provision that the underwriter will have no right of recovery or subrogation against the other party.

Indemnification by Facility. Facility shall indemnify, defend and hold harmless Acadian, Covered Person and Payors from any claims, losses, damages, liabilities, costs, expenses or obligations, including but not limited to attorneys' fees, court costs and punitive or similar damages, arising out of or resulting from the negligent, fraudulent, dishonest or other acts or omissions, of Facility, or its agents, officers, directors or employees.

Indemnification by Acadian. Acadian shall indemnify, defend and hold harmless Facility Covered Person and Payors from any claims, losses, damages, liabilities, costs, expenses or obligations, including but not limited to attorneys' fees, court costs and punitive or similar damages, arising out of or resulting from the negligent, fraudulent, dishonest or other acts or omissions, of Acadian, or its agents, officers, directors or employees. Acadian shall not be responsible for any breach of this Agreement resulting from failure in communication systems not caused by the gross negligence of Acadian.

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

Notices: All notices required to be given herein or payments made (if applicable) shall be made as follows:
Request for service, in the form attached hereto as Exhibit A With a follow-up phone call to confirm receipt.

Notice & Payment:

If to Acadian:

Acadian Ambulance Service, Inc
P O Box 98900
Lafayette, LA 70509-8900

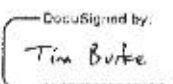
If to Facility:

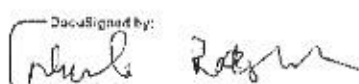
Heritage Manor of Houma
852 Centurion Lane
Houma, LA 70360

* Air services may be available upon request, but are not a covered service under this Agreement.

Acadian Ambulance Service, Inc

Heritage Manor of Houma

By: 
DocuSigned by:
Tim Burke
7600063085663E10E

By: 
DocuSigned by:
Darla Rodgers
52100763C7C8442

Name: Tim Burke

Name: Darla Rodgers

Title: Regional Vice-President

Title: Administrator

Date: 10/1/2020 | 2:40 PM PDT

Date: 10/1/2020 | 2:28 PM PDT

Certificate Of Completion

Envelope Id: AD95F15F0F2E43C6B29403F0C6408044
 Subject: Heritage Manor of Houma Emergency Evacuation Agreement- Request for eSignatures
 foorgid: 00036000001RNHFEA4
 Source Envelope:
 Document Pages: 5
 Certificate Pages: 5
 AutoNav: Enabled
 Envelope Stamping: Enabled
 Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:
 Carlo Gagliano, Jr
 P O Box 98000
 Lafayette, LA 70509-8000
 cgagliano@acadian.com
 IP Address: 209.240.48.70

Record Tracking

Status: Original
 10/1/2020 4:25:04 PM

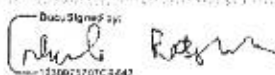
Holder: Carlo Gagliano, Jr
 cgagliano@acadian.com

Location: DocuSign

Signer Events

Daria Rodgers
 dsrogers@esimgt.com
 Administrator
 Security Level: Email, Account Authentication
 (None)

Signature

DocuSigned by:

 1336075707C9442

Signature Adoption: Drawn on Device
 Using IP Address: 209.10.96.121

Timestamp

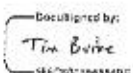
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 Viewed: 10/1/2020 4:25:34 PM
 Signed: 10/1/2020 4:26:56 PM

Electronic Record and Signature Disclosure:

Accepted: 9/21/2020 3:47:35 PM
 ID: 6d7acab2-5d8a-436c-9a2b-c3fac96fe43f
 Company Name: Acadian Ambulance Service, Inc.

Tim Burke
 tim.burke@acadian.com
 Regional Vice-President

Security Level: Email, Account Authentication
 (None)

DocuSigned by:

 1662603256354BE

Signature Adoption: Pre-selected Style
 Using IP Address: 107.77.201.21
 Signed using mobile

Sent: 10/1/2020 4:28:58 PM
 Viewed: 10/1/2020 4:40:35 PM
 Signed: 10/1/2020 4:40:57 PM

Electronic Record and Signature Disclosure:

Accepted: 10/1/2020 4:40:35 PM
 ID: d810caeb-2072-4a57-99c3-48b5a68c927
 Company Name: Acadian Ambulance Service, Inc.

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Contracts
 contracts@acadian.com

Security Level: Email, Account Authentication
 (None)

Electronic Record and Signature Disclosure:

COPIED

Sent: 10/1/2020 4:41:02 PM

Carbon Copy Events	Status	Timestamp
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Not Offered via DocuSign		
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	10/1/2020 4:41:02 PM
Certified Delivery	Security Checked	10/1/2020 4:41:02 PM
Signing Complete	Security Checked	10/1/2020 4:41:02 PM
Completed	Security Checked	10/1/2020 4:41:02 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure		
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ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

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

Getting paper copies

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

Withdrawing your consent

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

Consequences of changing your mind

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

All notices and disclosures will be sent to you electronically

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

How to contact Acadian Ambulance Service, Inc.:

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

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

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

To contact us by paper mail, please send correspondence to:

Acadian Ambulance Service, Inc

P O Box 98000

Lafayette, LA 70509-8000

To advise Acadian Ambulance Service, Inc. of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at jgreco@acadian.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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

To request paper copies from Acadian Ambulance Service, Inc.

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to jgreco@acadian.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Acadian Ambulance Service, Inc.

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

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to jgreco@acadian.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Acadian Ambulance Service, Inc. as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Acadian Ambulance Service, Inc. during the course of your relationship with Acadian Ambulance Service, Inc..

MEDICAL TRANSPORTATION AGREEMENT

THIS AGREEMENT is made and entered into on the August 9, 2018, by and between Acadian Ambulance Service, Inc ("SUPPLIER"), and Heritage Manor Of Houma ("FACILITY"), effective 8/9/2018 (the "Effective Date").

Recitals

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

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

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

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

ARTICLE I DEFINITIONS

- 1.1 Clean Claim. A claim that may be processed to adjudication without obtaining additional information from FACILITY.
- 1.2 Covered Persons. Individuals whose transport(s) fall within the purview of this Agreement.
- 1.3 Covered Services. Medical Necessity ambulance services (and related supplies) provided by SUPPLIER to a Covered Person or to a facility where the Covered Person may receive appropriate care.
- 1.4 Indigent. Any person who has no third party insurance or source of payment.
- 1.5 Medical Necessity. The services, procedures, drugs, supplies, or medical equipment provided by SUPPLIER in accordance with established medical protocols in connection with the diagnosis or treatment of the Covered Person. For the purposes of this definition, emergency medical transportation shall be deemed a Medical Necessity if established medical protocols are followed and non-emergency medical transportation shall be deemed a Medical Necessity if a patient is transported to or from a state licensed facility, or if the transport is pre-approved by the responsible party and the patient's ailment contraindicates transportation by any other means.
- 1.6 Payors. FACILITY, certain employers, plan sponsors or other entities obligated to make payments for health care services.

- 1.7 Usual Charge. The fee regularly charged by SUPPLIER.

ARTICLE II

OBLIGATIONS/ REPRESENTATIONS OF FACILITY AND/OR PAYORS

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

ARTICLE III

OBLIGATIONS / REPRESENTATIONS APPLICABLE TO SUPPLIER

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

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

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

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

- 3.2 Nondiscrimination. SUPPLIER shall not discriminate against any COVERED Person because of race, physical handicap, color, religion, sex or national origin. SUPPLIER

shall not be required to provide medical care if a Covered Person refuses to cooperate with the medical advice and treatment or if there is other good cause for refusing to provide medical services. SUPPLIER agrees to comply with the provisions of 41 C.F.R. § 60-1.4.

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

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

ARTICLE IV PAYMENT

- 4.1 Compensation. For Services provided under this Agreement, FACILITY agrees to pay SUPPLIER as set forth on Schedule A.
- 4.1.1 The rates set forth herein are the contractually negotiated rates between FACILITY and SUPPLIER, and shall supersede any rates set by local ordinance or the laws of any other governmental entity, unless the superseding of such local ordinance or governmental rates by these contractually negotiated rates is specifically prohibited by law. If any changes to these contractually negotiated rates are required by law, the parties agree to meet and discuss the changes and to amend this Agreement so that it complies with all legal requirements.
- 4.2 Rates. Unless indicated otherwise by specific rates in Exhibit A, the rates that SUPPLIER shall charge FACILITY when FACILITY pays SUPPLIER for ground ambulance transports shall be subject to the Medicare Allowable rates for the geographic area in which services are provided. For ground ambulance roundtrip transports of inpatients in which the patient is a Beneficiary of Medicaid or a Medicaid managed care plan where the FACILITY is responsible for ground ambulance transportation, FACILITY shall be subject to the Medicaid allowable rates.
- 4.3 Claim Processing. All invoices for services provided are due net thirty days from receipt. All invoices not paid in full within 61 days from date of invoice will be considered past due. Once an invoice becomes past due, SUPPLIER may mail to FACILITY a Past Due Notice consisting of the invoice number(s) and amount(s) due on said invoice(s). Failure of FACILITY to pay the past due invoice(s) in full within thirty (30) days of SUPPLIER's mailing of the Past Due Notice shall obligate FACILITY to pay finance

charges of 12% per annum, retroactive to the respective invoice date(s), on the unpaid balance of the respective invoice(s).

- 4.4 Delinquent Status of FACILITY. All invoices not paid in full within 91 days from date of invoice will be considered delinquent. Once an invoice becomes delinquent, FACILITY shall no longer be entitled to the discount to which it would otherwise be entitled under the terms of this contract. Except for invoiced payments that FACILITY has successfully disputed, all delinquent invoices shall bear interest at the lesser of the rate of 3% per month or the highest rate permissible under applicable law, calculated daily and compounded monthly. FACILITY shall also reimburse SUPPLIER for all reasonable costs incurred in collecting any delinquent invoices, including, without limitation, attorneys' fees, court costs and all other amounts to which it is legally entitled. In addition to all other remedies available under this Agreement or at law (which SUPPLIER does not waive by the exercise of any rights hereunder), SUPPLIER shall have the option to either terminate this Agreement or suspend the provision of any Services if FACILITY fails to pay any amounts when due hereunder and such failure continues for 30 days following written notice thereof.
- 4.5 Charge Verification. Upon request, SUPPLIER shall furnish FACILITY or their duly authorized representative with such documents or reports as may be reasonably necessary to verify the accuracy of charges as reflected on SUPPLIER Service's bills.
- 4.6 Coordination of Benefits. SUPPLIER shall make all reasonable efforts to assist in coordinating benefits with other health care plans, which may provide coverage to patients covered under a Health Plan. Other plans shall include, but are not limited to group insurance plans, Blue Cross and Blue Shield Plans, government-sponsored plans (including Medicare and Medicaid), multiple-employer trust plans and prepaid health maintenance organization plans.
- 4.7 Waiver of Charges. SUPPLIER shall collect full deductibles, co-payments or coinsurance amounts applicable under a Health Plan except as determined to be uncollectible pursuant to reasonable and prudent professional collection practices.
- 4.8 Separate Agreements. SUPPLIER is free to enter into a separate agreement with a payor under such terms and condition as they may agree upon.
- 4.9 Payment Guarantor. FACILITY's parent company or affiliate hereby agrees that should facility become delinquent on payment of any outstanding amounts owed hereunder, then such Parent or Affiliate company shall make payment on FACILITY's behalf. For purposes of this Agreement "affiliate" shall be defined as any person or entity owning a majority share of Facility or which through a contractual arrangement or otherwise has the ability to control the operations or activities or financial outcomes of FACILITY.

ARTICLE V

TERM and TERMINATION

- 5.1 Term of Agreement. This Agreement shall be in effect for one (1) year from the Effective Date, and shall thereafter automatically renew for additional one (1) year terms until terminated by either party giving notice to termination of the other party.
- 5.2 Termination. All notices of termination must in writing. Refer to Section 8.9 of this Agreement.
- 5.2.1 Either party shall be free to terminate this Agreement by providing thirty (30) days written notice to the other party.
- 5.2.2 Material breach of this Agreement upon thirty (30) days' prior written notice to terminate to the breaching Party for a breach of any material term or condition; provided the breaching Party shall not have cured such breach within the thirty (30) day period.
- 5.2.3 SUPPLIER may terminate this Agreement in whole or in part with respect to a particular FACILITY should an entity acquire all or substantially all of the business or assets of FACILITY or any FACILITY to which this Agreement pertains, whether by merger, reorganization, acquisition, sale or otherwise.
- 5.2.4 Repeated failure by FACILITY to pay timely shall be grounds for termination of this Agreement at the option of SUPPLIER without further notice.
- 5.2.5 This Agreement shall automatically terminate for any of the following reasons:
- 5.2.5.1 Cessation of business or insolvency of SUPPLIER or FACILITY.
- 5.2.5.2 If legislation is enacted or a court of competent jurisdiction interprets a law so as to prohibit the continuance of this Agreement; or
- 5.2.5.3 If SUPPLIER: (1) suffers revocation, termination or suspension of any license required; (2) is found guilty of any felony criminal offense or a misdemeanor in the scope of SUPPLIER'S services; (3) is found guilty of gross misconduct in providing supplies or services; or (4) fails to meet the liability insurance requirements of Article III.

ARTICLE VI INDEMNIFICATION

- 6.1 Liability of FACILITY. FACILITY shall indemnify, defend and hold harmless SUPPLIER, Covered Person and Payers from any claims, losses, damages, liabilities, costs, expenses or obligations, including but not limited to attorneys' fees, court costs and punitive or similar damages, arising out of or resulting from the negligent, fraudulent,

dishonest or other acts or omissions, of FACILITY, or its agents, officers, directors or employees.

- 6.2 Liability of SUPPLIER. FACILITY shall indemnify, defend and hold harmless FACILITY Covered Person and Payors from any claims, losses, damages, liabilities, costs, expenses or obligations, including but not limited to attorneys' fees, court costs and punitive or similar damages, arising out of or resulting from the negligent, fraudulent, dishonest or other acts or omissions, of FACILITY, or its agents, officers, directors or employees.
- 6.3 Non-assumption of Liability. FACILITY and Payors do not assume any liability for the neglect, fraudulent, dishonest or other acts or omissions of SUPPLIER. SUPPLIER does not assume any liability for the neglect, fraudulent, dishonest or other acts or omissions of FACILITY or Payor.

ARTICLE VII INSURANCE

- 7.1 Liability Insurance. SUPPLIER shall maintain, at its own expense, professional liability insurance in amounts equal to at least \$1,000,000 for each claim and \$3,000,000 annual in the aggregate. SUPPLIER shall maintain, at its own expense, comprehensive general liability insurance in amounts equal to at least \$1,000,000 for each claim and \$3,000,000 annual in the aggregate. SUPPLIER agrees to furnish FACILITY with satisfactory evidence of such insurance upon request. SUPPLIER shall immediately advise FACILITY of any termination of such insurance or any reduction in the amount of such insurance. The parties agree that any insurance policies maintained by them shall contain provisions that the underwriter will have no right of recovery or subrogation against the other party.

ARTICLE VIII MISCELLANEOUS

- 8.1 Other Programs. Nothing contained in this Agreement shall prevent the FACILITY, FACILITY'S policyholders, policy owners, employers subject to Health Plans, Payors or SUPPLIER from participating in or contracting with any other health care or other provider, provider organization, health maintenance organization or other health delivery or insurance program.
- 8.2 Independent Entities. The relationship of SUPPLIER to FACILITY and any Payor shall continue to be as independent entities, and no such party is an employee, agent or representative of any other party by virtue of this Agreement, nor shall any such party have any expressed or implied right or authority to assume or create any obligation or responsibility on behalf of or in the name of any other party by virtue of this Agreement.

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

If to SUPPLIER:

Acadian Ambulance Service, Inc
PO Box 98000
Lafayette, LA 70509-8000
Attn: David L Kelly, CFO

If to FACILITY:

Heritage Manor Of Houma
1701 Polk St
Houma, LA 70360
Attn: Administrator

Either party may change the notification addresses listed above with proper notice as listed above.

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

SIGNATURES:

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

SUPPLIER

Acadian Ambulance Service, Inc

FACILITY

Heritage Manor Of Houma

By: 

By: 

Name: TIMOTHY S. BURKE

Name: DARIA RODGERS, NFA

Title: REGIONAL V.P.

Title: ADMINISTRATOR

Date: 8/24/18

Date: 8/13/18

SCHEDULE A PAYMENT AND BILLING

Ground Ambulance:

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

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

- When the transport is not considered a medical necessity as defined by Center for Medicare and Medicaid Services ("CMS") in 42 CFR Part 410.40 ("Medical Necessity"), and the payer is Medicare or Medicaid.
- When the transport is for roundtrip transport of patients covered by FACILITY'S inpatient Medicare DRG, Medicaid DRG, Consolidated Billing or Prospective Payment System guidelines.
- When the patient is indigent (Refer to Section 1.4).
- When authorized, scheduled or requested by FACILITY.

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

EXHIBIT A – Acadian Ambulance Service, Inc
Transport Rates & Service Descriptions
Heritage Manor Of Houma
Medicare Local 99LA

A. Ground Ambulance

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

Rates are subject to change annually when rates are published by the Centers for Medicare and Medicaid Services. You may refer to the CMS link below for more information.

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/afspuf.html>

2 Other

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

Service Descriptions

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

Pathway Emergency Evacuation Plan

Earl Thibodaux (985) 227-6000 Jody DePriest (504) 615-0333 Andy Hughes (985) 516-2453
 Mike Scanlan (318) 359-4065 Eddie Borland (318) 201-7575
 Landmark of Baton Rouge (Command Center) (225) 292-2941
 E-MAIL - CommandCenter@asimgt.com

FACILITY	HOST FACILITY INFORMATION			MODE OF TRANSPORTATION	# OF TRUCKS 25 Ft.
	FACILITY	# OF EVACUEES AT TIME OF EMERGENCY	AVAILABLE EMERGENCY CAPACITY		
CCC of Houma (985) 851-2307 852 Centurion Lane Houma LA 70360 Darla Rodgers, Adm. (985) 856-5122 Brian Robichaux, RN DON (985) 804-9887	LMBR (225) 293-1003 9105 Oxford Place Baton Rouge, LA 70809 Mallory Hayden, Adm. Cell (225) 721-2471 Naomi Harper, DON Cell (985) 507-5534	—	50 *Designated beds available for isolation or COVID.		4 - 24 ft. Trucks (Administrator is to secure locally.) 2 personal pick-up trucks for wheelchairs
	Landmark South (225) 291-8474 18180 Jefferson Hwy Baton Rouge, LA 70817 James Smith Cell (225) 620-6996 Laura Dille, DON (985) 513-1644	—	60	1 Houma Bus (12) 1 Houma Van (6) (Isolation Residents) 2 Tri City Charter Buses (50 & 50) 1 LMSouth Van (6) 1 LMBR Bus (12) 1 LMBR Van (6) Acadian Ambulance to Transport Note: Isolation Residents will be transported via ambulance or designated corporate vehicle.	
	Earl Thibodaux (985) 227-6000 Jody DePriest (504) 615-0333				

Note: 48 to 72 hours-High Acuity evacuation (via ambulance-if available).
 24 to 48 hours-Total evacuation completed per recommendations of Parish Officials.

* Acadian Ambulance Contact Carlo Gagliano (985) 637-0693 (C) E-Mail - cgagliano@acadian.com

*Generator on site 1701 Polk Street: ONAN 85 KW & 350 KW

Revised 9/1/20

Generator at 852 Centurion: MTU 1000KW

2021 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

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

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

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

Name of transportation resource provider (print):

TRI-CITY

Contact Person: Angela Goodson, Managing Director

Phone # of Contact Person: (903) 663-5514

Physical Address of transportation provider:

1323 CANYON COURT
BOSSIER CITY, LA
71111

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

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

72 HOURS

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

72 HOURS

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

2 HOURS

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

BUS

Total number of transport vehicles to be provided: 2

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

50

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification 2/2/20

Date agreement/ contract ends: 12/31/22



Hurricane Evacuation Transportation Agreement

Parties:

Tri-City Charter of Bossier, Inc.
Contact: Charlotte Stephens, Sales Manager
1323 Canyon Court
Bossier City, LA 71111
P: 318.747-4754
E: charlotte@tricitycharter.com

CCC of Houma
Darla Rodgers, Administrator

P: 985-851-2307
E: DSRodgers@asimgt.com

Evacuation Destination: LMBR at 9105 Oxford Place Dr in Baton Rouge LA

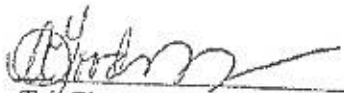
Number of Buses Requested: **2**

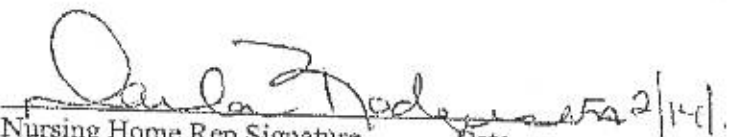
To All Interested Parties:

Tri-City Charter has an active agreement with the above-named nursing home facility to provide hurricane evacuation transportation. Service will be provided upon request and is based upon availability of units. No deposit is required. A rate sheet is attached for the facility's use and all work done will be billed for actual use upon completion of the evacuation. Payment is expected within 15 days of completed service.

This agreement begins on 2/12/2020 and ends at 11:59 p.m. on 12/31/2022.

Any questions or concerns may be directed to Angela Goodson, Managing Director, by calling 903.663-5514 x2205 or emailing angela@tricitycharter.com.


Tri-City Rep Signature
14 FEB 2020
Date


Nursing Home Rep Signature
2/14/20
Date

Copy to be sent to:

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: Diesel

Name of Supplier:

Retif Oil + Fuel

Contact Person: Bob Gaudet, Vice President of Sales

Phone # of Contact Person: (504) 349-9105

FAX#: (800) 349-9000

E-Mail Address: bgaudet@retif.com

Indicate where the supplies are to be delivered to;

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

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

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

72 HOURS

How long will it take to receive the delivery?

96 HOURS

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

Date agreement/contract ends: 2/24/22



Darla Rodgers
Heritage Manor of Houma

Dear Darla,

Retif Oil & Fuel stands ready to serve as your fuel supplier during contingency operations such as natural disasters and local or national emergencies. With locations throughout the Gulf Coast, Retif is uniquely positioned to respond to your fuel needs from any of our facilities.

Our commitment is to provide you with best-in-class service and fuel delivery as conditions permit to help you continue operations under a variety of circumstances. In any emergency, fuel availability can be a challenge to manage but Retif will service your facilities to the best of our ability under existing conditions.

Our ability to service any fueling operations is dependent on market conditions and in a disaster or emergency situation, the market is not only influenced by economic supply and demand factors, but also by government and municipal requirements. Under these circumstances, we cannot guarantee fuel supply or delivery time, but do commit to attempt to meet your needs to the best of our ability. Heritage Manor of Houma will provide at least 72 hour notice when services are needed. Attached is our emergency contact sheet for your reference.

Thank you for the trust you have in Retif Oil & Fuel as your fuel supplier.

Bob Gaudet

Bob Gaudet
Vice President of Sales
504-349-9105
bgaudet@retif.com



Darla Rodgers
Heritage Manor of Houma

Dear Darla,

Retif Oil & Fuel stands ready to serve as your fuel supplier during contingency operations such as natural disasters and local or national emergencies. With locations throughout the Gulf Coast, Retif is uniquely positioned to respond to your fuel needs from any of our facilities.

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Thank you for the trust you have in Retif Oil & Fuel as your fuel supplier.


Bob Gaudet

Bob Gaudet
Vice President of Sales
504-349-9105
bgaudet@retif.com



**Emergency Communication
Facilities**
(Delivery and Will Call)
Fuel & Lubricants

Locations	Telephone Lines	Products/Services	Types
Retif Oil & Fuel (Corporate) 1840 Jutland Drive Harvey, LA 70058 -361	Main: 504-349-9000 Toll Free: 800-349-9000	Administrative Office Only	
Retif Oil & Fuel 527 Destrehan Avenue Harvey, LA 70058	Main: 504-349-9000 Toll Free: 800-349-9000	Delivery and Will Call Fuel Dock: Intracoastal Waterway just inside Harvey Locks for Diesel & Portable Water	Non Road Diesel Road Tax Diesel Unleaded Gasoline Premium Gasoline Lubricants
Retif Oil & Fuel 1000 Magnolia St. Houma, LA 70361	Main: 800-349-9000 Dock Line: 985-860-0070	All Products: Delivery and Will Call Fuel Dock: Intracoastal Waterway - 60 miles west of Harvey Locks for Diesel & Portable Water	Non Road Diesel Road Tax Diesel Unleaded Gasoline Premium Gasoline Lubricants
Retif Oil & Fuel Raceland Street 3939 Hwy 308 Raceland, LA 70394	Main: 800-349-9000	Unmanned Site Fuel Products Refuel Cardlock only	Non Road Diesel Road Tax Diesel Unleaded Gasoline Premium Gasoline
Retif Oil & Fuel 6955 Carey Hamilton Rd Theodore, AL 36582	Customer Care: 800-349-9000 Office: 251-288-6095	All Products Delivery and Will Call	3rd Party Diesel Storage Lubricants
Retif Oil & Fuel 545 Cowarts Rd. Dothan, AL 36303	Customer Care: 800-349-9000	Lube Products Fuel Products (Delivery & Will Call)	Non Road Diesel Road Tax Diesel Unleaded Gasoline
Retif Oil & Fuel 234 W. Hwy 90 Bonifay, FL 36602	Customer Care: 800-349-9000	Unmanned Site Fuel Products	Non Road Diesel Road Tax Diesel Unleaded Gasoline Premium Gasoline
Retif Oil & Fuel 1705 Mayor Lane Conway, AR 72032	Customer Care: 501-513-9662 Toll Free: 800-349-9000	Oil Diesel Gas	Non Road Diesel Road Tax Diesel Unleaded Gasoline Premium Gasoline Lubricants



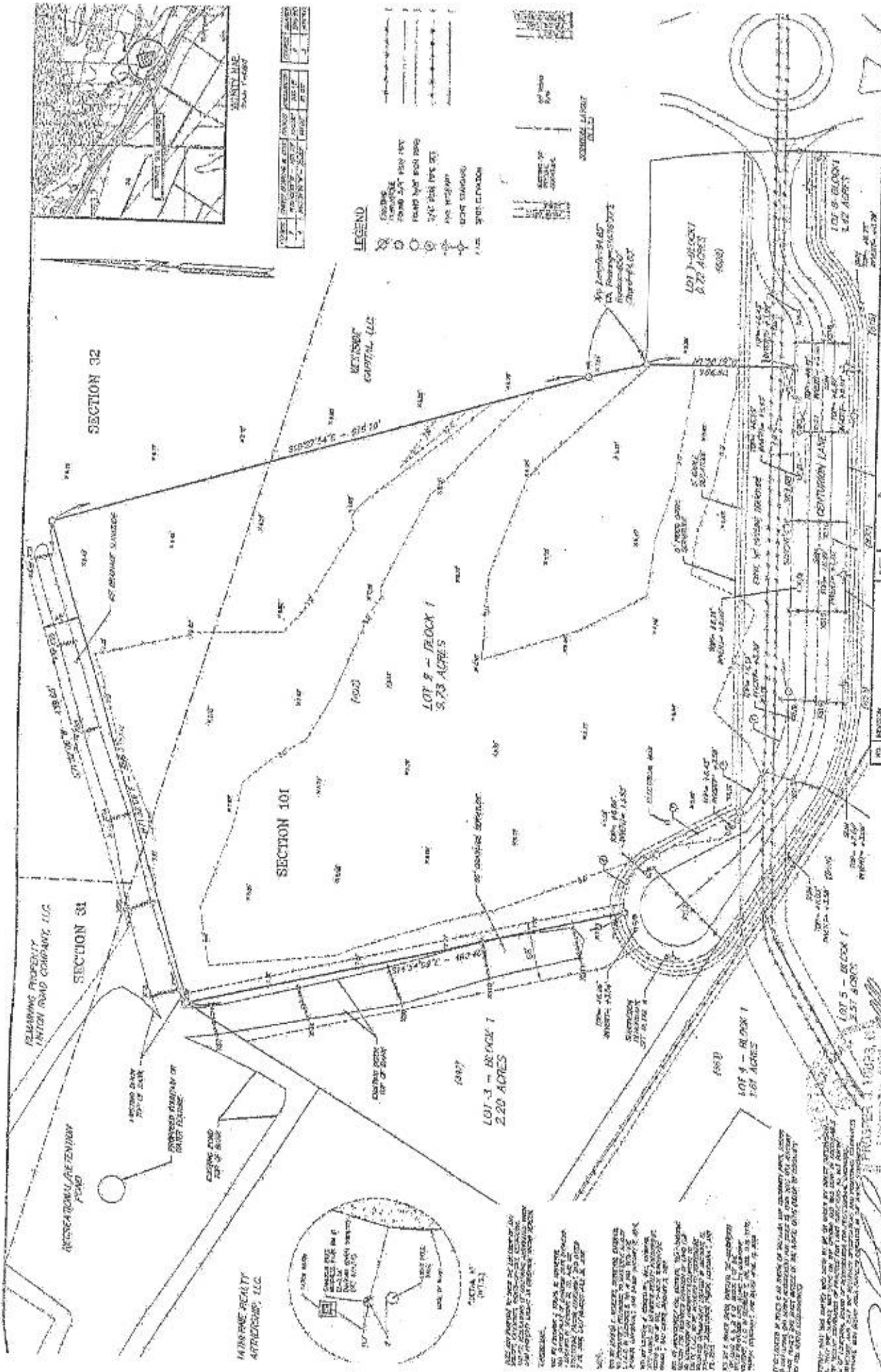
RETIF OIL & FUEL

Facilities (Delivery and Will Call) Fuel & Lubricants

Locations	Telephone Lines	Products/Services	Types
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During an emergency where all location/facility phones are down, please use the following methods of communication to contact Retif Oil & Fuel. Please communicate by cell, email, or text messaging.

Contact	Position	Cell Phone	Email Address:
Bob Gaudet	Vice President of Sales	504-289-1991	bgaudet@retif.com bgaudet3@gmail.com
Chad Harris	Vice President, Fuel Operations	985-807-2657	chanis@retif.com chadharris70@gmail.com
Bill Keller	Director of Safety, Security, & Environmental Compliance	504-444-3680	bkeller@retif.com billkeller224@gmail.com
Dennis Fitzgerald	Vice President Lubricants	870-489-2680	dfitzgerald@retif.com dfitzknox1@gmail.com
Ryan Retif	President	504-615-0287	ryanretif@retif.com
Kenny Retif	CEO	504-349-9109	kretif@retif.com kretif@yahoo.com
Via Internet: (Primary) orders@retif.com	Customer Service email: customercare@retif.com	(Backup): retiffuel@yahoo.com	



TOPOGRAPHIC SURVEY TOPOGRAPHIC SURVEY OF LOT 3, BLOCK 1 OF CHANDLER'S SUBDIVISION, SECTION 101 TOWNSHIP 14 NORTH, RANGE 11 WEST LOCATED IN BEATTYVILLE, WARD 11, TERRITORY OF THE STATE OF MISSISSIPPI		DATE 8/14/1914 BY J. H. BROWN TITLE SURVEYOR NO. 1000 STATE MISSISSIPPI
DELTA COAST CONSULTANTS, INC. 404 N. 1ST ST. - SUITE 111 JACKSON, MISSISSIPPI 39201 PHONE 344-1100 FAX 344-1101 E-MAIL: info@delta-coast.com WEBSITE: www.delta-coast.com		SCALE 1" = 100' DATE 8/14/1914 BY J. H. BROWN TITLE SURVEYOR NO. 1000 STATE MISSISSIPPI

I, J. H. BROWN, being duly sworn, depose and say that I am a duly qualified and licensed Surveyor in the State of Mississippi, and that I have personally conducted the above described survey, and that the same is true and correct to the best of my knowledge and belief.

J. H. BROWN
 Surveyor

8-14-1914
 J. H. BROWN

STATE OF LOUISIANA

CERTIFICATE OF TITLE

VIN: 1G1E35X91212009		TITLE NUMBER: 8654633		DATE: 08/2009	
MAKE: SUBJ	MODEL: J	BODY: SED	COLOR: DHE	YR: 2009	DATE ACQUIRED: 08/21/2009
				ODOMETER: 849	

MAIL TO:

CLERK OF COURSE

1701 POLK STREET

HOUMA

LA 70340



First Lien Released

By: _____

Second Lien Released

By: _____

Authorized Signature

Witness

Ray Dodge



ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

KEEP IN SAFE PLACE

TO TEST FOR AUTHENTICITY, HOLD DOCUMENT TO LIGHT AND VERIFY EAGLE'S HEAD WATERMARK

TO TEST FOR AUTHENTICITY, HOLD DOCUMENT TO LIGHT AND VERIFY EAGLE'S HEAD WATERMARK

CERTIFICATE OF TITLE

STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY - OFFICE OF MOTOR VEHICLES

1B1NS24L76HA50243

TITLE NUMBER

A8308272

DATE ISSUED

05/30/2006

MAKE

FORD

MODEL

F-150

BODY

VN

COLOR

WH

YEAR

2006

DATE ACQUIRED

05/04/2006

REGISTRATION

05/30/2006

OWNER

HERITAGE MANOR OF HOUMA

1701 FOLK STREET

HOUMA, LA 70360

OWNER

HERITAGE MANOR OF HOUMA

1701 FOLK STREET

HOUMA, LA 70360

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HERITAGE MANOR OF HOUMA

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HERITAGE MANOR OF HOUMA

1701 FOLK STREET

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Signature of Registrant

Signature of Notary Public

Signature of Applicant

Signature of Lender

Signature of Dealer

Signature of Buyer

Signature of Seller

Signature of Lessee

Signature of Lessor

Signature of Assignor

Signature of Assignee

Signature of Mortgagee

Signature of Mortgagor

Signature of Beneficiary

Signature of Debtor

Signature of Creditor

Signature of Guarantor

Signature of Co-debtor

Signature of Co-creditor

Signature of Co-guarantor

Signature of Co-debtor

Signature of Co-creditor

Signature of Co-guarantor

Signature of Co-debtor

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Signature of Co-creditor

Signature of Co-guarantor

Signature of Co-debtor

Signature of Co-creditor

Signature of Co-guarantor

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

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TO TEST FOR AUTHENTICITY, HOLD DOCUMENT TO LIGHT AND VERIFY EAGLE'S HEAD WATERMARK

TO TEST FOR AUTHENTICITY, HOLD DOCUMENT TO LIGHT AND VERIFY EAGLE'S HEAD WATERMARK

2021 Nursing Home Emergency Preparedness Plan Survey

AUTHENTICATION

Facility Name (Print):

Heritage Manor of Houma

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

Date: 2/24/21

Facility Administrator Name (PRINT): Daria Rodgers, N.E.A.

Facility Administrator Signature: 

Comments:

Heritage Manor of Houma
852 Centurion Lane
Houma, LA 70360