

2021 Nursing Home Emergency Preparedness Plan Survey

For Year: **2021**

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

Facility Name (Print):

LAFOURCHE HOME FOR THE AGED

Name of Administrator (Print):

JAMIE FRANCISE, NFA

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

Phone #: 985-447-2205

Cell Phone #: 225-328-1307

Administrator E-Mail: JFRANCISE@LAFOURCHEHOME.COM

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

Name: RHONDALETTE STEIB-BURHAM, NFA

Position: ASSISTANT ADMINISTRATOR

Phone #: 985-447-2205

Cell Phone #: 225-624-5883

E-Mail: RSTEIB@LAFOURCHEHOME.COM

Physical or Geographic address of Facility (Print):

1002 TIGER DRIVE

THIBODAUX, LA 70301

Longitude: W 90 50.228

Latitude: N 29 47.329

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VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: LAFOURCHE HOME FOR THE AGED

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**.

LAFOURCHE PARISH/OFFICE OF EMERGENCY PREPAREDNESS

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

Date submitted: 02/10/2021

MARK the appropriate answer:

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

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

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



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P.O. BOX 425 • MATHEWS, LA 70375
985.537.7603 • 800.794.3160 • FAX 985.532.8292

www.lafourchegov.org

Archie Chaisson, III, *Parish President*

Office of Homeland Security and Emergency Preparedness

February 22, 2021

Lafourche Home for the Aged
1002 Tiger Drive
Thibodaux, La. 70301

Dear Jamie Francise,

This is to inform you that we have received, reviewed and will put on file your nursing home emergency plan. Please keep this letter for your records.

Sincerely,

Chris Boudreaux
Director

ARCHIE CHAISSON, III	PARISH PRESIDENT
JERRY JONES	DISTRICT 1
WILLIAM "T-BOO" ADAMS	DISTRICT 2
MICHAEL GROS	DISTRICT 3
AARON "BO" MELVIM	DISTRICT 4

JIM WENDELL	DISTRICT 5
BOBBY GRABERT	DISTRICT 6
ARMAND AUTIN	DISTRICT 7
D'LYNN CHAISSON	DISTRICT 8
DANIEL LORRAINE	DISTRICT 9

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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. 36 Hours before the arrival of the hurricane.

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

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

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

TITLE/POSITION: ADMINISTRATOR

NAME: JAMIE FRANCISE, NFA

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

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

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

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

- i. 36 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. 12 Hours before the arrival of the hurricane.

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

TITLE/POSITION: ADMINISTRATOR

NAME: JAMIE FRANCISE, NFA

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

A. Facility Description:

1. What year was the facility built? 1958

2. How many floors does facility have? 1

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

☒ Yes, answer 3.a, b, c, d

☐ No/Unknown, answer 3.e

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

i. ☐ Category 1- winds 74 to 95 mph

ii. ☒ Category 2- winds 96 to 110 mph

iii. ☐ Category 3- winds 111 to 130 mph

iv. ☐ Category 4- winds 131 to 155 mph

v. ☐ Category 5- winds 156 mph and greater

vi. ☐ Unable to determine : see A.3.e

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

i. ☐ Category 1- winds 74 to 95 mph

ii. ☒ Category 2- winds 96 to 110 mph

iii. ☐ Category 3- winds 111 to 130 mph

iv. ☐ Category 4- winds 131 to 155 mph

v. ☐ Category 5- winds 156 mph and greater

vi. ☐ Unable to determine : see A.3.e

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

i. ☐ Based on professional/expert report,

ii. ☐ Based on building plans or records,

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

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

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

i. ☒ Yes

ii. ☐ No

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

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

a) Building's lowest living space is 13.3 feet above sea level.

b) Air conditioner (HVAC) is 13.3 feet above sea level.

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- c) Generator(s) is 13.3 feet above sea level.
- d) Lowest electrical service box(s) is 13.3 feet above sea level.
- e) Fuel storage tank(s), if applicable, is N/A feet above sea level.
- f) Private water well, if applicable, is N/A feet above sea level.
- g) Private sewer system and motor, if applicable, is N/A feet above sea level.
5. Does plan contain a copy of the facility's Sea Lake Overland Surge from Hurricanes (SLOSH) model?
- ☒ Yes. Use SLOSH to answer A.5.a. and b.
- If No. Obtain SLOSH, incorporate into planning, and then indicate that this has been done by marking yes.
- a) Is the building or any of its essential systems susceptible to flooding from storm surge as predicted by the SLOSH model?
- i. ☐ Yes- answer A.5.b
- ii. ☒ No, go to A. 6.
- b) If yes, what is the **weakest** SLOSH predicted category of hurricane that will cause flooding?
- i. ☐ Category 1- winds 74 to 95 mph
- ii. ☐ Category 2- winds 96 to 110 mph
- iii. ☒ Category 3- winds 111 to 130 mph
- iv. ☐ Category 4- winds 131 to 155 mph
- v. ☐ Category 5- winds 156 mph and greater
6. Mark the FEMA Flood Zone the building is located in?
- a) ☐ **B and X** – Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. B Zones are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile. **Moderate to Low Risk Area**
- b) ☒ **C and X** – Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level. Zone C may have ponding and local drainage problems that don't warrant a detailed study or designation as base floodplain. Zone X is the area determined to be outside the 500-year flood and protected by levee from 100-year flood. **Moderate to Low Risk Area**
- c) ☐ **A** – Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones. **High Risk Area**
- d) ☐ **AE** – The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30 Zones. **High Risk Area**
- e) ☐ **A1-30** – These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format). **High Risk Area**
- f) ☐ **AH** – Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of

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

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

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

- ❖ See the **A** zones. Note: **AE** zones are now used on new format FIRMs instead of A1-A30 Zones. The BFE is a computed elevation to which floodwater is anticipated to rise. Base Flood Elevations (BFEs) are shown on Flood Insurance Rate Maps (FIRMs) and flood profiles.
- ❖ The facility's Base Flood Elevation(BFE) is: NOT IN A FLOOD ZONE (FLOOD ZONE X)

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; 215KW 2nd generator; 100KW 3rd generator;

 - c) Mark which primary **fuel** each generator(s) uses?

i. <input checked="" 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 NG Hours 2nd NG Hours 3rd Hours

 - e) If generator will be used for sheltering in place for a hurricane (extended duration), are there provisions for a seven day supply of fuel?
 - i. ☐ Not applicable. The facility will not use the generator for sheltering in place during hurricanes.
 - ii. ☒ Yes. Facility has a seven day supply on hand at all times or natural gas.
 - iii. ☐ Yes. Facility has signed current contract/agreement for getting a seven day fuel supply before hurricane.
 - iv. No supply or contract. Obtain either a contract or an onsite supply of fuel, OR make decision to not use generator for sheltering in place, then mark answer.

 - f) Will life sustaining devices, that are dependent on electricity, be supplied by these generator(s) during outages?
 - i. ☒ Yes
 - ii. ☐ No

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g) Does generator provide for air conditioning?

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

☒ 100 % of the building cooled

☐ 76% or more of the building is cooled

☐ 51 to 75% of the building is cooled

☐ 26 to 50% of the building is cooled

☐ Less than 25% of the building is cooled

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

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

☒ Yes

☐ No

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

☒ Yes

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

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

a) Who supplies electricity to the facility?

i. Suppliers name: ENTERGY

ii. Account #: 233658969 & 146268636

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

i. Suppliers name: CITY OF THIBODAUX

ii. Account #: 26-04013-00 & 26-04015-00

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

i. Suppliers name: CITY OF THIBODAUX

ii. Account #: 26-04013-00 & 26-04015-00

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: 72

- 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: 2

- 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: 4

- 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: 45

- 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: 5

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

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

☒ Yes. If No - Obtain and mark Yes.

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

☒ Yes. If No - Obtain and mark Yes.

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

☒ Yes. If No - Obtain and mark Yes.

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

2. Staff

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

3. Transportation - should match what is in MSTAT!

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

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- b) Does each contract or agreement for-**NON-AMBULANCE**- transportation contain the following information? **NOTE:** Vehicles that **are not owned by but at the disposal** of the facility **shall have written usage agreements** (with all required information) that are **signed and dated**. Vehicles that **are owned by the facility** will need to verify ownership.
- i. The complete name of the transportation provider?
☒ Yes. If No - obtain and mark Yes.
- ii. The number of vehicles and type (van, bus, car) of vehicles contracted for?
☒ Yes. If No - obtain and mark Yes.
- iii. The capacity (number of people) of each vehicle?
☒ Yes. If No - obtain and mark yes.
- iv. Statement of if each vehicle is air conditioned?
☒ Yes. If No - obtain and mark Yes.
- v. Verification of facility ownership, if applicable; copy of vehicle's title or registration?
☒ Yes. If No - obtain and mark Yes.
- c) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If no, obtain and mark Yes.
- d) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.
4. Host Site(s)-**extra pages for multiple sites have been included with forms near end of survey. (should match what is in MSTAT!)**
- a) Does the facility have current contracts or verified agreements for a **primary** evacuation host site(s) outside of the primary area of risk?
☒ Yes. If No - obtain and mark Yes.
- b) Provide the following information:(list all sites, if multiple sites **list each** - see extra pages)
- i. What is the name of each **primary** site(s)?
HAMMOND NURSING HOME
- ii. What is the physical address of each host site(s)?
501 OLD COVINGTON HWY
HAMMOND, LA 70403

- iii. What is the distance to each host site(s)?
77 MILES
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
YES

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- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at **each primary** host site(s)?
Name: MARCUS NAQUIN, NFA
Phone: 985-542-1200
Email: hamnur@i-55.com
Fax: 985-542-2062
- vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?
➤ Capacity that will be allowed at each site:
72
➤ Total Capacity of all primary sites:
72
➤ 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?
N/A
➤ What is host site currently being used for?

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

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

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

- xi. Is there a specified time or timeline (H-Hour) that **primary** host site will need to be notified by?
☒ Yes. If Yes - what is that time? _____
☐ No.
- c) Does the facility have current contracts or verified agreements for an **alternate or secondary** host site(s)?
☒ Yes. If No - obtain and mark Yes.
- d) Provide the following information:(list all sites, if multiple sites list **each** - see extra pages)
- i. What is the name of each **alternate/secondary** site(s)?
CONSOLTA HOME
- ii. What is the physical address of each **alternate/secondary** host site(s)?
2319 E MAIN STREET
NEW IBERIA, LA 70560

- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
1HR, 20 MINS
- 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: CHARLES DELAHOUSSE
Phone: 337-365-8226
Email: chasdel@cox.net
Fax: 337-365-8626
- 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:
72
➤ Total Capacity of all **alternate/secondary** sites:
72
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.

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- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☐ Yes, go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not** a licensed nursing home provide a description of host site(s) including;
 ➤ What type of facility it is?

 ➤ What is host site currently being used for?

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

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

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

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5. **Non-perishable food or nourishment** – for sheltering in place or for host site(s)

- a) For Sheltering In Place, does facility have – **on site** - a seven day supply of non-perishable food/nourishment that meets all resident's needs?

☒ Yes. If yes go to - B. 5. c)

☐ No. If no go to - B. 5. b)

- b) Provide the following if no onsite supply:

- i. Does facility have a current or currently verified contract to have a seven day supply of non-perishable food that meets all resident's needs delivered prior to a foreseeable emergency event?

☒ Yes, go to - B. 5.b). ii, iii, iv

If No - obtain supply or contract then mark appropriate answer.

- ii. Does each contract contain all of the following?

– name of supplier?

– specified time or timeline (H-Hour) that supplier will need to be notified

– contact information of supplier

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

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

☒ Yes. If No - obtain and mark Yes.

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

☒ Yes. If No - complete and mark Yes.

- c) For evacuations, does facility have provisions for **food/nourishment supplies at host site(s)**?

☒ Yes. If No - make necessary arrangements then mark Yes.

- d) Is there a means to prepare and serve food/nourishment at host site(s)?

☒ Yes. If No - make necessary arrangements then mark Yes.

6. **Drinking Water or fluids** – for sheltering in place – **one gallon per day per resident.**

- a) Does facility have – **on site** - a seven day supply of **drinking water or fluids** for all resident's needs?

☒ Yes. Go to B. 6. c)

☐ No. If No See B. 6.b)

- b) If no, provide the following:

- i. Does facility have a current contract for a seven day supply of drinking water or fluids to be delivered prior to a foreseeable emergency event?

☒ Yes, see B. 6.b). ii, iii, iv,

If No - please obtain supply or contract.

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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? RADIOS, COMPUTERS, AND TELEVISIONS
 - ii. Is there back up or alternate equipment and what is it?
☒ Yes. Name equipment: THE COMPUTERS ARE ON GENERATORS
☐ 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?
CELLULAR PHONES AND COMPUTERS
- ii. Is there back up or alternate equipment used to send/receive and what is it?
☒ Yes. Name equipment: THE ENTIRE BUILDING WILL BE ON THE BACK-UP GENERATORS
☐ No
- iii. Is the equipment tested?
☒ Yes
☐ No
- iv. Is the **communication** equipment powered and operable during utility outages?
☒ Yes.
☐ No
- v. Are there provisions/plans for facility to send and receive **communications** at evacuation site?
☒ Yes
☐ No

C. All Hazard Analysis

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

☒ Yes

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

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

A. Plans for **sheltering in place**

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

B. Plans for Evacuation

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

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

Provide Name: JAMIE FRANCISE, NFA

Position: ADMINISTRATOR

Emergency contact information:

Phone: 225-328-1307

Email: jfrancise@lafourchehome.com

Fax: 985-446-9977

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

Provide Name: RHONDALETTE STEIB-BURHAM, NFA

Position: ASSISTANT ADMINISTRATOR

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Emergency contact information:

Phone: 225-624-5883

Email: rsteib@lafourchehome.com

Fax: 985-446-9977

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

Provide Name: JAMIE FRANCISE, NFA

Position: ADMINISTRATOR

Emergency contact information:

Phone: 225-328-1307

Email: jfrancise@lafourchehome.com

Fax: 985-446-9977

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

Provide Name: RHONDALETTE STEIB-BURHAM, NFA

Position: ASSISTANT ADMINISTRATOR

Emergency contact information:

Phone: 225-624-5883

Email: rsteib@lafourchehome.com

Fax: 985-446-9977

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

Provide Name: JAMIE FRANCISE, NFA

Position: ADMINISTRATOR

Emergency contact information:

Phone: 225-328-1307

Email: jfrancise@lafourchehome.com

Fax: 985-446-9977

- 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:

CHARISE TORRES, SOCIAL SERVICES

- a) If facility is going to shelter in place or evacuate.
- b) The date and approximate time that the facility is evacuating.
- c) The name, address, and all contact information of the evacuation site.
- d) An emergency telephone number for responsible party to call for information.

2. Title or position of person(s) assigned to notify the Department of Health and Hospitals- Health Standards Section and the local Office of Homeland Security and Emergency Preparedness of the facility's decision to shelter in place or evacuate:

JAMIE FRANCISE, NFA, 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?

KRISTEN, RN, DON

- a) Resident's identification.

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- b) Resident's current or active diagnoses.
 - c) Resident's medications, including dosage and times administered.
 - d) Resident's allergies.
 - e) Resident's special dietary needs or restrictions.
 - f) Resident's next of kin, including contact information.
4. Title or position of person(s) assigned to ensure that an adequate supply of the following items accompany residents on buses or other transportation during all phases of evacuation?
SHEENA WOODS, DIETARY SUPERVISOR
- 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?
RHONDALETTE STEIB-BURHAM, NFA, ASSISTANT ADMINISTRATOR

V. Administration & Logistics

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

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

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

VI. Plan Development and Maintenance

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

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

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

VII. Authentication

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

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

(Blank form provided near end of document)

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

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AUTHENTICATION

Facility Name (Print):

LAFORCHE HOME FOR THE AGED

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

Date: 02/01/2021

Facility Administrator Name (PRINT): JAMIE FRANCISE, NFA

Facility Administrator Signature:

Jamie Francise, NFA

Comments:

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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)?

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

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

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

- v. Does plan include map of route to be taken and written directions to host site?
☐ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at **each primary** host site(s)?
Name: _____
Phone: _____
Email: _____
Fax: _____
- vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?
 - Capacity that will be allowed at each site:

 - Is this adequate for all evacuating residents?
☐ Yes. If No - obtain and mark Yes.
- viii. Is the **primary** site a currently licensed nursing home(s)?
☐ Yes, go to- B.4.b) x.
☐ No, go to- B.4.b) ix.
- ix. If **primary** host site is **not a licensed nursing home** provide a description of host site(s) including:
 - What type of facility it is?

 - What is host site currently being used for?

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

 - Is host facility(s) air conditioned?
☐ Yes

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

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

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

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

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

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

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

- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☐ Yes
☐ No
- v. Does plan include map of route to be taken and written directions to host site?
☐ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each **alternate/secondary** host site(s)?
Name: _____
Phone: _____
Email: _____
Fax: _____
- vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?
 - Capacity that will be allowed at each **alternate/secondary** site:

 - Is this adequate for all evacuating residents?
☐ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☐ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not** a licensed nursing home provide a description of host site(s) including:
 - What type of facility it is?

 - What is host site currently being used for?

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

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

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

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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):

HOTARD

Contact Person: JULIE CHALMERS

Phone # of Contact Person: 800-553-4895

Physical Address of transportation provider:

2838 TOURO STREET
NEW ORLEANS, LA 70122

Time Lines or Restrictions: H=Hour or the number of hours needed.
What is the latest time that transportation resource can be contacted according to agreement?

48 HOURS

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

1 HOUR

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

1 HOUR

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

BUS

Total number of transport vehicles to be provided: 1

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

55

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 06/01/2021

Date agreement/ contract ends: 12/31/2021

Acceptance

Hotard Coaches, Inc.

Client ID Client Company Client Ref 1 Client Ref 2	LAFOUR Lafourche Home for the Aged Contingency	Charter ID Movement ID Status Passengers	25903 60538 Firm
First Pick-up Pick-up Date Single Journey Vehicle To Stay	Lafourche Home for the Aged Tue 6/1/2021 Time 08:00 No No	Destination Arrival Date Leave Date Back Date	Lafourche Home for the Aged Tue 6/1/2021 Time Tue 6/1/2021 Time Fri 12/31/2021 Time 20:00

First Pick-up Instructions	Destination Instructions
<p>1002 Tiger Drive, Thibodaux, LA 70301</p> <p>A \$2500.00 non-refundable retainer fee will be required to have one 55 passenger bus on standby from June 1 through December 31, 2021.</p> <p>Drivers are not allowed to carry any passengers onto the motorcoach.</p> <p>If drivers are required to stay with the group, a room with private bathroom will need to be provided per driver.</p>	<p>In the event the bus is needed to transport residents to Hammond a 48 hour notice is required. At that point a rate of \$2,500.00 per day will be in effect, until the driver is released. If the driver is released upon arriving at the destination, a 48 notice is required to return residents to New Orleans.</p> <p>This rate is based on the current Department of Transportation Rules and Regulations listed below. If overnight transportation is required</p> <p>If the bus is required to travel more than 600 miles or 10 hours without an Eight Hour break an additional driver will be required at a rate of \$500 per day.</p> <p>Per DOT (Department of Transportation) Regulations, your driver is only allowed to drive a total of 10 hours but no more than 600 miles. He/She will need at least 8 hours off before driving again. He/She is allowed to be on duty for up to 15 hours. If known in advance a relief driver can be arranged for an additional cost.</p>

Seats	Vehicle Description	Vehicle No
56	Coach	1
Movement Totals		\$2,575.00

Driver Description	Vehicle No	Driver Description	Vehicle No
CDL Driver	1		

References

POC - Booking: Jamie Francise 225-328-1307

I understand the Charter is not confirmed until a signed copy of this confirmation has been returned. I understand full payment is due based on the timeline listed in the Terms & Conditions. I agree to the cancellation policy as listed in the Terms & Conditions. I confirm the above information is correct and agree to the Terms & Conditions attached.

Signature		Print Name		Date	
-----------	--	------------	--	------	--

Rhondalette Burham

Subject: FW: Merchant Email Receipt

-----Original Message-----

From: Julie Chalmers [<mailto:JulieC@hotard.com>]

Sent: Thursday, February 18, 2021 9:28 AM

To: Rhondalette Burham

Subject: FW: Merchant Email Receipt

Let me know if this does not work.

Julie H. Chalmers

General Manager, Hotard Coaches

2838 Touro Street

New Orleans, LA 70122

504-274-1751

juliec@hotard.com

-----Original Message-----

From: Auto-Receipt <noreply@mail.authorize.net>

Sent: Friday, February 12, 2021 11:14 AM

To: Daniel Burke <DBurke@hotard.com>; Nikki Wofford <Nikki@hotard.com>; Shannon Hamm <shamm@hotard.com>; Julie Chalmers <JulieC@hotard.com>

Subject: Merchant Email Receipt

===== SECURITY STATEMENT =====

It is not recommended that you ship product(s) or otherwise grant services relying solely upon this e-mail receipt.

===== GENERAL INFORMATION =====

Merchant : HOTARD COACHES INC (2249838)

Date/Time : 12-Feb-2021 9:14:00 PST

===== ORDER INFORMATION =====

Invoice : 6457

Description : Charter (25903) Balance Payment - RHONDALETTE STEIB Amount : 2575.00 (USD) Payment Method: Visa xxxx0356

Transaction Type: Authorization and Capture

===== Line Items =====

===== RESULTS =====

Response : This transaction has been approved.

Auth Code : 40114G

Transaction ID : 62850692093

Address Verification : Street Address: Match -- First 5 Digits of Zip: Match

===== CUSTOMER BILLING INFORMATION =====

Customer ID :

First Name : RHONDALETTE

Last Name : STEIB
Company : LAFOURCHE HOME FOR THE AGED
Address : 1002 TIGER DRIVE
City : THIBODAUX
State/Province : LA
Zip/Postal Code : 70301
Country : USA
Phone : 9854472205
Fax : 9854469977
E-Mail : RSTEIB@LAFOURCHEHOME.COM

==== CUSTOMER SHIPPING INFORMATION ===

First Name : RHONDALETTE
Last Name : STEIB
Company : LAFOURCHE HOME FOR THE AGED
Address : 1002 TIGER DRIVE
City : THIBODAUX
State/Province : LA
Zip/Postal Code : 70301
Country : USA

===== ADDITIONAL INFORMATION =====

Tax :
Duty :
Freight :
Tax Exempt :
PO Number :

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 CHARTER

Contact Person: CHARLOTTE STEPHENS

Phone # of Contact Person: 318-747-4754

Physical Address of transportation provider:

1231 CANYON STREET
BOSSIER, LA 71111
FAX: 318-747-4754

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

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

48 HOURS

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

1 HOUR

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

1 HOUR

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

BUS

Total number of transport vehicles to be provided: 1

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

55

Is the transportation air conditioned? ☒ YES ☐ NO

If transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 01/01/2020

Date agreement/ contract ends: 12/31/2022



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

LaFourche Nursing Home
Jamie Francise, Director
1002 Tiger Dr
Thibodaux, LA 70301
P: 225-328-1307
E: jfrancise@lafourchehome.com

Evacuation Destination: Hammond Nursing Home at 204 Old Covington Hwy in Hammond, LA

Number of Buses Requested: 2

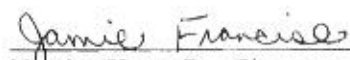
To All Interested Parties:

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 1/1/2020 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 1 Jan 2020
Date


Nursing Home Rep Signature 1/22/20
Date



Hurricane Evacuation Transportation Rate Sheet

Charter Rates:		56 passenger
Live miles		\$4.10/mile
Deadhead miles		\$2.35/mile
5-hour min.		\$615
<i>Addl. hrs.</i>		<i>+85.00</i>
*6-hours		\$700
*7-hours		\$785
*8-hours		\$870
*9-hours		\$955
*10-hours		\$1040
*11-hours		\$1125
*12-hours		\$1210

*Trips are based on time or mileage, the greater of the two apply

*Group responsible for the driver's single room reservation, room will be billed with charter

*Group responsible for any parking fees, tolls or permits required with the use of the coach

*Groups must adhere to the driver's legal hours of service rules

*OTR rates do not apply to local use – billed per hour of use

*A 3% Environmental fee will be added to each charter

6065 S.E. Loop 281, Longview, TX 75602 ph#903-663-5514
1323 Canyon Court, Bossier City, LA 71111 ph#318-747-4754

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:

HAMMOND NURSING HOME

Contact Person: MARCUS NAQUIN, NFA

Phone # of Contact Person: 985-542-1200

FAX#: 985-542-2062

E-Mail Address: hamnur@i-55.com

Physical Address of evacuation site:

501 OLD COVINGTON HWY

HAMMOND, LA 70403

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?

78 MILES

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

1 HOUR, 24 MINS

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

1 HOUR

Type of evacuation host site:

Is it the ☒ PRIMARY or ☐ ALTERNATE site?

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

Total number of residents and staff that facility is willing to host: 72

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

Date of agreement/contract/verification: 01/05/2021

Date agreement/contract ends: OPEN-ENDED CONTRACT



TRANSFER AGREEMENT

This agreement is entered into this, the 4th day of January 2021, between Hammond Nursing Home, Hereinafter referred to as Host Facility, and Lafourche Home for the Aged & Infirm, Inc., Hereinafter referred to as Facility.

This disaster agreement is made between Lafourche Home for the Aged and Hammond Nursing Home on this 4th day of January 2021. The receiving institution (HNH) agrees that during an emergency or disaster situation (where evacuation would require Lafourche Home to travel EAST), they will receive as many transfers as possible from Lafourche Home for the Aged without regard to race, color, creed, national origin, age, sex, religion, handicap, or payor source.

Lafourche Home for the Aged will provide the following:

- Copies of medical records—MAR, Dr. orders
- Medicines—routine and PRN
- 2 change of clothes
- Special foods/diets
- Special equipment
- Disposable diapers
- Linens—sheets, towels

The contract is dated January 4, 2021. It's an open-ended contract until nullified by any of the individual under this contract.

Jamie Francisco, NEA
Jamie Francisco, Administrator
Lafourche Home for the Aged

1-5-2021
Date

Marcus Naquin
Marcus Naquin, Administrator
Hammond Nursing Home

01/05/2021
Date

501 Old Covington Hwy
Hammond, LA 70403
(985) 542-1200
(985) 542-2062
hamnur@i-55.com

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:

CONSOLATA HOME

Contact Person: CHARLES DELAHOUSAYE

Phone # of Contact Person: 337-368-8226

FAX#: 337-365-8626

E-Mail Address: _____

Physical Address of evacuation site:

2319 E MAIN STREET

NEW IBERIA, LA 70560

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?

74 MILES

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

1 HOUR, 18 MINS

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

1 HOUR

Type of evacuation host site:

Is it the ☒ PRIMARY or ☐ ALTERNATE site?

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

Total number of residents and staff that facility is willing to host: 22

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

Date of agreement/contract/verification: 01/10/2021

Date agreement/contract ends: OPEN-ENDED CONTRACT



Lafourche Home for the Aged

TRANSFER AGREEMENT

This agreement is entered into this, the 4th day of January 2021, between Consolata Home, Hereinafter referred to as Host Facility, and Lafourche Home for the Aged & Infirm, Inc., Hereinafter referred to as Facility.

This disaster agreement is made between Lafourche Home for the Aged and Consolata Home on this 4th day of January 2021. The receiving institution (CH) agrees that during an emergency or disaster situation (where evacuation would require Lafourche Home to travel WEST), they will receive as many transfers as possible from Lafourche Home for the Aged without regard to race, color, creed, national origin, age, sex, religion, handicap, or payment status.

Lafourche Home for the Aged will provide the following:

- Copies of medical records—MAR, Dr. orders
- Medicines—routine and PRN
- 2 change of clothes
- Special foods/diets
- Special equipment
- Disposable diapers
- Linens—sheets, towels

The contract is dated January 4, 2021. It's an open-ended contract until nullified by any of the individual under this contract.

Janie Francisco, NFA
Janie Francisco, Administrator
Lafourche Home for the Aged

Charles Delahoussaye
Charles Delahoussaye, Administrator
Consolata Home

1-5-2021
Date

1/10/21
Date

2319 E. Main Street
New Iberia, LA 70560
(337) 365-8226
(337) 365-8626 (fax)
chasdel@cox.net

Rhondalette Burham

From: Conley, Jane <maryjane.conley@sysco.com>
Sent: Tuesday, January 19, 2021 12:10 PM
To: Rhondalette Burham
Cc: MARCANTEL, EVA; DUTHU, BRENT
Subject: RE: 2021 disaster Agreement and food

Awesome, thanks so much Rhondalette!
Jane

JANE CONLEY, MPH, RDN, LDN
Dietitian

Gulf Coast Region

p. 337-252-4323
c. 337-278-9720
f. 855-340-0510

maryjane.conley@sysco.com

Sysco GO FURTHER >>>
Gulf Coast Region



From: Rhondalette Burham <rsteib@lafourchehome.com>
Sent: Tuesday, January 19, 2021 12:08 PM
To: Conley, Jane <maryjane.conley@sysco.com>
Subject: 2021 Agreement

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe

Good Afternoon:

Please see the attached agreement.

If you need any additional information, please give me a call.

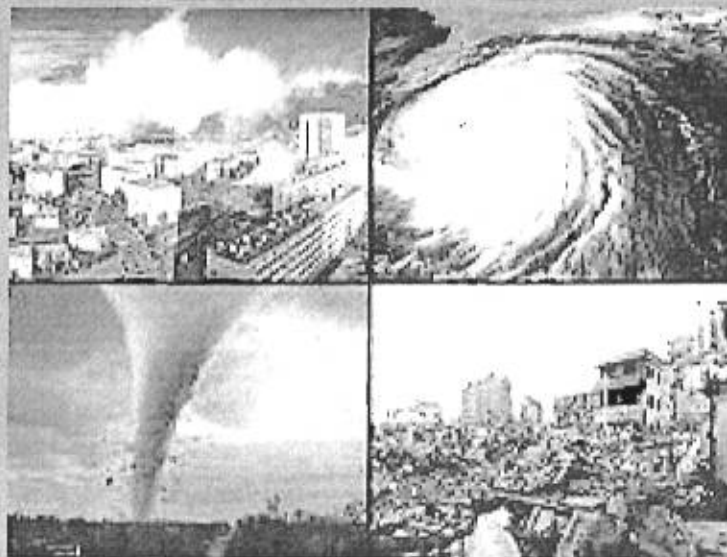
Thanks,

Rhondalette Steib-Burham, NFA

Assistant Administrator
Lafourche Home for the Aged
1002 Tiger Drive
Thibodaux, LA 70301
(985) 447-2205



2021 DISASTER PROCEDURES



113 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	337-983-2822	EVA.MARCANTEL@sysco.com
Kim Albritton	Dietitian	318-658-4692	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 kts.
 - 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, ½ 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 ½ c	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) 1 c		
	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, Salt, Pepper & Napkin	150 each	4
8182065	Straws Wrapped Flex	25/400	
7502428	Plastic spoons	1000 each	4
1535648	8-9 oz cold cups	2500 each	
4922076	8 oz hot cups	1000 each	4
4096301	8 oz hot cup sip lid	1000 ct	4
4100582	8 oz squat bowl	2500 each	
4245882	8 oz squat bowl lid	1000 ct	
8966550	3-compartment trays 9x9	150 ct	4
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	15
6347660	Orange	3 cases	48/5.5 oz	15
6130579	Tea Bag Iced Premium Filter Pack	1 case	160/1.4 oz	4
3990241	Coffee Filter Pack Classic Roast	1 case	160/1.4 oz	4
7082978	Water	9 case	6/1 gallon	
Cereal	Description	Quantity	Pack	
3132883	Cornflakes	2 cases	96/bowl	10
3133204	Raisin Bran	2 cases	96/bowl	4
2733848	Toolie Frooties	2 cases	96/bowl	
Bread	Description	Quantity	Pack	
7082648	White Sliced Bread	4 each	7/20 oz	20
Condiments	Description	Quantity	Pack	
4043899	Assorted	1 case	200/1.5 oz	4
6937445	Low Calorie	1 case	400 ct	
5477021	Grape Jelly	1 case	6/#10	4
4000899	Sugar packs	1 case	2000ct/ 1/10 oz	4
6115315	Sugar Substitute Pink Pc	1 case	2000/1 gm	4
7139198	Creamer Non-Dairy Powder Packet	1 case	10/100 Ct	4
4002432	Mayonnaise Heavy Duty	1 case	4/1 gal	2
4233375	Relish Sweet	1 case	4/1 gal	
Vegetables	Description	Quantity	Pack	
0910380	Diced Beet Salad	1 case	6/#10	
7082848	Instant Potatoes	2 cases	6/#10	6
4114195	Sliced Carrots	2 cases	6/#10	4
4062618	Green Beans	2 cases	6/#10	4
4113650	Sweet Peas	2 cases	6/#10	2
4015665	Corn	2 cases	6/#10	2
4015822	Vegetables for Stew	1 case	6/#10	1
Fruits	Description	Quantity	Pack	
4062030	Applesauce	2 cases	6/#10	3
2182208	Pears	2 cases	6/#10	3
3548393	Mandarin Oranges	2 cases	6/#10	3
3678893	Peaches	2 cases	6/#10	3
Entrees	Description	Quantity	Pack	
8682692	Tuna Fish	2 cases	6/66 oz	2
4104402	Soup Chicken Noodle	2 cases	12/50 oz	2
4045233	Soup Vegetable	2 cases	12/50 oz	2

4220992	Chicken Chunk Canned	2 cases	6/29oz	
6976823	Corned Beef Hash	1 case	6/52 oz	
4232690	Cree e Red Beans	1 case	6/#10	
4437653	Ravioli	1 case	24/15oz	
7082907	Parboiled Rice	1 case	50#	2
2979417	Chili No Beans	3 cases	6/#10	
4044178	Mix Seasoning Sloppy Joe	1 case	6/15 oz	
4189361	Spaghetti Sauce	1 case	6/#10	3
7967144	Pasta Spaghetti Noodles	1 case	2/10lb	2
8082992	Peanut Butter	1 case	6/5#	2
5284274	Cheese Sauce	1 case	6/#10	1
4662702	Macaroni	1 case	2/10#	1
Pudding	Description	Quantity	Pack	
5763834	Vanilla	2 cases	48/4 oz	
0664452	Vanilla NSA	As needed	12/4 pk	
Cookies	Description	Quantity	Pack	
2872372	Assorted Cookies	3 cases	1/10#	
1794593	Cookie Assorted Sugar Free	3 cases	212/75 oz	
1702325	Cookie Shortbread Mini Sandies	3 cases	100/1 oz	
Chips	Description	Quantity	Pack	
8083552	Corn Chips Single Serve	1 case	104/1 oz	
5527403	Chip Potato Ridged Original	3 cases	104/1 oz	2
Crackers	Description	Quantity	Pack	
4204996	Saltine	3 cases	500/2 pk	1
Supplements	Description	Quantity	Pack	
0101766	Food Thickener	As needed	12/8 oz	3
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	
0429357	Milk 2% Honey Thick	As needed	24/8 oz	
0429274	Milk 2% Nectar Thick	As needed	24/8 oz	
7961584	Tea Sweet Lemon Nectar Thick	As needed	24/8 oz	
7960396	Tea Sweet Lemon Honey Thick	As needed	24/8 oz	
0238097	Water Lemon Honey Thick	As needed	24/4 oz	
0237768	Water Lemon Nectar Thick	As needed	24/4 oz	

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:

Janice Francis, NFA

Emergency Food & Supply List Attached

☒ Yes

☐ No

JGF Initial

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

Sysco
Gulf Coast Region

Facility Contact Information

Facility Name: LaFourche Home for the Aged
Facility Phone Number: (985) 447-2205

Primary Contact: Sheena Woods
Title: Dietary Manager
Cell Phone Number: (985) 713-2311
Text Messaging Available: ☒ Yes ☐ No
Email Address: swoods@lafourchehome.com

Alternate Contact: Jamie Francise
Cell Phone Number: (225) 328-1307
Text Messaging Available: ☒ Yes ☐ No
Email Address: jfrancise@lafourchehome.com

Evacuation Information:

Evacuation Address: Hammond Nursing Home
501 Old Covington Hwy
Hammond LA 70403
Evacuation Phone Number: (985) 542-1200

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 GROUP
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: PHARMACY SUPPLIES

Name of Supplier:

GPS PHARMACY

Contact Person: SCOTT BLACK

Phone # of Contact Person: 225-571-8987

FAX#: 863-200-2630 satellite phone

E-Mail Address: jscottblack@me.com

Indicate where the supplies are to be delivered to;

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

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

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

72 HOURS

How long will it take to receive the delivery?

24 HOURS

Date of agreement/contract/verification: 02/01/2021

Date agreement/contract ends: 02/01/2022

Lafourche Home for the Aged

1002 Tiger Drive
Thibodaux, LA 70301

Emergency Medications Agreement

This agreement is entered into between Lafourche Home for the Aged and GPS Pharmacy. During emergency situations, GPS Pharmacy will provide medication to Lafourche Home for the Aged to ensure that a 7-day supply of medications for each resident is on-hand at the facility. This agreement will remain in effect for a period of one year and will automatically renew unless either party gives 30 days written notice of cancellation.

Lafourche Home for the Aged

1002 Tiger Drive
Thibodaux, LA 70301

Jamie Francisco
Signed

Administrator
Title

1/27/2021
Date

GPS Pharmacy

1039 East Hwy. 30
Gonzales, LA 70737

J. Scott Black, RPh
Signed

Director of Pharmacy
Title

01/27/2021
Date

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

Type of Supply: NURSING SUPPLIES

Name of Supplier:

MCKESSON

Contact Person: JOHN PRATT

Phone # of Contact Person: 985-209-1443

FAX#: 800-347-2456

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?

24 HOURS

Date of agreement/contract/verification: 02/01/2021

Date agreement/contract ends: 02/01/2022

McKESSON

Alternate Site Evacuation Facility

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

Your Account Name:

Lafayette Home for the Aged

McKesson Acct Number:

112278

McKesson Rep Name: John Pratt

Your Acct Contacts:

Jamie Grancie, Administrator

Phone Number:

(985) 447-2205

Emergency Number:

(225) 328-1307

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

Rhondalette Steib Butham

(225) 624-5883

Kristen Clement

(985) 859-8188

Alternate Site Name:

Hammond Nursing Home

Alternate Site Address:

501 Old Covington Hwy

Hammond LA 70403

Alternate site contacts:

Marcus Waguin, Administrator

Special Instructions:

***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

February 1, 2021

To Whom It May Concern:

 is a McKesson Medical-Surgical (MMS) customer.

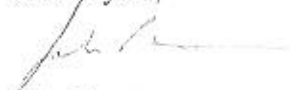
During any natural disaster or weather event MMS will do everything possible to get supplies to our customers. Each year we provide our customers with our disaster plan and it includes what they need to do before and after a disaster. We also request that our customers submit an alternate site evacuation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



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.**



**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.



‘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

Gayle Michel

From: Pratt, John B <John.Pratt@McKesson.com>
Sent: Thursday, January 21, 2021 9:52 AM
To: Gayle Michel
Subject: RE: DISASTER PLAN
Attachments: 2021 Signed Cover Page01212021.pdf; Disaster Plan Updated 2021.1.docx

You need to fill out facility name in the cover page and please send back your evacuation site to me so that we know where you will evacuate to.

Thanks, John

John Pratt
Account Manager
McKesson Post Acute Care
Cell (985) 209-1443
E-Fax Mobile- (985)-790-7106
Office Fax (985) 446-9378
Customer Service (800) 347-2456
Customer Service (800) 328-8111



Confidentiality Notice: This email message, including any attachments, is for the sole use of the individual(s) named(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of this e-mail message.

From: Gayle Michel <gmichel@lafourchehome.com>
Sent: Thursday, January 21, 2021 9:42 AM
To: Pratt, John B <John.Pratt@McKesson.com>
Subject: [EXTERNAL] DISASTER PLAN

CAUTION: This email was sent from an EXTERNAL source. Use caution when clicking links or opening attachments.

HEY JOHN,
FYI- NEED THE DISASTER PLAN ASAP!! THANKS

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

Type of Supply: NURSING SUPPLIES

Name of Supplier:

MEDLINE

Contact Person: BRAD RICHOUX

Phone # of Contact Person: 504-908-5641

FAX#: 855-282-5841

E-Mail Address: brichoux@medline.com

Indicate where the supplies are to be delivered to;

☐ Evacuation host site

☐ Nursing home's licensed facility

☒ determined upon decision of sheltering or evacuating

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

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

72 HOURS

How long will it take to receive the delivery?

24 HOURS

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

Date agreement/contract ends: 01/01/2022



Medline Industries, Inc.

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

Gulf Coast Disaster Plan
Updated January 2021

PURPOSE AND SCOPE

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

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

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

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

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

Medline Capabilities

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

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

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

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

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

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

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

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

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

MEDLINE EMERGENCY ACTION PLAN

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

Medline's Disaster Response Team (DRT)

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

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

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

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

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

Customer Communications

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

Disaster Preparedness and Response Plan

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

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

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

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

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

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

Disaster Preparedness Checklist

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

Disaster Preparedness and Response Plan

Key Contacts

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

Medline Customer Service

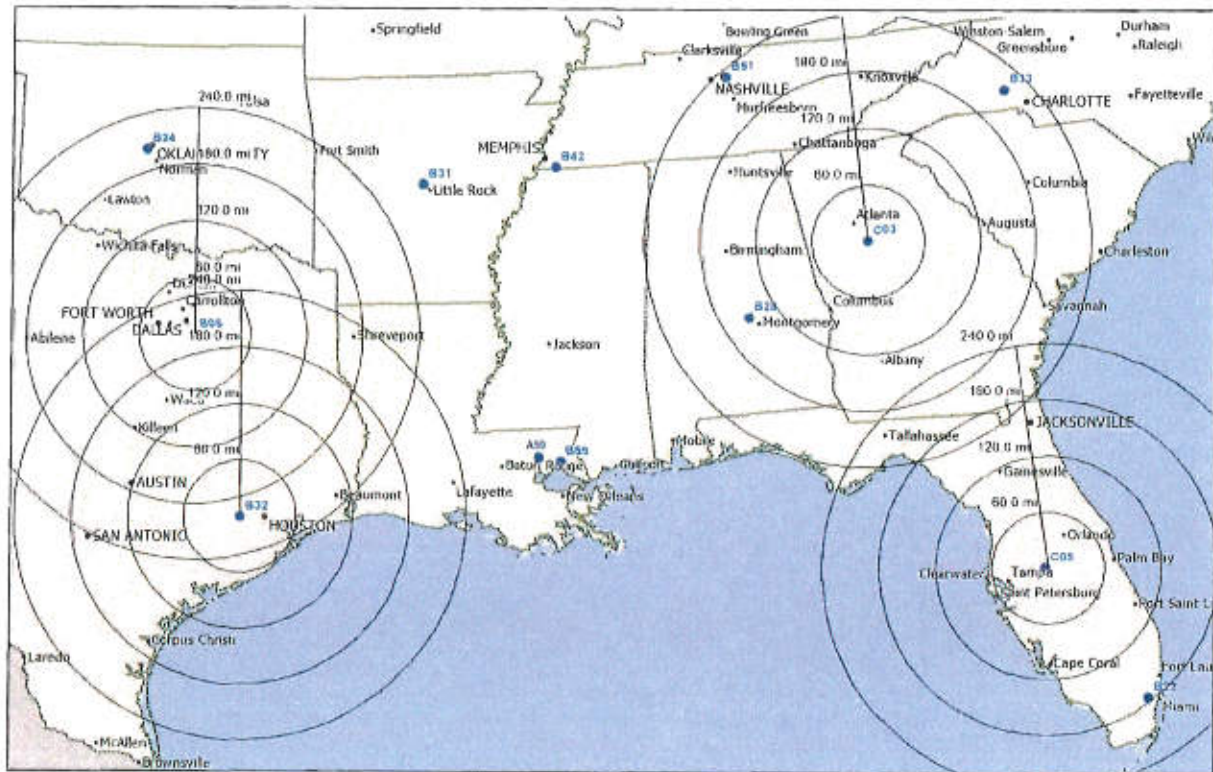
Medline's customer service department is available 24 hours a day, 365 days a year for assistance with emergency orders.

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

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

Disaster Preparedness and Response Plan

GULF COAST DISTRIBUTION CENTERS



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: DIETARY SUPPLIES

Name of Supplier:

SYSCO (DOERLE)

Contact Person: JANE CONLEY

Phone # of Contact Person: 337-252-4323

FAX#: 337-278-9720

E-Mail Address: maryane.conley@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?

24 HOURS

Date of agreement/contract/verification: 02/01/2021

Date agreement/contract ends: 02/01/2022