

Luling

3/1/2021

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):

Luling Living Center

Name of Administrator (Print):

Michael Guillera

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

Phone #: 985-785-8271

Cell Phone #: 504-220-5722

Administrator E-Mail: mike@lulinglivingcenter.com

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

Name: Samuel Murray

Position: Environmental Services Director

Phone #: 985-785-8271

Cell Phone #: 504-390-1609

E-Mail: _____

Physical or Geographic address of Facility (Print):

1125 Paul Maillard Rd

Luling, LA 70070

Longitude: -90.37206

Latitude: 29.92341

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VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: Luling Living Center

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**.

St Charles Parish EOC

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

Date submitted: 02/25/2021

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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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. 24 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. 24 Hours before the arrival of the hurricane.

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

TITLE/POSITION: Administrator

NAME: Michael Guillera

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. 24 Hours before the arrival of the hurricane.

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

- i. 48 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: Michael Guillera

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

A. Facility Description:

1. What year was the facility built? 1975

2. How many floors does facility have? 1

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

☒ Yes, answer 3.a, b, c, d

☐ No/Unknown, answer 3.e

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

i. ☐ Category 1- winds 74 to 95 mph

ii. ☒ Category 2- winds 96 to 110 mph

iii. ☐ Category 3- winds 111 to 130 mph

iv. ☐ Category 4- winds 131 to 155 mph

v. ☐ Category 5- winds 156 mph and greater

vi. ☐ Unable to determine : see A.3.e

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

i. ☐ Category 1- winds 74 to 95 mph

ii. ☒ Category 2- winds 96 to 110 mph

iii. ☐ Category 3- winds 111 to 130 mph

iv. ☐ Category 4- winds 131 to 155 mph

v. ☐ Category 5- winds 156 mph and greater

vi. ☐ Unable to determine : see A.3.e

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

i. ☐ Based on professional/expert report,

ii. ☒ Based on building plans or records,

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

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

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

i. ☒ Yes

ii. ☐ No

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

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

a) Building's lowest living space is 3 feet above sea level.

b) Air conditioner (HVAC) is 13.5 feet above sea level.

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- c) Generator(s) is 5 feet above sea level.
- d) Lowest electrical service box(s) is 6 feet above sea level.
- e) Fuel storage tank(s), if applicable, is 6 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: see copy of FIRM

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; 250 KW 2nd generator; 25KW 3rd generator; _____

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

i.	<input checked="" type="checkbox"/> natural gas;	2nd generator; <input checked="" 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 #: 27464023

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

i. Suppliers name: St Charles Water Works

ii. Account #: 043300145002

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

i. Suppliers name: ATMOS Energy

ii. Account #: 001054791

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: 117

- 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: 3

- 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: 10

- 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: 54

- 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?
6

3. Transportation - should match what is in MSTAT!

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

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- b) Does each contract or agreement for **NON-AMBULANCE** transportation contain the following information? **NOTE:** Vehicles that **are not owned by but at the disposal** of the facility **shall have written usage agreements** (with all required information) that are **signed and dated**. Vehicles that **are owned by the facility** will need to verify ownership.
- i. The complete name of the transportation provider?
☒ Yes. If No - obtain and mark Yes.
 - ii. The number of vehicles and type (van, bus, car) of vehicles contracted for?
☒ Yes. If No - obtain and mark Yes.
 - iii. The capacity (number of people) of each vehicle?
☒ Yes. If No - obtain and mark yes.
 - iv. Statement of if each vehicle is air conditioned?
☒ Yes. If No - obtain and mark Yes.
 - v. Verification of facility ownership, if applicable; copy of vehicle's title or registration?
☒ Yes. If No - obtain and mark Yes.
- c) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If no, obtain and mark Yes.
- d) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.
4. Host Site(s)-**extra pages for multiple sites have been included with forms near end of survey. (should match what is in MSTAT!)**
- a) Does the facility have current contracts or verified agreements for a **primary** evacuation host site(s) outside of the primary area of risk?
☒ Yes. If No - obtain and mark Yes.
- b) Provide the following information:(list all sites, if multiple sites **list each** - see extra pages)
- i. What is the name of each **primary** site(s)?
Kentwood Manor - City of Kentwood
 - ii. What is the physical address of each host site(s)?
921 Ave G
Kentwood, La 70444

 - iii. What is the distance to each host site(s)?
82 miles
 - iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
No, Tangipahoa Parish

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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: Mayor Rochell Bates
Phone: 985-514-1326
Email: mayor@kentwoodla.org
Fax: _____
- vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?
➤ Capacity that will be allowed at each site:
100
➤ Total Capacity of all primary sites:
➤ 100
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **primary** site a currently licensed nursing home(s)?
☐ Yes, go to- B.4.b) x.
☒ No, go to- B.4.b) ix.
- ix. If **primary** host site is **not a licensed nursing home** provide a description of host site(s) including;
➤ What type of facility it is?
nursing home no longer licensed or in use
➤ What is host site currently being used for?
empty
➤ 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)?
45 yrs
➤ 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)?
The Way Church
- ii. What is the physical address of each **alternate/secondary** host site(s)?
34343 Weiss Rd
Walker, LA 70785

- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
75 miles
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☒ Yes
☐ No
- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each **alternate/secondary** host site(s)?
Name: Pastor Rhett Major
Phone: 225-609-9316
Email: rhett@thewaychurchds.com
Fax: _____
- vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?
➤ Capacity that will be allowed at each **alternate/secondary** site:
95
➤ Total Capacity of all **alternate/secondary** sites:
95
➤ 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?
Church Rec Center
 - What is host site currently being used for?
meetings
 - 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)?
unknown
 - Is host facility(s) air conditioned?
☐ Yes
☐ No
 - What is the current physical condition of facility?
☒ Good
☐ Fair
☐ Poor
 - Are there provisions for food preparation and service?
☒ Yes
☐ No
 - What are the provisions for bathing and toilet accommodations?
☒ Yes
☐ No
 - Are any other facilities contracted to use this site?
☐ Yes
☒ No
- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
☐ Yes
☐ No. If No - where will staff be housed?

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 24 hrs
☐ 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? TV, cell phones, radio, and computer

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

☒ Yes. Name equipment: battery operated radio

☐ 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?
cell phones
- ii. Is there back up or alternate equipment used to send/receive and what is it?
☒ Yes. Name equipment: hand radios
☐ 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: Michael Guillera

Position: Administrator

Emergency contact information:

Phone: 504-220-5722

Email: mike@lulinglivingcenter.com

Fax: 985-785-9944

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

Provide Name: Akemey Coleman

Position: DON

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Emergency contact information:

Phone: 985-212-0973

Email: akemey@lulinglivingcenter.com

Fax: 985-785-9944

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

Provide Name: Michael Guillera

Position: Administrator

Emergency contact information:

Phone: 504-220-5722

Email: mike@lulinglivingcenter.com

Fax: 985-785-9944

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

Provide Name: Akemey Coleman

Position: DON

Emergency contact information:

Phone: 985-212-0973

Email: akemey@lulinglivingcenter.com

Fax: 985-785-9944

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

Provide Name: Michael Guillera

Position: Administrator

Emergency contact information:

Phone: 504-220-5722

Email: mike@lulinglivingcenter.com

Fax: 985-785-8271

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

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

Social Services

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

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

Administrator

3. Title or position of person(s) assigned to securely attach the following information to each resident during an emergency so that it remains with the resident at all times?

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?
Dietary Manager
- a) Water
 - b) Food
 - c) Nutritional supplies and supplements
 - d) All other necessary supplies for the resident.
5. Title(s) or position(s) of person(s) assigned for contacting emergency services and monitoring emergency broadcasts and alerts?
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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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)?
Sage Specialty Hospital
- ii. What is the physical address of each **alternate/secondary** host site(s)?
8375 Florida Blvd
Denham Springs, LA 70726

- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
77 miles
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☒ Yes
☐ No
- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each **alternate/secondary** host site(s)?
Name: Sharon Faulkner
Phone: 225-665-2664
Email: sfaulkner@sageltac.com
Fax: _____
- vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?
 - Capacity that will be allowed at each **alternate/secondary** site:
24
 - 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?
long term acute hospital
 - What is host site currently being used for?
LTAC

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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)?
unknown
- 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?
LTAC staff will be used

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 24 hrs
☐ 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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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)?
Golden Rule Day Care
- ii. What is the physical address of each **alternate/secondary** host site(s)?
44048 Hwy 429
St Amant, LA 70774

- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
50 miles
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☐ Yes
☒ No
- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each **alternate/secondary** host site(s)?
Name: Rene Dunham
Phone: 225-644-4770
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:
100
 - Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☐ Yes go to - B.4.d) x.
☒ No, go to - B.4.d) ix.
- 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?
day car center
 - What is host site currently being used for?
day care center

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

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

- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 24 hrs
☐ 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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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:

Kentwood Manor - City of Kentwood

Contact Person: Mayor Rochelle Bates

Phone # of Contact Person: 985-514-1326

FAX#: _____

E-Mail Address: mayor@kentwoodla.org

Physical Address of evacuation site:

921 Ave G

Kentwood, LA 70444

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?

24 hrs

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

1 hr., 14 min.

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

1 hr

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: 120

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

Date of agreement/contract/verification: 02/19/2021

Date agreement/contract ends: 02/19/2022

**EMERGENCY SHELTER AGREEMENT
DISASTER ASSISTANCE PLAN**

This agreement is made and entered into and is effective as of the 1st day of March, 2021 by and between Town of Kentwood, State of Louisiana, hereinafter known as "Town" and Luling Living Center, located at 1125 Paul Maillard Rd, Luling, LA 70070, hereinafter referred to as "Facility".

Witnesseth:

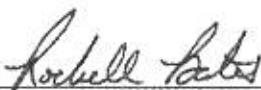
Whereas, The Facility wishes to retain Town to assist the Facility in the event of an emergency.

Whereas, Town wishes to provide shelter, located at 921 Avenue G, Hwy 38W, hereafter Premises, to the Facility in the event of an emergency to shelter employees and residents from Luling Living Center located in Luling, LA. It is understood and agreed by the parties that the Premises will be provided by Town only if Town retains ownership of Premises and the Premises is not leased at the time of need.

Recitals:

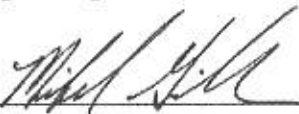
1. The purpose of this plan is to provide the Facility with shelter in the event of a disaster.
2. Town will provide the Facility with shelter at Premises within a reasonable time after notification from the Facility.
3. Luling Living Center agrees to bear the full resident care and financial obligation for the evacuated Residents of Luling Living Center.
4. Luling Living Center agrees to reimburse the Town for any damages or expenses (including utilities) incurred by the Town as a result of the use of Premises by the Facility.
5. Luling Living Center agrees to hold the Town of Kentwood harmless for any damages that Facility or its employees, patients, and visitors may suffer while the Facility is using Premises..
6. This agreement is in effect as of date defined above and will be in effect until either party gives sixty (60) days written notice to the other party.

Date signed 2-26-21
Town of Kentwood

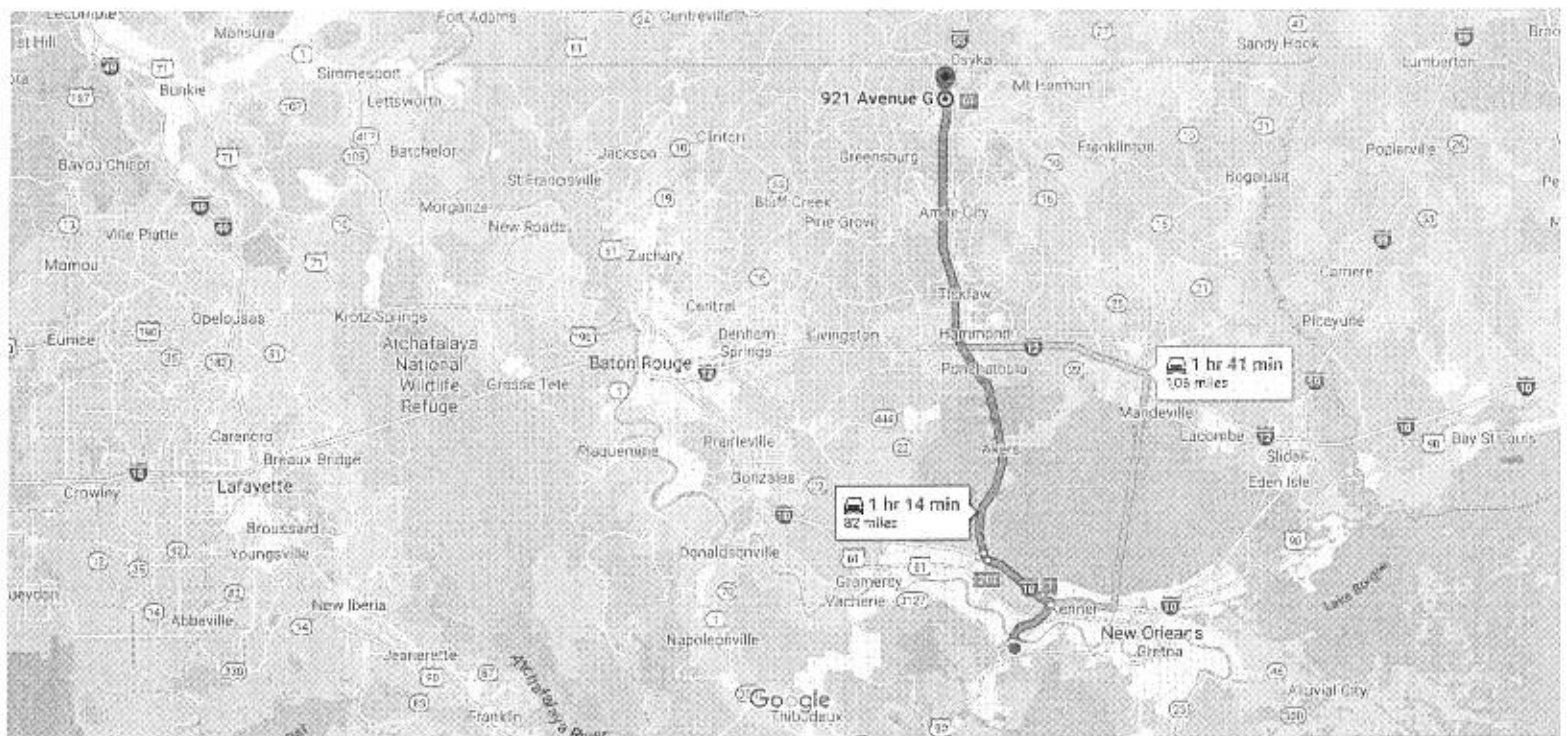
By: 

Its: Mayor

Date signed 02/26/2021
Luling Living Center

By: 

Its: Michael Guillera, Administrator



Map data ©2021 NESL 10 mi

Your location

Get on I-310 N in 1 from Paul Maillard Rd and River Rd

1. Head northwest on David Ct toward Paul Maillard Rd
0.3 mi (0.2 mi)
2. Turn right onto Paul Maillard Rd
293 ft
3. Sharp left onto River Rd
1.0 mi
4. Turn left onto the I-310 ramp to New Orleans
0.7 mi
5. Keep right at the fork, follow signs for I-310 N/New Orleans and merge onto I-310 N
0.1 mi
6. Continue onto I-310 N
0.3 mi

Take I-55 N to LA-38 W/Ave G in Kentwood. Take exit 61 from I-55 N

7. Merge onto I-310 N
7.2 mi
8. Use the left lane to take exit 1 to merge onto I-10 W toward Baton Rouge
10.5 mi
9. Use the right 2 lanes to take exit 210 for I-55 N toward Hammond
1.1 mi
10. Continue onto I-55 N
50.3 mi
11. Take exit 51 for LA-38 W toward Liverpool
0.3 mi

Continue on LA-38 W/Ave G to your destination

12. Turn left onto LA-38 W/Ave G
1.1 mi (0.4 mi)
13. Turn right
0.4 mi
14. Turn right
328 ft

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:

The Way Church

Contact Person: Pastor Rhett Major

Phone # of Contact Person: 225-609 -9316

FAX#: _____

E-Mail Address: rhett@thewaychurchds.com

Physical Address of evacuation site:

34343 Weis Rd

Walker, LA 70785

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?

24 hrs

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

1 hr., 15 min.

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

1 hr

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: 120

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

Date of agreement/contract/verification: 02/19/2021

Date agreement/contract ends: 02/19/2022

**EMERGENCY EVACUATION
HOST FACILITY AGREEMENT**

Host Facility: **The Way Church of Livingston**

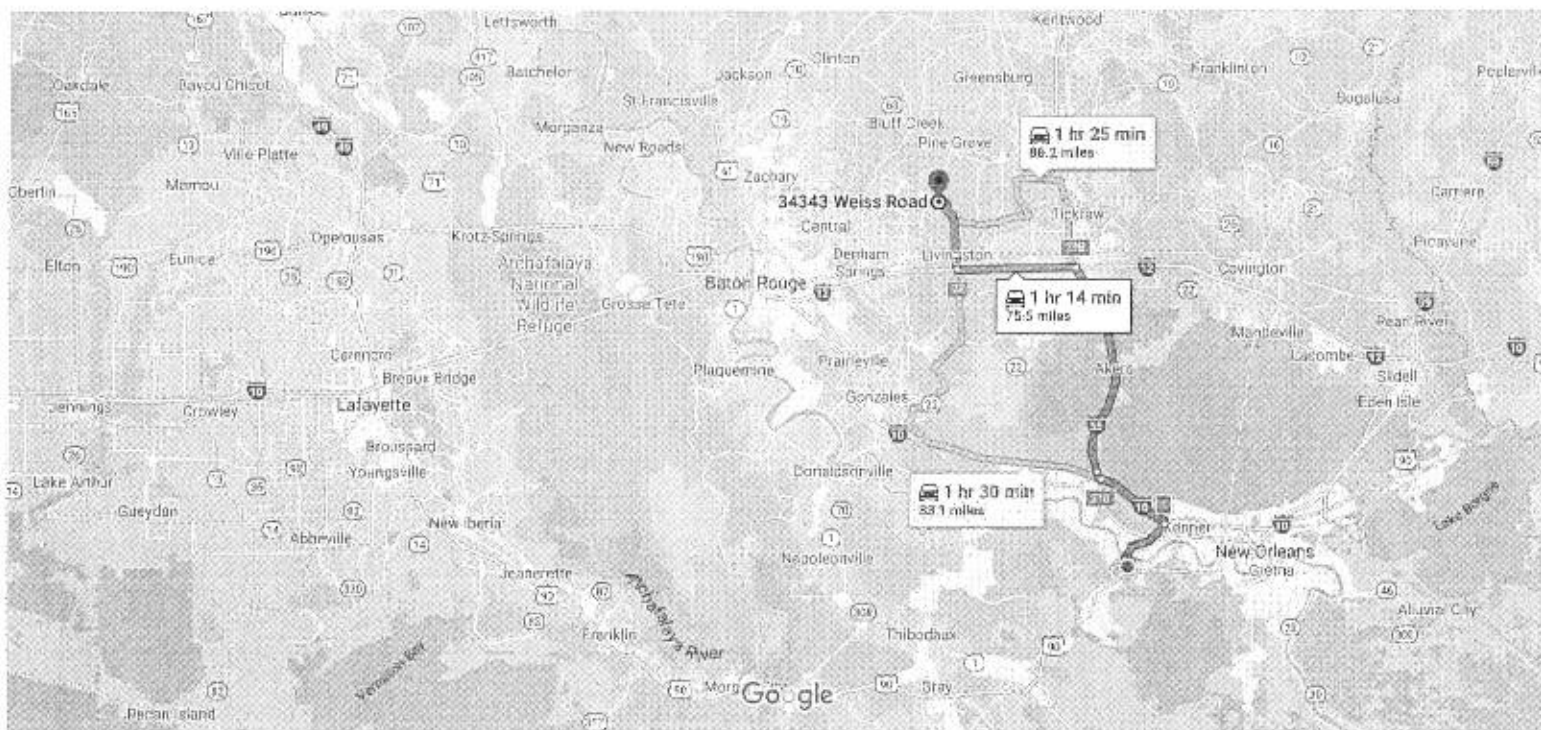
located at 34343 Weiss Rd, Walker, LA 70785, agrees to be a Host Facility for the Residents and the Staff of Luling Living Center, located at 1125 Paul Maillard Rd, Luling, LA 70070, in the event of an Emergency Evacuation by Luling Living Center.

Luling Living Center agrees to bear the full resident care and financial obligation for the evacuated Residents of Luling Living Center.

This Agreement will remain in effect from 02/19/2021 – 02/19/2022.


The Way Church of Livingston


Luling Living Center Facility Representative



Map data ©2021 INEGI 13 mi

Your location

Get on I-310 N in 1 from Paul Maillard Rd and River Rd

1. Head northwest on David Ct toward Paul Maillard Rd
5 min (2.2 mi)
2. Turn right onto Paul Maillard Rd
295 ft
3. Sharp left onto River Rd
1.0 mi
4. Turn left onto the I-310 ramp to New Orleans
0.7 mi
5. Keep right at the fork, follow signs for I-310 N/New Orleans and merge onto I-310 N
0.1 mi
- 6.3 mi

Take I-10 W, I-55 N and I-12 W to S Frost Rd in Livingston.

Take exit 22 from I-12 W

6. Merge onto I-310 N
54 min (63.0 mi)
- 7.2 mi
7. Use the left lane to take exit 1 to merge onto I-10 W toward Baton Rouge
10.5 mi
8. Use the right 2 lanes to take exit 210 for I-55 N toward Hammond
1.1 mi
9. Continue onto I-55 N
28.4 mi
10. Take exit 29B to merge onto I-12 W toward Baton Rouge
15.5 mi
11. Take exit 22 toward Livingston
0.3 mi

Drive to LA-63 N

13 min (10.3 mi)



12. Merge onto S Frost Rd

1.8 mi



13. Turn left onto Florida Blvd

① Pass by NAPA Auto Parts - Livingston Auto Parts (on the right)

0.3 mi



14. Turn right onto LA-63 N/N Range Rd

① Continue to follow LA-63 N

① Destination will be on the left

8.2 mi

34343 Weiss Rd

Walker, LA 70785

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

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

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

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

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

Name of EVACUATION HOST SITE:

Sage Specialty Hospital - Denham Springs

Contact Person: Sharon Faulkner

Phone # of Contact Person: 225-665-2664

FAX#: _____

E-Mail Address: sfaulkner@sageltac.com

Physical Address of evacuation site:

8375 Florida Blvd

Denham Springs, LA 70726

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?

24 hrs

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

1 hr., 14 min.

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

1 hr

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: 24

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

Date of agreement/contract/verification: 02/24/2021

Date agreement/contract ends: 02/24/2022


EMERGENCY EVACUATION HOST FACILITY AGREEMENT

Host Facility: Sage Specialty Hospital – Denham Springs

located at 8375 Florida Blvd, Denham Springs, LA 70726, agrees to be a Host Facility to admit COVID-19 Positive Residents of Luling Living Center, located at 1125 Paul Maillard Rd, Luling, LA 70070, in the event of an Emergency Evacuation by Luling Living Center.

Luling Living Center agrees to bear the full obligation of transportation to evacuate the COVID-19 Positive Residents of Luling Living Center to Sage Specialty Hospital.

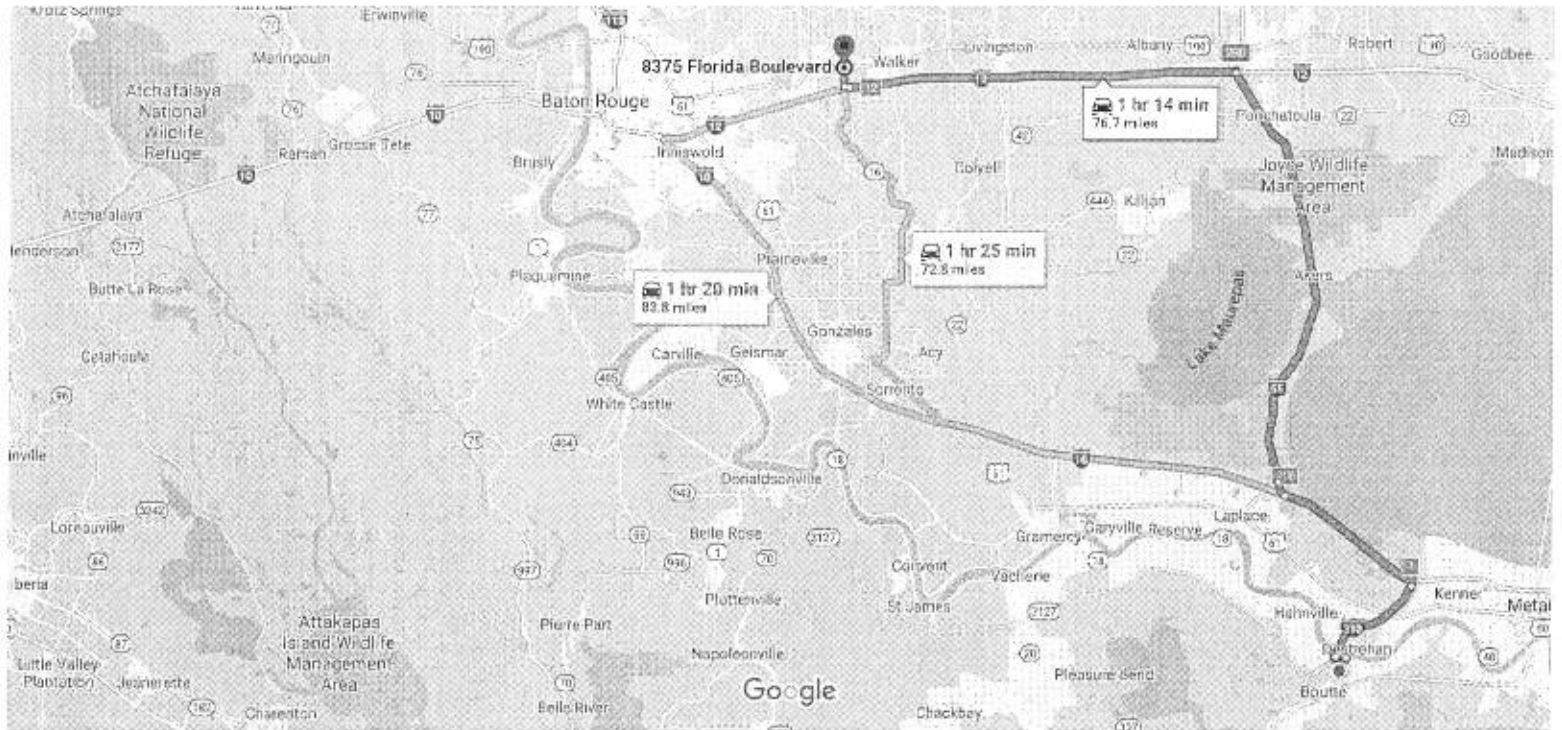
This agreement is valid for up to one year from the date of signature of both parties.


Sage Specialty Hospital

2-24-21
Date


Luling Living Center Facility Representative

02/24/2021
Date



Map data ©2021 5 mi

29.9224128, -90.3721971


Get on I-310 N in 1 from Paul Maillard Rd and River Rd

1. Head northwest on David Ct toward Paul Maillard Rd
5 min (2.2 mi)
2. Turn right onto Paul Maillard Rd
299 ft
3. Sharp left onto River Rd
1.0 mi
4. Turn left onto the I-310 ramp to New Orleans
0.7 mi
5. Keep right at the fork, follow signs for I-310 N/New Orleans and merge onto I-310 N
0.1 mi
- 6.3 mi


Take I-10 W, I-55 N and I-12 W to LA-1026 N/Juban Rd in Parish Governing Authority District 3. Take exit 12 from I-12 W

5. Merge onto I-310 N
1 hr 3 min (73.1 mi)
- 7.2 mi
7. Use the left lane to take exit 1 to merge onto I-10 W toward Baton Rouge
10.5 mi
8. Use the right 2 lanes to take exit 210 for I-55 N toward Hammond
1.1 mi
9. Continue onto I-55 N
25.4 mi
10. Take exit 29B to merge onto I-12 W toward Baton Rouge
25.5 mi
11. Take exit 12 to merge onto LA-1026 N/Juban Rd
0.3 mi


Continue on LA-1026 N/Juban Rd to your destination

- 


12. Merge onto LA-1026 N/Juban Rd

4 min (1.4 mi)
- 


13. Turn left onto U.S. Hwy 190 W

1.2 mi
- 

14. Turn right

456 ft
- 

15. Turn left

272 ft
- 

Destination will be on the left

325 ft

8375 Florida Blvd

Denham Springs, LA 70726

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

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

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

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

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

Name of EVACUATION HOST SITE:

Golden Rule Dau Care

Contact Person: Rene Dunham

Phone # of Contact Person: 225-644-4770

FAX#: _____

E-Mail Address: _____

Physical Address of evacuation site:

44048 Hwy 429

St Amant, LA 70774

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?

24 hrs

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

50 min

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

1 hr

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: 24

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

Date of agreement/contract/verification: 02/25/2021

Date agreement/contract ends: 02/25/2022

EMERGENCY EVACUATION HOST FACILITY AGREEMENT

Host Facility: Golden Rule Day Care

located at 44048 Hwy. 429, St Amant, LA 70774 agrees to be a Host Facility for the Residents and the Staff of Luling Living Center, located at 1125 Paul Maillard Rd, Luling, LA 70070, in the event of an Emergency Evacuation by Luling Living Center.

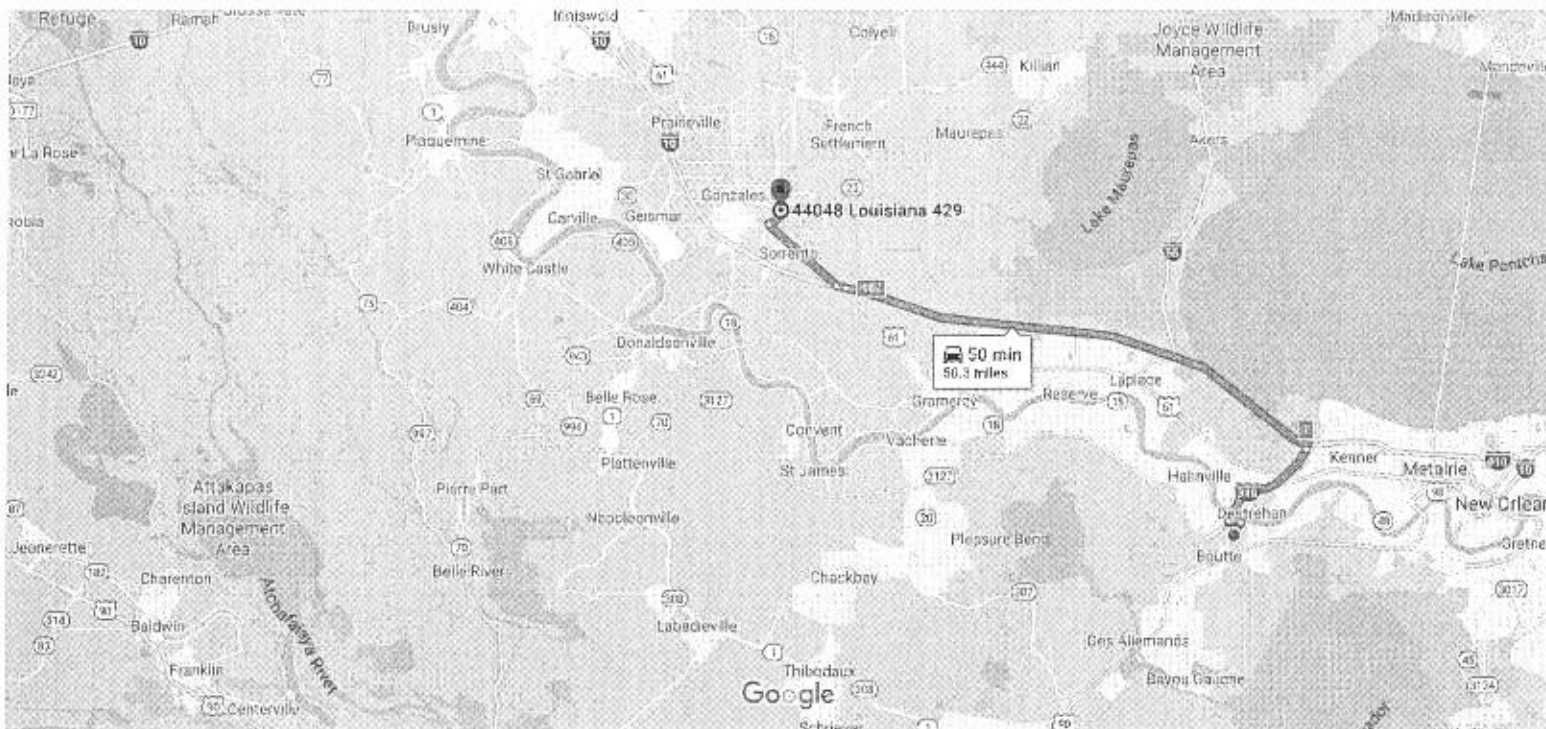
Luling Living Center agrees to bear the full resident care and financial obligation for the evacuated Residents of Luling Living Center.


Host Facility

2/25/2021
Date


Luling Living Center Facility Representative

2/25/2021
Date



Map data ©2021 NEGI 5 mi

Your location

Get on I-310 N in 1 from Paul Maillard Rd and River Rd

1. Head northwest on David Ct toward Paul Maillard Rd
5 min (2.2 mi)
2. Turn right onto Paul Maillard Rd
302 ft
3. Sharp left onto River Rd
1.0 mi
4. Turn left onto the I-310 ramp to New Orleans
0.7 mi
5. Keep right at the fork, follow signs for I-310 N/New Orleans and merge onto I-310 N
0.1 mi
6. Merge onto I-310 N
0.3 mi

Take I-10 W to US-61 N in Saint Amant. Take exit 187 from I-10 W

7. Merge onto I-310 N
35 min (40.8 mi)
8. Use the left lane to take exit 1 to merge onto I-10 W toward Baton Rouge
7.2 mi
9. Take exit 187 to merge onto US-61 N toward Sorrento
38.0 mi
10. Merge onto US-61 N
0.6 mi

Continue on US-61 N. Drive to LA-429

11. Merge onto US-61 N
9 min (7.3 mi)
12. Turn right onto LA-431
6.0 mi
13. Drive to LA-429
1.3 mi

11. Turn right onto LA-429
- Destination will be on the left

456 ft

44048 LA-429

St Amant, LA 70774

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

2021 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

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

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

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

Name of transportation resource provider (print):

Acadian Ambulance

Contact Person: Kevin Spansel

Phone # of Contact Person: 504-451-2610

Physical Address of transportation provider:

Acadian Ambulance Services of New Orleans
PO Box 9800
Lafayette, LA

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

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

48 hrs

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

Minimum of 2 hrs

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

1.5 hrs

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

Ambulance

Total number of transport vehicles to be provided: as needed

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

stretcher

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

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

Date agreement/ contract ends: 01-01-2022

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

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

AMBULANCE
DISPATCH
511
800-259-1111

ADMINISTRATION
337-291-3333
800-259-3333

BILLING
800-259-2222

January 1, 2021

Luling Living Center
c/o Administrator
1125 Paul Maillard Rd.
Luling, LA 70070

Re: Evacuation Agreement

Dear Administrator:

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

Sincerely,

DocuSigned by:

Kevin Spansel

5245CE7D680444...

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

DocuSigned by:

Mike Guillera

18EF15C0520D48E...

1/13/2021 | 10:53 AM CST

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):

St Charles Parish School Board

Contact Person: Teresa Brown

Phone # of Contact Person: 985-785-6289

Physical Address of transportation provider:

13855 River Road

Luling, LA 70070

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?

24 hrs

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

3 hrs

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

1.5 hrs

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

School Buses

Total number of transport vehicles to be provided: 3-5

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

Bus specific

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 02/08/2021

Date agreement/ contract ends: 02/08/2022

You and I ...
We are



13855 River Road
Luling, LA 70070
985.785.6289
www.stcharles.k12.la.us

School Board Members

Ellis A. Alexander
DISTRICT 1

Melinda H. Bernard
DISTRICT 2

Dennis J. Naquin
DISTRICT 3

Clarence H. Savoie
DISTRICT 4

John L. Smith
DISTRICT 5

John W. Robichaux
DISTRICT 6

Arthur A. Aucoin
DISTRICT 7

Alex L. Sufirin
DISTRICT 8

Superintendent

Ken Oertling, Ed.D.

February 8, 2021

Mr. Mike Guillera
Luling Living Center
1125 Paul Mallard Rd.
Luling, LA 70070

Mr. Guillera,

St. Charles Parish Public Schools under the direction of St. Charles Parish Department of Homeland Security and Emergency Preparedness (DHSEP) agrees to provide transportation assistance during emergency evacuations for the residents of The Luling Living Center during disasters.

Available School District transportation resources will be utilized and every effort will be made as needed to safely transport residents of this facility to the designated location. While this is not a guarantee of our ability to provide transportation and/or emergency services during a future, unknown event, we do wish to convey that, at the direction of the DHSEP, we will make every reasonable effort to assist Luling Living Center.

Sincerely,

Teresa C. Brown
Administrator, Ancillary Services

Cc Dr. Ken Oertling, Superintendent, St. Charles Parish Public Schools
John Rome, Chief Plant Services and Security Officer, St. Charles Parish Public Schools
John Cain, Risk Manager, St. Charles Parish Public Schools
Jason Tastet, Sr. Emergency Coordinator, St. Charles Parish, E.O.C.

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):

Bus Supply Charters

Contact Person: Jan Humphreys

Phone # of Contact Person: 601-248-3093

Physical Address of transportation provider:

2048 US -98
McComb, MS 39648

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

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

48 hrs

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

5 hrs

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

1.5 hrs

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

Charter Buses

Total number of transport vehicles to be provided: 3-5

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

Bus specific

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 02/24/2021

Date agreement/ contract ends: 02/24/2022

HURRICANE EVACUATION / BUS TRANSPORTATION AGREEMENT


IN THE EVENT OF SOME NATURAL DISASTER OF OTHER CATASTROPHIC EVENT THAT SHOULD REQUIRE EVACUATION OF RESIDENTS OF LULING LIVING CENTER, 1125 PAUL MAILLARD ROAD, LULING, LA 70070, BUS SUPPLY CHARTERS, INC., OF MCCOMB, MISSISSIPPI AGREE TO PROVIDE BUS TRANSPORTATION FOR RESIDENTS AND STAFF TO AN APPROPRIATE PRE-SELECTED SHELTER.

IT IS UNDERSTOOD THAT THIS IS A NON-BINDING AGREEMENT AND WILL BE ACTIVATED ON THE FIRST NOTICE BY REPRESENTATIVES OF LULING LIVING CENTER, 1125 PAUL MAILLARD ROAD, LULING, LA 70070 TRANSPORTATION PROVIDED WILL BE BILLED AT THE PREVAILING RATE AT THE TIME OF SERVICE.

THIS IS AN OPEN-ENDED CONTRACT UNTIL NULLIFIED BY ANY OF THE INDIVIDUALS UNDER CONTRACT.


ADMINISTRATOR

2/24/2021
Date


KAREN SANDERS
BUS SUPPLY CHARTERS, INC.
2/5/2020

2/24/2021
Date

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: Emergency Drinking Water

Name of Supplier:

DS Services

Contact Person: Jeff Sullivan

Phone # of Contact Person: 504-827-4454

FAX#: 470-689-6789

E-Mail Address: jmsullivan@dsservices.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?

24 hrs

How long will it take to receive the delivery?

within 24 hrs

Date of agreement/contract/verification: 2/11/2021

Date agreement/contract ends: 2/11/2022

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

This Emergency Water Agreement (the "Agreement") is entered into as of 02/08, 2021 (the "Effective Date") by and between DS Services of America, Inc., ("DSS") and the undersigned customer ("Customer"). Under this Agreement, DSS will supply Customer's bottled water needs in the event of a local or national declared emergency or natural disaster, subject to the following terms and conditions:

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

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

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

Luling Living Center

(Customer)

By: Michael Guillera

Name: Michael Guillera

Title: Administrator

Address: 1125 Paul Maillard Rd

City/State/Zip: Luling, LA 70070

Phone: 985-785-8271

Jodi Belieu
Jodi Belieu

Director FP&A

Date

Customer Acct #

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: Food Service

Name of Supplier:

Reinhart

Contact Person: Shannon Hayes

Phone # of Contact Person: 225-288-1279

FAX#: _____

E-Mail Address: shannon.hayes@pfgc.com

Indicate where the supplies are to be delivered to;

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

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

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

72 hrs

How long will it take to receive the delivery?

within 24 hrs

Date of agreement/contract/verification: 2/16/2021

Date agreement/contract ends: 2/16/2022



Reinhart Foodservice Louisiana, LLC d/b/a
Performance Foodservice - New Orleans
918 Edwards Ave.
Harahan, LA 70123

February 16, 2021

Valued Customer:

Reinhart Foodservice Louisiana, LLC, doing business as Performance Foodservice-New Orleans ("Performance Foodservice"), is committed to working with you through our disaster planning service to ensure that emergency supplies are provided to your facility prior to and in the event of a disaster or emergency. This letter shall serve as documentation of Performance Foodservice's policy regarding delivery of goods during a disaster or emergency.

Should Performance Foodservice be affected by a disaster or emergency, it will take the following actions:

- Customers will be notified of delays by phone as soon as possible.
- Proper food safety and sanitation procedures will be maintained throughout the event.
- Customers will not receive any food that has been affected by damage sustained from the disaster or emergency.
- Deliveries will resume as soon as possible from either the affected Performance Foodservice facility or one or more alternate facilities.

If your facility is involved in a disaster or emergency, Performance Foodservice may supply the following items upon request and depending upon availability:

- Coordinated delivery schedule adjustments prior to or after the emergency has passed.
- Disaster/Emergency order consultation and order placement assistance.
- Delivery of emergency rations and supplies as available from the Performance Foodservice OPCO's inventory supplies and delivered on a first come/first serve basis prior to the event, and/or as service is available in the affected area.

Refer to your state's Department of Health and Human Services guidelines for food and water supply for emergencies. Performance Foodservice will provide to you, upon request, a Disaster Planning Kit which gives information on recommended perishable and non-perishable food and water to keep on hand in case an emergency arises, and a Three-Day Emergency/Disaster Menu.

Should your facility undergo a disaster or emergency, it is your responsibility to notify Performance Foodservice regarding stoppage of delivery or delivery to an alternate site. Alternate shelter site deliveries will be made as available on normal routes and days in the area. You should take as many supplies as possible to the shelter site from your current inventory. This recommendation is to ensure your existing inventory is not destroyed during the event and/or product is available for meals should our ability to ship supplies to the alternate site be delayed because of excessive demands prior to and following the event. Should you have any questions regarding this policy, please contact your Performance Foodservice Healthcare Account Manager or Customer Service at 1-800-488-3988.

Sincerely,

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

Steve Wood
Area President New Orleans and Shreveport Opcos

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: Medications

Name of Supplier:

GPS Pharmacy

Contact Person: Scott Black

Phone # of Contact Person: 800-498-5220

FAX#: _____

E-Mail Address: sblack@gpspharmacy.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?
not listed

How long will it take to receive the delivery?

within 24 hrs

Date of agreement/contract/verification: 2/03/2021

Date agreement/contract ends: 2/03/2022

Luling Living Center

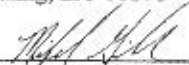
1125 Paul Maillard Rd.

Luling, LA 70070

Emergency Medications Agreement

This agreement is entered into between Luling Living Center and GPS Pharmacy. During emergency situations, GPS Pharmacy will provide medication to Luling Living Center 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.

Luling Living Center
1125 Paul Maillard Road
Luling, LA 70070

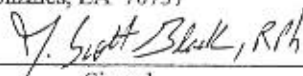


Signed

Administrator
Title

01/19/2021
Date

GPS Pharmacy
1039 East Hwy. 30
Gonzales, LA 70737



Signed

Director of Pharmacy
Title

1/19/2021
Date

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: Medical Supplies

Name of Supplier:

Medline

Contact Person: Brad Richoux

Phone # of Contact Person: 504-908-5641

FAX#: _____

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 hrs

How long will it take to receive the delivery?

within 24 hrs

Date of agreement/contract/verification: 2/01/2021

Date agreement/contract ends: 2/01/2022



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.

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

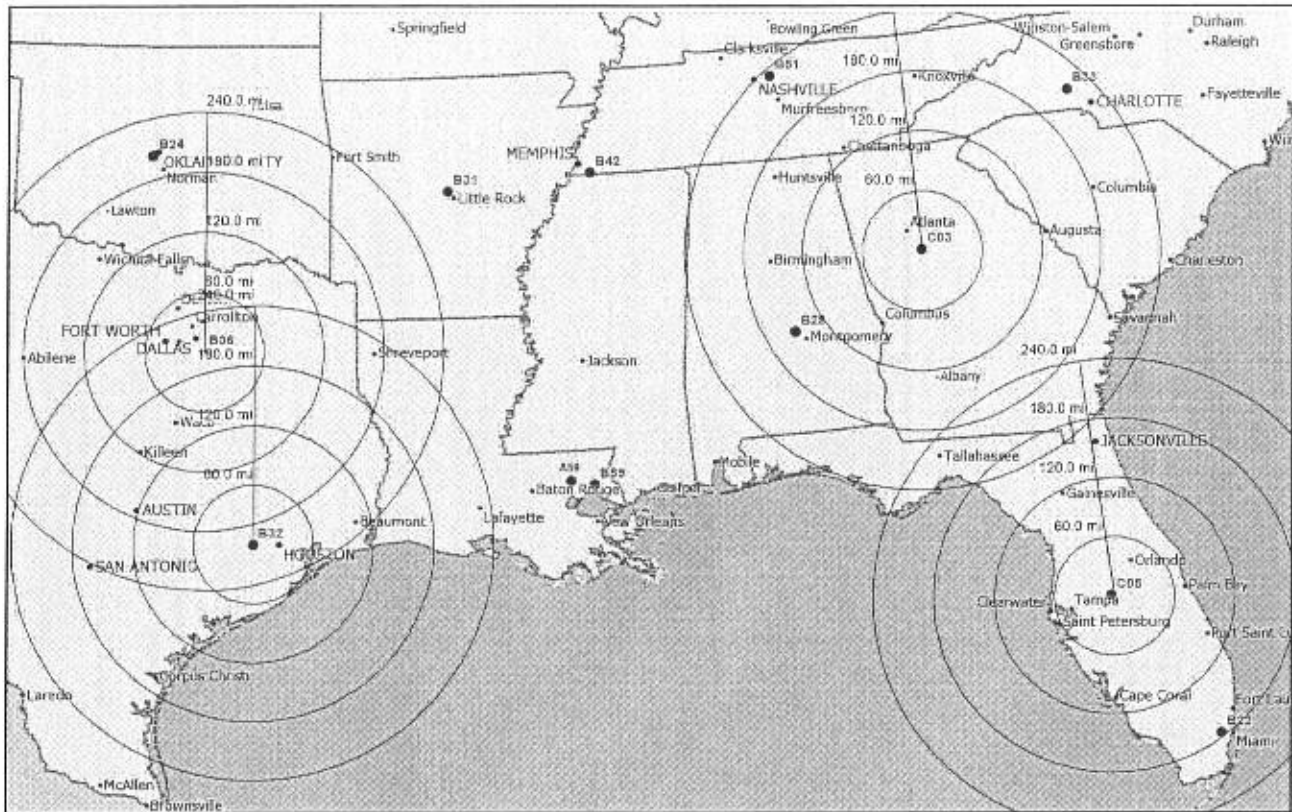
Medline's customer service department is available 24 hours a day, 365 days a year for assistance with emergency orders.

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



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

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

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

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

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

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

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

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

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

Hammond, LA - A59
19230 Hipark Blvd
Hammond, LA 70403

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

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: X-ray Services

Name of Supplier:

Xpress Ray, Inc

Contact Person: Eddie Asaro

Phone # of Contact Person: 504-382-0422

FAX#: _____

E-Mail Address: eddie@metairieimaging.net

Indicate where the supplies are to be delivered to;

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

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

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

n/a

How long will it take to receive the delivery?

within 24 hrs

Date of agreement/contract/verification: 01/15/2021

Date agreement/contract ends: 01/15/2022

XPRESS RAY, INC.

3400 DIVISION STREET

METAIRIE, LOUISIANA 70002

504-455-5992/800-948-1166

TO: ADMINISTRATOR OR DON

FROM: EDDIE ASARO, PRESIDENT *Ea.*

DATE: JANUARY 15, 2021

SUBJECT: HURRICANE PREPAREDNESS

WITH THE HURRICANE SEASON UPON US, AND THE POSSIBILITY OF MANDATORY EVACUATIONS, POWER FAILURES, ETC. LISTED BELOW ARE CELL NUMBERS THAT WE MAY BE CONTACTED AT IN THE EVENT THAT OUR REGULAR TELEPHONE NUMBERS BECOME INOPERABLE: (504-455-5992/800-948-1166)

- 1) EDDIE ASARO – 504-382-0422
- 2) VINCENT ASARO – 504-415-0339

PLEASE KEEP THESE NUMBERS ON FILE AND IF YOU SHOULD HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO GIVE US A CALL. THANKS, EDDIE

**XPRESS RAY, INC.
3400 DIVISION ST.
METAIRIE, LOUISIANA 70002
504-455-5992/800-948-1166**

HURRICANE PREPAREDNESS

POLICY

POLICY: It is the policy of Xpress Ray, Inc. to adhere to all local, state & federal instructions & guidelines regarding mandatory evacuation in the event of a issued hurricane warning . Xpress Ray, Inc. is a mobile service so in the event of an evacuation, all vehicles will be removed from operation until such time that it deemed safe to return to the roadways. If evacuations are in place, Xpress Ray, Inc. will move it's operations to the Baton Rouge office until we are able to return to our Metairie location. Xpress Ray's Metairie office is equipped with a natural gas operated generator which will allow the server to operate normally as well as our back up modems so our technicians can perform x-ray studies in a normal fashion once it is safe to return to the roadways. In the event that a mandatory evacuation is required, the probability of power failures exist. This will lead to land line telephone outages as well. Listed below are the important telephone and cell numbers of managers and employees that will be utilized until power and telephone service is restored.

1) EDDIE ASARO - 504-382-0422

2) VINCENT ASARO - 504-415-0339

PLEASE KEEP THESE NUMBERS ON FILE

Updated: 1/15/21

Mike Guillera

From: Mike Guillera
Sent: Thursday, February 25, 2021 3:26 PM
To: Jason Tastet
Subject: Luling Living Center - 2021 Emergency Preparedness Plan Updates
Attachments: 2021 Updates for Emergency Prep Plan.pdf

Hey Jason:

Please see attached for all the updates to our Emergency Preparedness Plan for 2021. Please let me know if you have any further guidance or if you have any questions.

Thanks,

Mike Guillera
Administrator

Luling Living Center
1125 Paul Maillard Rd
Luling, LA 70070
985-785-8271 Phone
985-785-9944 Fax

2021 Nursing Home Emergency Preparedness Plan Survey

AUTHENTICATION

Facility Name (Print):

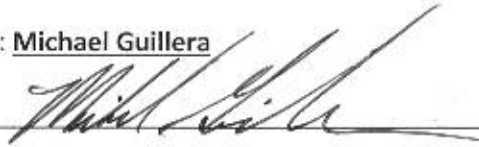
Luling Living Center

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: 02/25/2021

Facility Administrator Name (PRINT): Michael Guillera

Facility Administrator Signature: _____



Comments:



Luling Living Center

1125 Paul Maillard Rd.
Luling, LA 70070
Tel. 985-785-8271 FAX 985-785-9944

February 26, 2021

LDH
Health Standards Section
Nursing Home Emergency Preparedness
628 N. 4th St, 3rd Floor
Baton Rouge, LA 70802

Enclosed is a copy of Luling Living Center's 2021 Nursing Home Emergency Preparedness Plan Survey. Copies of all new contract agreements are enclosed.

Please contact us if there is any other information you may need.

Thank you.

Sincerely,

Michael Guillera
Administrator

