Emergency Operations Plan
Table of Contents

- Current year Nursing Home Emergency Preparedness Plan Survey
- Plan Authentication signature page
- Verification plan submitted to local & State OEP
- Emergency preparedness Plans & Procedures
- Tab A – Labeled Facility Floor Plan
- Tab B – Resident Roster with Transportation Requirements
- Tab C – Staff Contact Information
- Tab D – Transportation Agreements
- Tab E – Evacuation Host/Alternate Shelter Agreements
- Tab F – Emergency Food, Water, Medication Supply Agreements
- Tab G – Checklist of items to accompany residents during evacuation travel
- Tab H – Organization Chart and Staffing Responsibilities
- Tab I – Communication Plan
- Tab J – Hazards Facility subject to
- Tab K – Risk Assessment
- Tab L – Equipment/Supplies Stocked for Emergency Use
- Tab M – Evacuation Route Maps
- Tab N – Category I (HA) Transfer Form
- Tab O – Hurricane Evacuation Checklist
- Tab P – Emergency Preparedness Exercises
- Tab Q – Plan and Resources for Emergency Power Supply
- Tab R – Nursing Facility Minimum Licensing Standards, Emergency Preparedness Requirements LAC 48:I.9729
- Tab S – Elevation vs. Flood Chart (see LSU Hurricane Shelter Suitability Survey)
- Tab T – Time Line Restrictions

Cindy Kendall

From: Cindy Kendall
Sent: Wednesday, February 24, 2021 3:17 PM
To: 'Mary.Sept@la.gov'
Cc: Cindy Kendall
Subject: Emergency Preparedness Survey Plan
Attachments: 20210224151319338.pdf

This is a copy of my Emergency Preparedness Survey Plan. My Cell is: 409-626-1624 Thank you. Cindy

-----Original Message-----
From: scanner@devilleharvey.com <scanner@devilleharvey.com>
Sent: Wednesday, February 24, 2021 3:13 PM
To: Cindy Kendall <ckendall@devilleharvey.com>
Subject: Message from "RNP002673F69652"

This E-mail was sent from "RNP002673F69652" (MP 4055).

Scan Date: 02.24.2021 15:13:19 (-0600)
Queries to: scanner@devilleharvey.com

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

Year 2021 Hurricane Evacuation Plan Effective Date 1/1/2021

To:

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

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

	Evacuation Site Address:
1	129 Calhoun Street Independence, LA 70443

Sincerely,

Bob G Dean
Man. Member

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

Year 2021 Hurricane Evacuation Plan

Evacuation Site Address	Bed Availability
1. 129 Calhoun Street Independence, LA 70443	700 Beds

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

Facility	Address	Phone	Bed Availability
Maison Deville Nursing Home, Inc.	107 S Hollywood Rd Houma, LA 70360	985-876-3250	80 Beds
St. Elizabeth's Caring, LLC	1020 Manhattan Blvd. Harvey, LA 70058	504-362-9522	20 Beds
Maison Deville Nursing Home of Harvey	2233 8th Street Harvey, LA 70058	504-362-9522	20 Beds
South Lafourche Nursing and Rehab	4302 Highway 1 Raceland, LA 70394	985-693-1065	20 Beds
Maison Orleans Healthcare of New Orleans	1420 General Taylor Street New Orleans, LA 70115	504-895-7755	20 Beds
River Palms Nursing Home	5301 Tullis Dr. New Orleans, LA 70131	504-394-5807	20 Beds
Park Place Nursing & Rehab	535 Commerce St. Gretna, LA 70056	504-393-9595	50 Beds

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

Sincerely,

Bob G. Dean
Man. Member

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2021 Nursing Home Emergency Preparedness Plan Survey

AUTHENTICATION

Facility Name (Print): Maison Deville of Harvey

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

Date: 2/23/21

Facility Administrator Name (PRINT): Cindy Kendall, NFA

Facility Administrator Signature: C. Kendall

Comments:

_____

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):

Maison Deville of Harvey

Name of Administrator (Print):

Cindy Kendall, NFA

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

Phone #: 504-362-9522

Cell Phone #: 409-626-1624

Administrator E-Mail: ckendall@devilleharvey.com

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

Name: Charlotte Sheridan

Position: Director of Nursing

Phone #: 504-362-9522

Cell Phone #: 985-320-2429

E-Mail: csheridan@lahcc.com

Physical or Geographic address of Facility (Print):

2233 8th Street

Harvey, LA 70058

Longitude: 90.07414

Latitude: 29.90449

2021 Nursing Home Emergency Preparedness Plan Survey

VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: Maison Deville of Harvey

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

Jerfferson Parish Department of Emerrency Management
(Name of the Local/Parish Office of Homeland Security and Emergency Preparedness)

Date submitted: 02/26/2021

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.

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

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

C. Determinations, **by the facility,** for sheltering in place or evacuation due to Hurricanes.
1. Utilizing all current, available, and relevant information answer the following:
   a) MARK the **strongest** category of hurricane the facility can safely shelter in place for?
      i. ☐ Category 1- winds 74 to 95 mph
      ii. ☐ Category 2- winds 96 to 110 mph
      iii. ☒ Category 3- winds 111 to 130 mph
      iv. ☐ Category 4- winds 131 to 155 mph
      v. ☐ Category 5- winds 156 mph and greater

   b) At what time, **in hours** before the hurricane's arrival, will the decision to shelter in place have to be made by facility?
      i. 72 **Hours** before the arrival of the hurricane.

   c) What is the **latest time, in hours** before the hurricanes arrival, which preparations will need to start in order to safely shelter in place?
      i. 60 **Hours** before the arrival of the hurricane.

   d) Who is responsible for making the decision to shelter in place?
      TITLE/POSITION: Owner
      NAME: Bob G. Dean Jr.

2. Utilizing all current, available, and relevant information answer the following:
   a) MARK the **weakest** category of hurricane the facility will have to evacuate for?
      i. ☐ Category 1- winds 74 to 95 mph
      ii. ☐ Category 2- winds 96 to 110 mph
      iii. ☒ Category 3- winds 111 to 130 mph
      iv. ☐ Category 4- winds 131 to 155 mph
      v. ☐ Category 5- winds 156 mph and greater

   b) At what time, **in hours** before the hurricanes arrival, will the decision to evacuate have to be made by facility?
      i. 72 Hours before the arrival of the hurricane.

   c) What is the **latest time, in hours** before the hurricane's arrival, which preparations will need to start in order to safely evacuate?
      i. 60 Hours before the arrival of the hurricane.

d) Who is responsible for making the decision to evacuate?
TITLE/POSITION: Owner
NAME: Bob G. Dean, Jr.

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

A. Facility Description:

1. What year was the facility built? 1966

2. How many floors does facility have? 1

3. Is building constructed to withstand hurricanes or high winds?
- ☐ Yes, answer 3.a, b, c, d
- ☒ No/Unknown, answer 3.e

a) MARK the **highest category** of hurricane or wind speed that building can withstand?
- i. ☐ Category 1- winds 74 to 95 mph
- ii. ☐ Category 2- winds 96 to 110 mph
- iii. ☐ Category 3- winds 111 to 130 mph
- iv. ☐ Category 4- winds 131 to 155 mph
- v. ☐ Category 5- winds 156 mph and greater
- vi. ☒ Unable to determine : see A.3.e

b) MARK the **highest category** of hurricane or wind speed that facility roof can withstand?
- i. ☐ Category 1- winds 74 to 95 mph
- ii. ☐ Category 2- winds 96 to 110 mph
- iii. ☐ Category 3- winds 111 to 130 mph
- iv. ☐ Category 4- winds 131 to 155 mph
- v. ☐ Category 5- winds 156 mph and greater
- vi. ☒ Unable to determine : see A.3.e

c) MARK the source of information provided in a) and b) above? **(DO NOT give names or wind speeds of historical storms/hurricanes that facility withstood.)**
- i. ☐ Based on professional/expert report,
- ii. ☐ Based on building plans or records,
- iii. ☐ Based on building codes from the year building was constructed
- iv. ☒ Other non-subjective based source. Name and describe source.

_____

d) MARK if the windows are resistant to or are protected from wind and windblown debris?
- i. ☒ Yes
- ii. ☐ No

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

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

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

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

c) Generator(s) is .79 feet above sea level.

d) Lowest electrical service box(s) is .79 feet above sea level.

e) Fuel storage tank(s), if applicable, is .79 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

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

g) ☐ **AO** – River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones. **High Risk Area**

h) ☐ **AR** – Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations. **High Risk Area**

i) ☐ **A99** – Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones. **High Risk Area**

j) ☐ **V** – Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones. **High Risk – Coastal Areas**

k) ☐ **VE, V1 – 30** – Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones. **High Risk – Coastal Areas**

l) ☐ **D** – Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk. **Undetermined Risk Area**

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

8. Does the facility flood during or after heavy rains?
   a) ☐ Yes
   b) ☒ No

9. Does the facility flood when the water levels rise in nearby lakes, ponds, rivers, streams, bayous, canals, drains, or similar?
   a) ☐ Yes
   b) ☒ No

10. Is facility protected from flooding by a levee or flood control or mitigation system (levee, canal, pump, etc)?
   a) ☒ Yes
   b) ☐ No

11. Have the areas of the building that are to be used for safe zones/sheltering been identified?
    a) ☒Yes
    b) No. Identify these areas then indicate that this has been completed by marking Yes.

12. Have the facility's internal and external environments been evaluated to identify potential chemical or biological hazards?
    a) ☒Yes
    b) No. Evaluate and identify areas then indicate that this has been done by marking Yes.

13. Has the facility's external environment been evaluated to identify potential hazards that may fall or be blown onto or into the facility?
    a) ☒Yes
    b) No. Evaluate and identify areas then indicate that this has been done by answering Yes.

14. Emergency Generator - **generator information should match MSTAT!**
    a) Is the generator(s) intended to be used to shelter in place during hurricanes (extended duration)?
        i. ☒Yes. The generator(s) will be used for Sheltering in place for Hurricanes.
        ii. ☐No. The generator(s) will **NOT** be used for Sheltering In Place for Hurricanes.

    b) What is the **wattage(s)** of the generator(s)? Give answer in **kilowatts (kW)**.
    1st; 20Kw 2nd generator; _____ 3rd generator; _____

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

i. ☐natural gas;	2nd generator; ☐natural gas;	3rd generator; ☐natural gas	
ii. ☒propane;	2nd generator; ☐propane;	3rd generator; ☐propane	
iii. ☐gasoline;	2nd generator; ☐gasoline;	3rd generator; ☐gasoline	
iv. ☐diesel;	2nd generator; ☐diesel;	3rd generator; ☐diesel	

    d) How many **total hours** would generator(s) run on the fuel supply always on hand? (enter NG if Natural Gas)
    1st72 Hours 2nd_____ Hours 3rd_____ Hours

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

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

g) Does generator provide for air conditioning?

i. ☐ **Yes**. Mark closest percentage of the building that is cooled?
- ☐ 100 % of the building cooled
- ☐ 76% or more of the building is cooled
- ☐ 51 to 75% of the building is cooled
- ☐ 26 to 50% of the building is cooled
- ☐ Less than 25% of the building is cooled

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

ii. If air conditioning fails, for any reason, does the facility have procedures (specific actions) in place to prevent heat related medical conditions?
- ☒ Yes
- ☐ No

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

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

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

a) Who supplies electricity to the facility?
- i. Suppliers name: Entergy
- ii. Account #: 23089857

b) Who supplies water to the facility? (supplier's name)
- i. Suppliers name: Jefferson Parish Water Board
- ii. Account #: 30579, 305740

c) Who supplies fuels (natural gas, propane, gasoline, diesel, etc) to the facility? If applicable.
- i. Suppliers name: Atmos
- ii. Account #: 25-000789848-02853485

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 indentify on floor plan and mark Yes.
- ii. Storage areas for supplies: ☒ Yes. If No- indicate on floor plan and mark Yes.

iii. Emergency power outlets: ☒Yes. If No- indentify on floor plan and mark Yes.

iv. Emergency communication area: ☒Yes. If No- indentify on floor plan and mark Yes.

v. The location of emergency plan: ☒Yes. If No- indentify on floor plan and mark Yes.

vi. Emergency command post: ☒Yes. If No - indentify on floor plan and mark Yes.

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

1. Residents information

a) What is the facility's total number of state licensed beds?
Total Licensed Beds: 100

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

i. How many high risk patients (RED) will need to be transported by **advanced life support ambulance** due to dependency on mechanical or electrical life sustaining devices or very critical medical condition? Give the total number of residents that meet these criteria the facility would need its named ambulance provider to transport.
RED: 0

ii. How many residents (YELLOW) will need to be transported by a **basic ambulance** who are not dependent on mechanical or electrical life sustaining devices, but who cannot be transported using normal means (buses, vans, cars). For example, this category might include patients that cannot sit up, are medically unstable, or that may not fit into regular transportation? Give the total number of residents that meet these criteria the facility would need its named ambulance provider to transport.
YELLOW: 14

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: 47

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: 33

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.

iv. Each resident's current dietary needs or restrictions?
☒Yes. If No - Obtain and mark Yes.

v. Each resident's next of kin or responsible party and their contact information?
☒Yes. If No - Obtain and mark Yes.

vi. Each resident's current transportation requirements? (advanced life support ambulance, basic ambulance, wheel chair accessible vehicle, car-van-bus)
☒Yes. If No - Obtain and mark Yes.

2. Staff
a) Is each of the following provided in the list(s) or roster(s) of all current staff that is kept in or used with the facility emergency preparedness plan: **do not send in this list or roster.**
i. Emergency contact information for all current staff?
☒Yes. If No - Obtain and mark Yes.

ii. Acknowledgement of if they will work during emergency events like hurricanes or not?
☒Yes. If No - Obtain and mark Yes.

b) What is **total number** of planned **staff** and other **non residents** that will require facility transportation for an evacuation or need to be sheltered?
20

3. Transportation - **should match what is in MSTAT!**
a) Does facility have transportation, or have current or currently verified contracts or agreements for emergency evacuation transportation?
☒Yes. If No - Obtain transportation and mark Yes.

i. Is the capacity of planned emergency transportation adequate for the transport of all residents, planned staff and supplies to the evacuation host site(s)?
☒Yes. If No - Obtain adequate transport and mark Yes.

ii. Is all transportation air conditioned?
☒Yes. go to B. 3. a) iv.
☐No, go to B. 3. a) iii.

iii. If not air conditioned are there provisions (specific actions and supplies) in plan to prevent and treat heat related medical conditions?
☐Yes. If No - make plans (specific actions and supplies) and mark Yes.

iv. Is there a specified time or timeline (H-Hour) that transportation supplier will need to be notified by?
☒Yes. What is that time 48 hours?
☐No. There is no need for a specified time or timeline for contacting transportation.

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

i. The complete name of the transportation provider?
☒Yes. If No - obtain and mark Yes.

ii. The number of vehicles and type (van, bus, car) of vehicles contracted for?
☒Yes. If No - obtain and mark Yes.

iii. The capacity (number of people) of each vehicle?
☒Yes. If No - obtain and mark yes.

iv. Statement of if each vehicle is air conditioned?
☒Yes. If No - obtain and mark Yes.

v. Verification of facility ownership, if applicable; copy of vehicle's title or registration?
☐Yes. If No - obtain and mark Yes.

c) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒Yes. If no, obtain and mark Yes.

d) Has a cover page been completed and attached for each contract/agreement. ***(blank form provided)***
☒Yes. If No - complete and mark Yes.

4. Host Site(s)-***extra pages for multiple sites have been included with forms near end of survey.***
(should match what is in MSTAT!)

a) Does the facility have current contracts or verified agreements for a **primary** evacuation host site(s) outside of the primary area of risk?
☒Yes. If No - obtain and mark Yes.

b) Provide the following information:(list all sites, if multiple sites **list each - see extra pages**)

i. What is the name of each **primary** site(s)?
Plaquemine Plaza Holding, LLC

ii. What is the physical address of each host site(s)?
129 Calhoun St.
Independence, LA
70443

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

iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
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 primary** host site(s)?
Name: Donise Boscareno
Phone:225-485-5877
Email: dboscareno@lahcc.com
Fax: _____

vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?
- Capacity that will be allowed at each site:
  700
- Total Capacity of all primary sites:
- 700
- 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?
  Evacuation Center
- What is host site currently being used for?
  Prepped for evacuation
- 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 adequate provisions for food preparation and service?
  ☒Yes
  ☐No
- Are there adequate provisions for bathing and toilet accommodations?
  ☒Yes
  ☐No
- Are any other facilities contracted to use this site?
  ☒Yes
  ☐No

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

xi. Is there a specified time or timeline (H-Hour) that **primary** host site will need to be notified by?
☒Yes. If Yes - what is that time? 48 hours
☐No.

c) Does the facility have current contracts or verified agreements for an **alternate or secondary** host site(s)?
☒Yes. If No - obtain and mark Yes.

d) Provide the following information:(list all sites, if multiple sites **list each - see extra pages**)

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

ii. What is the physical address of each **alternate/secondary** host site(s)?
5301 Tullis Dr.
new Orleans
LA
70131

iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
6.5 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: Paul Duplessis
Phone:504-394-5807
Email: pduplessis@riverpalmsnr.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:
  20
- Total Capacity of all **alternate/secondary** sites:
  230
- Is this adequate for all evacuating residents?

☒Yes. If No - obtain and mark Yes.

viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒Yes, go to - B.4.d) x.
☐No, go to - B.4.d) ix.

ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;

- What type of facility it is?

  _____

- What is host site currently being used for?

  _____

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

  _____

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

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

_____

xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒Yes. If yes what is that time? 48 hours
☐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.

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.

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.

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** – <u>for sheltering in place or for host site(s)</u>
   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? <u>radio, cell phone, alerts , television, email</u>

      ii. Is there back up or alternate equipment and what is it?
      ☐Yes. Name equipment: _____
      ☒No

      iii. Is the equipment tested?
      ☐Yes
      ☐No

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, computers, radios

ii. Is there back up or alternate equipment used to send/receive and what is it?
☐Yes. Name equipment: _____
☒No

iii. Is the equipment tested?
☐Yes
☐No

iv. Is the **communication** equipment powered and operable during utility outages?
☒Yes.
☐No

v. Are there provisions/plans for facility to send and receive **communications** at evacuation site?
☒Yes
☐No

C. All Hazard Analysis

1. Has the facility identified potential emergencies and disasters that facility may be affected by, such as fire, severe weather, missing residents, utility (water/electrical) outages, flooding, and chemical or biological releases?
☒Yes
If No - identify, and then mark **Yes** to signify that this has been completed.

2021 Nursing Home Emergency Preparedness Plan Survey

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

A. Plans for **sheltering in place**

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

☒Yes

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

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

☐Yes

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

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

☒Yes

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

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

☒Yes

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

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

☒Yes

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

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

☒Yes

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

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

☒Yes

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

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

☐Yes

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

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

☒Yes

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

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

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

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?
   a) Is it a full facility evacuation, partial facility evacuation or shelter in place?
   b) The date(s) and approximate time(s) of full or partial evacuation?
   c) The names and locations of all host site(s)?
   d) The emergency contact information for the person in charge of evacuated residents at each host site(s)?
   e) The names of all residents being evacuated and the location each resident is going to?

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

☒Yes

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

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

☒Yes

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

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

☒Yes

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

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

☒Yes

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

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

☒Yes

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

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

☒Yes

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

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

☒Yes

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

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

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

Provide Name: Bob Dean
Position: Owner
Emergency contact information:
Phone: 225-343-9152
Email: 1@deancompanies.com
Fax: 225-343-9152

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

Provide Name: Cindy Kendall,
Position: Administrator

Emergency contact information:
Phone: 504-362-9522
Email: ckendall@devilleharvey.com
Fax: 504-263-5099

C. Who will be **in charge when sheltering in place**?
Provide Name: Cindy Kendall
Position: Administrator
Emergency contact information:
Phone: 504-362-9522
Email: ckendall@devilleharvey.com
Fax: 504-263-5099

D. Who will be the backup/second in line **when sheltering in place**?
Provide Name: Charlotte Sheridan
Position: DON
Emergency contact information:
Phone: 504-362-9522
Email: csheridan@lahcc.com
Fax: 504-253-5099

E. Who will be **in charge at** each evacuation **host site**(s)?
Provide Name: Cindy Kendall
Position: Administrator
Emergency contact information:
Phone: 504-362-9522
Email: ckendall@devilleharvey.com
Fax: 504-263-5099

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 Worker
   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?
   Director of Nursing
   a) Resident's identification.

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

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

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.

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):

Nicoll's Limousine and Shuttle Servic

Contact Person: Mike Nicoll

Phone # of Contact Person: 504-454-7722

Physical Address of transportation provider:

4305 William Blvd
Kenner, LA 70065

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

72 hours

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

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

2 hours

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

Bus

Total number of transport vehicles to be provided: _____

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

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 2/28/2021

Date agreement/ contract ends: 2/28/2022

TRANSPORTATION AGREEMENT
FOR
LA HEALTH CARE CONSULTANTS, LLC

This agreement is by and between Nicoll's Limousine and Shuttle Service, hereinafter called PROVIDER, and all nursing homes owned and/or operated by LA Health Care Consultants, LLC (LHCC) hereinafter called CUSTOMER, as follows:

NAME: Maison Deville of Harvey
2233 Eighth Street
Harvey, LA 70058
(504) 363-9522

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

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

NAME: West Jefferson Health Care
1020 Manhattan Blvd.
Harvey, LA 70058
(504) 363-0165

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

NAME: Park Place Rehab &Nursing
535 Commerce Street
Gretna, LA 70056
(504) 393-9595

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

PURPOSE

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

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

MISCELLANEOUS

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

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

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

This agreement shall commence on March 1, 2021, and end on February 28, 2022, unless extended by mutual written agreement by the parties hereto.

Signed this 2nd day of February, 2021.

Nicoll's Limousine and Shuttle Service

By: _____
Mike Nicoll

LA Health Care Consultants, LLC (LHCC)

By: _____

2021 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

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

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

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

Name of transportation resource provider (print):

Acadian

Contact Person: Kevin Spansel

Phone # of Contact Person: 1-800-259-1111

Physical Address of transportation provider:

Acadian of New Orleans

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

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

48 hours

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

1 hour

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

2 hours

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

ambulance & Wheelchair VAN

Total number of transport vehicles to be provided: _____

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

2 wheelchair ; one stretcher

Is the transportation air conditioned? ☑ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

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

Date agreement/ contract ends: _____

DocuSign Envelope ID: 6CB960C7-FBA0-4D63-AC4D-9A0B44B0B43A

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

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

Ambulance Dispatch
911
800-259-1111

Administration
337-291-3333
800-259-3333

Billing
800-259-2222

January 1, 2021

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

Re: Evacuation Agreement

To whom it may concern:

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

Sincerely,

DocuSigned by:
Kevin Spansel
5245CEF7D680444...
Kevin C. Spansel
Community Relations Supervisor
Acadian Ambulance Service, Inc.

DocuSigned by:
Jeff Demars
44B9677A8607463...

1/10/2021 | 1:31 PM PST

DocuSign Envelope ID: 6CB960C7-FBA0-4D63-AC4D-9A0B44B0B43A

Facility Evacuation Information Sheet

Facility Name: Maison DeVille Nursing Home of Harvey

Facility Address: 2233 8th Street
(If billing address is different from physical address make notes below)

City, St, Zip: Harvey, LA 70058

Facility Phone #: 504-362-9522 Fax #: 504-263-5099

Administrative Contact: Cindy Kendall, NFA Cell 985-205-7543

DON Contact Charlotte Sheridan, RN Cell 985-320-2429

Admin Email Ckendall@devilleharvey.com DON Email csheridan@lahcc.com

Emerg After Hours contact number: 225-485-5877

Facility's Evacuation Facilitator: Donise Boscareno, LNFA
(person who decides which pts go by ambulance/provides list of pts for roster)

Current Executed Evacuation Agreement on File X **YES** ____ **NO**

Planned Evacuation Destination (must be re-verified at time of evacuation)

Destination Name: Independence Evacuation Center

Address: 129 Calhoun Street

City, St, Zip: Independence, LA 70443

Phone # : 985-878-6751

Contact Person: Ben Comenge

Estimated Transport Mileage: ____

for office use only

Notes:

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: Medication

Name of Supplier:

Peoples Drug Store

Contact Person: JARROD

Phone # of Contact Person: 985-438-0055

FAX#: 985-873-8541

E-Mail Address: _____

Indicate where the supplies are to be delivered to;

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

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

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

48 hours

How long will it take to receive the delivery?

_____

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

Date agreement/contract ends: _____

Peoples DRUG STORE.INC.

Emergency Medications Agreement

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

Maison deville of Harvey

2233 Eighth Street

Harvey, LA 70058

Date: 2/2/2021

Peoples Drug Store

7869 Main Street

Houma, LA 70360

Date: 2/2/2021

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

Name of Supplier:

Reinhart Foodservice Louisiana

Contact Person: Account manager
Phone # of Contact Person: 1-800-488-3988
FAX#: _____
E-Mail Address: _____

Indicate where the supplies are to be delivered to;

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

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

How long will it take to receive the delivery?

_____

Date of agreement/contract/verification: 2/16/21

Date agreement/contract ends: _____

PERFORMANCE
FOODSERVICE

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,

Steve Wood
Area President New Orleans and Shreveport Opcos

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:

Plaquemine Plaza Holdings, LLC

Contact Person: Denise Boscareno

Phone # of Contact Person: 225-343-9152 or 225-485-5877

FAX#: _____

E-Mail Address: _____

Physical Address of evacuation site:

129 Calhoun St.
Independence, LA 70443

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

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

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

1 hour 23 min

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

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: 100 from Maison de Ville

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

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

Date agreement/contract ends: 1/1/22

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

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

ii. What is the physical address of each **alternate/secondary** host site(s)?
102 S. Hollywood
Houma, LA

iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
52 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: William Daigre
Phone: 504-876-3240
Email: wdaigre@devillehouma.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:
  80
- Is this adequate for all evacuating residents?
  ☑ Yes. If No - obtain and mark Yes.

viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☑ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.

ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
- What type of facility it is?
  ____
- What is host site currently being used for?
  ____

2021 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?
  - [x] Yes
  - [ ] No
- What is the age of the host facility(s)?
  unknown
- Is host facility(s) air conditioned?
  - [x] Yes
  - [ ] No
- What is the current physical condition of facility?
  - [x] Good
  - [ ] Fair
  - [ ] Poor
- Are there provisions for food preparation and service?
  - [x] Yes
  - [ ] No
- What are the provisions for bathing and toilet accommodations?
  - [x] Yes
  - [ ] No
- Are any other facilities contracted to use this site?
  - [x] Yes
  - [ ] No

x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
- [x] 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?
- [x] Yes. If yes what is that time? 48 hours
- [ ] No.

g) Have copies of each **signed and dated contract/agreement** been included for submitting?
- [x] Yes. If No - obtain and mark Yes.

h) Has a cover page been completed and attached for each contract/agreement. ***(blank form provided)***
- [x] Yes. If No - complete and mark Yes.

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

i. What is the name of each **alternate/secondary** site(s)?
West Jefferson (St. Elizabeth's Caring)

ii. What is the physical address of each **alternate/secondary** host site(s)?
1020 manhattan
Harvey, LA 70058

iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
.9 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: Lindsey Dukes
Phone: 504-362-9522
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:
  20
- Is this adequate for all evacuating residents?
  ☒ Yes. If No - obtain and mark Yes.

viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.

ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
- What type of facility it is?
  _____
- What is host site currently being used for?
  _____

2021 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?
  - [X] Yes
  - [ ] No
- What is the age of the host facility(s)?
  unknown
- Is host facility(s) air conditioned?
  - [X] Yes
  - [ ] No
- What is the current physical condition of facility?
  - [X] Good
  - [ ] Fair
  - [ ] Poor
- Are there provisions for food preparation and service?
  - [X] Yes
  - [ ] No
- What are the provisions for bathing and toilet accommodations?
  - [X] Yes
  - [ ] No
- Are any other facilities contracted to use this site?
  - [X] Yes
  - [ ] No

x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
- [X] 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?
- [X] Yes. If yes what is that time? 48 hours
- [ ] No.

g) Have copies of each **signed and dated contract/agreement** been included for submitting?
- [X] Yes. If No - obtain and mark Yes.

h) Has a cover page been completed and attached for each contract/agreement. ***(blank form provided)***
- [X] Yes. If No - complete and mark Yes.

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

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

ii. What is the physical address of each **alternate/secondary** host site(s)?
4308 Hwy 1
Raceland, LA 70394

iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
40 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: Bob Duet
Phone: 985-693-1065
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:
  20
- Is this adequate for all evacuating residents?
  ☒ Yes. If No - obtain and mark Yes.

viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.

ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
- What type of facility it is?
  _____
- What is host site currently being used for?
  _____

2021 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?
  - [x] Yes
  - [ ] No
- What is the age of the host facility(s)?
  unknown
- Is host facility(s) air conditioned?
  - [x] Yes
  - [ ] No
- What is the current physical condition of facility?
  - [x] Good
  - [ ] Fair
  - [ ] Poor
- Are there provisions for food preparation and service?
  - [x] Yes
  - [ ] No
- What are the provisions for bathing and toilet accommodations?
  - [x] Yes
  - [ ] No
- Are any other facilities contracted to use this site?
  - [x] Yes
  - [ ] No

x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
- [x] 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?
- [x] Yes. If yes what is that time? 48 hours
- [ ] No.

g) Have copies of each **signed and dated contract/agreement** been included for submitting?
- [x] Yes. If No - obtain and mark Yes.

h) Has a cover page been completed and attached for each contract/agreement. ***(blank form provided)***
- [x] Yes. If No - complete and mark Yes.

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

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

ii. What is the physical address of each **alternate/secondary** host site(s)?
1420 General Taylor
New Orleans
70115

iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
8.7

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: Kim Russell
Phone: 504-895-7755
Email: krussell@maisonorleansnola.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:
20
- Is this adequate for all evacuating residents?
☑ Yes. If No - obtain and mark Yes.

viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☑ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.

ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
- What type of facility it is?
____
- What is host site currently being used for?
____

2021 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?
  - [x] Yes
  - [ ] No
- What is the age of the host facility(s)?
  unknown
- Is host facility(s) air conditioned?
  - [x] Yes
  - [ ] No
- What is the current physical condition of facility?
  - [x] Good
  - [ ] Fair
  - [ ] Poor
- Are there provisions for food preparation and service?
  - [x] Yes
  - [ ] No
- What are the provisions for bathing and toilet accommodations?
  - [x] Yes
  - [ ] No
- Are any other facilities contracted to use this site?
  - [x] Yes
  - [ ] No

x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
- [x] 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?
- [x] Yes. If yes what is that time? 48 hours
- [ ] No.

g) Have copies of each **signed and dated contract/agreement** been included for submitting?
- [x] Yes. If No - obtain and mark Yes.

h) Has a cover page been completed and attached for each contract/agreement. ***(blank form provided)***
- [x] Yes. If No - complete and mark Yes.

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

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

ii. What is the physical address of each **alternate/secondary** host site(s)?
5301 Tullis
New Orleans, LA
70131

iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
6.5 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: Paul Duplessis
Phone: 504-394-5807
Email: pduplessis@riverpalmsnr.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:
  20
- Is this adequate for all evacuating residents?
  ☒ Yes. If No - obtain and mark Yes.

viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.

ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
- What type of facility it is?
  ____
- What is host site currently being used for?
  ____

2021 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?
  - [x] Yes
  - [ ] No
- What is the age of the host facility(s)?
  unknown
- Is host facility(s) air conditioned?
  - [x] Yes
  - [ ] No
- What is the current physical condition of facility?
  - [x] Good
  - [ ] Fair
  - [ ] Poor
- Are there provisions for food preparation and service?
  - [x] Yes
  - [ ] No
- What are the provisions for bathing and toilet accommodations?
  - [x] Yes
  - [ ] No
- Are any other facilities contracted to use this site?
  - [ ] Yes
  - [x] No

x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
- [x] 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?
- [x] Yes. If yes what is that time? _____
- [ ] No.

g) Have copies of each **signed and dated contract/agreement** been included for submitting?
- [x] Yes. If No - obtain and mark Yes.

h) Has a cover page been completed and attached for each contract/agreement. ***(blank form provided)***
- [x] Yes. If No - complete and mark Yes.

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

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

ii. What is the physical address of each **alternate/secondary** host site(s)?
~~Sonya~~ 535 Commera
Grenta, LA 70056

iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
3.8 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: Sonya Berry
Phone: 504-343-9545
Email: Sberry@parkplacenr.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:
50
- Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.

viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.

ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
- What type of facility it is?
____
- What is host site currently being used for?
____

2021 Nursing Home Emergency Preparedness Plan Survey

- Is the square footage/area of the space to be used adequate for the residents?
  - [X] Yes
  - [ ] No
- What is the age of the host facility(s)?
  Unknown
- Is host facility(s) air conditioned?
  - [X] Yes
  - [ ] No
- What is the current physical condition of facility?
  - [X] Good
  - [ ] Fair
  - [ ] Poor
- Are there provisions for food preparation and service?
  - [X] Yes
  - [ ] No
- What are the provisions for bathing and toilet accommodations?
  - [X] Yes
  - [ ] No
- Are any other facilities contracted to use this site?
  - [X] Yes
  - [ ] No

x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
- [X] 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?
- [X] Yes. If yes what is that time? 48 hours
- [ ] No.

g) Have copies of each **signed and dated contract/agreement** been included for submitting?
- [X] Yes. If No - obtain and mark Yes.

h) Has a cover page been completed and attached for each contract/agreement. ***(blank form provided)***
- [X] Yes. If No - complete and mark Yes.

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

Year 2021 Hurricane Evacuation Plan

Evacuation Site Address	Bed Availability
1. 129 Calhoun Street Independence, LA 70443	700 Beds

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

Facility	Address	Phone	Bed Availability
Maison Deville Nursing Home, Inc.	107 S Hollywood Rd Houma, LA 70360	985-876-3250	80 Beds
St. Elizabeth's Caring, LLC	1020 Manhattan Blvd. Harvey, LA 70058	504-362-9522	20 Beds
Maison Deville Nursing Home of Harvey	2233 8th Street Harvey, LA 70058	504-362-9522	20 Beds
South Lafourche Nursing and Rehab	4302 Highway 1 Raceland, LA 70394	985-693-1065	20 Beds
Maison Orleans Healthcare of New Orleans	1420 General Taylor Street New Orleans, LA 70115	504-895-7755	20 Beds
River Palms Nursing Home	5301 Tullis Dr. New Orleans, LA 70131	504-394-5807	20 Beds
Park Place Nursing & Rehab	535 Commerce St. Gretna, LA 70056	504-393-9595	50 Beds

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

Sincerely,

Bob G. Dean
Man. Member

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

Year 2021 Hurricane Evacuation Plan Effective Date 1/1/2021

To:

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

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

	Evacuation Site Address:
1	129 Calhoun Street Independence, LA 70443

Sincerely,

Bob G Dean
Man. Member

Maison De'ville of Harvey
NURSING HOME & REHABILITATION
A tradition of carina
2233 8th street
Harvey, LA 70058
(504) 362-9522 phone
(504) 368-4118 fax

EMERGENCY UPDATED PLAN/SURVEY 2021

"Family Owned and Operated"

VII. AUTHENTICATION

This Emergency Operations Plan provides the operational procedures that this facility will follow during emergency events. This plan supersedes any previous emergency operations plans promulgated for this purpose. The information and data used and included in this plan is current, valid, and reliable. This plan was developed to provide for the health, safety, and welfare of all residents and staff.

Maison de Ville

Facility Name

3/1/21

Effective Date

Facility Administrator's Signature

Cindy Kendall

Facility Administrator PRINT Name

MAISON DEVILLE OF HARVEY NURSING HOME

EMERGENCY PREPAREDNESS

2021

"Family Owned and Operated"

Nursing Home Emergency Plan

Facility Name:

MAISON DEVILLE OF HARVEY

Name of Administrator:

Cindy Kendall, LNFA

Physical or Geographic address of Facility:

2233 8th Street

Harvey, LA 70058

Longitude: 90.07414 Latitude: 29.90449

MAILING ADDRESS OF YOUR FACILITY :

2233 8th Street

Harvey, LA 70058

Phone #: 504-362-9522

Fax #: 504-368-4118

Email: ckendall@devilleharvey.com

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

EMERGENCY PREPAREDNESS PLAN FOR:

MAISON DEVILLE OF HARVEY NURSING HOME

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

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

Jefferson Parish Department of Emergency Management

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

RECEIVED **or** REVIEWED **or** APPROVED.

Circle Yes or No

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

YES or **NO** -Did the facility address these recommendations?

Include any recommendations, or correspondence from OHSEP and facility's response in Tab P.

If no response from the local/parish Office of Homeland Security and Emergency Preparedness; include a mail receipt or similar as verification that it was sent or delivered to their office.

Cindy Kendall

Administrators Signature Print Name

EMERGENCY OPERATIONS PLAN

[redacted]

MAISON DEVILLE NURSING HOME OF HARVEY 2233 8TH STREET, HARVEY, LA 70058

I. Emergency Operations Plan Overview

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

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

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

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

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

II. Purpose and Scope

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

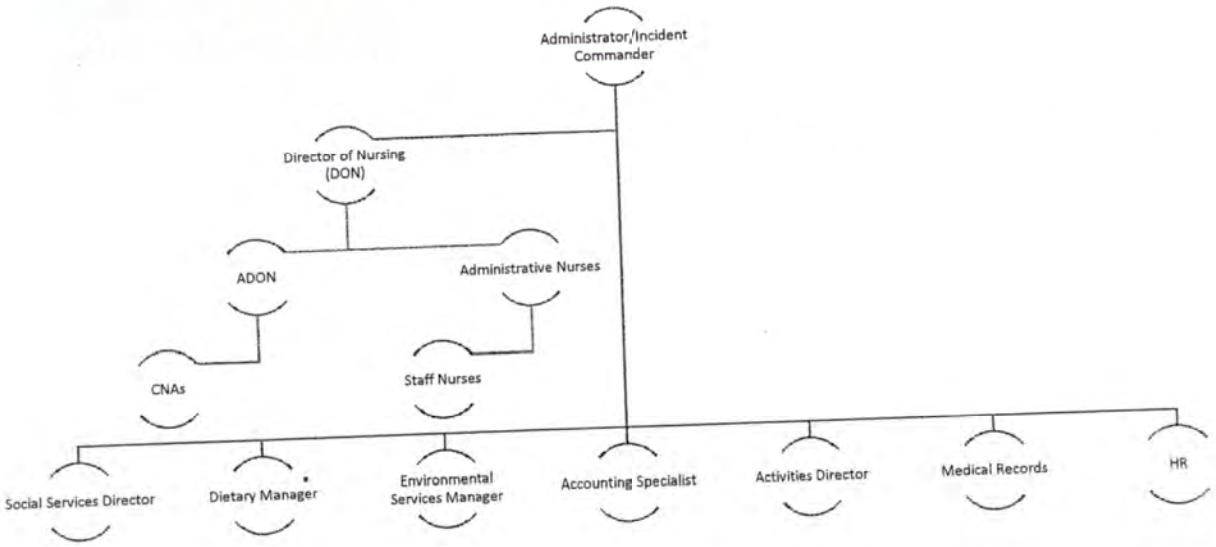
- Maintain a safe and secure environment for residents, staff and visitors;
- Sustain our organization's functionality, including our usual day-to-day business operations
- Integrate into the community's emergency response system as necessary.

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

III. **Structure and Leadership**

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

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


Administrator/Incident Commander
Director of Nursing (DON)
ADON
Administrative Nurses
CNAs
Staff Nurses
Social Services Director
Dietary Manager
Environmental Services Manager
Accounting Specialist
Activities Director
Medical Records
HR

IV. **Risk Assessment**

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

A. *Hazard Vulnerability Analysis (HVA)*

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

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

Hazard Vulnerability Analysis (HVA)

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

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

See Section 13 for HVA.

B. *Top 3 Risks*

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

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

C. *Risk Mitigation*

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

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

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

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

D. *Emergency Management Codes and Procedures*

Policy Statement

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

Policy Interpretation and Implementation

1. The following are some examples of hazards that Maison Deville Nursing Home of Harvey may be exposed to and the codes are utilized to notify the employees of the various crises or disaster situations that may impact the facility:

   a. Fire Emergency (Code Red)

   b. Missing Resident (Dr. Wander)

   c. Severe Weather/Natural Disaster (Code Green)

d. Utility Outage (Code Black)

e. Hazardous Materials Incident (Code Orange)

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

g. Nuclear Power Plant Emergency (Code Brown)

h. Suspicious Package/Bomb Threat (Code Yellow)

i. Medical Emergency (Code Blue)

j. Epidemic/Pandemic Episode (Code Purple)

k. Terrorist Attack (Code White)

l. Evacuation _____

m. Shelter-in-Place_____

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

IV. **Communication Plan**

A. *Overview*

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

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

B. *Internal Communication*

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

Our internal communication equipment includes:

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

C. *Communication with External Partners*

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

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

D. *Resident and Family Communication*

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

E. *Public Relations Liaison*

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

V. **Employee Preparedness**

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

A. Staffing During an Emergency - Staff Recall

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

B. Emergency Employee Call-Ins

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

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

E. Employee Assignments

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

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

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

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

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

F. Staff Responsibility

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

G. Staff Support

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

H. Staff Recall

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

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

During an emergency, each individual department manager/supervisor is responsible for contacting staff to report for duty. The backup/alternate contact is Human Resources designee.

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

NAME	POSITION	RESPONSE (coming in, not home, left message, etc.)	EXPECTED ARRIVAL TIME

IV. ORGANIZATION AND RESPONSIBILITIES:

A. *Organization & Staffing:*

Emergency/Disaster Job Assignment
All personnel are pre-assigned specific tasks to perform during emergency situations.

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

Emergency Job Tasks – Evacuation

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

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

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

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

3. Nursing Staff

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

4. Certified Nursing Assistants

a. Remove all residents from bed if possible and place in wheelchairs, Geri-chairs, etc.
b. Prepare residents in designated groups according to acuity for transport to alternate care facilities.

Ensure the residents:

(1) Are properly attired for the weather with shoes, coats, hats, etc;
(2) Are wearing identification wristbands;
(3) Have emergency packets with face sheet, identification, Do Not Resuscitate (DNR) orders, insurance information, etc;
(4) Have Emergency "Go Bags" with personal clothing, gowns/pajamas, shoes, slippers, socks, and underclothes for three to four days;
(5) Have incontinence supplies, personal grooming items, and other medical supplies;
(6) Have dental supplies, dentures, hearing aides, eyeglasses, etc;
(7) Have all adaptive aids (for example, hearing aids and dentures are packed and properly labeled) and
(8) Have pillows, blankets, and bed linens (mattress may be transported as well).

c. Designate staff members to accompany each group.
d. Remain calm so as to not upset the residents.

5. Medical Records

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

6. Office Staff

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

7. Social Services/Activities

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

8. Maintenance

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

9. Food Services

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

10. Housekeeping/Laundry

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

11. Transportation

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

12. Medical Director

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

VI. **Coordination with Response Partners**

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

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

VII. **Resource Management**

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

VIII. **Education and Training**

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

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

IX. **Facility Evacuation**

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

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

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

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

A. LOGISTICS

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

Transportation

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

Evacuation Forms and Tools

Forms and tools we may use include:

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

Coronavirus Disease (COVID-19) – Emergency Management

Policy Statement

This facility has developed a structure for decision making and emergency response planning amid the current coronavirus disease (COVID-19) outbreak.

Policy Interpretation and Implementation

1. The response to the current outbreak of coronavirus disease is based on the most current recommendations from health policy officials, state agencies and the federal government.

2. COVID-19 has been incorporated into the emergency management plan ("the plan") for the facility.

3. A COVID-19 Response Committee ("the committee") has been established to oversee the development of the emergency management plan for COVID-19. Members of the COVID-19 Response Committee include:
   a. Facility administration;
   b. Medical director;
   c. Director of nursing;
   d. Infection preventionist;
   e. Occupational health;
   f. Staff training and orientation;
   g. Engineering/maintenance services;
   h. Environmental (housekeeping) services;
   i. Dietary (food) services;
   j. Pharmacy services;
   k. Occupational/rehabilitation/physical therapy services;
   l. Transportation services;
   m. Purchasing agent;
   n. Facility staff representative; and
   o. Other member(s) as appropriate.

4. The committee appoints a COVID-19 Response Plan Coordinator ("the coordinator") to organize the development of the response plan. The Administrator is the coordinator.

5. The coordinator communicates with local, regional and federal planning groups, and oversees inter-facility communications.

6. The plan follows the organizational structure of the National Incident Management and Incident Command Systems (NIMS and ICS).

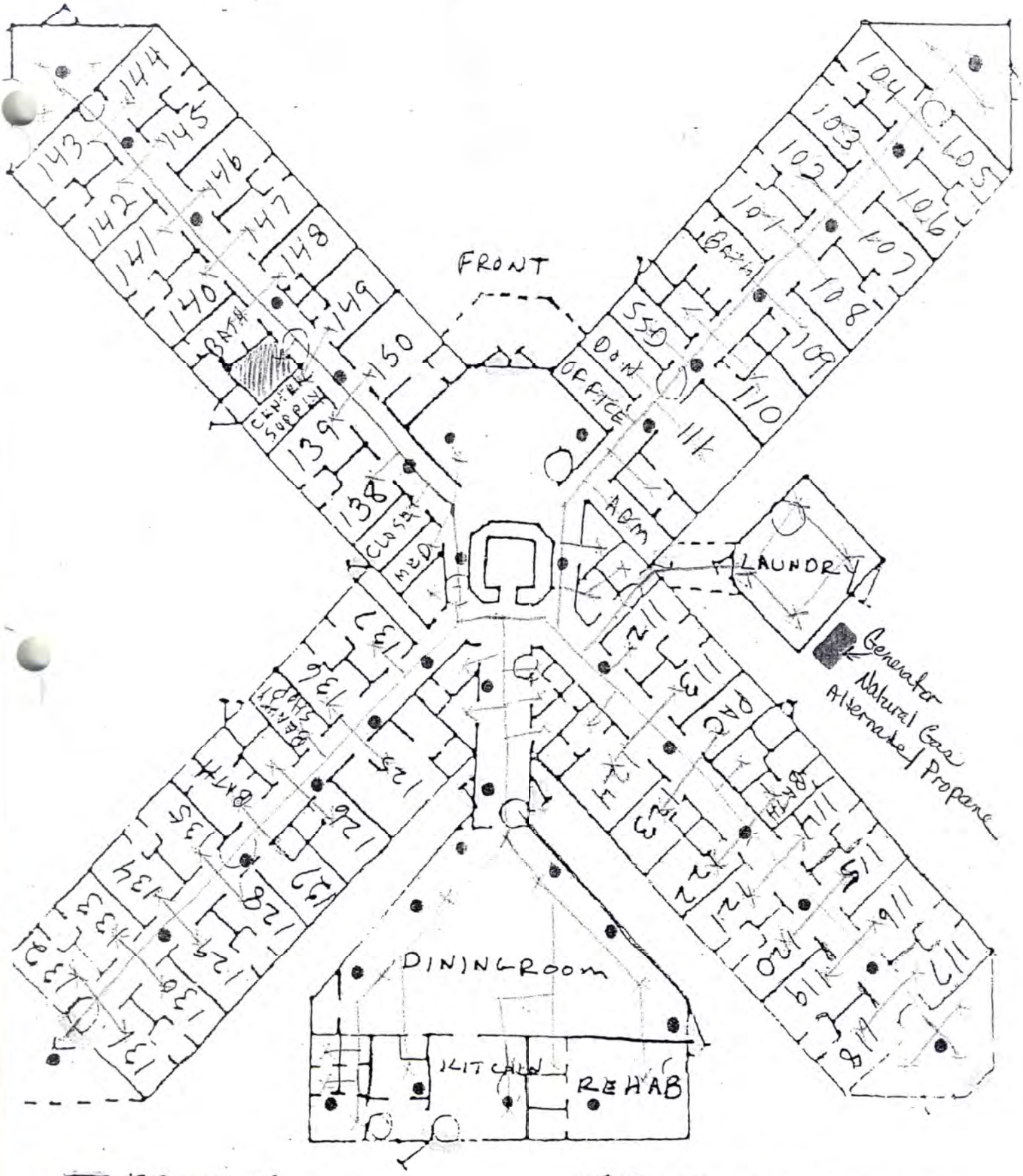
7. The plan is available at the Nurse's Station in the facility and is accessible to staff at all times.

continues on next page

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References	
OBRA Regulatory Reference Numbers	483.80; 483.73; 483.73(a); 483.73(b); 483.73(c)(3)
Survey Tag Numbers	F880; E-0001; E-0004; E-0013; E-0032
Other References	https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf
Related Documents	
Version	1.0 (H5MAPL1477)

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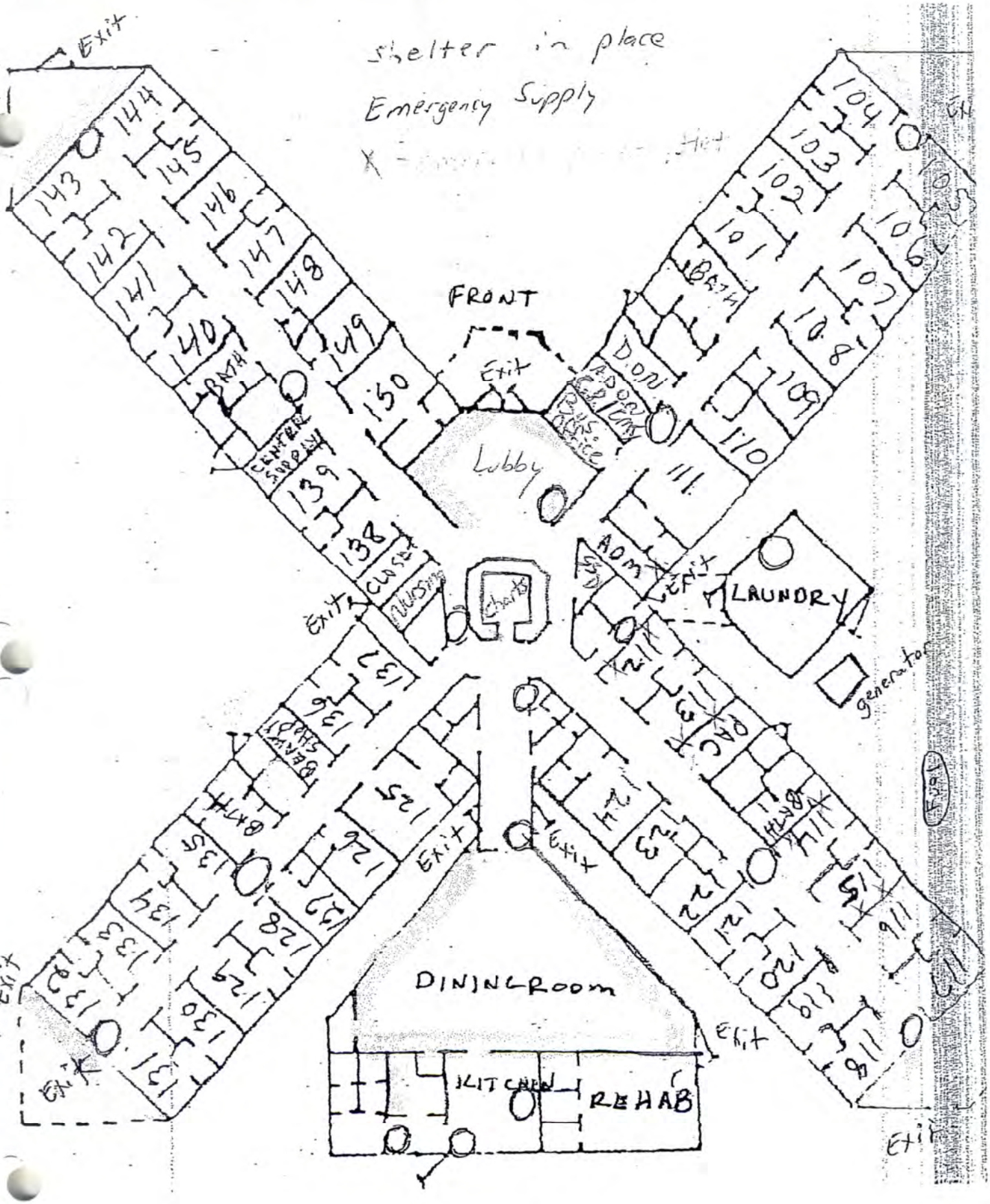
FIRE EXITS

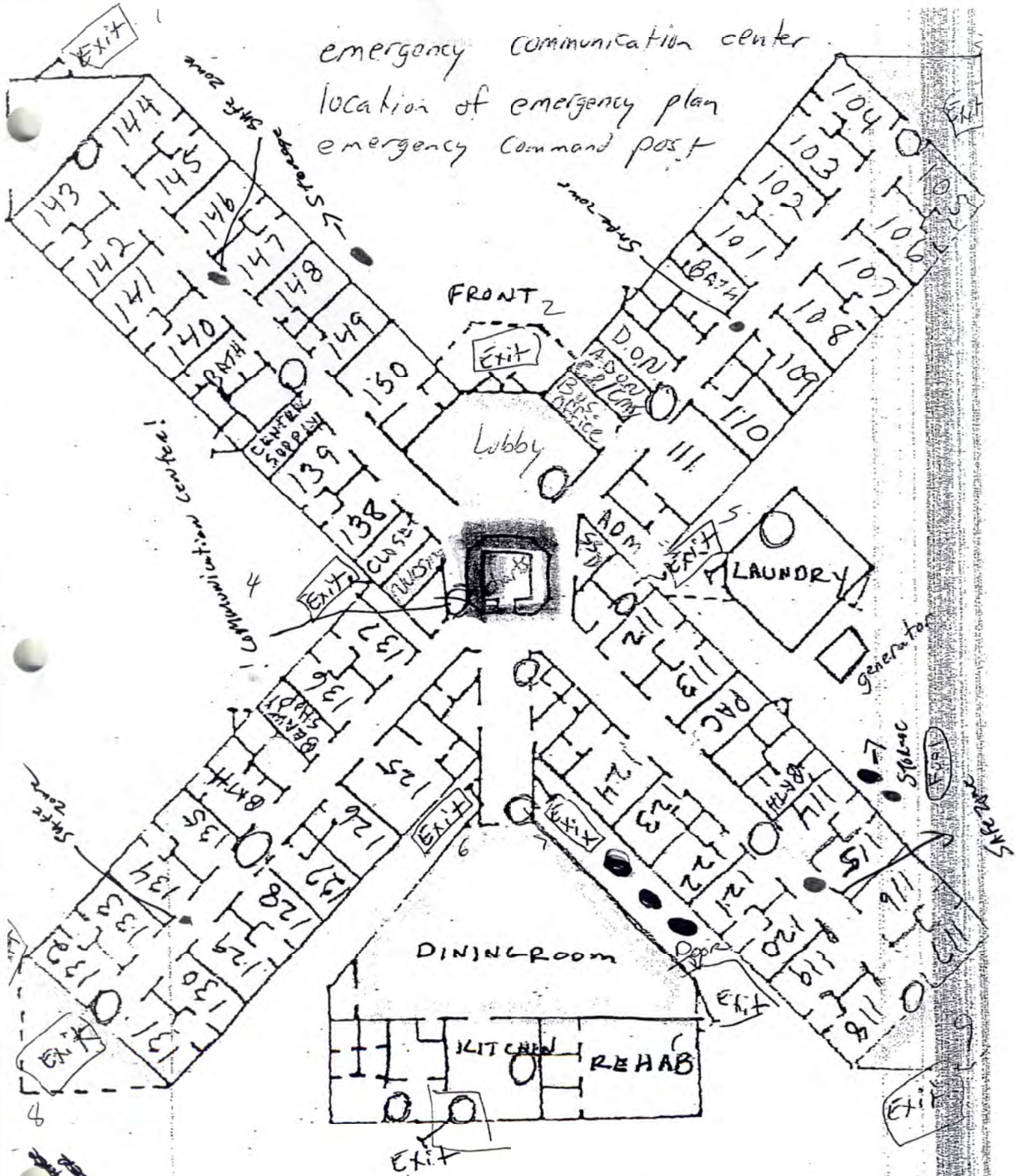
HAZARDOUS / BIOHAZARD ROOM

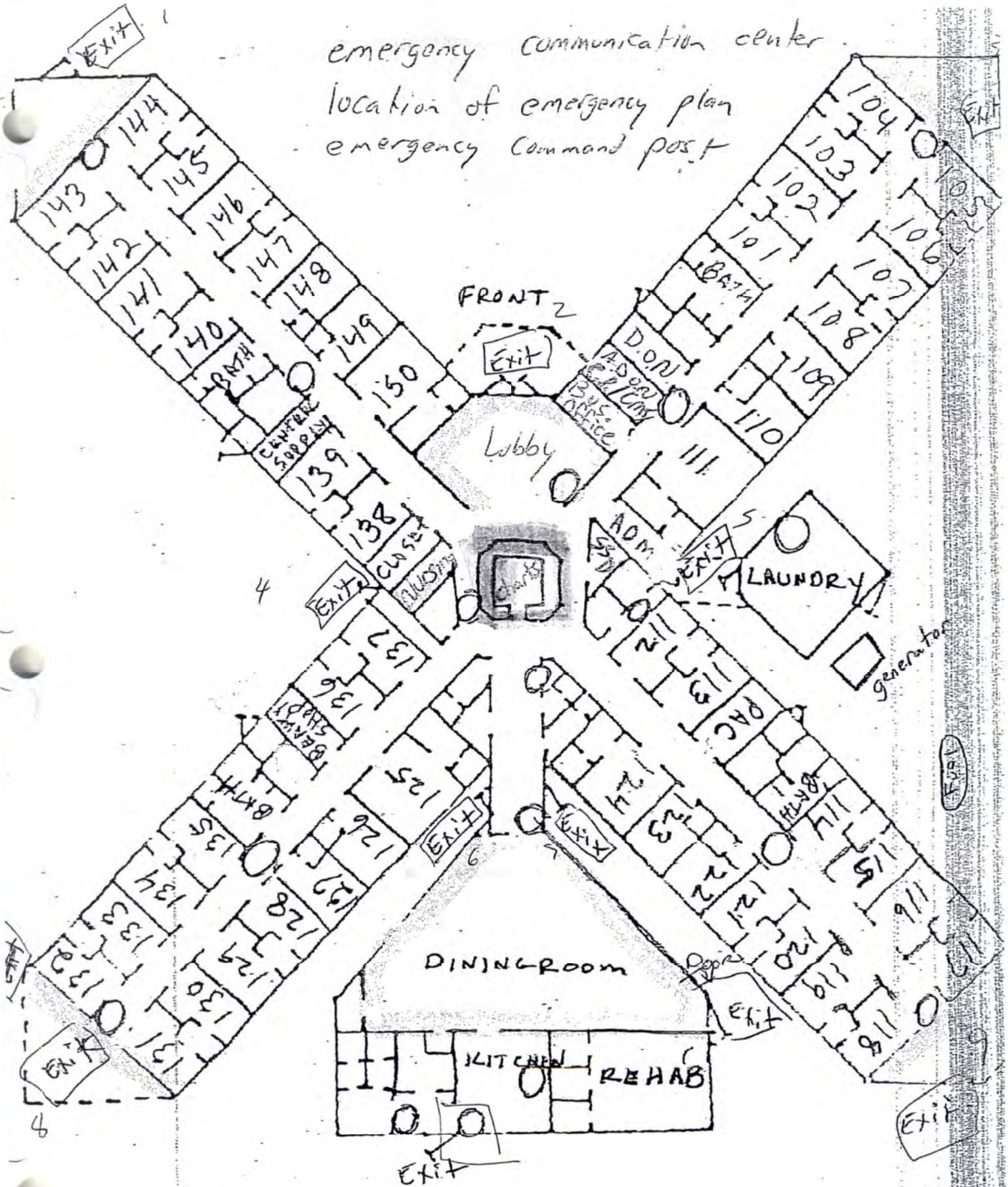
* SPRINKLER SYSTEM

SMOKE DETECTORS

Elevation VS Flood =
E2 = 3Ft


shelter in place
Emergency Supply
X =
Exit
144
145
143
146
142
147
141
148
140
149
BATH
150
CENTER SUPPLY
139
138
CLOSET
FRONT
Exit
Lobby
DON
ADORATION
BUS. OFFICE
104
103
102
101
BATH
107
106
105
108
109
110
111
ADM
SD
Exit
LAUNDRY
generator
Exit
Exit
Chart
CLOSET
137
136
135
134
133
132
BEAUTY SHOP
BATH
125
126
127
128
129
130
131
Exit
Exit
Exit
Exit
Exit
Exit
DINING ROOM
KITCHEN
REHAB
Exit
Exit
Exit
Exit
OAC
BATH
1
2
3
4
5
6
7
8
9
10
11
12
13
14
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17
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124

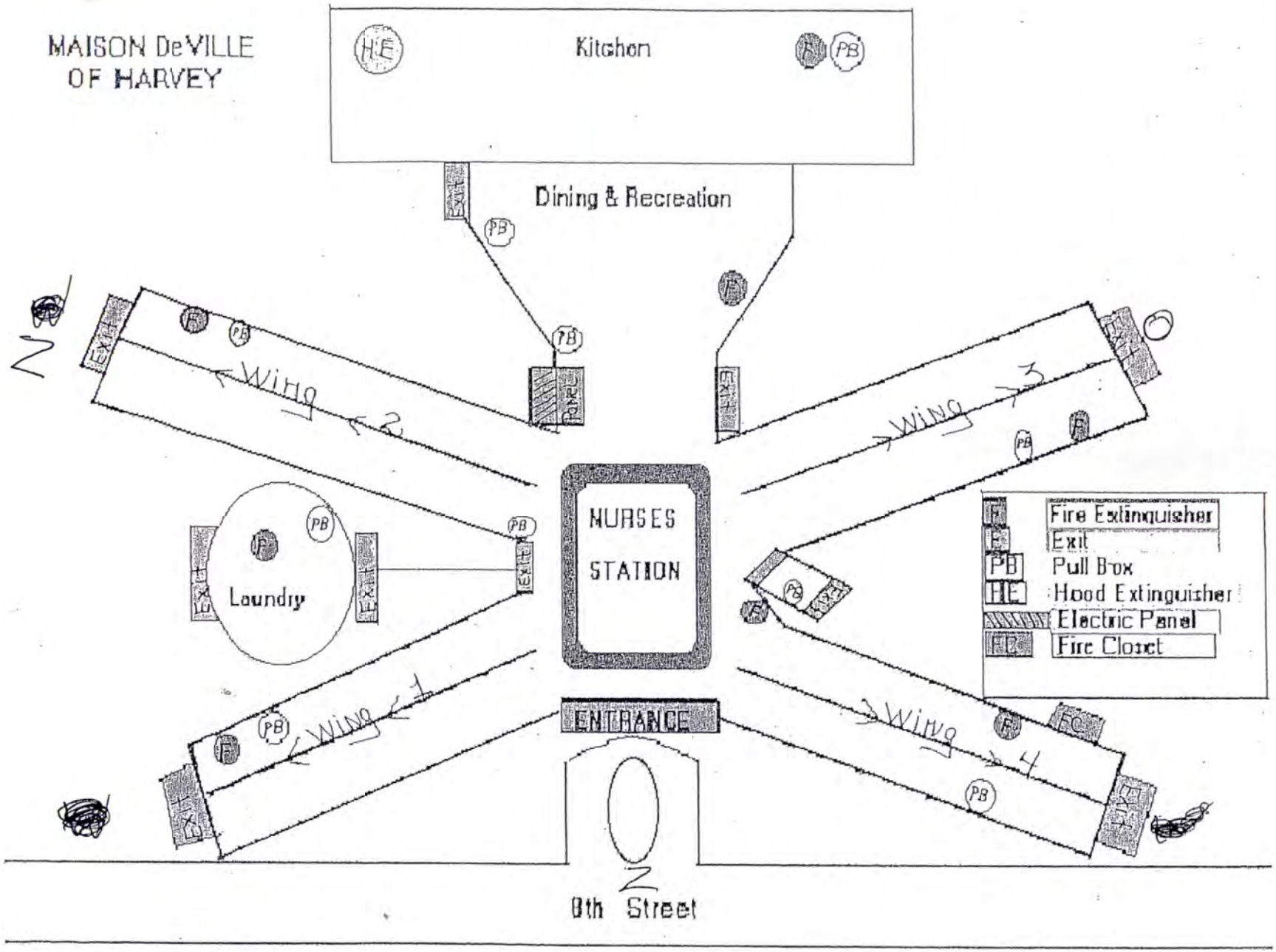

emergency communication center
location of emergency plan
emergency Command post
Exit
Lobby
FRONT
LAUNDRY
DINING ROOM
KITCHEN
REHAB
Communication center
generator
Maison Deville of Harvey
2233 8th Street



Maison Deville of Harvey
2233 8th Street

18 feet

MAISON DeVILLE
OF HARVEY



TAB B:

Client/Resident census/transportation coversheet. Please TYPE or CLEARLY PRINT information and place in front of the current list/roster in your facilities plan.

Only submit a copy of this completed coversheet with blank forms, listed information, or templates that will be used in your plan to the DHH-HSS Emergency Preparedness Manager. Please do not send **names or private information** unless requested. The templates or forms used shall include, but not be limited to, all information required in licensing regulations;

a. Specific room location and ambulatory condition.
b. Indicate the transportation needs of the current Resident census and give total for each type of transportation needed.
   i. need ambulance with advanced life support = #
   ii. need ambulance for basic life support = #
   iii. need wheelchair accessible or Para-transit vehicle = #
   iv. need regular- car, van, bus- transport = #
c. Include contact information for next of kin or responsible party.
d. Indicate the Residents that have arrangements to be recovered or transported by a responsible party, whenever called in an emergency.

Provide the following;

Total Licensed Beds: 100

Current Census: 94

Number of available beds: 5

Transportation requirements for census:

 # need ambulance with/for advanced life support = 0

 # need ambulance with/for basic life support = 14

 # need wheelchair accessible or Para-transit vehicle = 47

 # need regular transportation i.e. car, van, bus etc. = 33

Total #= 94

Date completed 2/23/21

A- Amb 14
WC - Wheelchair Van 47
R - Reg transport 33

Note: This report includes only the selection criteria listed below.
NF Residents Only
Census Date: 2/23/2021

Census List

04 Maison DeVille of Harvey LLC (04)

Sort Order: Resident Name

Resident	*Resident Number*	*Location*	*Sex*	*Bed Hold*	*Out of Facility*	*Depart Date/Time*	*Return Date/Time*	*HIPPS/ CMG*	*A/R Type*
[redacted]	[redacted]	[redacted]	M					PD1	MCD
			F					KDXD	MCD
			M					OJPF	MCD
			F						MCP
			F					NJPE	MCD
			M					MDIC	MCA
			F					IB1	MCD
			M					FDGD	MCA
			F						MCG
			F					KDXD	MCD
			M					OHKF	MCD
			F					PD1	MCD
			M					KEKE	MCP
			M					NKMD	MCP
			M					PD1	MCD
			F						MCP
			M						MCG
			M					NKPF	MCD
			M					PA1	MCD
			F					ODXF	MCP
			M						MCA
			F	BM				KAXE	MCD
			M					CA1	MCD
			M					PC1	MCD
			F						HOS
			M					SE2	MCD
			M					NHIE	HMO
			F						HOS
			M					PD1	MCD
			F					ODXD	MCD
			F					OJPF	MCD
			F					KAXE	MCA
			F					GEXE	MCD
			F					CB1	MCD
			M					CA1	MCD
			M					JAUE	MCD
			M					MLUD	MCP
			F					MKMF	MCD
			M					OGSF	MCP
			F						MCP
			F					GAXF	PVT

Sort Order: Resident Name

Resident	Resident Number	Location	Sex	Bed Hold	Out of Facility	Depart Date/Time	Return Date/Time	HIPPS/ CMG	A/R Type
[redacted]	[redacted]	[redacted]	F					JAUE	MCD
			F					JAKD	MCD
			M					PD1	MCD
			F					PD1	MCD
			F					KDXE	MCG
			M					OJSF	MCD
			F						MCP
			F					KAGC	MCD
			M					KGXF	MCA
			F					GAPE	MCD
			M					OEXF	MCD
			F					KDSE	MCP
			M					OKPD	MCD
			M					PA1	MCD
			F					GDKE	MCD
			F						MCP
			M					JEXE	MCD
			M					ODYE	MCD
			M					GAXF	MCD
			F					NGPF	MCD
			M					GDXE	MCD
			F						MCP
			M	BM				KFXD	MCP
			M					SSC	MCD
			M					NHMF	MCD
			F					NGUF	MCD
			M					PA1	MCD
			M					ODXD	MCD
			F					GAPD	MCD
			M					PD1	MCD
			M					PD1	MCD
			M					PD1	MCD
			M					PA1	MCD
			F					KAXF	MCD
			M						MCP
			F					PD1	MCD
			M					PD1	MCD
			F					PA1	MCD
			M					PD1	MCD
			F					IB1	MCD
			F					ODXD	MCD
			M					GAXF	MCD
			M					PA1	MCD

Census List

04 Maison DeVille of Harvey LLC (04)

Sort Order: Resident Name

Resident	Resident Number	Location	Sex	Bed Hold	Out of Facility	Depart Date/Time	Return Date/Time	HIPPS/ CMG	A/R Type
[redacted]	[redacted]	[redacted]	M					MKMF	MCD
			F					IA1	MCD
			M					PB1	MCD
			F					IB1	MCD
			F					KEGD	MCA
			F					PD1	MCD
			M					GDPD	MCP
			M					MGEE	MCD
			M					OGXF	MCD
			F					CHPE	MCA

Census List

04 Maison DeVille of Harvey LLC (04)

Sort Order: Resident Name

Resident	Resident Number	Location	Sex	Bed Hold	Out of Facility	Depart Date/Time	Return Date/Time	HIPPS/ CMG	A/R Type

Summary Information

			No.	%
Total Beds:	100	Female Residents:	43	47
Occupied Beds:	92	Male Residents:	49	53
Held Beds:	2			
Vacant Beds:	6			
Occupancy:	92 %			

Occupancy Mix

A/R Type	In Facility	Out of Facility*	Total	%
HMO HMO (RUG)	1	0	1	1
HOS Hospice	2	0	2	2
MCA Medicare Part A	7	0	7	8
MCD Medicaid	64	0	64	70
MCG Mgd Care (Flat Rate)	3	0	3	3
MCP Medicaid Pending	14	0	14	15
PVT Private Pay	1	0	1	1
Totals	92	0	92	100

* Out of Facility does not include residents on bedhold

Case Mix Group Analysis

Case Mix Group	No.	%
BA1	1	1
BB1	1	1
CA1	3	3
CB1	4	4
CC1	1	1
HC1	1	1
IA1	1	1
IB1	4	4
LD1	1	1
PA1	7	8
PB1	2	2
PC1	2	2
PD1	24	26
PE1	3	3
RAA	2	2
RAB	5	5
RAC	2	2
RAD	1	1
RMB	2	2
SE2	1	1
SSA	1	1
SSC	1	1
Unspecified	22	24

Sort Order: Resident Name

Resident	Resident Number	Location	Sex	Bed Hold	Out of Facility	Depart Date/Time	Return Date/Time	HIPPS/ CMG	A/R Type

PDPM HIPPS Analysis

HIPPS	No.	%
CHPE	1	1
FDGD	1	1
GAPD	1	1
GAPE	1	1
GAXF	3	3
GDKE	1	1
GDPD	1	1
GDXE	1	1
GEXE	1	1
JAKD	1	1
JAUE	2	2
JEXE	1	1
KAGC	1	1
KAXE	1	1
KAXF	1	1
KDSE	1	1
KDXD	2	2
KDXE	1	1
KEGD	1	1
KEKE	1	1
KGXF	1	1
MDIC	1	1
MGEE	1	1
MKMF	2	2
MLUD	1	1
NGPF	1	1
NGUF	1	1
NHIE	1	1
NHMF	1	1
NJPE	1	1
NKMD	1	1
NKPF	1	1
ODXD	3	3
ODXF	1	1
ODYE	1	1
OEXF	1	1
OGSF	1	1
OGXF	1	1
OHKF	1	1
OJPF	2	2
OJSF	1	1
OKPD	1	1
Unknown	42	46

Bed Hold Day Type Analysis

Bed Hold Day Type	No.	%
BM	2	2

Census List

04 Maison DeVille of Harvey LLC (04)

Sort Order: Resident Name

Resident	Resident Number	Location	Sex	Bed Hold	Out of Facility	Depart Date/Time	Return Date/Time	HIPPS/ CMG	A/R Type
Outpatients:									

Census List

04 Maison DeVille of Harvey LLC (04)

Sort Order: Resident Name

Resident	Resident Number	Location	Sex	Bed Hold	Out of Facility	Depart Date/Time	Return Date/Time	HIPPS/ CMG	A/R Type

The Following Active Residents Are Not Assigned a Location:

Note: This report includes only the selection criteria listed below.
NF Residents Only
Census Date: 2/23/2021

Census List

04 Maison DeVille of Harvey LLC (04)

Sort Order: Resident Name

Resident	*Resident Number*	*Location*	*Sex*	*Bed Hold*	*Out of Facility*	*Depart Date/Time*	*Return Date/Time*	*HIPPS/ CMG*	*A/R Type*
[redacted]		[redacted]	M					PD1	MCD
			F					KDXD	MCD
			M					OJPF	MCD
			F						MCP
			F					NJPE	MCD
			M					MDIC	MCA
			F					IB1	MCD
			M					FDGD	MCA
			F						MCG
			F					KDXD	MCD
			M					OHKF	MCD
			F					PD1	MCD
			M					KEKE	MCP
			M					NKMD	MCP
			M					PD1	MCD
			F						MCP
			M						MCG
			M					NKPF	MCD
			M					PA1	MCD
			F					ODXF	MCP
			M						MCA
			F	BM				KAXE	MCD
			M					CA1	MCD
			M					PC1	MCD
			F						HOS
			M					SE2	MCD
			M					NHIE	HMO
			F						HOS
			M					PD1	MCD
			F					ODXD	MCD
			F					OJPF	MCD
			F					KAXE	MCA
			F					GEXE	MCD
			F					CB1	MCD
			M					CA1	MCD
			M					JAUE	MCD
			M					MLUD	MCP
			F					MKMF	MCD
			M					OGSF	MCP
			F						MCP
			F					GAXF	PVT

Census List

04 Maison DeVille of Harvey LLC (04)

Sort Order: Resident Name

Resident	Resident Number	Location	Sex	Bed Hold	Out of Facility	Depart Date/Time	Return Date/Time	HIPPS/ CMG	A/R Type
[redacted]		[redacted]	F					JAUE	MCD
			F					JAKD	MCD
			M					PD1	MCD
			F					PD1	MCD
			F					KDXE	MCG
			M					OJSF	MCD
			F						MCP
			F					KAGC	MCD
			M					KGXF	MCA
			F					GAPE	MCD
			M					OEXF	MCD
			F					KDSE	MCP
			M					OKPD	MCD
			M					PA1	MCD
			F					GDKE	MCD
			F						MCP
			M					JEXE	MCD
			M					ODYE	MCD
			M					GAXF	MCD
			F					NGPF	MCD
			M					GDXE	MCD
			F						MCP
			M	BM				KFXD	MCP
			M					SSC	MCD
			M					NHMF	MCD
			F					NGUF	MCD
			M					PA1	MCD
			M					ODXD	MCD
			F					GAPD	MCD
			M					PD1	MCD
			M					PD1	MCD
			M					PD1	MCD
			M					PA1	MCD
			F					KAXF	MCD
			M						MCP
			F					PD1	MCD
			M					PD1	MCD
			F					PA1	MCD
			M					PD1	MCD
			F					IB1	MCD
			F					ODXD	MCD
			M					GAXF	MCD
			M					PA1	MCD

Census List

04 Maison DeVille of Harvey LLC (04)

Sort Order: Resident Name

Resident	Resident Number	Location	Sex	Bed Hold	Out of Facility	Depart Date/Time	Return Date/Time	HIPPS/ CMG	A/R Type
[redacted]	[redacted]	[redacted]	M					MKMF	MCD
			F					IA1	MCD
			M					PB1	MCD
			F					IB1	MCD
			F					KEGD	MCA
			F					PD1	MCD
			M					GDPD	MCP
			M					MGEE	MCD
			M					OGXF	MCD
			F					CHPE	MCA

Census List

04 Maison DeVille of Harvey LLC (04)

Sort Order: Resident Name

Resident	Resident Number	Location	Sex	Bed Hold	Out of Facility	Depart Date/Time	Return Date/Time	HIPPS/ CMG	A/R Type

Summary Information

Total Beds:	100
Occupied Beds:	92
Held Beds:	2
Vacant Beds:	6
Occupancy:	92 %

	No.	%
Female Residents:	43	47
Male Residents:	49	53

Occupancy Mix

A/R Type	In Facility	Out of Facility*	Total	%
HMO HMO (RUG)	1	0	1	1
HOS Hospice	2	0	2	2
MCA Medicare Part A	7	0	7	8
MCD Medicaid	64	0	64	70
MCG Mgd Care (Flat Rate)	3	0	3	3
MCP Medicaid Pending	14	0	14	15
PVT Private Pay	1	0	1	1
Totals	92	0	92	100

* Out of Facility does not include residents on bedhold

Case Mix Group Analysis

Case Mix Group	No.	%
BA1	1	1
BB1	1	1
CA1	3	3
CB1	4	4
CC1	1	1
HC1	1	1
IA1	1	1
IB1	4	4
LD1	1	1
PA1	7	8
PB1	2	2
PC1	2	2
PD1	24	26
PE1	3	3
RAA	2	2
RAB	5	5
RAC	2	2
RAD	1	1
RMB	2	2
SE2	1	1
SSA	1	1
SSC	1	1
Unspecified	22	24

Sort Order: Resident Name

Resident	Resident Number	Location	Sex	Bed Hold	Out of Facility	Depart Date/Time	Return Date/Time	HIPPS/ CMG	A/R Type

PDPM HIPPS Analysis

HIPPS	No.	%
CHPE	1	1
FDGD	1	1
GAPD	1	1
GAPE	1	1
GAXF	3	3
GDKE	1	1
GDPD	1	1
GDXE	1	1
GEXE	1	1
JAKD	1	1
JAUE	2	2
JEXE	1	1
KAGC	1	1
KAXE	1	1
KAXF	1	1
KDSE	1	1
KDXD	2	2
KDXE	1	1
KEGD	1	1
KEKE	1	1
KGXF	1	1
MDIC	1	1
MGEE	1	1
MKMF	2	2
MLUD	1	1
NGPF	1	1
NGUF	1	1
NHIE	1	1
NHMF	1	1
NJPE	1	1
NKMD	1	1
NKPF	1	1
ODXD	3	3
ODXF	1	1
ODYE	1	1
OEXF	1	1
OGSF	1	1
OGXF	1	1
OHKF	1	1
OJPF	2	2
OJSF	1	1
OKPD	1	1
Unknown	42	46

Bed Hold Day Type Analysis

Bed Hold Day Type	No.	%
BM	2	2

Census List

04 Maison DeVille of Harvey LLC (04)

Sort Order: Resident Name

Resident	Resident Number	Location	Sex	Bed Hold	Out of Facility	Depart Date/Time	Return Date/Time	HIPPS/ CMG	A/R Type
Outpatients:									

Census List

04 Maison DeVille of Harvey LLC (04)

Sort Order: Resident Name

Resident	Resident Number	Location	Sex	Bed Hold	Out of Facility	Depart Date/Time	Return Date/Time	HIPPS/ CMG	A/R Type

The Following Active Residents Are Not Assigned a Location:

TAB C

Staff roster shall including live-in and non live-in, full and part time. Include name, address, and telephone number. DHH-HSS does not need a copy of these lists or rosters. Please do not include these when sending in your plan to DHH-HSS. Please have this list updated and on file within your facility's copy at all times.

UPDATED as of: 2/23/21

UPDATED by (print): Cindy Kendall

Maison De'ville of Harvey
NURSING HOME & REHABILITATION
A tradition of carina
2233 8th street
Harvey, LA 70058
(504) 362-9522 phone
(504) 368-4118 fax

March 1, 2021

To Whom It May Concern:

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

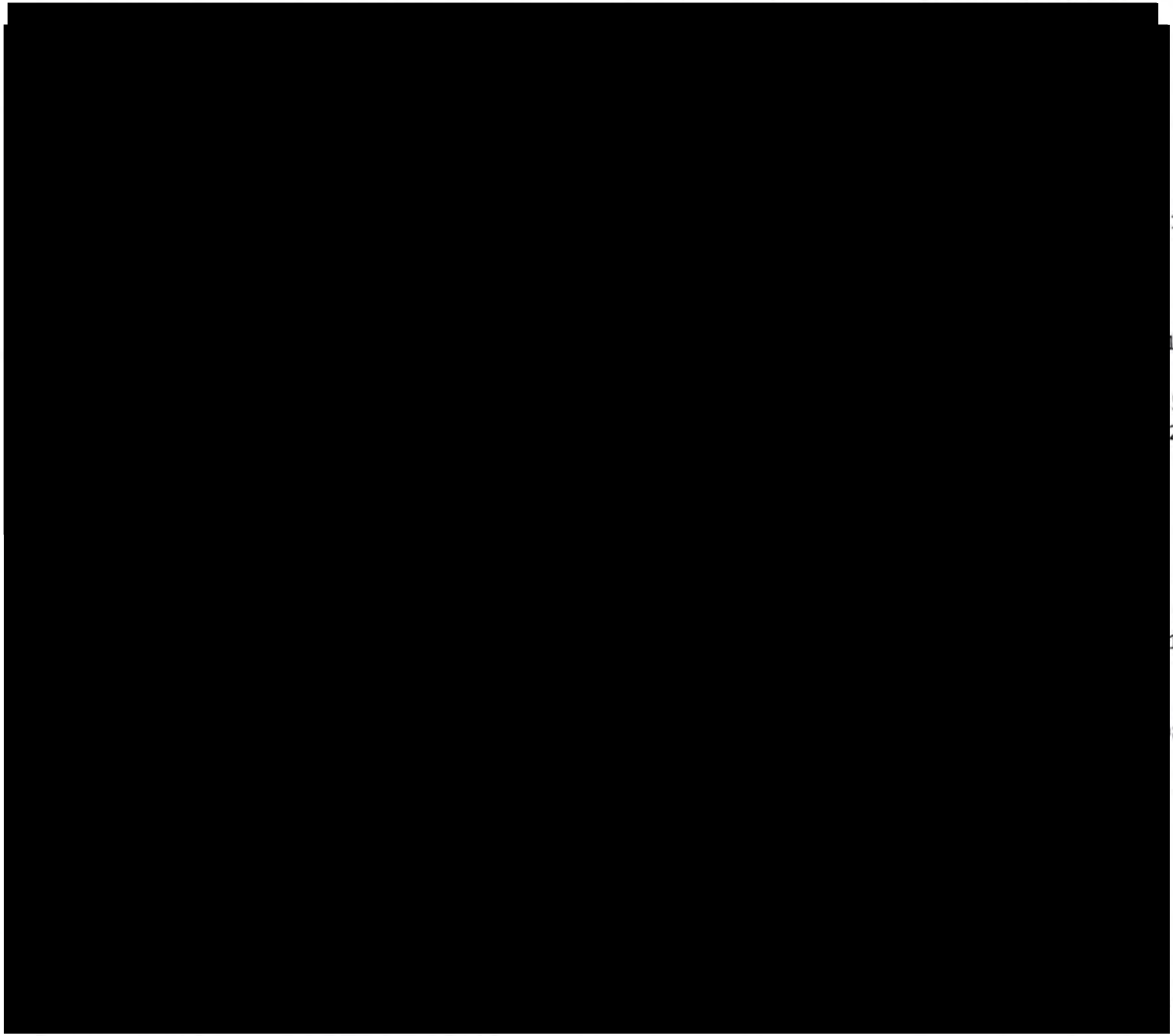
There are 20 staff members that have agreed to help in the emergency events, and 8 staff members that have family evacuating with the nursing home that require transportation.

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

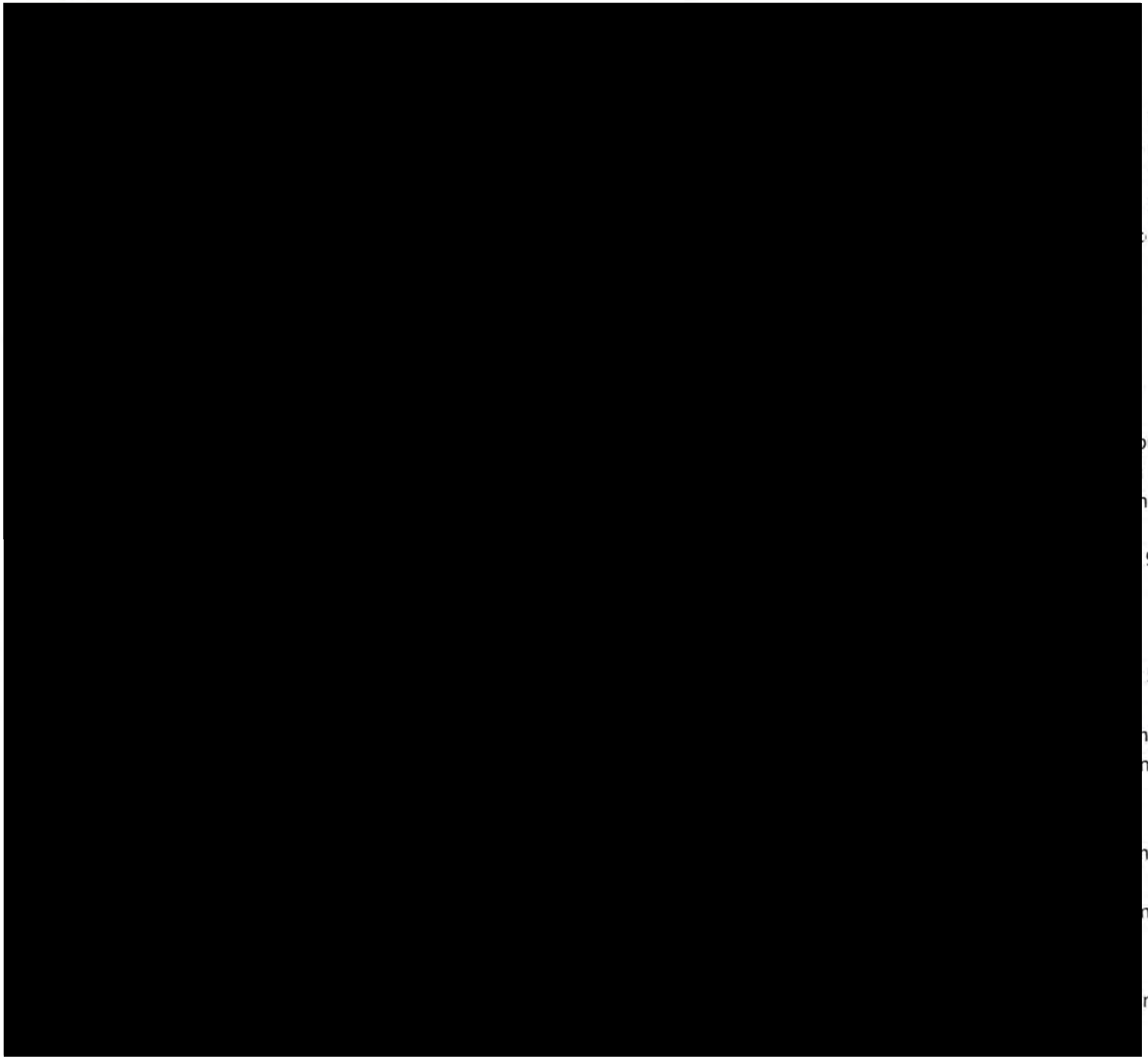
Signed,

Cindy Kendall, **LNFA**
Nursing Home Administrator

Full Name	Address 1	City	Postal C	Cell Phone	Personal Email	Org 1
[redacted]						48 CNA-FLOOR
						48 CNA-FLOOR
						48 CNA-FLOOR
						47 LPN-FLOOR
						77 THERAPY-PT
						4 HOUSEKEEPING STAF
						48 CNA-FLOOR
						01 CLINICAL CONSULT
						8 MAINTENANCE STAFF
						136 LPN-MDS
						47 LPN-FLOOR
						139 RN-WEEKEND
						47 LPN-FLOOR
						47 LPN-FLOOR
						128 CNA-BATH AIDE
						48 CNA-FLOOR
						126 SOCIAL SERVICES-
						48 CNA-FLOOR
						47 LPN-FLOOR
						48 CNA-FLOOR
						79 THERAPY-ST
						47 LPN-FLOOR
						530030 1099-Dietitia
						48 CNA-FLOOR
						47 LPN-FLOOR
						530043 1099-Podiatri
						48 CNA-FLOOR
						410150 1099-Medical
						88 MEDICAL RECORDS
						48 CNA-FLOOR
						530038 1099-Dentist
						26 DIETARY STAFF
						26 DIETARY STAFF



48 CNA-FLOOR
48 CNA-FLOOR
132 THERAPY-PTA
48 CNA-FLOOR
19 CHARGE NURSE
48 CNA-FLOOR
30 LAUNDRY STAFF
130 CNA SUPERVISOR
48 CNA-FLOOR
78 THERAPY-OT
48 CNA-FLOOR
101 CLINICAL CONSULT
48 CNA-FLOOR
5 HOUSEKEEPING SUPE
2 LPN-TREATMENT NUF
48 CNA-FLOOR
128 CNA-BATH AIDE
26 DIETARY STAFF
47 LPN-FLOOR
48 CNA-FLOOR
530030 1099-Dietitia
129 CNA WARD CLERKS
47 LPN-FLOOR
54 WARD CLERK
8 CNA-TRANSPORATION
48 CNA-FLOOR
11 ADMINISTRATOR
47 LPN-FLOOR
77 THERAPY-PT
48 CNA-FLOOR
79 THERAPY-ST
47 LPN-FLOOR
48 CNA-FLOOR
48 CNA-FLOOR



78 THERAPY-OT
77 THERAPY-PT
48 CNA-FLOOR
99 CLINICAL NURSE CO
26 DIETARY STAFF
99 CLINICAL NURSE CO
25 DIETARY SUPERVISO
47 LPN-FLOOR
530043 1099-Podiatri
48 CNA-FLOOR
530030 1099-Dietitia
78 THERAPY-OT
47 LPN-FLOOR
14 BILLING SPECIALIS
47 LPN-FLOOR
47 LPN-FLOOR
26 DIETARY STAFF
77 THERAPY-PT
98 CNA-TRANSPORATION
101 CLINICAL CONSULT
79 THERAPY-ST
30 LAUNDRY STAFF
530050 1099-OPHTHALM
99 CLINICAL NURSE CO
34 HOUSEKEEPING STAF
26 DIETARY STAFF
47 LPN-FLOOR
77 THERAPY-PT
12 LPN-TREATMENT NUF
530020 1099-Pharmaci
30 LAUNDRY STAFF
47 LPN-FLOOR
47 LPN-FLOOR
48 CNA-FLOOR



48 CNA-FLOOR
26 DIETARY STAFF
13 HUMAN RESOURCES
34 HOUSEKEEPING STAF
47 LPN-FLOOR
78 THERAPY-OT
26 DIETARY STAFF
123 MAINTENANCE SUPI
26 DIETARY STAFF
34 HOUSEKEEPING STAF
65 ACTIVITY DIRECTOR
78 THERAPY-OT
48 CNA-FLOOR
34 HOUSEKEEPING STAF
34 HOUSEKEEPING STAF
48 CNA-FLOOR

TAB D

Transportation agreement coversheets please TYPE or CLEARLY PRINT and attach to each transportation resource agreement. Example: If you have 5 transportation providers you will have 5 coversheets one attached to the front of each signed agreement. If transportation is facility-owned please state that, provide verification of ownership, and fill in all applicable information. Ongoing contracts will need to be verified annually and signed by all parties. Please PRINT

Name of transportation resource provider:

Contact person: Kevin Spansel

Phone # of transportation Provider: 800-259-1111

Physical Address or location of transportation provider:

Time restrictions: 48 hours

Type and quantity of transport provided:
Ambulance
Wheel chair vans

Number and type of passengers accommodated:
100

Date of agreement: 1/1/2021

Date agreement ends: 1/1/2022 (Renews Annually Auto)

DocuSign Envelope ID: 6CB960C7-FBA0-4D63-AC4D-9A0B44B0B43A

Facility Evacuation Information Sheet

Facility Name: Maison DeVille Nursing Home of Harvey

Facility Address: 2233 8th Street

(If billing address is different from physical address make notes below)

City, St, Zip: Harvey, LA 70058

Facility Phone #: 504-362-9522 Fax #: 504-263-5099

Administrative Contact: Cindy Kendall, NFA Cell 985-205-7543

DON Contact Charlotte Sheridan, RN Cell 985-320-2429

Admin Email Ckendall@devilleharvey.com DON Email csheridan@lahcc.com

Emerg After Hours contact number: 225-485-5877

Facility's Evacuation Facilitator: Donise Boscareno, LNFA

(person who decides which pts go by ambulance/provides list of pts for roster)

Current Executed Evacuation Agreement on File X **YES** ____ **NO**

Planned Evacuation Destination (must be re-verified at time of evacuation)

Destination Name: Independence Evacuation Center

Address: 129 Calhoun Street

City, St, Zip: Independence, LA 70443

Phone # : 985-878-6751

Contact Person: Ben Comenge

Estimated Transport Mileage: ____

for office use only

Notes:

TAB D

Transportation agreement coversheets please TYPE or CLEARLY PRINT and attach to each transportation resource agreement. Example: If you have 5 transportation providers you will have 5 coversheets one attached to the front of each signed agreement. If transportation is facility-owned please state that, provide verification of ownership, and fill in all applicable information. Ongoing contracts will need to be verified annually and signed by all parties. Please PRINT

Name of transportation resource provider:

Contact person: Mike Nicoll

Phone # of transportation Provider: 504-454-7722

Physical Address or location of transportation provider:

4305 Williams Blvd
Kenner, LA 70065

Time restrictions: 72 hrs

Type and quantity of transport provided:

Bus

Number and type of passengers accommodated:

Reg - Bus

Date of agreement: 2/2/2021

Date agreement ends: 2/28/2022

TRANSPORTATION AGREEMENT
FOR
LA HEALTH CARE CONSULTANTS, LLC

This agreement is by and between Nicoll's Limousine and Shuttle Service, hereinafter called PROVIDER, and all nursing homes owned and/or operated by LA Health Care Consultants, LLC (LHCC) hereinafter called CUSTOMER, as follows:

NAME: Maison Deville of Harvey
2233 Eighth Street
Harvey, LA 70058
(504) 363-9522

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

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

NAME: West Jefferson Health Care
1020 Manhattan Blvd.
Harvey, LA 70058
(504) 363-0165

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

NAME: Park Place Rehab &Nursing
535 Commerce Street
Gretna, LA 70056
(504) 393-9595

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

PURPOSE

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

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

MISCELLANEOUS

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

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

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

This agreement shall commence on March 1, 2021, and end on February 28, 2022, unless extended by mutual written agreement by the parties hereto.

Signed this 2nd day of February, 2021.

Nicoll's Limousine and Shuttle Service

By: _____
Mike Nicoll

LA Health Care Consultants, LLC (LHCC)

By: _____, Agent

TAB E

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: Plaquemine Plaza Holdings, LLC

Contact person at host facility: Donise Boscareno

Phone # of host facility: 225-343-9152 ; 225-485-5877

Physical Address/location of host facility:
129 Calhoun St.
Independence, LA 70443

Number of residents host facility will house: 100

Distance to host facility: 72.1 miles

Estimated time of travel: 1 hr. 23 min.

Date of agreement: _____

Date agreement ends: 3/1/2022

Time restrictions: 48 hours

TAB E

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: West Jefferson (St. Elizabeth's Caring)

Contact person at host facility: Lindsay Dukes

Phone # of host facility: 504-362-9522

Physical Address/location of host facility:
1020 Manhattan
Harvey, LA
70058

Number of residents host facility will house: 20

Distance to host facility: .9 miles

Estimated time of travel: 6 min

Date of agreement: 1/1/21

Date agreement ends: 3/1/22

Time restrictions: 48 hours

TAB E

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: River Palms

Contact person at host facility: Paul Duplessis

Phone # of host facility: (504) 394-5807

Physical Address/location of host facility:
5301 Tullis Dr.
New Orleans, LA
70131

Number of residents host facility will house: 20

Distance to host facility: 6.5 miles

Estimated time of travel: 14 min.

Date of agreement: 1/1/21

Date agreement ends:

Time restrictions: 48 hrs

TAB E

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: Maison Orleans Healthcare

Contact person at host facility: Kim Russell

Phone # of host facility: 504-895-7755

Physical Address/location of host facility:
1420 General Taylor
New Orleans, LA 70115

Number of residents host facility will house: 20

Distance to host facility: 8.7 miles

Estimated time of travel: 20 min.

Date of agreement: 1/1/21

Date agreement ends: 1/1/22 (Auto Renews)

Time restrictions: 48 hours

TAB E

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: Maison Deville of Houma

Contact person at host facility: William Daigre

Phone # of host facility: 504-876-3250

Physical Address/location of host facility:
107 South Hollywood
Houma, LA 70360

Number of residents host facility will house: 80

Distance to host facility: 52 miles

Estimated time of travel: 1 hr 8 min

Date of agreement: 1/1/21

Date agreement ends: 1/1/22 (Auto Renews)

Time restrictions: 48 hrs

TAB E

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: South Lafourche

Contact person at host facility: Bob ~~Bu~~ Duet

Phone # of host facility: 985-693-1065

Physical Address/location of host facility:
4307 Hwy 1
Raceland, LA
70394

Number of residents host facility will house: 20

Distance to host facility: 40 miles

Estimated time of travel: 51 mins.

Date of agreement: 1/1/21

Date agreement ends: 3/1/21

Time restrictions: 48 hrs

Generator

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

Cindy Kendall, NFA

Plans and resources for emergency power supply

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

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

RECORD OF IN-SERVICE

Name of Facility	Date	Time
MAISON de Ville	2/17/21	_____ To _____
Facilitator's Name	**In-Service Title**	
Cindy Kendall	Emergency Procedures	

Objectives of the In-Service:

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

Attendance Record/Signature Sheet on Side Two

Form # CP1808 Rev. 2/06
Reorder From: MED-PASS® 800-438-8884
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INH031804

RECORD OF IN-SERVICE

Name of Facility	Date	Time
Maison de Ville	2/14 2021 - 2/18/21	To
Facilitator's Name	**In-Service Title**	
Cindy Kendall	Shelters in PLACE	

Objectives of the In-Service:

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

Attendance Record/Signature Sheet on Side Two

Form # CP1808 Rev. 2/06
Reorder From: MED-PASS® 800-438-8884
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INH031804

RECORD OF IN-SERVICE

Name of Facility	Date	Time
Maison de Ville	2/1/2021	_____ To _____
Facilitator's Name	**In-Service Title**	
Cindy Kendall	Mock evacuation	

Objectives of the In-Service:

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

Attendance Record/Signature Sheet on Side Two

Form # CP1808 Rev. 2/06
Reorder From: MED-PASS® 800-438-8884
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INH031804

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RULE

Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

Nursing Facility Minimum Licensing Standards
Emergency Preparedness
(LAC 48:I.9729)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has amended LAC 48:I.9729 as authorized by R.S. 36:254 and R.S. 40:2009.1-2116.4. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 48
PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 3. Licensing

Chapter 97. Nursing Homes
Subchapter B. Organization and General Services
§9729. Emergency Preparedness

A. The nursing facility shall have an emergency preparedness plan which conforms to the current Louisiana Model Nursing Home Emergency Plan and these regulations. The plan shall be designed to manage the consequences of all hazards, declared disasters or other emergencies that disrupt the facility's ability to provide care and treatment or threatens the lives or safety of the residents. The facility shall follow and execute its emergency preparedness plan in the event of the occurrence of a declared disaster or other emergency.

1. All nursing facilities located in the parishes named in Louisiana R.S. 40:2009.25(A) shall submit their emergency preparedness information and documentation to the department for review. Upon request, all other nursing facilities shall forward their emergency preparedness information and documentation to the Department of Health and Hospitals (DHH) for review.

a. Emergency preparedness information and documentation shall, at a minimum, include:

i. a copy of the nursing facility's emergency preparedness plan;

ii. updates, amendments, modifications or changes to the nursing facility's emergency preparedness plan;

iii. the current census and number of licensed beds; and

iv. the facility location and current contact information.

2. After reviewing the nursing facility's plan, if the department determines that the plan is not viable or does not promote the health, safety and welfare of nursing facility residents, the facility shall, within 10 days of notification, respond with an acceptable plan of correction to amend its emergency preparedness plan.

B. A nursing facility shall enter current facility information into the Health Standards Section's (HSS) emergency preparedness webpage.

1. The following information shall be entered into the HSS Emergency Preparedness webpage before the fifteenth of each month:

a. operational status;

b. census;

c. emergency contact and destination location information;

d. emergency evacuation transportation needs categorized by the following types:

i. total number needing a coach or bus;

ii. total number needing a para-transit or wheelchair accessible vehicle;

iii. total number needing transportation other than car, coach, bus or wheelchair accessible vehicle, but do not need advanced life support; or

iv. total number needing an advance life support ambulance.

2. A facility shall also enter information within 24 hours of an emergency event. Emergency events include, but are not limited to hurricanes, floods, fires, chemical or biological hazards, power outages, tornados, tropical storms and severe weather.

3. In addition, a facility shall enter updated information requested by the department within 48 hours.

4. Effective immediately, upon declaration by the secretary and notification to the Louisiana Nursing Home Association and Gulf States Association of Homes and Services for the Aging, all nursing facilities licensed in Louisiana shall file an electronic report with the HSS emergency preparedness webpage/operating system, or a successor operation system, during a declared disaster or other public health emergency.

a. The electronic report will enable the department to monitor the status of nursing facilities during and immediately following an emergency event.

b. The electronic report shall be filed twice daily at 7:30 a.m. and 2:30 p.m. throughout the duration of the disaster or emergency event.

c. The electronic report shall include, but is not limited to the following:

i. status of operation (open, limited or closed);

ii. availability of beds;

iii. resources that have been requested by the nursing facility from the local or state Office of Emergency Preparedness;

iv. generator status;

v. evacuation status;

vi. shelter in place status; and

vii. other information requested by the department.

NOTE: The electronic report is not to be used to request resources or to report emergency events.

C. The emergency preparedness plan shall be individualized and site specific. All information submitted shall be current and correct. At a minimum, the nursing facility shall have a written emergency plan that addresses:

1. the procedures and criteria used for determining when the nursing facility will evacuate, including a listing of evacuation determinations;

2. the procedures and criteria used for determining when the nursing facility will shelter in place, including a listing of sheltering in place determinations;

3. a primary sheltering host site(s) and alternative sheltering host site(s) outside the area of risk. These host sites must be verified by written agreements or contracts that have been signed and dated by all parties. These agreements or contracts shall be verified annually;

4. the policies and procedures for mandatory evacuations:

a. if the state, parish, or local Office of Homeland Security and Emergency Preparedness (OHSEP) orders a mandatory evacuation of the parish or area in which the nursing facility is located, the facility shall evacuate unless the facility receives a written exemption from the ordering authority prior to the mandated evacuation;

5. the monitoring of weather warnings and watches as well as evacuation orders from local and state emergency preparedness officials:

a. this monitoring plan shall identify who will perform the monitoring, what equipment will be used for monitoring, and who should be contacted if needed;

6. the delivery of essential care and services to residents, whether the residents are housed in the nursing facility, at an off-site location, or when additional residents are housed in the nursing facility during an emergency;

7. the provisions for the management of staff, including provisions for adequate, qualified staff as well as for distribution and assignment of responsibilities and functions, either within the nursing facility or at another location;

8. an executable plan for coordinating transportation services that are adequate for the resident census and staff. The vehicles required for evacuating residents to another location shall be air-conditioned when available. The plan shall include the following information:

a. a triage system to identify residents who require specialized transportation and medical needs including the number of residents who need:

i. an ambulance for advanced life support;

ii. an ambulance for basic life support;

iii. a wheelchair accessible or para-transit vehicle; and/or

iv. a van, coach or bus;

b. a written transportation contract(s) for the evacuation of residents and staff to a safe location outside the area of risk that is signed and dated by all parties. Vehicles that are owned by or at the disposal of the facility must have written usage agreements that are signed, dated and include verification of ownership;

NOTE: A copy of a vehicle's title or registration will be sufficient for verification of ownership.

c. The transportation contract and the written usage plans shall include:

i. the number and type of vehicles included in the contract;

ii. the capacity of each vehicle included in the contract; and

iii. a statement of whether each vehicle is air conditioned; and

d. plans to prevent and treat heat related medical illnesses due to the failure of or the lack of air conditioning during transport;

9. the procedures to notify the resident's family or responsible representative of the facility's intent to either shelter in place or evacuate. The facility shall have a designee(s) who will be responsible for this notification. If the facility evacuates, notification shall include:

a. the date and approximate time that the facility is evacuating;

b. the place or location to which the nursing facility is evacuating, including the:

i. name;

ii. address; and

iii. telephone number;

c. a telephone number that the family or responsible representative may call for information regarding the facility's evacuation;

NOTE: Notification to the resident's family or responsible party shall be made as far in advance as possible, but at least within 24 hours of the determination to shelter in place or after evacuation.

10. the procedures or methods that will be used to attach identification to the nursing facility resident. The facility shall designate a staff person to be responsible for this identification procedure. This identification shall remain attached to the resident during all phases of an evacuation and shall include the following minimum information:

a. current and active diagnosis;

b. medications, including dosage and times administered;

c. allergies;

d. special dietary needs or restrictions; and

e. next of kin, including contact information;

11. the procedures for ensuring that an adequate supply of the following items accompany residents on buses or other transportation during all phases of evacuation:

a. water;

b. food;

c. nutritional supplies and supplements;

d. medication; and

e. other necessary supplies;

NOTE: The facility shall designate a staff person to be responsible for ensuring that essential supplies are available during all phases of the evacuation.

12. the procedures for ensuring that all residents have access to licensed nursing staff and that appropriate nursing services are provided during all phases of the evacuation:

a. for buses transporting 15 or more residents, licensed nursing staff shall accompany the residents on the bus:

i. a licensed therapist(s) may substitute for licensed nursing staff;

13. staffing patterns for sheltering in place and for evacuation, including contact information for such staff;

14. a plan for sheltering in place if the nursing facility determines that sheltering in place is appropriate:

NOTE: A nursing facility shall be considered sheltering in place if the facility elects to stay in place rather than evacuate when an executive order or proclamation of emergency or disaster is issued for the parish in which the facility is located pursuant to R.S. 29:724.

a. if the nursing facility shelters in place, the facility's plan shall ensure that seven days of necessary supplies are on hand or have written agreements, including timelines, to have supplies delivered prior to the emergency event. Supplies should include, but are not limited to:

i. drinking water or fluids, a minimum of 1 gallon per day per person sheltering at the facility;

ii. water for sanitation;

iii. non-perishable food, including special diets;

iv. medications;

v. medical supplies;

vi. personal hygiene supplies; and

vii. sanitary supplies;

b. if the nursing facility shelters in place, the facility's plan shall provide for a posted communications plan for contacting emergency services and monitoring emergency broadcasts. The facility shall designate a staff person to be responsible for this function. The communication plan shall include:

g. Sea, Lake and Overland Surge from Hurricanes (SLOSH) Modeling using the Maximum's of the Maximum Envelope of Waters (MOM) for the facility's specific location and the findings for all categories of hurricanes. The model will be done using both mean and high tides. The facility's plan must include an evaluation of how this will or will not affect the facility;

16. the facility's plan shall provide for an evaluation of security risks and corresponding security precautions that will be taken for protecting residents, staff and supplies during and after an emergency event;

17. the facility's plan shall include clearly labeled and legible floor plan(s) of the nursing facility's building(s). The facility's plan shall include the following:

a. the areas being used as shelter or safe zones;
b. the supply and emergency supply storage areas;
c. the emergency power outlets;
d. the communications center;
e. the location of the posted emergency plan:
i. the posted location must be easily accessible to staff; and
f. a pre-designated command post.

D. Emergency Plan Activation, Review and Summary

1. The nursing facility's shelter in place and evacuation plan(s) shall be activated at least annually, either in response to an emergency or in a planned drill. The facility's performance during the activation of the plan shall be evaluated and documented. The plan shall be revised if a need is indicated by the nursing facility's performance during the emergency event or the planned drill.

2. Nursing facilities subject to the provisions of R.S. 40:2009.25(B) shall submit a summary of the updated plan to the department's nursing facility emergency preparedness manager by March 1 of each year. If changes are made during the year, a summary of the amended plan shall be submitted within 30 days of the modification. All agreements and contracts must be verified by all parties annually and submitted.

E. The nursing facility's plan shall be submitted to the parish or local OHSEP annually. Any recommendations by the parish or local OHSEP regarding the nursing facility's plan shall be documented and addressed by the facility.

1. For nursing facilities listed in the R.S. 40:2009.25(A), the following requirements must be met.

a. The nursing facility's plan shall include verification of its submission to the parish or local OHSEP.

b. A copy of any and all response(s) by the nursing facility to the local or parish OHSEP recommendations shall be forwarded to DHH nursing home preparedness manager.

F. The plan shall be available to representatives of the Office of the State Fire Marshal and the Office of Public Health.

1. - 2. Repealed.

G. The facility's plan shall follow all applicable laws, standards, rules or regulations.

1. - 2.c. Repealed.

H. Evacuation, Temporary Relocation or Temporary Cessation

1. The following applies to any nursing facility that evacuates, temporarily relocates or temporarily ceases operation at its licensed location an emergency event.

a. The nursing facility must immediately give written notice to the Health Standards Section by hand delivery, facsimile or email of the following information:

i. the date and approximate time of the evacuation;
ii. the sheltering host site(s) to which the nursing facility is evacuating; and
iii. a list of residents being evacuated, which shall indicate the evacuation site for each resident.

b. Within 48 hours, the nursing facility must notify the Health Standards Section of any deviations from the intended sheltering host site(s) and must provide the Health Standards Section with a list of all residents and their locations.

c. If there was no damage to the licensed location due to the emergency event and there was no power outage of more than 48 hours at the licensed location due to the emergency event, the nursing facility may reopen at its licensed location and shall notify DHH Health Standards within 24 hours of reopening. For all other evacuations, temporary relocations, or temporary cessation of operations due to an emergency event, a nursing facility must submit to Health Standards a written request to reopen, prior to reopening at the licensed location. That request shall include:

i. damage report;
ii. extent and duration of any power outages;
iii. re-entry census;
iv. staffing availability;

v. access to emergency or hospital services; and

vi. availability and/or access to food, water, medications and supplies.

2. Upon receipt of a reopening request, the department shall review and determine if reopening will be approved. The department may request additional information from the nursing facility as necessary to make determinations regarding reopening.

3. After review of all documentation, the department shall issue a notice of one of the following determinations:

a. approval of reopening without survey;

b. surveys required before approval to reopen will be granted. Surveys may include OPH, Fire Marshall and Health Standards; or

c. denial of reopening.

4. The purpose of the surveys referenced above is to assure that the facility is in compliance with the licensing standards including, but not limited to, the structural soundness of the building, the sanitation code, staffing requirements and the execution of emergency plans.

a. The Health Standards Section, in coordination with state and parish OHSEP, will determine the facility's access to the community service infrastructure, such as hospitals, transportation, physicians, professional services and necessary supplies.

b. The Health Standards Section will give priority to reopening surveys.

5. Upon request by the department, the nursing facility shall submit a written summary attesting how the facility's emergency preparedness plan was followed and executed. The initial summary shall contain, at a minimum:

a. pertinent plan provisions and how the plan was followed and executed;

b. plan provisions that were not followed;

c. reasons and mitigating circumstances for failure to follow and execute certain plan provisions;

d. contingency arrangements made for those plan provisions not followed; and

e. a list of all injuries and deaths of residents that occurred during execution of the plan, evacuation and temporary relocation including the date, time, causes and circumstances of the injuries and deaths.

I. Sheltering in Place. If a nursing facility shelters in place at its licensed location during an emergency event, the following will apply.

1. Upon request by the department, the nursing facility shall submit a written summary attesting how the facility's emergency preparedness plan was followed and executed. The initial summary shall contain, at a minimum:

a. pertinent plan provisions and how the plan was followed and executed;

b. plan provisions that were not followed;

c. reasons and mitigating circumstances for failure to follow and execute certain plan provisions;

d. contingency arrangements made for those plan provisions not followed; and

e. a list of all injuries and deaths of residents that occurred during the execution of the plan, including the date, time, causes and circumstances of these injuries and deaths.

J. Unlicensed Sheltering Sites

1. In the event that a nursing facility evacuates, temporarily relocates or temporarily ceases operations at its licensed location due to an emergency event, the nursing facility shall be allowed to remain at an unlicensed sheltering site for a maximum of five days. A nursing facility may request one extension, not to exceed 15 days, to remain at the unlicensed sheltering site.

a. The request shall be submitted in writing to the Health Standards Section and shall be based upon information that the nursing facility's residents will return to its licensed location, or be placed in alternate licensed nursing home beds within the extension period requested.

b. The extension shall only be granted for good cause shown and for circumstances beyond the control of the nursing facility.

c. This extension shall be granted only if essential care and services to residents are ensured at the current sheltering facility.

2. Upon expiration of the five days or upon expiration of the written extension granted to the nursing facility, all residents shall be relocated to a licensed nursing facility and the Health Standards Section and OHSEP shall be informed of the residents' new location(s).

K. Inactivation of License due to Declared Disaster or Emergency

1. A licensed nursing facility in an area or areas which have been affected by an executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766 may seek to inactivate its license for a period not to exceed two years, provided that the following conditions are met:

a. the licensed nursing facility shall submit written notification to the Health Standards Section within 60 days of the date of the executive order or proclamation of emergency or disaster that:

i. the nursing facility has experienced an interruption in the provisions of services as a result of events that are the subject of such executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766;

ii. the licensed nursing facility intends to resume operation as a nursing facility in the same service area; and

iii. includes an attestation that the emergency or disaster is the sole causal factor in the interruption of the provision of services;

NOTE: Pursuant to these provisions, an extension of the 60 day deadline may be granted at the discretion of the department.

b. the licensed nursing facility resumes operating as a nursing facility in the same service area within two years of the issuance of an executive order or proclamation of emergency or disaster in accordance with R.S. 29:724 or R.S. 29:766;

c. the licensed nursing facility continues to pay all fees and costs due and owed to the department including, but not limited to, annual licensing fees and outstanding civil monetary penalties; and

d. the licensed nursing facility continues to submit required documentation and information to the department, including but not limited to cost reports.

2. Upon receiving a completed written request to inactivate a nursing facility license, the department shall issue a notice of inactivation of license to the nursing facility.

3. Upon completion of repairs, renovations, rebuilding or replacement of the facility, a nursing facility which has received a notice of inactivation of its license from the department shall be allowed to reinstate its license upon the following conditions being met:

a. the nursing facility shall submit a written license reinstatement request to the licensing agency of the department within two years of the executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766;

b. the license reinstatement request shall inform the department of the anticipated date of opening and shall request scheduling of a licensing survey; and

c. the license reinstatement request shall include a completed licensing application with appropriate licensing fees.

4. Upon receiving a completed written request to reinstate a nursing facility license, the department shall conduct a licensing survey. If the nursing facility meets the requirements for licensure and the requirements under this Subsection, the department shall issue a notice of reinstatement of the nursing facility license. The licensed bed capacity of the reinstated license shall not exceed the licensed bed capacity of the nursing facility at the time of the request to inactivate the license.

5. No change of ownership in the nursing facility shall occur until such nursing facility has completed repairs, renovations, rebuilding or replacement construction and has resumed operations as a nursing facility.

6. The provisions of this Subsection shall not apply to a nursing facility which has voluntarily surrendered its license and ceased operation.

7. Failure to comply with any of the provisions of this Subsection shall be deemed a voluntary surrender of the nursing facility license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2009.1-2116.4.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 24:49 (January 1998), amended LR 32:2261 (December 2006), LR 34:1917 (September 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing LR 35:248 (February 2009).

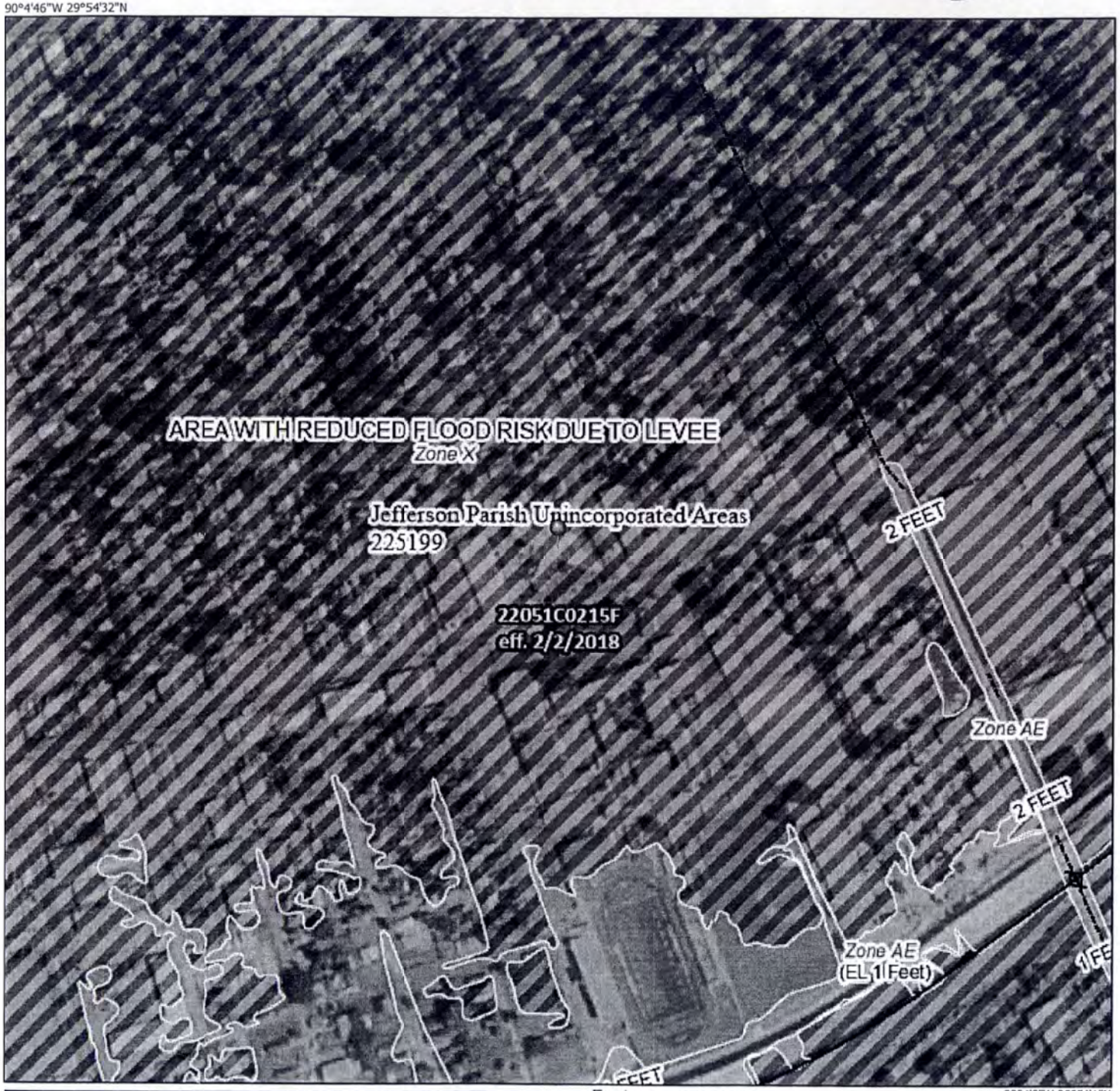
Alan Levine
Secretary

0809#127

National Flood Hazard Layer FIRMette

FEMA

90°4'46"W 29°54'32"N



0 250 500 1,000 1,500 2,000 Feet 1:6,000

90°4'9"W 29°54'1"N

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS
- Without Base Flood Elevation (BFE) *Zone A, V, A99*
- With BFE or Depth *Zone AE, AO, AH, VE, AR*
- Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD
- 0.2% Annual Chance Flood Hazard, Area of 1% annual chance flood with average depth less than one foot or with drainag areas of less than one square mile *Zone*
- Future Conditions 1% Annual Chance Flood Hazard *Zone X*
- Area with Reduced Flood Risk due to Levee. See Notes. *Zone X*
- Area with Flood Risk due to Levee *Zone D*

OTHER AREAS
- NO SCREEN Area of Minimal Flood Hazard *Zone X*
- Effective LOMRs
- Area of Undetermined Flood Hazard *Zone*

GENERAL STRUCTURES
- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

OTHER FEATURES
- 20.2 / 17.5 Cross Sections with 1% Annual Chance / Water Surface Elevation
- Coastal Transect
- 513 Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Transect Baseline
- Profile Baseline
- Hydrographic Feature

MAP PANELS
- Digital Data Available
- No Digital Data Available
- Unmapped

N

The pin displayed on the map is an approximate point selected by the user and does not represe an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/23/2021 at 4:32 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

TAB S: **ELEVATION vs. FLOOD CHART**

Elevation vs. Flood	A	B	C	D	*E1	*E2	*E3	*E4	*E5	Floods at
Lowest living floor										
Generator(s)										
Electrical junctions										
Emergency electrical junctions										
HVAC system(s)										
Fuel storage IF APPLICABLE										
Emergency medical equipment, supplies										
Emergency supplies storage areas										
Water well IF APPLICABLE										
Sewerage system IF APPLICABLE										
Lowest water system backflow preventer										

Maison De'ville of Harvey
NURSING HOME & REHABILITATION

A tradition of caring

2233 8TH STREET
HARVEY, LA 70058

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

To Whom It May Concern:

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

Signed,

Cindy Kendall, LNHA
Nursing Home Administrator

Maison De'ville of Harvey
NURSING HOME & REHABILITATION

A tradition of caring

2233 8TH STREET
HARVEY, LA 70058

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

To Whom It May Concern:

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

Signed.

Nursing Home Administrator

Time Lines

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

1. Transportation:
   i. When is notification of resource(s) required? **H120**
   ii. Loading supplies, equipment takes how long? **Approximately 1 hour**
   iii. Boarding of Residents and staff takes how long? **Approximately 5-8 hours**
   iv. Determined evacuation time. **Depending on traffic 2-15 hours**

2. Food:
   i. When is notification of resource(s) required? **H120**
   ii. Delivery time? **Next day delivery**
   iii. Load and unload supplies takes how long? **Approximately 1 hour**

3. Water:
   i. When is notification of resource(s) required? **H120**
   ii. Delivery time? **Either same day deliver or next day delivery**
   iii. Load and unload supplies takes how long? **Approximately 1 hour**

4. Medical Supplies:
   i. Gathering information on what is needed takes how long? **Approximately 1 hour**
   ii. When is notification of resource(s) required? **H120**
   iii. Delivery time **next day delivery**
   iv. Load or unload supplies takes how long? **Approximately 1 hour**

5. Medications:
   i. Gathering information on what is needed takes how long? **Approximately 1-2 hours**
   ii. When is notification of resource(s) required? **H120**
   iii. Delivery time **same day delivery or next day delivery**
   iv. Distribution of supplies takes how long? **Approximately 1 hour**

6. List all other factors that will need to be considered such as census, local/parish OHSEP mandates, travel time, host site restrictions, traffic conditions, and any other given or determined time line restrictions.
   i. Should census increase facility would request an additional bus.
   ii. Should this facility evacuate to other host site food and water will already be available at that location.

TAB E

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: Park Place

Contact person at host facility: Sonya Berry

Phone # of host facility: 504-393-9595

Physical Address/location of host facility:
535 Commerse St.
Gretna, LA
70056

Number of residents host facility will house: 50

Distance to host facility: 3.8 miles

Estimated time of travel: 12 mins

Date of agreement: 1/1/21

Date agreement ends: 3/1/22

Time restrictions: 48 hours

TAB E

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: _____

Contact person at host facility: _____

Phone # of host facility: _____

Physical Address/location of host facility:

_____ _____

_____

_____

Number of residents host facility will house: _____

Distance to host facility: _____

Estimated time of travel: _____

Date of agreement: _____

Date agreement ends: _____

Time restrictions: _____

_____

TAB E

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: _____

Contact person at host facility: _____

Phone # of host facility: _____

Physical Address/location of host facility:

_____ _____

_____

_____

Number of residents host facility will house: _____

Distance to host facility: _____

Estimated time of travel: _____

Date of agreement: _____

Date agreement ends: _____

Time restrictions: _____

_____

TAB E

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: _____

Contact person at host facility: _____

Phone # of host facility: _____

Physical Address/location of host facility:

_____ _____

_____

_____

Number of residents host facility will house: _____

Distance to host facility: _____

Estimated time of travel: _____

Date of agreement: _____

Date agreement ends: _____

Time restrictions: _____

_____

Tab F:

Indicate the number of day's worth of non-perishable meals always kept on hand. Include supplies for special diet requirements. Indicate days of supply of medications stored at the facility, and note any special temperature or security requirements. Include plans for 7 day supply of food and medication if applicable. Please include plans and agreements.

# of day's supply of non-perishable meals always on hand: 7

# of day's supply of special diet meals always on hand: 7

# of day's supply of medication always on hand: 7

# of day's supply of drinking water/fluids always on hand: 7

***If sheltering in place for a hurricane the facility shall have a 7 day supply of these on hand or plans to have these delivered and on hand before sheltering for a hurricane. Plans will be found in Concept of Operations section and current agreements are in Tab F.**

Time restrictions: 48 hours

Peoples DRUG STORE.INC.

Emergency Medications Agreement

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

Maison deville of Harvey

2233 Eighth Street

Harvey, LA 70058

Date: 2/2/2021

Peoples Drug Store

7869 Main Street

Houma, LA 70360

Date: 2/2/2021

Peoples Drug Store

Phone 985-873-8003

Fax 985-873-8541

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

After hours phone numbers

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

For medication emergencies, call:

Jarrod Cell 985-438-0055

Ronnie Cell 985-860-1316

Susan cell 985-381-2995

Store Hours

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

Fri 8:00 to 6:00 PM

Sat 8:00 to 5:00 PM

Sunday Closed

PERFORMANCE
FOODSERVICE

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,

Steve Wood
Area President New Orleans and Shreveport Opcos


Disaster
Planning

Dear Performance Foodservice Customer:

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

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

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

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

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

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

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

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

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

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

Sincerely,

Healthcare Division

REINHART FOODSERVICE LOUISIANA, LLC d/b/a Performance Foodservice - Shreveport and Performance Foodservice - New Orleans

Steve Wood

Area President

Performance Foodservice–New Orleans

Ted Meyer

OPCO President

Performance Foodservice– Shreveport

REINHART FOODSERVICE LOUISIANA, LLC
PERFORMANCE FOODSERVICE NEW ORLEANS AND SHREVEPORT
EMERGENCY CALL LIST

New Orleans OPCO

Phone Numbers	800-488-3988	(504) 733-5200
Fax Number	504-734-5270	

Shreveport OPCO

Toll Free Phone Number	800-256-1336	(318) 869-3061
Fax Number	318-213-5119	

Performance Foodservice Healthcare Team

Lydia Brossette-Roberts, RD, LDN, Vice President Healthcare Sales	(318) 344-7358
Dawn LeBlanc, RD, LDN, Healthcare Menu Systems Coordinator	(337) 772-9078

HEALTHCARE SALES TEAM - NEW ORLEANS OPCO

		Phone
Shannon Hayes, RD, LDN	**Regional Manager Healthcare**	(225) 288-1279
Adrienne Uffman, RD, LDN	Southeast Louisiana	(225) 715-8227
Dawn Arceneaux, RD, LDN	South Central Louisiana	(337) 344-9767
Candice Faler, RD, LDN	New Orleans/North Shore	(985) 778-8449
Angel Schlotterbeck,CDM,CFPP	SW/Central Louisiana	(318) 452-8675

Customer Service Team - New Orleans OPCO

Lori Nunez	Customer Service Manager	(504) 206-3756
	Cell	(504) 270-8719
Jeannette Lemoine	Inside Sales-Healthcare	(504) 206-3754
Dawn Sisung	Inside Sales	(504) 206-3753

Senior Management - New Orleans OPCO

Steven Wood	OPCO President	(504) 206-3790
Travis Nuccio	Vice President of Sales	(504) 206-3794
Jerry Urick	Vice President of Operations	(504) 206-3770
Troy Korbe	District Manager-North MS	(601) 466-8543
Dean Murray,	District Manager-South MS	(228) 235-4241
Scott Gosnell	District Manager-Baton Rouge	(225) 252-2142
Mark Leger	District Manager-SW Louisiana	(337) 739-7938
Alton Adams	District Manager-New Orleans	(504) 329-8031

HEALTHCARE SALES TEAM - SHREVEPORT OPCO

		Phone
Tiffany Wenzel, RD/LD	**Regional Manager Healthcare**	(817) 320-4614
Mary Lively, RD, LDN	North Louisiana	(318) 282-4471
Angel Schlotterbeck,CDM,CFPP	SW/Central Louisiana	(318) 452-8675
Jennifer Hoffman, RD/LD	Northeast Texas	(713) 301-6360
Liz Doran, RD/LD	Central Texas	(210) 269-8510
Lauren Liberto	SE Texas	(504) 202-7669
Shelby Adams, MS, RDN, LDN	Inside Healthcare Specialist	(318) 655-8278

Customer Service Team - Shreveport OPCO

EJ Howard	Customer Service Manager	(318) 626-6033
	Cell	(318) 393-1302
Regina Ross	Healthcare Customer Service	(318) 869-3061 x00110
Sherry Golla	Customer Service	(318) 869-3061 x00114
Michelle Causey	Customer Service	(318) 869-3061 x00109

Senior Management - Shreveport OPCO

Ted Meyer	OPCO President	(318) 990-1005
Ron Armstrong	Vice President of Sales	(903) 748-5764
Ken Elkins	Vice President of Operations	(318) 393-7780
Scotty Lee	District Manager	(318) 564-9081
Christi Robertson	District Manager	(662) 832-2005

Revised: 1/11/2021

Introduction to Disaster Preparedness

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

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

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

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

Table of Contents

Healthcare disaster procedure manual 7-11

Diet liberalization sample letter 12

Three-day disaster menu 13

Three-day disaster menu cold food only 14

Temperature chart 15

Emergency food service phone numbers 16-17

Disaster planning flow chart 18

Disaster index 19-20

Risks assessment 21-22

Emergency supply kit 23-24

Emergency supply brochure 25-26

Employee disaster preparedness in-services 27-35

Disaster case studies 36-40

Sources 41

PERFORMANCE
FOODSERVICE

HEALTHCARE DISASTER PROCEDURE MANUAL

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

Disaster Procedures

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

BASIC PRINCIPLES OF FOODSERVICE WITHOUT UTILITIES OR WITH EQUIPMENT MALFUNCTION:

1. Use as much of the perishable items on hand that does not require cooking for service (milk and milk products, fresh fruit, vegetables that can be eaten raw, cold cuts, and fully cooked leftovers). It is **CRITICAL** that the temperature of these foods be checked to ensure that they are not in the temperature danger zone. The temperature danger zone according to the FDA Food Code is 41-135°F (check with your local jurisdiction for applicable temperatures in your area). Examine products in the cooler and freezer and use perishable products before utilizing non-perishable pantry items.

2. **DO NOT** open refrigerator or freezer doors unless necessary. Try to take inventory by looking through the window, only open the door to get products for immediate use. Ice cream can be used if it is still frozen. Generally, food in a refrigerator is safe if the power is out no more than a few hours and if the temperature does not exceed 40°F for more than two (2) hours. Always keep an appliance thermometer in the refrigerator to see if food is being stored at safe temperatures (40°F or below). To retain cold temperature, open freezer or refrigerator door only as often as necessary. If freezer is not full, group packages together quickly. Meat and poultry should be separated from other product and placed on separate trays so their juices will not contaminate each other or other foods if they thaw.
   Check food for evidence of thawing before refreezing. Food that has or may have thawed during a power outage, and has refrozen before being checked, cannot reliably be examined for damage. You cannot rely on appearance or odor to determine whether a food will make you sick.
   Meats that have thawed according to methods acceptable by your jurisdiction and are still below 40°F and then are properly cooked or reheated to recommended minimum internal temperatures within 4 hours are safe to consume. Meats that feel slimy or that have an odor should be thrown away. Seafood and ground meat are more likely to thaw and/or spoil before other meats and should receive attention before other items.

3. Many refrigerator items are salvageable if they are not needing to be time and temperature controlled for safety (e.g. mustard, ketchup, peanut butter, vinegar-based salad dressings and sauces).

4. Use canned foods after the perishable items have been used or are no longer safe to use (e.g. use cottage cheese or cheese slices before using canned tuna).

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

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

7. At least one flashlight with working batteries should be kept in the supervisor's desk.

8. Dietary personnel should be instructed in procedures and menus for emergency feeding initially when no emergency is present. An annual in-service should be provided on emergency feeding.

9. If electricity or gas is unavailable, use chafing dishes and sterno to heat ready-to-eat and/or canned food if the equipment is available. Any properly refrigerated leftovers must be heated to an internal temperature of 165°F. Alternate sources of heating can be used if proper ventilation is available.

10. It is recommended that bags of ice be kept in the freezer in the event of injuries.

11. Emergency supply of bottled water should always be kept on hand. Check with your local jurisdiction to determine the required amount that must be allotted and stored per person. This includes residents, staff, families of residents and families of staff who will be at the facility. If traveling to an evacuation site, the facility must have enough fluids for the travel. Assume that all other water sources are contaminated until proven safe. Purify all water used for drinking, cooking and for washing cooking and eating utensils. Purify the water used for washing hands, body, kitchen and bathroom surfaces. Do not use water that has an odor, dark color, or contains floating material. Refer to your local health department in situations where water has been contaminated for the preferred manner to disinfect water. Murky and discolored water should be allowed to settle and filter before disinfecting. To disinfect water using heat, boil at a rolling boil for three minutes, allow cooling, and store in cleaned, sanitized and covered food-grade containers. To disinfect clear water using chemicals, add 1/8 teaspoon (8 drops) of unscented, liquid chlorine bleach (5.25% concentration) per gallon of water. Let the water stand for at least 30 minutes before using. Commercially prepared iodine tablets which are formulated for disinfecting water may also be used to chemically disinfect water. Contact your local health department for the preferred method in your area before attempting to disinfect any water.

12. Normal laundry procedures would be disrupted during a natural disaster.

RESIDENT MEAL SERVICE

1. Disposable service is to be used. Do not take non-disposable trays into the resident's room unless necessary.

2. All residents should receive a regular diet meal except for residents whose diets are highly restrictive. Highly restrictive diets include brittle diabetics, renal diets and those residents with food allergies. Texture modified diets should be observed when possible (see sample letter for Medical Staff). A high protein level is contraindicated when the water supply is limited. Discussion with medical staff must take place prior to an emergency as to the feasibility of supplement service during an emergency.

3. Follow the basic menu pattern:

   Breakfast:

   - Fruit juice
   - Dry cereal
   - Bread, margarine, jelly
   - Fresh milk then aseptic packaged milk if available or reconstituted dry milk

   Lunch and Dinner:

   - Protein source
   - Vegetable
   - Starch, bread or crackers with margarine
   - Fruit or dessert
   - Fresh milk then aseptic packaged milk if available or reconstituted dry milk

4. Protein sources include: cottage cheese, cold cuts, cheese, canned tuna, three bean salad, peanut butter, canned meat (beef, chicken or pork), chili and beans, pork and beans, ravioli, kidney beans, pinto beans, ranch style beans, wieners, beef stew or hash.

5. Staples include: canned vegetables, canned soups, canned fruit juices, aseptic milk, boxed cookies, graham crackers, saltines, jelly, dry cereal, canned pudding, evaporated or non-fat dry milk, and mayonnaise.

6. Use as much perishable items on the first day of the menu – such as lettuce, tomatoes, ice cream, frozen vegetables or meats. If gas service has not been interrupted make use of any frozen or refrigerated items. Refer to your state food code for regulations regarding the amount of time that food can remain without temperature control. A Temperature Chart is also included with this manual.

7. Canned vegetables can be served as salad by marinating in Italian or French Salad Dressing and served at room temperature. These items should be used after all perishable items have been utilized for the menu.

8. If dry milk is reconstituted, it must be reconstituted with potable water, kept in cleaned and sanitized, covered, food-grade containers, and must be time and temperature controlled for safety prior to use.

Supplies

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

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

2. All perishable supplies are routinely maintained in inventory. Check with your local jurisdiction for the recommended amount of days' worth of supplies that you should have on-hand.

3. Disposable supplies should always be kept on-hand. Check with your local jurisdiction for the recommended amount of days' worth of supplies that you should have on-hand.

Sanitation

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

1. Single service and disposable items should be stored, handled and dispensed in a sanitary manner.

2. Waste should be collected in plastic bags, sealed tightly at the top and put in a dumpster for collection. Be careful not to overfill the bag or make it too heavy to handle.

3. When manual dish washing is employed, dishes and utensils must be immersed for at least 30 seconds in clean hot water at a temperature of 171°F or immersed in a sanitizing solution that has been prepared to the recommended concentration and confirmed with appropriate chemical test strip. Immersion times for chemical sanitation vary so check with the sanitizing chemical's manufacturer for the recommended time.

Work Assignments

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

NAME OF FACILITY

SAMPLE LETTER

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

_____

Signature
Staff Physician

Note: Customize for your facility.

Three Day Disaster Menu (Note: Item# will vary by Operating Center)

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

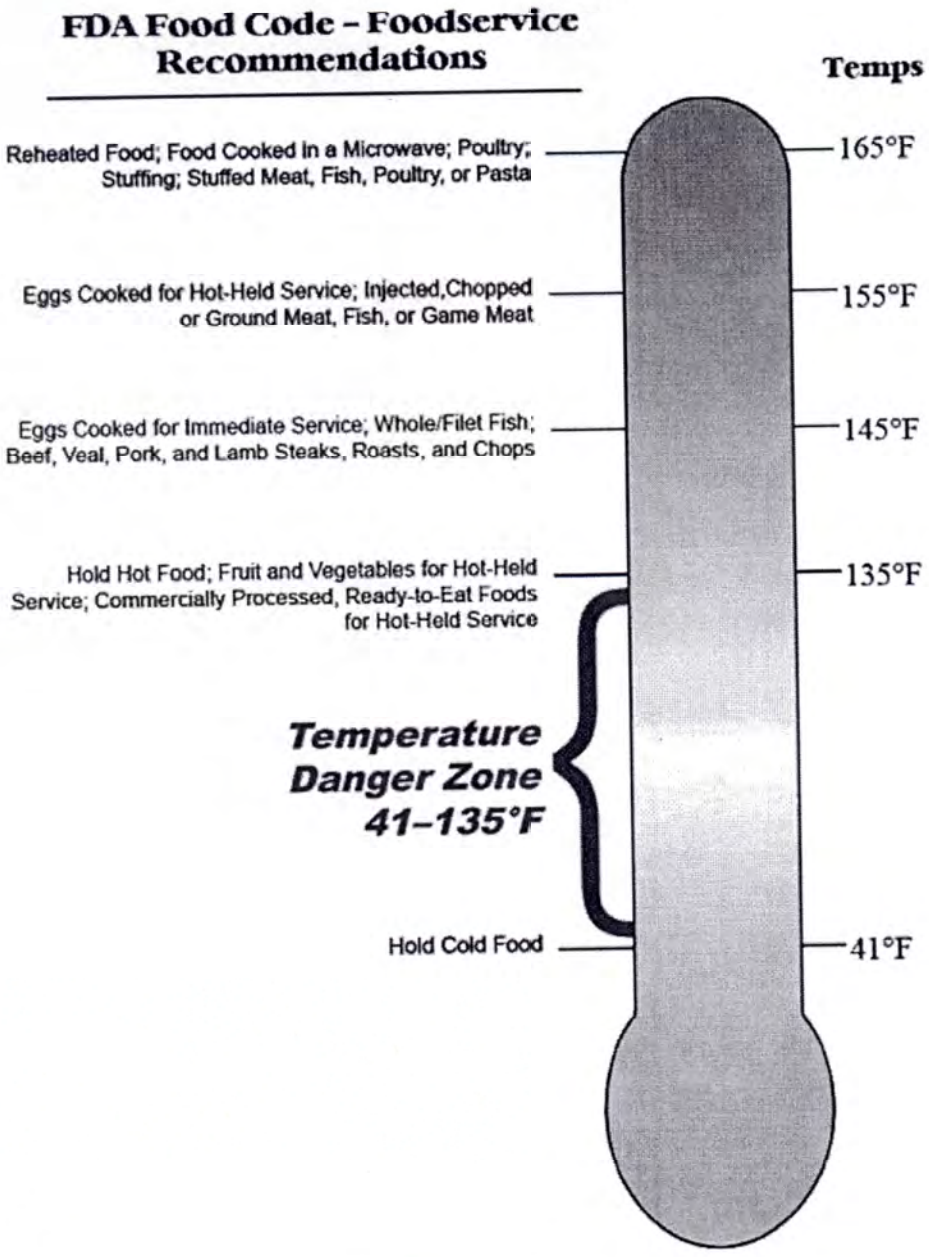
NOTE: This menu was designed to be produced with little or no preparation, only heating is required. The disaster menu can be entered in menuMATRIX, if requested, and an order guide, based on census, can be generated. Please contact your Healthcare Sales Specialist about information on accessing this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

3 Day Disaster Menu - Cold Food Only

	Day 1		Day 2		Day 3	
Meal	Unit	Description	Unit	Description	Unit	Description
Breakfast	4 fl oz	Apple Juice	4 fl oz	Orange Juice	4 fl oz	Cranberry Juice
	3/4 C	Dry Cereal	3/4 C	Dry Cereal	3/4 C	Dry Cereal
	1	Slice of Bread	1	Slice of Bread	1	Slice of Bread
	1 Ea	Margarine & Jelly	1 Ea	Margarine & Jelly	1 Ea	Margarine & Jelly
	8 fl oz	Milk	8 fl oz	Milk	8 fl oz	Milk
Lunch	1/2 C	Ham Salad	1/2 C	Tuna Salad	3 oz	Cold Cuts & Cheese
	2 Sl	Bread Slice	2 Sl	Bread Slice	2 Sl	Bread Slice
	1/2 C	Toss Salad w/Drsg	1/2 C	Marinated Veg Salad	1/2 C	Cucumber Onion Sld
	1/2 C	Fruit Cup	1/2 C	Mandarin Oranges	1/2 C	Sliced Pears
	8 fl oz	Beverage	8 fl oz	Beverage	1 tsp	Mustard and/or Mayo
		or Milk		or Milk	8 fl oz	Beverage
Supper	3 oz	Cold Cuts & Cheese	1/2 C	Pimento Cheese	1/2 C	Chicken Salad
	2 Sl	Bread Slice	2 Sl	Bread Slice	2 Sl	Bread Slice
	1/2 C	Tomato & Onion Salad	1/2 C	Toss Salad w/Drsg	1/2 C	Sliced Tomatoes
	1/2 C	Sliced Peaches	1/2 C	Fruit Cocktail	1/2 C	Fruit Salad
	1 tsp	Mustard and/or Mayo	8 fl oz	Milk	8 fl oz	Milk
	8 fl oz	Milk				
HS Snack	2 Ea	Cookies	1 pkt	Graham Cracker	2 Ea	Cookies
	4 fl oz	Beverage	4 fl oz	Beverage	4 fl oz	Beverage

Exchanges
3-ounce Protein Sources:
3 oz Ready Cooked Meats
3/4 C Cottage Cheese
3/4 C Canned Entrée
1 C Canned Beans
1/2 C Meat Salad
4 Tbsp Peanut Butter
3 oz Cheese Slices
2 Ea All Meat Weiners
Bread Sources:
1 slice bread
3 pkt Saltine Crackers

Temperature Chart



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

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

Emergency Food Service Phone Numbers

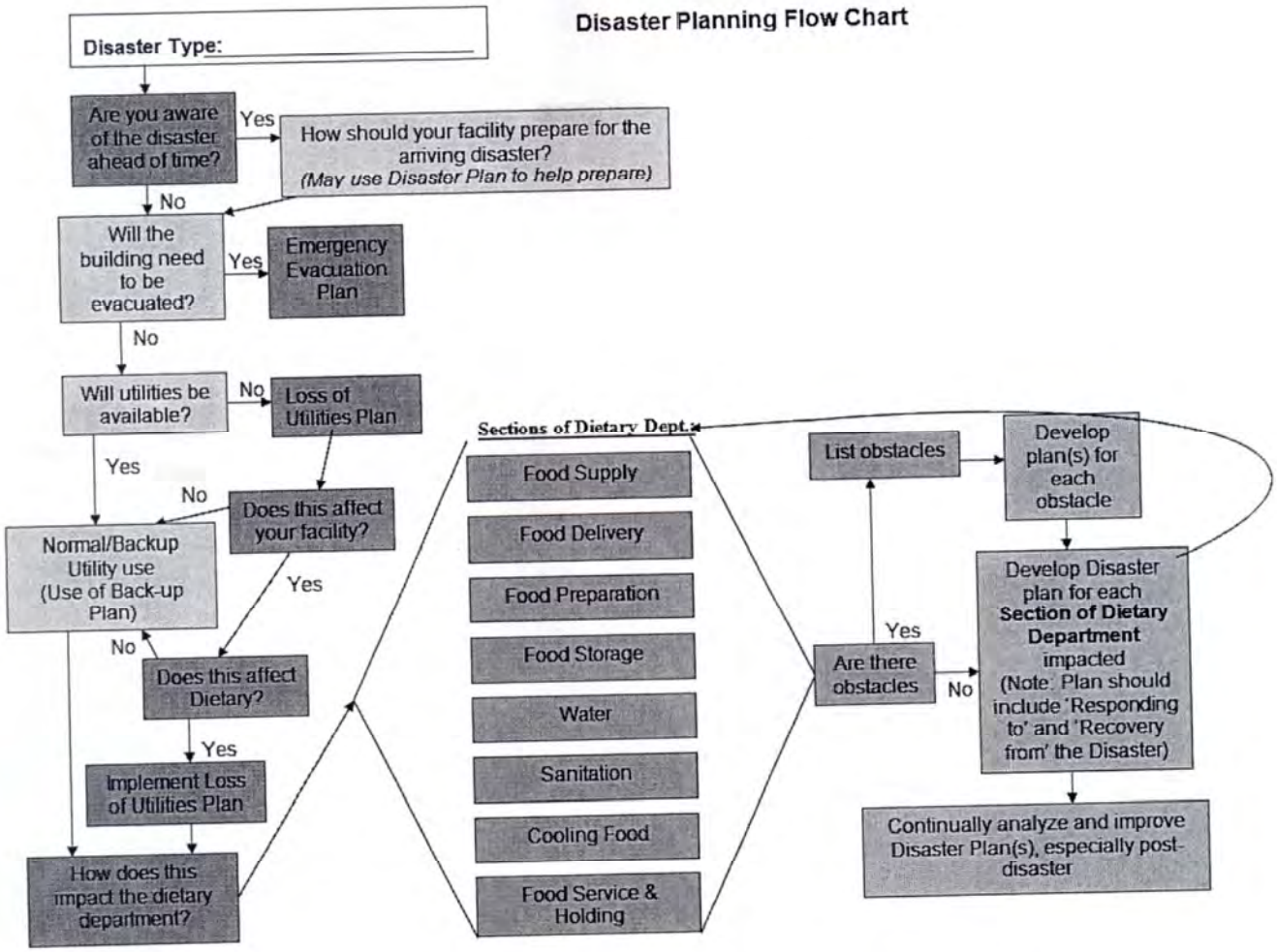
- ❑ Workforce:
  - First in command: _____
  - Second in command: _____
  - Meal production: _____
  - Inventory/records: _____
  - First Aid: _____
  - Cleaning: _____
  - Communication: _____
  - Public Relations: _____
  - Donations: _____
  - Volunteer Coordinator: _____

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

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

- ❑ Local Health Department: _____
- ❑ City Building Inspector: _____
- ❑ Property Insurance Company: _____
- ❑ Food Service Suppliers: _____
- ❑ Ice/Dry Ice Vendor: _____
- ❑ Media Contacts: _____
- ❑ Portable Toilet Rental: _____
- ❑ Outside Facility Assistance: _____

Disaster Planning Flow Chart



Emergency and Disaster Index

- ❑ **Standard Forms**
  - ❑ Chain of Command Flow Chart
  - ❑ Emergency Contact List
  - ❑ Emergency Supply List
  - ❑ Communication Policy
  - ❑ Finance Policy
  - ❑ Security Policy
  - ❑ Power Outage Food Policy
  - ❑ Contaminated Water Policy
  - ❑ Food Emergency Plan/Agreement
  - ❑ Water Emergency Plan/Agreement
  - ❑ Food/Water Distribution Policy
  - ❑ Personal Hygiene Policy
  - ❑ Sanitation Policy
- ❑ **Specific Disaster:** *Example – Deliberate Contamination*
  - ❑ Policy:
  - ❑ Policy:
  - ❑ Policy:
- ❑ **Specific Disaster:** *Example – Power Outage*
  - ❑ Policy:
  - ❑ Policy:
  - ❑ Policy:
- ❑ **Specific Disaster:** *Example - Flood*
  - ❑ Policy:
  - ❑ Policy:
  - ❑ Policy:

- ❑ **Specific Disaster:** *Example – Pandemic*
  - ❑ Policy:
  - ❑ Policy:
  - ❑ Policy:
- ❑ **Emergency Procedures**
  - ❑ Create Emergency Phone List
  - ❑ Determine Critical Operations
    - ❑ Operations
    - ❑ Staff in Charge
    - ❑ Action Plan
- ❑ **In-services:**
  - ❑ Water Safety
  - ❑ Power Outage Food Safety
  - ❑ Hand Washing
  - ❑ Ice Safety
  - ❑ Controlling Pests
  - ❑ HACCP
  - ❑ Recovering from Natural Disasters
  - ❑ SDS
  - ❑ Fire Safety
- ❑ **Additional Resources:**
  - ❑ FEMA Resources

Know Your Risks Assessment Form Directions

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

MAKE COPIES OF THIS FORM

Know Your Risks

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

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

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

Emergency Supply Kit

Food Preparation Supplies:

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

Safety Equipment Supplies:

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

Food Safety and Sanitation Supplies:

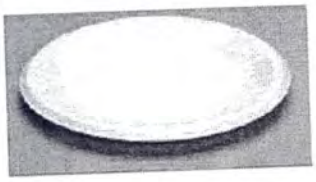
- ☐ Thermometers – digital, dial, instant-read, oven, cooler, freezer
- ☐ Blankets/extra towels/tarps to insulate coolers/freezers
- ☐ Dry Ice – (cooler/freezer space must be ventilated due to carbon dioxide production)
- ☐ Hand sanitizing gel
- ☐ Water purification supplies (contact your local health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

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

Other Supplies:

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





Side Plates

Plate Foam 6" Non Laminated White
RFS# B1790

8/125Cnt



Foam Cup

Cup Foam 8 Ounce White
RFS# 12996

40/25Cnt



Juice Cups

Cup Plastic 9 oz Clear
RFS# N6366

20/50Cnt



Foam Bowl

Bowl Foam 12 Ounce Non Laminated White
RFS# B1796

8/125Cnt



Disposable Silverware

Cutlery Kit Plastic Medium Weight Knife Fork
Spoon Napkin Salt & Pepper Individually
Wrapped White RFS# CA124

250/Cnt



Portable Burner

Stove Butane Single Burner RFS # MH780

6/CNT

PERFORMANCE FOODSERVICE performancefoodservice.com



Bottled Water

Water Bottled Spring RFS# D9230

24/16.9 fl oz



Can Opener

Can Opener Portable Hand Firm Grip Black
RFS# 92950

1/Cnt



Ensure

Supplement Drink Ensure Plus Vanilla Ready To Drink Plastic Bottle RFS# J1190

24/8 oz



First Aid Kit

Kit First Aid 25 Person RFS# CT050

1/Cnt



Food Thermometer

Thermometer Digital Pocket -40 To +450 F Waterproof
RFS# 52438

1/Cnt



Sanitizer Test Strips

Test Paper Chlorine 15' Cm-240 Dispenser Pack RFS# 84852

2/Cnt



Bleach

Bleach Liquid Germicidal Concentrate
RFS# F7046

3/121 oz



Napkins

Napkin Dinner 1 Ply 16x16 1/4 Fold White
RFS# W0836

12/250Cnt



Meal Plates

Plate Foam 3 Compartment 9" Non Laminated White RFS# 91282

4/125Cnt

Power Outage Food Safety

Dietary Employee Training Program

Objective: The participant will be able to:

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

Course Outline:

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

Course Information:

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

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

II. Storing and Using Food Supplies Appropriately

A. Be Prepared

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

B. What to Do When the Power Goes Out

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

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

C. What to Do When Power Returns

When your facility regains power, be sure to check the safety of all food in the freezer and cooler. If an appliance thermometer was kept in your freezer or refrigerator, check the temperature when the power comes back on. If foods in the freezer are below 41°F and ice crystals are present, the foods can be refrozen for future use or immediately cooked. If there is not a thermometer in the freezer, check each package of food to determine its safety. Discard any perishable food left at 41°F or higher for 4 hours or longer. If the power outage lasted long enough that refrigerated and frozen food needed to be discarded, clean and sanitize the storage units before adding new food to remove any possible cross contamination or odors from spoiled foods. Be sure to remove the shelves and trays and wash with hot water and baking soda. Follow with a rinse and then sanitize. If an odor persists, allow the storage unit to air out for several days or use equal parts of vinegar and water to absorb the odor.

III. Conclusion/ Discussion

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

The information provided in this in-service is not meant to be all-inclusive. Performance values the safety and well-being of their customers and therefore strongly recommends contacting your local jurisdiction disaster planning. For more information regarding Dietary Employee Training Program or other nutrition services, contact rfs-nsdept@pfgc.com. 1. T, 2. F, 3. F, 4. F, 5. T

`*`*`*

Recovering from Natural Disasters

Dietary Employee Training Program

Objective: The participant will be able to:

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

Course Outline:

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

Course Information:

I. **Introduction: Natural Disasters**

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

II. **Preparing and Reacting to a Natural Disaster**

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

- **Preparing for a Disaster**
  - Take video or photographs of facility's entire inventory and equipment for your records and place in a fireproof safe.
  - Keep receipts and bills of inventory in a fireproof safe or on a secure cloud-based computer network.
  - Begin buying gloves, cleaning chemicals, and items needed for a disaster to be prepared, as stores only carry so many items and could be out by time you get there.
- **After any Disaster**
  - When foodservice personnel are cleared to enter a disaster affected area, wear protective clothing which includes long pants, long-sleeved shirt, closed-toed rubber soled shoes or boots, work gloves and depending on the situation, a dust mask, safety glasses, and a hard hat.
  - Watch for hidden damage. In most disaster sites, damage is not always visible.
  - Avoid leaning or pushing on damaged material, it could be supporting the structure.
  - If you smell natural or propane gas or hear a hissing noise, leave the property immediately. Call the fire department, or if you have a propane tank system, contact a propane supplier.
  - Avoid walking across areas of the floor that sag or have weak spots. If the area needs to be traveled, place a thick plywood panel across the damaged area, extending 8-12 inches on each side of the weak area.

- If the power is out, use battery operated flashlights. Do not use candles or any type of open flame because there could be faulty electrical equipment, down lines, or gas leaks.
- When making temporary repairs save all the receipts.
- Take photographs or video of all the damage for insurance purposes.
- Electricity should be turned off if you see sparks, frayed wires, or smell hot insulation.
- If the sewage lines are damaged, do not use the sinks, showers, and toilets.
- Turn off the water if there are any damaged water pipes.
- If cleaning chemicals get mixed they can become toxic. When entering an area with a strong smell or your eyes start to burn or water, open the windows and get out of the building. If the chemical spill is nontoxic, carefully clean up the spill using personal protective equipment outlined in the chemical's safety data sheet.
- Drywall and insulation will need to be replaced if there is water damage from a flood or fire extinguisher. If not replaced it could lead to mold, mildew, and a weak structure.

- **Cleaning Up After a Disaster**

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

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

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

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

III. Conclusion/ Discussion

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

The information provided in this in-service should not be used to replace policies set by your facility or local jurisdiction. Performance values the safety and well-being of their customers and therefore strongly recommends consulting your local jurisdiction for more information on kitchen decontamination and salvaging inventory. For more information regarding Dietary Employee Training Program or other nutrition services, please contact rfs-nsdept@pfgc.com. 1. F, 2. T, 3. F, 4. T, 5.F

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Disaster Planning – Pandemic

Dietary Employee Training Program

Objective: The participant will be able to:

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

Course Outline:

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

Course Information:

I. **Introduction: Pandemics**

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

II. **Dealing with Pandemics**

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

A. Before a Pandemic Hits

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

B. Workplace Policies and Operating Procedures Once a Pandemic Hits

a. Stay home if you have a fever or symptoms of a fever (chills, sweating, aches, weakness / fatigue) to stay home until at least 24 hours after symptoms have resolved without medication. Please note that the time frame for staying home after symptoms have resolved can vary and that you should check with guidelines from your local health department or the Centers for Disease Control and Prevention (CDC) for exact details.
b. Consult a doctor before returning to work.
c. Talk with your manager if you need flexibility on sick leave policies during the pandemic.
d. Decrease face time with other employees by using web or tele meetings and trainings.
e. Talk with your manager if you need tissues, soap, and no touch garbage cans.

C. Employee Behavior During a Pandemic

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

III. Conclusion / Discussion

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

For more information regarding Dietary Employee Training Program or other nutrition services, please contact rfs-nsdept@pfgc.com. 1.T, 2.F, 3.T, 4.T, 5.F

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Case Study One: Thunderstorm

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

1. What do you do next?

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

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

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

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

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

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

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

Case Study Two: Tornado

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

1. What kind of disaster(s) is this (internal, external, technological)?

2. How will you keep potentially hazardous food safe? What will you need to discard? What will you be able to keep?

3. What kinds of foods can you safely serve residents?

4. What other effects could this disaster have on your foodservice facility?

5. You are expecting a delivery from your supplier the day after the disaster. How should you handle the delivery?

6. What will you need to do to recover from this disaster?

Case Study Three: Water Contamination

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

1. What kind of disaster(s) is this?

2. What are some safe sources of drinking water?

3. How would you go about determining how much water to purchase?

4. What is the recommended process for boiling water to kill bacteria?

5. What foodservice equipment should not be used during this time?

6. What are some alternate sources of "fluids" other than bottled water?

Case Study Four: Pandemic

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

1. What type of disaster is this (short term, long term, water supply disruption)? Explain.

2. What are some personal hygiene policies you will need to discuss with your staff? Foodservice delivery personnel?

3. If staff members are affected by the pandemic influenza, what would be some ways that they could communicate with staff at the assisted living facility?

4. If you are short-handed what are some other possible sources of staff?

5. Name some examples of food supplies that you may want to stockpile in case of delayed deliveries.

SOURCES

Environmental Protection Agency. *Emergency Disinfection of Drinking Water*. EPA 816-F-06-027. August 2006. Available at http://www.epa.gov/safewater.

National Restaurant Association Educational Foundation. *ServSafe® Essentials, Seventh edition.* Chicago, IL: NRAEF, 2017.

Nursing Facility Minimum Licensing Standards Emergency Preparedness (LAC 48:I.9729)

U.S. Food and Drug Administration. *Food Facts: Food and Water Safety During Hurricanes, Power Outages, and Floods*. December 2007. Available at http:// http://www.fda.gov/food/resourcesforyou/consumers/ucm076881.htm.

Tab G:

Create a checklist of dietary items that will accompany clients, which includes medications and special foods. Remember to include these items in loading plans and indicate what goes in each vehicle.

Time restrictions: 48 hrs

See attached

TRANSPORTATION AGREEMENT
FOR
LA HEALTH CARE CONSULTANTS, LLC

This agreement is by and between Nicoll's Limousine and Shuttle Service, hereinafter called PROVIDER, and all nursing homes owned and/or operated by LA Health Care Consultants, LLC (LHCC) hereinafter called CUSTOMER, as follows:

NAME: Maison Deville of Harvey
2233 Eighth Street
Harvey, LA 70058
(504) 363-9522

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

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

NAME: West Jefferson Health Care
1020 Manhattan Blvd.
Harvey, LA 70058
(504) 363-0165

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

NAME: Park Place Rehab &Nursing
535 Commerce Street
Gretna, LA 70056
(504) 393-9595

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

Tab L

Hurricane Evacuation Checklist

WHEN A HURRICANE ENTERS INTO OR FORMS IN THE GULF:

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

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

Call family members for anyone going home.

Update and issue ID bracelets.

WHEN EVACUATION IS IMMINENT

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

THINGS YOU WILL NEED FOR/PRIOR TO EVACUATION

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

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

Reinhart FOODSERVICE®
Get it right from us.

THREE DAY DISASTER MENU

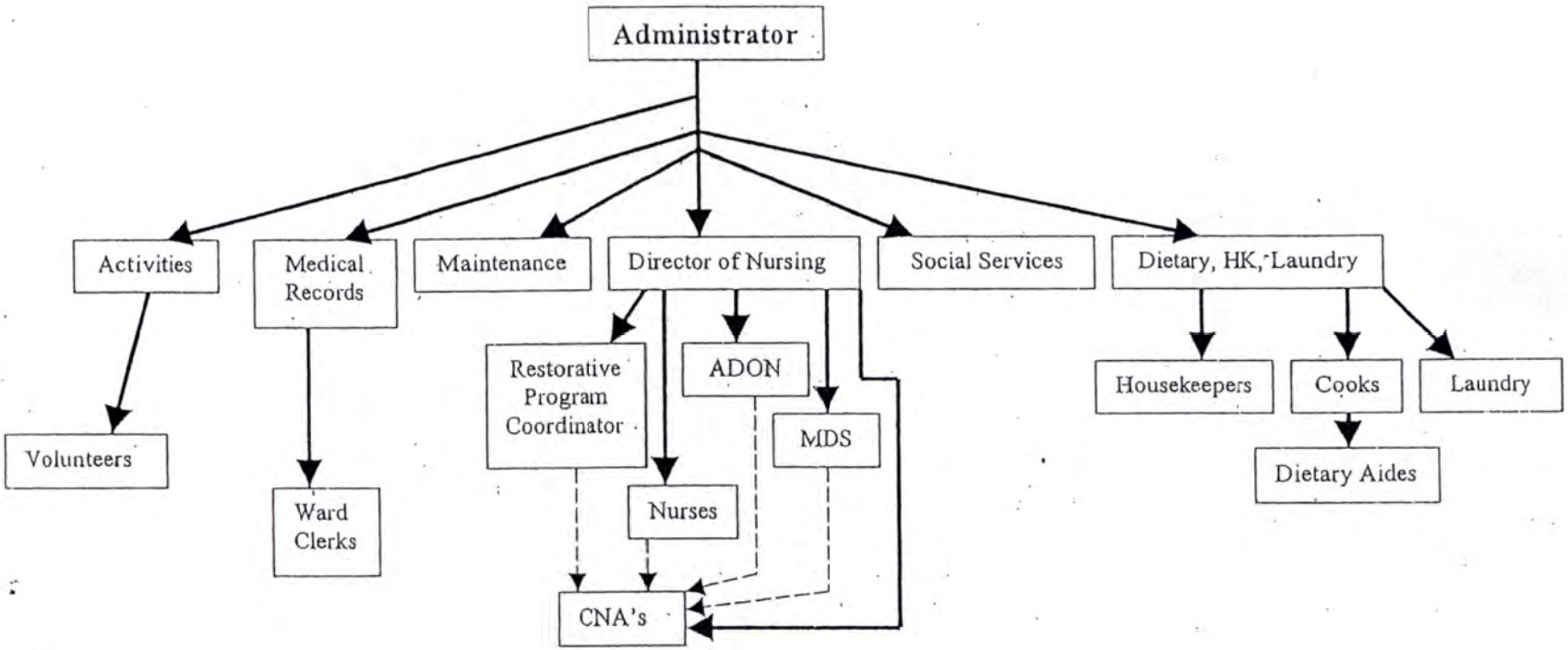
MEAL	Unit	Description	Item #	Unit	Description	Item #	Unit	Description	Item #
BREAKFAST	4 fl oz	Apple Juice	13686	4 fl oz	Orange Juice	13308	4 fl oz	Cranberry Juice	13352
	3/4 c	Dry Cereal	26304	3/4 c	Dry Cereal	26306	3/4 c	Dry Cereal	26328
	1 ea	Bread Slice	29546	1 ea	Bread Slice	29546	1 ea	Bread Slice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

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

Tab H:

Organization and staffing chart, with responsibilities, job titles, and phone numbers of staff personnel. This is a list of who (title/position) will do what (responsibilities) in an emergency event. Please only list titles/positions and the responsibilities of those titles/positions for or during emergency events. The persons who currently occupy those positions may not be available when emergency event takes place or may be needed elsewhere. Please do not include names of staff and staff contact information with plans sent to DHH-HSS unless otherwise requested.

Maison DeVille Nursing Home of Harvey, LLC
Organizational Chart



Job Action Sheet

ADMINISTRATOR

A) BRIEF ALL STAFF ON THEIR RESPONSIBILITIES IN AN EMERGENCY AND MAINTAIN RECORDS OF THEIR BRIEFINGS

B) IMPLEMENT THE PLAN AND SUPERVISE EXECUTION

C) CONTRACT WITH AND NOTIFY SUPPOSRTING AGENCIES, EVACUATION HOSTS, AND TRANSPORT, FOOD, AND OTHER SERVICE AND MATERIAL SUPPLIERS

D) NOTIFY THE PUBLIC OFFICIALS OF EVACUATION DECISIONS, DESTINATIONS, AND ARRIVAL, AS FACILITY OFFICIAL SPOKESPERSON

Emergency Command System

JOB ACTION SHEET

ASSISTANT ADMINISTRATOR / OFFICE MANAGER

A) Verify adequate levels of supplies

B) Act as custodian of all documentation except medical records

C) Maintain current information regarding incident status

D) Maintain and report regular and overtime hours worked / volunteered

E) Receive, investigate and document claims alleged to be the result of any incident

F) Maintain accurate records of cost

Emergency Command System

JOB ACTION SHEET

NURSING

A) Prepare Clients for the hazard concerned, whether in-place shelter or evacuation (Evaluate - ID Bracelets, etc)

B) Supervise triage and loading of residents, support staff, and any accompanying staff families into evacuation vehicles Prepare vehicle manifests, and supervise provision of care en route

C) Collect, coordinate and maintain inventory of essential medical supplies and equipment Determine the anticipated pharmaceuticals needed and request items

D) Coordinate with ~~assistant~~ administrator to insure the implementation of resident/staff tracking system and maintain adequate levels of nursing personnel

E) Coordinate with reception location medical staff

F) Assure treatment of residents and manage the care areas

G) Act as custodian of medical records

Emergency Command System

JOB ACTION SHEET

DIETARY

A) Assure adequate levels of food and water

B) Arrange to have on hand foods that do not require refrigeration or cooking, for use in evacuation or in-place sheltering situations

C) Develop a loading list and supervise the packing for transport of foods, water, and service supplies for use on transport

D) Provide ice and containers to preserve perishable foods and medicines in an evacuation

E) Estimate the number of meals that can be served utilizing existing stores

F) Organize food and water stores for preparation and rationing

G) Inventory emergency drinking water and estimate when resupply will be necessary

H) Initiate the feeding of staff and volunteers

Emergency Command System

JOB ACTION SHEET

Environmental

A) Procure and keep on hand the needed supplies and equipment

B) Maintain surveillance of the resident areas to assure highest possible degree of cleanliness and safety

C) Develop procedures and provide for securing the facility

D) Evaluate, control and monitor the condition of utilities, hvac, sanitation and mechanical systems

D) Arrange emergency laundry services and appropriate utility transport

Emergency Command System

JOB ACTION SHEET

SOCIAL SERVICES / ACTIVITIES

A) Provide information to visitors and families regarding status and location of residents

B) Collect, coordinate and maintain inventory of activity supplies and equipment

C) Maintain register and control access to area in accordance with administrator's direction

Tab I:

Posted Communication Plan. Telephone numbers of the emergency points of contact at your facility and the parent headquarters if any. List of emergency telephone numbers, such as law enforcement, fire, EMS, public works, utilities, fuel(s) supplier, evacuation host facility point of contact, Parish Office Of Home Land Security and Emergency Preparedness, Red Cross, your Designated Regional Coordinator, etc. List of 24-hour telephone numbers for nursing supplies, dietary supplies, and pharmacy supplies. If available include other contact information for previously listed emergency contacts such as email, cellular phone, Indicate whether the facility has and uses a "weather alert radio", internet alert system or relies on local radio and television for news weather predictions and emergency announcements.

Also include in Tab I types of communications systems or equipment used to monitor emergency broadcast and contact emergency services, power sources, testing schedule, and back up equipment or back up plans. This section of plan and TAB I shall be clearly marked and posted in a manner that is immediately recognizable and always accessible by all staff. If plan is placed within another document it shall be CLEARLY MARKED AS "EMERGENCY COMMUNICATIONS PLAN and CONTACT NUMBERS" and easily distinguished from the rest of that document.

The Communication Plan is posted in the following area(s) and is accessible at all times. These areas are marked on the floor plans.

Administrator's office (Command Center)
Nurse's Station

Emergency Preparedness Communication Plan

Law Enforcement

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

Fire

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

EMS

Acadian Ambulance	1-800-259-1111

Public Works

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

Utilities

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

Fuel

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

Host Evacuation Sites

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

Parish OEP

Homeland Security/Emergency Preparedness	(504) 349-5360

Red Cross

Red Cross	(504) 620-3105

Other

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

Medical

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

PHYSICIAN INFORMATION

DR. RUSSO – *MEDICAL DIRECTOR*

OFFICE- (504) 367-8577

CELL- (504) 330-2500

FAX- (504) 367-8579

DR. SIMONSON

OFFICE- (504) 347-5435

CELL- (504) 259-6644

FAX- (504) 349-2119

DR. CASHMAN

OFFICE- (504) 328-5703

FAX- (504) 328-5706

INDEPENDENCE EVACUATION SITE

FACILITY ADDRESS: 129 CALHOUN STRRET
INDEPENDENCE LA 70443

NUMBERS FOR INDEPENDENCE EVACUATION SITE

COMPUTER SERVICES/HOOK UP **ANTHONY CATALANO**	**985-507-1284**
MAYOR: MICHAEL RAGUSA **mayorragusa@att.net**	**985-878-2930(OFFICE)** **985-878-4568(FAX)** **985-507-4265 (CELL)**
CITY HALL	**985-878-4145**
PERMITS: **MELANIE BOYKIN**	**985-878-4145 (OFFICE)** **985-878-4568 (FAX)**
CHIEF OF POLICE **FRANK EDWARDS**	**985-878-9477 (OFFICE)** **985-507-0242(FAX)**
POLICE DEPARTMENT	**985-878-4188**
SHERIFF: DANIEL EDWARDS	**985-748-8147**
FIRE CHIEF: JOHN POLITO	**985-634-4257(CELL)**
FIRE DEPARTMENT	**985-878-2702**
LALLIE KEMP HOSPITAL **CHERIE HOOFKIN(ADMINISTRATOR)**	**985-878-9421** **985-878-1333** **985-878-1360(OFFICE)** **985-507-7777(CELL)**
HOOD MEMORIAL HOSPITAL (AMITE) **(ALISHA CHATELAIN)** **alicia@hoodmemorial.com**	**985-748-9485** **985-284-2471**
NORTH OAKS HOSPITAL	**985-345-2700**

IMPORTANT PHONE NUMBERS – EVACUATION 2020

15790 PAUL VEGA MD DRIVE
HAMMOND LA 70403
(MICHELLE SUTTON)
suttonm@northoaks.org

ST HELENA HOSPITAL — **225-222-6111**
16874 HIGHWAY 43
GREENSBURG LA 70441
(NAVEED OANNE)

OFFICE OF EMERGENCY PREPAREDNESS — **985-748-3211**
DAWSON PRIME

PROGRESSIVE WASTE (CLAY) — **985-788-7519**
985-878-9998

LOCAL PHARMACIES
WAL MART — **985-878-2078**
(515 W 3RD ST)
PAULS PHARMACY — **985-878-4401**
(345 RAILROAD AVE)
PETES PHARMACY — **985-878-6321**
(539 W RAILROAD AVE)

POWER COMPANY (ENTERGY) — **1-800-968-8243**

INTERNET PROVIDER (CHARTER) — **866-513-4900**

PHONE COMPANY (AT&T)

Tab J:

Indicate those hazards to which the facility may be subject: include a list of the disasters that are most likely to affect your facility and briefly explain any that are non weather related in Tab J. Information about general hazards can be found on the Governor's Office of Homeland Security and Emergency Preparedness website:

http://www.ohsep.louisiana.gov/hlsmitigation/hazmitigatpln.htm

It is advised that facilities consult their local emergency management services as well such as Fire and Law Enforcement Departments, local or parish OHSEP, etc.

Hazards which the facility may be subject to:

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

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

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

Flooding - A flood, as defined by the National Flood Insurance Program is: "A general and temporary condition of partial or complete inundation of two or more acres of normally dry land area or of two or more properties (at least one of which is your property) from:
Overflow of inland or tidal waters,
Unusual and rapid accumulation or runoff of surface waters from any source, or a mudflow.

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

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

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

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

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

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

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

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

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

Hazards which the facility will not be subject to:

none

TAB K:

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

1. Elevation(s) of facility's Heating Ventilation Air Conditioning (HVAC) system(s).
2. Elevation(s) of electrical service junction(s).
3. Elevation(s) of generator(s) and connection(s).
4. Elevation(s) of fuel supply, fuel storage tanks, and connection(s).
5. Facility's roof type and wind load evaluation.
6. Window evaluation- can they be shuttered, will they be shuttered, wind load determination.
7. Wind load determination for building- what is building able to withstand?
8. Evaluation of fuel resources for generator(s). How much fuel do you have stored on site? How long will generator(s) run on fuel? If not on hand how will fuel be supplied for seven day requirement?
9. Generator output and needed power. How much power is needed to run listed emergency equipment? What is the output of your generator?
10. Lay down hazard evaluation of property. Are there any objects- towers, trees, tanks, buildings, etc- that might be blown onto or into your building causing damage?
11. Hazardous materials evaluation. Is there any hazardous material stored in or around facility that should be secured or removed prior to hurricane? Chemicals, biologics, compressed gasses, flammables, etc
12. How will security for persons and supplies be provided after an emergency event?
13. What is the Sea, Lake, and Overland Surge from Hurricanes (SLOSH) Model using Maximum Of MEOW's (MOM) predictions for the facility? Include categories 1 through 5 at high tide.
14. Floor plan(s)-(Tab A) clearly showing interior safe zones and emergency supply storage areas.
15. Elevation(s) of water system back flow preventers.

Tab K

Risk assessment coversheet

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

1. Elevation(s) of facility's Heating Ventilation Air Conditioning (HVAC) system(s). **at and above sea level**

2. Elevation(s) of electrical service junction(s). **At sea level**

3. Elevation(s) of generator(s) and connection(s). **At sea level**

4. Elevation(s) of fuel supply, fuel storage tanks, and connection(s). **At sea level**

5. Facility's roof type and wind load evaluations. **Flat tar-type of roof, wind load is approximately 150mph**

6. Window evaluation: can they be shuttered, will they be shuttered, wind load determinations. **Above sea level, we have no shutters, wind load is approximately 120 MPH**

7. Wind load determination for building – what is building able to withstand? **Approximately 150 or more mph**

8. Evaluation of fuel resources for generator(s). How much fuel do you have stored on site? How long will generator(s) run on fuel? If not on hand how will fuel be supplied for seven day requirement? **At sea level, 250 gallons of fuel are stored on site, generator will run approximately 3 days, we will purchase more propane if needed**

9. Generator output and needed power. How much power is needed to run listed emergency equipment? What is the output of your generator? **We have a standby Onan 20 Genset generator. 60Hz, 1800 RPM. For a single phase 13 KW – 17KVA and for a three phase 20 KW – 25 KVA. Amps: 120/240=60, 127/220=66, 139/240=60. 120/208=69, 240/416=35, 254/440=30, 277/480=30 and 120/240=69**

10. Lay down hazard evaluation of property. Are there any objects – towers, trees, tanks, buildings, etc. that might be blown onto or into your building causing damage? **There are several trees surrounding the facility that could cause a hazard and two sheds in the rear of the building.**

11. Hazardous materials evaluation. Is there any hazardous material stored in or around facility that should be secured or removed prior to hurricane? Chemicals, biologics, compressed gasses, flammables, etc. **There are oxygen tanks stored at the facility and they are always secured in the building.**

12. How will security for persons and supplies be provided after an emergency event? **The facility will have enough staff on hand for security for residents and all supplies will be reordered as needed.**

13. What is the Sea, Lake, and Overland Surge from Hurricanes (SLOSH? Model using Maxinum Of MEOW's (MOM) predictions for the facility? Include categories 1 through 5 at high tide.

    *E1= Cat. 1 hurricanes at high tide

    *E2= Cat. 2 hurricanes at high tide

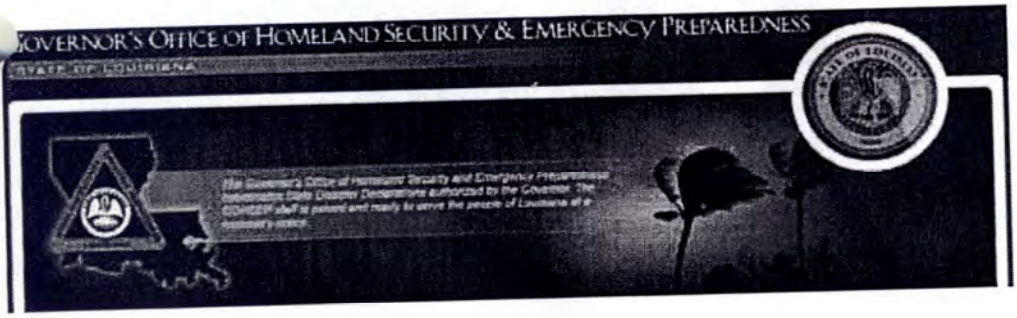
    *E3= Cat. 3 hurricanes at high tide

    *E4= Cat. 4 hurricanes at high tide

    *E5= Cat. 5 hurricanes at high tide

14. Floor(s) (Tab A) clearly showing interior safe zones and emergency supply storage areas. **On Tab A**

15. Elevation(s) of water system back flow preventers. **At sea level**



Official Louisiana Hurricane Survival Guide

Hurricane Season June 1 — November 30

Are You Prepared for this Tropical Season?



The Gulf Coast region offers many benefits for its people who call Louisiana home. The area is full of cultural diversity, agricultural and fishery riches, a thriving ecology and many events and outdoor activities that make Louisiana unique.

A consequence of enjoying this lifestyle is preparing for hurricane season and associated hazards from high winds, storm surge and flooding rains.

This guide is developed through a collaborative partnership of the NOAA National Weather Service and the State of Louisiana Governor's Office of Homeland Security and Emergency Preparedness.

The guide is provided to assist you in preparing for the Atlantic hurricane season. We all hope these actions will not be needed this season, but the looming threat always makes preparedness a necessity every year.

A Message from LA Governor Bobby Jindal



Disasters can occur anywhere at anytime. At a moment's notice citizens may need to move quickly out of harm's way. Government agencies have planned and are prepared for possible emergencies that might arise. It is important that you and your family have a plan as well.

This guide will assist you and your family with creating such a plan. I encourage you to study this guide so you can be best prepared to evacuate safely from impending threats should the need occur. In the event of an emergency, stay alert and pay attention to the news and announcements in your area if a situation develops. For more information, please visit the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) website at http://gohsep.la.gov or www.getagameplan.org.

Sincerely,

Bobby Jindal

Definitions and Terminology

- **Tropical Disturbance = A weak organization of clouds, rain and thunderstorms in the tropics that typically moves east to west. A small percentage of these systems intensify to tropical storms and hurricanes. These disturbances are monitored and upgraded by the National Hurricane Center (NHC).**
- **Tropical Cyclone = The generic name for all low pressure systems that form in the tropics or near tropical waters that are not frontal in nature. These are inclusive of depressions to hurricanes in the Atlantic and eastern Pacific Oceans, but are also typhoons in the western Pacific Ocean.**
- **Tropical Depression = A tropical cyclone that has maximum sustained winds of 33 kts or 38 mph.**
- **Tropical Storm = A tropical cyclone with sustained winds between 34 kts (39 mph) and 64 kt (73 mph).**
- **Hurricane = A well developed tropical cyclone with sustained winds in excess of 64 kt (73 mph). Intensities are reported on the Saffir-Simpson scale ranging from Category 1 (weakest) to Category 5 (strongest).**
- **Tropical Storm Watch = Posted by the NHC for a stretch of coast line when tropical storm conditions are POSSIBLE in the next 48 hours.**
- **Tropical Storm Warning = Posted by the NHC for a stretch of coast line when tropical storm conditions are EXPECTED in the next 36 hours.**
- **Hurricane Watch = Posted by the NHC for a stretch of coast line when hurricane conditions are POSSIBLE within the next 48 hours.**
- **Hurricane Warning = Posted by the NHC for a stretch of coast line when hurricane conditions are EXPECTED within the next 36 hours.**

Supply Suggestions

Use these suggestions as a guide for gathering your hurricane supplies. Remember these critical points.

- Get a 2 week supply of these emergency necessities.
- Store clean up and repair supplies in your safe room.
- Make your hurricane kit portable if you live in an evacuation area.
- Don't forget special supplies for babies, the elderly and dependent persons.
- Review homeowner's or renter's insurance plans as it relates to natural disasters.

Hurricane Kit

- Alarm Clock (battery operated
- Baby Food, diapers and formula
- Battery or crank operated radio or TV
- Enough batteries for radio, flashlights for several days
- Blankets and pillows
- Bleach (without scents or additives)
- Butane Lighter
- Canned and dried food
- Cans, gas and oil
- Cash, credit cards
- Cellular phones
- Change of clothes
- Cooler for water
- Driver's license
- Eating and cooking utensils
- Emergency cooking facilities (grill or camp stove)
- Extra pet food
- Fire extinguisher
- First aid kit and manual
- Flashlights (one for each member)
- Fuel up the vehicles
- Gas for the grill
- Heavy work boots or shoes
- Important phone numbers
- Prescriptions, including eyeglasses
- Non-electric can opener
- NOAA All Hazards radio
- Pots and pans
- Portable cooler
- Sleeping bags, sheets, towels
- Soaps, shampoo and toiletries
- Sponges and paper towels
- Toilet paper and towelettes
- Toys (to occupy children)
- Water Purification tablets
- Water jugs, 1 gallon per person per day.
- Feminine hygiene products

Valuable Papers

- Social security cards
- Birth certificates
- Marriage and death records
- Wills
- Insurance policies
- Deeds and mortgages
- Stocks and bonds
- Small valuables
- Inventory of household goods
- Computer file backups
- Pictures (both personal and of belongings)
- Savings and checking books

Clean Up and Repair Supplies

- Axes
- Bars, wrecking and crow
- Brooms
- Camera to record damage
- Chain, steel
- Chain saw and fuels
- Caulk and caulking gun
- Cleaning supplies
- Duct and masking tape
- Drills and bits
- Extension cords
- Generators
- Hammers and hatchets
- Heavy plastic tarps
- Inflatable raft
- Ladders
- Lanterns and fuel
- Lumber
- Mosquito propellant
- Plastic trash bags
- Nails, screw, bolts

Saffir Simpson Scale

Hurricanes are rated by wind intensities on a scale developed by engineer Herbert S. Saffir and meteorologist Robert H. Simpson in the late 1960s. The scale is comprised of 5 intensities of sustained wind.

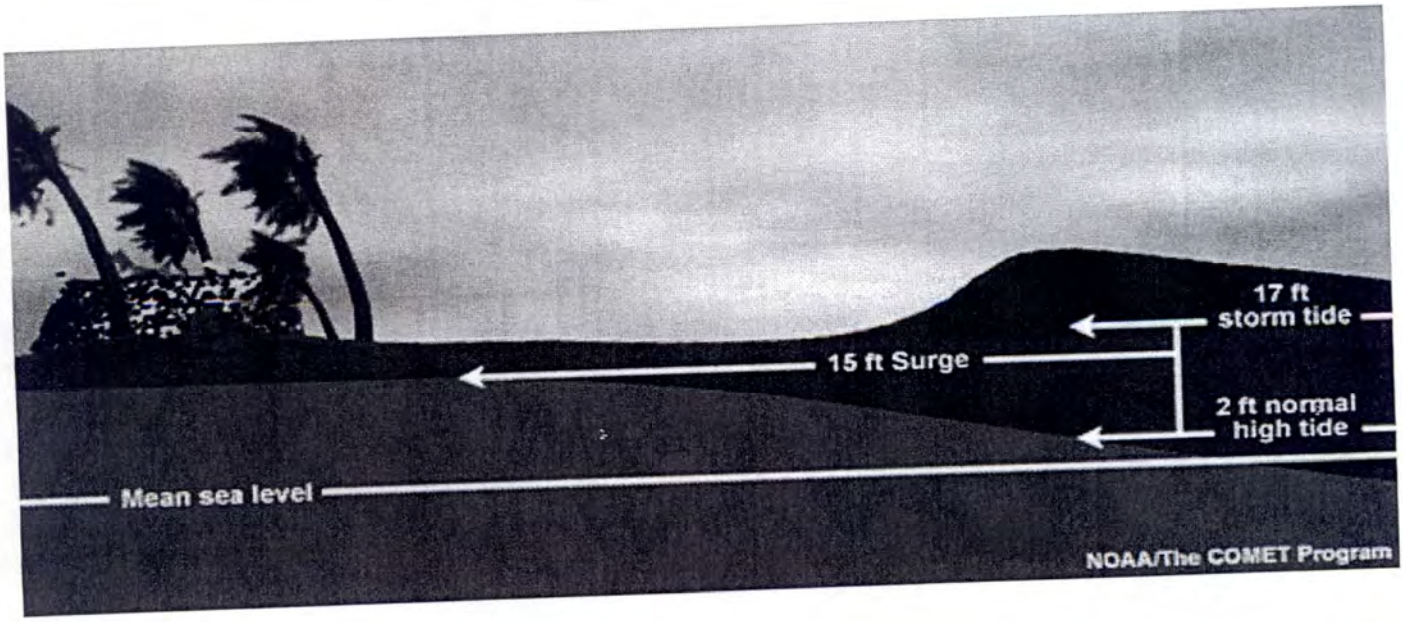
Category	Sustained Wind (mph)	Type of Damage
1	74 to 95	Minimal
2	96 to 110	Moderate
3	111 to 130	Extensive
4	131 to 155	Extreme
5	Greater than 155	Catastrophic

Hurricane Hazards

Storm Surge, Storm Tide and Inundation

Storm surge is the increase in sea height due to the strong circulation of wind and reduction in air pressure. This surge is in addition to any normal tide range that occurs daily. The combination of normal tide and storm surge is known as ***Storm Tide.*** These combined water levels can reach 20 to 30 feet in very large and powerful hurricanes. Hurricane Camille in August 1969 produced a 24 foot storm tide along the Mississippi Coast. Hurricane Katrina in 2005 produced a 27 foot storm tide also along the Mississippi Coast.

If one subtracts the elevation of the land or floor elevation of a structure, the resulting water level is called ***Inundation.*** In some coastal locations that may actually be below sea level, inundation can be particularly hazardous. During Katrina, many locations had between 8 and 14 feet of inundation in low lying areas.



Winds

Hurricane force winds can destroy homes and mobile homes. Signs, roofing material and small objects left outside become flying missiles. Winds can attain hurricane strength, over 74 mph, well inland before weakening. Powerful Hurricane Katrina attained hurricane force winds and produced widespread wind damage into central and eastern Mississippi. Hurricane Gustav in 2008 produced hurricane force winds in the Baton Rouge area. People outside during hurricane force winds are in great danger of being struck by flying objects.

Tornadoes

Hurricanes and tropical storms can and often produce tornadoes. Tornadoes can form in thunderstorms embedded within the outer bands of a tropical cyclone or within the eyewall of hurricanes. Hurricane Hilda in 1964 produced many tornadoes along its track into Louisiana. Hurricane Andrew produced a killer tornado in Laplace before landfall in south-central Louisiana.



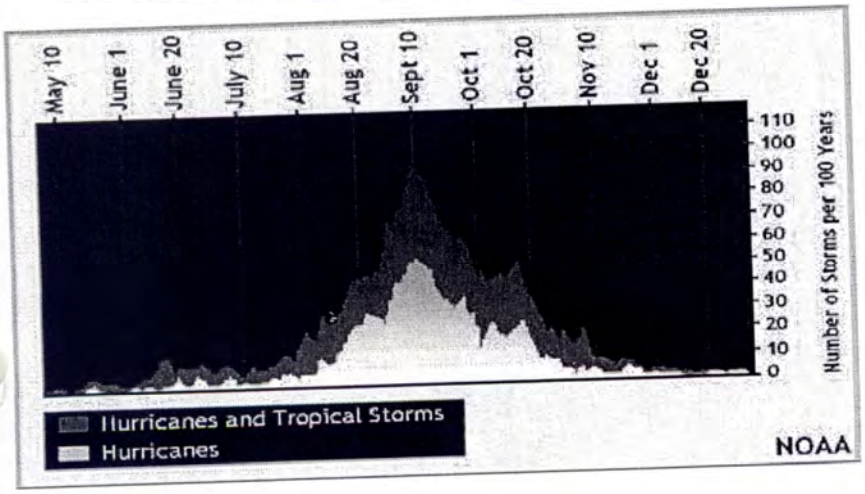
A powerful tornado struck Laplace, LA several hours before the landfall of Hurricane Andrew in August 1992.

Inland/Freshwater Flooding

Tropical Storms and hurricanes are efficient rain-makers. These storms are harbingers of tropical moisture that typically fall at rates of several inches per hour. The accumulation of rainfall is related to the forward speed of the storm. Slow moving or nearly stationary storms can produce 20 to 30 inches of rainfall or more in a day. Storms that move into mountainous or hilly terrain can have enhanced heavy rainfall due to the lift provided by the higher terrain. This affect, in turn, can produce mud slides and mud flows. The torrential rains and flood threat can reach hundreds of miles inland for several days after a storm's landfall. Such was the case with Tropical Storm Allison in 2001 when this slowly moving tropical storm produced over 40 inches in the Houston, TX metro area. This was the costliest tropical storm in U.S. history due primarily to freshwater flooding in southeast Texas and Louisiana. 23 deaths were reported in Texas and one in Louisiana.



Downtown Houston, TX after torrential rains from Tropical Storm Allison in 2001.



Before a Storm Strikes

When in a Watch Area

- Frequently monitor radio, TV (local and cable), NOAA All Hazards Radio, or Internet for official bulletins of the storm's progress.
- Prepare to secure or store lawn furniture and other loose, lightweight objects such as garbage cans, garden tools, etc.
- Prepare to cover all windows and door openings with shutters or plywood - Tape on windows is useless.
- If evacuating, leave early and orderly when your area is designated to leave, preferably in daylight.
- Check batteries and stock up on canned foods, first aid supplies, drinking water and medications.
- Inspect and secure mobile home tie downs. Add more if needed.
- Have cash.
- Service and fuel family vehicles.

When in a Warning Area

- Continue to monitor the storm's progress.
- Complete preparation activities.
- If evacuating, leave early during daylight hours. Stay at an inland location with family, friends, a low rise motel or a designated shelter.
- Notify someone outside the evacuation area of your plans.
- Follow instructions issued by local officials. Leave immediately if told to do so.
- Ensure pets are secured and safe. Most shelters will not accept pets. Some hotels are pet-friendly. Out-of-town kennels may also receive pets.
- Leave mobile homes in any case.

During a Storm

If Staying at Home

- Only stay at home if you have NOT been ordered to evacuate by local officials.
- Know how to turn off utilities if told to do so by authorities. Post a set of instructions for other family members to follow. Have necessary tools on hand to turn valves off.
- Fill bathtub and large containers with water for sanitary purposes.
- Ensure you have a battery operated radio, flashlights, extra batteries, canned goods and a non-electric can opener.
- Remove objects that could become missiles.
- Turn refrigerator to max setting and open only when necessary.
- Freeze water to create ice. Ensure an adequate supply by storing extra in large bags
- Turn off propane tanks.
- Do not run gas powered generators in an enclosed area. Do not connect generators to your main home power supply without proper installation by a qualified electrician.

During Strong Winds

- Stay away from windows. Secure and brace all door and window openings.
- If near the water, stay on the first floor but be prepared to move quickly to the second floor as water rises.
- If away from the water, stay on the lowest floor, preferably in an interior bathroom or closet.
- Lie on the floor under a table or other sturdy object.

After the Storm

- Keep monitoring radio and TV, if possible.
- Use telephones, including cell phones, to report life-threatening emergencies only. Texting may be more reliable after a storm.
- Do not drink or prepare food with tap water until you are certain it is not contaminated.
- Boil water before using for drinking or food preparation, until your local officials declare the water supply safe.
- Stay on firm ground away from high water.
- Avoid using candles and open flames indoors. Use a flashlight to inspect for damage.
- Do not drive in areas where roads are closed. Do not drive around barricades.
- Check gas, water, electrical lines and appliances for damage. Always assume downed power lines are charged.
- Wait until an area is declared safe before entering.
- Be especially cautious using chainsaws and other power tools to remove debris.
- Avoid crossing weakened bridges and washed out roads. Do not drive into flooded areas.

Hurricane Facts

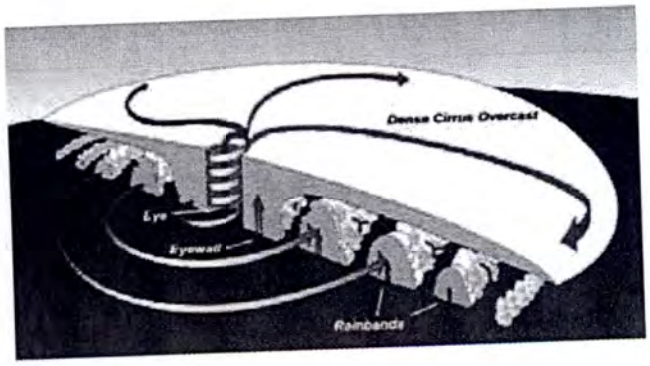
How Hurricanes Form

Hurricanes are products of a warm, moist atmosphere over a very warm body of tropical water.

They are typically steered by easterly winds that flow in the lower latitudes, generally between 10 degrees and 25 degrees latitude.

As disturbances move over warm ocean waters, a heat engine process develops that causes a low pressure circulation to form. This is usually the tropical storm phase.

As the tropical storm continues to strengthen and the circulation builds upwards into the higher atmosphere, a hurricane is created.



Hurricane Structure

The center, or eye, of a hurricane is relatively calm with sinking air. The most violent winds and heaviest rains are found in the eyewall.

The large circulation of a hurricane involves the transport of unstable air towards its main center. The resulting showers and thunderstorms form into spiral rainbands that may extend several hundred miles away from the actual center.

The rainbands often feature gusty winds in squalls that arise rather abruptly, followed by heavy rainfall. Some cells within the rainbands can have rotation that produce tornadoes, particularly those in the forward right quadrant of the hurricane, relative to the storm's forward motion.

As hurricanes move over land and weaken, much of the energy used to maintain the storm at sea is now transformed into violent wind gusts and downdrafts, along with torrential rainfall, especially at night and in higher terrain.



During a threat of a hurricane, a phased evacuation will be based on geographic location and time in which tropical storm winds are forecasted to reach affected areas.

Phase I – 50 Hours before onset of tropical storm winds. Includes area south of the Intracoastal Waterway. These areas are outside any levee protection and are vulnerable to Category 1 and 2 storms. These areas are depicted in RED on the Evacuation Map. During phase I, there are no route restrictions.

Phase II – 40 hours before onset of tropical storm winds. Includes area south of the Mississippi River which are levee protected but remain vulnerable to Category 2 or higher storms. These areas are depicted in ORANGE on the Evacuation Map. During Phase II, there are no route restrictions.

Phase III - 30 hours before onset of tropical storm winds. Includes areas on the East Bank of the Mississippi River in the New Orleans Metropolitan Area which are within levee protection system but remain vulnerable to a slow-moving Category 3 or any Category 4 or 5 storm. These areas are depicted in YELLOW of the Evacuation Map. During Phase III, certain routes will be directed and the Contraflow Plan implemented.

Phased evacuation procedures are for the traffic management purposes only. Consult your local Office of Emergency Preparedness Director for further evacuation information.

Emergency Shelter Information Points

Evacuation Area of the State	Information Point Location	Address
Re-entry from Mississippi on U.S. 65 & U.S. 84	**1.** Tourist Welcome Center	U.S 165 & U.S. 84 1401 Carter Street Vidalia, LA
Re-entry from Mississippi on I-20	**2.** Tourist Welcome Center	836 I-20 West, Tallulah, LA
From Southeast area on LA 1	**3.** Paragon Casino	Paragon Place, Marksville, LA
From Southeast/Central area on I-49	**4.** Sammy's Truck Stop	I-49, Exit 53, 3601 LA 115 W Bunkie, LA
From Southeast/Central areas on U.S. 71	**5.** Med Express Office	7525 U.S. 71, Alexandria, LA
From Southeast/Southwest/ Central areas on U.S. 171 and I-49	**6.** P.E. Gym - LSU-Shreveport	One University Place, Shreveport, LA
From Southwest on U.S. 171	**7.** Pickering High School	180 Lebleu Rd., Leesville, LA
From Southwest/Central areas on U.S. 165	**8.** Tourist Information Center	8904 U.S. 165, Oberlin, LA
From Southeast area on LA 1	**9.** Maddie's Truck Plaza	15972 LA 1, Simmesport, LA

Safe and Well Website

American Red Cross

www.redcross.org/safeandwell or in Spanish at www.sanoysalvo.org

After a disaster, letting your family and friends know that you are safe and well can bring your loved ones great peace of mind. This website is designed to help make that communication easier.

List Myself as Safe and Well

- Required information includes name, home address, phone number, current city and state
- Registrants can add personal message
- Registrants can update their Facebook and Twitter status via Safe and Well
- For those without Internet access, or for those in need of translation services, call agents at 800-733-2767 can help with registration during large-scale disasters

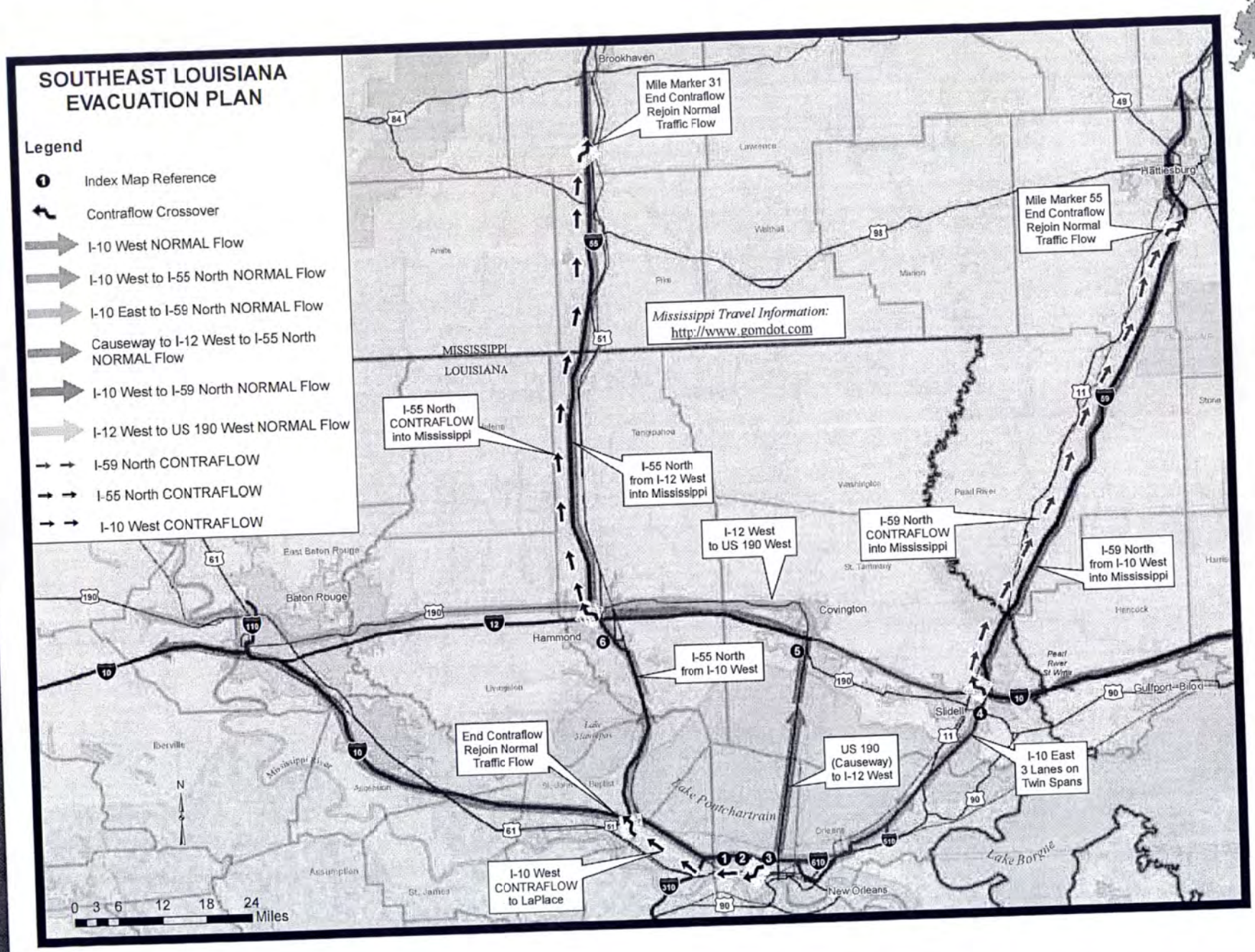
Access and Privacy

- Publicly accessible on the Internet 24/7/365
- Paper registration forms are available for back-data entry
- Registration and search help is available a large-scale disasters at 800-733-2767

Search and Results

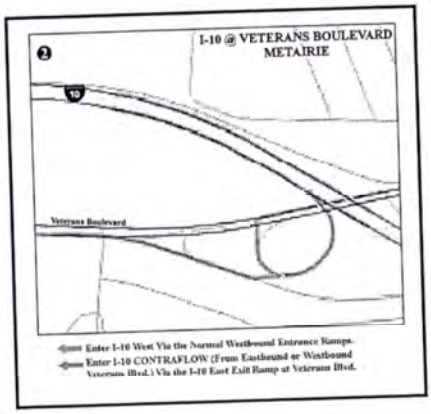
- Search for a Safe and Well record:
  1. By Last Name and Phone Number, or
  2. By Last Name and Complete Home Address

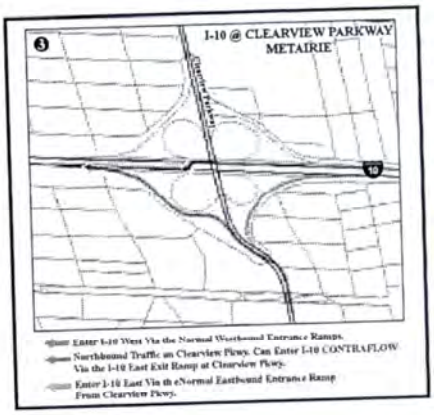
SOUTHEAST LOUISIANA CONTRAFLOW PLAN



SOUTHEAST LOUISIANA CONTRAFLOW MAP INSETS

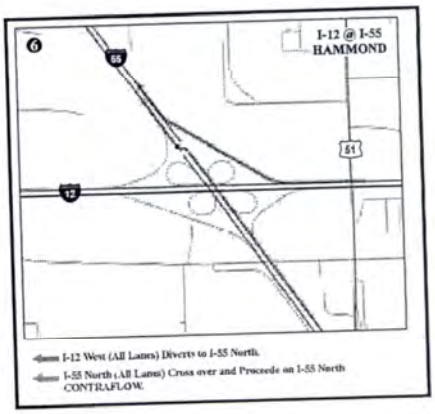












PHASE III CONTRAFLOW INSTRUCTIONS

I-10 West Contraflow Lanes:

- The eastbound and westbound lanes of I-10 for Clearview Parkway in Metairie to I-55 North in LaPlace will be used as westbound lanes. On the Contraflow Plan, the normal westbound lanes are shown with BROWN arrows and the Contraflow (eastbound) lanes are shown with BLUE arrows.
- All I-10 West entrances through New Orleans, Metairie, and Kenner will be used intheir normal manner to gain access to I-10 West.

I-55 North Contraflow Lanes:

- The northbound and southbound lanes of I-55 from I-12 in Hammond to the Mississippi state line will be used as northbound lanes. On the Contraflow Plan, the normal northbound lanes are shown with RED arrows and the Contraflow (southbound) lanes are shown with BROWN arrows.
- Traffic traveling I-55 North (Brown) will be diverted onto I-55 North Contraflow and will only be allowed to exit at two locations: Exit 47 (LA-16) in Amite and Exit 61 (LA-38) in Kentwood.

I-59 North Contraflow Lanes:

- The northbound and southbound lanes of I-59, north of the I-10/I-12/I-59 interchange, will be used as northbound lanes. On the Contraflow Plan, the normal northbound lanes are shown with PURPLE arrows and the Contraflow (southbound) lanes are shown with GREEN arrows.

BROWN Arrows (I-10/I-55 North to Hammond and Mississippi):

- In LaPlace, the I-10 West (BROWN) lanes will be diverted to I-55 North toward Hammond and Mississippi. Traffic will not be allowed to continue on I-10 West at this interchange.
- All traffic traveling on I-55 North will travel in the existing northbound lanes.
- When traffic traveling on I-55 North reaches the I-55/I-12 interchange in Hammond, I-55 will begin to Contraflow (both the north and south lanes will travel north into Mississippi).

BLUE Arrows (I-10 West to baton Rouge):

- Traffic destined for Baton Rouge may enter the Contraflow (eastbound) lanes from Clearview Parkway, Veterans Boulevard or Williams Boulevard in Jefferson Parish (see diagrams).
- Traffic destined for Baton Rouge may enter the Contraflow (eastbound) lanes from I-10 West via a cross-over at the Clearview Parkway overpass. This is the only opportunity to enter the Contraflow (eastbound) lanes from I-10 West without exiting and re-entering the interstate.
- In LaPlace, I-10 Contraflow traffic (BLUE) will be diverted onto the westbound lanes of I-10 and will continue west on I-10 toward Baton Rouge.

RED Arrows (Lake Pontchartrain Causeway to Covington, I-12, Hammond, Mississippi:

- Northbound traffic on the Lake Pontchartrain Causeway (RED) will be diverted onto I-12 West (RED) at the US-190/I-12 interchange and will continue on I-12 West to Hammond.
- I-12 West (RED) will be diverted onto I-55 North (RED) at the I-12/I-55 interchange in Hammond
- I-55 North (RED) will continue north into Mississippi

GREEN Arrows (I-10 East to I-59, North to Slidell, Mississippi):

- I-10 East Traffic (GREEN) from New Orleans will cross the I-10 Twin Spans using the three eastbound lanes.
- Contraflow of I-59 will begin at the I-10/I-12/I-59 interchange.
- At the I-10/I-12/I-59 interchange, the left and center lanes of eastbound I-10 will be diverted onto southbound I-59 (GREEN). Only the right lane will continue onto I-59 North (PURPLE).
- The I-10 East (GREEN) traffic will not be allowed to continue on I-10 East or enter I-12 West.

PURPLE Arrows (I-59 North to Mississippi from I-10 West):

- I-10 East traffic (GREEN) from New Orleans will cross the I-10 East twin spans using the three eastbound lanes.
- Only the right lane (GREEN) will continue to I-59 North (PURPLE)
- All traffic of I-1o West (PURPLE) from Mississippi will be diverted on I-59 North (PURPLE) at the I-10/I-12/I-59 interchange.
- I-10 West traffic will not be allowed to continue westbound on I-10 or I-12.

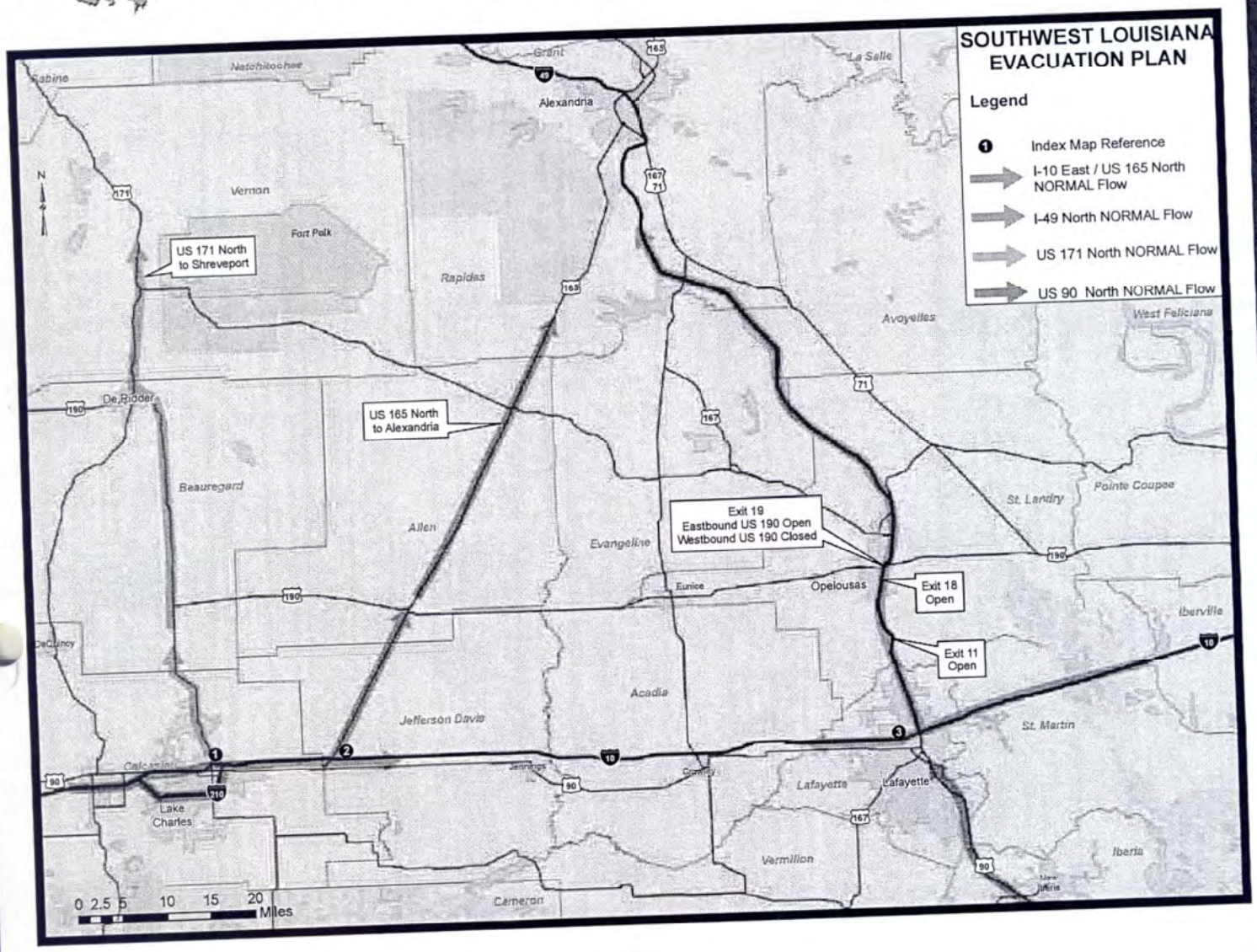
Orange Arrows (I-12 Westbound- Covington/Hammond):

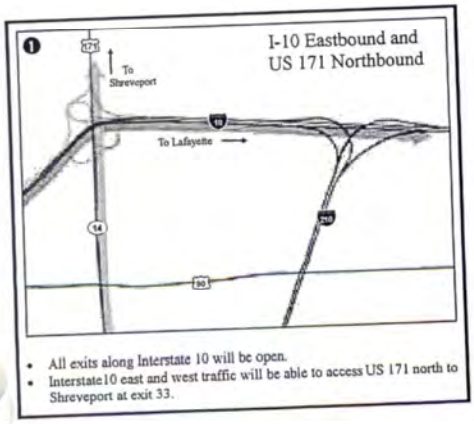
- Traffic traveling on I-12 West (RED) between Covington (US-190) and Hammond (I-55) will NOT be allowed to continue on I-12 West. This traffic must divert onto I-55 North.
- Traffic traveling on I-12 West between Slidell (I-10/I-12/I-59 interchange) and Covington (US-190) will NOT be allowed to continue on I-12 West. This traffic will be diverted to US-190 West.
- Traffic traveling on US-190 West will be allowed to continue to Baton Rouge.

All Interstate exit ramps will be open to normal traffic flow. Interstate exit ramps in the Contraflow lanes will be limited and marked with variable message boards.

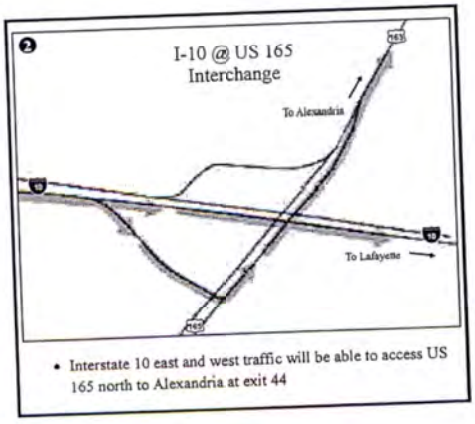
Study this map and CHOOSE YOUR ROUTE WISELY. There will be many restrictions on the Interstate system. Upon entering the contraflow area, it may not be possible to change routes. Contraflow operations will begin when evacuations are initiated in Jefferson and Orleans parishes. If you do not wish to evacuate under the contraflow restrictions, your best strategy is to LEAVE EARLY before the contraflow is activated.

SOUTHWEST LOUISIANA EVACUATION MAP

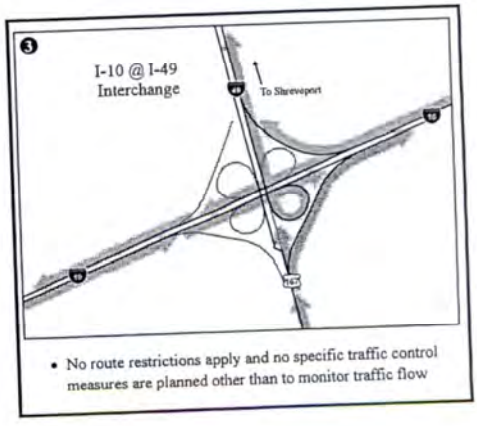




- All exits along Interstate 10 will be open.
- Interstate10 east and west traffic will be able to access US 171 north to Shreveport at exit 33.



- Interstate 10 east and west traffic will be able to access US 165 north to Alexandria at exit 44



- No route restrictions apply and no specific traffic control measures are planned other than to monitor traffic flow

Your National Weather Service



National Hurricane Center



Hurricane Hunter Aircraft

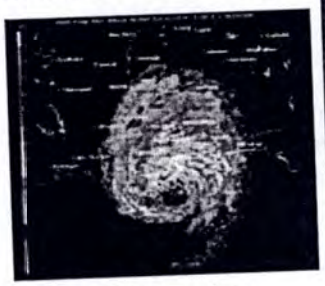
NWS MISSION STATEMENT:

"...to provide weather and flood warnings, public forecasts and advisories for all the United States, its territories, adjacent waters and ocean areas, primarily for the protection of life and property."

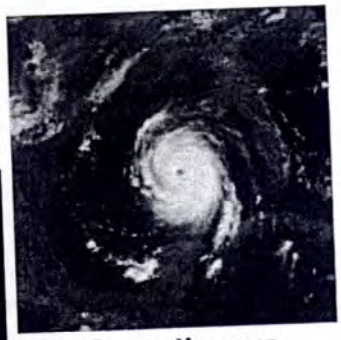
An Integrated Service Delivery



24 X 7 Forecaster Weather Watch with State-of -the-Science AWIPS computers



WSR-88D Radar



GOES continuous Satellite Surveillance



Website: http://www.weather.gov

Emergency Alert System

This national alert system was designed to provide crucial information to the general public for the express purpose of protecting you from harm during emergency situations and natural disasters. This alert system is tested weekly and monthly on local and cable TV outlets as well as appointed Emergency Alert System commercial radio stations. The NOAA All-Hazards Weather Radio program is a vital part of the Emergency Alert System, disseminating timely warnings for various weather threats 24 hours a day. In addition to weather hazards, All Hazards Radios also broadcast Amber Alerts for abducted children, Shelter-in-Place notifications for hazardous materials incidents, and other threats to national security.

We're now on Facebook!



NOAA All Hazards Radio Receivers available from retailers and internet outlets.

NOAA All-Hazards Radio Louisiana Frequencies

Lake Charles	KHB-42	162.400 MHz
Lafayette	WXK-80	162.550 MHz
Baton Rouge	KHB-46	162.400 MHz
Morgan City	KIH-23	162.475 MHz
Buras	WXL-41	162.475 MHz
New Orleans	KHB-43	162.550 MHz
Bogalusa	WNG-521	162.525 MHz
Alexandria	WXK-78	162.475 MHz
Natchitoches	WXN-87	162.500 MHz
Shreveport	WXJ-97	162.400 MHz
Monroe	WXJ-96	162.550 MHz
Beaumont, TX	WXK-28	162.475 MHz
Gulfport, MS	KIH-21	162.400 MHz

Preparing Your Animals

Making plans for your family is extremely important. Don't forget to plan for the animals in your life!

Mike Strain DVM
Commissioner

- The location of your evacuation destination may or may not accept pets, so call ahead and check. Animal shelters will be set up in various part of the state on an "as-needed" basis. The Louisiana Department of Agriculture & Forestry works year round with the Louisiana State Animal Response Team (LSART) to provide sheltering opportunities. Species-specific disaster preparedness advice is available at www.lsart.org.
- Create a disaster readiness kit for your animal that includes food, water, first aid supplies, feeding supplies and other items that are necessary to keep your animal comfortable for at least 3—5 days.
- Remember, animal ownership is a responsibility! Be ready to take care of your whole family.

United Way • AIRS

Call 2-1-1

Get Connected. Get Answers.

What is 2-1-1?

- **2-1-1 is an easy to remember telephone number that connects callers to information about critical health and human services available in their community during crisis or any time.**
- **2-1-1 responds immediately and directs callers to services most appropriate for their needs.**
- **For example, 2-1-1 can offer access to:**

- **Coordinated Disaster Information**
- **Food, Clothing**
- **Shelters**
- **Special Needs Housing**
- **Volunteer Management**
- **Evacuation Routes**
- **Transportation Assistance**
- **Crisis Counseling**
- **Prescription Assistance**
- **Missing Persons**
- **Post Disaster Child Care**
- **Rebuilding Assistance**

How does 2-1-1 Work in Louisiana?

- **Call 2-1-1 from any landline or cellular phone in Louisiana**
- **Staffed 24/7 with trained specialists to guide you to vital resources**
- **Provides multilingual services and information for the hearing impaired**
- **Maintains a computerized database of over 15,000 resources and services statewide**
- **It is the largest comprehensive information and Referral system in Louisiana, serving 64 parishes**

United Way
Louisiana Association of United Ways

Department of Children & Family Services
Building a Stronger Louisiana

GET A GAME PLAN

LOUISIANA
Department of HEALTH and HOSPITALS

American Red Cross

Contact Information

Governor's Office of Homeland Security and Emergency Preparedness

1-225-925-7500

http://www.gohsep.la.gov



National Hurricane Center

www.nhc.noaa.gov

NWS New Orleans/Baton Rouge
985-649-0429
weather.gov/neworleans

NWS Lake Charles
337-477-5285
weather.gov/lakecharles

NWS Shreveport
318-631-3669
www.srh.noaa.gov/shv

NWS Jackson
601– 936-2189
www.srh.noaa.gov/jan

Coastal Parishes Information

Parish	Emergency Management	Sheriff's Office	Web Site
Acadia	337-783-4357	337-788-8700	www.appj.org/Departments/emergency_management.htm
Assumption	985-369-7386	985-369-2912	www.assumptionoep.com/LEPCboardmembers.aspx
Calcasieu	337-721-3800	337-491-3600	www.cppj.net/dept/oep/Default.asp
Cameron	337-775-7048	337-775-5111	www.lsa.org/Louisiana_Sheriffs_Association/Sheriffs_Directory/Cameron/cameron.html
Iberia	337-369-4427	337-369-3711	http://iberiaparishgovernment.com/dept-911.asp
Jefferson	504-349-5360	504-349-5322	www.jeffparish.net/index.cfm?DocID=1163
Jefferson Davis	337-821-2100	337-821-2100	www.jdps.org/home.html
Lafayette	337-291-5075	337-232-9211	http://lafayetteoep.org
Lafourche	985-537-7603	985-532-2808	www.lafourchegov.org/lafourchegov/Departments_OEP.aspx
Orleans	504-658-8700	504-827-8505	www.cityofno.com/pg-46-1-emergency-preparedness.aspx
Plaquemines	504-297-5671	504-564-2525	www.plaqueminesparish.com/emergency-preparedness.php
St. Bernard	504-278-4267	504-271-2501	www.sbpg.net
St. Charles	985-783-5050	985-783-6807	www.stcharlesgov.net
St. James	225-562-2364	225-562-2200	www.stjamesla.com/James/EmergencyPre.htm
St. John the Baptist	985-652-2222	985-652-9513	www.sjbparish.com/eoc.asp
St. Martin	337-394-3071	337-394-3071	www.stmartinsheriff.org
St. Mary	985-385-2600	337-828-1960	www.stmary.k12.la.us/emergency.htm
St. Tammany	985-898-2359	985-898-2338	www.stpgov.org/departments_homeland.php
Terrebonne	985-873-6357	985-876-2500	www.tpcg.org/view.php?f=ohsep
Vermilion	337-898-4308	337-893-0871	http://www.vermilionparishpolicejury.com/DEPT_security.html

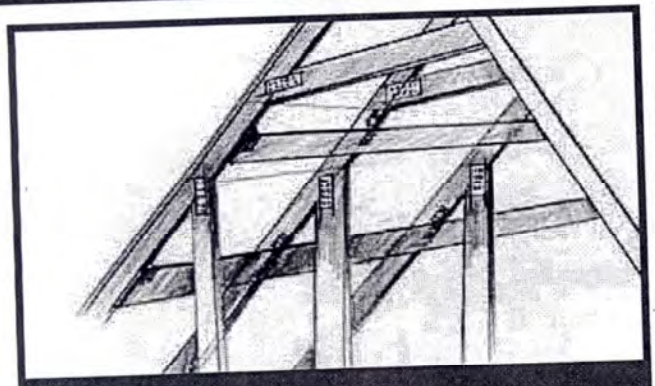
LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

Louisiana 511 Traveler Information
888-ROAD-511 (888-762-3511)
web: www.511la.org

Louisiana State Police
http://www.lsp.org

This public document is published at a total cost of $ 45,700.00. 1,000,000 copies of this public document were published in this 1st printing at a cost of $ 82,113.00. The total cost of all printings of this document including reprints is $ 82,113.00. This document was published by R2R Media to prepare Louisiana citizens in the event of a hurricane or other emergencies. This material was printed in accordance with standards for printing by state agencies established pursuant to R.S. 43.31. Printing of this material was purchased in accordance with the provisions of Title 43 of the Louisiana Revised Statues. This document was prepared under grants from the United States Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA) Hazard Mitigation Grant Program (HMGP) and donations received from the American Red Cross (ARC) and Louisiana Association of United Ways (LAUW). No state dollars were used for this document.

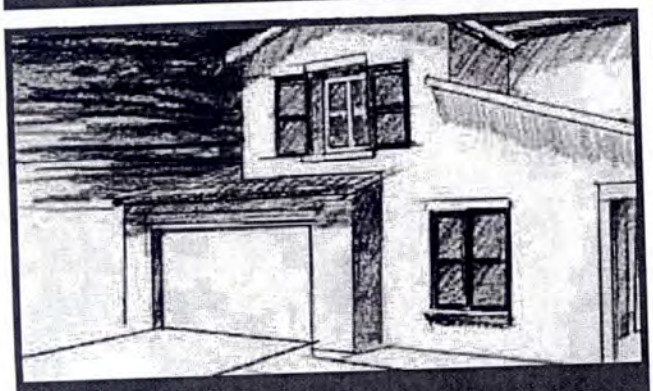
RISE



REINFORCE



INSURE



SHUTTER



ELEVATE

Hazard mitigation is any *sustained* action to *reduce* or *eliminate future* risk to people and property from natural and man-made hazards and their effects.

Secure your roof with **metal clips** and **straps**. Protect your home by **maintaining flood insurance, securing loose roof shingles, installing shutters** and **elevating** above the floodplain if your home is located in a low-lying area.

For more you can do, go to **getagameplan.org** and click on the mitigation PLAN link for important tips on how to better protect your **family, property** and **community**.

EDUCATE to MITIGATE™

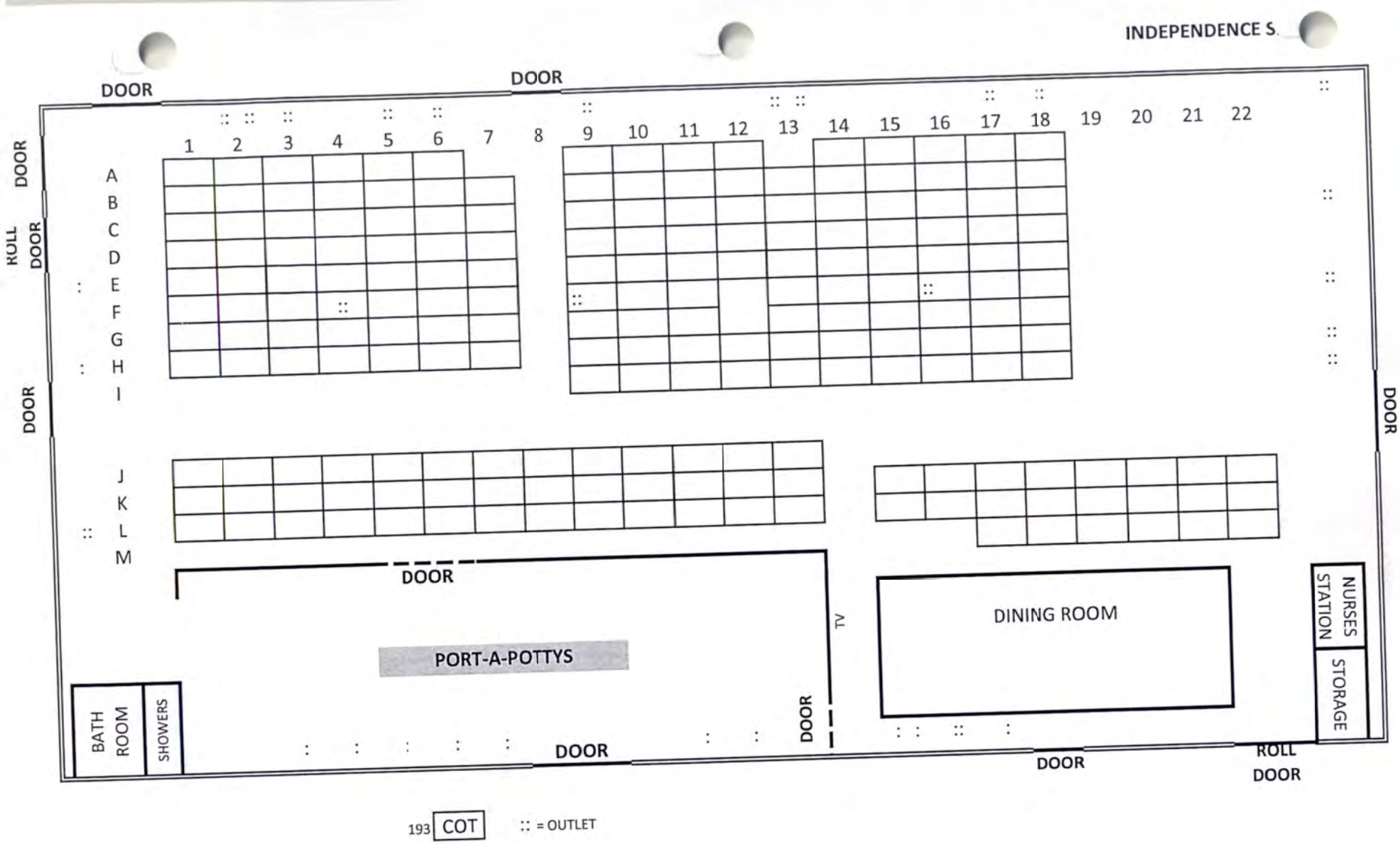
RISE
STORM SAFE LOUISIANA
REINFORCE
INSURE
SHUTTER
ELEVATE

getagameplan.org

GET A GAME PLAN

mitigation PLAN

GOVERNOR'S OFFICE
HOMELAND SECURITY & EMERGENCY PREPAREDNESS



193 COT :: = OUTLET

BED	RESIDENT NAME
A 1	
4	
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16 beds

BED	RESIDENT NAME
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26 beds

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26 beds

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BED	RESIDENT NAME

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26 beds

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26 beds

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26 beds

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S 1

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

Year 2021 Hurricane Evacuation Plan

Evacuation Site Address	Bed Availability
1. 129 Calhoun Street Independence, LA 70443	700 Beds

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

Facility	Address	Phone	Bed Availability
Maison Deville Nursing Home, Inc.	107 S Hollywood Rd Houma, LA 70360	985-876-3250	80 Beds
St. Elizabeth's Caring, LLC	1020 Manhattan Blvd. Harvey, LA 70058	504-362-9522	20 Beds
Maison Deville Nursing Home of Harvey	2233 8th Street Harvey, LA 70058	504-362-9522	20 Beds
South Lafourche Nursing and Rehab	4302 Highway 1 Raceland, LA 70394	985-693-1065	20 Beds
Maison Orleans Healthcare of New Orleans	1420 General Taylor Street New Orleans, LA 70115	504-895-7755	20 Beds
River Palms Nursing Home	5301 Tullis Dr. New Orleans, LA 70131	504-394-5807	20 Beds
Park Place Nursing & Rehab	535 Commerce St. Gretna, LA 70056	504-393-9595	50 Beds

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

Sincerely,

Bob G. Dean
Man. Member

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

Year 2021 Hurricane Evacuation Plan Effective Date 1/1/2021

To:

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

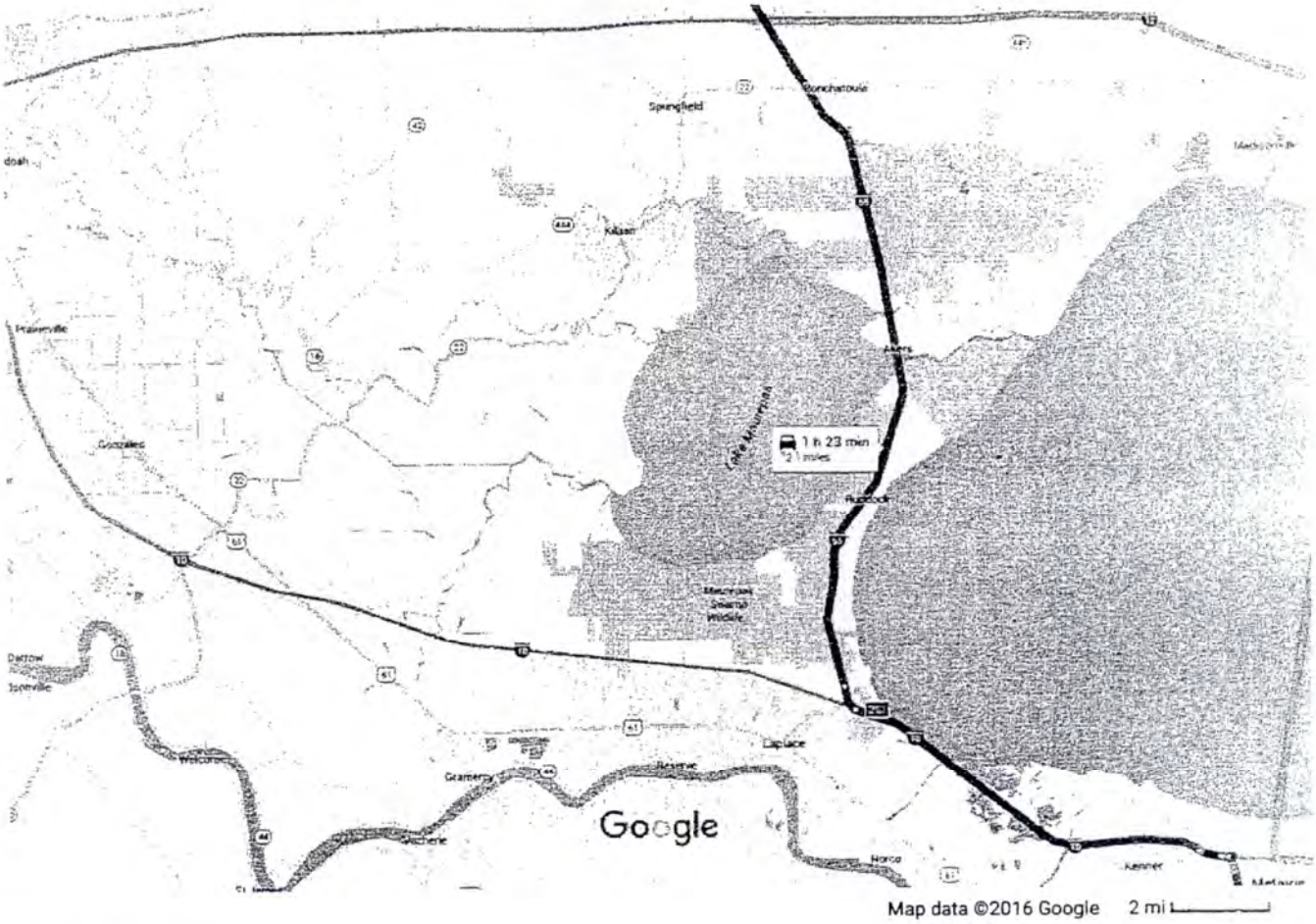
The letter serves as confirmation of our arrangement that in the event of an emergency evacuation. Depending on the acuity of your residents, we have Several different sites in which we will deploy services and residents to.

	Evacuation Site Address:
1	129 Calhoun Street Independence, LA 70443

Sincerely,

Bob G Dean
Man. Member

Google Maps **2233 8th Street, Harvey, LA to 129 Calhoun St, Independence, LA 70443** Drive 72.1 miles, 1 h 23 min

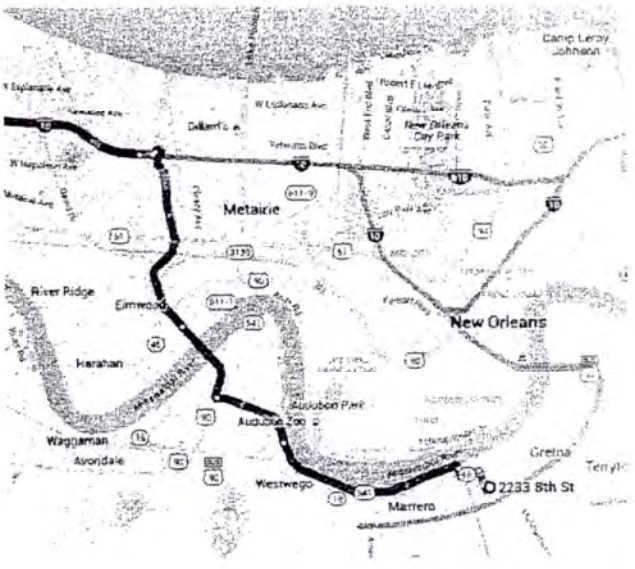


2233 8th St
Harvey, LA 70058

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

26 min (13.0 mi)

1. Head west on 8th St toward Marion St — 427 ft
2. Turn right onto Brown Ave — 0.4 mi
3. Turn left onto 4th St — 0.4 mi
4. Turn right onto Destrehan Ave — 0.2 mi



5. Continue onto River Rd

4.0 mi



6. Slight right to stay on River Rd

0.5 mi

7. Continue onto Seven Oaks Blvd

1.3 mi

8. Slight right to merge onto Huey P Long Bridge

1.7 mi

9. Keep left to continue on S Clearview Pkwy

3.9 mi

10. Use the right lane to take the I-10 W ramp to Baton Rouge

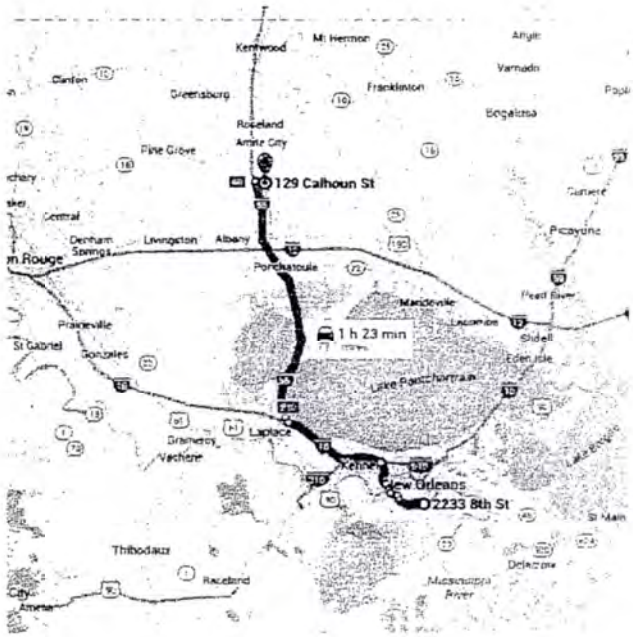
0.4 mi

11. Keep left at the fork and merge onto I-10 W

0.3 mi

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

49 min (57.5 mi)



12. Merge onto I-10 W

16.4 mi

13. Use the right 2 lanes to take exit 210 for Interstate 55 N toward Hammond

1.1 mi

14. Continue onto I-55 N

39.8 mi

15. Take exit 40 for LA-40 toward Independence

0.2 mi

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

5 min (1.7 mi)



16. Slight right onto LA-40 E (signs for Independence)

1.4 mi

17. Continue straight onto E Railroad Ave

0.1 mi

18. Turn left onto Calhoun St

Destination will be on the left

0.1 mi



129 Calhoun St

Independence, LA 70443

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

Google Maps

River Palms Nursing & Rehab
5301 Tullis Dr. New Orleans, LA 70131 Fax (504) 394-5980 NURSING & REHAB
Phone (504) 394-5807

January 1, 2021

To:
Park Place Healthcare
West Jefferson Healthcare Center
Maison De'Ville Nursing Home at Harvey
Maison Orleans Healthcare of New Orleans
Maison De'Ville Nursing Home at Houma
South Lafourche Nursing & Rehab

In the event of an emergency, River Palms Nursing & Rehab, located at 5301 Tullis Drive, New Orleans, LA, 70131, will work to accommodate your evacuation needs. The ESF-8 Portal will be updated to reflect census and open beds.

Feel free to utilize the following contact information as needed:
Facility: (504)394-5807
E-Fax: (504)394-5980
24 hour After Hours Contact: (504) 377-8999

Thanks.

Paul Duplessis, LNFA
Administrator

Maison Orleans Healthcare
NURSING HOME & REHABILITATION
A tradition of caring
1420 GENERAL TAYLOR STREET
NEW ORLEANS, LA 70115
(504) 895-7755 PHONE
(504) 355-4876 FAX

January 1, 2021

To:
Park Place Healthcare
West Jefferson Healthcare Center
Maison De'Ville Nursing Home at Harvey
Maison Orleans Healthcare of New Orleans
Maison De'Ville Nursing Home at Houma
South Lafourche Nursing & Rehab
River Palms Nursing & Rehab

In the event of an emergency, Maison Orleans Healthcare, located at 1420 General Taylor St. New Orleans LA, 70115, will work to accommodate your evacuation needs. The ESF-8 Portal will be updated to reflect census and open beds.

Feel free to utilize the following contact information as needed:
Facility: (504)895-7755
Fax: (504)355-4876
24 hour After Hours Contact: (504) 377-8999

Thanks.
Kim Russell RN MFA
Administrator

MAISON DE'VILLE of HOUMA

Nursing Home & Rehabilitation

107 South Hollywood Rd
Houma, LA 70360

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

January 1, 2021

RE: Emergency Evacuation for 2021

Maison Deville of Harvey

Maison Orleans Healthcare

West Jefferson Health Care Center

River Palms Nursing and Rehab

South Lafourche Nursing and Rehab

Park Place Nursing and Rehab

To Whom It May Concern:

Masion Deville Nursing Home of Houma is at your disposal for use of any and all evacuation procedures. Space within the facility will be made available to you, your residents and staff in case of emergency. We will coordinate our open beds with the ESF-8 Portals.

Sincerely,

William Daigre

Fire Policy & Procedure

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

Procedure:

R - Rescue anyone in immediate danger.

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

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

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

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

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

Duties of Personnel:

Person In Charge:

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

Nursing, Dietary, and Housekeeping/Laundry Personnel:

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

Maintenance Personnel:

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

Administrator:

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

Evacuation Procedures

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

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

1. The shift charge nurse shall immediately contact the Administrator, Maintenance Director, and Director of Nursing, if they are not yet present.
2. Once the Administrator, Director of Nursing, or Maintenance Director arrives and determines that the situation requires evacuation, the facility call tree shall be put into effect in order to obtain available persons to evacuate the residents to safety.

- Administrator contacts: Medical Records and Business Office personnel
- Director of Nursing contacts: Social Worker and Activity Director
- Maintenance Director contacts: Housekeeping/Laundry Supervisor and Dietary Manager

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

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

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

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

on the scene.

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

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

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

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

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

Fire Drill Policy & Procedure

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

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

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

Procedure:

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

report form in order to verify attendance.

11. Reset the alarm system.
12. Call Fire Systems to notify them that the drill is over.
13. Call County Dispatch to notify them that the drill is over.
14. Complete the fire drill report form and submit to the Administrator.

Severe Weather Policy & Procedure

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

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

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

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

Procedure:

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

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

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

Disaster Policy & Procedure

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

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

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

Procedures:

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

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

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

being transported.

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

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

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

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

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

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

Loss of Telephone Service Policy & Procedure

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

facility's operation depends on the use of telephone a great deal.
It is important that the nursing personnel are able to communicate with physicians regarding resident care. It is also important that we be able to make emergency contacts if need be. The following procedures should provide clear guidelines for staff to follow if this situation occurs.
Procedures:

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

Bomb Threat Policy & Procedure

Purpose: The purpose of this policy is to inform staff of precautions to be taken in the event of a bomb threat.
The current national situation of increased bombings, bomb threats, and bomb scares must be given immediate consideration. In the past, the vast majority of bomb threats were hoaxes. However, the current trend

nationally is that more of the threats are materializing.

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

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

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

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

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

Once the Police have arrived:

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

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

Emergency Notification of Administrator

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

- Death involving unusual circumstances or family dispute;

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

Absence of Administrator

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

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

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

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

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

Water Shortage Policy & Procedure

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

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

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

Electrical Power Outage Policy & Procedure

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

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

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

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

Facility Generator DOES NOT...

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

Areas Equipped with Emergency Lighting:

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

Missing Resident Policy & Procedure

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

Procedures:

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

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

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

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

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

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

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

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

Winter Storms Safety Precautions

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

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

Precautions:

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

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

Heat & Humidity

Policy & Procedure

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

Definitions:

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

the sun. Early symptoms are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting.
There may also be cramps in the muscles of the arms, legs, or abdomen. The person turns pale and perspires profusely, skin is cool and moist, pulse and breathing are rapid.
Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.
Heat Stroke: A profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air.
The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration. Heat stroke may cause convulsions and sudden loss of consciousness. In extreme cases it may be fatal.
Precautionary Procedures:

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

Last Updated: 2/23/21

TAB N:

TRANSFER FORM

In the event of an emergency which necessitates the evacuation of

_____ (name of nursing facility)

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

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

_____

(Name of patient),

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

_____ _____

Resident/Patient's Physician Date

_____ _____

Medical Director of Nursing Facility Date

_____ _____

Resident/Patient or Legal Representative or Responsible Party Date

Maison De'ville of Harvey
NURSING HOME & REHABILITATION

A tradition of caring

2233 8TH STREET
HARVEY, LA 70058

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

To Whom It May Concern:

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

Signed,

Cindy Kendall, LNHA
Nursing Home Administrator

FACILITY: MAISON DEVILLE OF HARVEY

"SHELTER IN PLACE" DISASTER PLAN ACTIVATION SUMMARY/EVALUATION

FEBURARY 14, 2021

The National Weather Service reports high confidence that the Winter Storm will be a high-impact event with a good majority of the state impacted. Freezing rain is already problematic today in localized areas (central and north) and the winter storm will bring snow/ice accumulations starting tonight and Monday. A second winter storm brings a wintry mix of snow, sleet, and freezing rain Wednesday into Thursday. In preparation, the "Shelter in Place" disaster plan was activated on February14, 2021.

Announced to staff on 02/14/21 the facility would be preparing for Winter Storms and the "Shelter in Place" disaster plan was being activated. Disaster Preparedness Plan binder located and reviewed. Staff not present in the facility were contacted and verbalized the need to arrive early for their upcoming scheduled shifts to avoid traveling during severe weather, expected road closures, and the need to be prepared to shelter in place with the residents in the event safe travel home after their shift was not possible. Staff began to prepare for the storm by moving residents inside the facility and ensuring all doors and windows were closed and properly sealed to prevent loss of heat. A full census check completed to ensure all residents accounted for inside the facility. Staff present on the halls to monitor whereabouts of residents and to redirect them to stay inside the facility to avoid exposure. Staff verbalized the need to contact resident's family members/responsible party and notify them of the decision to shelter in place. Extra blankets and adequate clothing obtained to ensure residents were kept warm. Staff monitored exits to ensure minimal entrances/exits to prevent loss of heat in the building. Staff verbalized the need to obtain rock salt and sand in the event that ice formed on walkways to melt the ice and improve traction. Staff verbalized the need to use the generator in the event of power loss. Staff verbalized that in the event of generator use, residents with equipment needing emergency power (specialty beds, O2 concentrators, feeding pumps, etc.) would be plugged into red outlets using extension cords to ensure power was being supplied and portable O2 tanks would be used. Maintenance ensured generator fully fueled in the event power was lost. Announced generator test conducted by Maintenance. Maintenance ensured there was an adequate supply of extension cords, flashlights, and batteries to meet facility's needs in the event of a power loss. Seven days of supplies were noted to be on site and designated as emergency use only. Three days of food, water, and perishable supplies were noted to be on site and designated as emergency use only. Nursing inventoried resident medication supply on hand. Pharmacy contacted and deliveries of medications confirmed to ensure adequate supplies available. Nursing inventoried supply of portable oxygen tanks on hand. Respiratory services supplier contacted and deliveries of oxygen tanks confirmed to ensure adequate supply available. Nursing inventoried supply tube feeding formula and both pump and gravity/bolus tube feeding set ups on hand. Nursing verbalized the need to conserve generator fuel and convert pump tube feeding to gravity/bolus when necessary. Enteral supply vendor contacted and deliveries of enteral supplies confirmed to ensure adequate supplies available.

EVALUATION

"Shelter in Place" disaster plan properly and effectively implemented throughout winter storms (02/14/21 – 02/18/21). Staff responded promptly and took appropriate measures to ensure the safety of the residents.

Administrator Signature: _____

MAISON DEVILLE OF HARVEY

MOCK DISASTER EVACUATION DRILL SUMMARY/EVALUATION

02/01/2021

An unannounced disaster drill was conducted on February 1, 2021.

Announced to staff that tropical storm "Patrick" had hit Harvey, La and a disaster drill was conducted. A full census check completed to ensure all residents accounted for inside the facility. Staff present on the halls to monitor whereabouts of residents and to redirect them to stay inside the facility to avoid exposure. It was then announced to the staff that the National Weather Center expected to upgrade "Patrick" to a category 4 hurricane in the next 24-48 hours with the potential to cause significant damage to the facility and evacuation was required. Staff began to prepare residents for evacuation immediately. Staff verbalized the need to contact resident's family members/responsible party and notify them of the decision to evacuate. O2 concentrators replaced with portable O2 tanks. Residents in specialty beds transferred to regular beds. Residents on feeding pumps switch to bolus feedings. Water and/or popsicles passed out to PO residents while Emergency Preparedness Plan was obtained and implemented. Residents were prepared for transport via facility van. Staff verbalized the need to also use charter buses, ambulance, and/or personal vehicles to transport residents. Identification bracelets were applied to each resident. Staff gathered charts, face sheets, resident list, and essential supplies needed for transport and care of residents upon arrival. Supplies were brought to the lobby to be loaded into the van. Staff stated other supplies could be delivered at a later time. Staff stated the charts were the most important thing to bring, if situation didn't allow for anything else. Staff listed potential evacuation sites as Independence Evacuation Site and Maison Deville of Houma. Non-ambulatory residents were brought to lobby in wheelchairs and on blankets to be loaded into the van. Drill completed and power restored at this time. Good "shelter in place" and evacuation drill. Staff responded promptly and took appropriate measures to insure the safety of the residents. Staff members served as residents.

Drill completed in 120:00 minutes.
Time Started: 1415 Time Ended: 1615

Cindy Kendall, NFA
02/01/2021