Louisiana Health Consultants 139 Calhoun St. Independence, LA 70443

[redacted]

8/28/2021-notified by [redacted] from Tangipahoa EOC about shelter opening in Independence. Arrived on scene at 3:00 pm. Conducted inspection attached as exhibit A. Initial inspection revealed 23 residents and expecting 200.
8/30/2021-conducted follow up inspection after storm passed and attached exhibit b. shelter had 839 residents and declining conditions. Notified chain of command.
8/31/2021- Contacted by supervisor to meet team at facility for inspection. Arrived on site at 11:00 am to meet 3 state fire marshal inspectors and an inspector from Health standards. Conditions going downhill fast, Coroner on site picking up deceased patient. Inspection report attached as exhibit c.
9/1/2021- conducted routine inspection. [redacted] was onsite evaluating situation. Inspection attached as exhibit D.
9/2/2021- conducted routine inspection to find 79 patients remaining. [redacted] and her team worked around the clock to place patients in better facilities across the state. Inspection report attached as exhibit E. Heard news reports that all patients were moved and facility closed.
9/3/2021-drive by confirmed facility was indeed closed. State police on site securing location.

EXHIBIT
tabbies
A

ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR DISASTER SHELTERS

During COVID-19

CDC's Interim Guidance for General Population Shelters During COVID-19 provides guidelines with in-depth steps on how to prevent transmission of COVID-19 in general population shelters. We recommend reviewing these guidelines in addition to using this assessment form.

I. ASSESSING AGENCY

[1]Agency/Organization Name: LDH/OPH [137]Immediate needs identified Yes No

[2]Assessor Name/Title: [redacted]

[3]Phone: [redacted] [4]Email or Other Contact [redacted]

II. FACILITY TYPE, NAME, AND CENSUS DATA

[5]Shelter type: General population Medical Other: _____

[6]Red Cross Facility: Yes No Unk/NA [7]Red Cross Code: _____

[8]Date shelter opened *(mm/dd/yr)*: 08/27/2021 [9]Date assessed *(mm/dd/yr)*: 08/27/2021 [10]Time Assessed: 3:00 am pm

[11]Reason for assessment: Preoperational Initial Routine Other: _____

[12]Location name and description: Louisiana Health Consultants

[13]Street address: 139 Calhoun St

[14]City/County: Independence Tangipahoa [15]State: LA [16]ZIP Code: 70443 [17]Latitude/Longitude: _____/_____

[18]Facility contact/Title: Debbie Careno/ director

[19]Facility type: School Arena/Convention Center RVs/Campers Tents • Other

[20]Facility location: Indoor Outdoor Mixed [21]Phone: (225) 485-5877 [22]Fax: _____

[23]Email or other contact: dboscareno@lahcc.com [24]Current census: 23 [25]Allowed capacity: 600

[26]Total residents registered: Male: 6 Female: 17

[27]How many aged: 0-5 years: _____ 6-12 years: _____ 13-18 years: _____ 19-40 years: _____ 41-59 years: _____ 60+ years: 23

[28]Number of staff/volunteers: 40

III. OCCUPANT INTAKE AND PROCESSING

[29]Health communications materials regarding COVID-19 are available for multiple audiences: Yes No Unk/NA

[30]Occupants (residents and staff) are required to undergo screening for COVID-19 symptoms: Yes No Unk/NA

[31]Masks are available for those who do not have them upon entry: Yes No Unk/NA

NOTES

IV. FACILITY

[32]Structural damage: Yes No Unk/NA

[33]Security/law enforcement available: Yes No Unk/NA

[34]HVAC system operational: Yes No Unk/NA

[35]Adequate ventilation: Yes No Unk/NA

[36]Adequate space per person: Yes No Unk/NA

[37]Free of injury/occupational hazards: Yes No Unk/NA

[38]Free of pest/vector issues: Yes No Unk/NA

[39]Municipal power system is operational: Yes No Unk/NA

[40]Working electric generator: Yes No Unk/NA

[41]If yes, fuel type: Diesel

[42]Backup power source is available: Yes No Unk/NA

[43]If yes, source: generator

[44]Adequate number of electrical outlets: Yes No Unk/NA

[45]Indoor temperature: 78 °F Unk/NA

[46]Fire safety: Working CO detector Working smoke detector Sprinklers Fire alarm Fire extinguisher (non-expired and full)

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS308019_C August 3, 2020

V. FOOD

[47]Prepared on site:	Yes	No	Unk/NA
[48]Served on site:	Yes	No	Unk/NA
[49]Safe food source:	Yes	No	Unk/NA
[50]Adequate supply:	Yes	No	Unk/NA
[51]Appropriate storage:	Yes	No	Unk/NA
[52]Appropriate temperatures:	Yes	No	Unk/NA
[53]Hand-washing facilities available:	Yes	No	Unk/NA
[54]Safe food handling:	Yes	No	Unk/NA
[55]Dishwashing facilities available:	Yes	No	Unk/NA
[56]Clean kitchen/dining area:	Yes	No	Unk/NA
[57]Food workers wear clean masks:	Yes	No	Unk/NA
[58]Roster of food workers is kept in secure area onsite:	Yes	No	Unk/NA
[59]Mealtimes are staggered and allow occupants to maintain a distance of at least 6 feet between people of different households:	Yes	No	Unk/NA

VI. DRINK

[60]Adequate drinking water supply	Yes	No	Unk/NA
[61]Drinking water sources:	Municipal	Well	Bottled
Bulk	Other source	Unk/NA	
[62]Adequate level of residual free chlorine:	Yes	No	Unk/NA
[63]Adequate ice supply:	Yes	No	Unk/NA
[64]Water system operational:	Yes	No	Unk/NA
[65]Safe ice source:	Yes	No	Unk/NA
[66]Hot water available:	Yes	No	Unk/NA

NOTES

VII. HEALTH/MEDICAL

[67]Number of ill residents within last 24 hours:	0		Unk/NA
[68]Number of pregnant women:	0		Unk/NA
[69]Reported injuries within last 24 hours:	Yes	No	Unk/NA
[70]Reported respiratory illness(es):	Yes	No	Unk/NA
[71]Reported GI illness(es):	Yes	No	Unk/NA
[72]Other reported illness/outbreak:	Yes	No	Unk/NA
[73]If yes, describe: _____			
[74]Medical care services on site:	Yes	No	Unk/NA
[75]First aid kits available on site:	Yes	No	Unk/NA
[76]AEDs available on site:	Yes	No	Unk/NA
[77]Mental health services available:	Yes	No	Unk/NA
[78]Temperature-controlled medication storage:	Yes	No	Unk/NA
[79]All occupants undergo testing if needed	Yes	No	Unk/NA

[80]If yes, what types(s) of test:

COVID-19: yes _____ Type: _____

Influenza: _____ Type: _____

Other: _____ Type: _____

[81]Is PPE available in adequate quantities for disaster shelter medical staff:	Yes	No	Unk/NA

[82]If yes, select which are available:

Masks Respirators Gloves Goggles

Faceshields Other: _____

[83]Areas designated as restricted access for isolation in facility are clearly marked:	Yes	No	Unk/NA
[84]Hard barriers or partitions are used to create isolation areas for ill occupants:	Yes	No	Unk/NA
[85]Designated bathroom/shower facilities for occupant use in isolation areas :	Yes	No	Unk/NA
[86]Food services are delivered to ill occupants and staff in isolation areas.	Yes	No	Unk/NA
[87]Hand hygiene supplies are available in adequate quantities:	Yes	No	Unk/NA
[88]Cleaning and disinfection of isolation areas at least every 4 hours, or more frequently if needed:	Yes	No	Unk/NA
[89]Plans or protocols exist for transporting seriously ill or injured occupants to healthcare facilities:	Yes	No	Unk/NA

NOTES

VIII. SANITATION/HYGIENE

[90]Laundry services available:	Yes	No	Unk/NA
[91]Adequate number of toilets:	Yes	No	Unk/NA
[92]Total number of indoor fixed toilets:	0		Unk/NA
[93]Total number of outdoor portable toilets:	30		Unk/NA
[94]Adequate number of showers:	Yes	No	Unk/NA
[95]Adequate number of hand-washing stations:	Yes	No	Unk/NA
[96]Hand-washing supplies available:	Yes	No	Unk/NA
[97]Toilet supplies available:	Yes	No	Unk/NA
[98]Toilet areas are free of garbage and trash:	Yes	No	Unk/NA
[99]Cleaning process/schedule in place:	Yes	No	Unk/NA

[100]Sewage system type:

Community On site Portable Unk/NA

[101]Additional handwashing stations placed throughout shelter:	Yes	No	Unk/NA
[102]Additional hand sanitizer pump-stations placed throughout the shelter:	Yes	No	Unk/NA
[103]Handwashing stations are accessible for people with disabilities and AFNs:	Yes	No	Unk/NA
[104]EPA-approved cleaning and disinfection products used to clean shelter areas against COVID-19 :	Yes	No	Unk/NA
[105]Cleaning and disinfection of high-touch areas at least every 4 hours:	Yes	No	Unk/NA

IX. WASTE MANAGEMENT

[106]Adequate number of collection receptacles:	Yes	No	Unk/NA
[107]Sharps disposal container available on site:	Yes	No	Unk/NA
[108]Appropriate separation:	Yes	No	Unk/NA
[109]Timely removal:	Yes	No	Unk/NA

[110]Types of waste(s):

Solid Hazardous Medical Unk/NA

NOTES

X. CHILDCARE AREA

[111]Clean diaper-changing facilities:	Yes	No	Unk/NA
[112]Hand-washing facilities available:	Yes	No	Unk/NA
[113]Safe toys:	Yes	No	Unk/NA
[114]Clean food/bottle preparation area:	Yes	No	Unk/NA
[115]Adequate child/caregiver ratio:	Yes	No	Unk/NA
[116]Cleaning and disinfecting of designated areas for children at least every 4 hours:	Yes	No	Unk/NA

XI. SLEEPING AREA

[117]Adequate number of cots/beds/mats:	Yes	No	Unk/NA
[118]Cribs available for infants:	Yes	No	Unk/NA
[119]Adequate supply of bedding:	Yes	No	Unk/NA
[120]Bedding changed/laundered as needed:	Yes	No	Unk/NA
[121]Cots spaced 6 feet apart and placed head to toe	Yes	No	Unk/NA
[122]Temporary barriers between cots or groups of cots for the same household:	Yes	No	Unk/NA
[123]Cots properly disinfected between use of different residents:	Yes	No	Unk/NA

XII. COMPANION ANIMALS

[124]Service animals present:	Yes	No	Unk/NA
[125]Pets present:	Yes	No	Unk/NA
[126]Other animals present:	Yes	No	Unk/NA
[127]Animal care available:	Yes	No	Unk/NA
[128]Designated animal holding area:	Yes	No	Unk/NA
[129]Designated animal relief area:	Yes	No	Unk/NA
[130]Handwashing stations at entry and exit points of animal areas:	Yes	No	Unk/NA
[131]Adequate space between animals:	Yes	No	Unk/NA
[132]Separate hold area for companion animals that had contact with a person with known or suspected COVID-19 or animals that show signs of illness:	Yes	No	Unk/NA
[133]Access is controlled to animal areas:	Yes	No	Unk/NA
[134]Appropriate PPE is available for use when handling animals:	Yes	No	Unk/NA

XIII. OTHER CONSIDERATIONS

[135]Easily accessible for all occupants:	Yes	No	Unk/NA
[136]Designated smoking areas:	Yes	No	Unk/NA

XIIV. COMMENT (LIST CRITICAL NEEDS IN IMMEDIATE NEEDS SECTION)

XV. IMMEDIATE NEEDS

Item #	Description

ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR DISASTER SHELTERS

During COVID-19

CDC's Interim Guidance for General Population Shelters During COVID-19 provides guidelines with in-depth steps on how to prevent transmission of COVID-19 in general population shelters. We recommend reviewing these guidelines in addition to using this assessment form.

I. ASSESSING AGENCY

[1]Agency/Organization Name: LDH/OPH [137]Immediate needs identified Yes No

[2]Assessor Name/Title: [redacted]

[3]Phone [redacted] [4]Email or Other Contact: [redacted]

II. FACILITY TYPE, NAME, AND CENSUS DATA

[5]Shelter type: General population Medical Other: _____

[6]Red Cross Facility: Yes No Unk/NA [7]Red Cross Code: _____

[8]Date shelter opened *(mm/dd/yr)*: 08/27/2021 [9]Date assessed *(mm/dd/yr)*: 08/30/2021 [10]Time Assessed: 3:00 am pm

[11]Reason for assessment: Preoperational Initial Routine Other: _____

[12]Location name and description: Louisiana Health Consultants

[13]Street address: 139 Calhoun St

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[18]Facility contact/Title: Debbie Careno/ director

[19]Facility type: School Arena/Convention Center RVs/Campers Tents • Other

[20]Facility location: Indoor Outdoor Mixed [21]Phone: (225) 485-5877 [22]Fax: _____

[23]Email or other contact: dboscareno@lahcc.com [24]Current census: 839 [25]Allowed capacity: UK

[26]Total residents registered: Male: 6 Female: 17

[27]How many aged: 0-5 years: _____ 6-12 years: _____ 13-18 years: _____ 19-40 years: _____ 41-59 years: _____ 60+ years: 839

[28]Number of staff/volunteers: _____

III. OCCUPANT INTAKE AND PROCESSING

[29]Health communications materials regarding COVID-19 are available for multiple audiences: Yes No Unk/NA

[30]Occupants (residents and staff) are required to undergo screening for COVID-19 symptoms: Yes No Unk/NA

[31]Masks are available for those who do not have them upon entry: Yes No Unk/NA

NOTES

Facility is crowded. Not meeting spacing requirements.
Facility smells. Not sure if its ventilation or overpopulation. Water came in one building. It was dried out and cleaned. Will re occupy when ready.

IV. FACILITY

[32]Structural damage: Yes No Unk/NA

[33]Security/law enforcement available: Yes No Unk/NA

[34]HVAC system operational: Yes No Unk/NA

[35]Adequate ventilation: Yes No Unk/NA

[36]Adequate space per person: Yes No Unk/NA

[37]Free of injury/occupational hazards: Yes No Unk/NA

[38]Free of pest/vector issues: Yes No Unk/NA

[39]Municipal power system is operational: Yes No Unk/NA

[40]Working electric generator: Yes No Unk/NA

[41]If yes, fuel type: Diesel

[42]Backup power source is available: Yes No Unk/NA

[43]If yes, source: _____

[44]Adequate number of electrical outlets: Yes No Unk/NA

[45]Indoor temperature: 78 °F Unk/NA

[46]Fire safety: Working CO detector Working smoke detector Sprinklers Fire alarm Fire extinguisher (non-expired and full)

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS308019_C August 3, 2020

V. FOOD

[47]Prepared on site:	Yes	No	Unk/NA
[48]Served on site:	Yes	No	Unk/NA
[49]Safe food source:	Yes	No	Unk/NA
[50]Adequate supply:	Yes	No	Unk/NA
[51]Appropriate storage:	Yes	No	Unk/NA
[52]Appropriate temperatures:	Yes	No	Unk/NA
[53]Hand-washing facilities available:	Yes	No	Unk/NA
[54]Safe food handling:	Yes	No	Unk/NA
[55]Dishwashing facilities available:	Yes	No	Unk/NA
[56]Clean kitchen/dining area:	Yes	No	Unk/NA
[57]Food workers wear clean masks:	Yes	No	Unk/NA
[58]Roster of food workers is kept in secure area onsite:	Yes	No	Unk/NA
[59]Mealtimes are staggered and allow occupants to maintain a distance of at least 6 feet between people of different households:	Yes	No	Unk/NA

VI. DRINK

[60]Adequate drinking water supply	Yes	No	Unk/NA
[61]Drinking water sources:	Municipal	Well	Bottled
Bulk	Other source	Unk/NA	
[62]Adequate level of residual free chlorine:	Yes	No	Unk/NA
[63]Adequate ice supply:	Yes	No	Unk/NA
[64]Water system operational:	Yes	No	Unk/NA
[65]Safe ice source:	Yes	No	Unk/NA
[66]Hot water available:	Yes	No	Unk/NA

NOTES

Working kitchens need handsinks located closer to prep area. Stressed the importance of this with PIC.

VII. HEALTH/MEDICAL

[67]Number of ill residents within last 24 hours:	0		Unk/NA
[68]Number of pregnant women:	0		Unk/NA
[69]Reported injuries within last 24 hours:	Yes	No	Unk/NA
[70]Reported respiratory illness(es):	Yes	No	Unk/NA
[71]Reported GI illness(es):	Yes	No	Unk/NA
[72]Other reported illness/outbreak:	Yes	No	Unk/NA
[73]If yes, describe: _____			
[74]Medical care services on site:	Yes	No	Unk/NA
[75]First aid kits available on site:	Yes	No	Unk/NA
[76]AEDs available on site:	Yes	No	Unk/NA
[77]Mental health services available:	Yes	No	Unk/NA
[78]Temperature-controlled medication storage:	Yes	No	Unk/NA
[79]All occupants undergo testing if needed	Yes	No	Unk/NA

[80]If yes, what types(s) of test:

COVID-19: yes _____ Type: _____

Influenza: _____ Type: _____

Other: _____ Type: _____

[81]Is PPE available in adequate quantities for disaster shelter medical staff:	Yes	No	Unk/NA

[82]If yes, select which are available:

Masks Respirators Gloves Goggles

Faceshields Other: _____

[83]Areas designated as restricted access for isolation in facility are clearly marked:	Yes	No	Unk/NA
[84]Hard barriers or partitions are used to create isolation areas for ill occupants:	Yes	No	Unk/NA
[85]Designated bathroom/shower facilities for occupant use in isolation areas :	Yes	No	Unk/NA
[86]Food services are delivered to ill occupants and staff in isolation areas.	Yes	No	Unk/NA
[87]Hand hygiene supplies are available in adequate quantities:	Yes	No	Unk/NA
[88]Cleaning and disinfection of isolation areas at least every 4 hours, or more frequently if needed:	Yes	No	Unk/NA
[89]Plans or protocols exist for transporting seriously ill or injured occupants to healthcare facilities:	Yes	No	Unk/NA

NOTES

VIII. SANITATION/HYGIENE

[90]Laundry services available:	Yes	No	Unk/NA
[91]Adequate number of toilets:	Yes	No	Unk/NA
[92]Total number of indoor fixed toilets:	0		Unk/NA
[93]Total number of outdoor portable toilets:	30		Unk/NA
[94]Adequate number of showers:	Yes	No	Unk/NA
[95]Adequate number of hand-washing stations:	Yes	No	Unk/NA
[96]Hand-washing supplies available:	Yes	No	Unk/NA
[97]Toilet supplies available:	Yes	No	Unk/NA
[98]Toilet areas are free of garbage and trash:	Yes	No	Unk/NA
[99]Cleaning process/schedule in place:	Yes	No	Unk/NA
[100]Sewage system type:			
Community	On site	Portable	Unk/NA
[101]Additional handwashing stations placed throughout shelter:	Yes	No	Unk/NA
[102]Additional hand sanitizer pump-stations placed throughout the shelter:	Yes	No	Unk/NA
[103]Handwashing stations are accessible for people with disabilities and AFNs:	Yes	No	Unk/NA
[104]EPA-approved cleaning and disinfection products used to clean shelter areas against COVID-19 :	Yes	No	Unk/NA
[105]Cleaning and disinfection of high-touch areas at least every 4 hours:	Yes	No	Unk/NA

IX. WASTE MANAGEMENT

[106]Adequate number of collection receptacles:	Yes	No	Unk/NA
[107]Sharps disposal container available on site:	Yes	No	Unk/NA
[108]Appropriate separation:	Yes	No	Unk/NA
[109]Timely removal:	Yes	No	Unk/NA
[110]Types of waste(s):			
Solid	Hazardous	Medical	Unk/NA

NOTES

Facility requested 500-600 cots to make it easier for residents. Most are on the floor. Laundry service is needed but supplier was not able to service due to conditions.

X. CHILDCARE AREA

[111]Clean diaper-changing facilities:	Yes	No	Unk/NA
[112]Hand-washing facilities available:	Yes	No	Unk/NA
[113]Safe toys:	Yes	No	Unk/NA
[114]Clean food/bottle preparation area:	Yes	No	Unk/NA
[115]Adequate child/caregiver ratio:	Yes	No	Unk/NA
[116]Cleaning and disinfecting of designated areas for children at least every 4 hours:	Yes	No	Unk/NA

XI. SLEEPING AREA

[117]Adequate number of cots/beds/mats:	Yes	No	Unk/NA
[118]Cribs available for infants:	Yes	No	Unk/NA
[119]Adequate supply of bedding:	Yes	No	Unk/NA
[120]Bedding changed/laundered as needed:	Yes	No	Unk/NA
[121]Cots spaced 6 feet apart and placed head to toe	Yes	No	Unk/NA
[122]Temporary barriers between cots or groups of cots for the same household:	Yes	No	Unk/NA
[123]Cots properly disinfected between use of different residents:	Yes	No	Unk/NA

XII. COMPANION ANIMALS

[124]Service animals present:	Yes	No	Unk/NA
[125]Pets present:	Yes	No	Unk/NA
[126]Other animals present:	Yes	No	Unk/NA
[127]Animal care available:	Yes	No	Unk/NA
[128]Designated animal holding area:	Yes	No	Unk/NA
[129]Designated animal relief area:	Yes	No	Unk/NA
[130]Handwashing stations at entry and exit points of animal areas:	Yes	No	Unk/NA
[131]Adequate space between animals:	Yes	No	Unk/NA
[132]Separate hold area for companion animals that had contact with a person with known or suspected COVID-19 or animals that show signs of illness:	Yes	No	Unk/NA
[133]Access is controlled to animal areas:	Yes	No	Unk/NA
[134]Appropriate PPE is available for use when handling animals:	Yes	No	Unk/NA

XIII. OTHER CONSIDERATIONS

[135]Easily accessible for all occupants:	Yes	No	Unk/NA
[136]Designated smoking areas:	Yes	No	Unk/NA

XIIV. COMMENT (LIST CRITICAL NEEDS IN IMMEDIATE NEEDS SECTION)

Garbage is starting to pile up. Dumpster service is suspended due to flooding at parish land fill and nowhere to take it.
Laundry is starting to pile up. Linen service is lined up but not running route yet.
3 patients were transported via ambulance to hospital.
Generator is good, fuel is good, community water and bottled water available. Dialysis patients are scheduled for Tuesday service.
Facility requested help placing 15 trac patients and beriatric patients so they could receive better care.

XV. IMMEDIATE NEEDS

Item #	Description
	Facility requested help placing 15 trac patients and bariatric patients so they could receive better care. Discussed with medical staff at EOC. They were working on a solution.

ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR DISASTER SHELTERS

During COVID-19

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I. ASSESSING AGENCY

[1]Agency/Organization Name: LDH/OPH [137]Immediate needs identified Yes No

[2]Assessor Name/Title: [redacted]

[3]Phone: [redacted] [4]Email or Other Contact [redacted]

II. FACILITY TYPE, NAME, AND CENSUS DATA

[5]Shelter type: General population Medical Other: _____

[6]Red Cross Facility: Yes No Unk/NA [7]Red Cross Code: _____

[8]Date shelter opened *(mm/dd/yr)*: 08/27/2021 [9]Date assessed *(mm/dd/yr)*: 08/31/2021 [10]Time Assessed: 11:00 am pm

[11]Reason for assessment: Preoperational Initial Routine Other: _____

[12]Location name and description: Louisiana Health Consultants

[13]Street address: 139 Calhoun St

[14]City/County: Independence Tangipahoa [15]State: LA [16]ZIP Code: 70443 [17]Latitude/Longitude: _____/_____

[18]Facility contact/Title: Debbie Careno/ director

[19]Facility type: School Arena/Convention Center RVs/Campers Tents • Other

[20]Facility location: Indoor Outdoor Mixed [21]Phone: (225) 485-5877 [22]Fax: _____

[23]Email or other contact: dboscareno@lahcc.com [24]Current census: 834 [25]Allowed capacity: UK

[26]Total residents registered: Male: 6 Female: 17

[27]How many aged: 0-5 years: _____ 6-12 years: _____ 13-18 years: _____ 19-40 years: _____ 41-59 years: _____ 60+ years: 834

[28]Number of staff/volunteers: _____

III. OCCUPANT INTAKE AND PROCESSING

[29]Health communications materials regarding COVID-19 are available for multiple audiences: Yes No Unk/NA

[30]Occupants (residents and staff) are required to undergo screening for COVID-19 symptoms: Yes No Unk/NA

[31]Masks are available for those who do not have them upon entry: Yes No Unk/NA

NOTES

Facility is crowded. Not meeting spacing requirements.
Facility smells. Not sure if its ventilation or overpopulation.

IV. FACILITY

[32]Structural damage: Yes No Unk/NA

[33]Security/law enforcement available: Yes No Unk/NA

[34]HVAC system operational: Yes No Unk/NA

[35]Adequate ventilation: Yes No Unk/NA

[36]Adequate space per person: Yes No Unk/NA

[37]Free of injury/occupational hazards: Yes No Unk/NA

[38]Free of pest/vector issues: Yes No Unk/NA

[39]Municipal power system is operational: Yes No Unk/NA

[40]Working electric generator: Yes No Unk/NA

[41]If yes, fuel type: Diesel

[42]Backup power source is available: Yes No Unk/NA

[43]If yes, source: _____

[44]Adequate number of electrical outlets: Yes No Unk/NA

[45]Indoor temperature: 78 °F Unk/NA

[46]Fire safety: Working CO detector Working smoke detector Sprinklers Fire alarm Fire extinguisher (non-expired and full)

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS308019_C August 3, 2020

V. FOOD

[47]Prepared on site:	Yes	No	Unk/NA
[48]Served on site:	Yes	No	Unk/NA
[49]Safe food source:	Yes	No	Unk/NA
[50]Adequate supply:	Yes	No	Unk/NA
[51]Appropriate storage:	Yes	No	Unk/NA
[52]Appropriate temperatures:	Yes	No	Unk/NA
[53]Hand-washing facilities available:	Yes	No	Unk/NA
[54]Safe food handling:	Yes	No	Unk/NA
[55]Dishwashing facilities available:	Yes	No	Unk/NA
[56]Clean kitchen/dining area:	Yes	No	Unk/NA
[57]Food workers wear clean masks:	Yes	No	Unk/NA
[58]Roster of food workers is kept in secure area onsite:	Yes	No	Unk/NA
[59]Mealtimes are staggered and allow occupants to maintain a distance of at least 6 feet between people of different households:	Yes	No	Unk/NA

VI. DRINK

[60]Adequate drinking water supply	Yes	No	Unk/NA
[61]Drinking water sources:	Municipal	Well	Bottled
Bulk	Other source	Unk/NA	
[62]Adequate level of residual free chlorine:	Yes	No	Unk/NA
[63]Adequate ice supply:	Yes	No	Unk/NA
[64]Water system operational:	Yes	No	Unk/NA
[65]Safe ice source:	Yes	No	Unk/NA
[66]Hot water available:	Yes	No	Unk/NA

NOTES

Working kitchens need handsinks located closer to prep area. Stressed the importance of this with PIC again. She assured me it was a priority.

VII. HEALTH/MEDICAL

[67]Number of ill residents within last 24 hours:	0		Unk/NA
[68]Number of pregnant women:	0		Unk/NA
[69]Reported injuries within last 24 hours:	Yes	No	Unk/NA
[70]Reported respiratory illness(es):	Yes	No	Unk/NA
[71]Reported GI illness(es):	Yes	No	Unk/NA
[72]Other reported illness/outbreak:	Yes	No	Unk/NA
[73]If yes, describe: _____			
[74]Medical care services on site:	Yes	No	Unk/NA
[75]First aid kits available on site:	Yes	No	Unk/NA
[76]AEDs available on site:	Yes	No	Unk/NA
[77]Mental health services available:	Yes	No	Unk/NA
[78]Temperature-controlled medication storage:	Yes	No	Unk/NA
[79]All occupants undergo testing if needed	Yes	No	Unk/NA

[80]If yes, what types(s) of test:

COVID-19: yes _____ Type: _____

Influenza: _____ Type: _____

Other: _____ Type: _____

[81]Is PPE available in adequate quantities for disaster shelter medical staff:	Yes	No	Unk/NA

[82]If yes, select which are available:

Masks Respirators Gloves Goggles

Faceshields Other: _____

[83]Areas designated as restricted access for isolation in facility are clearly marked:	Yes	No	Unk/NA
[84]Hard barriers or partitions are used to create isolation areas for ill occupants:	Yes	No	Unk/NA
[85]Designated bathroom/shower facilities for occupant use in isolation areas :	Yes	No	Unk/NA
[86]Food services are delivered to ill occupants and staff in isolation areas.	Yes	No	Unk/NA
[87]Hand hygiene supplies are available in adequate quantities:	Yes	No	Unk/NA
[88]Cleaning and disinfection of isolation areas at least every 4 hours, or more frequently if needed:	Yes	No	Unk/NA
[89]Plans or protocols exist for transporting seriously ill or injured occupants to healthcare facilities:	Yes	No	Unk/NA

NOTES

VIII. SANITATION/HYGIENE

[90]Laundry services available:	Yes	No	Unk/NA
[91]Adequate number of toilets:	Yes	No	Unk/NA
[92]Total number of indoor fixed toilets:	0		Unk/NA
[93]Total number of outdoor portable toilets:	30		Unk/NA
[94]Adequate number of showers:	Yes	No	Unk/NA
[95]Adequate number of hand-washing stations:	Yes	No	Unk/NA
[96]Hand-washing supplies available:	Yes	No	Unk/NA
[97]Toilet supplies available:	Yes	No	Unk/NA
[98]Toilet areas are free of garbage and trash:	Yes	No	Unk/NA
[99]Cleaning process/schedule in place:	Yes	No	Unk/NA

[100]Sewage system type:

Community On site Portable Unk/NA

[101]Additional handwashing stations placed throughout shelter:	Yes	No	Unk/NA
[102]Additional hand sanitizer pump-stations placed throughout the shelter:	Yes	No	Unk/NA
[103]Handwashing stations are accessible for people with disabilities and AFNs:	Yes	No	Unk/NA
[104]EPA-approved cleaning and disinfection products used to clean shelter areas against COVID-19 :	Yes	No	Unk/NA
[105]Cleaning and disinfection of high-touch areas at least every 4 hours:	Yes	No	Unk/NA

IX. WASTE MANAGEMENT

[106]Adequate number of collection receptacles:	Yes	No	Unk/NA
[107]Sharps disposal container available on site:	Yes	No	Unk/NA
[108]Appropriate separation:	Yes	No	Unk/NA
[109]Timely removal:	Yes	No	Unk/NA

[110]Types of waste(s):

Solid Hazardous Medical Unk/NA

NOTES

Laundry service has started, one load has been picked up. Truck was returning for another load as I left facility. Garbage is still a problem. They brought in an excavator to compact garbage in the 2 roll off dumpsters on site.

X. CHILDCARE AREA

[111]Clean diaper-changing facilities:	Yes	No	Unk/NA
[112]Hand-washing facilities available:	Yes	No	Unk/NA
[113]Safe toys:	Yes	No	Unk/NA
[114]Clean food/bottle preparation area:	Yes	No	Unk/NA
[115]Adequate child/caregiver ratio:	Yes	No	Unk/NA
[116]Cleaning and disinfecting of designated areas for children at least every 4 hours:	Yes	No	Unk/NA

XI. SLEEPING AREA

[117]Adequate number of cots/beds/mats:	Yes	No	Unk/NA
[118]Cribs available for infants:	Yes	No	Unk/NA
[119]Adequate supply of bedding:	Yes	No	Unk/NA
[120]Bedding changed/laundered as needed:	Yes	No	Unk/NA
[121]Cots spaced 6 feet apart and placed head to toe	Yes	No	Unk/NA
[122]Temporary barriers between cots or groups of cots for the same household:	Yes	No	Unk/NA
[123]Cots properly disinfected between use of different residents:	Yes	No	Unk/NA

XII. COMPANION ANIMALS

[124]Service animals present:	Yes	No	Unk/NA
[125]Pets present:	Yes	No	Unk/NA
[126]Other animals present:	Yes	No	Unk/NA
[127]Animal care available:	Yes	No	Unk/NA
[128]Designated animal holding area:	Yes	No	Unk/NA
[129]Designated animal relief area:	Yes	No	Unk/NA
[130]Handwashing stations at entry and exit points of animal areas:	Yes	No	Unk/NA
[131]Adequate space between animals:	Yes	No	Unk/NA
[132]Separate hold area for companion animals that had contact with a person with known or suspected COVID-19 or animals that show signs of illness:	Yes	No	Unk/NA
[133]Access is controlled to animal areas:	Yes	No	Unk/NA
[134]Appropriate PPE is available for use when handling animals:	Yes	No	Unk/NA

XIII. OTHER CONSIDERATIONS

[135]Easily accessible for all occupants:	Yes	No	Unk/NA
[136]Designated smoking areas:	Yes	No	Unk/NA

XIIV. COMMENT (LIST CRITICAL NEEDS IN IMMEDIATE NEEDS SECTION)

Conducted inspection with 3 fire marshal representatives and 1 representative from Health Standards. Fire marshals office will address crowed conditions, spacing of patients, and establish occupancy for buildings. They will provide building occupancy to me once determined. They are addressing storage of some hazardous materials with medical supplies. They will require facility to provide fire watch protection for the facility.
Health standards will be addressing patient care, staffing, supply needs, and staffing needs.
I verified portable potties are being serviced everyday. Laundry is starting to be serviced. Garbage is still an issue. Requested hand sinks to be placed in prep areas. Temp log was reviewed. Cooler and freezer temps monitored. Food log records food temp as it is prepared and ready for service. Plates are assembled and immediately served. Dialysis patients were successfully transported off site for treatment. Come patients have expired at facility. Corner was on site for a pickup while I was conducting inspection.

XV. IMMEDIATE NEEDS

Item #	Description

ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR DISASTER SHELTERS

During COVID-19

CDC's Interim Guidance for General Population Shelters During COVID-19 provides guidelines with in-depth steps on how to prevent transmission of COVID-19 in general population shelters. We recommend reviewing these guidelines in addition to using this assessment form.

I. ASSESSING AGENCY

[1]Agency/Organization Name: LDH/OPH [137]Immediate needs identified • Yes No

[2]Assessor Name/Title: [redacted]

[3]Phone [redacted] [4]Email or Other Contact [redacted]

II. FACILITY TYPE, NAME, AND CENSUS DATA

[5]Shelter type: General population • Medical Other: _____

[6]Red Cross Facility: Yes • No Unk/NA [7]Red Cross Code: _____

[8]Date shelter opened *(mm/dd/yr)*: 08/27/2021 [9]Date assessed *(mm/dd/yr)*: 09/01/2021 [10]Time Assessed: 1:00 am • pm

[11]Reason for assessment: Preoperational Initial Routine Other: _____

[12]Location name and description: Louisiana Health Consultants

[13]Street address: 139 Calhoun St

[14]City/County: Independence Tangipahoa [15]State: LA [16]ZIP Code: 70443 [17]Latitude/Longitude: _____/_____

[18]Facility contact/Title: Debbie Careno/ director

[19]Facility type: School Arena/Convention Center RVs/Campers Tents • Other

[20]Facility location: • Indoor Outdoor Mixed [21]Phone: (225) 485-5877 [22]Fax: _____

[23]Email or other contact: dboscareno@lahcc.com [24]Current census: 834 [25]Allowed capacity: 1600

[26]Total residents registered: Male: 6 Female: 17

[27]How many aged: 0-5 years: _____ 6-12 years: _____ 13-18 years: _____ 19-40 years: _____ 41-59 years: _____ 60+ years: 834

[28]Number of staff/volunteers: 40

III. OCCUPANT INTAKE AND PROCESSING

[29]Health communications materials regarding COVID-19 are available for multiple audiences: • Yes No Unk/NA

[30]Occupants (residents and staff) are required to undergo screening for COVID-19 symptoms: • Yes No Unk/NA

[31]Masks are available for those who do not have them upon entry: • Yes No Unk/NA

NOTES

Ventilation is marked no due to the smell of the facility. Due to housekeeping and low air return. Spacing of cots were recommended by fire marshall to be 30 inches apart. Spacing not being followed.

IV. FACILITY

[32]Structural damage: Yes • No Unk/NA

[33]Security/law enforcement available: • Yes No Unk/NA

[34]HVAC system operational: • Yes No Unk/NA

[35]Adequate ventilation: Yes • No Unk/NA

[36]Adequate space per person: Yes • No Unk/NA

[37]Free of injury/occupational hazards: • Yes No Unk/NA

[38]Free of pest/vector issues: • Yes No Unk/NA

[39]Municipal power system is operational: Yes • No Unk/NA

[40]Working electric generator: • Yes No Unk/NA

[41]If yes, fuel type: Diesel

[42]Backup power source is available: Yes • No Unk/NA

[43]If yes, source: _____

[44]Adequate number of electrical outlets: Yes No Unk/NA

[45]Indoor temperature: 78 °F Unk/NA

[46]Fire safety: Working CO detector ✓ Working smoke detector Sprinklers Fire alarm ✓ Fire extinguisher (non-expired and full)

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS308019_C August 3, 2020

V. FOOD

[47]Prepared on site:	• Yes	No	Unk/NA
[48]Served on site:	• Yes	No	Unk/NA
[49]Safe food source:	• Yes	No	Unk/NA
[50]Adequate supply:	• Yes	No	Unk/NA
[51]Appropriate storage:	• Yes	No	Unk/NA
[52]Appropriate temperatures:	• Yes	No	Unk/NA
[53]Hand-washing facilities available:	• Yes	No	Unk/NA
[54]Safe food handling:	• Yes	No	Unk/NA
[55]Dishwashing facilities available:	• Yes	No	Unk/NA
[56]Clean kitchen/dining area:	• Yes	No	Unk/NA
[57]Food workers wear clean masks:	• Yes	No	Unk/NA
[58]Roster of food workers is kept in secure area onsite:	• Yes	No	Unk/NA
[59]Mealtimes are staggered and allow occupants to maintain a distance of at least 6 feet between people of different households:	• Yes	No	Unk/NA

VI. DRINK

[60]Adequate drinking water supply	• Yes	No	Unk/NA
[61]Drinking water sources:	Municipal	Well	✓ Bottled
Bulk	Other source	Unk/NA	
[62]Adequate level of residual free chlorine:	Yes	No	• Unk/NA
[63]Adequate ice supply:	• Yes	No	Unk/NA
[64]Water system operational:	• Yes	No	Unk/NA
[65]Safe ice source:	• Yes	No	Unk/NA
[66]Hot water available:	• Yes	No	Unk/NA

NOTES

VII. HEALTH/MEDICAL

[67]Number of ill residents within last 24 hours: _____		• Unk/NA	
[68]Number of pregnant women:	0	Unk/NA	
[69]Reported injuries within last 24 hours:	Yes	• No	Unk/NA
[70]Reported respiratory illness(es):	Yes	• No	Unk/NA
[71]Reported GI illness(es):	Yes	• No	Unk/NA
[72]Other reported illness/outbreak:	Yes	• No	Unk/NA
[73]If yes, describe: _____			
[74]Medical care services on site:	• Yes	No	Unk/NA
[75]First aid kits available on site:	• Yes	No	Unk/NA
[76]AEDs available on site:	• Yes	No	Unk/NA
[77]Mental health services available:	• Yes	No	Unk/NA
[78]Temperature-controlled medication storage:	• Yes	No	Unk/NA
[79]All occupants undergo testing if needed	• Yes	No	Unk/NA
[80]If yes, what types(s) of test:			
COVID-19: yes _____	Type: _____		
Influenza: _____	Type: _____		
Other: _____	Type: _____		
[81]Is PPE available in adequate quantities for disaster shelter medical staff:	Yes	No	Unk/NA
[82]If yes, select which are available:			
Masks	Respirators	Gloves	Goggles
Faceshields	Other: _____		

[83]Areas designated as restricted access for isolation in facility are clearly marked:	• Yes	No	Unk/NA
[84]Hard barriers or partitions are used to create isolation areas for ill occupants:	• Yes	No	Unk/NA
[85]Designated bathroom/shower facilities for occupant use in isolation areas:	• Yes	No	Unk/NA
[86]Food services are delivered to ill occupants and staff in isolation areas.	• Yes	No	Unk/NA
[87]Hand hygiene supplies are available in adequate quantities:	• Yes	No	Unk/NA
[88]Cleaning and disinfection of isolation areas at least every 4 hours, or more frequently if needed:	• Yes	No	Unk/NA
[89]Plans or protocols exist for transporting seriously ill or injured occupants to healthcare facilities:	• Yes	No	Unk/NA

NOTES

Dialysis patients have received dialysis. 3 patients expired on site. 3 patients were sent to the hospital.

VIII. SANITATION/HYGIENE

[90]Laundry services available:	• Yes	No	Unk/NA
[91]Adequate number of toilets:	• Yes	No	Unk/NA
[92]Total number of indoor fixed toilets:	30		Unk/NA
[93]Total number of outdoor portable toilets:	0		Unk/NA
[94]Adequate number of showers:	• Yes	No	Unk/NA
[95]Adequate number of hand-washing stations:	• Yes	No	Unk/NA
[96]Hand-washing supplies available:	• Yes	No	Unk/NA
[97]Toilet supplies available:	• Yes	No	Unk/NA
[98]Toilet areas are free of garbage and trash:	• Yes	No	Unk/NA
[99]Cleaning process/schedule in place:	• Yes	No	Unk/NA

[100]Sewage system type:

✓ Community On site Portable Unk/NA

[101]Additional handwashing stations placed throughout shelter:	Yes	• No	Unk/NA
[102]Additional hand sanitizer pump-stations placed throughout the shelter:	• Yes	No	Unk/NA
[103]Handwashing stations are accessible for people with disabilities and AFNs:	• Yes	No	Unk/NA
[104]EPA-approved cleaning and disinfection products used to clean shelter areas against COVID-19 :	• Yes	No	Unk/NA
[105]Cleaning and disinfection of high-touch areas at least every 4 hours:	• Yes	No	Unk/NA

IX. WASTE MANAGEMENT

[106]Adequate number of collection receptacles:	Yes	• No	Unk/NA
[107]Sharps disposal container available on site:	• Yes	No	Unk/NA
[108]Appropriate separation:	• Yes	No	Unk/NA
[109]Timely removal:	• Yes	No	Unk/NA

[110]Types of waste(s):

✓ Solid ✓ Hazardous ✓ Medical Unk/NA

NOTES

Laundry service is catching up on linens. Dumpsters still need to be emptied. Cots are not properly spaced.

X. CHILDCARE AREA

[111]Clean diaper-changing facilities:	Yes	No	• Unk/NA
[112]Hand-washing facilities available:	Yes	No	• Unk/NA
[113]Safe toys:	Yes	No	• Unk/NA
[114]Clean food/bottle preparation area:	Yes	No	• Unk/NA
[115]Adequate child/caregiver ratio:	Yes	No	• Unk/NA
[116]Cleaning and disinfecting of designated areas for children at least every 4 hours:	Yes	No	• Unk/NA

XI. SLEEPING AREA

[117]Adequate number of cots/beds/mats:	• Yes	No	Unk/NA
[118]Cribs available for infants:	Yes	• No	Unk/NA
[119]Adequate supply of bedding:	• Yes	No	Unk/NA
[120]Bedding changed/laundered as needed:	• Yes	No	Unk/NA
[121]Cots spaced 6 feet apart and placed head to toe	Yes	• No	Unk/NA
[122]Temporary barriers between cots or groups of cots for the same household:	Yes	• No	Unk/NA
[123]Cots properly disinfected between use of different residents:	• Yes	No	Unk/NA

XII. COMPANION ANIMALS

[124]Service animals present:	Yes	• No	Unk/NA
[125]Pets present:	Yes	• No	Unk/NA
[126]Other animals present:	Yes	• No	Unk/NA
[127]Animal care available:	Yes	• No	Unk/NA
[128]Designated animal holding area:	Yes	• No	Unk/NA
[129]Designated animal relief area:	Yes	• No	Unk/NA
[130]Handwashing stations at entry and exit points of animal areas:	Yes	• No	Unk/NA
[131]Adequate space between animals:	Yes	No	• Unk/NA
[132]Separate hold area for companion animals that had contact with a person with known or suspected COVID-19 or animals that show signs of illness:	Yes	No	Unk/NA
[133]Access is controlled to animal areas:	Yes	No	Unk/NA
[134]Appropriate PPE is available for use when handling animals:	Yes	No	Unk/NA

XIII. OTHER CONSIDERATIONS

[135]Easily accessible for all occupants:	• Yes	No	Unk/NA
[136]Designated smoking areas:	• Yes	No	Unk/NA

XIIV. COMMENT (LIST CRITICAL NEEDS IN IMMEDIATE NEEDS SECTION)

Facility is in the process of re-locating patients to other facilities, [redacted] was onsite making arrangements with shelter staff.

XV. IMMEDIATE NEEDS

Item #	Description

ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR DISASTER SHELTERS

During COVID-19

CDC's Interim Guidance for General Population Shelters During COVID-19 provides guidelines with in-depth steps on how to prevent transmission of COVID-19 in general population shelters. We recommend reviewing these guidelines in addition to using this assessment form.

I. ASSESSING AGENCY

[1]Agency/Organization Name: LDH/OPH [137]Immediate needs identified • Yes No

[2]Assessor Name/Title: [redacted]

[3]Phone: [redacted] [4]Email or Other Contact: [redacted]

II. FACILITY TYPE, NAME, AND CENSUS DATA

[5]Shelter type: General population • Medical Other: _____

[6]Red Cross Facility: Yes • No Unk/NA [7]Red Cross Code: _____

[8]Date shelter opened *(mm/dd/yr)*: 08/27/2021 [9]Date assessed *(mm/dd/yr)*: 09/02/2021 [10]Time Assessed: 12:00 am • pm

[11]Reason for assessment: Preoperational Initial Routine Other: _____

[12]Location name and description: Louisiana Health Consultants

[13]Street address: 139 Calhoun St

[14]City/County: Independence Tangipahoa [15]State: LA [16]ZIP Code: 70443 [17]Latitude/Longitude: _____/_____

[18]Facility contact/Title: Debbie Careno/ director

[19]Facility type: School Arena/Convention Center RVs/Campers Tents • Other

[20]Facility location: • Indoor Outdoor Mixed [21]Phone: (225) 485-5877 [22]Fax: _____

[23]Email or other contact: dboscareno@lahcc.com [24]Current census: 79 [25]Allowed capacity: 1600

[26]Total residents registered: Male: 6 Female: 17

[27]How many aged: 0-5 years: _____ 6-12 years: _____ 13-18 years: _____ 19-40 years: _____ 41-59 years: _____ 60+ years: 834

[28]Number of staff/volunteers: 40

III. OCCUPANT INTAKE AND PROCESSING

[29]Health communications materials regarding COVID-19 are available for multiple audiences: • Yes No Unk/NA

[30]Occupants (residents and staff) are required to undergo screening for COVID-19 symptoms: • Yes No Unk/NA

[31]Masks are available for those who do not have them upon entry: • Yes No Unk/NA

NOTES

Ventilation is marked no due to the smell of the facility. Due to housekeeping and low air return. Spacing of cots were recommended by fire marshall to be 30 inches apart. Spacing not being followed.

IV. FACILITY

[32]Structural damage: Yes • No Unk/NA

[33]Security/law enforcement available: • Yes No Unk/NA

[34]HVAC system operational: • Yes No Unk/NA

[35]Adequate ventilation: Yes • No Unk/NA

[36]Adequate space per person: Yes • No Unk/NA

[37]Free of injury/occupational hazards: • Yes No Unk/NA

[38]Free of pest/vector issues: • Yes No Unk/NA

[39]Municipal power system is operational: Yes • No Unk/NA

[40]Working electric generator: • Yes No Unk/NA

[41]If yes, fuel type: Diesel

[42]Backup power source is available: Yes • No Unk/NA

[43]If yes, source: _____

[44]Adequate number of electrical outlets: Yes No Unk/NA

[45]Indoor temperature: 78 °F Unk/NA

[46]Fire safety: Working CO detector ✓ Working smoke detector Sprinklers Fire alarm ✓ Fire extinguisher (non-expired and full)

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS308019_C August 3, 2020

V. FOOD

[47]Prepared on site:	• Yes	No	Unk/NA
[48]Served on site:	• Yes	No	Unk/NA
[49]Safe food source:	• Yes	No	Unk/NA
[50]Adequate supply:	• Yes	No	Unk/NA
[51]Appropriate storage:	• Yes	No	Unk/NA
[52]Appropriate temperatures:	• Yes	No	Unk/NA
[53]Hand-washing facilities available:	• Yes	No	Unk/NA
[54]Safe food handling:	• Yes	No	Unk/NA
[55]Dishwashing facilities available:	• Yes	No	Unk/NA
[56]Clean kitchen/dining area:	• Yes	No	Unk/NA
[57]Food workers wear clean masks:	• Yes	No	Unk/NA
[58]Roster of food workers is kept in secure area onsite:	• Yes	No	Unk/NA
[59]Mealtimes are staggered and allow occupants to maintain a distance of at least 6 feet between people of different households:	• Yes	No	Unk/NA

VI. DRINK

[60]Adequate drinking water supply	• Yes	No	Unk/NA

[61]Drinking water sources: Municipal Well ✓ Bottled Bulk Other source Unk/NA

[62]Adequate level of residual free chlorine:	Yes	No	• Unk/NA
[63]Adequate ice supply:	• Yes	No	Unk/NA
[64]Water system operational:	• Yes	No	Unk/NA
[65]Safe ice source:	• Yes	No	Unk/NA
[66]Hot water available:	• Yes	No	Unk/NA

NOTES

VII. HEALTH/MEDICAL

[67]Number of ill residents within last 24 hours: _____ • Unk/NA

[68]Number of pregnant women: 0 Unk/NA

[69]Reported injuries within last 24 hours:	Yes	• No	Unk/NA
[70]Reported respiratory illness(es):	Yes	• No	Unk/NA
[71]Reported GI illness(es):	Yes	• No	Unk/NA
[72]Other reported illness/outbreak:	Yes	• No	Unk/NA

[73]If yes, describe: _____

[74]Medical care services on site:	• Yes	No	Unk/NA
[75]First aid kits available on site:	• Yes	No	Unk/NA
[76]AEDs available on site:	• Yes	No	Unk/NA
[77]Mental health services available:	• Yes	No	Unk/NA
[78]Temperature-controlled medication storage:	• Yes	No	Unk/NA
[79]All occupants undergo testing if needed	• Yes	No	Unk/NA

[80]If yes, what types(s) of test:

COVID-19: yes Type: _____

Influenza: _____ Type: _____

Other: _____ Type: _____

[81]Is PPE available in adequate quantities for disaster shelter medical staff:	Yes	No	Unk/NA

[82]If yes, select which are available:

Masks Respirators Gloves Goggles

Faceshields Other: _____

[83]Areas designated as restricted access for isolation in facility are clearly marked:	• Yes	No	Unk/NA
[84]Hard barriers or partitions are used to create isolation areas for ill occupants:	• Yes	No	Unk/NA
[85]Designated bathroom/shower facilities for occupant use in isolation areas :	• Yes	No	Unk/NA
[86]Food services are delivered to ill occupants and staff in isolation areas.	• Yes	No	Unk/NA
[87]Hand hygiene supplies are available in adequate quantities:	• Yes	No	Unk/NA
[88]Cleaning and disinfection of isolation areas at least every 4 hours, or more frequently if needed:	• Yes	No	Unk/NA
[89]Plans or protocols exist for transporting seriously ill or injured occupants to healthcare facilities:	• Yes	No	Unk/NA

NOTES

Dialysis patients have received dialysis. 3 patients expired on site. 3 patients were sent to the hospital.

VIII. SANITATION/HYGIENE

[90]Laundry services available:	• Yes	No	Unk/NA
[91]Adequate number of toilets:	• Yes	No	Unk/NA
[92]Total number of indoor fixed toilets:	30		Unk/NA
[93]Total number of outdoor portable toilets:	0		Unk/NA
[94]Adequate number of showers:	• Yes	No	Unk/NA
[95]Adequate number of hand-washing stations:	• Yes	No	Unk/NA
[96]Hand-washing supplies available:	• Yes	No	Unk/NA
[97]Toilet supplies available:	• Yes	No	Unk/NA
[98]Toilet areas are free of garbage and trash:	• Yes	No	Unk/NA
[99]Cleaning process/schedule in place:	• Yes	No	Unk/NA

[100]Sewage system type:

✓ Community On site Portable Unk/NA

[101]Additional handwashing stations placed throughout shelter:	Yes	• No	Unk/NA
[102]Additional hand sanitizer pump-stations placed throughout the shelter:	• Yes	No	Unk/NA
[103]Handwashing stations are accessible for people with disabilities and AFNs:	• Yes	No	Unk/NA
[104]EPA-approved cleaning and disinfection products used to clean shelter areas against COVID-19 :	• Yes	No	Unk/NA
[105]Cleaning and disinfection of high-touch areas at least every 4 hours:	• Yes	No	Unk/NA

IX. WASTE MANAGEMENT

[106]Adequate number of collection receptacles:	Yes	• No	Unk/NA
[107]Sharps disposal container available on site:	• Yes	No	Unk/NA
[108]Appropriate separation:	• Yes	No	Unk/NA
[109]Timely removal:	• Yes	No	Unk/NA

[110]Types of waste(s):

✓ Solid ✓ Hazardous ✓ Medical Unk/NA

NOTES

Laundry service is catching up on linens. Dumpsters still need to be emptied. Cots are not properly spaced.

X. CHILDCARE AREA

[111]Clean diaper-changing facilities:	Yes	No	• Unk/NA
[112]Hand-washing facilities available:	Yes	No	• Unk/NA
[113]Safe toys:	Yes	No	• Unk/NA
[114]Clean food/bottle preparation area:	Yes	No	• Unk/NA
[115]Adequate child/caregiver ratio:	Yes	No	• Unk/NA
[116]Cleaning and disinfecting of designated areas for children at least every 4 hours:	Yes	No	• Unk/NA

XI. SLEEPING AREA

[117]Adequate number of cots/beds/mats:	• Yes	No	Unk/NA
[118]Cribs available for infants:	Yes	• No	Unk/NA
[119]Adequate supply of bedding:	• Yes	No	Unk/NA
[120]Bedding changed/laundered as needed:	• Yes	No	Unk/NA
[121]Cots spaced 6 feet apart and placed head to toe	Yes	• No	Unk/NA
[122]Temporary barriers between cots or groups of cots for the same household:	Yes	• No	Unk/NA
[123]Cots properly disinfected between use of different residents:	• Yes	No	Unk/NA

XII. COMPANION ANIMALS

[124]Service animals present:	Yes	• No	Unk/NA
[125]Pets present:	Yes	• No	Unk/NA
[126]Other animals present:	Yes	• No	Unk/NA
[127]Animal care available:	Yes	• No	Unk/NA
[128]Designated animal holding area:	Yes	• No	Unk/NA
[129]Designated animal relief area:	Yes	• No	Unk/NA
[130]Handwashing stations at entry and exit points of animal areas:	Yes	• No	Unk/NA
[131]Adequate space between animals:	Yes	No	• Unk/NA
[132]Separate hold area for companion animals that had contact with a person with known or suspected COVID-19 or animals that show signs of illness:	Yes	No	Unk/NA
[133]Access is controlled to animal areas:	Yes	No	Unk/NA
[134]Appropriate PPE is available for use when handling animals:	Yes	No	Unk/NA

XIII. OTHER CONSIDERATIONS

[135]Easily accessible for all occupants:	• Yes	No	Unk/NA
[136]Designated smoking areas:	• Yes	No	Unk/NA

XIIV. COMMENT (LIST CRITICAL NEEDS IN IMMEDIATE NEEDS SECTION)

Facility is in the process of re-locating patients to other facilities. [redacted] was onsite making arrangements with shelter staff. Almost all patients re-located at this time. Shelter to close by end of day.

XV. IMMEDIATE NEEDS

Item #	Description

SURVEY REPORT FORM

Facility Name	South Lafourche Nursing and Rehab
Provider/License/State ID	195305/ 2203784026/ NH0002718
Facility Type	Cert/Lic Nursing Home-02/03 Lic Other
Type of survey	TS02
Nursing Home Only	Total Hours Staggered:
Initial Surveys: Total Travel Hrs	
Number of beds	Census
Entrance date	08/27/2021
Exit date	08/27/2021
Surveyors by initials (T Coor 1st)	[redacted]
Number of deficiencies	
Highest level of deficiency	Nursing Home: Other facility types:
Home Visits	
Home Visits for complaint	

Certification/License Surveys. *Exclude training hours for observing:* **PRE SURVEY =** **SURVEY HOURS =** **REPORT =**	Certification/Licensure Follow-ups: **PRE SURVEY =** **SURVEY HOURS =** **REPORT =**
License Surveys. *Exclude training hours for observing:* **PRE SURVEY =** **SURVEY HOURS=** **REPORT =**	License Follow-ups: **PRE SURVEY =** **SURVEY HOURS=** **REPORT =**
Certification Surveys. *Exclude training hours for observing:* **PRE SURVEY =** **SURVEY HOURS =** **REPORT =**	Certification Follow-ups: **PRE SURVEY=** **SURVEY HOURS =** **REPORT =**

Complaint Number(s)	TS02 ☐New ☐F/U	☐New ☐F/U	☐New ☐F/U	☐New ☐F/U	☐New ☐F/U	☐New ☐F/U
Complaint Due Date						
Pre survey hours	0.50					
Survey hours	1.50					
Report survey hours	1.50					
Complaint deficiencies						

EXHIBIT

B

Deficiency Number	1st QA Reviewer	2nd QA Reviewer

Please list each deficiency cited during the survey. The surveyor who writes the deficiency will QA their product and be listed as 1st QA Reviewer. A second surveyor will QA the product and will then be listed as 2nd QA Reviewer.

QA Guidance for all deficiencies, at all levels:

- **Findings must be clear and concise and support non-compliance with the deficiency being cited. This is to include verifying the correct deficiency has been cited.**
- **Ensure Principles of Documentation are followed throughout the deficiency.**

The following will apply in regards to who will be required to QA the final report:

- **Condition Level, Harm Level, and IJ Level deficiencies are to be reviewed by field management (FOM/Supervisor) prior to sending to the desk.**
- **Standard Level deficiencies are to be reviewed by a surveyor. If possible, please ask a surveyor certified in the program.**

****QA of the final product will not be captured on the 670 as this is not to be considered actual survey production time. This time will be captured on the activity report by the individual performing the QA of the final report. Please note: If revisions are needed following the QA of the final report, the time spent on revisions is to be captured on the 670 and on the activity report as survey production hours.**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Surveyor Notes Worksheet

Facility Name: South Lafourche Nursing and Rehab/ Louisiana Healthcare Consultations Facility ID: NH0002718

Surveyor Name/ID: [redacted]

Care Area(s)/Activity: General

Enter the time, source, and documentation.

Date and Time	Source and Documentation Site Survey, Exit: 08/27/2021
08/27/2021 at 2:00 p.m. Evacuation info	Entry into site. There was signage noting the site of an emergency shelter outside of the building. Denise Boscareno, Adm, Director of Ops (225-485-5877, dboscareno@lahcc.com) was identified as the person in charge. She said the owner of the 7 NF instructed her to evacuate all 7 facilities. She said they decided to start with 3: South Lafourche, Houma, and River Palms. She said SL had about 80 residents, Houma had about 120 residents, and RP had about 165 residents. She said they had 3 trach residents, who were not vent dependent, but they did not feel safe to bring them here so they were trying to get them in other facilities. She said Trinity in Slidell was looking like the place so far. She said she had also spoken to [redacted] and Lallie Kemp about the trach residents. She said they had over 700 blow up mattresses with linens ready to set up. Surveyor observed about 350 mattress blown up with linens and pillows already set up. She said after they got the 3 NF listed above in the shelter, they would reassess the need to evac more residents/homes. She said they would evac in the following order: Maison Orleans, Maison Davilla/Harvey, West Jeff Healthcare, and Park Place Gretna. She said she did not think Park Place would evac because they had generators and could shelter in place without fear of flooding. She said each resident was packed with clothes and toiletries for 5 days, including medications. She said the medical director would be onsite in the morning.
staffing	She said each facility was bringing and providing their own staff. She said they currently had 6 RNs and 3 LPNs onsite, all Administrative nurses. She said they had commitments from staff who were coming and they had signed contracts agreeing to work the shelter, if needed. She said they would work 12 hour shifts and they would be housed in 2 areas. One area was on the grounds, separate from the residents. The second area was a local campground, Camp Living Waters, where staff could bring their family so they felt more comfortable to be available to evac and work the shelter. She said Camp Living Waters could house upwards of 200 people. She said the Administrative nursing staff would be the back up staff. She said all staff coming to work included: nurses, CNAs, office persons, housekeeping, and therapies. She said there was more but she couldn't think of them right now. Surveyor observed the separate quarters onsite for staff to stay/sleep.
food	She said the company had an agreement/contract with a local church to provide food, like a catering company. She said she could not recall the name of the church right now. She said the church had trucks to cook the food. She said some food would be cooked at the church and brought over and some food would be cooked onsite. She said the church also had the food they would cook in storage and the NF did not store that food. Surveyor observed two gas stoves with ovens, two microwaves, one large chest type freezer, one standard refrigerator, one

Date and Time	Source and Documentation Site Survey, Exit: 08/27/2021
	4 hole steam table, grill with charcoal, two large cast iron cookers with burners, and blenders. She said they had back up food, snacks, and water. Surveyor observed dry foods, snack, and bottled waters (large amounts). There were no tube feeding residents at this time.
Infection control	She said there was no Covid-19 at any of the 7 facilities. She said residents and staff had been tested twice weekly d/t their parish positivity rates. She said they did have 25-30 new admits between all 7 facilities and those residents would be quarantined while onsite. She said there was one room dedicated to the quarantine residents so they could social distance and keep the infection control areas separate. Surveyor observed the quarantine area with beds socially distanced and numerous amounts of PPE available. She said they would not be doing laundry onsite. She said they brought linens and instructed residents to pack for 5 days. She said if they needed to stay longer, they had a laundry/linen company on contract who would launder the textiles.
General observations and supplies	The resident were being brought in via ambulances. They were being transported one at a time and when they came in they had a bag, a chart, and medications. She said the residents were coming in with their belonging, including meds and the medication carts were in route so they could lock up the meds. There were bathroom facilities in the building, to include toilets and showers. The NF had also set up showers and port a potty's for residents and staff. There were w/c accessible port a potty's available. The areas were all clean and with no odors noted. Observed trash bins and trash bags, hand sanitizers and sinks with soap, coffee pots, fans, ice chest, portable a/c units. There was ample linens, diapers, and wipes. There was ample cleaning supplies. There were fire extinguishers noted. The overall supplies were in two large warehouse areas and were labeled clearly and stacked upwards of 8' in height. She said they had actually just inventoried the supplies 2 weeks ago and were fully stocked. She said they had enough supplies to easily take care of 700 residents for 7 days currently on hand. She said if there were any issues with behaviors, they would contact the MD (onsite or PCP) and treat in house if possible or send out if necessary. She said they were operating on power right now but had generator back ups. She said they were operating on city water and sewage. The ex mayor of the town was present with the church volunteers helping to set up. He said the water and sewage was set up with generators and they would not have any issues with either. Surveyor spoke to Inspector of Services for the city who was ensuring their services were in working order. Surveyor overheard a nurse tell the Adm that the Fire Marshall was onsite (surveyor did not

Date and Time	Source and Documentation Site Survey, Exit: 08/27/2021
	see SFM) Lori Sylve, Corporate Nurse, was onsite and assisting with set up.
	2:47 p.m. TC call to Patrice to update, instructed to call NH desk 2:57 p.m. TC to Michelle Lewis. Catherine Williams instructed surveyor to call Darren 3:08 p.m. TC to Darren. No answer. 3:08 p.m. TC to Patrice to update, instructed to exit 3:30 p.m., survey complete, exited 3:52 p.m. TC with Patrice, Darren, Cecile, and surveyor to update all.

LOUISIANA
DEPARTMENT OF HEALTH

Health Standards Section

Exit Conference Acknowledgment Statement

I, hereby, acknowledge the following:

(03) **I have been given the opportunity to provide any and all information, as necessary, regarding areas of deficient practice identified at the exit conference for the**
☐**Standard** ☐**Follow-up** ☐**Complaint (#_____)** ☒**Other** Site survey T502
survey on 08/27/2021 **(Date of Survey)**

(03) **I understand that the survey team findings communicated in this exit conference are preliminary and could change following final team decision making including State and/or CMS supervisory review.**

(03) **I understand that the official findings of this survey will be presented in writing on Form CMS-2567 and/or STATE FORM and will be sent via email. At the bottom of this form, I have provided the names and email addresses of staff members designated to receive the survey results via email. If I, and/or the designated staff, have not received the survey results within 10 working days after the exit date of this survey, I will contact the program desk.** ***(This time frame may not apply to those certified providers that have deemed status)***

(03) **I have been informed that the Plan of Correction for all deficiencies cited (if applicable) needs to be submitted to the State Office in Baton Rouge within 10 working days after receipt of the survey results (Form CMS-2567 and/or STATE FORM).**

South Lafourche Nursing & Rehab
Facility Name

NH0002718
State ID Number

146 E 28th St. Cut Off, LA 70345
Facility Address

985-537-3569
Facility Contact Phone Number

Donise Boscareno
Facility Representative Signature

[redacted]
Surveyor Signature

08/27/2021
Date

08/27/2021
Date

FACILITY STAFF DESIGNATED TO RECEIVE SURVEY RESULTS VIA EMAIL

1. Donise Boscareno — Dir. Ops. — dboscareno@lahcc.com
CEO/Administrator/Director (Facility Representative) — **Job Title** — **Email Address**

2. _____ — _____ — _____
Name — **Job Title** — **Email Address**

3. _____ — _____ — _____
Name — **Job Title** — **Email Address**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Surveyor Notes Worksheet

Sending Facility Name: Maison De'Ville Nursing Home of Harvey ID: NH0002795

Location Surveyed (name and address): 129 Calhoun Street, Independence, LA 70443

Care Area(s)/Activity: **Site visit- Clients transferred/evacuated during IDA1 (Hurricane Ida)**

Enter the time, source, and documentation.

	Sending Facility: Maison De'Ville Nursing Home of Harvey **Administrator: Cindy Kendall** **Address: 2233 8th Street, Harvey, LA 70058** **Phone #: 504-362-9522** **Surveyor/ID:** [redacted] **Site Visit: IDA1**
	ENTRANCE **Entrance date/time: 08/28/2021 at 4:45 PM** **Entrance conference held with: Vertechia Terry, ADON** **Emergency contact person:_Donise Boscareno___ contact #:__225- 485-5877_____** **License capacity:** **Plan for returning to facility (what timeframe do you anticipate return?): Dependent upon hurricane** **ANY concerns about returning to facility? None** **CENSUS** **Prior to clients transferred into the home:** **# of clients transferred into the home: 90** **CLIENTS TRANSFERRED:** **From: (name of home) Maison De'Ville Nursing Home of Harvey** **To: (name of home) 129 Calhoun, Independence, LA** **Date/time the clients were transferred (how were they transferred/any concerns during transfer): Ambulance:15; by wheelchair van: 38; by Bus: 37** **7 day supply of the following: Medications, supplements, incontinent, PPE, TF, Charts, MARs, water, juice, Ostomy, snacks, 2 crash carts.** **Nursing: 12 hour shifts (Day: 6 Nurses (including 2 RNs) 6 CNAs: Night: 3 Nurses, 4 -5 CNAs).** **Ancillary: 1 Activity, 1 Administrator, 3 Dietary, 1 Maintenance, 4 Housekeeping/Laundry** **Names of clients transferred:** ***COVID-19 STATUS In an interview on 08/28/2021 at 3:10 PM Donise Boscareno, Director of Operations stated currently no COVID positive residents or staff. Boscareno, Director of Operations stated each resident and staff had 2 negative test this week. Boscareno, Director of***

EXHIBIT
C

	Sending Facility: Maison De'Ville Nursing Home of Harvey Administrator: Cindy Kendall Address: 2233 8th Street, Harvey, LA 70058 Phone #: 504-362-9522 Surveyor/ID: [redacted] Site Visit: IDA1
	Operations stated the residents were being monitored for s/s of COVID three times a day. Boscareno, Director of Operations stated had an area could use as isolation if needed for residents. Boscareno, Director of Operations stated had a supply of rapid test kits available. Number of COVID-19 positive clients: • Prior to transfer: NONE • Currently: (explain) NONE Plans: (current positive or if clients/staff become symptomatic or test positive) Staff will be rapid tested and released from duty. Residents will be rapid tested and isolated in the shelter. PPE Supplies available: N94 masks, Disposable masks, gloves (different sizes), Hand sanitizer Infection Control measures in place: Handwashing stations, Hand sanitizer, masks available, encouraging residents to socially distance. POWER SOURCE (receiving facility): A. Is facility operating on generator or municipal power: Municipal power B. If generator is use, is it owned by facility: Generator available, not currently in use, owned by facility C. If not owned by facility, who supplied generator: NA D. How much generator fuel on hand and what is process for re-supplying: Full, and owner responsible for resupply E. Is facility being cooled/heated as appropriate: Yes F. Is generator providing for cold food storage? No Check refrigerator for cold food. G. Is generator providing for full service food preparation: No H. Is generator providing for respiratory services (vents/suctioning/oxygenators): No WATER/SEWAGE (receiving facility): Interview on 08/28/2021 at 3:45 PM A. Is water/sewer system full functional: Yes B. Is hot water for bathing or cooking available: Yes C. Is water portable or is area under boil water order: Yes portable and city water available, no boil water advisory SUPPLIES/EQUIPMENT: Observation and interview with Interview on 08/28/2021 at 3:45 PM Donise Boscareno, Director of Operations stated: A. Check supplies on-site at facility: • Food / tube feedings / supplements: Adequate food and supplies observed

Sending Facility: Maison De'Ville Nursing Home of Harvey
Administrator: Cindy Kendall
Address: 2233 8th Street, Harvey, LA 70058
Phone #: 504-362-9522
Surveyor/ID: [redacted]
Site Visit: IDA1

- Medications:
  - Are medications on-site? Where are they getting medications? Yes, each facility brought their own medication carts. Observation revealed Medical records on chart racks near wall
- Dressing Supplies: Observation revealed cases of N95 mask, boxes of gloves (size M and L), Adult briefs, PEG feedings
- Laundry/Clothing: Contracted outside laundry service
- Running Water: Running water city water and a huge water tank on the grounds

B. Equipment for clients available:Yes, O2 concentrators, portable O2 tube feeding supplies
C. How equipment is being sanitized: Sani Wipes
D. What is ability of vendors / suppliers to continue replenishing supplies: The site had more supplies than needed. The site had supplies on hand and each facility brought supplies

RESIDENT/STAFFING:

A. Are client's needs being met: Yes
B. Call system functioning: No call system, but staff remain in assigned area during shift
C. Any staffing issues: None
D. How they are accommodating the change in # of residents/acuity: Schedule staff
E. How they are accommodating the needs of residents:
   - Medical: MDs available by phone
   - Behavioral: MDs available by phone
   - Diet: Speech planed menus, responsible for consistency, all meals prepared low salt and low sugar
F. Staffing assignment list for the next 5 days:

STRUCTURAL DAMAGE (receiving facility):

A. Roof intact: yes/no Describe: Yes
B. Water Intrusion: yes/no Describe: No
C. Any other visible damage: yes/no Describe: No

OBSERVATIONS OF CLIENTS/CLIENTS ROOMS:

	Sending Facility: Maison De'Ville Nursing Home of Harvey Administrator: Cindy Kendall Address: 2233 8th Street, Harvey, LA 70058 Phone #: 504-362-9522 Surveyor/ID: [redacted] Site Visit: IDA1
	Observation on 08/28/2021 at 3:30 PM revealed a large room with numerous beds noted. Observation revealed staff with different color (purple, red, light blue, navy) tee shirts. Observvation revealed staff and residents wore masks. Observation revealed an area outside with several residents smoking. Observation revealed on other side of that outside patio was a building with 2 large rooms which were also being used as shelter rooms for residents. Observation revealed Leslie Edmondson, Assistant Administration for Maison De'Ville sitting at triage table. INTERVIEWS WITH CLIENTS: Observation and interview on 08/28/2021 at 4:28 PM revealed Resident [redacted] wore a disposable mask and stated he resided at River Palms. Observation revealed Resident [redacted] wore a Purple arm band. Resident [redacted] stated he was transported to shelter via Acadian Ambulance. Resident [redacted] stated he received 3 meals in shelter, and staff was providing good care. Observation and interview on 08/28/2021 at 4:30 PM revealed Resident [redacted] wore a disposable mask and stated he also resided at River Palms. Resident [redacted] stated he arrived on yesterday and so far so good. Observation and interview on 08/28/2021 at 4:54 PM revealed Resident [redacted] wore a Kn95 mask and was sitting up at table. Resident [redacted] stated she was a resident at River Palms and was treated very well there. Resident [redacted] stated she was admitted to the shelter on yesterday and was fed really good food. Resident [redacted] stated she was served Coffee this morning with breakfast. Resident [redacted] stated her needs were being met. INTERVIEWS WITH STAFF: Observation and interview on 08/28/2021 at 3:00 PM revealed the following signage posted on gate: Disaster Relief. Observation revealed several people set up outside cooking near entrance door. Observation of storage room revealed multiple restaurant size cans of different foods. Observation revealed cans clean, no dents noted. Observation also revealed numerous cases of water noted. Interview with Donise Boscareno, Director of Operations stated she was the person of contact for the site. Boscareno, Director of Operations state the Fire Marshall visited and stated the building was privately owned and did not have an occupancy capacity. Boscareno, Director of Operations stated she expected 843 evacuees but not all of them had arrived yet. Boscareno, Director of Operations stated approximately 2 weeks ago, staff visited the site and inventoried (checked dates, conditions, and amount of) food an supplies. Boscareno, Director of

	Sending Facility: Maison De'Ville Nursing Home of Harvey Administrator: Cindy Kendall Address: 2233 8th Street, Harvey, LA 70058 Phone #: 504-362-9522 Surveyor/ID: [redacted] Site Visit: IDA1
	Operations stated each facility provided own staff and staff and their families were staying at Youth Camp in Loranger. Observation and interview on 08/28/2021 at 3:40 PM revealed multiple green and blue barrels with linen and clothes noted inside of clear plastic bags. Interview with Donise Boscareno, Director of Operations wore a mask and stated she had a contract with an outside laundry service and they picked up laundry daily except on Sundays and returned clean linen and laundry the following day. Boscareno, Director of Operations stated the Corporate Speech Therapist plans the menus. Boscareno, Director of Operations stated each facility's Dietary Manager was present and they served the meals to the residents. Boscareno, Director of Operations stated the Dietary Managers also manned the kitchen area. Boscareno, Director of Operations stated volunteer caterers volunteered to cook the meals. Boscareno, Director of Operations. Observation on 08/28/2021 at 3:50 PM revealed kitchen area with 2 refrigerators noted. Observation revealed 3 -4 rows of tables noted near kitchen area with chairs Observation revealed Hydration Station (water and kool aid) noted throughout room (shelter). Observation revealed multiple flat screen tv's mounted on walls throughout large room. Observation revealed several portable showers, handwashing stations, port-a –pots, and wheelchair accessible port – pots also noted inside large room (shelter area). Observation revealed the temperature comfortable (not too cold or too hot). Observation revealed numerous privacy screens noted throughout the shelter areas. Observation revealed each section had staff with colored tee shirts, which matched arm bands on residents. Boscareno, Director of Operations stated each facility had a designated color tee shirt which matched the arm bands of residents. Boscareno, Director of Operations stated if a resident wandered to an area and could not find way back, staff could look at arm band and direct to correct location. Boscareno, Director of Operations stated Social Services contacted each resident's RP to inform of transfer to shelter. Boscareno, Director of Operations stated the following facilities evacuations were complete: South Lafourche, Houma, Harvey, and River Palms. Boscareno, Director of Operations stated expected to have all of the residents evacuated by tonight. And have all residents admitted to shelter by tonight. Boscareno, Director of Operations stated currently approximately 700 residents admitted to shelter, expect a total of 850. Observation on 08/28/2021 at 4:00 PM revealed staff wore mask throughout shelter Observation and interview on 08/28/2021 at 5:00 PM revealed People's Pharmacy visited to deliver medication. Mary Tadlock, RN Corporate Nurse stated all residents were admitted to shelter with 7 days of medications. Tadlock, RN Corporate Nurse stated the residents' MDs were available by phone.

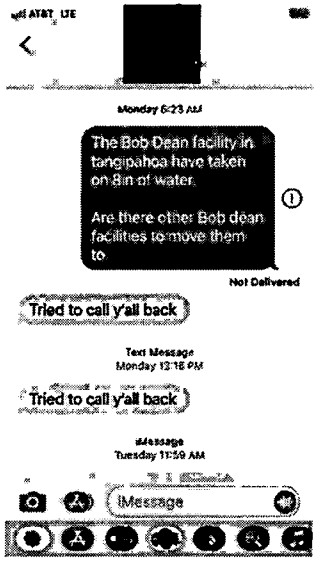
	Sending Facility: Maison De'Ville Nursing Home of Harvey Administrator: Cindy Kendall Address: 2233 8th Street, Harvey, LA 70058 Phone #: 504-362-9522 Surveyor/ID: [redacted] Site Visit: IDA1
	Observation and interview on 08/28/2021 at 5:02 PM revealed Rose Parnell, Dietary Manager, Maison De'Ville – Houma wore a mask and stated she checked food temps each meal and both refrigerator temps 3 x a day and documented. CLIENT RECORDS: (where are they kept) CONCERNS: NONE

EXHIBIT 4

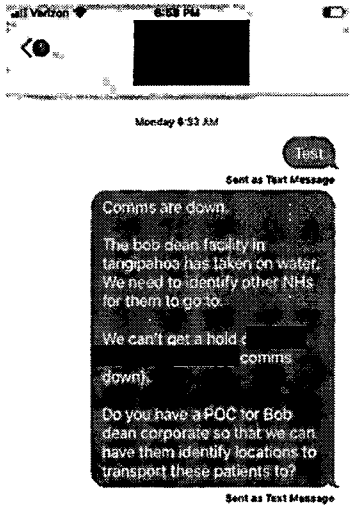
Monday, August 30, 2021

Ida passed through Baton Rouge around 1 am this morning. I ended up sleeping at the State EOC as I was concerned that if I went home I would not be able to make it back to the EOC. Around 6am I went out on the floor to obtain situational awareness for post-storm affects. Within 10 minutes of arriving on the floor, I was approached by [redacted] who verbally reported that she received a report from the parish that a large nursing home shelter site in Tangipahoa had taken on 8 inches of water. With this information, I sought the individuals that staff the NH-desks at the EOC. The individuals that typically staff these desks are [redacted] from LNHA and [redacted] from Health Standards. These individuals had not yet made it to the State EOC; I had assumed it was because shift change and/or trouble getting to the site due to storm damage. I then made several attempts to call [redacted] , [redacted] , ([redacted]s) and [redacted] (LNHA). All attempts to call via cell phone failed as communications was down. The 'chatter' at the EOC was that ATT towers were down but Verizon was working intermittently. Individuals at the Health and Medical branch were also attempting to call these individuals using land-lines and Verizon cell phones. One of the individuals (cannot remember) was able to reach [redacted] and an impromptu conference call was held with her to provide the information about the Nursing Home site which was fairly quickly identified as the "Bob Dean Facilities in Independence." The request to [redacted] was to verify and validate the information and identify what mitigation, and or other consequence management activities were needed. She reported that she had a POC at the site and would attempt to make contact.

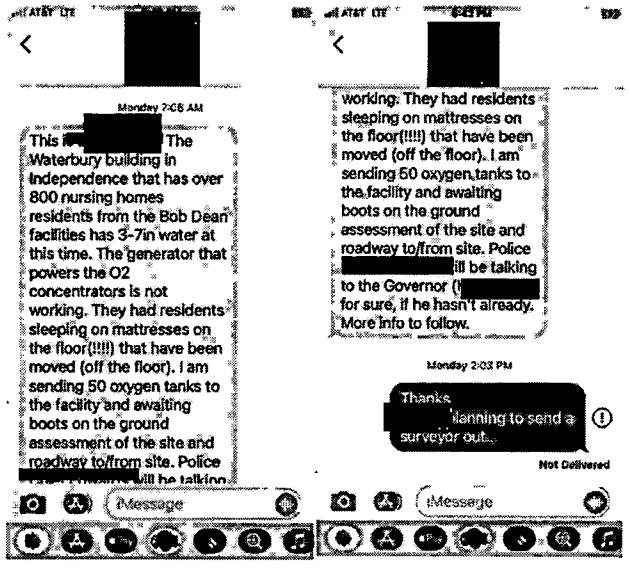
Later that morning (around 8 am?) [redacted] and [redacted] had arrived at the EOC and were working the issue.



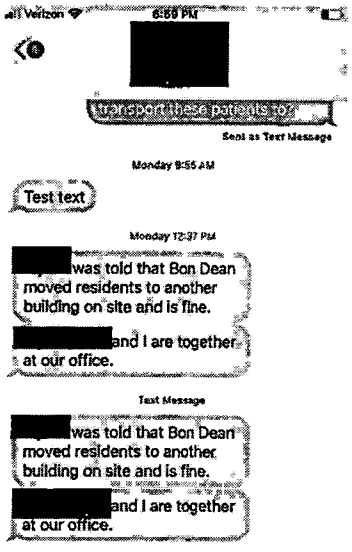
8/30/2021 – 6:23 am.
Text was made to [redacted] after several attempts to call. The text did not go through.



8/30/2021 – 6:33 am
Text to [redacted] (LNHA) to seek assistance in reaching Independence site or Bob Dean Corporate offices.



8/30/2021 – 7:06 am - Text on Monday at 706 am was sent to me b[redacted]



8/30/2021 – 12:37 pm
[redacted] (LNHA) replied with recap of information he knew about Bob Dean facilities.

SURVEY REPORT FORM

Facility Name	South Lafourche Nursing and Rehab
Provider/License/State ID	195305/ 2203784026/ NH0002718
Facility Type	Cert/Lic Nursing Home-02/03 Lic Other
Type of survey	TS02
Nursing Home Only	Total Hours Staggered:
Initial Surveys: Total Travel Hrs	
Number of beds	Census
Entrance date	08/30/2021
Exit date	08/30/2021
Surveyors by initials (T Coor 1st)	[redacted]
Number of deficiencies	
Highest level of deficiency	Nursing Home: Other facility types:
Home Visits	
Home Visits for complaint	

Certification/License Surveys. *Exclude training hours for observing:* **PRE SURVEY =** **SURVEY HOURS =** **REPORT =**	Certification/Licensure Follow-ups: **PRE SURVEY =** **SURVEY HOURS =** **REPORT =**
License Surveys. *Exclude training hours for observing:* **PRE SURVEY =** **SURVEY HOURS=** **REPORT =**	License Follow-ups: **PRE SURVEY =** **SURVEY HOURS=** **REPORT =**
Certification Surveys. *Exclude training hours for observing:* **PRE SURVEY =** **SURVEY HOURS =** **REPORT =**	Certification Follow-ups: **PRE SURVEY=** **SURVEY HOURS =** **REPORT =**

Complaint Number(s)	TS02 ☐New ☐F/U	☐New ☐F/U	☐New ☐F/U	☐New ☐F/U	☐New ☐F/U	☐New ☐F/U
Complaint Due Date						
Pre survey hours	0.50					
Survey hours	1.00					
Report survey hours	1.50					
Complaint deficiencies						

EXHIBIT

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Deficiency Number	1st QA Reviewer	2nd QA Reviewer

Please list each deficiency cited during the survey. The surveyor who writes the deficiency will QA their product and be listed as 1st QA Reviewer. A second surveyor will QA the product and will then be listed as 2nd QA Reviewer.

QA Guidance for all deficiencies, at all levels:

- **Findings must be clear and concise and support non-compliance with the deficiency being cited. This is to include verifying the correct deficiency has been cited.**
- **Ensure Principles of Documentation are followed throughout the deficiency.**

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- **Condition Level, Harm Level, and IJ Level deficiencies are to be reviewed by field management (FOM/Supervisor) prior to sending to the desk.**
- **Standard Level deficiencies are to be reviewed by a surveyor. If possible, please ask a surveyor certified in the program.**

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Surveyor Notes Worksheet

Facility Name: South Lafourche Nursing and Rehab/ Louisiana Healthcare Consultations Facility ID: NH0002718

Surveyor Name/ID: [redacted]

Care Area(s)/Activity: Site Visit

Enter the time, source, and documentation.

Date and Time	Source and Documentation
Assignment	Received call from FOM at 3:00 p.m. to conduct onsite visit at 129 Calhoun St, Independence, La 70443
Arrival	On 08/30/2021 at 4:30 p.m., arrived on site for onsite visit.
Entrance	Surveyor was meet outside the facility by Debra Polk, CNA. She stated for surveyor to go inside because this "was not right". She stated people should not be treated like this, and this could have been better. She stated a couple of residents did not go to Dialysis today to her knowledge. She stated for the surveyor to go inside, and she did not offer further information. When surveyor enter the first melt/brick and cinder block, building there was a room the left with sleeping staff. The room to the right were several staff discussing residents' care. Surveyor asked who was in charge. Survey was directed to Donise Boscareno, Director of Operations. Donise contact information: (225) 483-5877. Donise stated there were currently 838 residents residing the facility. She stated there are 24 dialysis residents, and 3 trach residents (they were unable to send to another facility), and 6-8 bariatric (around 600 pounds who require 3 staff to assist). Donise stated 7 nursing homes evacuated to this facility. They are: South Lafourche Nursing and Rehabilitation, Masion Deville Houma, Masion Deville Harvey, Park Place, Masion Orleans, River Palms, and West Jefferson Health Care. She stated the facility has 7 days' worth of medication for each resident and the medication carts arrived at the facility. She stated the facility also has transport vans to transport residents to Dialysis. She stated OPH had conducted a visit today. She stated OPH was going to assist the facility with a dumpster to handle the trash. She stated the trash has tripled since coming the facility. She stated she has laundry set to be picked up tomorrow. She stated it was picked up last on Saturday. She stated the laundry is supposed to be cleaned and returned the same day. She stated OPH is also going to assist with cots for the residents. She stated currently residents are sleeping on mattresses on the floor. She stated there is no immediate plan to return to their home facilities.

Date and Time	Source and Documentation
	She stated the facility consist of 1 metal building, 1 cinder block building, and 1 metal/brick/cinder block building. She stated last night during the storm water rose above the foundation and about a 1" of water came into 2 of the buildings. She stated the evacuation was originally for a Cat 2 hurricane, but then they found out the Cat 3 hurricane and track has shifted. She stated residents were initially housed in 3 buildings, but when 2 of the facilities took on water they moved all but a few residents to one building. She stated staff cleaned up the water in one of the buildings, and they move some residents back into that building. She stated when the other area dries the rest of the residents would be moved into that building. She stated ambulatory or wheelchair residents were moved out of the buildings with water first. She stated after the last area is cleaned and dried the bed bound residents would be moved out. She stated the provider is currently running on generator power, and the diesel was refueled today. She stated the facility has shower access and is currently using port a potty. She stated the Dialysis residents are on the schedule to go tomorrow 08/31/2021 at 6:30 and 12:00. She stated the facility did not have phone service until later today to get those apts scheduled. She stated she had spoken with OEP already this morning related to Dialysis. Frank Edwards, Police Chief as onsite today as well. He stated he provided 50 cylinders of portable oxygen to the facility today. She stated the facility has hoyer lifts and all needed supplies for the residents. She stated the facility currently has enough food, and will restock food supplies tomorrow. She stated last night the facility had issues with staffing. She stated staff have left to go home to the camp, and they could not return related to trees on the room. She stated staff onsite could not go to the camp related to the trees on the road, and they slept in their vehicles. She stated each resident was triaged upon arrival. She stated each resident has a color coded wrist band which indicates which facility they reside at. She stated staff from each facility wear color coded shirts from each facility so residents know who their nurse is. She stated the facilities have about 13 residents who have behaviors/wandering. She stated they are assigned 2 staff at all times.
COVID	She stated the facilities are about 80% with resident vaccinations and 40% with staff vaccinations. She stated resident are not located 6 feet apart related to having to move residents when the water came into 2 of the buildings. She stated staff are in the process of cleaning up, and they would be moving residents to accommodate the feet. Frank Edwards, Police chief stated there were plenty of hand sanitizer for staff/resident use in the warehouse.

Date and Time	Source and Documentation
Observations	Tour of the 3 buildings with operations manager. Multiple staff observed working in the buildings or outside the building. No large metal rolling doors were observed to open at this time. Metal/Brick/Cinder block building- Surveyor observed approx 20 residents residing in the building. Residents sleeping on mattress on the floor of the facility. Some residents observed wearing hospital gowns, paper gowns, personal clothing, or only a shirt and brief. Residents appear to be clean. Several staff observed cleaning up the room after water leaked into room. Several puddles of water observed around the room. 1-resident observed lying in a cot close to a puddle of water with water under his cot and getting close to his personal clothing. Director of Operations was notified of this during rounds, and she stated the resident would be moved now. CNA was observed changing a resident's brief with no privacy provided. Piles of dirty linens observed in the room. Director of Operations stated the linen was used to clean up the water, and would be sent to the laundry site tomorrow. No residents observed wearing a face mask. All staff observed wearing a face mask. Building smelled strongly of urine and dampness. Room felt comfortable temperature wise but very stuffy. Building #2 Residents observed sleeping on mattresses on the floor. Several residents observed in hospital beds. Residents observed to overcrowded in room. Residents' mattress/beds observed to be positioned less than a foot apart. Only about 5 residents observed wearing a face mask. All staff observed wearing a face mask. Medication carts observed in the room. Staff observed administering medications and taking care of residents. Residents appeared to be clean. Residents observed wearing hospital gowns, paper gowns, personal clothing, or only a shift and brief. Staff was observed attempting to apply face mask to residents. Building smelled strongly of urine. No water puddles observed in the room. Room temperature felt slightly warm and stuffy. Areas for showers and port a pottys observed located behind blue tarps for privacy. Building #3 Residents observed sleeping on mattresses on the floor. Residents' mattress/beds observed to be positioned less than a foot apart. Residents observed to be overcrowded. Only about 3 residents observed wearing a face mask. All staff observed wearing a face mask. Medication carts observed in the room. Staff observed administering medications and taking care of residents. Residents appeared to be clean. Residents observed wearing hospital gowns, paper gowns, personal clothing, or a shift and brief. Staff was observed attempting to apply face mask to residents. Building smelled strongly of urine. No water puddles observed in the room at this time. Wheelchairs observed located in the back of the room. 2 large fans observed in the back of the room attempting to dry the remaining water. Room temperature felt slightly warm and stuffy. Areas for showers and port a pottys observed located in another area for privacy.

Date and Time	Source and Documentation
	Multiple staff were over heard during rounds stating the situation was bad, staff felt neglected, residents were neglected, and saying the situation should have been better. Concerns: Residents overcrowded with mattress positioned less than a foot apart, Privacy, smell of urine, residents in multiple stages of undress (some with only shirts/briefs), puddles of water in one building(staff were in the process of addressing), 1 resident with puddle of water underneath his cot (was supposed to be moved immediately), infection control (majority of residents unmasked/no COVID precautions), building temperature comfortable slightly warm and stuffy, staff being over heard stating themselves and residents were neglected, and this was a bad situation.
Contacts	On 08/30/2021 at 5:32 p.m., observations and concerns relayed to FOM. On 08/30/2021 at 5:48 p.m., observations and concerns relayed to [redacted] and [redacted] Directed to return onsite tomorrow at 9am.

SURVEY REPORT FORM

Facility Name	Maison DeVille Nursing Home of Harvey
Provider/License/State ID	195307/236/NH0002719
Facility Type	Cert/Lic Nursing Home-02/03 Lic Other
Type of survey	Site Inspection
Nursing Home Only	Total Hours Staggered:
Initial Surveys: Total Travel Hrs	
Number of beds	100 Census ??
Entrance date	08/31/2021
Exit date	08/31/2021
Surveyors by initials (T Coor 1st)	[redacted]
Number of deficiencies	0
Highest level of deficiency	Nursing Home: Other facility types:
Home Visits	
Home Visits for complaint	

Certification/License Surveys. *Exclude training hours for observing:* **PRE SURVEY =** **SURVEY HOURS =** **REPORT =**	Certification/Licensure Follow-ups: **PRE SURVEY =** **SURVEY HOURS =** **REPORT =**
License Surveys. *Exclude training hours for observing:* **PRE SURVEY =** **SURVEY HOURS=** **REPORT =**	License Follow-ups: **PRE SURVEY =** **SURVEY HOURS=** **REPORT =**
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Complaint Number(s)	Site Inspection ☒New ☐F/U	☐New ☐F/U	☐New ☐F/U	☐New ☐F/U	☐New ☐F/U	☐New ☐F/U
Complaint Due Date						
Pre survey hours						
Survey hours	0.50					
Report survey hours	1.00					
Complaint deficiencies	0					

EXHIBIT
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Deficiency Number	1st QA Reviewer	2nd QA Reviewer

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Surveyor Notes Worksheet

Sending Facility Name: Maison De Ville Nursing Home of Harvey ID: J25008

Location Surveyed (name and address): Plaquemine Holdings-129 Calhoun St. Independence, LA 70443

Care Area(s)/Activity: **Site visit- Clients transferred/evacuated during IDA1 (Hurricane Ida)**

Enter the time, source, and documentation.

	Sending Facility: Maison De Ville Nursing Home of Harvey **Administrator: Cindy Kendall** **Address: 2233 8th Street Harvey, LA 70058** **Phone #: 504-362-9522** **Surveyor/ID:** [redacted] **Site Visit: IDA1**
	08/31/2021 at 11:15 a.m., an entrance conference was held with Donise Bonascaro Director of Nursing Facility Operations. She stated she was over the 7 facilities that were housed currently in this structure. She stated each administrator was responsible for their own residents within this structure. She was quickly called away as there was a need in the back of the facility. **On 08/31/2021 at 11:20 a.m., an initial tour was conducted of the facility. The front office led to a smaller area where residents were being housed. This area I was told was Maison De Ville of New Orleans residents. There were some residents on cots and some with mattresses on floors. There were residents noted with oxygen concentrators. The mattresses were mere inches away from each other (less than 6 inches side by side on the main area). There was a mild smell of urine in the room. The residents linens appeared clean, most wore hospital gowns but some had on a tshirt and only a brief. On the far end of the room were some boxes of supplies on pallets. I was informed that this room was where the water had come in and they had to move residents out of this area. The floor contained several puddles in this area and the floor was smeared with mud and dirt. There was a smaller partitioned area for the locked unit for behavioral residents with approximately 20 or so cots. The next larger area adjacent to this room, when I walked through the door a strong smell of urine hit my sense of smell even through my mask. The staff were all appropriately masked and working at their tasks. There were nurses at their med carts and CNAs providing care. This room was a combination of facilities. There was only isles outside of all the beds as in a square. The beds were placed side by side with mere inches between them approximately 40 by 60 foot area with no isles or space other than 3-6 inches. These twin sized air mattresses were on the floor and the sheets had visible dirt from being treaded upon. Most residents lay on their mattress in the morass of bedding and people. Four residents were in their wheelchairs at the periphery waiting to go smoke. A noticeable change in the cleanliness of this room was noted as the isles were grimy and the scratch of dirt scratched beneath my shoes as I walked across the outer isles. There were several residents with clothes on but most had a hospital gown on. I spoke to a resident by the name of [redacted] who stated she had not had a shower or bath in 4 days and was wearing the clothes she arrived in. She stated she had not been offered an opportunity to get cleaned up as well. She stated all she wanted to do was go out and smoke a cigarette at the very least. The lunch served this day was ravioli, vegetables and fruit serving. An observation of the trays revealed the portions were underserved. The ravioli was 10 small noodles in a tomato sauce, the peas and green beans appeared to be approximately 1-2**

	Sending Facility: Maison De Ville Nursing Home of Harvey Administrator: Cindy Kendall Address: 2233 8th Street Harvey, LA 70058 Phone #: 504-362-9522 Surveyor/ID: [redacted] Site Visit: IDA1
	tablespoons in amount and the fruit serving was approximately ¼ cup. These were consistent portions in the tray served to the residents at lunch meal. There was a breezeway to the next building which looked like a loading ramp in previous use. There were multiple residents out on this covered area smoking cigarettes in their wheelchairs attended by several staff members. There were no concerns here. Upon entry into the largest area of the facility which could be described in size to a gymnasium. The space was massive. The remainder of the residents were in this area. When I walked through the door the smell of feces and urine was the strongest out of all 3 areas. This was a powerful odor even with a mask on. There was a female resident on the floor right by the door in only a diaper and a tshirt. Multiple staff were sitting near her in an area for the West Jefferson Healthcare Center. This large gymnasium housed multiple facilities. A tour of this area revealed minimal isles and mattresses stacked right next to each other with mere inches separating them. The vast majority of the mattresses were on the floor. Observations were made of a male resident laying on his mattress on the floor with only a diaper on and no sheet anywhere in site for him. Another male resident was in a tshirt and a diaper that was full of feces. There was a female resident softly calling for help and no staff could hear her. There was no way for the residents to signal to staff that they needed assistance in this sea of crowded together, cluster of mattresses on the floor other than yelling out for them. The non-verbal and softly spoken (in this loud gymnasium) would have to rely on staff checking on them. There was a male resident laying on a mattress on the floor naked and no sheet covering him. Staff were busy attending to lunch and other duties. There were bariatric residents which were on wooden beds with mattresses and there were also higher need residents with tube feedings and such in hospital beds in the back. South Lafourche area of residents appeared to be better cared for than other areas. An observation was made of nursing and CNA staff wearing purple shirts in the right back corner sitting at a table surrounded by nursing carts and supplies cut off from view of the residents. One resident could be heard calling out for help in this area of the purple designation and no one responded from behind the nursing carts to come help. The entire room did not appear to be conducive to properly caring for residents or providing privacy in doing so. There was an area of port a potties to the far right side of the building, sinks and makeshift showers. The "kitchen area" was just a staging place for the getting out of trays. All the food was prepared outside with propane. Upon completion of the tour a meeting was conducted with the Fire Marshal and the Public Health Inspector. After consultation with their respective upper management. It was determined by their upper managements the following would have to occur to allow to stay open: Fire marshal: 1. The facility would have to provide a fire watch, prove they can perform this task and only have one staff assigned to this task. The rounds would be done and documented every 30 minutes. 2. All the flammable materials (there was a large amount) be removed from the building..

	Sending Facility: Maison De Ville Nursing Home of Harvey **Administrator: Cindy Kendall** **Address: 2233 8th Street Harvey, LA 70058** **Phone #: 504-362-9522** **Surveyor/ID:** [redacted] **Site Visit: IDA1**
	3. All exits would be available to the residents for use. **4. There had to be a spacing requirement between the residents.** **5. The facility had to provide actual isles for the beds and residents.** **6. The facility had to set a real capacity much likely they would be over capacity with the over 800 residents based on the size of the facility.** **7. The facility would have to be in communication with the local fire department on a consistent basis for reporting.** **The Public Health Inspector** **1. The facility did not have a permitted kitchen.** **2. There were no sinks outside where the food was being prepared.** **3. The facility was not supposed to be preparing food outside.** On 08/31/2021 at 1:26 p.m., a conference call was conducted with [redacted] All of these findings of my observations in what I had witnessed in my tour of the facility, my concerns with the unacceptable conditions under which these residents were being subjected to, the 4 deaths in the facility which I did relay reportedly 3 of which were end of life hospice residents, and what the Fire marshal and the Public Health Inspector had relayed. I was directed to continue the site inspection for the 7 facilities within this facility to complete gathering the required information. **On 08/31/2021 at 4:45 p.m., a phone conversation was conducted at the request of Mr. Bob Dean. After greeting him with my name and working for Health Standards in the Louisiana Department of Health. He aggressively and pointedly asked me 2 questions about shelters of which I had no idea what he was talking about. When I answered I did not know, he started yelling the question "Who sent you?!" When I responded I would not answer that question, He repeatedly yelled "Who sent you?! Who sent you?! Who sent you?!" frequently interrupting me as I attempted to respond. I told him to contact health standards to speak to someone in management. He kept repeating his question, "Who sent you?! Who sent you?! Who sent you?!" When I responded one last time I would not answer that question he said, "Get off my property! Now!" This surveyor then gathered her things, called [redacted] to report the events that had transpired and left the facility.** **Please note this facility site visit was not able to be completed due to the surveyor being trespassed from the property as noted above. A general assessment was done in the initial tour. The above information was obtained from ACO.** **ENTRANCE**

	Sending Facility: Maison De Ville Nursing Home of Harvey Administrator: Cindy Kendall Address: 2233 8th Street Harvey, LA 70058 Phone #: 504-362-9522 Surveyor/ID: [redacted] Site Visit: IDA1
	Entrance date/time: Entrance conference held with: Emergency contact person:_____ contact #:_____ License capacity: Plan for returning to facility (what timeframe do you anticipate return?): ANY concerns about returning to facility? **CENSUS** Prior to clients transferred into the home: # of clients transferred into the home: **CLIENTS TRANSFERRED:** From: (name of home) To: (name of home) Date/time the clients were transferred (how were they transferred/any concerns during transfer): Names of clients transferred: ***COVID-19 STATUS*** Number of COVID-19 positive clients: • Prior to transfer: • Currently: (explain) Plans: (current positive or if clients/staff become symptomatic or test positive) PPE Supplies available: Infection Control measures in place: **POWER SOURCE (receiving facility): On 08/31/2021 T 3:51 P.M., an interview was conducted with Denise Bonascaro Director of Nursing Facility operations.** A. Is facility operating on generator or municipal power: She stated they were only running on the generator and no municipal power. B. If generator is use, is it owned by facility: She stated it was owned by the facility Plaquemines Holding C. If not owned by facility, who supplied generator: She stated Bob Dean D. How much generator fuel on hand and what is process for re-supplying: She stated it holds a thousand gallons, they are getting it filled today and have scheduled on hand in

	Sending Facility: Maison De Ville Nursing Home of Harvey Administrator: Cindy Kendall Address: 2233 8th Street Harvey, LA 70058 Phone #: 504-362-9522 Surveyor/ID: [redacted] Site Visit: IDA1
	addition 55 gallon drum of gas for transporation of resident to dialysis. She stated they are all being dialysed in one place that is Fresenius in Walker. E. Is facility being cooled/heated as appropriate: She stated it has been adequately cooled and she stated the large rolling door for them to replace the port a potties. She stated the residents have been complaining it was too cold. F. Is generator providing for cold food storage? Check refrigerator for cold food. She stated it does not they have refrigerated trucks for that. G. Is generator providing for full service food preparation: She stated it was not they were using propane gas grills. H. Is generator providing for respiratory services (vents/suctioning/oxygenators): She stated it was providing electricity for oxygen concentrators. She stated they do not have any vents or suctioning needed. <u>WATER/SEWAGE (receiving facility):</u> A. Is water/sewer system full functional: She stated they have bathrooms in the building but not an adequate number to meet the needs of so many people. She stated They use port a potties. She stated the city water is fully functional. B. Is hot water for bathing or cooking available: She stated they have hot water available for bathing and cooking C. Is water portable or is area under boil water order: She stated they were not currently under any boil orders. <u>SUPPLIES/EQUIPMENT:</u> A. Check supplies on-site at facility: • Food / tube feedings / supplements: No concerns • Medications: ▪ Are medications on-site? Where are they getting medications? Medications on site and they brought their med carts full of their meds. She stated the pharmacy by noon today was supposed to have provided them with a local pharmacy. She stated they will have this well under hand before Friday. • Dressing Supplies: She stated they do. • Laundry/Clothing: She stated they bed linens and resident laundry. She stated the residents were supposed to bring 5. She stated they ordered large number of t shirts for them to have at least something. She stated 1,000 t shirts in different sizes. She stated they also have hospital gowns.

	Sending Facility: Maison De Ville Nursing Home of Harvey Administrator: Cindy Kendall Address: 2233 8th Street Harvey, LA 70058 Phone #: 504-362-9522 Surveyor/ID: [redacted] Site Visit: IDA1
	• Running Water: No concerns B. Equipment for clients available: She stated all of the residents have their equipment. C. How equipment is being sanitized: She stated disinfected daily by their housekeeping staff. D. What is ability of vendors / suppliers to continue replenishing supplies: She stated they had the capacity to get the supplies that they need. STRUCTURAL DAMAGE (receiving facility): A. Roof intact: yes Describe: No issues. B. Water Intrusion: no Describe: Previous area where water had come into the building is resolved. Still a couple of puddles. No concerns. C. Any other visible damage: yes Describe: In the area where the water had come in there is a water damaged board propped up against the wall. The interior of the wall has rotted boards and water soaked wood in the opening. OBSERVATIONS OF CLIENTS/CLIENTS ROOMS: INTERVIEWS WITH CLIENTS: INTERVIEWS WITH STAFF: CLIENT RECORDS: (where are they kept) CONCERNS:

	Sending Facility: Maison De Ville Nursing Home of Harvey Administrator: Cindy Kendall Address: 2233 8th Street Harvey, LA 70058 Phone #: 504-362-9522 Surveyor/ID: [redacted] Site Visit: IDA1

8/30/21 3:31Pm Mr dean would you please call me about your residents in Independence. There are problems. This is LDH
8/30/21 7:30pm
Hello who the fuck is this
On the air wrangler please text me back oh my God text me in the air what a liar you are
Somebody told me you better watch it motherfucker you [redacted]
Oh my god so my stole my goddamn phone

Monday 8/30/21 Hello Mr. Dean, did you intend to send these messages to someone else? This phone belongs [redacted]. Thank you

Monday 8/30/21 No I did not you better get off my [redacted] you [redacted] do you realize you're in a conspiracy theory with the federal government. Your [redacted] is grass mother[redacted] sucker eating pussy cocksucker please let me know if you got my text ?!??Whoever this is might be drunk right

8/30/21 9:04 PM
Please reply if you will do Portsmouth and Boston and whoever else you like to do and then if it appears that your [redacted] in what ever God damn somebody stole my [redacted] phone what a crazy [redacted] with me when I've been how do you falling for all these months and saying what you do to people what is power your lower right eat some more [redacted] is good Sonny let them [redacted] in your face and your nose in your mouth oh wow text to wrong person somebody stole my goo[redacted] phone
Put that in your pipe and smoke it somebody watching you right now and I don't know who it is somebody probably watching me what do you think I don't care do you why are you text me I didn't know that what about the hurricane is there a storm was a lot of rain is this crazy wow I cannot say enough about how much you not done OK and do I will do I think about doing
Answer me now please ma'am I don't know see ya smell the roses I like you but

9/1/21 9:26a
Dear secretary, I have been having troubles with [redacted] for almost 2 years now. She conspired with the city of Plaquemine to some 17 complaints from one lady that her and her mother in the nursing home. She continues to harass me and threaten me with laws when I'm under a vacuolation with 900 people in independence Louisiana. She sent someone out yesterday to inspect I have a Croatian center which is not fall under the criteria of standard for payment. I am the only owner operator in Louisiana that has an evaluation center. It's a total of 90,000 ft.^{2} and has it been approved by the fire marshal many times. I would like to have her terminated immediately for reasons that I spoke up above. She is also named in a federal lawsuit of conspiracy in the fifth district court of Louisiana located in Baton Rouge Louisiana. There's many other workersThat are responsible for the taking at my nursing home in Plaquemine. This is a major lawsuit with a sound total of $200 million plus. Please be advised I am well and able and have many hundreds of millions of dollars to back me up that belong to me that is in the bank currently. What kind of regards Bob G.Dean. Postscript I would like a written copy of her termination it will happen immediately this is being forwarded to the governor of Louisiana in the presence of the United States President Joe Biden. Please respond immediately I would like to know what your Plans are momentarily

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9/1/21 10:36a This is a stop order you are now under a federal restraining order respond you were being delivered that immediately call the state police off you're getting so far under you can't get out do you understand respond
This is a stop order you are now under a federal restraining order respond you were being delivered that immediately call the state police off you're getting so far under you can't get out do you understand respond
This is a stop order you are now under a federal restraining order respond you were being delivered that immediately call the state police off you're getting so far under you can't get out do you understand respond
So you're in the loop John Kennedy's office do United States senator is calling everyone that is possible to stop you from disturbing my Covid free restaurants besides that you would scare all of my employees away do you know the detriment you're called in to your own calls you're supposed to be in healthcare you've got a vendetta towards made it unbelievable you will not be good and you're not good
Answer me now do you hear me
Loud and clear ma'am
More you don't respond the guilty you are you know you're wrong and you will go to court and have to explain to a jury in a federal judge what do you have done to me do you understand respond now
I would like to have a peaceful conversation with you are you available for a phone call ma'am please advise
The property now independence day evacuation center is now under federal marshal watch if anyone comment on my private property they will go to a federal containing area
Please reply
I will give you a update [redacted] now the emergency preparedness is trying to save my 850 restaurants in independence Louisiana Mr. [redacted] is trying to get in touch with the doctor if they set foot on my property is private a good friend of mine is a federal marshal they will be arrested please help me stop this horrible thing that's going on I'm trying to take care of all these people and get them back home. Again I'm so sorry to bother you Bob

9/2/21 9:30am Good morning, I understand that you and others took my patients away from the evaluation center and broke the fourth amendment of the constitution of the United States. The family members and responsible parties need to know where each and everyone of the people that y'all took unlawfully their names whereabouts and whether they're still alive or not. You can send that via text to my email. The federal government is aware of all the wrongdoing and will be in touch promptly. This was wrong and you know it a lot of trouble ahead for everyone that was involved probably will go to the spring court with no doubt. I need that information . Also we have pictures of the stealing of their persons without charge and our Covid test. Truly a holocaust
Respond

9/2/21 2:52pm They are physically taking my residents out of the building they're breaking their arms and legs come on really I need a phone call they're hurting my people and they're killing them
Good morning, I understand that you and others took my patients away from the evaluation center and broke the fourth amendment of the constitution of the United States. The family members and responsible parties need to know where each and everyone of the people that y'all took unlawfully their names whereabouts and whether they're still alive or not. You can send that via text to my email. The federal government is aware of all the wrongdoing and will be in touch promptly. This was wrong and you know it a lot of trouble ahead for everyone that was involved probably will go to the spring court with no doubt. I need that information . Also we have pictures of the stealing of their persons without charge and our Covid test. Truly a holocaust
Respond

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Surveyor Notes Worksheet

Facility Name: River Palms Nursing & Rehab /NH0002747
South Lafourche Nursing & Rehab/ NH0002718
Maison De'ville Nursing Home-Houma, Inc./ NH0002713
Maison Orleans Healthcare of New Orleans/ NH0002644
Park Place Healthcare, LLC/ NH0002646
West Jefferson Health Care Center/ NH0004405
Maison De'Ville Nursing Home of Harvey/ NH0002795

Facility ID:

Surveyor Name/ID: [redacted]

Care Area(s)/Activity: **Site visit- Clients transferred/evacuated during IDA1 (Hurricane Ida)**

Enter the time, source, and documentation.

Date and Time	Source and Documentation Transfer Location: 129 Calhoun Street, Independence, La
	Sending Facility: South Lafourche Nursing and Rehabilitation **Administrator: Mr. Bob Duet** **Address: 146 E. 28th Street Cut Off, LA 70345** **Phone #: 985-537-3569** **Receiving Location: 129 Calhoun Street, Independence, La** **Site Visit: IDA1** **Sending Facility: Park Place Healthcare, LLC.** **Administrator: Patricia Taylor** **Address: 535 Commerce St. Gretna, LA 70056** **Phone #: 504-393-9595** **Receiving Location: 129 Calhoun Street, Independence, La** **Site Visit: IDA1** **Sending Facility: Maison De Ville Nursing Home-Houma** **Administrator: William T. Daigre** **Address: 107 S. Hollywood Rd. Houma, LA 70360** **Phone #: 985-876-3250** **Receiving Location: 129 Calhoun Street, Independence, La** **Site Visit: IDA1** **Sending Facility: Maison De Ville Nursing Home of Harvey** **Administrator: Cindy Kendall** **Address: 2233 8th Street Harvey, LA 70058**

EXHIBIT H

Date and Time	Source and Documentation Transfer Location: 129 Calhoun Street, Independence, La
	Phone #: 504-362-9522 Receiving Location: 129 Calhoun Street, Independence, La Site Visit: IDA1 Sending Facility: West Jefferson Healthcare Center Administrator: Lindsay Dukes Address: 1020 Manhattan Blvd. Harvey LA, 70058 Phone #: 1-504-362-2020 Receiving Location: 129 Calhoun Street, Independence, La Site Visit: IDA1 Sending Facility: River Palms Nursing and Rehab Administrator: Paul Duplessis Address: 5301 Tullis Dr. New Orleans, LA 70131 Phone #: 1-504-394-5807 Receiving Location: 129 Calhoun Street, Independence, La Site Visit: IDA1 Sending Facility: Maison Orleans Healthcare of New Orleans Administrator: Torrel Bridges Address: 1420 General Taylor St. New Orleans, LA 70115 Phone #: 1-504-895-7755 Receiving Location: 129 Calhoun Street, Independence, La Site Visit: IDA1
Observations/ Interviews made on 09/01/2021	Observations made during rounds of the shelter on 09/01/2021 beginning at 12:30 p.m. Building #1: 35 residents observed in the room. Residents lying on mattresses on the floor. 4-residents observed with continuous oxygen. 1-resident observed with external ORIF device on his left leg. 1-residnet observed with IV antibiotics currently infusing. Staff observed in the room attending to residents. Residents observed wearing hospital gowns, personal clothing, or shirt with brief. Resident observed to be clean. 2-residents observed wearing a face mask covering their nose/mouth. No other residents observed wearing a face mask. Staff observed wearing face mask covering their nose/mouth. Resident care supplies (incontinent supplies, wipes, and hand sanitizer) observed in the corner of the room. No sink observed in the room. No restroom facilities observed in the room for staff or resident use. Building #2:

Date and Time	Source and Documentation Transfer Location: 129 Calhoun Street, Independence, La
	95-residents observed in large metal room. 3-residents observed with continuous oxygen. Multiple staff observed assisting residents. Staff observed providing incontinent care to residents with the use of privacy curtains. Resident observed wearing hospital gowns, personal clothing, or only a shirt with a brief. No residents observed wearing a face mask. Staff observed wearing face mask covering their nose/mouth. Resident care supplies (incontinent supplies, wipes, and hand sanitizer) observed in the corner of the room. No sink observed in the room. Port a potty facilities observed located behind a blue tarp section to provide privacy. Lunch was observed being serviced to residents included Approx. 1 cup of chili ½ cup mixed veggies ½ cup fruit 3-4 packs of crackers Building #2: On 09/01/2021 at 1:20 p.m., an observation was made of a resident requesting assistance with incontinent care. Resident was not being assisted by staff. Staff was alerted to resident's request. Resident was assisted by staff. On 09/01/2021 at 1:24 p.m., an observation was made of staff assisting a resident with incontinent care with the use of privacy curtains X 2. Resident care was still visible from 2 sides. Staff was observed no using hand hygiene after completion of care. On 09/01/2021 at 1:30 p.m., an observation was made of a resident lying ½ on their mattress and ½ on the concrete floor. No staff were observed assisting the resident. Staff alerted and assisted the resident to get back on their mattress. On 09/01/2021 at 1:35 p.m., an observation was made of staff having to kneel on the floor and the resident's mattress to assist with incontinent care. Staff did use privacy shield X 2 and sheet to block views of the incontinent care provided. Staff were observed wearing gloves during care, but staff were not observed using hand hygiene after completion of care. Behavior unit: On 09/01/2021 at 2:00 p.m., an observation was made of the behavior unit. Behavior unit was located in a walled off area (by paneling) providing a closed in area with entrance/exit door. 25-residents were observed located in the behavioral unit. All residents were observed lying on cots positioned less than a foot apart. No residents were observed wearing a face mask. All residents were observed wearing personal clothing. Resident observed to be clean. 1-LPN and

Date and Time	Source and Documentation Transfer Location: 129 Calhoun Street, Independence, La
	2 CNAs were observed in the unit taking care of the residents. Resident supplies observed in the unit with a medication cart. The LPN assigned to the unit stated all the residents were from River Palms Nursing Homes. She stated 2 residents had to be sent to the hospital related to behaviors. She stated 1-resident got into a fight with staff; 1-residnet got into a fight with some of the other residents. She stated no other altercations have occurred. She stated the residents had behaviors and were wanderers. On 09/01/2021 at 3:49 p.m., [redacted], Central Management was advised to provide both staff and bus driver names and contact information and what location they were going for evacuated residents. He verbalized understanding and stated a list would be provided. Observations/Interviews were stopped related to need to assist with massive evacuations of residents for the shelter site.
09/02/2021	On 09/02/2021 at 07:30 a.m., the resident count included 65 stretchers and 60 wheelchairs. On 09/02/2021 at 08:51 a.m., the resident count included 62 stretchers and 60 wheelchairs. On 09/02/2021 at 08:34 a.m., a phone call was received from [redacted]. Assistant Secretary for the Office of Public Health. She stated all wheelchair resident would be sent to Region 2 MSN and residents on stretchers would be sent to Region 6. She stated an Ambulance bus would be leaving Lafayette at 10:00 am and could transport approx. 15 stretcher residents, and another ambulance bus would be leaving region 6 to assist at 9:00 a.m. Information was relayed to [redacted]. On 09/02/2021 at 09:13 a.m., the resident count included 62 stretchers, 61 wheelchairs. On 09/02/2021 at 09:29 a.m., a phone call was placed to Amelia Manor Nursing Home (337) 234-7331. Surveyor spoke with [redacted], DON. She stated resident [redacted] was received to their facility. On 09/02/2021 at 09:34 a.m., a phone call was placed to Courtyard Manor Nursing Home (337) 237-3940. Surveyor spoke with [redacted], DON and [redacted], Admin (337) 781-3213. They stated the facility did not accept resident [redacted]. They stated the resident was 650 pounds. They stated they facility could not accommodate the resident. They stated the resident was also received with no medical records or medical chart. They stated the resident was sent to the shelter in Alexandria. The Admin stated she spoke with LNHA, [redacted] (unsure of last name), and [redacted]. Admin stated the facility cannot accommodate residents over 450 pounds, no trachs and no vents. On 09/02/2021 at 09:55 a.m., a phone call was placed to Camelot Brookside (337) 824-2466. Surveyor spoke with [redacted], ADON. She stated resident [redacted] was not

Date and Time	Source and Documentation Transfer Location: 129 Calhoun Street, Independence, La
	accepted at their facility related to unable to accommodate the residents needs/weight. On 09/02/2021 at 10:31 a.m., spoke with [redacted]. Advised her First Choice Ambulance Vans and AMR Ambulances were on site to assist with evacuation. On 09/02/2021 at 10:20 a.m., a phone call was placed to St. Christina Nursing and Rehab (318) 201-9467. [redacted], Admin; [redacted], DON. Surveyor spoke with [redacted], Business Officer Manager. She stated resident [redacted] was received to their facility. She stated the facility could take 4-5 more residents, but they would need to know the level of care require for each resident. She stated the resident is over 600 pounds, and the facility was not told what to expect. She stated the facility would need assistance with bed, wheelchair, diapers, clothing and disposable pads to accommodate the resident's size. She stated the facility could not take any trach residents. She stated the resident arrived with some clothing, medications, but no medical record. On 09/02/2021 at 11:09 a.m., surveyor spoke with [redacted]. Update given. She stated the National Guard would be assisting getting Amelia Nursing Home and St. Christina Nursing home the bariatric beds needed for the residents. On 09/02/2021 at 11:05 a.m., resident count per [redacted] with OPH 38 stretchers, 41 wheelchairs. On 09/02/2021 at 11:07 a.m., attempted to contact Alexandria Shelter to locate bariatric residents. No answer, no voice mail. On 09/02/2021 at 11:20 a.m., surveyor spoke with [redacted], Public Health Inspector. He stated the facility would have to up to code prior to use again for a shelter. On 09/02/2021 at 11:27 a.m., surveyor [redacted] currently on the phone with Shreveport Shelter to locate bariatric evacuated residents. On 09/02/2021 at 11:39 a.m., a phone call was held with [redacted] and notified of current resident census from 11:05 a.m. provided. On 09/02/2021 at 11:46 a.m., current resident census 41 wheelchairs, 35 stretchers per [redacted]. On 09/02/2021 at 11:49 a.m., [redacted] was notified of current resident census of 41 wheelchairs, 35 stretchers.

Date and Time	Source and Documentation Transfer Location: 129 Calhoun Street, Independence, La
	On 09/02/2021 at 12:59 p.m., a phone call was held with [redacted], Triage personnel at the Alexandria shelter. List of residents provided of evacuated bariatric residents. [redacted] to have someone check the list and call me back. On 09/02/2021 at 1:47 p.m., a phone call was held with [redacted], Unit RN at the Alexandria Shelter. Resident list [redacted]-not at the shelter—went to Belle Teche Nursing Home [redacted]—not checked in at the shelter [redacted]—currently at the shelter [redacted]—not checked in at the shelter [redacted]—currently at the shelter [redacted]—currently at the shelter [redacted]—currently at the shelter [redacted]—they have a [redacted] currently at the shelter DOB [redacted] [redacted]—currently at the shelter—needs bed List of bariatric residents remaining in the facility at this time: Houma: [redacted] River Palms [redacted]—about to be evacuated Park Place [redacted] On 09/02/2021 at 12:17 p.m., a phone call was held with Belle Teche Nursing and Rehab Center (337) 364-5472. Surveyor spoke with [redacted], Adm. He stated resident [redacted] was admitted to their facility, she does have a bed, and she received wound care this am. On 09/02/2021 at 12:14 p.m., per [redacted] OPH current resident census 46 total (including

Date and Time	Source and Documentation Transfer Location: 129 Calhoun Street, Independence, La
	stretchers/wheelchairs. On 09/02/2021 at 12:39 p.m., [redacted] notified of current total of remaining residents 46. She was also notified of generator failure with remaining 46 residents in house. She stated she had notified executive management of the generator failure and to open doors if needed to help. On 09/02/2021 at 12:42 p.m., [redacted] was notified of doors being opened and some residents were seated outside to get a breeze. On 09/02/2021 at 12:51 p.m., [redacted] was notified the generator had come back online. On 09/02/2021 at 1:11 p.m., generator offline again. On 09/02/2021 at 1:20 p.m., [redacted] was notified of generator failure again with 13 residents remaining to be evacuated but no accurate count at this time related to transfers continuing to happen. On 09/02/2021 at 1:26 p.m., [redacted] was notified residents remain on site without power and North Oaks Hospital had returned a resident to the shelter. On 09/02/2021 at 1:28 p.m., [redacted] was notified the shelter had approx. 20-25 residents in North Oaks Hospital and are attempting to return them to the shelter, but [redacted] was attempting to get them to not return residents here as the shelter is closed. On 09/02/2021 at 1:30 p.m., Donice Director of Operators stated the generator had failed related to overheating. On 09/02/2021 at 1:47 p.m., a phone call was held with [redacted], Triage RN at Alexandria was held. She stated the medical shelter was closed to admissions but the general population shelter was open. [redacted] was notified, and she requested Patty White to contact her. On 09/02/2021 at 1:57 p.m., [redacted] called and stated the National Guard would be bringing a generator to assist the shelter until residents are evacuated. On 09/02/2021 at 2:16 p.m., current resident census 21 stretchers, 21 wheelchairs (including 1 bariatric) per [redacted] with OPH. On 09/02/2021 at 2:17 p.m., a phone call was held with [redacted], Core of Engineers called stated the National Guard would be bringing a generator to the facility.

Date and Time	Source and Documentation Transfer Location: 129 Calhoun Street, Independence, La
	On 09/02/2021 at 2:31 p.m., current resident census per [redacted] 18 stretchers, 19 wheelchairs. On 09/02/2021 at 3:00 p.m., a phone call was held with [redacted]. She was notified the Ambulance Bus was onsite and personnel from Acadian was handling the loading of the bus. On 09/02/2021 at 3:18 p.m., a phone call was received from [redacted], Core of Engineers. He stated the National Guard would be onsite around 4:30 p.m. to assess the generator failure. On 09/02/2021 at 3:42 p.m., current resident census 1 wheelchair, 6 stretchers per OPH. On 09/02/2021 at 3:44 p.m., [redacted] was notified of current resident census 1 wheelchair, 6 stretchers and still loading ambulances. On 09/02/2021 at 4:13 p.m., [redacted], Attorney General Office and [redacted], HHS onsite. [redacted] stated the Attorney General's office was not aware of the situation until about an hour an ago. On 09/02/2021 at 4:23 p.m., last resident was evacuated from the shelter. On 09/02/2021 at 4:31 p.m., a phone call was held with [redacted]. He was notified last resident was evacuated at 4:23 p.m. He was advised that a sweep was conducted with LDH and shelter staff to ensure no residents remained and no found. He directed surveyors may leave onsite at this time. On 09/02/2021 at 4:32 p.m., a phone call was held with [redacted]. She was notified the last resident was evacuated from the shelter at 4:23 p.m. On 09/02/2021 at 4:51 p.m., [redacted] was notified the last resident was evacuated at 4:23 p.m. On 09/02/2021 at 5:35 p.m., received a call from [redacted] with Core of Engineers related to brining a generator to the shelter. He was informed no residents remained at the shelter. On 09/02/2021 at 5:39 p.m., spoke with [redacted] with [redacted] office. Advised her [redacted] from Core of Engineers wanted to get verification from [redacted] not to install the generator at the shelter. [redacted] contact information provided. [redacted] stated she would have [redacted] contact him.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Surveyor Notes Worksheet

Sending Facility Name: Maison De Ville Nursing Home of Harvey ID: J25008

Location Surveyed (name and address): Plaquemine Holdings-129 Calhoun St. Independence, LA 70443

Care Area(s)/Activity: **Site visit- Clients transferred/evacuated during IDA1 (Hurricane Ida)**

Enter the time, source, and documentation.

	Sending Facility: Maison De Ville Nursing Home of Harvey **Administrator: Cindy Kendall** **Address: 2233 8th Street Harvey, LA 70058** **Phone #: 504-362-9522** **Surveyor/ID: [redacted]** **Site Visit: IDA1**
	On 09/01/2021 at 12:25 p.m., an phone conversation was conducted with [redacted] to notify him of the planned meeting with the OAAS people. We were informed by OAAS [redacted] that their team in conjunction with the National Guard, Sheriff's Office and OPH would be conducting a strike team to evacuate the residents of this facility. When asked if we could go in to perform a site visit, she stated yes as [redacted] was already in there beginning the process. All of this was relayed to [redacted] and he instructed us to go in but understand that [redacted] was in charge. Upon entry to facility on 09/01/2021 at 12:30 p.m., [redacted] the Medical Director of Region 9 was on site and instructed our team we did not need to be asking for the same documents. I informed [redacted] the purpose of site visit and assured her we would not in any way interfere with the tasks of them moving these residents out of this facility as this was the primary and most important objective of the day. [redacted] informed the team that 120 residents were leaving right now to Central Management homes of Capitol Oaks, Belle Maison and a mix of homes in Alexandria. She stated Maison DeVille Nursing Home-Houma was the first to be being moved. On 09/01/2021 at 12:52 p.m., an initial tour was conducted in the back largest area of the facility. [redacted] was making observations in the other 2 areas (please refer to her 807s for observations. General observations in this large gymnasium sized structure of the third area were as follows: The smell of urine was strong in the air even through a mask. There had been no change in the layout of the beds from 08/31/2021. There was one empty mattress on the floor with a large brown stain dried in the center of the sheet covering it. There were some wooden bed structures for the bariatric residents and a few residents on cots as well as some hospital beds along the back wall of the facility but the vast majority of residents had mattresses on the floor and a few isles but large clusters of mattresses mere inches of space between them. One thin man was observed lying face down on the floor between his mattress and the next. A female resident by the entrance door was visible through the cracks and the bottom of the privacy screens and sheets surrounding her, completely nude with no cover, clothing or brief. On the left side of the area was a crack that ran along the wall where ants were double laned going to and fro. One lady looked in distress called out weakly for help and no staff could hear her in the sea of people and noises in this area. One large male resident lay supine on his mattress in a wooden

EXHIBIT
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Sending Facility: Maison De Ville Nursing Home of Harvey
Administrator: Cindy Kendall
Address: 2233 8th Street Harvey, LA 70058
Phone #: 504-362-9522
Surveyor/ID: [redacted]
Site Visit: IDA1

bed with nothing but a diaper on. The urine smell was very strong in this area of the orange color coded area. One lady looked in distress with her face contorted like she was crying as she weakly called out for help and staff do not hear her. Another resident lies in a corner halfway on halfway off his mattress on the floor with only a tshirt and a diaper on. One female resident from Parkplace was lying on bed with socks and a tshirt and nothing else, bare from the waist down. No staff are visible at this moment. Residents in the South Lafourche area appear to be well cared for, clean, clothed, no urine odor in this back area. River palms area one male resident was on the floor and staff were getting him back upon his mattress on the floor. The temperature in this area is hot and there are a few fans going. One resident is in a flop sweat, visibly struggling to breathe and hollering out for help. The staff of River Palms in the purple were sitting at a table behind the nursing med carts. They are well within earshot and do not even turn their heads. They continue to eat and no one acknowledges that they heard him. This surveyor asked for assistance with someone to help him. The staff sitting at the table instruct the CNA to go turn the fan in his direction. When she does he hollers he cannot breathe. No one gets up from the table. The surveyor asks who is the nurse for this resident and no one would answer. The surveyor asked the question 2 more times before a female nurse admitted she was. She got up from her seat and went to retrieve an oxygen bottle and nasal cannula for the male resident. The heat in the building has risen. Upon asking Ms. Donise Bonescaro the director she stated it was because the warehouse door was wide open to evacuate the residents going to the Central Management facilities. Please note the surveyor requested assistance from staff for all of the issues above as the tour continued.

ENTRANCE

Entrance date/time: 09/04/2021 at 12:30 p.m.
Entrance conference held with: Cindy Kendall on 09/01/2021 at 4:13 p.m.
License capacity: 100

CENSUS

Prior to clients transferred into the home: 89
# of clients transferred into the home: 88
She stated Resident with last name of [redacted] left with family prior to transfer.
She stated Resident with the last name of [redacted] passed away at this facility after transfer.
She stated [redacted], [redacted] and [redacted] were admitted to local hospitals wasn't sure where.
She stated that left 84 residents total still in this facility.
She stated [redacted] was the one dialysis resident who was last dialyzed on 08/31/2021
She stated there were 2 bariatric, 1 wound, 4 oxygen and 4 tube feeding residents.

	Sending Facility: Maison De Ville Nursing Home of Harvey Administrator: Cindy Kendall Address: 2233 8th Street Harvey, LA 70058 Phone #: 504-362-9522 Surveyor/ID: [redacted] Site Visit: IDA1
	CLIENTS TRANSFERRED: Names of clients transferred: She stated she is to have a meeting soon with OPH/OAAS people on starting to transfer her residents. She stated she did not know where or when this would transpire or where they would go. She stated none of her residents had been transferred as of yet.

Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70806
(225) 925-4911 (800) 256-5452 Fax (225) 925-4241

John Bel Edwards
GOVERNOR

H. "Butch" Browning
FIRE MARSHAL

Inspection Report

Report # GE-21-035574-1

Deficient/Cautionary Codes cited.

Location Information			
Inspection Type	General Building Inspection	**Inspection Date**	9/1/2021 2:32:01 PM
Structure ID		**No. of Buildings** 3	**Facility Code**
Capacity	1,665	**Year Built**	**Construction Type**
Building/Trade Name	INDEPENDENCE EVAC CTR	**Address**	129 CALHOUN ST, INDEPENDENCE, LA 70443

Owner Information			
Owner Type	**Name**	**Contact Phone**	**Contact Email**
State Licensed			DDOSCARENO@LAHCC.COM
Address			

Tenant Information			
Name	**Suite Number**	**Floor Number**	**Square Footage**

Occupancy Details	
Occupancy Type	**Details**
Institutional	INSTITUTIONAL BUILDING TYPE: GROUP I-2 (HEALTH CARE); HEALTHCARE FACILITY TYPE: NURSING HOME

Deficient and Cautionary Items

Description	Code Status	Correction Date
Interpretive Memorandum 2 0 1 0 – 0 3 All of the following elements, features and conditions, as contained in NFPA 101, provide a minimum level of safety for nursing home occupancies and nursing home owners/administrators are responsible for providing those required measures. Emergency shelters typically do not provide all of these elements. - NUMBER OF EXITS shall be sufficient for evacuation, shall be kept clear and unobstructed - LOCKS on exit doors shall remain unlocked at all times the building is occupied. - EXIT & EGRESS arrangement (CURRENTLY MULTIPLE OF THE EXISTS THROUGHOUT THE FACILITY HAVE BEEN OBSTRUCTED OR BLOCKED. THE MEANS OF EGRESS SHALL BE CONTINUOUSLY MAINTAINED FREE OF ALL OBSTRUCTIONS TO FULL USE IN CASE OF EMERGENCY,)	DEFICIENT	9/6/2021
INTERPRETIVE MEMORANDUM 2013-04 & I N T E R P R E T I V E M E M O R A N D U M 2 0 1 0 – 0 3 Shelters will be mandated to have on duty "fire watch" personnel assigned and performing functions as stated in the Fire Marshal guidelines for "Temporary Fire Watch" (FACILITY SHALL PROVIDE FIRE WATCH AS LONG AS IT IS OCCUPIED.)	DEFICIENT	9/1/2021
Interpretive Memorandum 2 0 1 0 – 0 3 FUEL LOAD of furnishings and materials shall be kept to minimum. & RS40:1575 Shall remove and/or repair hazard. (CURRENTLY A PALLET OF FLAMMABLE LIQUIDS (SANITIZERS) ARE PRESENT IN THE CLIENT AREA IN THE BACK BUILDING THAT ALSO HAS THE ADMINISTRATION OFFICE. ALSO OTHER HAZARDS WERE OBSERVED SUCH AS PROPANE TANKS. SHALL REMOVE ALL FLAMMABLE OR HAZARDOUS MATERIALS OUT OF THE BUILDINGS/AREAS WHERE PATIENTS ARE.)	DEFICIENT	9/6/2021

EXHIBIT
J

John Bel Edwards
GOVERNOR

Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70806
(225) 925-4911 (800) 256-5452 Fax (225) 925-4241

Inspection Report

Report # GE-21-035574-1

Deficient/Cautionary Codes cited.

H. "Butch" Browning
FIRE MARSHAL

INTERPRETIVE MEMORANDUM 2013-04 Shelters must adhere to the occupant load factors of 30 square foot per person in areas that will be utilized for sleeping. These numbers are providing that adequate doorways are available and functional to accommodate egress and that a minimum of 44 inches of clear isle space is maintained as a main isle leading to the exit. (CURRENTLY ISLES OF 44 INCHES ARE NOT PROVIDED LEADING TO EXITS. ALSO THE SLEEPING MATTRESSES FOR CLIENTS ARE DIRECTLY AGAINST THE ADJACENT MATTRESSES.)	DEFICIENT	9/6/2021

Office of State Fire Marshal

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John Bel Edwards
GOVERNOR

H. "Butch" Browning
FIRE MARSHAL

Inspection Report

Report # GE-21-035574-1

Deficient/Cautionary Codes cited.

§1574. Construction or repair of structures A. No structure, watercraft, or movable shall be constructed until building plans and specifications therefor have been submitted to and reviewed by the fire marshal and appear to him to satisfactorily comply with the laws, rules, regulations, and codes of the state. B. No repair, remodeling, or addition shall be made to any structure, watercraft, or movable affecting the exits, stairs, seating arrangement, fire protection, or other details of construction covered by this Part until plans and specifications therefor have been submitted to and reviewed by the fire marshal and appear to him to satisfactorily comply with the laws, rules, regulations, and codes of the state. C. If within any twelve month period, alterations or repairs costing in excess of fifty percent of the then physical value of the building are made to an existing building, such building shall be made to conform to the requirements of the code for new construction. . D. Where an entire floor of a facility, building, or structure is substantially renovated, that floor shall be made to conform with the requirements of the code for new construction to such extent as the state fire marshal may determine to be practicably feasible, provided however, and notwithstanding the provisions of R.S. 40:1578.1(A), the board of review shall be the final authority on issues of practical feasibility. E. Altered elements in existing facilities shall be made to conform to the requirements of the code for new construction to such extent as the state fire marshal may determine is practicably feasible, provided however, and notwithstanding the provisions of R.S. 40:1578.1(A), the board of review shall be the final authority on issues of practical feasibility. F. The physical value of a building in Subsection C of this Section may be established by an appraisal not more than three years old, provided that said appraisal was performed by a certified appraiser, or by the tax assessor in the parish where the building is located. In the absence of such an appraisal, the physical value of the building in Subsection C of this Section shall be established by the state fire marshal. G. The cost of alterations or repairs in Subsection C of this Section may be established by an estimate signed by a licensed architect, by a licensed general contractor, or in the absence of either such licensed person, by the state fire marshal. H. Persons who wish to appeal a decision of the state fire marshal relative to the physical values of buildings or the estimations of the cost of alterations or repairs in Subsection C of this Section may request an opinion from the board of review as provided in R.S. 40:1578.1 through 1578.5. I. If the occupancy of an existing building is entirely changed, the building shall be made to conform to the requirements of the code for the new occupancy. If the occupancy of only a portion of an existing building is changed, and that portion is properly separated from the remainder, then only such portion need be made to conform. J. Repairs and alterations, not covered by the preceding Subsections of this Section, restoring a building to its condition previous to damage or deterioration, or altering it in conformity with the provisions of the code will be made in such manner as will not extend or increase an existing nonconformity or hazard. K. The state fire marshal shall have the authority to take into consideration practical difficulties and unreasonable economic hardships before applying the strict requirements of this Section. In cases of practical difficulty or unreasonable economic hardship, the state fire marshal may upon appeal allow alternative arrangements provided a minimum acceptable level of life safety is achieved to the satisfaction of the state fire marshal. (SHALL SUBMIT PLANS TO THIS OFFICE FOR THE CHANGE IN OCCUPANCY/USE FROM A WAREHOUSE (STORAGE) TO AN EMERGENCY EVACUATION SHELTERS for NURSING HOMES, AS WELL AS ANY AND ALL MODIFICATION TO THE BUILDING AND/OR LIFE SAFETY DEVICES.)	DEFICIENT	9/30/2021

Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70806
(225) 925-4911 (800) 256-5452 Fax (225) 925-4241

John Bel Edwards
GOVERNOR

H. "Butch" Browning
FIRE MARSHAL

Inspection Report

Report # GE-21-035574-1

Deficient/Cautionary Codes cited.

INTERPRETIVE MEMORANDUM 2013-04 Any features of fire protection that is required in the facility based on its regular use shall be maintained and in working order while utilized as a temporary shelter. INTERPRETIVE MEMORANDUM 2010 – 03 -FIRE ALARM, if provided, shall be operational - SPRINKLER PROTECTION, if provided, shall be operational LAC55:V:3037 Fixed systems including pre-engineered and engineered shall be installed, inspected, serviced, and maintained in compliance with the manufacturer's installation manuals, specification, and the applicable NFPA standards adopted in 3053 (CURRENTLY (1) THE FIRE ALARM SYSTEM IS IN TROUBLE FOR A MAIN SUPERVISORY. (2) THE SPRINKLER SYSTEM IS GREEN TAGGED AND CURRENT. HOWEVER IN THE BACK ADMINISTRATION AREA SOME ROOMS USED FOR SLEEPING HAVE PORTIONS TO ALMOST ALL THE DROP CEILING TILES MISSING. ALSO THE EXTERIOR BUILDINGS OBSERVED HAD SPRINKLER HEADS THAT WERE RUSTED AND THE SPRINKLER BOX WAS MISSING THE WRENCH AND SPARE SPRINKLER HEADS. SHALL NOT USE THOSE ROOMS MISSING THE DROP CEILING FOR SLEEPING UNTIL THE CEILING HAS BEEN REPLACED OR CLOSED OFF TO ALLOW THE SPRINKLER HEADS TO FUNCTION AS DESIGNED. SHALL HAVE THE FIRE ALARM AND SPRINKLER SYSTEM PROVIDED WITH SERVICE AND MAINTENANCE.)	DEFICIENT	9/14/2021

Comments

THIS INSPECTION IS DUE TO A COMPLAINT RECEIVED THAT A SHELTER WAS OVER CROWDED AND HAD UNSANITARY CONDITIONS. AT TIME OF INSPECTION MYSELF, CPL. PETER LETENI, [redacted], AND THE HEALTH INSPECTOR [redacted] WERE PRESENT.

AT TIME OF INSPECTION IT IS BELIEVED APPROXIMATELY 834 PATIENTS WERE PRESENT FROM SEVEN NURSING HOMES. THE NURSING HOMES PRESENT WERE: SOUTH LAFOURCHE NURSING REHAB, MAISON DEVILLE HOUMA, MAISON DEVILLE HARVEY, WEST JEFFERSON HEALTHCARE, PARK PLACE OF GRETNA, MAISON ORLEANS OF NEW ORLEANS, AND RIVER PALM.

FIRE WATCH SHALL REMAIN IN PLACE AS LONG AS THIS FACILITY IS OCCUPIED.

IT WAS EXPLAINED THAT THIS BUILDING WAS PURCHASED BY THE OWNER OF THE NURSING HOMES FOR THE REQUIRED BACK UP PLAN FOR THE MAIN FACILITIES. AT TIME OF INSPECTION A TARP WALL HAD BEEN ADDED TO SECTION OFF PART OF BUILDING 1 WERE PORTA POTTIES WHERE INSTALLED AND A RAISED PLATFORM HAD BEEN CONSTRUCTED WITH SHOWERS. THE EXTERIOR BACK COVERED AREA WAS BEING USED FOR COOKING EQUIPMENT OPERATING OFF PROPANE TANKS. THE AREA BEING REFERRED TO AS AREA TWO ALSO HAD MODIFIED A ROOM INTO SHOWER AREAS AND USED ANOTHER ROOM FOR PORTA POTTIES. THE AREA REFERRED TO AS BUILDING THREE HAD THE BACK PORTION USED FOR NUMEROUS PALLET OF SUPPLIES INCLUDING SANITIZERS. THE FRONT PORTION HAD A WALL INSTALLED TO HOUSE THE MEMORY CARE TYPE CLIENTS THIS AREA HAS ONE DOOR IN AND A SMALL WOODEN DOOR CUT IN THE WALL THAT CAN ONLY BE OPENED FROM THE OTHER INTERIOR SIDE OF THE BUILDING. THIS BUILDING ALSO HAS THE ADMINISTRATION AREA USED FOR STAFF, STAFFS FAMILY, AND PETS.

THE FIRE ALARM SYSTEM, SPRINKLER SYSTEM, AND FIRE EXTINGUISHERS WERE INSPECTED AND TAGGED BY S & S SPRINKLER ON 8/20/2021.

NOTE THAT SMOKE DETECTION IS NOT PROVIDED THROUGHOUT THE FACILITY.

AT TIME THE INSPECTION WAS COMPLETED LDH WAS STILL PRESENT WORKING ON THEIR PORTION OF THE INSPECTION.

IN CASE OF AN EMERGENCY SHALL CONTACT 911 DUE TO THE FIRE STATION PHONES BEING OUT AND OTHER METHODS BEING UNRELIABLE AT THIS TIME PER INDEPENDENCE FIRE CHIEF POLITO.

FIRE WATCH INSTRUCTIONS AND LOGS AND INFORMATION RELATED TO MEMOS FOR SHELTERS/NURSING HOME SHELTERS WERE GIVEN TO THE DIRECTOR AND ASSISTANT DIRECTOR.

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BUILDING 3 WAS 11,544 SQ.FT CAPACITY 385.
BUILDING 2 WAS 11,592 SQ.FT. CAPACITY 386
BUILDING 1 WAS 26,825 SQ.FT. CAPACITY 894

NOTE THAT BLDG. 2 AND 3 ARE NOT FULLY SEPARATED. ALSO THESE CAPACITIES ARE BASED OFF SHELTERS MUST ADHERE TO THE OCCUPANT LOAD FACTORS OF 30 SQUARE FOOT PER PERSON IN AREAS THAT WILL BE UTILIZED FOR SLEEPING.

Inspector Information		
Name: Jerry Dillon	Badge Number: 556	Inspector Signature:

Person to whom requirements were explained		
Name: Kim Russel	Title: Assistant Director	Signature:

For questions regarding the contents of this report, please call: (504) 568 8506

R. S. 40: 1621 Whoever fails to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III, Chapter 7, Title 40 of the Louisiana Revised Statutes of 1950, R.S. 40:1569 excepted, shall be fined not more than five hundred dollars or imprisoned, for more than six months or both. Each day's violation of an order constitutes a separate offense and may be punished as such at the discretion of court.

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L.R.S. 40:1577 APPEAL FROM ORDER

When an order is made by one of the deputies or representatives of the Fire Marshal, the owner or occupant of the building or premises may, within three days, appeal to the Fire Marshal. The Fire Marshal shall, within five days, review the order and advise the owner or occupant of his decision thereon. The owner or occupant may, within five days after the making of affirming of any such order of the Fire Marshal, file an application with the Board of Review.

RULES FOR APPEALING TO THE FIRE MARSHAL BOARD OF REVIEW

I. Any application to the Board of Review shall contain the following basic information set off in organized fashion with captions indicating that the paragraph in question contains the following basic information.

1. The name of the applicant.
2. A brief description of the facts.
3. A copy of the order of the Fire Marshal which is being appealed.
4. A reference to the section of the law or code being reviewed.
5. A brief description of why the applicant feels the requirements of the Fire Marshal is not within the Fire Marshal's authority, or brief description of why the interpretation of the Fire Marshal is incorrect or what specific relief is required by the applicant.
6. A list of the individuals who will be appearing before the Board, and a brief description of the testimony or information they will be providing the Board.
7. A list of all the documents which will be introduced or provided to the Board along with a brief description of the documents, and if possible, a copy of said documents.
8. A list of each exhibit except for documents, and a brief description of the exhibit.

II. Whenever possible, a notice of the meeting, date and place, and the agenda will be recorded in the Louisiana Register, however, whenever that is not possible, a copy of the meeting notice including the date, time and place, and agenda of the meeting of the Board will be published in the official notices of the official state journal; furthermore, a press release containing the same information will be mailed to the official journals of the cities of Shreveport, Monroe, Lafayette, Lake Charles, Alexandria, New Orleans, and Baton Rouge and any city or town in which the meeting of the Board is to be held if it is not one of the aforementioned major cities; and the same information shall be mailed to each individual who has notified the Fire Marshal of his desire to receive a notice of such appeal.

III. A copy of the determination of the Board as prepared by the Chairman will be mailed to each individual who requests a copy of that specific determination as well as to the applicant.

IV. The time delays for filing an appeal shall be those specified in R.S.40:1577 and 40:1578 1 D.