

Lafon

3/1/2021

LAFON NURSING FACILITY OF THE
HOLY FAMILY

EMERGENCY PREPAREDNESS 2021

3/1/2021

Beverly Greenwood



LAFON NURSING FACILITY OF THE HOLY FAMILY

6900 Chef Menteur Highway
Office: 504-241-6285

New Orleans, LA 70126
Fax: 504-245-2721



Date: 2/23/21

Office of Emergency Preparedness
City of New Orleans

To Whom It May Concern;

This serves as confirmation that the City of New Orleans Office of Emergency Preparedness received a copy of the Emergency Plan for Lafon Nursing Facility.

Sincerely,

Beverly Greenwood,
Administrator

Name of Person

Receiving document:

Cecilia V. Muniz

Print

Date received: 23 FEB 21

LAFON NURSING FACILITY OF THE HOLY FAMILY

6900 Chef Menteur Highway
Office: 504-241-6285



New Orleans, LA 70126
Fax: 504-245-2721

Shelter-In-Place Statement 2/2021

Lafon Nursing Facility of the Holy Family has installed a generac generator with 500kw, Diesel 480v with weather and sound enclosure; 3000 Amp ATS with service disconnect coming into the building. This generator will allow Lafon to shelter-in-place in the event of an emergency up to 72 hours. This generator covers the whole facility including the HVAC system.

Beverly Greenwood,
Administrator



2021 Nursing Home Emergency Preparedness Plan Survey

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

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

Guidance

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

Directions for the Completion of Survey

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

THIS IS NOT AN EMERGENCY PLAN

2021 Nursing Home Emergency Preparedness Plan Survey

Keep all written responses to questions brief. Mark the only 1 response for each question unless otherwise noted. If errors are made and corrections needed please ensure that correct answer is clearly marked.

7. Any required plans, details or information not included in the facility's current emergency preparedness plan will need to be addressed and added to the facility's emergency preparedness plan and submitted along with this completed survey by **March 1st**.
8. Copies of all **current** (still valid – signed in last 12 months) and **or currently verified** (was verified by all parties within the last 12 months) contracts and agreements will need to be submitted along with cover pages for each. **Examples:** If a contract is new (12 months), submit a copy of the contract, including signatures with dates, along with a completed cover page. If the agreement is for several years and older than 12 months, a copy of the original contract will be needed. Include signatures with dates, a completed cover page AND the current verification (signatures and dates) that the contract/agreement is still valid.
9. All contracts or agreements including those that are ongoing or self renewing will need to be verified annually. This will require **all involved parties to sign and date** the verification.
10. Do not include outdated or un-verified contracts, agreements, or other documentation. Remember to remove these from your emergency plan.
11. Blank forms have been provided and shall be used as directed. All contracts or agreements including those that are ongoing or self renewing will need cover sheets.
12. Facility will need to verify that a current emergency preparedness plan was submitted to the local parish Office of Homeland Security and Emergency Preparedness (OHSEP) or that a summary of the updates to the previously provided plan was submitted.
13. A **completed** copy of this survey along with copies of all current or verified contracts and agreements shall be submitted by **March 1st** to:

Louisiana Department of Health, Health Standards Section

Nursing Home Emergency Preparedness

Mail To:

P.O. Box 3767

Baton Rouge, LA 70821

Or Ship To:

628 N. 4th St, 3rd Floor

Baton Rouge, LA 70802

14. The Facility should keep a completed copy of this survey for their records.
15. If there are any questions please contact:

Health Standards Section, Nursing Home Emergency Preparedness

Malcolm Tietje

Phone: (225)342-2390

Fax: (225)342-0453

E-Mail: Malcolm.Tietje@la.gov

Or

Health Standards Section, Program Manager

Mary Sept

Phone: (225)342-3240

Fax: (225)342-0453

E-Mail: Mary.Sept@la.gov

THIS IS NOT AN EMERGENCY PLAN

Revised for 2021

2021 Nursing Home Emergency Preparedness Plan Survey

For Year: 2021

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

Facility Name (Print):

LAFON NURSING FACILITY OF THE HOLY FAMILY

Name of Administrator (Print):

BEVERLY GREENWOOD

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

Phone #: 504-241-6285

Cell Phone #: 504-421-3889

Administrator E-Mail: bgreenwood@lafonnursing.org

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

Name: Veronica Hunter

Position: Interim Director of Nursing

Phone #: 504-241-6285

Cell Phone #: 504-460-6303

E-Mail: vhunter@lafonnursing.org

Physical or Geographic address of Facility (Print):

6900 CHEF MENTEUR HWY

NEW ORELANS, LA. 70126

Longitude: 30.00' - 36.98'

Latitude: 90.00' - 24.45'

2021 Nursing Home Emergency Preparedness Plan Survey

VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: LAFON NURSING FACILITY OF THE HOLY FAMILY

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

ORLEANS PARISH OFFICE OF HOMELAND SECURITY AND EMERGENCY PREPAREDNESS
(Name of the Local/Parish Office of Homeland Security and Emergency Preparedness)

Date submitted: 2/26/2020

MARK the appropriate answer:

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

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

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

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

☒ YES

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

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

☒ YES

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

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

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

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

i. ☒ Category 1- winds 74 to 95 mph

ii. ☒ Category 2- winds 96 to 110 mph

iii. ☐ Category 3- winds 111 to 130 mph

iv. ☐ Category 4- winds 131 to 155 mph

v. ☐ Category 5- winds 156 mph and greater

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

i. 96-72 Hours before the arrival of the hurricane.

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

i. 96 Hours before the arrival of the hurricane.

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

TITLE/POSITION: ADMINISTRATOR

NAME: BEVERLY GREENWOOD

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

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

i. ☐ Category 1- winds 74 to 95 mph

ii. ☒ Category 2- winds 96 to 110 mph

iii. ☐ Category 3- winds 111 to 130 mph

iv. ☐ Category 4- winds 131 to 155 mph

v. ☐ Category 5- winds 156 mph and greater

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

i. 96-72 Hours before the arrival of the hurricane.

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

i. 96-72 Hours before the arrival of the hurricane.

2021 Nursing Home Emergency Preparedness Plan Survey

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

TITLE/POSITION: ADMINISTRATOR

NAME: BEVERLY GREENWOOD

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

A. Facility Description:

1. What year was the facility built? 1972/ REOPENED IN 2010 AFTER HURRICANE KATRINA

2. How many floors does facility have? 1 FLOOR

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

☒ Yes, answer 3.a, b, c, d

☐ No/Unknown, answer 3.e

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

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

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

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

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

- i. ☐ Based on professional/expert report,
- ii. ☒ Based on building plans or records,
- iii. ☐ Based on building codes from the year building was constructed
- iv. ☐ Other non-subjective based source. Name and describe source.

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

- i. ☐ Yes
- ii. ☒ No

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

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

a) Building's lowest living space is 2.11' feet above sea level.

b) Air conditioner (HVAC) is 12' feet above sea level.

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- c) Generator(s) is 12' feet above sea level.
- d) Lowest electrical service box(s) is 12' feet above sea level.
- e) Fuel storage tank(s), if applicable, is 2' feet above sea level.
- f) Private water well, if applicable, is N/A feet above sea level.
- g) Private sewer system and motor, if applicable, is N/A feet above sea level.

5. Does plan contain a copy of the facility's Sea Lake Overland Surge from Hurricanes (SLOSH) model?

☒ Yes. Use SLOSH to answer A.5.a. and b.

➤ If No. Obtain SLOSH, incorporate into planning, and then indicate that this has been done by marking yes.

- a) Is the building or any of its essential systems susceptible to flooding from storm surge as predicted by the SLOSH model?
 - i. ☒ Yes- answer A.5.b
 - ii. ☐ No, go to A. 6.
- b) If yes, what is the **weakest** SLOSH predicted category of hurricane that will cause flooding?
 - i. ☐ Category 1- winds 74 to 95 mph
 - ii. ☐ Category 2- winds 96 to 110 mph
 - iii. ☒ Category 3- winds 111 to 130 mph
 - iv. ☐ Category 4- winds 131 to 155 mph
 - v. ☐ Category 5- winds 156 mph and greater

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

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

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

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

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

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

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

- a) ☐ Yes
- b) ☒ No

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

- a) ☒ Yes
- b) ☐ No

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

- a) ☒ Yes
- b) ☐ No

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

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

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

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

 - b) What is the **wattage(s)** of the generator(s)? Give answer in **kilowatts (kW)**.
 1st; 500KW 2nd generator; 3rd generator;

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

i. <input type="checkbox"/> natural gas;	2nd generator; <input type="checkbox"/> natural gas;	3rd generator; <input type="checkbox"/> natural gas
ii. <input type="checkbox"/> propane;	2nd generator; <input type="checkbox"/> propane;	3rd generator; <input type="checkbox"/> propane
iii. <input type="checkbox"/> gasoline;	2nd generator; <input type="checkbox"/> gasoline;	3rd generator; <input type="checkbox"/> gasoline
iv. <input checked="" type="checkbox"/> diesel;	2nd generator; <input type="checkbox"/> diesel;	3rd generator; <input type="checkbox"/> diesel

 - d) How many **total hours** would generator(s) run on the fuel supply always on hand? (enter NG if Natural Gas)
 1st 72 Hours 2nd Hours 3rd Hours

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

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

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g) Does generator provide for air conditioning?

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

☒ 100 % of the building cooled

☐ 76% or more of the building is cooled

☐ 51 to 75% of the building is cooled

☐ 26 to 50% of the building is cooled

☐ Less than 25% of the building is cooled

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

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

☒ Yes

☐ No

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

☒ Yes

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

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

a) Who supplies electricity to the facility?

i. Suppliers name: ENERGY

ii. Account #: 79756961

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

i. Suppliers name: SEWERAGE AND WATER BOARD

ii. Account #: 353758-03-1

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

i. Suppliers name: WES-PET

ii. Account #: INVOCIE SYSTEM

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

i. ☒ Yes

ii. No. Please obtain contact information for your utility providers.

16. Floor Plans

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

i. ☒ Yes

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

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

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

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

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

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

1. Residents information

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

Total Licensed Beds: 155

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

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

RED: 0

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

YELLOW: 20

- iii. How many residents (GREEN) can only travel using **wheelchair accessible transportation**? Give the total number of residents that meet these criteria the facility would need its named transportation provider to transport.

GREEN WHEEL CHAIR: 57

- iv. How many residents (GREEN) need no specialized transportation could go **by car, van, or bus**? Give the total number of residents that meet these criteria the facility would need its named transportation provider to transport.

GREEN: 13

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

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

☒ Yes. If No - Obtain and mark Yes.

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

☒ Yes. If No - Obtain and mark Yes.

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

☒ Yes. If No - Obtain and mark Yes.

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

2. Staff

- a) Is each of the following provided in the list(s) or roster(s) of all current staff that is kept in or used with the facility emergency preparedness plan: **do not send in this list or roster.**
 - i. Emergency contact information for all current staff?
☒ Yes. If No - Obtain and mark Yes.
 - ii. Acknowledgement of if they will work during emergency events like hurricanes or not?
☒ Yes. If No - Obtain and mark Yes.
- b) What is **total number** of planned **staff** and other **non residents** that will require facility transportation for an evacuation or need to be sheltered?
45

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

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

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- b) Does each contract or agreement for **NON-AMBULANCE** transportation contain the following information? **NOTE: Vehicles that are not owned by but at the disposal of the facility shall have written usage agreements (with all required information) that are signed and dated. Vehicles that are owned by the facility will need to verify ownership.**
- The complete name of the transportation provider?
☒ Yes. If No - obtain and mark Yes.
 - The number of vehicles and type (van, bus, car) of vehicles contracted for?
☒ Yes. If No - obtain and mark Yes.
 - The capacity (number of people) of each vehicle?
☒ Yes. If No - obtain and mark yes.
 - Statement of if each vehicle is air conditioned?
☒ Yes. If No - obtain and mark Yes.
 - Verification of facility ownership, if applicable; copy of vehicle's title or registration?
☒ Yes. If No - obtain and mark Yes.
- c) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If no, obtain and mark Yes.
- d) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.
4. Host Site(s)-**extra pages for multiple sites have been included with forms near end of survey. (should match what is in MSTAT!)**
- Does the facility have current contracts or verified agreements for a **primary** evacuation host site(s) outside of the primary area of risk?
☒ Yes. If No - obtain and mark Yes.
 - Provide the following information:(list all sites, if multiple sites **list each - see extra pages**)
 - What is the name of each **primary** site(s)?
TRI-COMMUNITY NURSING CARE
 - What is the physical address of each host site(s)?
7014 HWY 71
PALMETTO
LOUISIANA 71358
 - What is the distance to each host site(s)?
139.87MILES
 - Is the host site(s) located outside of the parishes identified as hurricane risk areas?
NO

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- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at **each primary** host site(s)?
Name: KAYE BORDELON
Phone: 337-623-4227
Email: TCNCKAYE@GMAIL.COM
Fax: 337-623-5602
- vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?
➤ Capacity that will be allowed at each site:
50
➤ Total Capacity of all primary sites:
50
➤ Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
- viii. Is the **primary** site a currently licensed nursing home(s)?
☒ Yes, go to- B.4.b) x.
☐ No, go to- B.4.b) ix.
- ix. If **primary** host site is **not a licensed nursing home** provide a description of host site(s) including;
➤ What type of facility it is?

➤ What is host site currently being used for?

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

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

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

- xi. Is there a specified time or timeline (H-Hour) that **primary** host site will need to be notified by?
☒ Yes. If Yes - what is that time? 72-96 HOURS
☐ No.
- c) Does the facility have current contracts or verified agreements for an **alternate or secondary** host site(s)?
☒ Yes. If No - obtain and mark Yes.
- d) Provide the following information:(list all sites, if multiple sites list each - see extra pages)
- i. What is the name of each **alternate/secondary** site(s)?
BAYOU CHATEAU NURSING
- ii. What is the physical address of each **alternate/secondary** host site(s)?
16232 HWY 1
SIMMESPORT
LOUISIANA
- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
149.08 MILES
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☐ Yes
☒ No
- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each **alternate/secondary** host site(s)?
Name: JILL DEVILLIER
Phone: 318-941-2294
Email: BCNCADM@CENTURYTIL.NET
Fax: 318-941-2957
- vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?
- Capacity that will be allowed at each **alternate/secondary** site:
50
 - Total Capacity of all **alternate/secondary** sites:
50
 - Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.

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

➤ What is host site currently being used for?

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

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

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

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5. **Non-perishable food or nourishment** – for sheltering in place or for host site(s)
- a) For Sheltering In Place, does facility have – **on site** - a seven day supply of non-perishable food/nourishment that meets all resident's needs?
- ☒ Yes. If yes go to - B. 5. c)
☐ No. If no go to - B. 5. b)
- b) Provide the following if no onsite supply:
- i. Does facility have a current or currently verified contract to have a seven day supply of non-perishable food that meets all resident's needs delivered prior to a foreseeable emergency event?
- ☒ Yes, go to - B. 5.b). ii, iii, iv
If No - obtain supply or contract then mark appropriate answer.
- ii. Does each contract contain all of the following?
- name of supplier?
 - specified time or timeline (H-Hour) that supplier will need to be notified
 - contact information of supplier
- ☒ Yes. If No - obtain information then mark Yes.
- iii. Have copies of each **signed and dated contract/agreement** been included for submitting?
- ☒ Yes. If No - obtain and mark Yes.
- iv. Has a cover page been completed and attached for each contract/agreement.
(blank form provided)
- ☒ Yes. If No - complete and mark Yes.
- c) For evacuations, does facility have provisions for **food/nourishment supplies at host site(s)**?
- ☒ Yes. If No - make necessary arrangements then mark Yes.
- d) Is there a means to prepare and serve food/nourishment at host site(s)?
- ☒ Yes. If No - make necessary arrangements then mark Yes.
6. **Drinking Water or fluids** – for sheltering in place – **one gallon per day per resident.**
- a) Does facility have – **on site** - a seven day supply of **drinking water or fluids** for all resident's needs?
- ☒ Yes. Go to B. 6. c)
☐ No. If No See B. 6.b)
- b) If no, provide the following:
- i. Does facility have a current contract for a seven day supply of drinking water or fluids to be delivered prior to a foreseeable emergency event?
- ☐ Yes, see B. 6.b). ii, iii, iv,
If No - please obtain supply or contract.

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- ii. Does each contract for **Drinking Water or fluids** contain all of the following?
- name of supplier?
 - specified time or timeline (H-Hour) that supplier will need to be notified
 - contact information of supplier
- ☒ Yes. If No - obtain information then mark Yes.
- iii. Have copies of each **signed and dated contract/agreement** been included for submitting?
- ☒ Yes. If no - obtain and mark Yes
- iv. Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
- ☒ Yes. If no - complete and mark Yes
- c) Does facility have a supply of water for needs other than drinking?
- ☒ Yes
- If No - make necessary provisions for water for non drinking needs then mark Yes.
- d) **For evacuations**, does host site(s) have an adequate supply of water for all needs?
- ☒ Yes
- If No - make necessary provisions for water for non drinking needs then mark Yes
7. **Medications**- for sheltering in place or for host site(s)
- a) Does facility have – **on site** - a seven day supply of **medications for all resident's needs**?
- ☒ Yes. go to - B. 7. c)
- ☐ No. go to - B. 7.b) i,ii,iii,iv
- b) If no, provide the following:
- i. Does facility have a current or currently verified contract to have a seven day supply of **medications** delivered prior to a foreseeable emergency event?
- ☐ Yes, see B. 7.b). ii, iii, iv
- If No - please obtain supply or contract then mark Yes.
- ii. Does contract for **medications** contain the following?
- Name of supplier?
 - Specified time or timeline (H-Hour) that supplier will need to be notified
 - Contact information of supplier
- ☐ Yes. If No - obtain information then mark Yes.
- iii. Have copies of each **signed and dated contract/agreement** been included for submitting?
- ☐ Yes. If no - obtain and mark Yes.
- iv. Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
- ☐ Yes. If no - complete and mark Yes.

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- c) For **evacuation**, does facility have provisions for **medications at host site(s)**?

☒ Yes

If No - make necessary provisions for medications then mark Yes.

8. **Medical, Personal Hygiene, and Sanitary Supplies** – for sheltering in place or for host site(s)

- a) Does facility have **–on site–** medical, personal hygiene, and sanitary supplies to last seven days for all resident's needs?

☒ Yes. go to - B. 8. c)

☐ No. go to - B. 8. b) i,ii,iii,iv

- b) If no, provide the following:

- i. Does facility have a current or currently verified contract to have a seven day supply of medical, personal hygiene, and sanitary goods delivered prior to a foreseeable emergency event?

☐ Yes, see B. 7.b). ii, iii, iv

If No - please obtain supply or contract then mark Yes.

- ii. Does contract for medical, hygiene, and sanitary goods contain the following?

- Name of supplier?
- Specified time or timeline (H-Hour) that supplier will need to be notified
- Contact information of supplier

☐ Yes. If No, obtain information then mark Yes.

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

☐ Yes. If no, obtain and mark Yes.

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

☐ Yes. If no, complete and mark Yes

- c) For evacuation, does facility have provisions for medical, personal hygiene, and sanitary supplies at host site(s)?

☒ Yes

If No - make necessary provisions for medications then mark Yes

9. Communications/Monitoring - all hazards

- a) **Monitoring Alerts.** Provide the following:

- i. What equipment/system does facility use to **monitor** emergency broadcasts or alerts? TV, COMPUTER, RADIO, TABLETS

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

☒ Yes. Name equipment: CELL PHONE

☐ No

- iii. Is the equipment tested?

☒ Yes

☐ No

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- iv. Is the **monitoring** equipment powered and operable during utility outages?
☒ Yes.
☐ No.
- v. Are there provisions/plans for facility to **monitor** emergency broadcasts and alerts at **evacuation site**?
☒ Yes
☐ No
- b) **Communicating- send and receive-** with emergency services and authorities. Provide the following:
- i. What equipment does facility have to **communicate** during emergencies?
TV, COMPUTER
- ii. Is there back up or alternate equipment used to send/receive and what is it?
☒ Yes. Name equipment: OTHER CELL PHONES
☐ No
- iii. Is the equipment tested?
☒ Yes
☐ No
- iv. Is the **communication** equipment powered and operable during utility outages?
☒ Yes.
☐ No
- v. Are there provisions/plans for facility to send and receive **communications** at evacuation site?
☒ Yes
☐ No

C. All Hazard Analysis

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

☒ Yes

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

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

A. **Plans for sheltering in place**

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

B. Plans for Evacuation

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

☒ Yes

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

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

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

Provide Name: **BEVERLY GREENWOOD**

Position: **ADMINISTRATOR**

Emergency contact information:

Phone: **504-421-3889**

Email: **BGREENWOOD@LAFONNURSING.ORG**

Fax: **504-241-6295**

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

Provide Name: **VERONICA HUNTER**

Position: **INTERIM DIRECTOR OF NURSING**

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Emergency contact information:

Phone: 504-241-6285

Email: VHUNTER@LAFONNURSING.ORG

Fax: 504-241-6295

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

Provide Name: BEVERLY GREENWOOD

Position: ADMINISTRATOR

Emergency contact information:

Phone: 504-241-6285

Email: BGREENWOOD@LAFONNURSING.ORG

Fax: 504-241-6295

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

Provide Name: VERONICA HUNTER

Position: INTERIM DIRECTOR OF NURSING

Emergency contact information:

Phone: 504-241-6285

Email: VHUNTER@LAFONNURSING.ORG

Fax: 504-241-6295

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

Provide Name: BEVERLY GREENWOOD

Position: ADMINISTRATOR

Emergency contact information:

Phone: 504-241-6285

Email: BGREENWOOD@LAFONNURSING.ORG

Fax: 504-241-6295

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

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

SOCIAL WORKER

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

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

ADMINISTRATOR

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

NURSING

- a) Resident's identification.

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- b) Resident's current or active diagnoses.
 - c) Resident's medications, including dosage and times administered.
 - d) Resident's allergies.
 - e) Resident's special dietary needs or restrictions.
 - f) Resident's next of kin, including contact information.
4. Title or position of person(s) assigned to ensure that an adequate supply of the following items accompany residents on buses or other transportation during all phases of evacuation?
DIETARY MANAGER
- a) Water
 - b) Food
 - c) Nutritional supplies and supplements
 - d) All other necessary supplies for the resident.
5. Title(s) or position(s) of person(s) assigned for contacting emergency services and monitoring emergency broadcasts and alerts?
ADMINISTRATOR, INTERIM DON, SOCIAL WORKER AND BUSINESS MANAGER

V. Administration & Logistics

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

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

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

VI. Plan Development and Maintenance

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

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

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

VII. Authentication

The plan should be signed and dated by the responsible party(s) each year or as changes, modifications, or updates are made. A copy of that **Authentication page** shall be signed, dated and included with this survey.
(Blank form provided near end of document)

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

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TRANSPORTATION COVER SHEET

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

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

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

Name of transportation resource provider (print):

AMMED AMBULANCE, INC

Contact Person: SHARLENE MACERA

Phone # of Contact Person: 504-228-9857 CELL OR 504-362-9490

Physical Address of transportation provider:

1800 MONROE ST
GRETNA, LA. 70053

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

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

96 HOURS

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

24 HOURS

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

6 TO 8 HOURS

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

AMBULANCE

Total number of transport vehicles to be provided: BASED ON NEED

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

2 OR 3 RESIDENTS PER AMBULANCE

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

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

Date agreement/ contract ends: 12/31/21

A-MMED AMBULANCE, INC.
MANDATORY EVACUATION AGREEMENT

This Mandatory Evacuation Agreement (the "Agreement") is entered into on the Date January 1 2021, by and between:

A-MMED AMBULANCE, INC., a Louisiana corporation authorized to do and doing business in the State of Louisiana (hereinafter referred to as "A-MMED"); and

Lafon Nursing "Facility"), a corporation/limited liability company organized under the laws of the State of **Louisiana**, and authorized to do and doing business in the State of Louisiana; and hereby agree as follows:

WHEREAS, the parties recognize the threat of hurricanes and tropical storms to Louisiana and the necessity of evacuating Facility's patients in advance of storms when a mandatory evacuation order has been issued by the appropriate governing authority;

WHEREAS, the parties acknowledge that Act 540 of 2006, enacted as LSA-R.S. 40:2009.25, charged nursing homes such as Facility with the duty to develop an Emergency Preparedness Plan for submission to DHH for the evacuation of patients pursuant to a mandatory evacuation order;

WHEREAS, Facility further acknowledges the Emergency Preparedness Plan must include, as part of its submission to DHH, a written contract or agreement for a private company such as A-MMED to provide emergency evacuation transportation services;

WHEREAS, in compliance with all laws, Facility wishes to have A-MMED provide emergency evacuation services under the following terms and conditions;

NOW, THEREFORE, the parties do hereby agree as follows:

DEFINITIONS

For purposes of the Agreement, the following definitions shall apply:

Act 254 of 2006 - LSA-R.S. 40:9002.25.

DHH – Louisiana Department of Health and Hospitals.

DHH/HSS - Louisiana Department of Health and Hospitals Health Standards Section.

Emergency Preparedness Plan – The plan Facility must submit to DHH in accordance with all laws pertaining to emergency preparedness for nursing homes in Louisiana, including, but not limited to, LSA-R.S. 40:9002.25.

ESF Plan – The Louisiana/Federal Joint ESF #8 Operations Plan.

Facility – The nursing home party entering into the Agreement with A-MMED herein for mandatory evacuation services.

Nursing Facility Minimum Licensing Standards, Emergency Preparedness - DHH's rules and regulations governing nursing homes in mandatory evacuations, and also known or referred to as LAC 48:I.9729; attached herein as Exhibit "1" to the Agreement.

OHSEP – The federal, state, or local/parish Office of Homeland Security and Emergency Preparedness.

Nursing Home – Defined in LSA-R.S. 40:2009.2(1).

The Model Plan – The Louisiana Model Nursing Home Emergency Plan, attached herein as Exhibit "2" to the Agreement.

Services – The mandatory evacuation services to be provided pursuant to the Agreement by A-MMED.

GENERAL TERMS AND CONDITIONS

1. Applicable Laws - This Agreement shall be governed by all applicable federal, state, and local laws, including to Titles 29, 36, 40, and 49 of the Louisiana Revised Statutes, *et seq.*, the Louisiana Administrative Code; the Louisiana Administrative Procedure Act; and all other applicable federal, state, and local laws, rules, and regulations governing emergency preparedness and mandatory evacuations for nursing homes (collectively referred to herein as "all laws" or "laws").
2. Incorporation by Reference - All laws governing the Agreement are deemed to be incorporated herein by reference and shall be read and enforced as if said laws, statutes, rules and regulations are incorporated herein *in extenso*.
3. When Agreement Applies - The parties agree that the terms and conditions of the Agreement shall only apply in the event of an issuance of a mandatory evacuation order by the appropriate federal, state, or local authority governing the parish in which the Facility is located and which mandatory evacuation order directly affects the Facility, its patients, employees and other personnel.
4. Compliance with Laws - By entering into the Agreement, Facility represents to AMMED that it has complied with all laws regarding its duties and obligations for emergency preparedness, including but not limited to all laws referred to in the Agreement.
5. HIPPA Considerations - The parties acknowledge that in the event a mandatory evacuation order is issued, the provisions of The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") may be temporarily waived by the Secretary of the Department of Health and Human Services pursuant to 42 U.S.C.

§1320b-5(b)(3), so that the appropriate patient information can be provided to A-MMED on an as-needed basis. The parties agree that in releasing patient information, Facility will abide by the waiver and not release any prohibited patient information to A-MMED. In the event of the release of unauthorized patient information by Facility, the parties agree that A-MMED will not be responsible for same.

6. Facility's Compliance with DHH - Facility specifically acknowledges that by entering into the Agreement it has:

- Submitted on an annual basis since 2006, an Emergency Preparedness Plan to the Louisiana Office of Homeland Security and Emergency Preparedness and any other local or parish governing authority, which Emergency Preparedness Plan shall conform to the current Nursing Facility Minimum Licensing Standards, Emergency Preparedness, as outlined in the Louisiana Model Nursing Home Emergency Plan; and the Louisiana/Federal Joint ESF #8 Operations Plan;
- Submitted an acceptable plan of correction to amend its Emergency Preparedness Plan to DHH within 10 days of notification in the event of a request for same by DHH; and
- Reviewed and updated its Emergency Preparedness Plan on at least an annual basis, and submitted any changes, corrections, and/or modifications of its Emergency Preparedness Plan to DHH.

7. Insurance - Facility is responsible for purchasing and paying for all insurance for the Agreement and A-MMED shall be named as an additional insured on the insurance policy(s). At A-MMED's request, the Facility shall furnish A-MMED Certificates of

Insurance which will be in full force and effect during the term of the Agreement, and which reflect A-MMED as an additional insured.

8. Facility's Request for Services – Facility agrees that once the mandatory evacuation order is issued, it will:

- Provide A-MMED notice to transport within 72 hours, if the patients to be evacuated will be taken to a host facility less than 100 miles in distance from Facility;
- Provide A-MMED notice to transport within 96 hours, if the patients will be evacuated a distance of more than 100 miles from Facility;
- Provide written notice by facsimile to A-MMED no later than three (3) hours after telephone notification that Facility's patients will be evacuated. The parties agree that although the notice may initially be provided by telephone, the notice must be confirmed in writing and received by A-MMED in order for A-MMED to begin scheduling the emergency evacuation process;
- Provide in the notice described herein written confirmation from the host or receiving facility with whom the Facility has contracted that it is prepared and able to receive Facility's patients; specifically, that it will have trained and adequately staffed personnel to assist with the loading and unloading of patients, including all medications and adequate supplies of same, pillows, bedding, diapers, pajamas and robes, and the like; and all equipment necessary for the evacuation and the care of the patient; and the patients' personal belongings;

- Include in the notice confirmation of the number of patients Facility is requesting that A-MMED transport for mandatory evacuation;
- The notice Facility agrees to submit to A-MMED must be transmitted by facsimile to the following A-MMED facsimile number: (504) 362-9431;
- A-MMED will begin to schedule patients for evacuation from Facility as soon as it receives written confirmation of notice from the Facility. The parties understand and agree that scheduling can only be accomplished on a first-come, first-serve basis, meaning that the priority of evacuation of nursing homes will be governed by the order in which written confirmation of the request for Services pursuant to the Agreement is received by A-MMED; and
- Agree to and abide by A-MMED's policy that once A-MMED receives written confirmation from Facility of request for mandatory evacuation, and Facility subsequently makes any changes of any kind whatsoever to the written confirmation, including by example only, but not limited to, changes in time for evacuation from Facility, changes in number of patients to be evacuated, or evacuation destination, said changes may result in A-MMED not being able to guarantee compliance with the Agreement in any respect whatsoever. Nonetheless, in the event Facility requests changes or amendments to its written confirmation to A-MMED, A-MMED agrees to exert its best efforts to evacuate Facility patients, but the parties agree A-MMED will not be liable for any damage, injury, or incident of any kind whatsoever that may result as a result of Facility's changes or amendments to the written confirmation provided to A-MMED pursuant to the Agreement.

9. Implementation of Services – The parties agree:

- When A-MMED arrives at the Facility, the patients will be prepared and ready to be loaded into the ambulances for emergency evacuation. In the event Facility does not have the patients prepared and ready, A-MMED is free to depart the Facility to fulfill its obligations to other nursing homes for Services;
- The actual loading of the patients into the ambulances will be accomplished within the safest and most reasonable time frame given the circumstances then and there existing;
- Facility patients will be limited to one small bag of personal effects, plus all medicine necessary for medical care, due to limited space;
- A-MMED is not responsible for the personal belongings of any Facility patient; and
- No family member(s) of Facility patients will be allowed on A-MMED ambulances, either upon evacuation or return from evacuation;

10. Type of Transportation - The parties acknowledge that the Emergency Preparedness Plan and the ESF Plan specify the type of transportation Facility must provide to its patients, and that by entering into the Agreement with A-MMED, Facility is fulfilling all of its legal duties and obligations pursuant to the laws in this regard and A-MMED is acting solely pursuant to Facility's instructions regarding type of transportation for Facility patients.

11. Transportation Matched to Patient - The parties agree that the patient's medical condition and needs must correspond to the type of ambulance that can best accommodate the patient during the evacuation process and return, and Facility hereby represents and

guarantees that it will specifically provide for this in the Emergency Preparedness Plan and ESF Plan Facility submits to DHH. The parties further agree that A-MMED has no legal duty, obligation, or liability in this regard if Facility fails to fulfill its legal duties and obligations herein.

12. Limitation on Number of Non-Ambulatory Patients – In no event will A-MMED be obligated pursuant to the Agreement to accept no more than _____ non-ambulatory Facility patients;
13. Needs of Patient - Facility will comply with all laws requiring it to provide for the needs of its patients while being evacuated, including by example, but not limited to, air conditioned ambulances to the extent it is reasonably feasible, adequate supplies of food, water, and medicine, including acknowledgment of special dietary needs of a patient, along with adequate and trained staff during every part of the evacuation and return of Facility's patients.
14. Adequate Personnel - Facility agrees that it will have trained and adequately staffed personnel to assist with the loading and unloading of its patients at all points during the emergency evacuation process and completion of the emergency evacuation process;
15. Process for Return of Patients - The parties further agree:
 - A-MMED's sole obligation with respect to return of patients to the Facility is to implement the return of Facility's patients at Facility's directions and instructions, once the mandatory evacuation order has been lifted by the appropriate governing authority;
 - Facility will comply with all laws regarding the return, reoccupying and/or reopening of Facility for the patients;

- The process for requesting return of patients to Facility will be the same as the process for requesting evacuation of patients. For example, and without limitation, telephone requests for return of patients must be confirmed in writing no more than three (3) hours from the time A-MMED receives an initial telephone request from Facility to return patients to Facility;
- The written confirmation requesting return of patients to Facility must be received at A-MMED's facsimile number, (504) 362-9431;
- Once A-MMED receives written request from Facility to return patients to Facility, the return scheduling will only be accomplished on a first-come, first-serve basis, meaning that the priority of return of Facility patients will be governed by the order in which written confirmation of the request for Services pursuant to the Agreement is received by A-MMED; and
- All other provisions, terms, and conditions contained in the Agreement that apply to the evacuation of Facility patients apply equally to Facility's requests for return of patients to Facility.

16. A-MMED's Obligations - The parties acknowledge that A-MMED's obligations pursuant to the Agreement are:

- To transport Facility's patients in accordance with Facility's request when a mandatory evacuation order has been issued by the appropriate government authority;
- To return the patients from the evacuation location when and it has been deemed appropriate by federal, state, or local authority for the safe return of Facility's patients, to the parish in which the nursing home is located; and

- To have all ambulances used in the evacuation process in compliance with applicable federal, state, and local laws, including city or parish inspection standards.

17. Supplemental Transportation Assistance - The Parties hereby agree and acknowledge that given the number of patients in nursing homes in Louisiana, and recognizing that A-MMED has agreed in good faith to exert its best efforts to carry out the terms and conditions of this Agreement, both federal and state law recognize and provide for supplemental transportation services in a mandatory evacuation situation. As an example, LSA-R.S. 29:766 *et seq.* in general, and 29:766 (G)(4) in particular, provide:

(G)(4) If a nursing home determines that it should evacuate and encounters problems with obtaining transportation from its transportation service provider required under R.S. 40:2009.25, the nursing home shall notify its local or parish office of homeland security and emergency preparedness & ask for assistance with transportation. If they are not able to assist, the local or parish office must notify the Gov's Office of Homeland Security and Emergency Preparedness; if unable, essentially FEMA is the last resort.

18. Supplemental Transportation Assistance – No Liability - The Parties recognize and agree that while A-MMED has agreed to comply with its terms and obligations of the Agreement in all respects, that given the uncertain nature of a natural disaster such as a tropical storm or hurricane and the exigent circumstances that may arise therefrom, that it will not be responsible for any and all harm and/or injury that may occur in the process of, or result from, the providing of said supplemental assistance by the state or federal government.

19. Existing Service Agreement - A-MMED and Facility acknowledge they have previously entered into an exclusive Service Agreement for A-MMED to provide emergency

ambulance services on an ongoing basis, the terms and conditions of which are incorporated herein. In the event any provisions of the Service Agreement and this Mandatory Evacuation Agreement conflict at the time a mandatory evacuation order is in effect, the provisions of this Mandatory Evacuation Agreement shall apply.

20. Billing Rates - All current billing rates as set forth in the Service Agreement or any addendum existing between A-MMED and the Facility shall apply to the provisions of the Agreement.
21. Term - This Agreement shall be for a term of one (1) year from its effective date unless renewed or extended by both parties in writing. Otherwise, the Agreement may be terminated by either party, with or without cause, provided the terminating party issues written notice to the other party at least 30 days prior to the effective date of terminations of the Agreement. The Agreement will automatically terminate in the event the Service Agreement existing between the parties terminates for any reason.
22. Notice - The notice required for termination of the Agreement, in addition to being in writing, shall be considered delivered and the service thereof completed, when the notice is posted, by registered mail, to A-MMED at A-MMED's address as stated in the Agreement. The written notice of termination of the Agreement must be sent by Facility by certified mail to A-MMED at the following address:

Ms. Sharlene Macera
A-MMED Ambulance, Inc.
1800 Monroe Street
Gretna, Louisiana 70053.

23. Indemnity - To the fullest extent permitted by law, Facility agrees to protect, defend, indemnify, and hold harmless A-MMED and its agents, officials, employees, or any firm, company, organization, or individual, or their contractors or subcontractors for whom A-

MMED may be contracted to, from any and against any and all claims, demands, actions, and causes of action of every kind and character including but not limited to claims based on negligence, strict liability, and absolute liability which may arise in favor of any person or persons on account of illness, disease, loss of property of any kind including personal property, services, wages, death or personal injuries arising from any and all services provided by A-MMED pursuant to the Agreement, regardless of whether A-MMED may be wholly, concurrently, partially, or solely negligent, or strictly liable, or absolutely liable or otherwise at fault.

Further, Facility hereby agrees to indemnify A-MMED for all reasonable expense and attorneys' fees incurred by or imposed upon A-MMED in connection therewith for any loss, damage, injury or other casualty. Facility further agrees to pay all reasonable expenses and attorneys' fees incurred by A-MMED in establishing the right to indemnify pursuant to the provisions of this Section.

24. Modification of Agreement - This Agreement may only be modified by the written agreement of the parties hereto. The parties agree that no alteration or variation of the terms and conditions of the Agreement will be valid unless they are made in writing and signed by all parties. Every amendment, alteration, or variation of the terms and condition of the Agreement must state the date on which its provisions shall become effective.
25. Severability - If any provision of the Agreement is determined by a court of competent jurisdiction to be invalid or unenforceable to any extent, the remainder of the Agreement shall not be affected and shall be enforced to the fullest extent permitted by law.

26. Jurisdiction - Facility agrees that by entering into the Agreement, it hereby waives jurisdiction and venue and submits to the jurisdiction of the district courts for the Parish of Jefferson, regardless of Facility's residence, domicile or principal place of business.
27. Good Faith - The parties acknowledge that they have entered into the Agreement in good faith and will exert their best efforts in order to discharge their respective obligations and duties pursuant to the Agreement.

A-MMED AMBULANCE, INC.

By: Stephen J. Moore

Title: President

Lafayette Nursing Facility
Facility

By: Beverly Greenup

Title: Administrator

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

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

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

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

Name of EVACUATION HOST SITE:

SISTERS OF THE HOLY FAMILY

Contact Person: SISTER LEONA BRUNER

Phone # of Contact Person: 504-644-8128

FAX#: _____

E-Mail Address: _____

Physical Address of evacuation site:

6901 CHEF MENTEUR HWY

NEW ORLEANS, LA. 70126

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

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

96 HOURS

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

4 OR 6 HOURS

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

6 OR 8 HOURS

Type of evacuation host site:

Is it the ☐ PRIMARY or ☒ ALTERNATE site?

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

Total number of residents and staff that facility is willing to host: 100

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

Date of agreement/contract/verification: 2/17/21

Date agreement/contract ends: 2/16/22

Lafon Nursing Facility of the Holy Family
Emergency Plan
AGREEMENT

This constitutes an agreement between Lafon Nursing Facility of the Holy Family and **SISTERS OF THE HOLY FAMILY** (to be referred to as Host Facility) for the purpose of being the host site for Lafon Nursing Facility in the event of a need to evacuate.

Lafon agrees to provide staff to assist with the management and care of its residents transported to the Host facility during an evacuation.

Lafon agrees to provide an employee profile for each employee that accompanies the residents to the Host Facility.

Lafon agrees to provide dietary orders on all residents transported to the Host Facility.

Lafon agrees to provide the Medication Administration Record's (MAR's) and Physician Orders on each resident transported to the Host Facility.

Lafon agrees to pay a per diem per resident to the Host facility at the rate of \$ per day.

Lafon agrees to notify the Host Facility at least 48 hours prior to transporting residents.

Lafon agrees to provide all supplies needed to care for the residents at the Host Facility.

Lafon and the Host Facility agree to the terms in this contract. This contract is valid for one (1) year, this contract may not be terminated during the period from May 1st - December 31st however, both parties have the right to terminate this contract upon thirty days' notice to the other party. Lafon reserves the right to terminate this agreement upon such notice. The terms in this contract may be renewed annually.

Host Facility agrees to defend, indemnify, and hold harmless Lafon Nursing Facility of the Holy Family from claims, causes of action and/or lawsuits including but limited to any such claims, causes of action and/or lawsuits alleging bodily injury, personal injury, pain, mental anguish and/or death, and/or property loss or damage, arising from Host Facility's negligence, fault or willful misconduct, or its performance of and/or failure to perform its obligations under this agreement, or the negligence, fault or willful misconduct of any of its employees or agents, including but not limited to volunteers, and to pay reasonable attorneys' fees related thereto.

Lafon Nursing Facility of the Holy Family agrees to defend, indemnify and hold harmless Host Facility from claims, causes of action, and/or lawsuits, including but not limited to any such claims, causes of action and/or lawsuits alleging bodily injury, personal injury, pain, mental anguish and/or death, and/or property loss of

damage arising from Lafon Nursing Facility of the Holy Family's negligence, fault or willful misconduct, or its performance of and/or failure to perform its obligations under this agreement, or the negligence, fault or willful misconduct of any of its employees or agents, including but not limited to volunteers, and to pay reasonable attorneys' fees related thereto.

Neither Host Facility nor Lafon Nursing Facility of the Holy Family shall be responsible for consequential damages suffered by the other in connection with the performance of or failure to perform under this agreement.

Lafon Nursing Facility and the Host Facility should have in force and effect a general liability and professional liability insurance, each party should provide a copy of the coverage to the other party initially and annually thereafter upon renewal, until the agreement terminates. Each party shall give the other party thirty (30) days written notice of cancellation of the policy.

Signature: Beverly Greenwood

Date: 2/17/21

Beverly Greenwood
Administrator
Lafon Nursing Facility of the
Holy Family
6900 Chef Menteur Blvd.
New Orleans, La. 70126

Signature: Sr. M. Leona Bruner, SSF

Date: 2/17/21

Sr. M. Leona Bruner, SSF
6901 Chef Menteur Hwy
New Orleans, La. 70126

Office #: 504-241-3088 ext 102

Cell# 504-644-8128

Email Address: srleona@yaho.com

2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

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

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

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

Name of EVACUATION HOST SITE:

BAYOU CHATEAU NURSING

Contact Person: JILL DEVILLIER

Phone # of Contact Person: 318-941-2294 OR 318-240-0113

FAX#: 318-941-2957

E-Mail Address: BCNCADM@CENTURYTEL.NET

Physical Address of evacuation site:

16232 HWY 1

SIMMESPORT, LA 71369

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

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

96 HOURS

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

4 OR 6 HOURS

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

6 OR 8 HOURS

Type of evacuation host site:

Is it the ☒ **PRIMARY** or ☐ **ALTERNATE** site?

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

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

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

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

Date agreement/contract ends: 2/15/22

Lafon Nursing Facility of the Holy Family
Emergency Plan
AGREEMENT

This constitutes an agreement between Lafon Nursing Facility of the Holy Family and **Bayou Chateau Nursing Facility** (to be referred to as Host Facility) for the purpose of being the host site for Lafon Nursing Facility in the event of a need to evacuate.

Lafon agrees to provide staff to assist with the management and care of its residents transported to the Host facility during an evacuation.

Lafon agrees to provide an employee profile for each employee that accompanies the residents to the Host Facility.

Lafon agrees to provide dietary orders on all residents transported to the Host Facility.

Lafon agrees to provide the Medication Administration Record's (MAR's) and Physician Orders on each resident transported to the Host Facility.

* Lafon agrees to pay a per diem per resident to the Host facility at the rate of \$ per day.

Lafon agrees to notify the Host Facility at least 48 hours prior to transporting residents.

Lafon agrees to provide all supplies needed to care for the residents at the Host Facility.

Lafon and the Host Facility agree to the terms in this contract. This contract is valid for one (1) year, this contract may not be terminated during the period from May 1st - December 31st however, both parties have the right to terminate this contract upon thirty days' notice to the other party. Lafon reserves the right to terminate this agreement upon such notice. The terms in this contract may be renewed annually.

Host Facility agrees to defend, indemnify, and hold harmless Lafon Nursing Facility of the Holy Family from claims, causes of action and/or lawsuits including but limited to any such claims, causes of action and/or lawsuits alleging bodily injury, personal injury, pain, mental anguish and/or death, and/or property loss or damage, arising from Host Facility's negligence, fault or willful misconduct, or its performance of and/or failure to perform its obligations under this agreement, or the negligence, fault or willful misconduct of any of its employees or agents, including but not limited to volunteers, and to pay reasonable attorneys' fees related thereto.

Lafon Nursing Facility of the Holy Family agrees to defend, indemnify and hold harmless Host Facility from claims, causes of action, and/or lawsuits, including but not limited to any such claims, causes of action and/or lawsuits alleging bodily injury, personal injury, pain, mental anguish and/or death, and/or property loss of

damage arising from Lafon Nursing Facility of the Holy Family's negligence, fault or willful misconduct, or its performance of and/or failure to perform its obligations under this agreement, or the negligence, fault or willful misconduct of any of its employees or agents, including but not limited to volunteers, and to pay reasonable attorneys' fees related thereto.

Neither Host Facility nor Lafon Nursing Facility of the Holy Family shall be responsible for consequential damages suffered by the other in connection with the performance of or failure to perform under this agreement.

Lafon Nursing Facility and the Host Facility should have in force and effect a general liability and professional liability insurance, each party should provide a copy of the coverage to the other party initially and annually thereafter upon renewal, until the agreement terminates. Each party shall give the other party thirty (30) days written notice of cancellation of the policy.

** To be determined by Management.*

Signature: Beverly Greenwood

Date: 2/10/21

Beverly Greenwood
Administrator
Lafon Nursing Facility of the
Holy Family
6900 Chef Menteur Blvd.
New Orleans, La. 70126

Signature: Jill Devillier, R.N.

Date: 2/16/21

Jill Devillier
Administrator
Bayou Chateau Nursing
16232 Hwy 1
Simmesport, La. 71369


Office #: 318-941-2294

Cell#: 318-240-0113

Email Address: jdevillier@lacourhealthcare.com

YOUR TRIP TO:

16232 Highway 1, Simmesport, LA 71368-2156

2 HR 35 MIN | 150 MI 

Est. fuel cost: \$9.30

Trip time based on traffic conditions as of 10:21 AM on February 18, 2021. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

1. Start out going **east** on Chef Menteur Hwy/US-90 E.

Then 0.06 miles

0.06 total miles



2. Make a U-turn onto Chef Menteur Hwy/US-90 W.

If you reach Plum Orchard Ave you've gone a little too far.

Then 0.53 miles

0.58 total miles

3. Merge onto I-10 W toward **Baton Rouge**.

Then 2.85 miles

3.45 total miles

4. Keep **right** to take I-610 W via EXIT 236B toward **N O Intl Airport/Baton Rouge**.

Then 4.48 miles

7.91 total miles



5. I-610 W becomes I-10 W.

Then 74.91 miles

82.82 total miles

6. Keep **left** to take I-10 W toward **Lafayette**.

Then 1.91 miles

84.73 total miles

7. Merge onto Louisiana Scenic Bayou Byway/LA-1 N via EXIT 153 toward **Port Allen**.

Then 3.68 miles

88.61 total miles

8. Stay **straight** to go onto LA Highway 1/Louisiana Scenic Bayou Byway/LA-1.

Then 0.52 miles

89.12 total miles



9. Merge onto Louisiana Scenic Bayou Byway/US-190 W/LA-1.

Then 15.13 miles

104.25 total miles

10. Turn **right** onto Wye Rd/Louisiana Scenic Bayou Byway/LA-1. Continue to follow Louisiana Scenic Bayou Byway/LA-1.*Louisiana Scenic Bayou Byway is 0.7 miles past Section Rd.*

Then 12.56 miles

116.82 total miles

11. Turn **left** onto Hospital Rd/LA-1.*Hospital Rd is 0.4 miles past Fairfields Ave.**If you reach Roberts Dr you've gone a little too far.*

Then 1.78 miles

118.60 total miles

12. Turn **left** onto Morganza Hwy/Louisiana Scenic Bayou Byway/LA-10/LA-1.

Continue to follow LA-1.

Then 31.03 miles

149.63 total miles



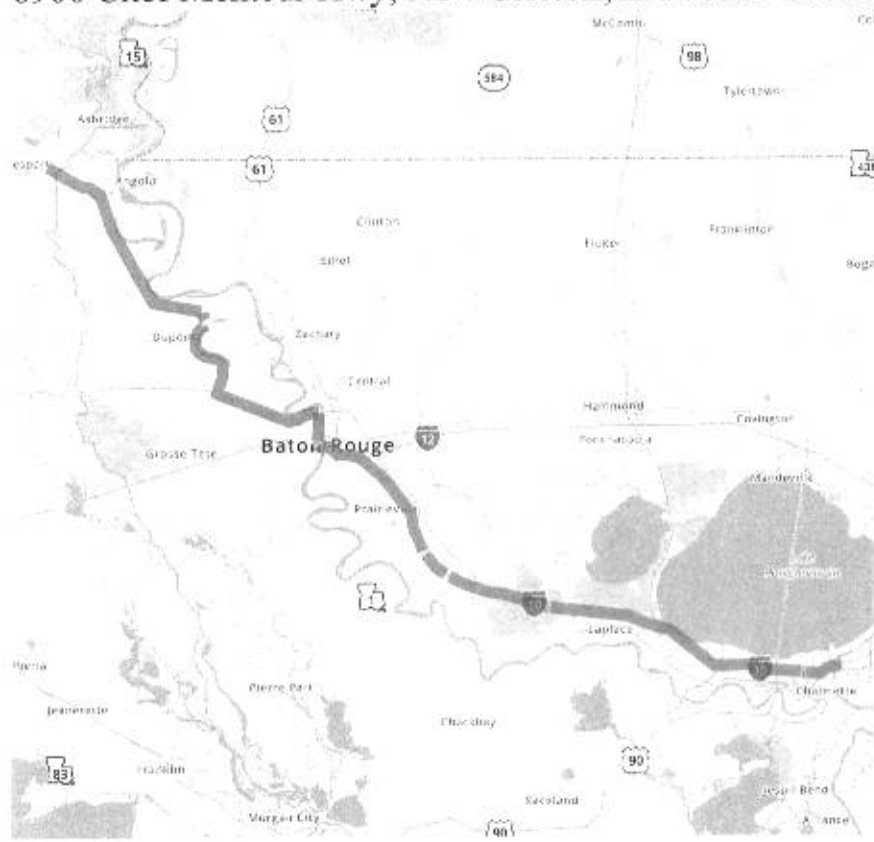
13. Make a U-turn at Lacour Trailer Park Rd onto Highway 1/LA-1.

If you reach N Live Oak St you've gone a little too far.

Then 0.06 miles

149.69 total miles

14. 16232 Highway 1, Simmesport, LA 71368-2156, 16232 HIGHWAY 1 is on the **right**.*Your destination is just past Highway 1.**If you reach JJJ Ln you've gone about 0.1 miles too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



2021 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

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

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

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

Name of EVACUATION HOST SITE:

TRI-COMMUNITY NURSING CENTER

Contact Person: KAYE BORDELON

Phone # of Contact Person: 337-623-4227

FAX#: 337-623-5602

E-Mail Address: TCNCKAYE@GMAIL.COM

Physical Address of evacuation site:

7014 HWY 71

PALMETTO, LA. 71358

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

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

96 HOURS

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

4 OR 6 HOURS

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

6 OR 8 HOURS

Type of evacuation host site:

Is it the ☒ **PRIMARY** or ☐ **ALTERNATE** site?

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

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

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

Date of agreement/contract/verification: 2/9/21

Date agreement/contract ends: 2/8/22

Lafon Nursing Facility of the Holy Family
Emergency Plan
AGREEMENT

This constitutes an agreement between Lafon Nursing Facility of the Holy Family and **Tri Community Nursing Center** (to be referred to as Host Facility) for the purpose of being the host site for Lafon Nursing Facility in the event of a need to evacuate.

Lafon agrees to provide staff to assist with the management and care of its residents transported to the Host facility during an evacuation.

Lafon agrees to provide an employee profile for each employee that accompanies the residents to the Host Facility.

Lafon agrees to provide dietary orders on all residents transported to the Host Facility.

Lafon agrees to provide the Medication Administration Record's (MAR's) and Physician Orders on each resident transported to the Host Facility.

Lafon agrees to pay a per diem per resident to the Host facility at the rate of \$ per day.

Lafon agrees to notify the Host Facility at least 48 hours prior to transporting residents.

Lafon agrees to provide all supplies needed to care for the residents at the Host Facility.

Lafon and the Host Facility agree to the terms in this contract. This contract is valid for one (1) year, this contract may not be terminated during the period from May 1st - December 31st however, both parties have the right to terminate this contract upon thirty days' notice to the other party. Lafon reserves the right to terminate this agreement upon such notice. The terms in this contract may be renewed annually.

Host Facility agrees to defend, indemnify, and hold harmless Lafon Nursing Facility of the Holy Family from claims, causes of action and/or lawsuits including but limited to any such claims, causes of action and/or lawsuits alleging bodily injury, personal injury, pain, mental anguish and/or death, and/or property loss or damage, arising from Host Facility's negligence, fault or willful misconduct, or its performance of and/or failure to perform its obligations under this agreement, or the negligence, fault or willful misconduct of any of its employees or agents, including but not limited to volunteers, and to pay reasonable attorneys' fees related thereto.

Lafon Nursing Facility of the Holy Family agrees to defend, indemnify and hold harmless Host Facility from claims, causes of action, and/or lawsuits, including but not limited to any such claims, causes of action and/or lawsuits alleging bodily injury, personal injury, pain, mental anguish and/or death, and/or property loss of

damage arising from Lafon Nursing Facility of the Holy Family's negligence, fault or willful misconduct, or its performance of and/or failure to perform its obligations under this agreement or the negligence, fault or willful misconduct of any of its employees or agents, including but not limited to volunteers, and to pay reasonable attorneys' fees related thereto.

Neither Host Facility nor Lafon Nursing Facility of the Holy Family shall be responsible for consequential damages suffered by the other in connection with the performance of or failure to perform under this agreement.

Lafon Nursing Facility and the Host Facility should have in force and effect a general liability and professional liability insurance, each party should provide a copy of the coverage to the other party initially and annually thereafter upon renewal, until the agreement terminates. Each party shall give the other party thirty (30) days written notice of cancellation of the policy.

Signature: Beverly Greenwood

Date: 2/9/21

Beverly Greenwood
Administrator
Lafon Nursing Facility of the
Holy Family
6900 Chef Menteur Blvd.
New Orleans, La. 70126

Signature: Kaye B. Wilkes, N.F.A.

Date: 2-09-2021

Kay Bordelon
Administrator
Tri-Community Nursing
7014 Hwy 71
Palmetto, La. 71358

Office #: 337-623-4227

Cell# 318-729-1521

Email Address: kwilkes@lacounhealthcare.com

YOUR TRIP TO:

7014 Highway 71

2 HR 21 MIN | 140 MI 

Est. fuel cost: \$8.70

Trip time based on traffic conditions as of 10:27 AM on February 18, 2021. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501.



1. Start out going east on Chef Menteur Hwy/US-90 E.

Then 0.06 miles

0.06 total miles



2. Make a U-turn onto Chef Menteur Hwy/US-90 W.

If you reach Plum Orchard Ave you've gone a little too far.

Then 0.53 miles

0.56 total miles



3. Merge onto I-10 W toward Baton Rouge

Then 2.86 miles

3.45 total miles



4. Keep right to take I-810 W via EXIT 239B toward N O Intl Airport/Baton Rouge

Then 4.46 miles

7.91 total miles



5. I-810 W becomes I-10 W.

Then 74.91 miles

82.82 total miles



6. Keep left to take I-10 W toward Lafayette.

Then 1.91 miles

84.73 total miles



7. Merge onto Louisiana Scenic Bayou Byway/LA-1 N via EXIT 153 toward Port Allen

Then 3.86 miles

88.61 total miles



8. Stay straight to go onto LA Highway 1/Louisiana Scenic Bayou Byway/LA-1.

Then 0.52 miles

88.12 total miles



9. Merge onto US-190 W.

Then 37.78 miles

126.90 total miles



10. Merge onto Highway 71/US-71 N.

Then 13.22 miles

140.12 total miles

11. 7014 Highway 71, St. Landry, LA, 71556, 7014 HIGHWAY 71 is on the right.
*Your destination is 0.3 miles past Doucet Rd.**If you reach Nursing Home Rd you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



2021 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

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

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

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

Name of transportation resource provider (print):

GLOBAL CHARTER SERVICES, LTD "THE BUS BANK"

Contact Person: TONY GLIBKOWSKI

Phone # of Contact Person: 866-428-7226 EXT 6174

Physical Address of transportation provider:

200 WEST ADAMS, SUITE 1100
CHICAGO, IL 60606

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

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

96 HOURS

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

24 HOURS

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

6 TO 8 HOURS

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

BUS

Total number of transport vehicles to be provided: 2

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

50 RESIDENTS PER BUS

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 2/14/21

Date agreement/ contract ends: 2/18/21

Relocation and Transportation Plan

The effective term of this agreement from 2/14/2021 to 2/13/2022 is entered into by Lafon Nursing Facility (the "Chartering Party") and Global Charter Services, Ltd., dba The BusBank (the "Company") are hereinafter referred to, collectively, as the "Parties".

Whereas, the Chartering Party desires to engage the Company to provide the services set forth herein; and whereas, the Company desires to perform such services on behalf of the Chartering Party, the Parties hereby agree as follows:

1. RELOCATION AND TRANSPORTATION PLAN DEFINITIONS:

"Transportation Services" means the transportation pursuant to the itinerary and related Transportation Service Order, as requested and contracted for by the Chartering Party under the Relocation and Transportation Plan. "Chartering Party" means the customer requesting and contracting for transportation and related services. "The Company" means The BusBank. The "Service Provider" means the third party independent bus, coach, limo or other transportation operator engaged by The BusBank to provide the Transportation Services. "Relocation and Transportation Plan" means the legal agreement between the Chartering Party and the Company with respect to the Transportation Services to be provided by the Service Provider, including these Terms and Conditions, the cost and other financial terms and all other relevant information such as the number of Passengers, Date of Service, the Charter Order Number and the specific itinerary for the movement. "Equipment" means as the vehicle(s) to be used to carry out the Relocation and Transportation Plan. "Priority Access" means access to The Company's services and network of Service Providers over non-priority access clients, during High Demand Periods within the Chartering Party's Geographic Region. "Transportation Service Order" means the contract for Transportation Services which will be utilized during the implementation of the Relocation and Transportation Plan. "Geographic Region" means an area of a 200 mile radius from the Chartering Party's service location. "High Demand Periods" means a phase of limited Equipment availability due to market conditions.

2. PRIORITY ACCESS

Upon commencement of the effective term of this Relocation and Transportation Plan, the Company will provide the Chartering Party with Priority Access to the Company's services and network of Service Providers with the equipment reasonably believed to be required to service

the Relocation and Transportation Plan. Throughout the contract period, the Company will coordinate with a sufficient group of Service Providers within the Company's network to provide for adequate Equipment to be reasonably available to allow for on call access under the Relocation and Transportation Plan to the Chartering Party.

3. RATES

The Chartering Party will pay, upon execution of this Relocation and Transportation Plan, an annual, non-refundable fee of \$1,500 per-bus as a retainer. The Company will be compensated for Transportation Services provided pursuant to the Relocation and Transportation Plan on the basis of the rates and charges as per the schedules attached below.

The cost of Transportation Services in the event that the Relocation and Transportation Plan is executed will be based on actual transportation needs. The Transportation Services utilized to implement the Relocation and Transportation Plan will be billed based on the specifics of the Transportation Service Order. The rates set forth below shall be used to calculate final costs of all services utilized.

The following pricing matrix will be used for calculating cost of service to be billed based on the Transportation Service Order. Hours and Miles will begin to be calculated when the vehicle reaches the pickup location. Hours and Miles will continue to accrue until the bus is released in writing via fax or email by an authorized representative of the Chartering Party

		Hours from Point of Service					
		0-12	13-24	25-36	37-48	49-60	61-72
Miles	0-150	\$1,625	\$2,600	\$3,900	\$5,200	\$6,500	\$7,800
	151-300	\$1,950	\$3,250	\$4,550	\$5,850	\$7,150	\$8,450
	301-450	\$2,600	\$3,900	\$5,200	\$6,500	\$7,800	\$9,100
	451-600	\$3,250	\$4,550	\$5,850	\$7,150	\$8,450	\$9,750
	601-750	\$3,900	\$5,200	\$6,500	\$7,800	\$9,100	\$10,400

601-750	\$5,200	\$6,500	\$7,800	\$9,100	\$10,400
751-900	\$5,850	\$7,150	\$8,450	\$9,750	\$11,050
901-1050	\$6,500	\$7,800	\$9,100	\$10,400	\$11,700
1051-1300	\$7,150	\$8,450	\$9,750	\$11,050	\$12,350
1301-1450		\$9,100	\$10,400	\$11,700	\$13,000
1451-1600		\$9,750	\$11,050	\$12,350	\$13,650

If the service needs identified in the Transportation Service Order exceed 72 hours, the Chartering Party will be charged an additional \$2000 per twelve (12) hour period. If your charter exceeds 1600 miles, you will be charged an additional \$1,000 per 150 mile increment thereafter. Once the Relocation and Transportation Plan is executed, a minimum charge of \$1,625 will be incurred per vehicle, regardless of use.

If the equipment is brought into the service location from 100 or more miles away there may be an additional, per bus, staging fee of \$1,200. If the equipment is brought into the service location from 200 or more miles away there is an additional, per bus, staging fee of \$1,800.

4. PERFORMANCE AND SERVICE DELIVERY

Any services to be furnished pursuant to this Relocation and Transportation Plan shall follow the process described below:

The Chartering Party shall identify for each location to be provided service under this Relocation and Transportation Plan:

- One or more point(s)-of-contact per location must be identified by the Chartering Party. These points-of-contact (POC) will be considered the only POC that are authorized to request the implementation of any Transportation Services for that location.
- Potential pick-up and drop-off locations shall be identified by the Chartering Party. The potential locations must be accessible by passengers and vehicles at the time the Transportation Service is implemented for that location and must remain so for as long as necessary for the implementation of the Transportation Services for such location.
- Transportation services related to avoiding hurricane or severe weather situations require the number of buses to be finalized at the time of activation of the Relocation and Transportation Plan. The activation period will be 96 hours prior to NOAA anticipated landfall, at which point the total number of requested vehicles must be identified. No later than 72 hours prior to NOAA anticipated landfall, the Transportation Services will have commenced, with all vehicles having departed the service locations.
- The Company will use its commercially reasonable best efforts to provide equipment to the Chartering Party's location within 24 hours of the Transportation Service Order. Transportation Service will only be provided if both the Company and the Service Provider deem the pickup location and the desired route safe for passage at which time the Transportation Service Order will be confirmed by the Company.

5. TERM

Upon execution by both parties, this Agreement shall become effective on 2/14/2021 and shall continue in effect to and including 2/13/2022.

6. PAYMENT

Full payment for the annual Transportation Services Retainer is due and payable on the date this document is executed, unless a different date is otherwise agreed to by the Parties. Payment may be made by check, credit or debit card, wire transfer or other means deemed acceptable by the Company.

In the event that the Relocation and Transportation Plan is executed, full payment for expected Transportation Service costs as determined by the price model in the rates section, will be

required at the time the Transportation Service Order is placed by the Chartering Party and accepted by the Company. Payment may be made by credit card or wire transfer. Payment information must be included on the Transportation Service Order for the Transportation Services to be implemented.

Name	QTY	Price
Priority Access Buses	2	\$1,500.00
		Total \$3,000.00

Terms & Conditions

By accepting this proposal, I am acknowledging that I have read and agree to the terms stated here and in our General Terms and Conditions.

02/05/2021

Beverly Greenwood

02/05/2021

Tony Glibkowski

Signature Certificate

Document Ref.: YYMQ9-WFVWM-DJMUZ-NNWAV

Document signed by:

	Beverly Greenwood E-mail: bgreenwood@lafonnursing.org Signed via link IP: 12.48.245.98 Date: 05 Feb 2021 20:26:08 UTC	
	Tony Glibkowski Verified E-mail: tglibkowski@busbank.com IP: 24.13.54.61 Date: 05 Feb 2021 20:57:05 UTC	

Document completed by all parties on:

05 Feb 2021 20:57:05 UTC

Page 1 of 1



Signed with **PandaDoc.com**

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2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: MEDICAL SUPPLIES AND DME

Name of Supplier:

MEDLINE

Contact Person: TODD ROMIG

Phone # of Contact Person: 504-957-5034 OR 563-543-0558

FAX#: _____

E-Mail Address: _____

Indicate where the supplies are to be delivered to;

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

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

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

72 HOURS

How long will it take to receive the delivery?

24 HOURS

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

Date agreement/contract ends: 12/31/21



Medline Industries, Inc.

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

Gulf Coast Disaster Plan
Updated January 2021

PURPOSE AND SCOPE

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

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

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

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

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

Medline Capabilities

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

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

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

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

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

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

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

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

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

MEDLINE EMERGENCY ACTION PLAN

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

Medline's Disaster Response Team (DRT)

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

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

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

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

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

Customer Communications

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

Disaster Preparedness and Response Plan

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

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

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

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

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

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

Disaster Preparedness Checklist

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

Key Contacts

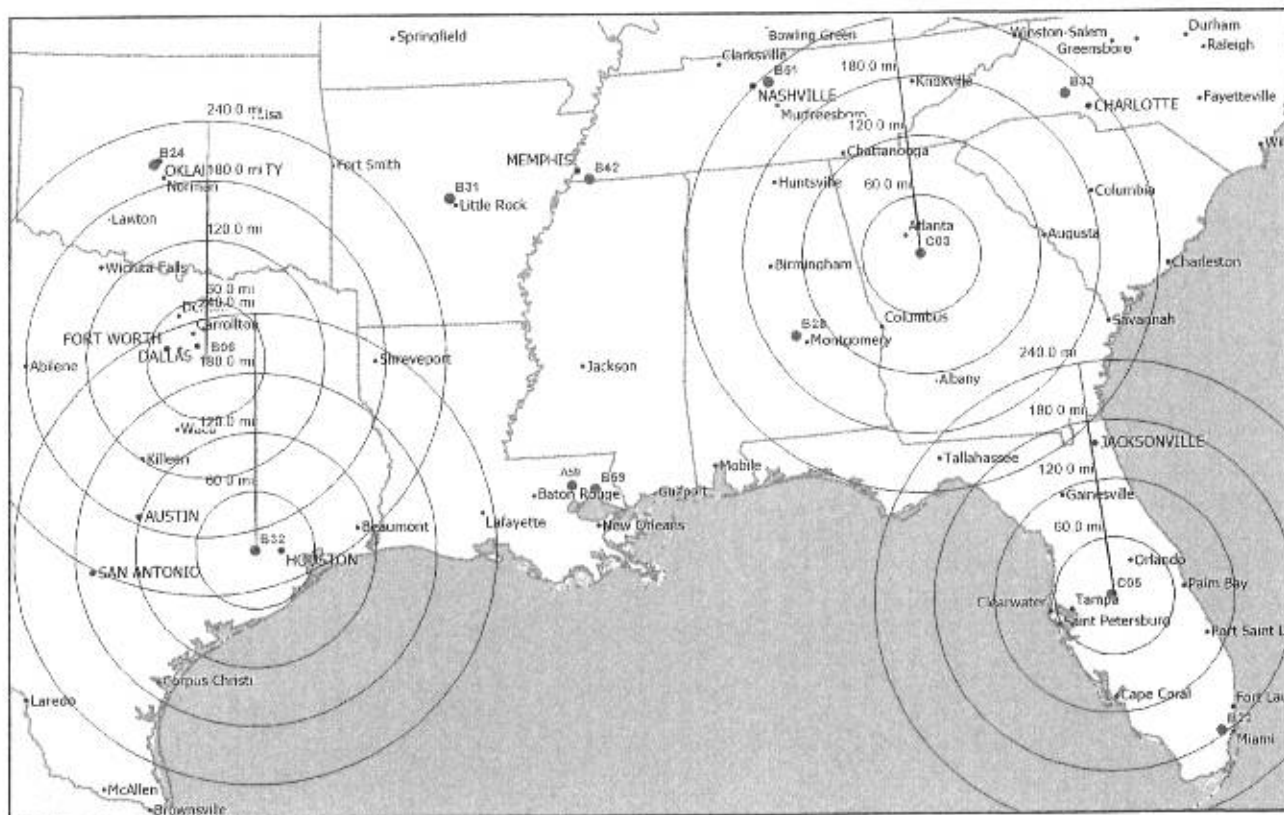
Name	Organization/Position	Primary	Secondary
Customer Service	Monday - Friday 8:00 AM - 8:00 PM (EST)	800-633-5463	563-589-7977
Customer Service Extended Hours	Monday - Friday 8:00 PM - 8:00 AM (EST) & 24 Hours Sat. - Sun.	563-543-0558	
Bill Abington	President, Global Operations	847-949-2002	847-922-3882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

Medline Customer Service

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

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

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



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

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: MEDICAL SUPPLIES AND DME

Name of Supplier:

MCKESSON

Contact Person: JOHN PRATT

Phone # of Contact Person: 985-209-1443 OR 800-347-2456

FAX#: 985-446-9378

E-Mail Address: _____

Indicate where the supplies are to be delivered to;

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

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

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

72 HOURS

How long will it take to receive the delivery?

24 HOURS

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

Date agreement/contract ends: 2/1/22

McKESSON

February 1, 2021

To Whom It May Concern:

Lafon Nursing Facility is a McKesson Medical-Surgical (MMS) customer.

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

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

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

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

Thank you,



John Pratt

Account Manager

McKesson Medical-Surgical

Cell- 985-209-1443

Customer Service-800-347-2456

McKESSON

Contingency Disaster Plan Louisiana and Mississippi

February 1, 2021

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

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

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

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

MCKESSON

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

February 1, 2021

Customer Service: 800-347-2456

Account Representative
John Pratt 985-209-1443

Sales Leader:
Billy Ray Clemons 205-914-9357

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

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

To: Administration/Nursing

Re: Your evacuation site and contacts page next page

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

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

McKESSON

Alternate Site Evacuation Facility

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

Your Account Name: _____

McKesson Acct Number: _____

McKesson Rep Name: John Pratt

Your Acct Contacts: _____

Phone Number: _____

Emergency Number: _____

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

Alternate Site Name: _____

Alternate Site Address: _____

Alternate site contacts: _____

Special Instructions: _____

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

MCKESSON

'Safety Through Solutions'

Disaster Preparedness Recommended Medical Supply Checklist

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

Rev: 2/1/21

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: FOOD SERVICE AND WATER

Name of Supplier:

SYSCO

Contact Person: CARLOS MONTEFORTE

Phone # of Contact Person: 504-458-2400 CELL OR 504-731-1015

FAX#: 504-731-3329

E-Mail Address: MONTERFORTE.CARLOS@NOLA.SYSCO.COM

Indicate where the supplies are to be delivered to;

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

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

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

72 HOURS

How long will it take to receive the delivery?

24 HOURS

Date of agreement/contract/verification: _____

Date agreement/contract ends: _____



2021 NEW ORLEANS DISASTER PROCEDURES



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Sysco New Orleans Food Service Contact List

Sysco Customer Care Center 800/ 797-2627

Employee	Title	Cell Number	Email
Pat Cochran		504-731-3217	pat.cochran@sysco.com
Trans/Routing			023-TransDirectors-DL@nola.sysco.com

Resident Meal Service

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

Sample 7 Day Menu

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

Sysco New Orleans Food & Supplies

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

Sysco Item#	Description	Pack Size	Need to Stock
	Bleach Gallon		
	Kit Cutlery Fork, Knife, Spoon, Salt, Pepper & Napkin		
	Straws Wrapped Flex		
	Plastic spoons		
	8-9 oz cold cups		
	8 oz hot cups		
	8 oz hot cup sip lid		
	8 oz squat bowl		
	8 oz squat bowl lid		
	3-compartment trays 9x9		
	Napkin Dinner 1/4 fold 1 ply White		
	Foil Pan Full Size		
	Foil Pan Lid full size		
	Fuel Chafing		

	Description	Quantity for 100	Pack	Need to Stock
	Apple	3 cases		
	Orange	3 cases		
	Tea Bag Iced Premium Filter Pack	1 case		
	Coffee Filter Pack Classic Roast	1 case		
	Water	9 case		
Cereal	Description	Quantity	Pack	
	Cornflakes	2 cases		
	Raisin Bran	2 cases		
	Tootie Frooties	2 cases		
Bread	Description	Quantity	Pack	
	White Sliced Bread	4 each		
Condiments	Description	Quantity	Pack	
	Assorted	1 case		
	Low Calorie	1 case		
	Grape Jelly	1 case		
	Sugar packs	1 case		
	Sugar Substitute Pink Pc	1 case		
	Creamer Non-Dairy Powder Packet	1 case		
	Mayonnaise Heavy Duty	1 case		
	Relish Sweet	1 case		
Vegetables	Description	Quantity	Pack	
	Diced Beet Salad	1 case		
	Instant Potatoes	2 cases		
	Sliced Carrots	2 cases		
	Green Beans	2 cases		
	Sweet Peas	2 cases		
	Corn	2 cases		
	Vegetables for Stew	1 case		
Fruits	Description	Quantity	Pack	
	Applesauce	2 cases		
	Pears	2 cases		
	Mandarin Oranges	2 cases		

Sysco New Orleans cont.:

	Peaches	2 cases		
Entrees	Description	Quantity	Pack	
	Tuna Fish	2 cases		
	Soup Chicken Noodle	2 cases		
	Soup Vegetable	2 cases		
	Chicken Chunk Canned	2 cases		
	Corned Beef Hash	1 case		
	Creole Red Beans	1 case		
	Ravioli	1 case		
	Parboiled Rice	1 case		
	Chili No Beans	3 cases		
	Mix Seasoning Sloppy Joe	1 case		
	Spaghetti Sauce	1 case		
	Pasta Spaghetti Noodles	1 case		
	Peanut Butter	1 case		
	Cheese Sauce	1 case		
	Macaroni	1 case		
Pudding	Description	Quantity	Pack	
	Vanilla	2 cases		
	Vanilla NSA	As needed		
	Description	Quantity	Pack	
	Assorted Cookies	3 cases		
	Cookie Assorted Sugar Free	3 cases		
	Cookie Shortbread Mini Sandies	3 cases		
Chips	Description	Quantity	Pack	
	Corn Chips Single Serve	1 case		
	Chip Potato Ridged Original	3 cases		
	Description	Quantity	Pack	
	Saltine	3 cases		
Supplements	Description	Quantity	Pack	
	Food Thickener	As needed		
	Juice Apple 100% Nectar Thick	As needed		
	Juice Apple 100% Honey Thick	As needed		
	Juice Orange 100% Nectar Thick	As needed		
	Juice Orange 100% Honey Thick	As needed		
	Milk 2% Honey Thick	As needed		
	Milk 2% Nectar Thick	As needed		
	Tea Sweet Lemon Nectar Thick	As needed		
	Tea Sweet Lemon Honey Thick	As needed		
	Water Lemon Honey Thick	As needed		
	Water Lemon Nectar Thick	As needed		

Estimated Water Needs:

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

Supplemental Order Form-Sysco New Orleans

Account Name

Account Number

Sales Consultant

Item Number	Description	Quantity

Email To: pat.cochran@sysco.com

Agreement/Affidavit & Ordering Procedures

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

This customer is expected to notify SYSCO New Orleans Food Service of their food, water and non-food needs in enough time to process the order and to make a timely delivery. SYSCO New Orleans Food Service in the event of an emergency will provide the following:

- ❖ SYSCO New Orleans Food Service will contact this facility within seventy-two (72) hours to determine whether an emergency order of food, water and non-food supplies is needed. (See page 5 for list.) Orders will be delivered to the facility at a mutually agreeable time and place.
- ❖ Prior to an emergency, a list of this facility's emergency needs will be provided to SYSCO New Orleans Food Service.
- ❖ The custom emergency supply list will be kept on file along with the facility's contact information.
- ❖ This facility's emergency stock will be warehoused at SYSCO New Orleans Food Service. Since the emergency stock is customized for this facility, the food, water and non-food supplies may reflect as many days as this customer needs.
- ❖ Additionally, should this facility need to evacuate, SYSCO New Orleans Food Service will deliver emergency stock to the point of evacuation.
- ❖ Should the disaster area include damage to your OpSite, you may expect the same emergency services provided by our surrounding Sysco Companies.
- ❖ Customers must be available to receive orders on a 24-hour bases. This will be determined by the traffic conditions and expected landfall.
- ❖ Estimating water needs information is found on page 6.
- ❖ Annually in **JANUARY** a Disaster Procedure, which has been revised and updated at SYSCO New Orleans Food Service will be provided to this customer and may be posted on each customer's **esysco.net** or other ordering platform.
- ❖ www.esysco.net website and the healthcare link are available as additional ways to contact SYSCO New Orleans Food Service during a declared disaster.
- ❖ Disaster orders are subject to being nonrefundable or non-returnable.
- ❖ Healthcare Customers with Primary Vendor relationships will receive Priority service.
- ❖ **Healthcare Emergency Contact Phone Number is** _____

Bruce Anderson
Contract Sales-Director
Gulf Coast Region Sysco Food Service
January 2021

Michael T. Gros
Contract Sales-Manager
Gulf Coast Region Sysco Food Service
January 2021

Facility Administrator: Beverly Greenwald

Emergency Food & Supply List Attached ☐ Yes ☐ No _____ Initial

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

Sysco GO FURTHER
Gulf Coast Region

Facility Contact Information

Facility Name: Lafon Nursing Facility
Facility Phone Number: 504-241-6285

Primary Contact: Phyllis Vindel
Title: Dietary Manager
Cell Phone Number: 504-235-1847
Text Messaging Available: ☒ Yes ☐ No
Email Address: pvindel@lafonnursing.org

Alternate Contact: Beverly Greenwood
Cell Phone Number: 504-421-3889
Text Messaging Available: ☒ Yes ☐ No
Email Address: bgreenwood@lafonnursing.org

Evacuation Information:

Evacuation Address: 7014 Hwy 71, Palmetto, LA
71358

Evacuation Phone Number: _____

Complete and **EMAIL** Copy to:
Pat Cochran
pat.cochran@sysco.com

Phone: 504-731-3217

Sysco GO FURTHER 
Gulf Coast Region

Retain original for your files.

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: DIESEL

Name of Supplier:

WES-PET

Contact Person: WES RANDALL

Phone # of Contact Person: 504-833-6385

FAX#: 504-833-6386

E-Mail Address: JPRATT@GSMS.COM

Indicate where the supplies are to be delivered to;

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

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

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

72 HOURS

How long will it take to receive the delivery?

24 HOURS

Date of agreement/contract/verification: 2/9/21

Date agreement/contract ends: 2/8/22



WES-PET, INC.
2320 N. Causeway Blvd.
Metairie, LA 70001-1928
504-833-6385


ConocoPhillips

9 February 2021

Lafon Nursing Home of the Holy Family
6900 Chef Menteur Hwy.
New Orleans, Louisiana 70126

As per your request, we will be happy to serve your diesel needs for this year. Your company will be treated as one of our regular customers.

As long as our location is in operation and fuel is available to us in an emergency situation, we will continue to serve your needs. We do have an emergency generator at our location that we can provide our customers with service in critical times.

We do ask for your help by preparing for the upcoming storm season by having your equipment filled in May and June.

Thank you for your consideration,



Wes Randall
Wes-Pet, Inc.

WAR/dfw



Serving the Greater New Orleans Area For Over 40 Years



2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: PHARMACY

Name of Supplier:

ST BERNARD DRUGS

Contact Person: MAI VU

Phone # of Contact Person: 504-669-4011 CELL OR 504-782-9178 - JOSEPH NGYYEN

FAX#: 504-242-0081

E-Mail Address: JPRATT@GSMS.COM

Indicate where the supplies are to be delivered to;

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

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

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

98 HOURS

How long will it take to receive the delivery?

24 HOURS

Date of agreement/contract/verification: 2021

Date agreement/contract ends: 2022



2021 Emergency Operating Procedure

Our company has had the experience of implementing our plan during Hurricanes Katrina, Gustov, and Isaac. The following procedure shall be followed for any type of mandatory evacuation called by a state or federal agency:

1. If a mandatory evacuation is called for by the State of Louisiana, it is usually followed by the Centers for Medicare & Medicaid Services (CMS) authorizing prescription refills in preparation for the evacuation.
2. The pharmacy will fill these medications in a prompt manner and have them delivered as soon as possible.
3. The pharmacy maintains an Emergency Generator in case of loss of power. The generator has a 10 day supply of propane on hand to facilitate this process.
4. Our medication distributor, Cardinal Health, of Madison, Mississippi, is on standby to supply our pharmaceutical needs.
5. Our delivery department is on standby to perform all deliveries.
6. Facility drug carts shall be evacuated along with the Emergency Drug Boxes and any other supplies needed.
7. All pharmacy records are sent to Richmond, Virginia and Spartanburg, South Carolina on a daily basis. Additionally, the mainframe computer is evacuated with a designated pharmacist.
8. St. Bernard Drugs has been issued Re-Entry Placards by the City of New Orleans to gain entrance into the city after an evacuation. We are considered Tier 2 for re-entry.

We consider the call for Mandatory Evacuation to be a great responsibility. It is a task which St Bernard Drugs and its employees are dedicated to accomplish.

Joseph Nguyen

Joseph Nguyen, RPh
St Bernard Drugs

2021 Nursing Home Emergency Preparedness Plan Survey

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

- I. Provide the following information:(list **primary** sites in this area, if multiple sites **list each**)
- What is the name of each **primary** site(s)?
TRI COMMUNITY CENTER
 - What is the physical address of each host site(s)?
7014 HWY 71
PALMETTO, LA. 71358

 - What is the distance to each host site(s)?
139.87 MILES
 - Is the host site(s) located outside of the parishes identified as hurricane risk areas?
NO
 - Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
 - Who is the contact person at **each primary** host site(s)?
Name: KAYE BORDELON
Phone: 337-623-4227
Email: TCNCKAYE@GMAIL.COM
Fax: 337-623-5602
 - What is the capacity (number of residents allowed) of **each primary** host site(s)?
 - Capacity that will be allowed at each site:
50
 - Is this adequate for all evacuating residents?
☒ Yes. If No - obtain and mark Yes.
 - Is the **primary** site a currently licensed nursing home(s)?
☒ Yes, go to- B.4.b) x.
☐ No, go to- B.4.b) ix.
 - If **primary** host site is **not a licensed nursing home** provide a description of host site(s) including;
 - What type of facility it is?

 - What is host site currently being used for?

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

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

2021 Nursing Home Emergency Preparedness Plan Survey

- ☐ No
- What is the current physical condition of facility?
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
- Are there adequate provisions for food preparation and service?
 - ☐ Yes
 - ☐ No
- Are there adequate provisions for bathing and toilet accommodations?
 - ☐ Yes
 - ☐ No
- Are any other facilities contracted to use this site?
 - ☐ Yes
 - ☐ No
- x. Is the capacity of primary host site(s) adequate for staff?
 - ☐ Yes
 - ☒ No. If No - where will staff be housed?
NEARBY HOTEL
- xi. Is there a specified time or timeline (H-Hour) that **primary** host site will need to be notified by?
 - ☒ Yes. If Yes - what is that time? 24- 36 HOURS
 - ☐ No.

2021 Nursing Home Emergency Preparedness Plan Survey

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

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

- i. What is the name of each **alternate/secondary** site(s)?
BAYOU CHATEAU NURSING
- ii. What is the physical address of each **alternate/secondary** host site(s)?
16232 HWY 1
SIMMESPORT, LA. 71369

- iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?
140.08 MILES
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
☐ Yes
☒ No
- v. Does plan include map of route to be taken and written directions to host site?
☒ Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each **alternate/secondary** host site(s)?
Name: JILL DEVILLIER
Phone: 318-941-2294 OR 318-240-0113
Email: BCNCADM@CENTURYTEL.NET
Fax: _____
- vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?
 - Capacity that will be allowed at each **alternate/secondary** site:
50
 - Is this adequate for all evacuating residents?
☐ Yes. If No - obtain and mark Yes.
- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
☒ Yes go to - B.4.d) x.
☐ No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not a licensed nursing home** provide a description of host site(s) including;
 - What type of facility it is?

 - What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

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

- Is host facility(s) air conditioned?
☐ Yes
☐ No
- What is the current physical condition of facility?
☐ Good
☐ Fair
☐ Poor
- Are there provisions for food preparation and service?
☐ Yes
☐ No
- What are the provisions for bathing and toilet accommodations?
☐ Yes
☐ No
- Are any other facilities contracted to use this site?
☐ Yes
☐ No
- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
☐ Yes
☒ No. If No - where will staff be housed?
NEARBY HOTEL
- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
☒ Yes. If yes what is that time? 24 - 36 HOURS
☐ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
☒ Yes. If No - complete and mark Yes.

2021 Nursing Home Emergency Preparedness Plan Survey

AUTHENTICATION

Facility Name (Print):

LAFON NURSING FACILITY OF THE HOLY FAMILY

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

Date: 2/27/2021

Facility Administrator Name (PRINT): BEVERLY GREENWOOD

Facility Administrator Signature: Beverly Greenwood

Comments: