

**2021 Nursing Home Emergency Preparedness Plan Survey**For Year: **2021**

Facility Name (Print):

Riverbend Nursing + Rehab Center

Name of Administrator (Print):

Kellie Johnston

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

Phone #: (504) 656-0068Cell Phone #: (504) 234 1412Administrator E-Mail: kmarrange@gouxco.com

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

Name: Dena ArmstrongPosition: Director of NursingPhone #: (504) 656-0068Cell Phone #: (504) 234 1412E-Mail: darmstrong@gouxco.com

Physical or Geographic address of Facility (Print):

13735 Highway 23Belle Chasse, LA 70037Longitude: 89.9942Latitude: 29.7132

## 2021 Nursing Home Emergency Preparedness Plan Survey

VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: Riverbend Nursing & Rehab Center

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

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

Date submitted: 12/22/21

**MARK the appropriate answer:**

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

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

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

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

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

☒ YES

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

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

☒ YES

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

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

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

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

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

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

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

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

TITLE/POSITION: Admin local Parish officials along with owners

NAME: Patrick Harvey / Kirk Iepine / Kellie Johnston <sup>\*Admin</sup> <sub>ITM</sub>

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

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

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

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

i. 72 Hours before the arrival of the hurricane.

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

i. 72 Hours before the arrival of the hurricane.

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

TITLE/POSITION: local Parish officials along with Admin. + ownership

NAME: Patrick Harvey, Kirk Lepine, Kellie Johnston, LHM

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

#### A. Facility Description:

1. What year was the facility built? 1999

2. How many floors does facility have? 1

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

☒ Yes, answer 3.a, b, c, d

☐ No/Unknown, answer 3.e

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

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

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

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

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

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

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

- i. ☒ Yes
- ii. ☐ No

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

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

a) Building's lowest living space is 5.44 feet above sea level.

b) Air conditioner (HVAC) is 6.0 feet above sea level.

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- c) Generator(s) is 29.43 feet above sea level.
- d) Lowest electrical service box(s) is 9 feet above sea level.
- e) Fuel storage tank(s), if applicable, is 29.43 feet above sea level.
- f) Private water well, if applicable, is na feet above sea level.
- g) Private sewer system and motor, if applicable, is 30 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: 8.0

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: 400kw      2nd generator: 300kw      3rd generator: \_\_\_\_\_
- c) Mark which primary **fuel** each generator(s) uses?  
 i. ☐ natural gas;      2nd generator: ☐ natural gas;      3rd generator: ☐ natural gas  
 ii. ☐ propane;      2nd generator: ☐ propane;      3rd generator: ☐ propane  
 iii. ☐ gasoline;      2nd generator: ☐ gasoline;      3rd generator: ☐ gasoline  
 iv. ☒ diesel;      2nd generator: ☒ diesel;      3rd generator: ☐ diesel
- d) How many **total hours** would generator(s) run on the fuel supply always on hand? (enter NG if Natural Gas)  
 1st 72+ Hours      2nd 72 Hours      3rd \_\_\_\_\_ Hours
- e) If generator will be used for sheltering in place for a hurricane (extended duration), are there provisions for a seven day supply of fuel?  
 i. ☐ Not applicable. The facility will not use the generator for sheltering in place during hurricanes.  
 ii. ☐ Yes. Facility has a seven day supply on hand at all times or natural gas.  
 iii. ☒ Yes. Facility has signed current contract/agreement for getting a seven day fuel supply before hurricane.  
 iv. No supply or contract. Obtain either a contract or an onsite supply of fuel, OR make decision to not use generator for sheltering in place, then mark answer.
- f) Will life sustaining devices, that are dependent on electricity, be supplied by these generator(s) during outages?  
 i. ☒ Yes  
 ii. ☐ No

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g) Does generator provide for air conditioning?

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

- ☒ 100 % of the building cooled
- ☐ 76% or more of the building is cooled
- ☐ 51 to 75% of the building is cooled
- ☐ 26 to 50% of the building is cooled
- ☐ Less than 25% of the building is cooled

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

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

- ☒ Yes
- ☐ No

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

- ☒ Yes

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

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

a) Who supplies electricity to the facility?

- i. Suppliers name: Entergy
- ii. Account #: 78015559 / 26272443

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

- i. Suppliers name: Plaquemines Water Department
- ii. Account #: 10925600

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

- i. Suppliers name: Atmos
- ii. Account #: 25-000985350 - 480878-0

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: 120

- 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: 12

- 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: 42

- 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: 36

- 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.

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

### 2. Staff

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

40

### 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?  
NA ☐ Yes. If No - make plans (specific actions and supplies) and mark Yes.
- iv. Is there a specified time or timeline (H-Hour) that transportation supplier will need to be notified by?  
☒ Yes. What is that time \_\_\_\_\_ hours?  
☐ No. There is no need for a specified time or timeline for contacting transportation.

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- b) Does each contract or agreement for **NON-AMBULANCE**- transportation contain the following information? **NOTE: Vehicles that are not owned by but at the disposal of the facility shall have written usage agreements (with all required information) that are signed and dated. Vehicles that are owned by the facility will need to verify ownership.**
- 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!)**
- a) Does the facility have current contracts or verified agreements for a **primary** evacuation host site(s) outside of the primary area of risk?  
☒ Yes. If No - obtain and mark Yes.
- b) Provide the following information:(list all sites, if multiple sites **list each - see extra pages** )
- What is the name of each **primary** site(s)?  
Magnolia United Methodist Church
  - What is the physical address of each host site(s)?  
16024 Greenwell Springs Road  
Greenwell Springs, LA 70739
  - What is the distance to each host site(s)?  
103.8 miles
  - Is the host site(s) located outside of the parishes identified as hurricane risk areas?  
Yes
  - Does plan include map of route to be taken and written directions to host site?  
☒ Yes. If No - obtain and mark Yes.

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- vi. Who is the contact person at **each primary** host site(s)?

Name: Rev. Heather Sullivan  
Phone: 225 342 2118  
Email: \_\_\_\_\_  
Fax: \_\_\_\_\_

- vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?

➤ Capacity that will be allowed at each site: 250  
➤ Total Capacity of all primary sites: 250  
➤ 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?  
Church + Community Center  
➤ What is host site currently being used for?  
Church Service + Community Events  
➤ 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)?  
Approx. 20 yrs old  
➤ Is host facility(s) air conditioned?  
☒ Yes  
☐ No  
➤ What is the current physical condition of facility?  
☒ Good  
☐ Fair  
☐ Poor  
➤ Are there adequate provisions for food preparation and service?  
☒ Yes  
☐ No  
➤ Are there adequate provisions for bathing and toilet accommodations?  
☒ Yes  
☐ No  
➤ Are any other facilities contracted to use this site?  
☒ Yes  
☒ No

- x. Is the capacity of primary host site(s) adequate for staff?

☒ Yes  
☐ No. If No - where will staff be housed?

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- xi. Is there a specified time or timeline (H-Hour) that **primary** host site will need to be notified by?

☒ Yes. If Yes - what is that time? \_\_\_\_\_  
☐ No.

- c) Does the facility have current contracts or verified agreements for an **alternate or secondary** host site(s)?

☒ Yes. If No - obtain and mark Yes.

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

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

① Metairie Healthcare ② Twin Oaks ③ Lacombe Nursing Home

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

① 6401 Riverside Dr., Metairie, LA 70003  
 ② 506 West 5th St., Laplace, LA 70068  
 ③ 78199 Hwy 190, Lacombe, LA 70445

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

① 40.5 miles, ② 63.4 miles, ③ 72.0 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: ① Guy Burch ② Karen Connor ③ Jill Charles

Phone: ① 504-885-8611 ② 985-652-9538 ③ 985-264-0106

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

- vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?

➤ Capacity that will be allowed at each **alternate/secondary** site:

40 / 40 / 30

➤ Total Capacity of all **alternate/secondary** sites:

40 / 40 / 30

➤ 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.

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- 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? weather band radios, ipads, televisions, smart devices, computers

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

☒ Yes. Name equipment: Cell phones

☐ 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?  
walkie talkie, cell phones, intercom, computers, hot spots
- ii. Is there back up or alternate equipment used to send/receive and what is it?  
☒ Yes. Name equipment: fax machine, scanner  
☐ 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

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## 2021 Nursing Home Emergency Preparedness Plan Survey

2. Does plan include providing the following information to Health Standards Section of the Department of Health and Hospitals?
- a) Is it a full facility evacuation, partial facility evacuation or shelter in place?
  - b) The date(s) and approximate time(s) of full or partial evacuation?
  - c) The names and locations of all host site(s)?
  - d) The emergency contact information for the person in charge of evacuated residents at each host site(s)?
  - e) The names of all residents being evacuated and the location each resident is going to?
  - f) A plan to notify Health Standards Section within 48 hours of any deviations or changes from original notification?
- ☒ Yes
- If No - Planning is needed for compliance. Complete then mark Yes
3. Does facility have written viable plans for receiving and sending emergency information during emergencies?
- ☒ Yes
- If No - Planning is needed for compliance. Complete then mark Yes
4. Does facility have written viable plans for monitoring emergency alerts and broadcasts at all times?
- ☒ Yes
- If No - Planning is needed for compliance. Complete then mark Yes
5. Does facility have written viable plans for notifying authorities of decision to shelter in place or evacuate?
- ☒ Yes
- If No - Planning is needed for compliance. Complete then mark Yes
6. Does facility have written viable plans for notifying authorities and responsible parties of the locations of all residents and any changes of those locations?
- ☒ Yes
- If No - Planning is needed for compliance. Complete then mark Yes
- E. Does facility have written viable plans for entering all required information into the Health Standards Section's (HSS) emergency preparedness webpage?
- ☒ Yes
- If No - Planning is needed for compliance. Complete then mark Yes
- F. Does facility have written viable plans for triaging residents according to their transportation needs?
- ☒ Yes
- If No - Planning is needed for compliance. Complete then mark Yes

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## 2021 Nursing Home Emergency Preparedness Plan Survey

### 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: OEP officer, Parish President  
Position: Patrick Harvey Kirk Lepine  
Emergency contact information:  
Phone: 504 912-1007 504 934 6460  
Email: pharvey@plaqueminesparish.com  
Fax: \_\_\_\_\_

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

Provide Name: Jeremy Goux, Kellie Johnston  
Position: owner / Administrator  
Emergency contact information:  
Phone: 504 656 0068  
Email: lmaronge@gouxco.com  
Fax: 504 656 0037

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

Provide Name: Kellie Johnston  
Position: Administrator  
Emergency contact information:  
Phone: 504 234 1412  
Email: lmaronge@gouxco.com  
Fax: 504 656 0037

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

Provide Name: Dena Armstrong  
Position: DON  
Emergency contact information:  
Phone: 504 656 0068  
Email: darmstrong@gouxco.com  
Fax: 504 656 0037

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

Provide Name: Kellie Johnston  
Position: Administrator  
Emergency contact information:  
Phone: 504 234 1412  
Email: lmaronge@hatter goux co. com  
Fax: 504 656 0037

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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:

Ward Clerk upon assignment of the Administrator

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

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

Administrator

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

Don

- a) Resident's identification.
- 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?

Administrator, Don, ADON

- 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, Maintenance

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## 2021 Nursing Home Emergency Preparedness Plan Survey

### V. Administration & Logistics

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

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

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

### VI. Plan Development and Maintenance

A. Has the plan been developed in cooperation with the local Office of Homeland Security and Emergency Preparedness?

- ☒ Yes  
☐ No

B. If not, was there an attempt by facility to work with the local Office of Homeland Security and Emergency Preparedness?

- ☐ Yes  
☐ No

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

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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

☒ Yes

No - Complete this step then mark Yes

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## 2021 Nursing Home Emergency Preparedness Plan Survey

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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**Nursing & Rehabilitation Center**

13735 Highway 23  
Belle Chasse, LA 70037  
tel. 504.656.0068  
fax. 504.656.0037

February 22, 2021

Patrick Harvey, Director  
Plaquemines Parish Homeland Security  
And Emergency Preparedness  
8056 Highway 23, Suite 308  
Belle Chasse, LA 70037

RE: EMERGENCY PLAN FOR  
RIVERBEND NURSING AND REHAB CENTER

Dear Mr. Harvey,

Hi Patrick! Hope all is well with you.

Attached please find the updated (2020) emergency plan for Riverbend Nursing and Rehab Center. If there are any questions, concerns or recommendations, please feel free to contact me at the facility at 504-656-0068 or on my cell 504-234-1412.

There is a requirement that I have a letter on file from your office confirming the receipt of this current year's plan. Please find immediately attached to this letter, a copy of the letter I received last year. I am available to pick the letter up from your office, or you may scan it to me at [kmaronze@gouxco.com](mailto:kmaronze@gouxco.com). Thanks for your assistance!

Best Regards,

A handwritten signature in cursive script that reads "Kellie Johnston".

Kellie Johnston  
Administrator

1052

**FedEx** <sup>®</sup> **Package**  
**Express** **US Airbill** FedEx Tracking Number **8160 5738 7310**

**1 From** Please print and press hard.

Date 2/22/21 Sender's FedEx Account Number 8160 5738 7310

Sender's Name Kevin Johnston Phone 504 656-0068

Company RIVERBEND NURSING/REHABILITATI

Address 13735 HIGHWAY 23

City BELLE CHASSE State LA ZIP 70037-4151

**2 Your Internal Billing Reference**

For all shipments we require an invoice.

**3 To** Recipients Name Patrick Harvey Phone

Company Plas. Parish Homeland Security

Address 8080 Huey 23

Address Suite 308

City Belle Chasse State LA ZIP 70037

0136006910

Shipping online just got easier.  
Go to [fedex.com/air](http://fedex.com/air)

Form ID No. **0215**

**4 Express Package Service**

\* To meet business.

Sender's Copy

**Next Business Day**

☐ FedEx First Overnight

☐ FedEx Priority Overnight

☒ FedEx Standard Overnight

**2 or 3 Business Days**

☐ FedEx 2Day AM

☐ FedEx 2Day

☐ FedEx Express Saver

**5 Packaging**

☒ FedEx Envelope\*

☐ FedEx Pak\*

☐ FedEx Box

☐ FedEx Tube

☐ Other

**6 Special Handling and Delivery Signature Options**

☐ Saturday Delivery

☐ No Signature Required

☐ Direct Signature

☐ Does this shipment contain dangerous goods?

☐ Yes ☐ No

☐ Payment Bill to: ☐ Sender ☐ Recipient ☐ Third Party

Total Packages 1 Total Weight 1.00 lbs Total Declared Value\*

Use only in the U.S. for parcels provided a higher value. See back for details. By using the online service, you agree to the terms and conditions of the FedEx online service. See back for details.

**611**

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.

# 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):**

Cline Tours

**Contact Person:** John McCommon

**Phone # of Contact Person:** 800-233-5307

**Physical Address of transportation provider:**

515 Hwy 7 South  
Oxford, MS 38655

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

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

48<sup>h</sup>

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

Approx. 6 hours

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

4 hours

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

56/60 passenger buses

Total number of transport vehicles to be provided: As needed

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

wc, seated

Is the transportation air conditioned? ☒ YES ☐ NO

**IF transportation is facility owned attach verification of ownership.**

**Date of agreement/contract/verification:** 2/19/21

**Date agreement/ contract ends:** 12/31/21

# CLINE

Ridgeland • Memphis • Oxford  
Prattville • Starkville



Birmingham • Little Rock  
Jonesboro  
**TOURS**

Cline Tours, Inc.  
P.O. Box 1498  
Ridgeland, MS 39158  
PHONE (601) 605-4483  
TOLL FREE 1-800-233-5307  
FAX (601) 605-2562

Cline Tours, Inc.  
P.O. Box 300148  
Memphis, TN 38130  
PHONE (901) 767-3441  
TOLL FREE 1-877-767-3441  
FAX (901) 767-3477

[www.clinetours.com](http://www.clinetours.com)

*Serving The South Since 1983*

February 19, 2021

Inspired Healthcare Management, LLC  
Dale Cooney  
Box 880  
Mandeville LA 70470

Dear Dale:

This letter is to serve as our agreement to furnish an adequate number of 56 passenger motor coaches to be used for evacuation purposes in the event of any natural, man made or any other disaster requiring the residents of Inspired Healthcare Management, LLC to be evacuated. This offer is subject to fleet availability at the time of the request.

Our normal requirements dictate at least 48 hours advance notice of such evacuation. It is understood that Cline Tours, Inc. will make every possible effort to expedite evacuation to ensure that residents are taken to a predesignated safe place as quickly as possible.

The price cannot be determined up front as we do not know where we will be taking the residents or for how long, until such time as it is safe to return to the original pickup point. If needed, will be provided from our closest available office.

This letter and offer of service is to remain in effect until December 31, 2021.

Please feel free to contact me should you have questions or need more information.

Sincerely,

John McCommon  
President

Cline Tours, Inc.  
3000 7th Avenue N  
Birmingham, AL 35203  
PHONE (205) 591-7655  
TOLL FREE 1-800-633-3223

Cline Tours, Inc.  
P.O. Box 35067  
Memphis, TN 38130  
TOLL FREE 1-800-233-5307

Cline Tours, Inc.  
P.O. Box 38645  
Memphis, TN 38130  
TOLL FREE 1-877-767-3441

Cline Tours, Inc.  
7342 East Green Avenue  
Houston, TX 77061  
PHONE (501) 886-1065  
TOLL FREE 1-800-233-5307

## 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):**

Ambulance, Bus transport

**Contact Person:** Diana Macera

**Phone # of Contact Person:** 504-344-5035 / 504 362 0262

**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?

720

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

4 hrs

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

Ambulance- 30 mins, Buses 4-6 hrs.

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

wlc transport vans + Ambulance

Total number of transport vehicles to be provided: as needed

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

varies according to type of vehicle

Is the transportation air conditioned? ☒ YES ☐ NO

**IF transportation is facility owned attach verification of ownership.**

**Date of agreement/contract/verification:** 2/23/21

**Date agreement/ contract ends:** 2/23/22

**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

**Riverbend Nursing and Rehab** "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 A-MMED 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: [Signature]  
Title: Marketing

Riverbend Nursing + Rehab Center  
Facility

By: [Signature]  
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:**

Magnolia United Methodist Church

**Contact Person:** Rev. Heather Sullivan

**Phone # of Contact Person:** 985-687-4347

**FAX#:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Physical Address of evacuation site:**

16024 Greenwell Springs Road  
Greenwell Springs, LA 70739

**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?

72°

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

Approx 2 hours

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

Approx 2 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: 250

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

Date of agreement/contract/verification: 2/22/21

Date agreement/contract ends: 2/22/22

# Riverbend

Nursing & Rehabilitation Center

13735 Highway 23  
Belle Chasse, LA 70037  
tel. 504.656.0068  
fax. 504.656.0037

February 22, 2021

Reverend Heather Sullivan  
Pastor  
Magnolia United Methodist Church  
1602 Greenwell Springs Road  
Greenwell Springs, LA 70739

RE: Evacuation Shelter Agreement

Dear Reverend Sullivan,


Hello again! I hope this letter finds you well and everything is going great with the church and all of your parishioners!

It is time once again for us to renew our contract for emergency preparations. I have attached two updated originals, but none of the content has changed. If all is agreeable, please sign both, keep one copy and return one copy to me.

Again, please express my appreciation to your board and to your congregation for all that your church and its' members have done for our residents over the past several years. You are such a wonderful group of people who exhibit the true meaning of being a Christian.

Please call me if there are any questions or concerns with the contract terms at 504-656-0068 or 504-234-1412. Thank you again and I look forward to hearing from you soon.

Best Regards,

  
Kellie Maronge Johnston  
Administrator



**CONTRACT FOR EMERGENCY EVACUATION  
SHELTER AGREEMENT BY AND BETWEEN  
RIVERBEND NURSING AND REHABILITATION CENTER, INC  
AND MAGNOLIA UNITED METHODIST CHURCH**

**I. PARTIES**

Riverbend Nursing and Rehabilitation Center, Inc. (hereinafter called "Riverbend"), represented herein through its authorized representative, Kellie Maronge Johnston, and Magnolia United Methodist Church (hereinafter called "church"), represented herein through its authorized representative Heather Sullivan, Pastor or Brandon Vulgamore, Chair of Trustees enter into this Emergency Evacuation Shelter Agreement on this 22 day of February, 2021 for the purpose of memorializing the agreement between the parties for Riverbend's use of the church's property in the event of an emergency evacuation of the Plaquemines Parish area due to emergency situations.

**II. DESCRIPTION OF PROPERTY**

Magnolia United Methodist Church  
16024 Greenwell Springs Road  
Greenwell Springs, LA 70739

**III. TERMS**

This agreement shall automatically renew unless otherwise terminated by either party 120 days prior to the beginning of the next hurricane season and within sufficient time to permit Riverbend to secure another acceptable facility.

**IV. UTILITIES**

Riverbend agrees to assume responsibility for maintaining and paying for all utilities, including water, sewerage, electricity, telephone, gas, garbage collection, and all other services incurred by the church as a result of their use of the premises during the evacuation period. Evacuation period shall be the period beginning on the day of arrival through and including the day of departure.

**V. USE**

The premises leased herein are to be used for the following purposes: The operation of a nursing home/long term care facility for a temporary period until such time that the threat of a hurricane or hurricanes has passed over Plaquemines Parish. In the event of Riverbend's inability to return to its facility subsequent to the storm within a reasonable timeframe, Riverbend will begin relocating its residents to other long term care facilities.

**VI. LIABILITY AND INSURANCE**

Riverbend agrees to hold harmless, indemnify and defend church from any claims, actions, or causes of action which may arise as a result of any negligent acts of Riverbend which

occur during the evacuation period, or while Riverbend occupies the premises from the fault of the lessee, its employees, agents or invitees. Riverbend further agrees to maintain professional liability insurance insuring any acts of professional negligence which may be alleged by any of the Riverbend residents as a result of Riverbend's negligence while at the church and/or during the evacuation period. Riverbend is a member of the LA Nursing Home Malpractice Trust, maintaining professional liability insurance for any act of medical malpractice.

VII. NOTICES

Whenever written notice is required by the terms of this lease, such notice shall be served by certified mail on church at 16024 Greenwell Springs Road, Greenwell Springs, LA 70739 and on Riverbend at 13735 Highway 23, Belle Chasse, LA 70037.

This agreement is made and signed in duplicate originals, in Greenwell Springs, LA on this 22 day of February 2021.

"CHURCH"

MAGNOLIA UNITED  
METHODIST CHURCH

BY:

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

"RIVERBEND"

RIVERBEND NURSING  
AND REHABILITATION CENTER

BY:

Kellie Johnston  
PRINTED NAME

Kellie Johnston  
SIGNATURE

Administrator  
TITLE

**CONTRACT FOR EMERGENCY EVACUATION  
SHELTER AGREEMENT BY AND BETWEEN  
RIVERBEND NURSING AND REHABILITATION CENTER, INC  
AND MAGNOLIA UNITED METHODIST CHURCH**

**I. PARTIES**

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16024 Greenwell Springs Road  
Greenwell Springs, LA 70739

**III. TERMS**

This agreement shall automatically renew unless otherwise terminated by either party 120 days prior to the beginning of the next hurricane season and within sufficient time to permit Riverbend to secure another acceptable facility.

**IV. UTILITIES**

Riverbend agrees to assume responsibility for maintaining and paying for all utilities, including water, sewerage, electricity, telephone, gas, garbage collection, and all other services incurred by the church as a result of their use of the premises during the evacuation period. Evacuation period shall be the period beginning on the day of arrival through and including the day of departure.

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The premises leased herein are to be used for the following purposes: The operation of a nursing home/long term care facility for a temporary period until such time that the threat of a hurricane or hurricanes has passed over Plaquemines Parish. In the event of Riverbend's inability to return to its facility subsequent to the storm within a reasonable timeframe, Riverbend will begin relocating its residents to other long term care facilities.

**VI. LIABILITY AND INSURANCE**

Riverbend agrees to hold harmless, indemnify and defend church from any claims, actions, or causes of action which may arise as a result of any negligent acts of Riverbend which

occur during the evacuation period, or while Riverbend occupies the premises from the fault of the lessee, its employees, agents or invitees. Riverbend further agrees to maintain professional liability insurance insuring any acts of professional negligence which may be alleged by any of the Riverbend residents as a result of Riverbend's negligence while at the church and/or during the evacuation period. Riverbend is a member of the LA Nursing Home Malpractice Trust, maintaining professional liability insurance for any act of medical malpractice.

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This agreement is made and signed in duplicate originals, in Greenwell Springs, LA on this 22 day of February 2021.

"CHURCH"

MAGNOLIA UNITED  
METHODIST CHURCH

BY:

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

"RIVERBEND"

RIVERBEND NURSING  
AND REHABILITATION CENTER

BY:

Kellie Johnston  
PRINTED NAME

Kellie Johnston  
SIGNATURE

Administrator  
TITLE

1445 Tracking Number

8160 5738 7294

1 From Please print and press hard.

Date 2/22/01 Sender's FedEx Account Number 245949539-8

Sender's Name

Kevie Dnston

Phone 504 554-0048

Company RIVERBEND NURSING/REHABILITATI

Address 13735 HIGHWAY 23

City BELLE CHASSE

State LA

ZIP 70037-4151

2 Your Internal Billing Reference

For all shipments will appear on invoice.

3 To Recipient's Name

Rev. Heather Sullivan 8556874347

Company Magnolia United Methodist Church

Address 11002 Greenwell Springs Rd. Hold Weekend

We cannot deliver to P.O. boxes or P.O. code.

Address 11002 Greenwell Springs Rd. Hold Saturday

City Greenwell Springs State LA ZIP 70737

Leave the packing to the pros at FedEx Office.  
Go to [fedex.com/biffica](http://fedex.com/biffica)

0136006910

Form ID No. 0215

4 Express Package Service

\* To meet location.

Next Business Day

☐ FedEx First Overnight

☐ FedEx Priority Overnight

☒ FedEx Standard Overnight

☐ FedEx 2Day

☐ FedEx Express Saver

☐ FedEx 2Day A.M.

☐ FedEx 2Day A.M.

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PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.

Packages up to 150 lbs.  
For additional restrictions, see the  
FedEx Express Package for details.

2 or 3 Business Days

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6 Special Handling and Delivery Signature Options

☐ Saturday Delivery

☐ FedEx Standard Overnight

☐ FedEx 2Day A.M. or FedEx Express Saver

☐ No Signature Required

☐ Direct Signature

☐ Indirect Signature

☐ Signature Required

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7 Payment Bill to:

☒ Sender

☐ Recipient

☐ Third Party

☐ FedEx Agent

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## 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:**

Metairie Healthcare

**Contact Person:**

Guy Burch

**Phone # of Contact Person:**

504 885 8611

**FAX#:**

**E-Mail Address:**

gburch@metairie-healthcare.com

**Physical Address of evacuation site:**

6401 Riverside Drive  
Metairie, LA 70003

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

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

24

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

30 minutes

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

2-4 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: 40

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

**Date of agreement/contract/verification:**

2/21/21

**Date agreement/contract ends:**

open-ended

**Transfer Agreement  
Riverbend Nursing and Rehab Center and  
Metairie Healthcare**

Metairie Healthcare enters into a contractual agreement for the transfer of residents from Riverbend Nursing and Rehab Center on a non-discriminatory basis.

In the event of a natural disaster or other causes which would require the evacuation of the residents from Riverbend Nursing and Rehab Center, Metairie Healthcare agrees to be an alternate source of shelter to the best of their capacity. Riverbend Nursing and Rehab Center agrees to furnish equipment, supplies, and staff (as available) to provide care to our residents while being cared for in this facility.

This contract is dated for 2/28/21. It is an open-ended contract until nullified by either party.

Kellie Johnston  
Administrator  
Riverbend Nursing and Rehab Center

Signature

Date

Guy Burch  
Administrator  
Metairie Healthcare

Signature

Date

# 2021 Nursing Home Emergency Preparedness Plan Survey

## EVACUATION HOST SITE COVER SHEET

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

Name of EVACUATION HOST SITE:

Lacombe Nursing Center

Contact Person: Jill Charles

Phone # of Contact Person: 985 789 0407

FAX#:

E-Mail Address: jill@lacombe-care.com

Physical Address of evacuation site:

28119 Hwy 190  
Lacombe, LA 70445

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

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

24°

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

1 hour

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

2-4 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: 40

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

Date of agreement/contract/verification: 1/12/21

Date agreement/contract ends: 1/12/22

LACOMBE NURSING CENTRE  
28119 HWY 190  
P.O.BOX 2227  
LACOMBE, LA 70445


**TRANSFER AGREEMENT**


Lacombe Nursing Centre and Riverbend Nursing Home and Rehab Center.

Riverbend Nursing and Rehab Center enters into a contractual agreement for the transfer of residents FROM the Lacombe Nursing Centre on a non-discriminatory basis.

In situations due to natural disasters (hurricanes, etc.) or other causes which may require the evacuation of residents from the Lacombe Nursing Centre, Riverbend Nursing Home and Rehab Center has agreed to be the alternate source of emergency shelter. Lacombe Nursing Centre agrees to furnish disaster preparedness equipment such as staff, supplies, medical charts and any other additional expenses that may occur.

This contract is dated January 12, 2021. It is an open-ended contract until nullified by any of the individuals under this contract.

  
Jill Charles, NFA  
Administrator  
Lacombe Nursing Centre  
Cell: 985-789-0407  
Facility: 985-882-5417  
St. Tammany OEP Clarence Powe  
985-893-4978

  
Kellie Johnston  
Administrator  
Riverbend Nursing/Rehab Center

# 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:

Twin Oaks

Contact Person:

Karen Connor

Phone # of Contact Person:

985 652 9538

FAX#:

E-Mail Address:

kconnor@twinoksnh.com

Physical Address of evacuation site:

506 West E 5th St.  
Laplace, LA 70068

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

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

24<sup>h</sup>

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

45 mins

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

2-4 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:

40

Is the evacuation host site air conditioned? ☒ Yes, air conditioned

☐ Not air conditioned

Date of agreement/contract/verification:

2/22/21

Date agreement/contract ends:

2/22/22

**Transfer Agreement  
Riverbend Nursing and Rehab Center and  
Twin Oaks Nursing Home**

Twin Oaks Nursing Home enters into a contractual agreement for the transfer of residents from Riverbend Nursing and Rehab Center on a non-discriminatory basis.

In the event of a natural disaster or other causes which would require the evacuation of the residents from Riverbend Nursing and Rehab Center, Twin Oaks Nursing Home agrees to be an alternate source of shelter to the best of their capacity. Riverbend Nursing and Rehab Center agrees to furnish equipment, supplies, and staff (as available) to provide care to our residents while being cared for in this facility.

This contract is dated for 2/28/21. It is an open-ended contract until nullified by either party.

Kellie Johnston  
Administrator  
Riverbend Nursing and Rehab Center

  
\_\_\_\_\_  
Signature

2/21/21  
\_\_\_\_\_  
Date

Karen Connor  
Administrator  
Twin Oaks Nursing Home

  
\_\_\_\_\_  
Signature

02/22/21  
\_\_\_\_\_  
Date

## 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:

Pontchartrain Healthcare

#### Contact Person:

Patti Lavarine

#### Phone # of Contact Person:

985-626-8581

#### FAX#:

#### E-Mail Address:

patti@pontcare.com

#### Physical Address of evacuation site:

1401 Florida St.  
Mandeville, LA 70448

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

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

24°

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

1 hour

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

2-4 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:

30

Is the evacuation host site air conditioned? ☒ Yes, air conditioned

☐ Not air conditioned

Date of agreement/contract/verification:

2/22/21

Date agreement/contract ends:

2/22/22

**Transfer Agreement**  
**Riverbend Nursing and Rehab Center and**  
**Pontchartrain Healthcare**

Pontchartrain Healthcare enters into a contractual agreement for the transfer of residents from Riverbend Nursing and Rehab Center on a non-discriminatory basis.

In the event of a natural disaster or other causes which would require the evacuation of the residents from Riverbend Nursing and Rehab Center, Pontchartrain Healthcare agrees to be an alternate source of shelter to the best of their capacity. Riverbend Nursing and Rehab Center agrees to furnish equipment, supplies, and staff (as available) to provide care to our residents while being cared for in this facility.

This contract is dated for 2/28/21. It is an open-ended contract until nullified by either party.

Kellie Johnston  
Administrator  
Riverbend Nursing and Rehab Center

Kellie Johnston  
Signature

2/22/21  
Date

Administrator  
Pontchartrain Healthcare

Patti Lane  
Signature

2/22/21  
Date

## 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:

Waldon Healthcare

Contact Person:

Konswalo Taylor

Phone # of Contact Person:

504 466 0222

FAX#:

E-Mail Address:

ktaylor@waldonhc.com

Physical Address of evacuation site:

2401 Idaho Avenue  
Kenner, LA 70062

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

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

24°

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

1 hours

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

2-4 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:

40

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

Date of agreement/contract/verification:

2/21/21

Date agreement/contract ends:

2/21/22

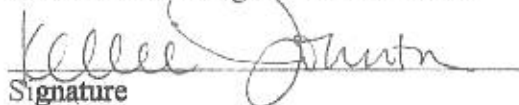
**Transfer Agreement  
Riverbend Nursing and Rehab Center and  
Waldon Healthcare**

Waldon Healthcare enters into a contractual agreement for the transfer of residents from Riverbend Nursing and Rehab Center on a non-discriminatory basis.

In the event of a natural disaster or other causes which would require the evacuation of the residents from Riverbend Nursing and Rehab Center, Waldon Healthcare agrees to be an alternate source of shelter to the best of their capacity. Riverbend Nursing and Rehab Center agrees to furnish equipment, supplies, and staff (as available) to provide care to our residents while being cared for in this facility.

This contract is dated for 2/28/21. It is an open-ended contract until nullified by either party.

Kellie Johnston  
Administrator  
Riverbend Nursing and Rehab Center

  
Signature

2/21/21  
Date

Administrator  
Waldon Healthcare

  
Signature

2/21/21  
Date

## 2021 Nursing Home Emergency Preparedness Plan Survey

### SUPPLY CONTRACTS COVER SHEET

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

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

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

Type of Supply: medications, treatments, all pharmacy needs

Name of Supplier:

Pontchartrain Pharmacy

Contact Person: Steve Campo

Phone # of Contact Person: 985 626 1900

FAX#: 985 626 7919

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?

24h

How long will it take to receive the delivery?

1 day or by evening of ordering day

Date of agreement/contract/verification: 2/22/21

Date agreement/contract ends: 2/22/21



**Pontchartrain Pharmacy  
Emergency evacuation Policy and Procedure**

**Purpose:**

To prepare and continue to service all facility needs in an emergency situation.

**Policy:**

Pontchartrain Pharmacy has many sources to aide in supplying appropriate medications during an emergency situation and will maintain all records to do so.

**Procedure:**

During an emergency crisis such as a hurricane, Pontchartrain Pharmacy, Inc will:

1. Issue a 30 day supply of medications for all residents that are to be evacuated
2. Assist the staff to provide for emergency medications that will be needed
3. Provide an on-call service with a pharmacy for your convenience. PPI is contracted with Med-Call for these services and will assist with the pharmacy selection. A list is available of pharmacies that have contracted with us to provide this service.


Please be assured that our on-call pharmacist will be available during this period.

Pharmacist on-call:      Cell:      **504-577-7551**

Riverbend Nursing & Rehab

Pontchartrain Pharmacy

  
Kellie Maronge, NFA      Date

  
Rodney Krumm, RPh      Date

## 2021 Nursing Home Emergency Preparedness Plan Survey

### SUPPLY CONTRACTS COVER SHEET

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

Type of Supply: Food + Nutrition Needs / Hydration Needs

Name of Supplier:

Reinhardt Food Service

Contact Person: Shannon Hayes

Phone # of Contact Person: 225-288-1279

FAX#: 504-734-5270

E-Mail Address: shhayes@rfsdelivers.com

Indicate where the supplies are to be delivered to;

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

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

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

24<sup>h</sup>

How long will it take to receive the delivery?

24<sup>h</sup>

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

Date agreement/contract ends: 2/16/22



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

February 16, 2021

Valued Customer:

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

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

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

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

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

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

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

Sincerely,

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

Steve Wood  
Area President New Orleans and Shreveport Opcos

## 2021 Nursing Home Emergency Preparedness Plan Survey

### SUPPLY CONTRACTS COVER SHEET

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

Type of Supply: Xray services, ultrasounds, etc.

Name of Supplier:

XPress Ray, Inc

Contact Person: Eddie Asaro

Phone # of Contact Person: 504382 0422

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?

24

How long will it take to receive the delivery?

within same day

Date of agreement/contract/verification: 1/15/21

Date agreement/contract ends: 1/15/22

**XPRESS RAY, INC.**

**3400 DIVISION STREET**

**METAIRIE, LOUISIANA 70002**

**504-455-5992/800-948-1166**

---

**TO: ADMINISTRATOR OR DON**

**FROM: EDDIE ASARO, PRESIDENT**

**DATE: JANUARY 15, 2021**

**SUBJECT: HURRICANE PREPAREDNESS**

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

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

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

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

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### **HURRICANE PREPAREDNESS**

#### **POLICY**

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

1) EDDIE ASARO - 504-382-0422/504-234-6591

2) VINCENT ASARO - 504-415-0339

**PLEASE KEEP THESE NUMBERS ON FILE**

Updated: 1/15/20

## 2021 Nursing Home Emergency Preparedness Plan Survey

### SUPPLY CONTRACTS COVER SHEET

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

Type of Supply: Medical Supplies

Name of Supplier:

Medline

Contact Person: Todd Romig

Phone # of Contact Person: 504 252 1798

FAX#: 866 914 2730

E-Mail Address: tromig@medline.com

Indicate where the supplies are to be delivered to;

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

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

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

24

How long will it take to receive the delivery?

24

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

Date agreement/contract ends: 1/21/22



# 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

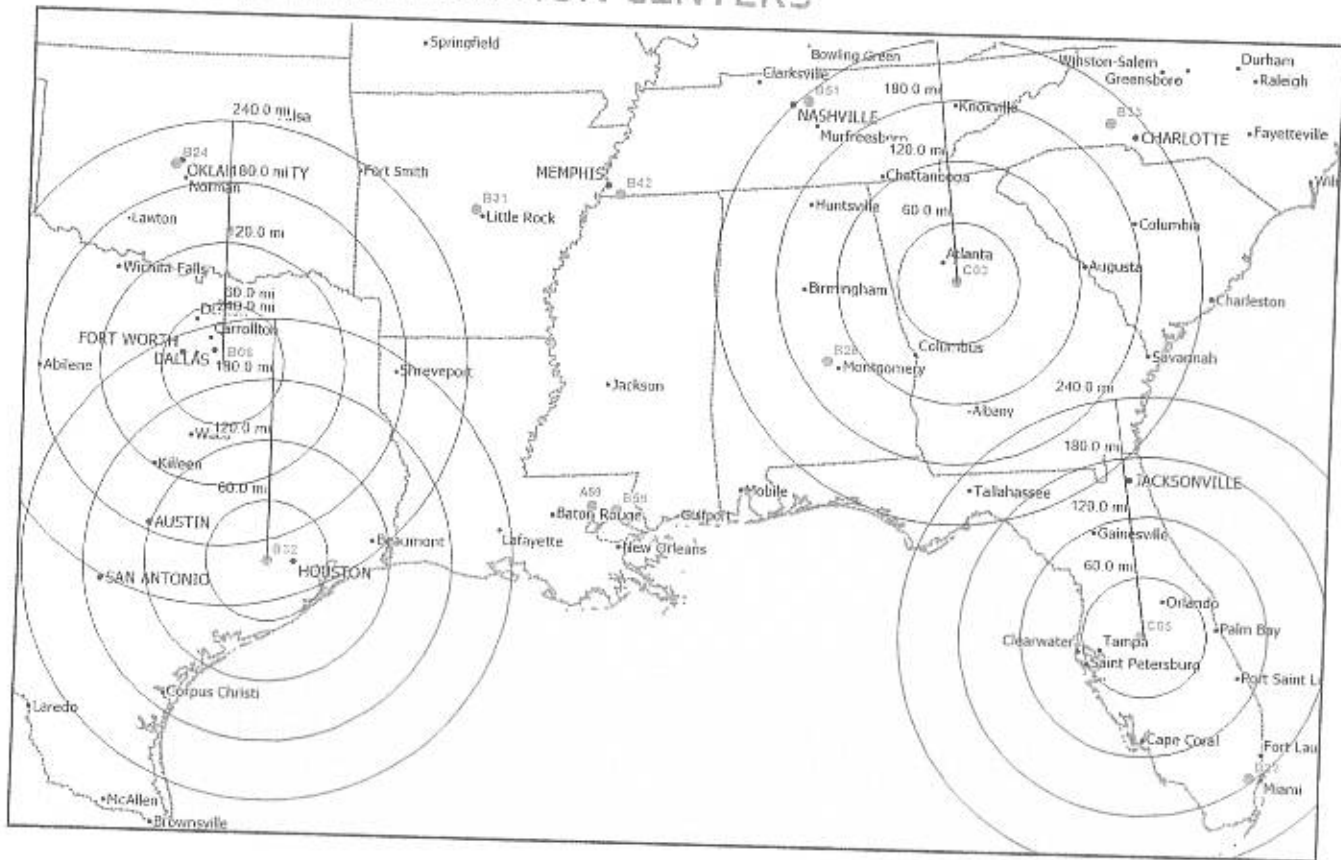
### Medline Customer Service

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).

## GULF COAST DISTRIBUTION CENTERS



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

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

Wilmer, TX - 806  
1 Medline Drive  
Wilmer, TX 75172

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

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

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

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

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

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

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

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

## 2021 Nursing Home Emergency Preparedness Plan Survey

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

I. Provide the following information:(list **primary** sites in this area, if multiple sites list **each**)

i. What is the name of each **primary** site(s)?

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

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

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

v. Does plan include map of route to be taken and written directions to host site?  
☐ Yes. If No - obtain and mark Yes.

vi. Who is the contact person at **each primary** host site(s)?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?

➤ Capacity that will be allowed at each site:

➤ Is this adequate for all evacuating residents?

☐ Yes. If No - obtain and mark Yes.

viii. Is the **primary** site a currently licensed nursing home(s)?

☐ Yes, go to- B.4.b) x.

☐ No, go to- B.4.b) ix.

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

➤ What type of facility it is?

➤ What is host site currently being used for?

➤ Is the square footage/area of the space to be used adequate for the residents?

☐ Yes

☐ No

➤ What is the age of the host facility(s)?

➤ Is host facility(s) air conditioned?

☐ Yes

☐ No

NA

## 2021 Nursing Home Emergency Preparedness Plan Survey

- What is the current physical condition of facility?
  - ☐ Good
  - ☐ Fair
  - ☐ Poor
- Are there adequate provisions for food preparation and service?
  - ☐ Yes
  - ☐ No
- Are there adequate provisions for bathing and toilet accommodations?
  - ☐ Yes
  - ☐ No
- Are any other facilities contracted to use this site?
  - ☐ Yes
  - ☐ No

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

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

## 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)?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

☐ Yes

☐ No

v. Does plan include map of route to be taken and written directions to host site?

☐ Yes. If No - obtain and mark Yes.

vi. Who is the contact person at each **alternate/secondary** host site(s)?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

vii. What is the capacity (number of residents allowed) of each **alternate/secondary** host site(s)?

➤ Capacity that will be allowed at each **alternate/secondary** site:

\_\_\_\_\_

➤ Is this adequate for all evacuating residents?

☐ Yes. If No - obtain and mark Yes.

viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?

☐ Yes go to - B.4.d) x.

☐ No, go to - B.4.d) ix.

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

➤ What type of facility it is?

\_\_\_\_\_

➤ What is host site currently being used for?

\_\_\_\_\_

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

## 2021 Nursing Home Emergency Preparedness Plan Survey

### AUTHENTICATION

Facility Name (Print):

Riverbend Nursing & Rehab Center

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

Date: 2/22/21

Facility Administrator Name (PRINT): Kellie Johnston

Facility Administrator Signature: Kellie Johnston

Comments: