



October 30, 2017

Hernando County Emergency Management
PO Box 10070
Brooksville, FL 34603

Dear Hernando County Emergency Management:

In light of the recent Administrative Law Judge ruling invalidating the Governor's recent emergency rule 59AER17-1, our Nursing Home is hereby notifying this agency that Evergreen Woods Health and Rehab located at 7045 Evergreen Woods Trail reserves the right to amend their emergency plan pending additional legal or legislative actions.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Swonger".

Ronald Swonger
Administrator

CC: Agency for Health Care Administration at: NH_Emergencyrule@ahca.myflorida.com

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

**In Re: Petition for Rule Variance from rule 59AER17-1
by FI – EVERGREEN WOODS, LLC d/b/a EVERGREEN
WOODS HEALTH AND REHABILITATION CENTER,
Petitioner,**

PETITION FOR EMERGENCY VARIANCE

The Petitioner, **FI – EVERGREEN WOODS, LLC d/b/a EVERGREEN WOODS HEALTH AND REHABILITATION CENTER**, (“Petitioner”), by and through the undersigned Counsel, hereby files this Petition for Emergency Variance pursuant to Section 120.542, Fla. Stat. and Rule 28-104.004 F.A.C. In support thereof, the Petitioner states as follows:

I. PARTIES

1. Petitioner is a nursing home, licensed by the State of Florida, which is located at 7045 Evergreen 7045 Evergreen Woods Trail, Spring Hill, FL 33608.
2. Petitioner’s legal representative is the Law Offices of Peter A. Lewis, P.L., whose address, telephone number and other contact information is set forth below.
3. The agency affected is the Agency for Health Care Administration (“Agency”), whose address is 2727 Mahan Drive, Tallahassee, Florida 32308.

II. BACKGROUND

4. On September 16, 2017, the Agency filed emergency rule 59AER17-1, which states:

(1) Procedures Regarding Emergency Environmental Control for Nursing Homes. Nursing homes shall, within forty-five (45) days of the effective date of this emergency rule, provide in writing, to the Agency for Health Care Administration and to the local emergency management agency for review and approval, a detailed plan which includes the following criteria:

(a) The acquisition of a sufficient generator or sufficient generators to ensure that current licensees of nursing homes will be equipped to ensure ambient temperatures will be maintained at 80 degrees or less for a period of a minimum of ninety-six (96) hours in the event of the loss of electrical power.

(b) The acquisition and safe maintenance of sufficient fuel to ensure that in an emergency situation the generators can function to maintain ambient temperatures at 80 degrees or less for a period of a minimum of ninety-six (96) hours in the event of the loss of electrical power.

(c) The acquisition of services necessary to install, maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the generator system installed in the nursing home

(2) Each nursing home shall, within sixty (60) days of the effective date of this rule, have implemented the plan required under this rule.

(3) If the facility's initial submission of the plan is denied, then the local emergency management agency shall report the denial to the Florida Division of Emergency Management and the facility within forty-eight (48) hours of the date of denial.

(4) Within ten (10) business days of the date of the local county emergency management agency's notice of denial, the facility shall resubmit their plan.

(5) The county shall post all approved facility emergency management plans to their website within ten (10) days of the plan's approval.

(6) Within forty-eight (48) hours of the approval of the plan from the local emergency management agency, the facility shall submit in writing proof of approval to the Agency for Health Care Administration.

(7) The State Fire Marshall shall conduct inspections to ensure compliance with this rule within fifteen (15) days of installation.

(8) Each nursing home facility shall develop and implement written policies and procedures to ensure that the facility can effectively and immediately activate, operate and maintain the generators and alternate fuel required for the operation of the generators.

(9) The Agency for Health Care Administration may revoke the nursing home's license for failure to comply with this rule.

(10) In addition to other remedies provided by law, violation of this rule shall result in a fine or sanction of \$1,000 per day.

(11) The facility shall implement policies and procedures to ensure that the health care facility can effectively and immediately activate and maintain the generators and alternate fuel required for the operation of the generators.

5. The law implemented cited for the emergency rule is section 400.23, 408.819 and 408.821(4), Fla. Stat.

6. As mentioned above, the Petitioner operates a licensed nursing home and as such, is subject to the provisions of this emergency rule. The rule as filed carries with it potential license revocation and fines in the amount of \$1,000.00 per day for non-compliance. Therefore, the Petitioner has standing to make this request for a variance.

III. BASIS FOR THE EMERGENCY PETITION

7. This Petition is filed on an emergency basis because the effective date of implementation specified in the rule is sixty days from the date of the publication of the rule and the Petitioner does not have the time under the non-emergency variance request provisions to seek a variance under those provisions. According to the statutory provisions for non-emergency petitions for variances or waivers contained in section 120.542(8), Fla. Stat., an agency has “90 days after receipt of the original petition, the last item of timely requested additional material, or the petitioner’s written request to finish processing the petition” to render a decision on the request. According to the rule implementation requirements and sanctions for failure to comply, the non-emergency rulemaking provisions of the waiver/variance statute would leave the Petitioner in a potential state of noncompliance while the Agency reviewed the Request for Variance. Therefore, the non-emergency variance provisions are ineffectual in this case.

IV. THE RULE PROVISION FROM WHICH THE PETITIONER SEEKS A VARIANCE

8. The Petitioner requests an emergency variance on paragraph 2, 8, 9, 10 and 11 of the emergency rule. The Petitioner has no way of complying with the 60 day implementation date set forth in paragraph 2.

V. SPECIFIC FACTS THAT DEMONSTRATE SUBSTANTIAL HARDSHIP THAT WOULD JUSTIFY THE VARIANCE

9. According to section 120.542 (2), Fla. Stat., the definition of a “substantial hardship” *means a demonstrated economic, technological, legal, or other type of hardship to the person requesting the variance or waiver.* Despite diligent attempts to secure the necessary equipment to comply with the provisions of the emergency rule, it is impossible for the Petitioner to comply with those provisions within 60 days. Attached to this Petition is a letter from the contractor that the Petitioner has contracted with to provide the necessary services and equipment to achieve compliance. The letter clearly states the inability of the Petitioner, due to no fault of its own, to comply with the provisions of the emergency rule relating to implementation within 60 days.

10. The letter establishes that a reasonable time for the Petitioner to achieve compliance is February, 2018. This request for variance requests that the Petitioner not be required to comply with the provisions of the emergency rule and therefore, not subject to sanctions until and including February, 2018.

VI. STATEMENT AS TO WHY THE VARIANCE WOULD SERVE THE PURPOSE OF THE UNDERLYING STATUTE

11. The variance would permit the Petitioner to attain the goals of the statute within a reasonable time without the sanctions of licensure revocation or fines being imposed on the

Emergency Power Plan Crosswalk

1. **What is your facility type?**

Nursing Home

2. **Facility Name?**

Evergreen Woods Health and Rehab

3. **Facility Address and Phone Number?**

7045 Evergreen Woods Trail Spring Hill Florida 34608 (352) 596-8371

4. **What areas of your facility do you plan to keep below 80 degrees?**

Dining Room, Club House, Main Hallway lobby to dining, Main Hallway Unit 1 double doors to Unit 2 double doors, Activities Room, Conference Room

5. **What kind of equipment is being used to cool the facility?**

Main HVAC on generator and facility has 2 additional spot coolers

6. **What is the square footage of the cooled area**

5842 Sq. Ft.

7. **How many people (residents and staff) do you plan to locate in this cooled space/ area?**

Dining Room: 35 residents/ 2 staff, Club House 10 residents/ 1 staff, Main Hallway lobby to dining: 30 residents/ 2 staff, Main Hallway Unit 1 double doors to Unit 2 double doors: 25 residents/ 2 staff, Activities Room 10 residents/ 1 staff, Conference Room: 10 residents/ 1 staff.

8. **Please provide a statement for how you plan to move residents to this location?**

27 residents walking, 80 wheelchair, and 13 bed. Employees will assist residents according to their unit assignment. All other staff will be divided to each unit to help move additional supplies and bedding.

9. **Will there be beds available in the cooled area?**

Yes

a. **How many?**

20

b. **Do you have these beds onsite?**

Yes

10. **Describe how you will ensure the facility does not exceed 80 degrees and how often it will be monitored.**

The HVAC is operated by generator in the event of power outage. Temperatures will be taken every four hours or as needed if the

temperature feels warmer to ensure adequate cooling. In the event the temperatures are not maintained at 80 degrees or lower the facility will begin emergency evacuation procedures.

11. Describe the fuel type you will need to operate the generator?

Diesel

12. How do you plan on storing 96 hours of fuel on-site?

Current run time is 31 hours. Facility plans to add a supplemental 700-gallon diesel fuel tank to increase run time of the generator to exceed the required 96 hours.

13. Please provide a maintenance schedule for both the generator and HVAC system. (Include: mechanism for load testing and documentation of the test)

See attached TEL's schedule.

14. State the procedure of how your facility will refuel before and after an emergency.

Hernando Oil Company. Facility will top off tanks prior to storm and schedule refill post storm.

15. Provide a training procedure to ensure staff is aware of how to operate the emergency power to the facility.

See attached in-service education.

16. Describe how new staff will be informed of the emergency power plan.

See attached new hire orientation section on emergency power.

17. Please attach a certified HVAC letter with a quote approving the tonnage required to cool the space indicated.

See attached letter.

18. Please attach a certified electrician letter with a quote specifying generator capacity required to run HVAC system and fuel for 96 hours.

See attached letter.

19. Please attach a construction implementation timeline.

See attached letter.

20. Please provide documentation to show the generator for the facility has been installed and is operable.

Generator already established.

Logbook Report

Evergreen Woods 517 - Spring Hill, FL 34608-1306

Task Name: Emergency Power Generators: Test generator under load, perform routine checks, create entry in logbook.

Last 12 Months

Report Generated: 2017-10-20



<u>Due Date</u>	<u>Completed By</u>	<u>Building/Location</u>
9/30/2017	Ronald Swonger	Main Building/
8/31/2017	Ronald Swonger	Main Building/
7/31/2017	Ronald Swonger	Main Building/
6/30/2017	Louis Vega	Main Building/
5/31/2017	Ronald Swonger	Main Building/
4/30/2017	Esteban Jusino	Main Building/
3/31/2017	Esteban Jusino	Main Building/
2/28/2017	Esteban Jusino	Main Building/
1/31/2017	Esteban Jusino	Main Building/
12/31/2016	Esteban Jusino	Main Building/
11/30/2016	Esteban Jusino	Main Building/
10/31/2016	Esteban Jusino	Main Building/

Logbook Documentation

Evergreen Woods 517 - Spring Hill, FL 34608-1306

Task Name: Test generator under load, perform routine checks, create entry in logbook.

Marked done on-time by Esteban Jusino on 11/1/2016.



Serial #	Building	Location	Make & Model	Description
1088761	Main Building		Unknown	Emergency Power Generator -150R131
Date Completed			10/31/2016	
Start Time			8 AM	
Hour Meter Reading (Start)			350.2 hours	
Hour Meter Reading (End)			351.1 hours	
Transfer Time to Emergency Power			2 seconds	
Run Time			30 minutes	
Load			100 %	
Did you obtain a minimum of 30% load			Yes	
Engine Oil Pressure			40 psi	
Water Temperature			167 F	
Voltage Output - Phase 1			208 V	
Voltage Output - Phase 2			208 V	
Voltage Output - Phase 3			208 V	
Amperage Output - Phase 1			40 amps	
Amperage Output - Phase 2			40 amps	
Amperage Output - Phase 3			40 amps	
Hertz/Cycles			40 Hz	
Cool Down Time			15 minutes	
Battery-Powered Lighting On-Site?			Yes	
Battery Voltage			14.7 VDC	
Specific Gravity electrolyte level			1275 good	

Logbook Documentation

Evergreen Woods 517 - Spring Hill, FL 34608-1306

Task Name: Test generator under load, perform routine checks, create entry in logbook.
Marked done on-time by Esteban Jusino on 11/30/2016.



Serial #	Building	Location	Make & Model	Description
1088761	Main Building		Unknown	Emergency Power Generator -150R131
Date Completed			11/28/2016	
Start Time			4 PM	
Hour Meter Reading (Start)			354.4 hours	
Hour Meter Reading (End)			355.1 hours	
Transfer Time to Emergency Power			2 seconds	
Run Time			30 minutes	
Load			100 %	
Did you obtain a minimum of 30% load			Yes	
Engine Oil Pressure			40 psi	
Water Temperature			167 F	
Voltage Output - Phase 1			208 V	
Voltage Output - Phase 2			208 V	
Voltage Output - Phase 3			208 V	
Amperage Output - Phase 1			40 amps	
Amperage Output - Phase 2			40 amps	
Amperage Output - Phase 3			40 amps	
Hertz/Cycles			40 Hz	
Cool Down Time			15 minutes	
Battery-Powered Lighting On-Site?			Yes	
Battery Voltage			14.6 VDC	
Specific Gravity electrolyte level			n/a	

Logbook Documentation

Evergreen Woods 517 - Spring Hill, FL 34608-1306

Task Name: Test generator under load, perform routine checks, create entry in logbook.
Marked done on-time by Esteban Jusino on 12/31/2016.



Serial #	Building	Location	Make & Model	Description
1088761	Main Building		Unknown	Emergency Power Generator -150R131
Date Completed			12/26/2016	
Start Time			8 AM	
Hour Meter Reading (Start)			355.7 hours	
Hour Meter Reading (End)			356.4 hours	
Transfer Time to Emergency Power			2 seconds	
Run Time			30 minutes	
Load			100 %	
Did you obtain a minimum of 30% load			Yes	
Engine Oil Pressure			40 psi	
Water Temperature			167 F	
Voltage Output - Phase 1			208 V	
Voltage Output - Phase 2			208 V	
Voltage Output - Phase 3			208 V	
Amperage Output - Phase 1			40 amps	
Amperage Output - Phase 2			40 amps	
Amperage Output - Phase 3			40 amps	
Hertz/Cycles			40 Hz	
Cool Down Time			15 minutes	
Battery-Powered Lighting On-Site?			Yes	
Battery Voltage			14.7 VDC	
Specific Gravity electrolyte level			1275	

Logbook Documentation

Evergreen Woods 517 - Spring Hill, FL 34608-1306

Task Name: Test generator under load, perform routine checks, create entry in logbook.

Marked done on-time by Esteban Jusino on 2/1/2017.



Serial #	Building	Location	Make & Model	Description
1088761	Main Building		Unknown	Emergency Power Generator -150R131
Date Completed			2/20/2017	
Start Time			800 AM	
Hour Meter Reading (Start)			358.9 hours	
Hour Meter Reading (End)			359.4 hours	
Transfer Time to Emergency Power			2 seconds	
Run Time			30 minutes	
Load			100 %	
Did you obtain a minimum of 30% load			Yes	
Engine Oil Pressure			40 psi	
Water Temperature			167 F	
Voltage Output - Phase 1			208 V	
Voltage Output - Phase 2			208 V	
Voltage Output - Phase 3			208 V	
Amperage Output - Phase 1			40 amps	
Amperage Output - Phase 2			40 amps	
Amperage Output - Phase 3			40 amps	
Hertz/Cycles			40 Hz	
Cool Down Time			15 minutes	
Battery-Powered Lighting On-Site?			Yes	
Battery Voltage			14.7 VDC	
Specific Gravity electrolyte level			1275	

Logbook Documentation

Evergreen Woods 517 - Spring Hill, FL 34608-1306

Task Name: Test generator under load, perform routine checks, create entry in logbook.

Marked done on-time by Esteban Jusino on 2/28/2017.



Serial #	Building	Location	Make & Model	Description
1088761	Main Building		Unknown	Emergency Power Generator -150R131
Date Completed			2/20/2017	
Start Time			8 AM	
Hour Meter Reading (Start)			358.9 hours	
Hour Meter Reading (End)			359.4 hours	
Transfer Time to Emergency Power			2 seconds	
Run Time			30 minutes	
Load			100 %	
Did you obtain a minimum of 30% load			Yes	
Engine Oil Pressure			40 psi	
Water Temperature			167 F	
Voltage Output - Phase 1			208 V	
Voltage Output - Phase 2			208 V	
Voltage Output - Phase 3			208 V	
Amperage Output - Phase 1			40 amps	
Amperage Output - Phase 2			40 amps	
Amperage Output - Phase 3			40 amps	
Hertz/Cycles			40 Hz	
Cool Down Time			15 minutes	
Battery-Powered Lighting On-Site?			Yes	
Battery Voltage			14.7 VDC	
Specific Gravity electrolyte level			1275	

Logbook Documentation

Evergreen Woods 517 - Spring Hill, FL 34608-1306

Task Name: Test generator under load, perform routine checks, create entry in logbook.
Marked done on-time by Esteban Jusino on 3/31/2017.



Serial #	Building	Location	Make & Model	Description
1088761	Main Building		Unknown	Emergency Power Generator -150R131
Date Completed			3/27/2017	
Start Time			8 AM	
Hour Meter Reading (Start)			365.1 hours	
Hour Meter Reading (End)			365.7 hours	
Transfer Time to Emergency Power			2 seconds	
Run Time			30 minutes	
Load			100 %	
Did you obtain a minimum of 30% load			Yes	
Engine Oil Pressure			40 psi	
Water Temperature			167 F	
Voltage Output - Phase 1			208 V	
Voltage Output - Phase 2			208 V	
Voltage Output - Phase 3			208 V	
Amperage Output - Phase 1			40 amps	
Amperage Output - Phase 2			40 amps	
Amperage Output - Phase 3			40 amps	
Hertz/Cycles			40 Hz	
Cool Down Time			15 minutes	
Battery-Powered Lighting On-Site?			Yes	
Battery Voltage			14.7 VDC	
Specific Gravity electrolyte level			1275	

Logbook Documentation

Evergreen Woods 517 - Spring Hill, FL 34608-1306

Task Name: Test generator under load, perform routine checks, create entry in logbook.

Marked done on-time by Esteban Jusino on 4/29/2017.



Serial #	Building	Location	Make & Model	Description
1088761	Main Building		Unknown	Emergency Power Generator -150R131
Date Completed			4/17/2017	
Start Time			8 AM	
Hour Meter Reading (Start)			366.5 hours	
Hour Meter Reading (End)			366.9 hours	
Transfer Time to Emergency Power			2 seconds	
Run Time			30 minutes	
Load			100 %	
Did you obtain a minimum of 30% load			Yes	
Engine Oil Pressure			40 psi	
Water Temperature			167 F	
Voltage Output - Phase 1			208 V	
Voltage Output - Phase 2			208 V	
Voltage Output - Phase 3			208 V	
Amperage Output - Phase 1			40 amps	
Amperage Output - Phase 2			40 amps	
Amperage Output - Phase 3			40 amps	
Hertz/Cycles			40 Hz	
Cool Down Time			15 minutes	
Battery-Powered Lighting On-Site?			Yes	
Battery Voltage			14.7 VDC	
Specific Gravity electrolyte level			1275	

Logbook Documentation

Evergreen Woods 517 - Spring Hill, FL 34608-1306

Task Name: Test generator under load, perform routine checks, create entry in logbook.

Marked done on-time by Ronald Swonger on 6/19/2017.



<u>Serial #</u>	<u>Building</u>	<u>Location</u>	<u>Make & Model</u>	<u>Description</u>
1088761	Main Building		Unknown	Emergency Power Generator -150R131
Date Completed			5/31/2017	
Start Time			9:00 AM	
Hour Meter Reading (Start)			371.5 hours	
Hour Meter Reading (End)			371.7 hours	
Transfer Time to Emergency Power			120 seconds	
Run Time			25 minutes	
Load			100 %	
Did you obtain a minimum of 30% load			Yes	
Engine Oil Pressure			40 psi	
Water Temperature			165 F	
Voltage Output - Phase 1			208 V	
Voltage Output - Phase 2			208 V	
Voltage Output - Phase 3			208 V	
Amperage Output - Phase 1			40 amps	
Amperage Output - Phase 2			40 amps	
Amperage Output - Phase 3			40 amps	
Hertz/Cycles			40 Hz	
Cool Down Time			15 minutes	
Battery-Powered Lighting On-Site?			Yes	
Battery Voltage			14.8 VDC	
Specific Gravity electrolyte level			1275	

Logbook Documentation

Evergreen Woods 517 - Spring Hill, FL 34608-1306

Task Name: Test generator under load, perform routine checks, create entry in logbook.

Marked done on-time by Ronald Swonger on 8/9/2017.



Serial #	Building	Location	Make & Model	Description
1088761	Main Building		Unknown	Emergency Power Generator -150R131
Date Completed			6/30/2017	
Start Time			9:30 AM	
Hour Meter Reading (Start)			372.5 hours	
Hour Meter Reading (End)			373 hours	
Transfer Time to Emergency Power			1 seconds	
Run Time			30 minutes	
Load			60 %	
Did you obtain a minimum of 30% load			Yes	
Engine Oil Pressure			45 psi	
Water Temperature			180 F	
Voltage Output - Phase 1			208 V	
Voltage Output - Phase 2			209 V	
Voltage Output - Phase 3			210 V	
Amperage Output - Phase 1			34.2 amps	
Amperage Output - Phase 2			19.4 amps	
Amperage Output - Phase 3			30.1 amps	
Hertz/Cycles			60 Hz	
Cool Down Time			15 minutes	
Battery-Powered Lighting On-Site?			Yes	
Battery Voltage			15 VDC	
Specific Gravity electrolyte level			1055cca	

Logbook Documentation

Evergreen Woods 517 - Spring Hill, FL 34608-1306

Task Name: Test generator under load, perform routine checks, create entry in logbook.

Marked done on-time by Louis Vega on 7/14/2017.



Serial #	Building	Location	Make & Model	Description
1088761	Main Building		Unknown	Emergency Power Generator -150R131
Date Completed			7/5/2017	
Start Time			11 AM	
Hour Meter Reading (Start)			30 hours	
Hour Meter Reading (End)			30 hours	
Transfer Time to Emergency Power			3 seconds	
Run Time			30 minutes	
Load			50 %	
Did you obtain a minimum of 30% load			Yes	
Engine Oil Pressure			160 psi	
Water Temperature			180 F	
Voltage Output - Phase 1			120/277 V	
Voltage Output - Phase 2			120/277 V	
Voltage Output - Phase 3			12/277 V	
Amperage Output - Phase 1			400 amps	
Amperage Output - Phase 2			400 amps	
Amperage Output - Phase 3			400 amps	
Hertz/Cycles			60 Hz	
Cool Down Time			15 minutes	
Battery-Powered Lighting On-Site?			Yes	
Battery Voltage			14 VDC	
Specific Gravity electrolyte level			good	

Logbook Documentation

Evergreen Woods 517 - Spring Hill, FL 34608-1306

Task Name: Test generator under load, perform routine checks, create entry in logbook.

Marked done on-time by Ronald Swonger on 9/27/2017.



Serial #	Building	Location	Make & Model	Description
1088761	Main Building		Unknown	Emergency Power Generator -150R131
Date Completed			8/7/2017	
Start Time			8:00 AM	
Hour Meter Reading (Start)			377 hours	
Hour Meter Reading (End)			377.5 hours	
Transfer Time to Emergency Power			2 seconds	
Run Time			30 minutes	
Load			40 %	
Did you obtain a minimum of 30% load			Yes	
Engine Oil Pressure			40 psi	
Water Temperature			180 F	
Voltage Output - Phase 1			208 V	
Voltage Output - Phase 2			208 V	
Voltage Output - Phase 3			208 V	
Amperage Output - Phase 1			190 amps	
Amperage Output - Phase 2			170 amps	
Amperage Output - Phase 3			180 amps	
Hertz/Cycles			60 Hz	
Cool Down Time			15 minutes	
Battery-Powered Lighting On-Site?			Yes	
Battery Voltage			14 VDC	
Specific Gravity electrolyte level			Good	

Logbook Documentation

Evergreen Woods 517 - Spring Hill, FL 34608-1306

Task Name: Test generator under load, perform routine checks, create entry in logbook.

Marked done on-time by Ronald Swonger on 9/27/2017.



Serial #	Building	Location	Make & Model	Description
1088761	Main Building		Unknown	Emergency Power Generator -150R131
Date Completed			9/4/2017	
Start Time			8:00 AM	
Hour Meter Reading (Start)			379 hours	
Hour Meter Reading (End)			380.5 hours	
Transfer Time to Emergency Power			2 seconds	
Run Time			60 minutes	
Load			yes %	
Did you obtain a minimum of 30% load			Yes	
Engine Oil Pressure			40 psi	
Water Temperature			175 F	
Voltage Output - Phase 1			208 V	
Voltage Output - Phase 2			208 V	
Voltage Output - Phase 3			208 V	
Amperage Output - Phase 1			200 amps	
Amperage Output - Phase 2			180 amps	
Amperage Output - Phase 3			190 amps	
Hertz/Cycles			60 Hz	
Cool Down Time			15 minutes	
Battery-Powered Lighting On-Site?			Yes	
Battery Voltage			14 VDC	
Specific Gravity electrolyte level			Good	

Welcome to Evergreen Woods Health and Rehab
General Orientation – Day One Schedule Agenda Date:

9:00 – 9:15	➤ Welcome	NHA
9:15 – 9:45	<ul style="list-style-type: none"> ➤ Time clock procedures, employee responsibilities and timecard ➤ I-9 completion ➤ Name badge ➤ Handbook ➤ EAP – Benefits 	Payroll Benefits Coordinator
9:45-10:45	<ul style="list-style-type: none"> ➤ Infection Control, BB Pathogens, TB ➤ Hand Hygiene ➤ Sharps ➤ Alzheimer’s training, HIV/AIDS ➤ PCC Competency ➤ LOA 	ADON/Staff Development
10:45 – 11:00	➤ Break	
11:00 – 11:30	<ul style="list-style-type: none"> ➤ Tour ➤ Life Safety ➤ Fire Prevention ➤ Electrical Safety - Lock out- Tag out ➤ Hazardous Chemicals ➤ Drills (Fire/Disaster) Emergency Power 	Maintenance
11:30 – 11:45	➤ Introduction, tray pass/set up	Dietary
11:45 – 12:00	<ul style="list-style-type: none"> ➤ Resident Rights including Dignity ➤ Grievances ➤ HIPPA 	Social Services Director
12:00 – 12:30	➤ Lunch with NHA, DON - Introduce SHARE concepts.	DON / NHA
12:30 – 12:45	➤ Introduction, documentation, cues	Therapy
12:45 – 1:15	➤ Safety competencies	Risk Manager / SDC
1:15 -1:20	➤ Introduction	Housekeeping
1:20 – 1:25	➤ Introduction	Business Office
1:25 – 1:30	➤ Introduction	Activities
1:30 – 1:45	➤ Introduction, ADLs, Documentation	MDS
1:45 – 2:30	<ul style="list-style-type: none"> ➤ Abuse Prohibition ➤ Elder Justice Act ➤ Elopement ➤ Event Reporting ➤ SHARE Care Advantage: Customer Service 	Risk Manager / SDC
2:30 – 2:45	➤ Break	
2:45– 4:00	<ul style="list-style-type: none"> ➤ Drills (Code Blue, Code CAT, Elopement) ➤ Advance Directives & Attestation ➤ Smoking Policy ➤ Workplace Violence ➤ Accident Prevention/Safety Awareness ➤ Safety Competencies ➤ QAPI 	Risk Manager / SDC
4:00	<ul style="list-style-type: none"> ➤ Schedule ➤ Adjourn! 	Scheduling Coordinator

We are happy to have **YOU** join our team!!
Together, we will succeed & promote a safe, comfortable, homelike environment for our residents!

Annual Education Calendar - FLORIDA

January	February	March	April	May	June
All Staff <ul style="list-style-type: none"> Infection Prevention & Control/Bloodborne pathogens standards/Handling of Sharps Customer Service 	CNA requirements <ul style="list-style-type: none"> Changes that place a resident at risk for pressure ulcers ADL Documentation Licensed Nurse <ul style="list-style-type: none"> Managing & Documenting Skilled Services All Staff <ul style="list-style-type: none"> Accident prevention & safety awareness Mechanical Lift Demonstration/return demonstration - competency 	CNA requirements <ul style="list-style-type: none"> Communication with Cognitively Impaired Resident Working with resident with difficult behaviors Licensed Nurse <ul style="list-style-type: none"> Behavior Intervention & Management Medication Management & Documentation All Staff <ul style="list-style-type: none"> Training & Information re: Hazardous Materials - SDS (Safety data sheets) 	CNA requirements <ul style="list-style-type: none"> Principles of adequate nutrition & hydration Techniques for assisting with eating and proper feeding All Staff <ul style="list-style-type: none"> Resident Rights/Grievances/Risk Management & Risk prevention 	Ergonomics/ OSHA - All Staff <ul style="list-style-type: none"> Protect your Back Transfers/Lifting/Moving Mechanical Lift Demonstration/return demonstration - competency All Staff <ul style="list-style-type: none"> Abuse prohibition practices Reporting requirements Elder Justice Act 	All Staff <ul style="list-style-type: none"> Fire prevention & evacuation/Life Safety & disaster preparedness. Emergency procedures & drills Lock out - tag out electrical safety <p><i>Emergency Power</i></p>
July	August	September	October	November	December
CNA requirements <ul style="list-style-type: none"> End of Life/Palliative Care Licensed Nurse <ul style="list-style-type: none"> Pain Management & Comfort Promotion All Staff <ul style="list-style-type: none"> Palliative Care HIV/AIDS 	CNA requirements <ul style="list-style-type: none"> Changes that places resident at risk for falls Restraint Prevention & Management Licensed Nurse <ul style="list-style-type: none"> Restraint Prevention & Management 	CNA requirements <ul style="list-style-type: none"> Skill review (to include CPR skills) 8 competencies Licensed Nurse <ul style="list-style-type: none"> Clinical Skill Review & competencies All Staff <ul style="list-style-type: none"> P & P on advanced directives Mechanical Lift Demonstration/return demonstration - competency 	CNA requirements <ul style="list-style-type: none"> Domestic Violence Medical Error Prevention & Safety All Staff <ul style="list-style-type: none"> QAPI Action plan implementation r/t QAPI 	CNA requirements <ul style="list-style-type: none"> Medical Record Documentation & Legal aspects appropriate Licensed Nurse <ul style="list-style-type: none"> Documentation Review All Staff <ul style="list-style-type: none"> Work Place Violence 	CNA requirements <ul style="list-style-type: none"> Restorative Nursing Skills Licensed Nurse <ul style="list-style-type: none"> Restorative Nursing Program All Staff <ul style="list-style-type: none"> Worker's Comp, determination, recordable, reporting (illness or injury)

Quarter 1	Quarter 2	Quarter 3	Quarter 4
<ul style="list-style-type: none"> Fire Drill Elopement Drill Code Drills Catastrophic Drill 	<ul style="list-style-type: none"> Fire Drill Elopement Drill Code Drills Catastrophic Drill 	<ul style="list-style-type: none"> Fire Drill Elopement Drill Code Drills Catastrophic Drill 	<ul style="list-style-type: none"> Fire Drill Elopement Drill Code Drills Catastrophic Drill

These requirements are in addition to your Florida Board of Nursing recertification requirements.

Alzheimer Training Requirements:

All staff are required to receive written information about interacting with persons with Alzheimer Disease or related disorder within 3 days of hire.

Direct care staff: 1 hour of Alzheimer's training completed within the first 3 months of employment.

Direct care staff: 3 hours of additional Alzheimer's training completed within the first 9 months of employment

This Calendar is provided as a sample and may be adapted for facility specific use.

Handwritten signatures and notes:

- Mubben*
- Agostino En, Paul Miller*
- Emyr*
- Howland*
- Richard Hefner*
- Ann*
- Alma Nelson*
- Missions Director*



13651 Crystal River Drive
Orlando, FL 32828
Phone (407) 277-3431
darius@clear-engr.com

October 13, 2017

Facility: Evergreen Woods Health & Rehab Center
7045 Evergreen Woods Trail
Spring Hill, FL 34608
352-596-8371

Re: Notice of Emergency Rule 59AER17-1 Nursing Home Emergency Power Plan
Facility Compliance Plan

Clear Engineering has evaluated this facility for compliance with Emergency Rule 59AER17-1. This facility has a permanently connected emergency generator on-site that is diesel fueled with skid-mounted fuel tank. This existing 150KW generator provides power backup for essential system loads in accordance with current codes and also provides backup power for HVAC systems for selected areas of the facility for residents to be located with temperatures at or below 80 degrees. The run time on the diesel fuel is estimated at 31 hours.

The facility plans to add a supplemental 700-gallon diesel fuel tank to increase the overall run time of the generator to exceed the required 96 hours.

The facility will continue to maintain the generator system with maintenance staff and a contracted generator service company.

The 59AER17-1 emergency rule requires that ambient temperatures be maintained at or below 80 degrees for a minimum of 96 hours after loss of utility electrical power.

Based on the connected loads, the new generator system, and the fuel capacity to be installed on-site, this facility will be in substantial compliance with 59AER17-1 at the completion of this project.

The project is currently in the planning phase. The next steps are engineering design, AHCA-OPC review, bidding, project construction contracts, local building and fire permitting approvals, equipment acquisition and delivery, project construction, and finally inspections and project closeout. It is anticipated that this current project will be completed in **February 2018**.

Please let us know if you have any questions on this project.

Sincerely,

Darius D. Adams, P.E.
President



13651 Crystal River Drive
Orlando, FL 32828
Phone (407) 277-3431
darius@clear-engr.com

October 19, 2017

Facility: Evergreen Woods Health & Rehab Center
7045 Evergreen Woods Trail
Spring Hill, FL 34608
352-596-8371

Re: Notice of Emergency Rule 59AER17-1 Nursing Home Emergency Power Plan
Time Variance Request

To Whom It May Concern;

We have been contacted by the Evergreen Woods Health & Rehab Center (the "Facility") regarding the generator requirements contained in Emergency Rule 59AER17-1 which is attached for your records.

We have been to the facility and surveyed the physical plant and based upon our knowledge of the physical plant and the requirements of the Rule, in our professional opinion the facility cannot meet the timeline of this rule. The basis of this determination is due to the time required to complete the engineering design, time for submittal to AHCA Office of Plans and Construction for approval as well for local permitting, amount of time to construct/obtain necessary equipment and install that equipment. There is no practicable way that the facility can meet the requirements for the implementation of this Rule within the time specified in the Rule.

While it is difficult to definitively estimate a reasonable time for compliance, it is our opinion that given all of the factors relating to the implementation of this Rule, this Facility should be able to comply with the Requirements of this Rule by February 2018.

Sincerely,

Darius D. Adams, P.E.
President

EVERGREEN WOODS
HEALTH & REHAB
CENTER

FIRE & DISASTER
PREPAREDNESS PLAN

7045 Evergreen Woods Trail, Spring Hill, Florida, 34608
352-596-8371

FIRE & DISASTER PREPAREDNESS PLAN

EVERGREEN WOODS HEALTH & REHABILITATION CENTER

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Section
1



Hernando County Sheriff's Office

P.O. BOX 10070 - BROOKSVILLE, FL 34603-0070 FAX 352 796-0493 PHONE 352 754-6830

EMERGENCY MANAGEMENT 352-754-4083

28 April 2017

Evergreen Woods Health and Rehabilitation Center
Attn: Mr. Ron Swonger, Administrator
7045 Evergreen Woods Trail
Spring Hill, FL 34608

Dear Mr. Swonger,

I have reviewed the Comprehensive Emergency Management Plan (CEMP) submitted for *Evergreen Woods Health and Rehabilitation Center*. I compared the plan's content to the Agency for Health care Administration (AHCA) planning criteria *for Nursing Homes*. My review is to ensure compliance with the minimum criteria and is not intended to guarantee the effectiveness of the plan.

The minimum criteria for developing and updating Comprehensive Emergency Management Plans (CEMP) are driven by agency type. The crosswalk we use is a suggested plan format in compliance with Florida State Statutes, Florida Administrative Code, and the Agency for Health Care Administration (AHCA).

Your plan has been **APPROVED**. I encourage you to conduct drills and exercises periodically to evaluate your plan's effectiveness and to continuously review the plan with your staff.

Please submit your plan to our office on an annual basis, a year from the above approval date of this letter.

Please contact me if you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Ford".

Kevin Ford
Emergency Management Specialist



DEPARTMENT OF PUBLIC SAFETY

HERNANDO COUNTY FIRE RESCUE



60 VETERANS AVENUE • BROOKSVILLE, FLORIDA 34601
P 352.540.4353 • F 352.540.4355 • W www.HernandoCounty.us

March 31, 2017

Ron Swonger
Evergreen Woods Health and Rehabilitation Center
7045 Evergreen Woods Trail
Spring Hill, FL 34608

Dear Mr. Swonger,

I have reviewed the CEMP for your facility and find it to be acceptable for the fire department.

Thank you,

A handwritten signature in cursive script, appearing to read "Barry Smith".

Barry Smith
Lead Fire Inspector & Fire Plans Examiner
Hernando County Fire Rescue
352-754-5826
fax 352-754-4193

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
June 17, 2009 12:11:00 PM CDT
06/17/2009 13:00 FAX 3527544090

REMOTE CSID
3527544090
EMERGENCY_MANAGEMENT

DURATION
235

PAGES
13

STATUS
Received
001/013

**EMERGENCY MANAGEMENT PLANNING & COMPLIANCE
REVIEW CRITERIA FOR NURSING HOMES
[FL RULE CHAPTER 59A-4.126 F.A.C]**

Notice: Facilities must submit their plans with the appropriate page numbers shown in the left column. We will return plans received without this information to the facility for completion. This information will help expedite the review process. The reviewer will show whether the minimum criteria by checking the OK column or placing in the Revise column. The reviewer may provide additional comments at the end of this review to help the facility in any revisions.

List Page Nos. Here	CRITERIA ITEM	OK <input checked="" type="checkbox"/>	Revise <input checked="" type="checkbox"/>
2-1	I. INTRODUCTION		
	A. Provide basic information concerning the facility to include:		
2-2	1. The name of the facility, address, telephone number, emergency contact telephone number (if a facility telephone is down and fax number if available).		
2-2	2. Owner of facility, address, telephone number.		
2-2	3. Year facility was built and conditions.		
2-2	4. Name of Administrator, address, work and home telephone numbers.		
2-2	5. Name, address, work/home telephone number of person implementing the provisions of this plan (if different from the administrator).		
2-2	6. Name and work/home telephone numbers of person(s) who developed this plan.		
2-5	7. Provide an organizational chart with daily positions and key emergency positions identified.		
2-1	8. Provide an introduction to the Plan that describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also, provide any other information concerning the facility that has bearing on the implementation of this Plan.		

PAGE(S)	CRITERIA ITEM:	OK ✓	Revise ✗
2-4	II. AUTHORITIES AND REFERENCES		
2-4	A. Identify the legal basis for the plan development and implementation of the State of Florida Chapter 400.23, F.S. and 59A-4.126, F.A.C.		
2-4	B. Identify the reference materials used in the development of this Plan.		
2-5	C. Identify the hierarchy of authority in place during emergencies. Please provide an organizational chart (if different from the previous chart required).		
	III. HAZARD ANALYSIS		
2-3	A. Describe the potential hazards that your facility is vulnerable to, such as, hurricanes, tornadoes, flooding, fires, hazardous materials incidents from fixed facilities in you area (i.e., Chemical Plants, Paint Stores, Pool Supply Stores, Public Water Treatment or Supply, etc...) or transportation accidents on highways in your area (i.e., a chemical tanker truck accident).		
2-3	B. Provide a site specific information concerning the facility to include: 1. Number of facility beds, maximum licensed number of clients on site, average number of clients on site. How many? : Beds [____], Licensed number of clients [____], Average number of clients [____].		

PAGE(S)	CRITERIA ITEM:	OK ✓	Revise ✗
<p><u>2-3</u></p> <p><u>2-3</u></p> <p><u>2-3</u></p> <p><u>2-3</u></p>	<p>2. Type of residents served by your facility to include, but not limited to:</p> <p>a. Patients with Alzheimer's Disease. How many? [<u>30</u>]</p> <p>b. Patients requiring special equipment or other special care, such as oxygen or renal dialysis. How many? [<u>10</u>]</p> <p>c. Do you have agreements with vendors for these services? Yes [<input checked="" type="checkbox"/>] or No [<input type="checkbox"/>]</p> <p>d. Number of residents who are self-sufficient. How many? [<u>0</u>]</p>		
<p><u>2-3</u></p>	<p>3. Identification of the hurricane evacuation zone in which your facility is.</p> <p>(NOTE: Call our office at (850) 595-3311 for this information)</p>		
<p><u>2-3</u></p>	<p>4. Identification of which flood zone your facility is in as identified on FEMA's Flood Insurance Rate Map.</p> <p>(NOTE: Call our office at (850) 595-3311 for this information) <u>352-754-4050</u> <u>Ask for Zoning Dept.</u></p>		
<p><u>2-3</u></p>	<p>5. Proximity of facility to a railroad or major transportation artery (per hazardous materials transport incidents).</p>		

N/A	6. Identify if your facility is located within the 10 mile or 50 mile emergency planning zones of a nuclear power plant. *** NOT APPLICABLE IN OUR AREA. ***	N/A	N/A
PAGE(S)	CRITERIA ITEM:	OK ✓	Revise ✗
4-1B	A. DIRECTION AND CONTROL Define the management function for emergency operations. Direction and control provides a basis for decision-making and identify who has the authority to decide for your facility.		
4-1B	1. Identify by name and title, who is in charge during an emergency, and one alternative, should that person be unable to serve in that capacity.		
4-1B	2. Identify the "Chain of Command" to ensure continuous leadership and authority in key positions.		
4-1A	3. State the procedure to ensure timely activation and staffing of the facility in emergency functions. Are there provisions for emergency workers' families?		

PAGE(S)	CRITERIA ITEM:	OK ✓	Revise X
3-1 thru 3-4	4. State the operational (day-to-day) and support (emergency incident) roles for all of your facility staff. (This will be accomplished through the development of standard Operating Procedures (SOP) which you must attach to this Plan)		
5-1 thru 5-2 <hr/> 11-2 + 11-10 <hr/> 6-1 <hr/> 10-3 thru 10-5 <hr/> 5-2 thru 5-9	5. State the procedures to ensure you supply the following logistical needs: a. Food, water and sleeping arrangements. → Please provide a diagram illustrating the floor plan for sleeping arrangements. b. Emergency power (i.e., generator), natural gas [___], gasoline [___] or diesel [<input checked="" type="checkbox"/>]. <i>6-7A</i> c. Transportation arrangements for evacuation transport of residents, supplies, food, important records, medicines, (i.e., logistical supplies) *(Note: This may be covered in the evacuation section) d. 72 hour supply of all essential supplies (i.e., food, water, medicines, fuel, etc...)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
11-2	6. Provisions for 24 hour staffing on a continuous basis until the emergency has abated.		

	<p>B. NOTIFICATION</p> <p>Procedures must be in place for the facility to receive timely information on impending threats and alerting of facility decision makers, staff and residents of potential emergency conditions.</p>			
4-1	1. Define how your facility will receive warnings, to include off hours and weekend/holidays.			
Same	2. Identify your facility's 24-HOUR contact number (if different from number listed the introduction).			
4-1 A	3. Define how your key staff will be alerted.			
PAGE(S)	CRITERIA ITEM:	OK ✓	Revise X	
4-1 A #3 + #5	4. Define the procedures and policies for reporting to work for key workers involved in emergency operation. *(Caution not to put staff in harms way during hazardous materials incident.)			
4-3 A	5. Define how residents/patients will be alerted and the precautionary measures that your staff will take.			
4-1 A #4	6. Identify alternative means of notification should your primary alert system fail.			
10-3 + 10-7 A #7	7. Identify procedures for notifying those facilities to which facility residents will be evacuated (i.e., prearrange evacuation shelters or host shelters).			
10-6 + 10-7 A #7	8. Identify procedures for notifying families of residents that you are evacuating your facility and to what prearranged evacuation shelter.			

10-1 thru 10-5	<p>C. EVACUATION</p> <p>Describe the policies, roles, responsibilities, and procedures for the evacuation of residents from the facility.</p>		
10-3 + 10-7	1. Identify the individual responsible for carrying out facility evacuation procedures.		
10-4a	2. Identify transportation arrangements made through mutual aid agreements or understandings that will be used to evacuate residents. (You must attach copies of the agreements as annexes.)		
PAGE(S)	CRITERIA ITEM:	OK √	Revise X
10-4 + 10-4a	3. Describe transportation arrangements for logistical support to include moving of important records, medications, food, water, and other necessities.		
10-4a	4. Identify the predetermined locations where you will evacuate your residents (i.e., host shelters).		
10-11	5. Provide an <u>ANNUALLY</u> updated copy of the mutual aid agreement that you have prearranged with each host facility to receive your residents.		
10-10A + 10-10B	6. Identify evacuation routes on a map or maps that will be used and secondary routes should the primary route become impassable. Additionally, provide written driving directions for the driver(s) on each route.		

10-40	7. Approximate how much time it will take to successfully evacuate all patients/residents to the receiving facility. *Keep in mind that in hurricane evacuations, all movement should be completed BEFORE the arrival of tropical storm winds (40 mph winds).		
10-4 + 10-7 #4	8. Specify the procedures that ensure facility staff will accompany evacuating patients/residents to the receiving facility.		
10-4 thru 10-5 + 10-5A ↑	9. Identify procedures that will be used to keep track of residents once you have evacuated them to include a LOG SYSTEM. NOTE: Please include a copy of LOG SYSTEM for plan reviewer.		
10-5 + 10-7A #6	10. Determine what and how much should each resident take. Provide for a minimum of 72 hour stay, with provisions to extend this period if the disaster is of catastrophic magnitude (i.e., Hurricane Andrew or Camille).		
PAGE(S)	CRITERIA ITEM:	OK √	Revise X
10-7A	11. Establish procedures for responding to family asks about residents whom you have evacuated. (NOTE: Prearrangement with families to where you will evacuate and pre-made statements will help you handle this better!)		
10-3 + 10-5 + 10-7A #8	12. Establish procedures for ensuring all residents are accounted for and are out of the facility. (Conduct room check utilizing an established Log System.) *Warning: Do not put your staff at risk to reenter a fire-involved building to rescue missing persons and put them at risk. Please inform Fire Response personnel to missing person because they are equipped and trained in fire rescue.		

10-4	13. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.		
10-7A #10	14. Specify at what point the mutual aid agreements for transportation and the notification of alternative facilities will begin.		
10-7B	<p>D. REENTRY</p> <p>Once a facility has been evacuated, procedures need to be in place for allowing residents or patients to reenter the facility.</p>		
10-7B #1	1. Identify who is the responsible person(s) for authorizing reentry to occur (i.e., Certified building contractor, engineer, architect, or your maint. supervisor).		
10-7B #1	2. Identify procedures for inspecting the facility to ensure it is structurally sound.		
PAGE(S)	CRITERIA ITEM:	OK √	Revise X
10-7B #2, 5+7	3. Identify how residents will be transported from the host facility back to their home facility. Then identify how you will receive accurate and timely data on reentry operations.		
11-1 have 11-10	<p>E. SHELTERING</p> <p>If your facility is to be used as a shelter for an evacuating facility, your Plan must describe the sheltering/hosting procedures that will be used once the evacuating facility residents arrive. (NOTE: If your facility will not be used as a sheltering host facility please make that statement.)</p>		

11-1 thru 11-2	1. Describe the receiving procedures for arriving residents/patients from evacuating facility.		
11-2 #2	2. Identify where they will house additional patients/residents. PROVIDE A FLOOR PLAN which identifies the space allocated for additional patients or residents.		
11-3 #4	3. Identify provision of additional food, water, medical needs of those patients/residents being hosted at your facility for a minimum of 72 hours.		
11-4	4. Describe the procedure for ensuring 24 hour operations.		
11-2	5. Describe procedures for providing sheltering for family members of essential workers.		
PAGE(S)	CRITERIA ITEM:	OK √	Revise X
11-3 #5	6. Identify when the facility will seek a waiver from the Agency for Health Care Administration (AHCA) to allow for the sheltering of evacuees if this creates a situation that exceeds the operating capacity of the host facility.		
11-4 thru 11-6	7. Describe procedures for tracking additional patients/residents sheltered within the facility. (Suggestion: Use LOG SYSTEM) Was a copy of the LOG SYSTEM FORM available with enough copies to use for the number patients? YES [<input checked="" type="checkbox"/>] or NO [<input type="checkbox"/>]		

12-4	<p>IV. INFORMATION, TRAINING AND EXERCISE</p> <p>This section will identify the procedures for increasing employee and patient/resident awareness of possible emergency situations and provide training on their emergency roles before, during and after a disaster.</p>		
12-4	A. Identify how you will instruct key workers in their emergency roles during non-emergency times.		
12-4	B. Identify a training schedule for all employees and identify the provider of the training.		
12-4	C. Identify the provisions for training new employees regarding their disaster related roles.		
12-4	D. Identify a schedule for exercising all or portions of the disaster plan annually.		
12-4	E. Establish procedures for correcting deficiencies noted during training exercises.		
PAGE(S)	CRITERIA ITEM:	OK √	Revise X
	<p align="center"><u>APPENDIX</u></p> <p>The following information is required, yet placement in an appendix is optional if the material is included in the body of the Plan.</p>		
4-6	A. A roster of Employee and Companies with key disaster related roles.		
4-6	1. List the names, addresses, telephone numbers of all staff with disaster related roles.		
4-4 thru 4-5	2. List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, food, water, police, fire department, Red Cross, etc.		

<p><i>Copies attached to main letter.</i></p>	<p>B. AGREEMENTS AND UNDERSTANDINGS</p> <p>Annually update and provide copies of any mutual aid agreements entered pursuant to the fulfillment of this Plan. This is to include <u>annually</u> updated reciprocal host facility agreements, transportation agreements for transport of residents and logistical supplies, current vendor agreements (i.e., food, water, pharmacy, other vital medical supplies, renal dialysis, linen, generator, fuel) or any other agreement needed to ensure the operational integrity of your Plan.)</p>		
<p><i>10-10A + 10-10B</i></p>	<p>C. EVACUATION ROUTE MAP(S)</p> <p>A map(s) of the evacuation routes (primary and secondary routes to each host facility) and a written description of how to get to a receiving host facility for drivers.</p> <p>Were routes illustrated on a map(s)? YES [<input checked="" type="checkbox"/>] or NO [<input type="checkbox"/>] Were written descriptions provided? YES [<input checked="" type="checkbox"/>] or NO [<input type="checkbox"/>]</p>		
<p>PAGE(S)</p>	<p>CRITERIA ITEM:</p>	<p>OK <input checked="" type="checkbox"/></p>	<p>Revise <input checked="" type="checkbox"/></p>
	<p>D. SUPPORT MATERIAL</p> <p>1. Any additional material needed to support the information provided in your Plan.</p>		

	<p>2. Copy of your facility's Fire Safety Plan that your Local Fire Department has reviewed and approved.</p> <p>If your Local Fire Department will not review and approve this portion, please contact:</p> <p>Hernando County Fire Inspections Division 352-754-5829</p> <p>They will be glad to assist you in reviewing this portion. However, you will need to complete the county's standard review criteria form established for Fire Plans before Fire Inspection can complete their review. This completed form will help them to review your plan quickly.</p> <p>(Note: The Emergency Management Division cannot review and approve the Fire Safety Plan portion of your Plan.)</p>		
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<u>SUGGESTIONS AND COMMENTS</u>

A:\NHNH-CRIT2.FRM (FORM REVISION # V., 06-18-98, by HKL)

SEction
2

FIRE & DISASTER PREPAREDNESS PLAN

EVERGREEN WOODS HEALTH & REHABILITATION CENTER

INTRODUCTION

Both natural disasters and disasters caused by acts of man could affect this facility any time. It is an inherent obligation of those charged with the responsibility for the care of the sick, injured and infirm to provide an effective disaster preparedness program that will ensure the maximum safety and well-being of our residents, visitors and staff.

In this facility we begin to meet this obligation by the development of the following Fire & Disaster Preparedness Plan. The plan can only reach full effectiveness when the staff is in a state of readiness to carry out this plan. The state of readiness will depend on effective procedures for today's health care environment and realistic training in the use of the procedures.

Each employee of this facility is expected to be completely familiar with the contents of the Fire & Disaster Preparedness Plan to carry out his or her responsibilities during an emergency. It is the responsibility of department heads and charge nurses to keep their staff knowledgeable in the procedures through regularly scheduled training sessions.

The Fire & Disaster Preparedness Plan is reviewed and updated periodically (at least annually) and employees are encouraged to submit recommendations to their supervisor or Safety Committee for improvement of this plan any time. As changes are made, employees will be appraised of them through inservice, posted notice or other communications means.

FACILITY INFORMATION

NAME: EVERGREEN WOODS HEALTH & REHAB. CENTER
7045 Evergreen Woods Trail
Spring Hill, FL 34608

OWNER: FI-Evergreen Woods, LLC
100 2ND Avenue South
Suite 901S
St. Petersburg, FL 33701

OPERATOR: THEMIS HEALTH MANAGEMENT, LLC
1665 Palm Beach Lakes Blvd
West Palm Beach, FL 33401

YEAR BUILT: 1988 – Block construction, ground level is in good condition.

ADMINISTRATOR/: RON SWONGER, NHA Cell: (352) 585-5622
EMERGENCY 35860 Lana Drive. [REDACTED]
CONTACT Dade City, FL 33523

PLAN INFORMATION

IMPLEMENTED BY: Ron Swonger, Administrator
DEVELOPED BY: Ron Swonger, Administrator

████████████████████

HAZARD ANALYSIS

POTENTIAL HAZARDS:

Hurricanes, Tornadoes, Flooding, Fire, Hazardous Materials, Nuclear Accident, Possible Power Outages.

FACILITY BEDS: 120

MAX ON SITE: 120 residents

AVERAGE ON SITE: 116 residents

TYPE OF RESIDENTS: 30 with medium to severe dementia/ALZ.
0 self sufficient
10 requiring oxygen or dialysis
100 requiring medium to total assistance

HURRICANE EVACUATION ZONE: Non-evacuation Zone (Tide wave action)

PROXIMITY TO MAJOR TRANSPORTATION ARTERY: less than 5 miles

PROXIMITY TO NUCLEAR POWER PLANT: within 50 miles

This is a composite detail taken from FEMA Flood map 12053C0167D and 12053C0169D showing the approximate location of the Evergreen Woods Health and Rehabilitation Center property.

Five areas of 1% annual floodplain are shown on the site. These are ND1445, ND3420, ND3430, ND3410 and ND3415 (the prefix 19 indicates the watershed designation for the Willow Sink Watershed). Of these, ND3420 and ND3430 are designated as Flood Zone X (Shaded), indicating a flood depth of less than 1 foot. None of these floodplains have an adverse effect on any structure within the property.

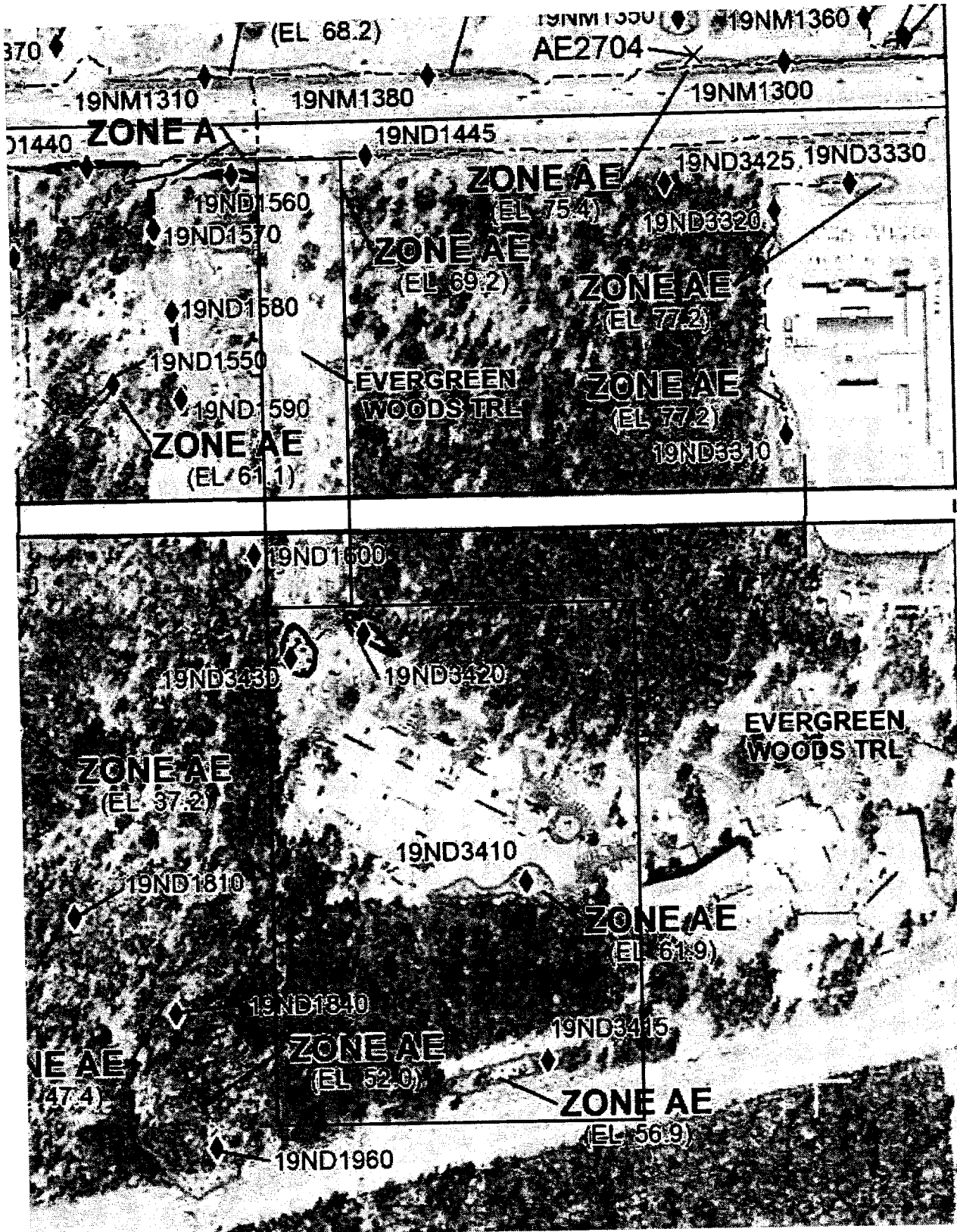
The flood mapping was developed as a cooperative project between Hernando County and Southwest Florida Water Management District (SWFWMD) and was undertaken by ECT, Inc. and is dated June 2010. This study was approved by FEMA and became effective on February 2, 2012.

If you have questions or require additional data please contact me.

Sincerely,

John A.H. Burnett, CFM, Stormwater Inspector.
Hernando County Department of Public Works, Stormwater Section.

Map extract from Flood Map 12053C0167D



Map extract from Flood Map 12053C0169

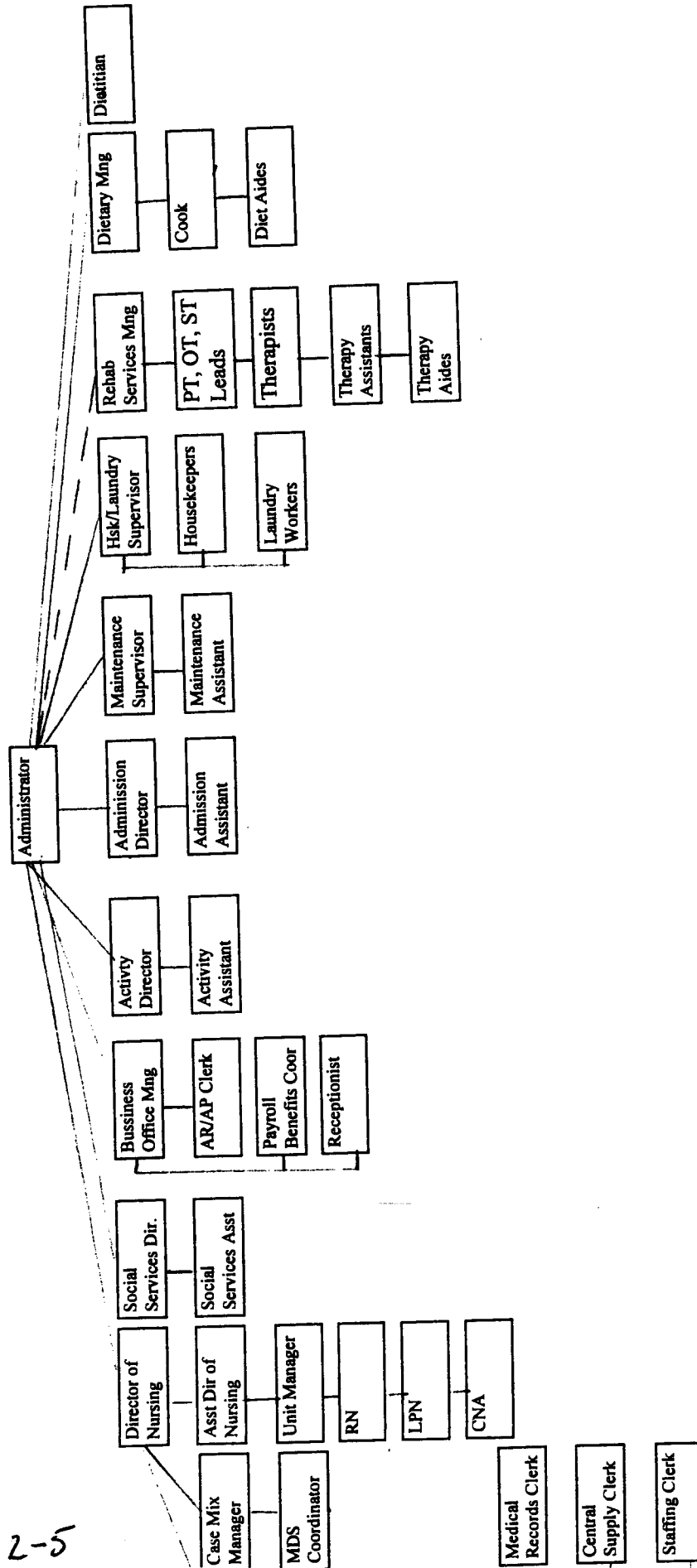
Authorities and References:

This plan is developed according to 400.23, Florida Statutes and 59A-4.126, F.A.C. in conjunction with local ordinances.

The following reference materials were used in the development of this plan:

- Florida Statutes 400.23
- 59A-4126, The Florida Administrative Code Disaster Preparedness
- The Emergency Management Planning Criteria for Nursing Home Facilities, AHCA 3110-6006
- www.co.hernando.fl.us/em/

Evergreen Woods Health & Rehab Organizational Chart



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SECTION
3

FIRE & DIASTER PREPAREDNESS PLAN

FIRE AND DIASTER PREPAREDNESS RESPONSIBILITIES

ADMINISTRATOR

1. Establish and maintain a Safety Committee.
2. Insure that the Fire and Disaster Plan is review at least annually and remains updated and available to all staff.
3. Insure that Fire and Disaster Plan in-servicing is made available for all staff, and necessary documentation is maintained.
4. Insure that Fire Drills and Disaster drills take place as required, and that necessary documentation is maintained.
5. Insure that copies of Fire and Disaster drill reports are forwarded to the Safety Committee.
6. Insure that agreements are in place with other appropriate facilities for the housing of residents in the event that a partial or total evacuation of the building becomes necessary. Update agreements on an annual basis.
7. Maintain necessary contacts with outside agencies such as
 - Fire Department,
 - Law Enforcement Agencies,
 - Office of Emergency Management,
 - Salvation Army, Red Cross,
 - Ambulance Services,
 - Department of Health Services, etc.
8. Insure that at least one supervisory person who is on duty at all times is familiar with the location and operation of the following:
 - Fire Alarm Control Panel
 - Gas Shut-Off Valves
 - Electrical Shut-Offs
 - Water Shut-Off Valves (including fire sprinkler system)
 - Heating, Ventilation, and Air Conditioning controls
 - Emergency Generator Controls.

FIRE & DISASTER PREPAREDNESS PLAN

Fire and Disaster Preparedness Responsibilities

Administrator....Continued

9. Maintain an up-to-date list of staff telephone numbers, as well as establishing a "call-in" system for emergency notification of off-duty staff.
10. Set up a Command-Post, as appropriate. In most cases, department heads will be summoned to the Command-Post and given specific instructions. When department heads are not in the facility, a senior member of the department will act in place of the department head.
11. Verify the disaster and activate the appropriate disaster plan. In consultation with appropriate staff members (and possibly outside agencies) the Administrator shall assess the magnitude of the disaster and tailor the planned response accordingly. This will include the possible call-in off duty staff, as well as assigning staff to carry out the responsibilities of departments that are not staffed at the time of the disaster.
12. In consultation with appropriate staff, determine the need to curtail normal routines such as admissions, routine medical treatment, visiting hours, etc.
13. Notify the Department of Health of the disaster in a timely fashion.
14. Insure that an incident report is written and copies filed with appropriate authorities, as well as kept on file for the facility.
15. Administrator or Nurse in Charge will decide when it is appropriate for the facility to terminate the disaster mode and will either instruct the switchboard operator to page an "ALL CLEAR", or will otherwise notify staff.

MAINTENANCE DEPARTMENT

Responsible for inspections, testing, and maintenance of the following:

- Fire Alarm System
 - Fire Sprinkler System
 - Portable Fire Extinguishers
 - Kitchen fire suppression system
 - Emergency Generator
- * All Panels and Valves are accessible
 - * Oxygen storage areas are unobstructed

FIRE & DISASTER PREPAREDNESS PLAN

Fire and Disaster Preparedness Responsibilities

SUPERVISORS/CHARGE NURSES/DEPARTMENT HEADS

1. Insure that staff attend required in-service programs.
2. Insure that staff participate in Fire and Disaster drills.
3. Review Fire and Disaster procedures with staff on a routine basis. Provide documentation of such reviews to the Staff Education Department.
4. Receive input from Safety Committee as to staff weaknesses that have become apparent as a result of Fire or Disaster drills. Address these weaknesses with appropriate staff.
5. Be responsible to maintain departmental procedures for dealing with various disasters.
6. Insure that emergency supplies are maintained at necessary levels and in the proper state-of-readiness.
7. Report any hazardous situations to Safety Committee or Administration/Maintenance as soon as possible.
8. Take appropriate disciplinary measures towards staff who fail to participate and/or comply with fire and disaster policies, procedures, and/or drills.
9. Shut-off emergency utilities as appropriate, i.e. gas, electric, and/or water.

STAFF DEVELOPMENT COORDINATOR:

1. Responsible to coordinate Fire and Disaster in-service training programs for staff.
2. Responsible to maintain records of Fire and Disaster in-service training programs (inc. reviews conducted by supervisors/charge nurses/department heads) as well as Fire and Disaster drills. This would include records of staff participation in each.
3. All new employees will receive training and instruction on Fire and Disaster Policies and Procedures prior to reporting to their new work assignment.
4. All employees will receive annual training regarding the Fire and Disaster Policies and Procedures.

FIRE & DISASTER PREPAREDNESS PLAN

Fire and Disaster Preparedness Responsibilities

FIRE CAPTAIN (Unit I Charge Nurse)

1. Announce the fire code "Code Red & Fire Location" over intercom #39
2. Locate the exact fire
3. Call the fire department
4. Once situation is assessed, and fire is not present, silence the fire alarm. If fire is present, do not silence alarm until fire department arrives.
5. Assign fire aide to meet and direct fire department
6. Take control of fire until the fire department arrives
7. Call for additional staff as needed. Notify Administrator if appropriate.
8. Announce "Code Red All Clear" after receiving direction from Fire Dept.
9. If pull station was used, reset it using key on Fire Captain key ring.

UNIT CAPTAIN (Charge Nurse on each wing)

1. Remain on assigned unit
2. Ensure resident safety and coordinate activities of wing
3. Ensure that all rooms are checked and pillows laid by closed door
4. Ensure hallways are clear and fire doors closed
5. Be available to assist Fire Captain
6. Initiate fire "sign-in" sheet after "all clear" is announced

FIRE AIDE (Unit 1 - #1 CNA, Unit 2 - #3 CNA)

1. Take fire extinguisher to fire site, secure residents at fire site, contain fire

All Must have working knowledge of fire and disaster plans.

FIRE & DISASTER PREPAREDNESS PLAN

FIRE DRILLS

It is the responsibility of each charge nurse of each unit and shift, and each department head in nonresident care departments, to review the fire procedures with their staff monthly. These meetings should involve only the staff in the particular department or nursing unit.

Monthly, the person(s) responsible for the fire/safety program should conduct a facility-wide drill for each shift. If the staff person who discovers the drill scenario is not reacting appropriately, the immediate supervisor should step in and guide them through the proper procedures. This will help to prepare the immediate supervisor to give these directions in a "real" fire situation.

The decisions and actions of the unit staff members and supervisors (charge nurses) on duty at the time of a fire, or other emergency, will make the difference. It is the responsibility of staff members to know the facility's emergency procedures. Therefore, it is critical that supervisors guide staff members through fire drills, just as if there were an actual fire emergency.

The Fire Drill System

Strict use of the **Fire Drill System** is the most effective way to ensure continuous staff knowledge in the use of the Fire Emergency Procedures. It also will keep the facility in a state of readiness to protect residents in case of a fire.

Use of the Fire Drill System

The Fire Drill System contains guidelines for the person conducting the drill, and a **Fire Drill Checklist** and a **User's Guide** for the checklist. It must be noted that the key to the success of the Fire Drill System is the monthly review of the procedures by the person in charge of the individual areas (Charge Nurse of the unit/shift, and/or the department head in nonresident areas). During the actual facility-wide drill, these people should be present at the start of the drill, and prepared to guide their staff through the drill if they are not performing their procedures correctly.

Monthly Area Drills

Monthly Area Drills should be conducted to review the fire emergency procedures applicable to that area by the person in charge of the area. Once each month, the leadership people should ensure that their staff knows what to do if they discover a fire in their area, and they know where the residents will be evacuated to in the event the area must be evacuated.



FIRE & SAFETY CONTINGENCY PLAN

In Case our Fire Alarm system is non-functional for a period of 4 hours, the following must be implicated immediately:

1. Notify the Administrator and Maintenance Director
2. Notify the Fire Department, (352) 754-6850, during repairs and after the system is fully functional.
3. Implicate a fire watch. One person per shift will be designated to walk rounds throughout the entire building every 15 minutes until the fire alarm system is fully functional.
4. If the fire alarm system is not repairable or causes an immediate threat to the staff and residents, then the building must be evacuated immediately.

SEction
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Notification:

Evergreen Woods is a 24 hour operations facility. Staff supervisors are scheduled 24 hours a day 7 days a week. Alerts for impending threats may be received in the following ways:

- a. Via FAX alert from P.C.E.M.
- b. Weather radio alert
- c. Local Authority via phone or in person
- d. Local news via T.V., radio, cell phone text alert.

Any emergencies, immediate or pending, should be reported immediately to the Administrator and DON. Immediate emergencies warrant notification over the facility P.A. system. If in the case of the P.A. system not operating correctly, Facility Unit Managers will be notified in person by the Staff Supervisor on duty and the Unit Managers can pass on the information to their employees and residents on their perspective units. Pending emergency notification will be handled according to the emergency, time line, and probability of the threat. Depending on the emergency, precautionary measures are to be taken as soon as possible. Unit Managers may refer to the Unit/Department copy of the Emergency Manual for guidance.

FIRE & DISASTER PREPAREDNESS PLAN

ALERTING PROCEDURES

1. NOTIFICATION INFORMATION

To help in the notification and recall of employees in an emergency, the administrator and all department managers/supervisors shall maintain the following up-to-date information on staff:

- a. Full name
- b. Current address
- c. Home telephone number

The above information should be reviewed and updated **quarterly** and/or as often as necessary. This information will be maintained in the Business Office.

The facility call list will be conducted in the same manner as the organizational chart.

- * **The facility will receive emergency notification through the Hernando County Emergency Management Office via the facility fax and through the weather radio located on Unit I.**

2. SCHEDULE OF EMERGENCY NOTIFICATION

Telephone numbers of persons and facilities frequently needed in emergencies shall be listed on a schedule to be posted at the reception desk and at each nursing station. The schedule shall be reviewed at least every six months by the Chairperson of the Safety Committee or his/her designee, and revised as necessary.

3. The Administrator, or in her absence, the Director of Nursing, or in her absence, the Designated Charge Nurse will notify the Administrator and all Department Managers. The Department Managers will contact their staff as appropriate.
4. In case of telephone failure, the Administrator, Director of Nursing or Charge Nurse will contact law enforcement or send an employee to notify the Administrator or Director of Nursing in person.
5. All Department Managers will be required to report to the facility in the case of a disaster.

FIRE & DIASTER PREPAREDNESS PLAN
Alerting Procedures

The Administrator has primary authority in a disaster or an emergency. In the absence of the Administrator, the Director of Nursing will have primary authority. In the absence of both, the designated charge nurse, per the staff schedule, has primary authority.

- a. The following officials are assigned the basic responsibility of each shift:

7am-3pm

Designated Charge Nurse

3pm-11pm

Designated Charge Nurse

11pm-7am

Designated charge Nurse

- b. List of responsible persons:

Administrator
Telephone

Ron Swonger
(352) 584-6229 (cell)


Medical Director
Telephone

Dr. Anitha Koli
(352) 573-9473

Director of Nursing
Telephone

Valerie Agostino
(352) 238-3569 (cell)

Food Service Mgr.
Telephone

Gary Heaps

352-596-8371

Maintenance Director
Telephone

Kenneth Sherman
(352) 584-2993 (cell)

HERNANDO COUNTY EMERGENCY MANAGEMENT

Healthcare Facility Plan Summary Sheet

CONTACT	INFORMATION
Administrator Information	
Name	Ron Swonger, Administrator
Home Phone	[REDACTED]
Office Phone	352-596-8371
Cell Phone	352-584-6229
OTHER EMERGENCY CONTACTS	
Name	Valerie Agostino, DON
Home Phone	[REDACTED]
Office Phone	352-596-8371
Cell Phone	352-238-3569
Facility Owner Information	
Name	FI-Evergreen Woods, LLC
Mailing Address	1665 Palm Beach Lakes Blvd. West Palm Beach, FL 33401
Office Phone	561-801-7600
Fax#	414-368-4247

SECRET

SECRET

HERNANDO COUNTY EMERGENCY MANAGEMENT

Healthcare Facility Plan Summary Sheet

PLANNING	INFORMATION
FACILITY NAME	Evergreen Woods Health & Rehab
Person Developing This Plan	
Name	Ron Swonger, Administrator
Home Phone	[REDACTED]
Office Phone	352-596-8371
Cell Phone	[REDACTED]
Person Implementing This Plan	
Name	Ron Swonger, Administrator
Cell Phone	352-584-6229
Office Phone	352-596-8371
Management Information (Provide an Organization Chart of Key Positions	with Day/Night/Emergency Numbers)

RESIDENT NOTIFICATION

The designated person in charge will notify staff when and how to notify the residents of the disaster or emergency. The staff will communicate the message to the residents in a calm and reassuring manner. The staff will notify residents of the procedures that affect the resident prior to or as the procedure occurs. All staff members will be responsible for reporting to their direct supervisor any situation that that may involve an unusually panicked resident.



Evergreen Woods Health
and Rehabilitation Center, LLC

7045 Evergreen Woods Trail
Spring Hill, FL 34608

Phone: 352-596-8371
Fax: 352-596-8032

FIRE & DIASTER PREPAREDNESS

**EMERGENCY NOTIFICATION
TELEPHONE NUMBERS**

Evergreen Woods Health & Rehabilitation Center

EMERGENCY ORGANIZATION	EMERGENCY TELEPHONE NO.
AMBULANCE: HERNANDO COUNTY	911
FIRE RESCUE	
CAB COMPANY: SPRING HILL TAXI	352-684-6696
CIVIL DEPENSE: EMERGENCY MANAGEMENT	352-754-4083
CORONER: BREWER MEMORIAL	352-596-4991
ELECTRICIAN: GULF COAST	352-796-9117
ENVIRONMENTAL PROTECTION AGENCY (TAMPA)	813-623-5561
EMERGENCY ACCESS NUMBER	911
EVACUATION CONTROL CENTER: EMERGENCY MANAGEMENT	352-754-4083
FIRE ALARM MONITORING COMPANY - <i>VSC FIRE SECURITY</i>	<i>1-800-373-3473</i>
FIRE DEPARTMENT (NEAREST)	911
FOOD SUPPLIER: <i>US FOODS</i> SERVICE	<i>1-800-962-5925</i>
GENERATORS: CUSTOM POWER	1-813-628-8370
HARWARE STORES: HOME DEPOT	352-596-7699
HEALTH DEPARTMENT	352-754-4067 OR 352-754-4079
HOSPITALS: (NEARST) Oak Hill (Adjacent City) Spring Hill Regional (Adjacent City) Brooksville Regional	352-596-6632 352-688-8200 352-796-5111
LAUNDROMATS: High Point	352-596-9188
MEDICAL EMERGENCY SERVICES:	911

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RADIO W101 (WUSA) TV CHANNELS: WTVT Ch. 13 WFTS Ch. 28	813-990-4636 800-334-9888 813-623-2828
MEDICAL ASSISTANCE SERVICES: MEDICAL PERSONNEL: Arcadia Maxim HS MEDICAL SUPPLIERS: McKesson PHARMACY: Integrity	727-841-8733 352-683-2885 727-535-9801 1-877-477-3579
NATIONAL GUARD	352-754-6726
OSHA	800-749-6773
PLUMBING/HEATING/AIR CONDITIONING Billy the Sunshine Plumber <i>KRAUSS</i>	352-596-9191 <i>727-596-4800</i>
POLICE /SHERIFF LOCAL: Hernando County Sherriff ADJACENT CITY: Brooksville	352-754-6830 352-796-7207
RECEIVING FACILITIES AND/OR SHELTERS Evergreen Woods Atria Windsor Woods	352-596-2055 727-862-6795
RED CROSS	352-799-3237
SALVATION ARMY	352-796-1186
UTILITIES TELEPHONE COMPANY GAS COMPANY: TECO ELECTRIC COMPANY: WREC WATER COMPANY: Hernando County WSI	800-432-1424 (377) 737-2478 352-683-0343 or 877-832-6747 352-596-4000 352-754-4037 727-847-9100
OTHERS (List with telephone numbers) LINUS GOVERNOR'S OFFICE HRS ADMINISTRATOR	352-796-2555 352-488-4441 354-754-6605

Names and Extensions

Administrator	Ron Swonger	352-584-6229
Assistant Administrator	Yarly Sylvain	352-596-8371
Activity Director	Vickie Helfrick	352-596-8371
Admissions Director	Wendy Hopkins	352-596-8371
Business Development Director	Laurene Long	352-584-7644
Business Office Manager	Ann McClurg	352-596-8371
Assistant Business Office Manger	Nancy Jackson	352-596-8371
Payroll/Benefits	Diane Points	352-596-8371
Receptionist/ AP	Wanda Pollard	352-596-8371
Receptionist (Evenings)	Terry Medows	352-596-8371
Receptionist (Weekends)	Andy Anderson	352-596-8371
Central Supply	Brooke Hady	352-596-8371
Dietary Manager	Cora	352-596-8371
Registered Dietitian	Lena Wagurak	352-596-8371
Maintenance Director	Kenneth Sherman	352-584-2993
RN Supervisor	Teri Ryan	352-596-8371
Medical Records	Phyllis Berke	352-596-8371
Clinical Reimbursement (MDS)	Rosemarie Remedio	352-596-8371
Clinical Reimbursement (MDS)	Charlene O'Donnell	352-596-8371
Director of Nursing	Valerie Agostino	352-584-3055
Assistant Director of Nursing	Lisa Webb	352-596-8371
Risk Manager	Barbara Dwyer	352-584-1527
Scheduling	Kristin Floyd	352-596-8371
Transportation	Pam Wallace	352-596-8371
Unit I Manager	Karen Varner	352-596-8371
Unit II Manager	Rebecca Elliott	352-596-8371
Social Services Assistant	Melissa Marquis	352-596-8371
Social Services Director	Jennifer Denobrega	352-596-8371
Director of Rehabilitation	Hollie Alleyne	352-596-8371
Housekeeping Supervisor	Heather Roberts	352-596-8371

Fax Numbers

Business Office/Medical Records: 352-596-8032
 Admissions: 352-596-0402
 Unit I: 352-596-3165
 Unit II: 352-596-8787
 Therapy: 352-596-8787
 Social Services: 352-597-4979

SEction
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FIRE & DISASTER PREPAREDNESS PLAN

BASIC ITEMS TO HAVE AVAILABLE

To be as prepared as possible in times of emergency, the following is a list of basic items on hand and operational until other help or resources are available.

The following list of basic items to have available will **be reviewed by the Safety Committee on an annual basis**, and additions/deletions shall be made accordingly.

At a minimum, one disaster kit will be maintained in a location that is easily accessible to staff during an emergency. The disaster kit will be inventoried monthly by a designated member of the safety committee.

The facility also maintains a (7) seven day emergency food supply and a 3-5 day emergency water supply located in the kitchen storage area.

In the event of emergency, all existing food supplies will be used first followed by the emergency food supply stock.

FIRE & DISASTER PREPAREDNESS PLAN

BASIC ITEMS TO HAVE AVAILABLE

Items marked with an *** are located in the Emergency Kit in the garage

Items	Location
Emergency First-Aid Kit - see attached	***
Blankets/Linens	Laundry and Unit Linen Closets
Radio(s) - 2 battery operated, CB and/or Civil Defense monitoring units if available 2 spare replacement batteries each	Weather radio - Unit I Medication Room Radio with batteries - ***
Basic Tool Kit - Hammer, pliers, screw driver(s), knife, etc.	***
Flashlight(s) - 6 flashlights, 48 batteries, 6 spare bulbs.	***
Extension Cords (UL Listed) 6 each	***
OXYGEN 3-5 Day Supply	CONFERENCE ROOM CLOSET
Water Containers (12 collapsible)	***
Drinking Water	Kitchen STORAGE
Food - Emergency Supply	Kitchen Pantry
Office Supplies - pencils/pens (1 box each), Log sheets (50), Valuable envelopes (150), 5 clip boards, 36 pads of paper	***
Disposable eating utensils/plates	Kitchen
Arm Bands - 1 box	***
Tie-on Tags - for patient identification if evacuation is necessary - 1 box	***
Masking Tape - 12 rolls, 2" wide	***
Chlorine Bleach & Test Strips - 2 bottles each	***
Trash Bags - For Medical Records and Medications, small & large, 1 box each	***
Disposable Diapers & Pads - 200 each	Central Supply & Garage

Safety Committee Advisor 

Approval Date _____

Revision Date(s) _____



To: Administrator
From: Tyrone Watson
Date: 01-01-17 to 12-31-17

Subject: Disaster and Emergency Response

We live in an uncertain world. Like you, we have learned how important it is to be prepared for unexpected events related to inclement weather, power failures, catastrophic disasters both natural and intentional, or even the possibility of a pandemic disease outbreak. A key component of such preparation is communication between US Foods and you, our valued customer. US Foods serves more than 15,000 healthcare accounts with a strong preference in Acute Care, Long Term Care and Assisted Living. What follows is the benefit from having the experience of serving so many healthcare accounts over the years and describes the efforts we will undertake to maintain a steady flow of food and other supplies to you before, during and after a crisis. You will also find some suggestions for steps you can take to be prepared to help us serve you better. Finally, attached is a list of emergency contacts at your US Foods Division.

Our Pledge to You:

US Foods takes great pride in its continuing effort to exceed customer expectations. We also recognize and appreciate the vital role we play in partnering with healthcare facilities to provide meals to patients and those in need of emergency care. To the extent we can do so without endangering the lives of our associates or violating the orders of emergency government responders, healthcare facilities will receive priority in the event of an emergency.

Specifics:

- Each US Foods division has a written disaster plan, clearly stating that sustaining service and the provision of food, water and emergency supplies to healthcare accounts, government relief agencies and captive consumer groups receives priority over other accounts.
 - If a disaster prevents access to your healthcare facility, or if the roads leading to the facility are impassable, US Foods will make every effort to deliver to a relay point set up as close to the facility as possible, or work with you on alternate solutions.
 - If conditions prevent the Division's trucks from leaving our property, other US Foods Divisions will be contacted and will attempt to make the required deliveries.
 - We have provided a list of contacts for emergency situations in the event your regular contact is unavailable.
- ~~Be sure to share this list among your key personnel.~~

- We request that you provide a similar list to your healthcare account manager or territory manager so we will know who to contact if you are unavailable.
- We strongly suggest that you create and share an emergency order profile. In the event of an emergency, if normal communications channels are unavailable and an order cannot be placed, the emergency order will automatically be delivered.
- We will anticipate and plan for the needs of our customers during a crisis, and stock accordingly- for example, purchasing extra bottled water or ready-to-serve foods when hurricanes or blizzards are forecast.
- We will work with our suppliers to mitigate shortages to the extent possible, and finally,
- We will provide resources and training for you to increase our mutual preparation and readiness to deal competently with any crisis.

The Operations staff is on call 24 hours a day, 7 days a week to handle any emergency or potential emergency situations that may occur. Please contact us immediately in the event of any disaster. If we can be of any further assistance, do not hesitate to contact anyone on this list.

Sincerely,

Tyrone Watson, Vice President National Sales

Attachment: Emergency Contact List

Customer Service

Main : 1-800-962-5925
Michelle Harrell 813-620-2816

Distribution Center Staff Contacts

Tyrone Watson
Vice President National Sales

Office 813-620-2834
Cell 904-349-5820

Jeff Earley
Manager of National Sales

Office 813-620-3112
Cell 863-559-0327

Jay Banks
Vice President of Operations

Office 813-620-2820
Cell 623-221-2968

Pat Monile
Division President

Office 813-620-2801
Cell 716-200-9255



2017 Disaster Emergency Plan Tampa Distribution Center

Operations:

At 2:00, 3:00, and 4:00 PM, Customer Service will print all orders for next day delivery and forward copies to Sales Management. Sales Management will review each order and verify which orders will be delivered the next day.

At 4:00 PM, Customer Service, Operations, Sales and Transportation will meet to discuss routes and deliveries.

A **20% restocking fee** will be charged to the customer for any product(s) asked to be returned to the Distribution Center.

Before department heads send employees home due to lack of work or power outage, they will check with the Operations department to see if they need assistance, i.e. auditing.

Receiving decisions will be made by the Distribution Center Executive Staff during scheduled hurricane meetings.

Because of the new strict government policies on returning products, we will only be able to pick up product based on the current policies provided to you by your sales rep.

Transportation:

At 5:00 PM, Customer Service, Operations, Sales and Transportation will meet to discuss routes and deliveries.

DOT regulations will be followed to ensure the safety of employees and others.

DOT regulations require tractor trailers off the roads when winds reach 40PH

THREE DAY DISASTER MENU TAKEN FROM EXISTING STOCK

	BREAKFAST	LUNCH	DINNER
1.	Fruit Juice 4 oz. Cold Cereal Bread/Margarine Jelly Milk 8 oz.	Ham or Cold Cuts 2 oz. Pork & Beans Bread/Margarine Sliced Peaches Cookies Juice or Punch	Sliced Cheese Sandwich 2 oz. Sliced Tomatoes Chocolate Pudding Milk 8 oz.
2.	Fruit Juice 4 oz. Cold Cereal Bread/Margarine Jelly Milk 8 oz.	Tuna Salad Crackers Pickled Beets Vanilla Pudding w/ Sliced Bananas and Vanilla Wafers Juice or Punch	Peanut Butter & Jelly Sandwich Applesauce Cookies Milk 8 oz.
3.	Fruit Juice 4 oz. Cold Cereal Bread/Margarine Jelly Milk 8 oz.	Beef Stew or Corned Beef Hash Marinated Green Beans Bread/Jelly Tapioca Pudding w/ Crushed Pineapple Juice or Punch	Tuna or Salmon Salad Sandwich Seasoned Canned Sliced Potatoes Fruit Cup Graham Crackers Milk 8 oz.

GUIDELINES

Use existing supplies of perishable foods first.

If refrigerator doors are kept shut, milk will be safe for the entire first day. After that, use powdered milk. Margarine will be safe for the entire three days.

Avoid sugar for diabetics where possible; don't concern yourself with other special diet items.

If cooking facilities are available, serve hot food where applicable.

If water supply is unsafe, use only bottled water. Save juices from fruits and vegetables if necessary, to mix with punch and juice bases.

TITLE OF MANUAL:		DIETARY SERVICES
Date Effective 7/93	Subject: Three Day Disaster Menu Taken from Existing Stock	Subject No. 501 Pg 1 of 6 SR

In the event of major disasters such as hurricanes, tornadoes, fires, floods, etc., the following seven day menu will be used. The foods to prepare this menu need to be purchased, dated, and stored in a designated area for disaster menu foods. The canned protein items need to be rotated from the designated disaster menu area every six months. This is done by working those foods into the regular menu and replacing them in the designated disaster menu area.

Each facility must maintain an adequate supply of emergency foods to provide:

- 5 ounces protein per resident per day;
- 4 servings fruits/vegetables per resident per day;
- 4 servings starch per resident per day;
- 2-8 ounce servings milk per resident per day.

The following menu meets these requirements:

DAY	BREAKFAST	LUNCH	DINNER
1	Orange Juice (4 oz) Cold Cereal (¾ c) Milk (8 oz) Bread/Jelly	Sausage/Shells (10 oz) Bread Canned Pears (#8) Juice (4 oz)	Chicken & Dumplings (10oz) Sliced Tomatoes Rice Pudding (#8) Milk (8 oz)
2	Orange Juice (4 oz) cold Cereal (¾ c) Milk (8 oz) Bread/Jelly	Tuna Plate (#8) Pickled Beets (#8) Bread Cookies (2 ea) Juice or Punch	Beef Stew (10 oz) Crackers Canned Apricots (#8) Milk (8 oz)
3	Orange Juice (4 oz) Cold Cereal (¾ c) Milk (8 oz) Bread/jelly	Chicken a la King (10 oz) Peas & Carrots (#8) Bread Fruit Cocktail (#8) Juice or Punch	Peanut Butter (2T) & Jelly Sandwich Potato Chips Peach Half (½ c) Milk (8 oz)
4	Orange Juice (4 oz) Cold Cereal (¾ c) Milk (8oz) Bread/Jelly	Macaroni/Cheese (10 oz) Sliced Apples (#8) Crackers Pineapple (½ c) Juice or Punch	Tuna Fish Plate (#8) Pickled Carrots (#8) Crackers Vanilla Pudding (#8) Milk (8 oz)
5	Orange Juice (4 oz) Cold Cereal (¾ c) Milk (#8) Bread/Jelly	Beef Ravioli (10 oz) Pork & Beans (#8) Bread Apricots (½ c) Juice or Punch	Canned Chicken and Dumplings (10 oz) Green Beans (#8) Choc. Pudding (#8) Graham Crackers Milk (8 oz)

OF MANUAL:		DIETARY SERVICES	
Effective 7/93	Subject:	Subject No. 501	
Seven-Day Disaster Menu from Designated Stock		Pg 2 of 6 SR	

DAY	BREAKFAST	LUNCH	DINNER
6	Orange Juice (4 oz) Cold Cereal (¾ c) Milk (8 oz) Bread/Jelly	Sausage/Shells (10 oz) Crackers Carrots (½ c) Canned Pears (#8) Juice or Punch	Peanut Butter (2T) & Jelly Sandwich Potato Chips Fruit Cocktail (#8) Milk (8 oz)
7	Orange Juice (4 oz) Cold Cereal (¾ c) Milk (8 oz) Bread/Jelly	Tuna Plate (#8) Potato Chips Canned Peaches (#8) V-8 Juice (4 oz)	Beef Ravioli (10 oz) Green Beans (½ c) Cookies (2 ea) Milk (8 oz)

GUIDELINES:

1. Do not be concerned with special items for special diets; however, avoid sugar and sweetened punch for diabetics.
2. If cooking facilities are available, serve hot foods where applicable. Gas Bar-b-que grills may also be used for heating foods.
3. You must have access to an electrical outlet powered by the emergency generator to prepare pureed foods for residents receiving pureed diets; if this is not available, a sufficient stock of prepared pureed foods must be kept on hand.
- +. If the water supply is unsafe, only bottled water may be used. One - gallon of bottled water per resident. xp-5
D.W.
Get a written agreement with a local water company to deliver water to the facility in case of an emergency. Make sure the agreement states how long it will take the company to deliver the water; you need only stock sufficient water to last until the delivery arrives. You may also use water from the hot water holding tank in place of fresh water supply until bottled water can be delivered.

TITLE OF MANUAL: DIETARY SERVICES		
Date Effective 7/93	Subject: Seven Day Disaster Menu from Designated Stock (continued)	Subject No. 501 Pg 3 of 6
Initials of Approval		SR

**STOCK NECESSARY TO SERVE SEVEN DAY DISASTER MENU
(for 120 bed facility)**

<u>ITEM</u>	<u>PACK</u>	<u>AMOUNT</u>
Orange Juice	23/24 oz.	2 cs
Dry Cereal	12/18 oz.	3 cs
	2½ # bag	4 cs
V-8 Juice	12/#5	1 cs
Canned Fruits, asst.	6/#10	8 cs
Canned Vegetables	6/#10	6 cs
Canned Pudding	6/#10	2 cs
Peanut Butter	5#	3 cs
Jelly	4#	3 cs
Saltines	500 ct.	1 cs
Graham Crackers	200 ct.	1 cs
Potato Chips	4/4#	1 cs
Fruit Punch	12/24 oz	2 cs
Assorted Cookies		1 cs
Powdered Milk	6/5#	3 cs
 <u>ENTREES</u>		
Sausage and Shells	6/#10	4 cs
Chicken and Dumplings	12/#5	4 cs
Tuna	6/66.5 oz	3 cs
Beef Stew	6/#10	2 cs
Chicken a la King	6/#10	2 cs
Macaroni and Cheese	6/#10 "	2 cs
Beef Ravioli	6/#10	2 cs

OF MANUAL:

DIETARY SERVICES

Effective
7/93

Subject:
Seven Day Disaster Menu from Designated Stock

Subject
No. 501

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CD

EMERGENCY FIRST AID KIT

ITEM	SIZE	QUANTITY	EXP. DATE
Alcohol	16 oz. bottle	3	
Alcohol Swabs		1 box of 200	
Amonia Inhalants ***		6	
Applicators - Sterile		1 box of 100	
Aspirin, buffered ***		1 bottle	
Band-aids		2 boxes	
Bandages, Ace	3"	10	
Bandages, Ace	4"	10	
Blistex Lip Ointment		6	
Bottle of N.S.		2	
Collyrium ***	4 oz.	2	
Eye Pads		1 box	
First Aid Cream - Triple A ***		6	
Gauze Sponges	4" x 4"	6 boxes of 50	
Gauze, Vaseline	3" x 18"	1 box of 50	
Gloves, Sterile		1 box (150 ea)	
Gloves, Unsterile		1 case	
Kerlix, Sterile		12	
Kerlix, Unsterile		12	
Kleenex		12	
Micropore Tape	1" x 20 yds.	12	
Wet Pruf Abd pads	5" x 9"	16	
Peroxide	16 oz	6	
Safety Pins		2 boxes	
Salt Tabs ***		1 bottle	
Sterile H2O		2 quarts	
Telfa	2" x 3"	100	
Telfa	3" x 4"	100	
Tongue Depressors		100	
Tourniquet	1"	2	
Tums (antacid) ***		1 bottle	

ITEM	SIZE	QUANTITY	EXP. DATE
Ice Pack		6	
Tylenol Extra Strength ***		1 bottle	
Skin Strips/Butterfly Strips		50	
Oral Airway		2	
First Aid logs		25	
B/P Cuff		1	
Stethoscope		1	

*** Items stored in the Emergency Medication Kit on Unit II

Disaster and Emergency Preparedness

1. Pharmacy and Facility will comply with 42 U.S.C. § 1395x and 42 C.F.R. § 483.75(m) with regard to providing Services under this Agreement to patients.
2. Facility will provide Pharmacy with its disaster and emergency preparedness policy and procedure ("Facility's Policy") within ten (10) days of the Effective Date and will provide any updates to Facility's Policy within ten (10) days of the effectiveness of such update; Pharmacy will exercise commercially reasonable efforts to follow any and all facility disaster and emergency preparedness policies and procedures; provided, however, that Pharmacy will not be in breach of this Agreement if Pharmacy determines, in its sole discretion, that it is unable to follow facility's policies and procedures.
3. In the event that, as a result of a disaster or emergency, patients at the Facility are moved to another location, Pharmacy will continue to provide the Services under this Agreement to such location; provided, however, the parties shall mutually agree upon a revised delivery schedule under this Agreement so as to accommodate for the patients new location.
4. Pharmacy will use commercially reasonable efforts to continue to provide Services to Facility and the patients in the event of a disaster and/or emergency impedes Pharmacy from providing Services out of its primary location. In the event Pharmacy is required to provide Services out of an alternative location as a result of such a disaster and/or emergency, the parties shall mutually agree upon a revised delivery schedule to accommodate for the use of the alternative location.
5. In the event Pharmacy is unable to continue to provide Services under this Agreement as a result of such a disaster or emergency as contemplated in 42 C.F.R. § 483.75(m), Pharmacy may outsource the provision of Services, at its own discretion, until such time that Pharmacy is able to provide the Services on its own or through an alternative location as contemplated in paragraph 4 above.
6. Notwithstanding the foregoing, pursuant to Fla. Admin. Code Ann. R. § 59A-4.126, the Facility shall retain all administrative responsibilities and obligations with regard to the Facility's Policy.

PHARMERICA

Curt M. Wilson

Name

Vice President DA

Title

10-13-17

Date

FACILITY

[Signature]

Name

ADMINISTRATOR

Title

10-20-17

Date

Section 1.7	Organizational Aspects Pharmacy Emergency Preparedness Plan	Page 1 of 3
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1.7 PHARMACY EMERGENCY PREPAREDNESS PLAN

POLICY

The Emergency Preparedness Plan establishes guidelines to provide effective response during communication and information failures, and environmental disasters or emergencies. The plan encompasses both the safety and welfare of residents and employees as well as providing for the uninterrupted delivery of pharmaceutical care to our nursing care centers and residents.

PROCEDURES

1. The Pharmacy Emergency Preparedness Plan includes procedures for the following:
 - a. Acts of terrorism
 - b. Bomb threats
 - c. Civil disorders
 - d. Earthquakes, hurricanes, tornadoes, flood and other acts of nature
 - e. Fire
 - f. Loss of utilities
 - g. Unforeseen events that result in temporary or permanent closure of the provider pharmacy (e.g., flu or other epidemic situations, power outage, structural damage to facility)

2. Assignments of Responsibility:
 - a. During any emergency situation, the pharmacy manager, or in her/his absence, the pharmacist in charge or the most senior pharmacist present will assign responsibilities and tasks based on assessed need, and ability and availability of personnel.
 - b. These responsibilities will always include notifying any nursing care center whose medication delivery may be affected, the appropriate PharMerica officers, Corporate Office and appropriate external authorities (e.g., police, fire, etc).

3. Communications are initiated by calling the pharmacy manager or pharmacist in charge to initiate the telephone chain. In the event of evacuation or landline telephone outage, there is one cellular phone available in the pharmacy. Beepers may also be utilized.

Section 1.7	Organizational Aspects Pharmacy Emergency Preparedness Plan	Page 2 of 3
		10/07

4. Alternate Pharmacy Providers

- a. Situations that will require utilization of alternate pharmacy providers include those that pose a threat to **employee safety or an inability to maintain the security of the pharmacy**. If an emergency requires the closure of the pharmacy for greater than (4) hours, new orders will be sent from:
Walgreens Pharmacy: 13053 Cortez Blvd. Brooksville, FL 34613 352-596-0571
- b. If an emergency requires the closure of the pharmacy for greater than four (4) hours, new orders will be processed from:
Walgreens Pharmacy: 13053 Cortez Blvd. Brooksville, FL 34613 352-596-0571
- c. Any medications not available from this location will be sent from:
Oak Hill Hospital: 11375 Cortez Blvd Brooksville, FL 34613 352-597-6632
- d. If the pharmacy is closed for greater than three (3) days, medication swill be sent from:
Walgreens Pharmacy: 13053 Cortez Blvd. Brooksville, FL 34613 352-596-0571

5. Skilled Nursing Facility (SNF)/Nursing Care Center Evacuation

In collaboration with the nursing care center, the following guidelines will be followed by the pharmacy staff in the event of a SNF evacuation:

- a. A pharmacist, the director of nursing, or designee, will direct nurses to secure the medication carts and remove them from the nursing care center along with resident charts, the emergency medications/supplies/kits, and necessary infusion pumps to their designated emergency meeting spot. Nursing care center staff will be reminded of the need to maintain security of medication and record storage.
- b. The pharmacy staff will maintain continuity with pharmacy services and meet resident needs by ensuring delivery of medications to an alternate site when required.
- c. Nursing care center staff will be educated to the pharmacy plan for medication distribution in the event of an emergency.
- d. The nursing care center staff will communicate pertinent aspects of their emergency/disaster plan to the pharmacy.

6. Assessment of Plan

The emergency preparedness plans are reviewed and revised & approved by the RM/QI committee at least annually. In order to monitor effectiveness of the plan, the following sources of data may be utilized:

Section 1.7	Organizational Aspects Pharmacy Emergency Preparedness Plan	Page 3 of 3
		10/07

- a. Serious Event Reports (security risks, vandalism, fire safety, thefts, spills)
- b. Biomedical equipment reports on preventative maintenance, equipment failure, and safety testing
- c. Product recall notices
 - a. Annual safety evaluations.

MEMORANDUM OF UNDERSTANDING

Between

Evergreen Woods Health and Rehab
And

Nestle Waters North America Inc.

This Memorandum of Understanding ("MOU") is between The Customer called Evergreen Woods Health and Rehab, and Nestle Waters North America Inc., hereinafter called "Nestle Waters."

I. PURPOSE AND SCOPE

The purpose of this MOU is to identify the roles and responsibilities of each party as they relate to disasters in the instance that The Customer requests assistance for bottled water from Nestle Waters.

Nestle Waters may act as a source in the event of disasters which require delivered bottled water to 7045 Evergreen Woods Trail Springhill, FL 34608 and will use all reasonable endeavors to satisfy the request of 500 Gallons for delivered bottled water should transportation routes be accessible and should it have the resources available to do so at the time of the request without adversely affecting Nestle Waters' ability to meet the needs of its other emergency management obligations, such as support for the Federal Emergency Management Administration, State Emergency Management Administrations, the Red Cross, AmeriCares, etc., other hospitals seeking water to service its patients, as well as the prior existing obligations to its customers.

While every emergency / disaster situation is different, the parties understand that Nestle Waters generally would prioritize needs, and prepare to seek to support and deliver, along the following lines:

FEMA / State EMAs

Red Cross / AmeriCares / other charitable organizations

Local hospitals

Other customers and consumers who rely on our business

II. BACKGROUND

Definition of Disaster – Nestle Waters and The Customer agree to define "disaster" to mean the occurrence or imminent threat of widespread or severe damage, injury or loss of life or property resulting from any natural or man-made cause, including, but not limited to,

fire, flood, earthquake, wind, storm, wave action, oil spill or other water contamination requiring emergency action to avert danger or damage, epidemic, extreme public health emergency, air contamination, blight, drought, critical material shortage, infestation, explosion, riot or hostile military or paramilitary action.

III. RESPONSIBILITIES UNDER THIS MOU

The Customer notify Nestle Waters as soon as possible if delivered bottled water is needed and relates to emergencies resulting from a disaster.

We recommend keeping at least a 24-hour supply on hand at all times. This will serve as an additional precaution, and will allow for The Customer to begin immediate water distribution in the event of an emergency.

IV. NESTLE WATERS RESPONSIBILITIES UNDER THIS MOU

Nestle Waters shall undertake the following activities.

Nestle Waters may act as a source for delivered bottled water for disaster-related services so long as doing so will not adversely affect the ability of Nestle Waters to meet the needs of its other emergency management obligations, such as support for the Federal Emergency Management Administration, State Emergency Management Administrations, the Red Cross, AmeriCares, etc., other hospitals seeking water to service its patients, as well as the prior existing obligations to its customers. It will use all reasonable endeavors to satisfy the request of The Customer for delivered bottled water should it have the resources available to do so at the time of the request in accordance with the previous sentence.

The parties are responsible for designating one or more points of contact. As of the date this MOU is signed, the points of contact for Nestle Waters are:

Primary: Key Account Sales Manager
Name: Trevis Overton
Contact Info: 407-304-7264
Email: trevis.overton@waters.nestle.com

If the primary point of contact for Nestle Waters is unavailable, secondary contact is:

Title: Zone Sales Development Manager
Name: Mark Stankiewicz
Contact Info: 813-376-5260
Email: mark.stankiewicz@waters.nestle.com

The points of contact for The Customer are:

Primary:

Name: *RON SWANGER*

Contact Info: *352-596-9371 Ex. 212*

Email: *NHA@EVERGREENWOODSHEALTHANDREHAB.COM*

If the primary point of contact for The Customer is unavailable, secondary contacts are:

Title: *ADOM*

Name: *NANCY JACKSON*

Contact Info: *352-596-9371 EX. 224*

Email: *ADOM@EVERGREENWOODSHEALTHANDREHAB.COM*

Title: *JOM*

Name: *ANN McCLURG*

Contact Info: *352-596-9371 EX. 222*

Email: *ADM@EVERGREENWOODSHEALTHANDREHAB.COM*

V. IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

Any services provided by Nestle Waters will be performed in a manner that is in the best interest of The Customer and Nestle Waters, with each party understanding that Nestle Waters will assist The Customer during a disaster as stated in Section I above.

VI. FUNDING

The Customer to pay for delivery of bottled water for response services. This commodity must be billed at Nestle Waters' previous days' Time and/or Materials (T&M) customer rates as determined by Nestle Waters. As it has in the past, Nestle Waters may donate delivered bottled water in the event of a disaster.

VII. LIABILITY

Nestle Waters shall not be liable to The Customer or any third party for any damages resulting from the inability of Nestle Waters to satisfy the request of The Customer for delivered bottled water.

VIII. EFFECTIVE DATE AND SIGNATURE

This MOU shall be effective upon the authorized signatures of The Customer and Nestle Waters unless modified in writing by mutual consent of both parties or terminated by either party upon a 30-day advance written notice to the other. Agreement shall expire within 1 year of effective signature date.

Evergreen Woods Health and Rehab and Nestle Waters indicate agreement with this MOU by their signatures.

EVERGREEN WOODS H+R

By: [Signature]

Name: RON SWANER

Title: ADMINISTRATOR

Date: 3-6-17

Nestle Waters North America

By: [Signature]

Name: TREVIS OVERTON

Title: KEY ACCOUNT SALES MANAGER

Date: 03/06/2017

Expires: 03/06/2018

PH Companions and Nestle Waters indicate agreement with this MOU by their signatures.

PH Companions of Pinellas LLC

Nestle Waters North America

By: S. Dee Pfeiffer

By: [Signature]

Name: F. Dee Pfeiffer

Name: Trevis Overton

Title: Administrator

Title: Key Account Sales Manager

Date: 3/8/17

Date: 03/06/2017

Expires: 03/06/2018



The Healthy Hydration Company™

Please Return contract to your NWWA Sales Manager or mail to:	
Nestlé Waters North America	
Attn:	Trevi Overton
Address:	6403 Harney Rd
City:	Tampa FL 33610

Nestlé Waters North America Inc. Sales and Service Agreement

This Agreement (Effective Date) made on Mar 6, 2017 by and between Evergreen Woods Health (herein referred to as "Customer") and Nestlé Waters North America Inc. (herein referred to as Lessor or Company), with its principal office at 900 Long Ridge Road, Bldg. 2, Stamford, CT 06902-1138 and an office at #217 6661 Dixie Hwy, Suite 4, Louisville, KY 40258-3950.

Customer: Evergreen Woods Health

Location: 7045 Evergreen Woods, Spring Hill FL 34608

Point of Contact: Ron Swonger Location: 7045 Evergreen Woods, Spring Hill FL 34608

Check Box for All Sites

Company will lease to Customer the coolers, filtration systems and/or equipment as agreed between Company and Customer ("Equipment"). Customer will purchase from Lessor such quantities of Lessor's brand of bottled water, other beverages and related products ("Products") as Customer shall order from time to time, provided that Lessor requires a minimum order per delivery of the lesser of (a) \$20 worth of Products; or (b) at least two of the following items: multi-gallon home and office delivery size bottled water, cases of retail sized beverages and/or bags of coffee, where available, in sizes as determined by Lessor from time to time. Lessor will lease to Customer such equipment as described on Exhibit A (the "Equipment"). See Exhibit A for pricing, Equipment and lease rate per unit.

TERM OF AGREEMENT: This agreement shall cover a term of 12 Months. If Customer thinks that any invoiced amount is incorrect, it shall submit its dispute to Lessor's Customer Service Department by phone or in a written letter. All disputes must be submitted no later than thirty (30) days after the date of the first bill on which the error or problem first appeared. Customer is obligated to pay the parts of the invoice that are not in question. months. Prior to the end of this term, or any extended term, the Customer shall give Lessor a minimum of 30 days written notice to terminate. If no such notice is given, this agreement will continue on a month to month basis until terminated by either Lessor or Customer on thirty (30) days' advance written notice provided to the other. Upon termination Customer will return all Equipment and multi-gallon bottles ("bottles") to Lessor, in the condition in which they were received, reasonable wear and tear excepted.

DISPUTES AND SERVICE: All "out of product requests" and other service requests shall be made by calling the Lessor's customer service number, which shall be provided by the undersigned Account Manager. In such cases, all service requests will be handled within three business days. Lessor may, at its option or Customer's request, replace defective Equipment with a comparable reconditioned unit if it deems that repair is not feasible on location.

In the event that the Customer is dissatisfied with the servicing of the Equipment listed herein, the Customer agrees to attempt a resolution with the Customer Service Department of Lessor. If the dispute is not resolved, the Customer agrees to notify the undersigned Account Manager, Zone Sales Development Manager, and Zone Service Manager, accordingly. The Account Manager shall provide the numbers of the Zone Sales Development Manager and Service Manager as the need arises.

If Customer thinks that any invoiced amount is incorrect, it shall submit its dispute to Lessor's Customer Service Department by phone or in a written letter. All disputes must be submitted no later than thirty (30) days after the date of the first bill on which the error or problem first appeared. Customer is obligated to pay the parts of the invoice that are not in question.

DEFAULT: In the event of default by Customer, Lessor shall have the right to (i) terminate this agreement immediately and the remaining fees, including but not limited to the equipment rental for the balance of the lease, due under this agreement or renewal shall become due immediately as liquidated damages and not as a penalty; and (ii) repossess the Lessor's Equipment and bottles, or, if Lessor cannot repossess its Equipment or bottles, as applicable, Lessor may, at its option, declare it a total loss, and Customer will pay Lessor its replacement value. Customer agrees to pay all such sums immediately upon request.

Default shall be defined as one or more of the following: Customer's failure to make payment for Equipment use or Products purchased herein for a period of 30 days after the due date; Customer's breach of any term or condition hereof and failure to cure such breach within ten days after its occurrence; serious abuse of the Equipment and or bottles by the Customer, its employees or guests; the institution by or against the Customer of a proceeding in bankruptcy; notice by Customer to terminate service during the lease term; abandonment of the equipment or bottles by the Customer or the removal of the equipment by the Customer without the written consent of Lessor.

Customer will pay all of Lessor's costs, including reasonable collection and/or attorneys' fees, as a result of Customer's default or the exercise of Lessor's remedies. Customer and Lessor waive trial by jury.

CHARGES, SURCHARGES, FEES AND DEPOSITS: Customer will pay all charges for Products, Equipment, purchased equipment, and all applicable surcharges, taxes and fees, including, without limitation, (a) all bottle deposits up to \$10 per Bottle and/or account deposits up to \$100; (b) any applicable delivery fees of up to \$10.00 per delivery; (c) the Skip Fee, if applicable; and (d) all applicable State bottle deposits and redemption value on any free and purchased Products upon Customer's receipt of Company's invoice. Company may change its administrative, surcharges or other charges or deposit fees at any time with prior notice to Customer. If Customer does not pay any charge within thirty (30) days of the invoice date, Customer will pay Company the greater of (i) a late fee not to exceed \$20 per month, or (ii) interest of 1.5% per month on any unpaid amount from the invoice date until paid. If the late fee or interest rate exceeds the maximum rate allowed by law, the late charge will be equal to such maximum rate. Customer will make all payments due without set-off, counterclaim or defense. Payment of invoice by Customer is an acknowledgment of acceptance and delivery.

EQUIPMENT RENTAL: Customer acknowledges that this is a true lease, Customer has no equity or ownership rights in the Equipment, and Customer can purchase the Equipment only if Customer and Lessor agree in writing. Company will install the Equipment or Plan Equipment, as applicable (collectively, "Equipment"), at Customer's address specified on the reverse side. If Customer's negligence, abuse or misuse causes damage requiring repair or replacement, Customer will pay Company all such costs on demand. The Equipment and multi-gallon bottles ("bottles") are, and will at all times be, Company's sole and exclusive property, and Customer will have no right, title or interest except as provided in this Agreement. Customer can purchase the Equipment only if Customer and Company agree in writing. Customer will use the Equipment and all bottles only for Company's Products and will not reuse or refill bottles for any purpose whatsoever. Customer will at all times operate and maintain the Equipment and bottles in a safe, sanitary and proper manner in accordance with Company's instructions and clean and maintain the Equipment periodically and at least once every three months, as outlined in the Company-approved guidelines. Customer (i) will not remove the Equipment from Customer's location without Company's prior written consent, (ii) will not alter the Equipment in any manner, (iii) will permit only Company to repair the Equipment, (iv) will notify Company immediately if the Equipment or any bottles are stolen, lost, damaged or destroyed, and (v) will keep the Equipment and bottles free and clear of, and promptly notify the Company of, any levies, liens and encumbrances. Company may enter Customer's premises at reasonable times to inspect and repair the Equipment and to deliver or pick up bottles. Customer acknowledges that this is a true lease. If Customer purchases equipment from Company, Customer will be responsible for all repair or replacement costs unless otherwise specified in Company's warranty, if any.

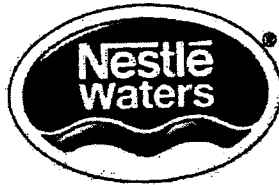
CHANGES AND ADDENDUMS: Any changes in specifications, terms or pricing contained in this Agreement must be mutually approved in writing by both Lessor and Customer before the execution of the change.

RISK OF LOSS; HOLD HARMLESS: Customer assumes risk of loss or damage to the Equipment and Bottles in Customer's possession and is responsible for all liability resulting from their use and operation. Customer will pay Company upon demand costs to repair or replace any lost, stolen, damaged or destroyed Equipment and/or Bottles, as determined by Company. Customer will, to the full extent permitted by law, indemnify, defend and hold harmless Company, its parent, affiliates, officers, directors, employees and agents from any loss, damage, liability, cost, fine or expense, including without limitation, reasonable attorneys' fees, incurred in connection with this Agreement. This provision will survive termination or expiration of this Agreement.

TRANSFER: Customer may not directly or indirectly transfer any of its rights under this Agreement and will not allow any third party to take possession of the Equipment or bottles without Lessor's prior written consent. Customer will keep the Equipment and bottles free and clear of levies, liens and encumbrances and will promptly notify Lessor of any third party seizure, levy, lien, or encumbrance regarding the Equipment or bottles.

PAYMENT TERMS: Net 30 days. Customer grants Lessor authority to conduct credit investigations and Lessor retains the right to terminate this agreement at any time based on such information.

PRICE GUARANTEE: Except as otherwise set forth on Exhibit A, pricing for bottled water products contracted herein will not be subject to change until Mar 6, 2018. After that date, Equipment rent and/or prices for bottled water products may be changed by Lessor on thirty (30) days' notice. Prices of commodities such as coffee, cocoa, sugar, paper and related products will be reviewed on a regular basis and are subject to increase at any time.



The Healthy Hydration Company™

Exhibit A
Bottled Water Dispenser, Bottled Water and Other Products

Customer: Evergreen Woods Health

Location: 7045 Evergreen Woods, Spring Hill FL 34608

Bottled Water and Related Products Pricing and Equipment Monthly Rental Fees:

Created		Price List
Mar 6, 2017		NWNA_Max Price List
Product Code	Product	Item Price
ZPH150	5 GAL ZH SPRING NSPL	5.77 USD

Customer is also responsible for any applicable account surcharges and any applicable taxes.

- Customer agrees to exclusively purchase Lessor's brand of bottled water for use on each bottled water dispenser that is leased under this agreement.

Regular delivery of bottled water will take place between 17-21-day business cycle.

NOTE: Bottled water dispenser must be maintained by Customer on a periodic basis including cleaning by Customer as outlined in the Lessor- approved guidelines (attached) at least once every three months.

THIS AGREEMENT SUPERSEDES ANY PRIOR EQUIPMENT/SERVICE AGREEMENT BETWEEN THE PARTIES WITH RESPECT TO THE SUBJECT MATTER HEREOF. THIS AGREEMENT CONSTITUTES THE ENTIRE UNDERSTANDING BETWEEN THE PARTIES WITH RESPECT TO THE SUBJECT MATTER HEREOF. ANY ADDITIONS OR CHANGES MUST BE IN WRITING AND AUTHORIZED BY BOTH PARTIES.

CUSTOMER AUTHORIZATION

Print Name: Ron Swenger Title: ADMINISTRATOR
Signature: [Signature] Date: 3-8-17
Phone: 352-596-8371 Fax: 352-596-8032
Nestlé Waters North America Sales Manager: [Signature]
Nestlé Waters North America ZSDM: _____
Reference # C-00001320

For Internal Use	
Salesperson Name	Trevis Overton
E-mail Address	TREVIS.OVERTON@WATERS.NESTLE.COM

SEction

6

FIRE & DISASTER PREPAREDNESS PLAN

UTILITIES - EMERGENCY SHUT OFF

In the event of an emergency and or when it is necessary to shut-off essential utilities, emergency shut-offs are located as follows:

Type of Utilities	Location
<p><u>Utilities</u> Gas: Water: Electric:</p>	<p>Gas - outside west dietary door, yellow valve Water - north corner of garage, red & black valve. Electric - inside mechanical room closet located in the west dietary department exit hall</p>
<p><u>Emergency Generator</u> Extra Fuel (Diesel) See Index under <u>DISRUPTION OF SERVICES</u></p>	<p>Generator located in fence next to garage with 100 gallons of diesel.</p>
<p><u>Oxygen</u> Wrench (Non-ferrous) Keys to Storage Area (Spare)</p>	<p>Keys to storage areas at Nurse's Stations Oxygen Wrenches at Nurse's Stations</p>
<p><u>Fire Alarm Control Panel</u> Fresh Batteries (Changed as per manufacturing recommendations) Keys for above Control Panel (Spare)</p>	<p>Panel Located in Electrical/Mechanical room in front lobby hallway Batteries are built into system Key for Control Panel is located in keyhole in box, extra keys are with maintenance and security staff. Control panel room key is on Unit I key ring</p>

FIRE & DISASTER PREPAREDNESS PLAN

Utilities

DISRUPTION OF SERVICES

With the disruption of utilities, the following procedures shall be adhered to:

LOSS OF WATER:

- Notify the Person-in-Charge
- Notify the Water Company: Hernando County (754-4037)
- Water Shut-Off Location - North corner of garage (red & black valve)
- Immediately restrict the use of water. If there is a possibility of contamination, turn off Main Water Valve.
- Deliver bottled drinking water to designated areas, use water tank on hill
- Recover and store all available water.
 - a. Recovery of toilet tank water is the first priority because of possibility of loss through flushing.
 - b. Any water (toilet tank, water heaters, boilers, etc.) shall be recovered and placed in large plastic lined containers.
 1. Deliver a minimum of two (2) containers to each Nurses' Station - one for Emergency drinking (Patients and Staff); one for other uses.
 2. Deliver two (2) containers to the Dietary Area for the same purposes:
 - Label each container.
 - Keep used water available for mopping or flushing purposes.
 3. Provide wash basins at Nurses' Stations and Dietary for sanitation purposes. Use commercial disinfectant or alcohol.
- Provide a supply of Heavy Duty plastic bags, large and small at each Nurses' Station. These bags are to be used for the safe and sanitary disposal of human waste and other waste products.
 - a. Large bags should be used to bag the commode portion of the toilets.
 - b. Plastic bags should be placed in a special room designated as the "Infectious Waste Room".
 - c. If the storage time is to be lengthy, bury the waste:
 - Dig a trench and place bags in it.
 - Use shovel to slit open bags.
 - Cover with lime and soil.

NOTE: IF BAGS USED ARE NOT OF SUFFICIENT STRENGTH - INSERT ONE BAG INTO ANOTHER FOR ADDED PROTECTION.

FIRE & DISASTER PREPAREDNESS PLAN

Utilities

DISRUPTION OF SERVICES - Continued

LOSS OF GAS

- Notify the Person-in-Charge
- Notify Gas Company:
GAS SHUT-OFF LOCATION - outside the West Dietary Door, yellow valve
- If a gas leak is evident, notify the Fire Department.
- Remove occupants and open doors and windows to ventilate.
- Shut-off Local Valve or Main Valve at meter.
- Do not use matches, candles or other open flame devices or activate light switches or other electrical appliances.
- Dietary should prepare to serve cold meals if disruption is to continue for an indefinite period of time.

LOSS OF ELECTRICITY

- Notify the Person-in-Charge.
Notify Power Company: WREC (596-4000)
MAIN POWER PANEL LOCATION: Inside Mechanical room closet in west dietary exit hall
- If Emergency Generator does not start automatically, notify Maintenance, Power Company or Fire Department.
- Use Flashlights as temporary source of light. Open flame type of light (candles) shall not be used.
- Provide extra supply of Gasoline or Diesel Fuel for Emergency Generator. Storage shall be in "Approved" Containers.
LOCATION: storage tank on Maintenance Hill
- Nearest available Gasoline Station: Circle K on Mariner Blvd and Hwy 50

Extreme Cold/Heat (Cold Heat Stress) Plan

HYPOPYREXIA

In the event that there is a loss of function in the heating system during cold weather, the procedures are to be taken to prevent Hypopyrexia.

When the facility temperature reaches **65 degrees F** and remains so for **four hours**, staff should:

- Ensure that residents have sufficient blankets or coverings;
- Promote the use of head coverings and other means to protect extremities;
- Force liquids if necessary;
- Monitor body temperatures;
- If necessary, relocate residents to nursing homes or hospitals the facility has agreements with, beginning with the most critically ill first;
- Monitor environmental thermometers on a 24-hour basis; and
- Notify the Medical Director.

HYPERPYREXIA

In the event that there is a loss of function in the cooling system during hot weather, the procedure is to be implemented to prevent Hyperpyrexia.

When the facility temperature reaches **85 degrees F** and remained so for four hours, the facility should notify the **County Health Unit** and the facility's **Medical Director**.

With the authorization of the Medical Director, the staff should:

- Move residents to other air conditioned portion of the building;
- Encourage residents to take in more fluids and keep the residents hydrated;
- Make sure an adequate supply of ice is available in the building;
- Force fluid to resident if necessary and record fluid intake;
- Open windows to let cooler outside air in and utilize fans to move air;
- Bring in additional staff, if required, to assist;
- Monitor body temperatures of the residents in affected areas and notify their attending physicians if necessary;
- Relocate residents, if necessary, to other nursing homes or hospitals in the area the facility has agreements with; and
- Monitor environmental thermometers on a 24-hour basis.

LOSS OF COOKING ABILITY

GENERAL

- Consider the ability for limited cooking utilizing other than normal appliances, such as microwave ovens, Barbecue grills, etc.
- Nursing and Dietary Departments to coordinate between the nutritional needs of particular residents and the planned menu.

ADMINISTRATION

- Consider contracting for food prep/delivery from area healthcare facilities (or catering firms), depending on expected duration of incident as well as outside conditions.

DIETARY

- Food Service priorities will be as follows:
 - A) Residents
 - B) Staff
 - C) Visitors
 - D) Off-site food service to local disaster areas
- Meals will be served as close to normal times as possible.

SEE ALSO

"LOSS OF NATURAL GAS" Procedures
"LOSS OF WATER" Procedures
"LOSS OF SEWERAGE SERVICE" Procedures
"LOSS OF ELECTRICAL SERVICE" Procedures

LOSS OF ELECTRIC SERVICE

GENERAL

Outlets served by the emergency generator are identified by a red cover plate.

Open curtains and drapes to take advantage of natural or off-site lighting, as applicable.

Turn-off "unnecessary" electrical equipment so as to reduce load on generator.

MAINTENANCE DEPARTMENT

- Attempt to determine expected duration of electrical outage.
- Ensure that the generator is functioning properly, both initially as well as periodically throughout the incident.
- If outage is expected to be for a long duration, confirm availability of "back-up portable generators from vendors or Office of Emergency-
- A written contract should be developed to ensure a generator is available to you when you need it.

NURSING DEPARTMENT

- Plug portable suction machines into an outlet served by the emergency generator.
- Remove ice from ice machines and place into freezers that are supplied by the emergency generator.
- Establish activities to compensate for loss of normal room lighting, television, etc. for residents, as practical.

DIETARY DEPARTMENT

- Remove food from refrigerators and freezers not powered by the emergency generator and transfer them to those that are served by the generator. This would also apply to ice machines.

FIRE & DISASTER PREPAREDNESS PLAN

Utilities

LOSS OF ELECTRIC SERVICE...Cont.

LAUNDRY DEPARTMENT

- See "LOSS OF WATER SERVICE" Procedure

UPON RESTORATION OF NORMAL ELECTRICAL POWER

MAINTENANCE

- Notify each department as to procedure for turning equipment back on so as to avoid all equipment being turned on at once and resulting in a massive power draw.
- Check all refrigerators and freezers for proper operation
- Check HVAC units and boilers for proper operation
- Reset all clocks
- Reset all lighting and other timers
- Check generator for proper fluid levels and ensure that all circuits have transferred properly.

DIETARY

- Dispose of any perishable items that may have been exposed to unsafe storage temperatures.

SEE ALSO

"EXTREME COLD/HEAT (COLD HEAT STRESS) PLAN"
"LOSS OF COOKING ABILITY" Procedures
"LOSS OF ELEVATOR SERVICE" Procedures
"LOSS OF WATER SERVICE" Procedures
"LOSS OF TELEPHONE SERVICE" Procedures

Emergency Agreement
Oil/Fuel Delivery Generator

Date: March 16, 2017

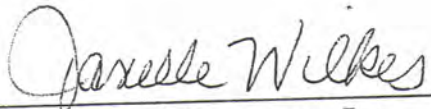
In the event of an emergency resulting in the need to increase fuel usage at Evergreen Woods Health and Rehabilitation Center, **Hernando Oil Company, Inc.** agrees to be available and provide delivery of oil / fuel services. In return, Evergreen Woods will be responsible to pay the appropriate fees/charges according to our current agreement.

Both parties understand that delivery will be provided once Hernando County Emergency Management and or local law enforcement clear delivery routes for safe passage.

This Emergency Agreement will be in effect for 1 year and updated annually.



Ron Swonger
Administrator
Evergreen Woods Health
and Rehabilitation Center



Hernando Oil Company, Inc
611 North Broad Street
Brooksville, Fl 34601

FIRE & DISASTER PREPAREDNESS PLAN

Utilities

LOSS OF HEATING SYSTEM

GENERAL

Expected duration of outage along with outside weather conditions must be evaluated and possible building evacuation considered.

All staff should survey their assigned areas to ensure that all windows and doors are closed. Any windows or doors that do not seal effectively should be reported to the Command Post.

MAINTENANCE DEPARTMENT

- Attempt to determine expected duration of heating system outage.
- Utilize duct tape, etc. for any doors or windows that do not seal effectively.
- Switch to another heat source, if possible.

NURSING DEPARTMENT

- Dress residents with several layers of loose clothing, 2 pair of socks, hats, etc.
- Discontinue use of water mattresses, unless heated mattresses are used.
- Group residents into rooms, if possible.
- Establish activities to keep residents active, as practical.

LAUNDRY DEPARTMENT

- Provide blankets to Nursing Department.

FIRE & DISASTER PREPAREDNESS PLAN

Utilities

LOSS OF GAS SERVICE

GENERAL

- Dietary to utilize disposable table services; plates, cups, forks, etc..
- See "LOSS OF HEATING SYSTEM" Procedures
- See "LOSS OF COOKING ABILITY" Procedures

MAINTENANCE DEPARTMENT

- Attempt to determine expected duration of gas supply outage.
- Shut-off valves supplying any appliances which have pilot lights.
- Upon restoration of gas supply relight all pilot lights and check all gas appliances for proper operation.

LAUNDRY DEPARTMENT

- See "LOSS OF WATER SERVICE" Procedures

FIRE & DISASTER PREPAREDNESS PLAN

Utilities

LOSS OF SEWAGE SERVICE

GENERAL

Bed pans, commode chairs or toilet bowls can be lined with infectious waste bags and waste material collected. A small amount of chlorine bleach should be poured into each bag prior to sealing. Large receptacles (lined barrels, garbage pails, etc.) having tight fitting lids may also be lined with infectious waste bags for storing waste material collected in smaller bags.

MAINTENANCE DEPARTMENT

- Contact plumber/sewer department and attempt to determine expected duration of incident.
- Establish an area to store containers of waste matter.

SEE ALSO

"LOSS OF WATER SERVICE" Procedures

FIRE & DISASTER PREPAREDNESS PLAN

Utilities

LOSS OF TELEPHONE SERVICE

ADMINISTRATION

- Determine if telephones not part of the main telephone system are in service.
- Determine availability of cellular telephones or CB radios from staff or visitors.
- Money (Change) should be stored in the Disaster Kit for use of off-site telephones.
- Assign runners to use off-site telephones, as applicable.
- Establish methods to communicate within the building (runners, etc.) if intercom/paging system is effected.
- Notify Fire and Police Departments. + *Emergency Management*
- Notify Telephone Company and request a radio equipped car or possibly a cellular phone.

MAINTENANCE DEPARTMENT

- Once outside communication is established, attempt to determine the extent and expected duration of the outage.

FIRE & DISASTER PREPAREDNESS PLAN

Utilities

LOSS OF WATER SERVICE

GENERAL

Water currently stored in facility (storage tanks, bottled water, etc.) will be rationed for use depending upon availability and need. Priorities for the use of available water will be as follows:

- 1) Personal Consumption
- 2) Personal Hygiene
- 3) Cooking
- 4) Housekeeping

If facility has received notification of a **planned** disruption of the water service, available containers (tubs, pots, sinks, etc.) shall be filled prior to the shut-down.

ADMINISTRATION

- Notify fire department and insurance carrier as to sprinkler system being out of service.
- Determine ability to obtain bottled water from outside sources.

MAINTENANCE DEPARTMENT

- Contact Water Department so as to attempt to determine the extent and expected duration of the outage.
- Shut-off main valves to prevent loss of water within piping if back-flow prevention devices are not present.
- Assist in obtaining stored water from within facility. Use dietary containers to transfer water used for consumption.
- Assess possible impact on heating and refrigeration systems.
- Turn-off water heaters and boilers if water is going to be drained for other uses.

DIETARY DEPARTMENT

- Utilize disposable dishes and utensils.
- Utilize Emergency (non-cooking) Menu, as necessary.
- Shut-down water cooled refrigeration units and transfer food items to non-water cooled units.

FIRE & DISASTER PREPAREDNESS PLAN

Utilities

LOSS OF WATER SERVICE ...Cont.

NURSING DEPARTMENT

- Restrict resident bathing.
- Utilize gloves so as to reduce the need for routine hand washing.
- Use waterless hand cleaner where possible.
- Utilize disposable swabs for oral care.
- Utilize disposable pads to reduce the need for linen changes.

LAUNDRY DEPARTMENT

- Provide a linen and resident clothing inventory to the Command Post.
- Coordinate a reduction of linen changes (as well as a reduction in the amount of linens utilized on each bed) with the Nursing Department.
- It is generally recommended that you keep a **3-day supply** of linen on hand for emergency situations.

HOUSEKEEPING DEPARTMENT

- Discontinue any routine cleaning that requires water. Utilize spray cleaners, where necessary.
- Provide containers to transport water from storage areas to use areas.

Consideration may be given to "force flushing" toilets, after considering availability of stored water in conjunction with other needs.

SEE ALSO

- "LOSS OF SEWAGE SERVICE" Procedures
- "LOSS OF HEATING SYSTEM" Procedures
- "LOSS OF ELECTRICAL SERVICE" Procedures

FIRE & DISASTER PREPAREDNESS PLAN

Utilities

LOW STAFFING/FINANCIAL FAILURE

GENERAL

This would apply to situations where staff members refuse to work or are not able to come to work due to situations such as a disaster occurring outside of the facility, as well as situations where normal staffing levels are inadequate due to an influx of residents.

All departments would adjust their schedules and assignments so as to best compensate for the reduction in available staff.

ADMINISTRATION

- Determine which staff in the building will remain on duty beyond their normal shift schedule.
- Determine the need/ability to call in off duty staff and contract nursing agency staff.
- In conjunction with department heads, establish a master schedule for work and rest.
- Establish a sleeping area for staff.
- Determine the need to transfer residents to other facilities or release to responsible party, as appropriate.
- Insure provisions are in place for adequate security of building, as necessary.
- Consult with vendors so as to determine the availability of necessary goods and outside services.,

DIETARY DEPARTMENT

- Revise routines so as to compensate for the need to feed staff as well as residents.

LAUNDRY DEPARTMENT

- Provide linens, etc. necessary to accommodate staff sleeping arrangements.

SEE ALSO

"INFLUX OF RESIDENTS" Procedures

Section
9

FIRE & DISASTER PREPAREDNESS PLAN

FIRE EMERGENCY PROCEDURES

Note - A training video titled THREAT OF FIRE: Emergency Action for Health Care Professionals outlining the following procedures is available from the Staff Development Coordinator for review.

CRITICAL ACTIONS AT THE DISCOVERY OF A FIRE:

1. Remove person(s) in immediate danger while calling out the facility fire code word for assistance. (Code word: CODE RED)
2. Close door to contain fire (also any room connecting door).
3. Activate the fire alarm (if this has not already been done).
4. Close all remaining doors in the fire zone.
 - a. If the fire has not spread from the point at which it started and is still small enough, it should be suppressed by the person discovering the fire.
 - b. The order of the above steps is flexible. However, the evacuation of the room's occupant(s) and confinement of the fire must be the top priority.

RESPONSE TO ALARMS OR HEARING CODE WORD FOR HELP:

1. People in immediate fire area - pull alarm, assist in rescue and close all doors. Place a bed pillow outside door after checked.
2. Back up call to the fire department and the PA announcement of the fire location will be made by Fire Captain.
3. Nursing personnel will respond to resident care area fires as directed by the Fire Captain and Unit Captain.
4. A Control Station will be set up at the nurses' station near the fire area. The Fire Captain will be here. The Fire Captain will be responsible for directing additional staff to the fire area within the building, as necessary.

FIRE & DISASTER PREPAREDNESS PLAN

Fire Emergency Procedures

RESPONSE TO ALARMS OR HEARING CODE WORD FOR HELP...Cont.

5. If an evacuation other than the room of origin is taking place, a command post will be set up with the Fire Captain for the purpose of interacting with outside agencies and supporting the Control Station.
6. The Fire Captain will assign a CNA to meet the Fire Department at the door and give directions to the fire

EXTENDED EVACUATION:

An extended evacuation should take place at the direction of the Fire Captain. All residents must have been removed from the corridor, and all doors in the area must have been closed. If the fire has not been extinguished and there is little or no smoke in the hall, the nurse in charge should commence further evacuation.

NOTES:

1. Evacuation direction will be beyond smoke/fire doors. See the evacuation directional diagram for your area.
2. The staff members will begin evacuating residents on both sides of the fire room first, and then across the hall. These rooms will be followed by the remaining rooms in the fire area. **Oxygen tanks and cylinders must be evacuated from the room with the resident.**
3. Doors of evacuated rooms will be closed and marked with masking tape which is easily located next to every fire extinguisher.
4. If evacuation from a floor is necessary, EXIT should be made from the non-fire side of the building (beyond the smoke barrier), or out of the building via the end exit farthest from the fire. Floor or building evacuation will be a fire department/administrative (person in charge) decision.

FIRE & DISASTER PREPAREDNESS PLAN

Fire Emergency Procedures

FIRE IN NON-RESIDENT AREAS:

For fires in nonresident areas the critical actions (Section I) will be followed. Each nonresident area will have an assembly point to respond to so the department head can take a head count and verify all are out of the fire area. These assembly points will be as follows:

<u>Dietary:</u>	front Bus. Off.
<u>Laundry</u>	front Bus. Off.
<u>Housekeeping:</u>	front Bus. Off.
<u>Office:</u>	front Bus. Off.
<u>Rehabilitation:</u>	front Bus. Off.
<u>Activities:</u>	front Bus. Off.
<u>Maintenance:</u>	front Bus. Off.
<u>Social Services:</u>	front Bus. Off.

NOTES FOR NON-RESIDENT AREAS:

1. If you are not in your work area when the alarm sounds, report back. If your work area is the fire area, then report to the prearranged assembly area.
2. If a fire is not in a resident care area, the Control Station will be with the department head of the fire area.
3. If a fire is in an area not occupied by staff, the most senior person in the immediate area of the fire will be in charge.

FIRE & DISASTER PREPAREDNESS PLAN

Fire Emergency Procedures

FULL BUILDING EVACUATION:

The need for a full building evacuation should be decided by the Administrator (or other person in charge) in cooperation with the fire department.

All residents (unless acute injuries exist) will be taken to a stopover point (i.e. parking lot, building across the street, church, etc.) for triage before dispersion to other health care facilities.

DISPOSITION OF RESIDENTS IMMEDIATELY AFTER EMERGENCY EVACUATION HAS TAKEN PLACE

1. The Administrator will contact the following agencies, notify them of the emergency and the present status of the situation, and receive instructions:
 - a. Agency for Health Care Administration
 - b. Hernando County Health Department
 - c. Resident's Sponsor(s)
 - d. Others, as necessary, depending on situation

NOTIFICATION REQUIREMENTS:

After any fire or evacuation situation, the following must be notified:
Director of Operations (DO)
Regional Maintenance Supervisor
Corporate Risk Management

FIRE & DISASTER PREPAREDNESS PLAN

Fire Emergency Procedures

PERSON AFLAME

PERSON AFLAME:

Depending upon the overall circumstances of the Fire Problem (heavy smoke, more than one person in the room, etc.) these are the suggested procedures:

1. **CALL OUT FOR HELP** using the CODE WORD!

- a. Nearby Personnel shall respond.

2. **TO EXTINGUISH FIRE:**

Technique for Suppressing a Clothing Fire With Person in the Sitting Position.

- a. Approach chair from side.
Slide the hand that is closest to the victim's face under the chin and place on opposite shoulder, forming a barrier between the fire and face.
- b. Drape material over the fire area.
- c. Tuck material tightly between body and chair on both sides.
- d. Brush towards the feet.
- e. Keep arm tightly against upper chest area. Lift material from far corner, checking carefully to make sure fire is out. Remove barrier.

Technique for Suppressing a Clothing Fire With a Person Lying in Bed.

- a. Approach bed from the side. Slide the hand that is closest to the victim's face under the chin and place on opposite shoulder, using your forearm as a barrier between the fire and face.
- b. Drape material over the burning area.
- c. Brush towards the feet.
- d. Keep arm tightly against the chest area. Lift material from far corner, checking carefully to be sure fire is out.
- e. Remove the person from the bed or chair and quickly transfer to a place of safety.
- f. If a person is severely burned, it may be prudent to leave the person on the bed to prevent further tissue damage.
(i) Remove bed from room.
- g. Saturate bed with cold water
- h. Confine fire by closing the door to the room.

FIRE & DISASTER PREPAREDNESS PLAN
Fire Emergency Procedures

BLIND AND/OR DEAF

RESPONSIBILITIES FOR BLIND AND/OR DEAF PERSONS:

The priority for evacuation should always be:

FIRST THOSE IN IMMEDIATE DANGER

SECOND AMBULATORY

Definition: A patient who is able to leave a building unassisted under Emergency conditions.

THIRD NON-AMBULATORY

Definition: A patient who is unable to leave a building unassisted under Emergency conditions.

Any attempt to change this priority of movement could impede the evacuation of other persons and subsequently cause panic and or injury.

The principle responsibility of Supervision is to insure that ALL MEMBERS ON ALL SHIFTS know the room numbers and bed location of all BLIND AND/OR DEAF PERSONS and the location of the nearest exit to those rooms.

This information should be readily available at all times.

FIRE & DISASTER PREPAREDNESS PLAN

Fire Emergency Procedures

EMERGENCY CARRIES

Find the one carry that you can handle best. If it is practiced enough, the difference in height and weight of a person will not be an important factor. Unless otherwise noted the person will be on a bed.

QUICK ONE-PERSON CARRIES:

Front Chest Carry (Face head of the bed)

1. Slip both arms around the upper torso and pull the person tightly to your own chest.
2. Walk upright, carrying the person from the room.

Rear Chest Carry (Face head of the bed)

1. Raise the person to a sitting position and sit behind him on the bed.
2. Slip your arms under his. Grasp his wrists, holding his upper torso tightly to your chest.
3. Walk upright, carrying the person from the room.

Knee Drop

1. Slip both arms under the body and pull person toward the edge of the bed.
2. Drop to your knee which is nearest the person's head.
3. Pull lower half of body from the bed so that the extended knee supports the person's hips.
4. Use both arms to lower the upper part of the person's body to the floor.
5. Let the person's legs slip gently to the floor. Pull the person from the room, head or feet first, whichever is easiest.



Russell Phillips & Associates, Inc.

Corporate Office, Eastern Region
33 West Outer Drive
Rochester, NY 14615
716-621-3700
FAX: 716-621-7300

Western Region
9440 Fairlight Court
Elk Grove, CA 95758
916-684-6114
FAX: 916-684-6013

TECHNIQUE FOR SUPPRESSING A CLOTHING FIRE

WITH PERSON IN THE SITTING POSITION



1. APPROACH CHAIR FROM SIDE. SLIDE THE HAND THAT IS CLOSEST TO THE VICTIM'S FACE UNDER THE CHIN AND PLACE ON OPPOSITE SHOULDER, FORMING A BARRIER BETWEEN THE FIRE AND FACE



2. DRAPE MATERIAL OVER THE FIRE AREA



TUCK MATERIAL TIGHTLY BETWEEN BODY AND CHAIR ON BOTH SIDES



4. BRUSH TOWARDS THE FEET



5. KEEP ARM TIGHTLY AGAINST UPPER CHEST AREA. LIFT MATERIAL FROM FAR CORNER, CHECKING CAREFULLY TO MAKE SURE FIRE IS OUT. REMOVE BARRIER.



Russell Phillips & Associates, Inc.

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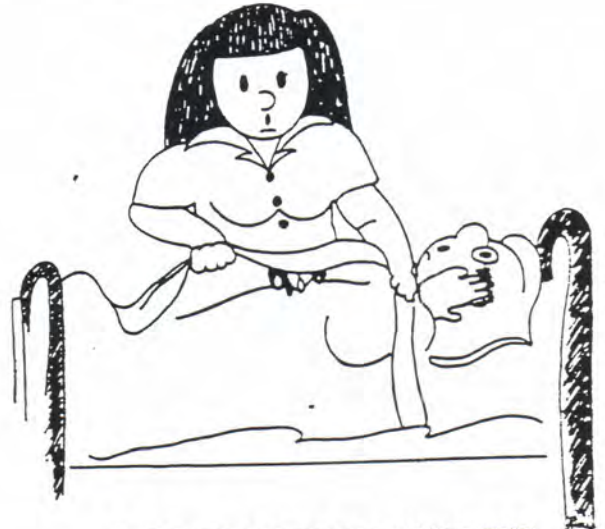
Western Region
 9440 Fairlight Court
 Elk Grove, CA 95758
 916-684-6114
 FAX: 916-684-6013

TECHNIQUE FOR SUPPRESSING A CLOTHING FIRE

WITH A PERSON LYING IN BED



1. APPROACH BED FROM THE SIDE. GUIDE THE HAND THAT IS CLOSEST TO THE VICTIM'S FACE UNDER THE CHIN AND PLACE ON OPPOSITE SHOULDER, USING YOUR FOREARM AS A BARRIER BETWEEN THE FIRE AND FACE.



2. DRAPE MATERIAL OVER THE BURNING AREA.



3. BRUSH TOWARDS THE FEET.



4. KEEP ARM TIGHTLY AGAINST THE CHEST AREA. LIFT MATERIAL FROM FAR CORNER, CHECKING CAREFULLY TO BE SURE FIRE IS OUT.

SHEET-SLIDE BED REMOVAL

1. Remove all top covering (sheets, blankets and bedspreads)
2. Perform each of the following steps as necessary:
 - a. Remove catheter drainage bag from siderail and place with patient, or disconnect tubing.
 - b. Remove IV bag or bottle from pole and place with patient.
 - c. Disconnect NG tube (feeding tube) from the pump and take with patient.
 - d. Remove mask or cannula from the patient. If possible, quickly turn off the tank or disconnect from the wall. If not possible, simply notify the fire department upon their arrival.
 - e. Cut or untie restraints.
3. Untuck all four corners of the bottom sheet.
4. If two rescuers are available, one rescuer will roll the sheet up to the patient between the ankle and the knee, while the other rescuer rolls the sheet up between the elbow and shoulder.
5. With both hands on the same side of the patient and one leg braced against the bed, the patient is pulled to the edge of the bed on the count of "three".
6. The rescuer at the head of the bed then turns parallel to the bed with both feet pointed towards the foot, with knees bent. The person at the foot places the patient's feet on the floor and the other rescuer slides the head of the patient onto his/her lap, then down to the floor. Utilizing the sheet the patient is then dragged from the room.

SEction
10

FIRE & DISASTER PREPAREDNESS PLAN

Fire Emergency Evacuation Procedures

EVACUATION

DEFINITION:

Evacuation is the removal of persons either horizontally or vertically from a dangerous or potentially dangerous area to one of safety.

The need to move persons to the outside is determined by the seriousness of the Emergency. In most cases, areas of safety within the facility are created by the closing of all doors opening into the hallways and all Fire and/or Smoke Barrier Doors.

WHY EVACUATE:

1. To move people from unsafe to safe areas.
2. To free the use of the facility for the care of incoming casualties or displaced persons.

NOTE: Evacuation should only be attempted when you are certain that the area chosen for the evacuees is safer than the area you are leaving.

Person-in-Charge shall make the determination of when to evacuate.

WHERE TO EVACUATE:

1. To another section of the facility.
2. To an area outside the facility:
 - a. Outside the facility on the lawn
 - e. To other facilities or buildings in the area.

DO NOT CROSS STREETS UNLESS ABSOLUTELY NECESSARY.

FIRE & DISASTER PREPAREDNESS PLAN

Fire Emergency Evacuation Procedures (Routes/Exits)

HOW TO EVACUATE:

Partial: This is the removal of persons (where a Fire or other Emergency can be confined to one room) to a safe location. If necessary, be prepared to move persons from adjoining areas.

Horizontal: This is the removal of persons on a horizontal plane. If necessary, be prepared to move persons to another area of the facility and possibly to the outside.

Vertical: This is the removal of persons downward to a safe area. Always use a stairway, **NOT AN ELEVATOR.** If necessary, be prepared to move persons to the outside.

Complete: This is the removal of all persons to a place of safety outside the facility. Authorization for the total evacuation is the responsibility of the Person-in-Charge.

NOTE: DO NOT EXIT THE SAME WAY THAT THE FIRE DEPARTMENT WILL ENTER.

The final phase of any Evacuation should be a complete search of the affected area to account for all persons.

EVACUATION PRIORITIES:

FIRST: THOSE IN IMMEDIATE DANGER

SECOND: AMBULATORY

Definition: A patient who is able to leave a building unassisted under Emergency conditions.

THIRD: NON-AMBULATORY

Definition: A patient who is unable to leave a building unassisted under Emergency conditions.

FIRE & DISASTER PREPAREDNESS PLAN

Fire Emergency Evacuation Procedures (Routes/Exits)

BUILDING EVACUATION

GENERAL

The decision to conduct a complete evacuation of the building will be made by the Administrator (or the highest ranking staff member in the building). This decision may be made in conjunction with instructions or advice from outside emergency agencies.

If residents must be immediately evacuated from the building:

TRIAGE SITE

- If triage within the building is possible, the dining room will be given primary consideration as the main triage site.
- If triage must take place outside the building, the covered driveway will be given primary consideration as the main triage site.
- THE ACTUAL LOCATION OF THE TRIAGE SITE WILL BE DETERMINED BY THE COMMAND POST.
- The Command Post will appoint a staff member to be in charge of the triage site. This person will be responsible to:
 - (1) Account for all residents at the triage site.
 - (2) Ensure all residents are logged-out prior to being moved from the triage site, and
 - (3) Ensure that residents' medical records and essential medication(s) are moved to the location where the residents are evacuated. See **RECORDS** below.

TRANSPORTATION

- Securing of transportation vehicles will be the responsibility of the Command Post.

RECEIVING FACILITIES

- Notification of receiving facilities and/or shelter(s) will be the responsibility of the Command Post.

FIRE & DISASTER PREPAREDNESS PLAN

Fire Emergency Evacuation Procedures (Routes/Exits)

BUILDING EVACUATION...Cont.

RECORDS

- Resident charts, Dr's. orders, medication sheets, etc. (preferably copies) will be placed in designated plastic bags and will be tied or secured with a rubber band and moved from the facility to the appropriate receiving facility, if possible. The charge nurse of each area will ensure that these records are moved from the unit to the triage area. These records will then become the responsibility of the person-in-charge of the triage area.
- A **disaster tag** will be placed on each resident's ankle **prior** to the resident leaving the triage area. This tag will contain the resident's name, responsible party, primary diagnosis, and location to which resident is being transferred. One copy of the tag will remain with the person in charge of the triage site and recorded on the Facility Evacuation and Transferal Information Sheet.

DISASTER KIT

- A Disaster Kit is located in the garage. It will be the responsibility of the Command Post Captain to ensure that the Disaster Kit is taken to the triage area as the evacuation takes place.

MEDICATIONS

- Nursing administration (in conjunction with the charge nurse of each unit) will be responsible to determine any special medications that **must** go with the resident. The resident's condition, the availability of medications elsewhere, as well as the nature of the disaster will be taken into consideration as this decision is being made. Essential medication(s) shall be placed in a designated plastic bag and shall be tied or secured with a rubber band. (Medications may be placed in the same bag with the medical records.)

STAFFING AT RECEIVING FACILITIES

- The Command Post will be responsible to assign staff to go to each receiving facility, as they become available. If possible, a staff member should be at each receiving facility **prior** to the arrival of the first resident. If this is not possible, a staff member should be assigned to go **with** the first resident being sent to each facility.

FIRE & DISASTER PREPAREDNESS PLAN

Fire Emergency Evacuation Procedures (Routes/Exits)

BUILDING EVACUATION...Cont.

RESIDENT CLOTHING

- A minimum of three days of clothing for each resident will be placed in a pillow case labeled with the resident's name. This bag should be brought to the triage area with the resident for transportation to the evacuation site.

FOLLOW-UP CARE

- Administration shall be responsible to arrange for a check on the welfare of each evacuated resident within 24-hours of the resident being transferred from the facility. A record will be kept of each of these 24-hour follow-up contacts.

NOTE: KEEP APPROPRIATE FINANCIAL RECORDS, AS REQUIRED BY REIMBURSEMENT AGENCIES AND INSURANCE COMPANIES.

ACCOUNTING FOR ALL RESIDENTS

- The triage site leader will be responsible for comparing Transferal Information sheet to the current Resident Roster to ensure that all residents are accounted for prior to closing the triage area for evacuation.

**FACILITY EVACUATION
TRANSFERAL INFORMATION SHEET**

FACILITY _____

UNIT _____

DATE _____

CHECK BELOW IF SENT WITH RESIDENT

Resident Name	Tie on ID Tag	Destination	Departure time	Departure Mode of Transport	General Condition at Time of Transfer (Oriented, Disoriented, or Combative)	Referral Form	Dr. Orders	Med Sheets	Meds	Tx Sheet

Signature of Staff Responsible for Log and Transfer

Transportation

The facility does not evacuate in the event of a hurricane. However, if the need should arise due to another event, transportation arrangements are as follows.

The facility maintains a permanent contract through Extendicare with Ryder Truck Rental. See attachment "To Rent a Truck" (Page 10-10) Arrangements via phone call to the 24/7 800 number will be made by the Administrator or designee as soon as the decision to evacuate is made. This will be used for all logistical support: All emergency supplies to include food, water, medications, mattresses, sheets, blankets, first aid supplies, medical records, etc.

Included in this chapter is a current listing of the commercial vehicle pool from all of our sister facilities (Pages 10-9 and 10-9 A). If the need of emergency transport arises the Administrator or designee will contact appropriate sister facilities and utilize facility vehicles needed to transport residents to the designated evacuation site.

As a back-up plan, employee vehicles may be used for resident and/or supply transport as needed also. Employees fill out acknowledgments upon hire volunteering personal transport in case of emergency (see page 10-12). These forms are kept in a marked folder at the front office and updated periodically.

- **Windsor Woods Health Care Center** is our host facility in case of the need to evacuate (see pages 10-10A and 10-10B for address and map)

Estimated Evacuation Times:

Estimated evacuation times not including triage and completing the Transferal Information Sheet are as follows:

To Windsor Woods Health Care Center:	
Loading residents (2 minutes per resident)	10.33 hours
Travel Over:	35 minutes
Unload Residents (2 minutes per resident)	240 minutes
Travel Back	35 minutes
Supply Loading and Travel	70 minutes

FIRE & DISASTER PREPAREDNESS PLAN

Fire Emergency Evacuation Procedures (Routes/Exits)

STATEMENTS TO FAMILIES AND NEWS MEDIA

Administration will be responsible for issuing any statements to the news media and/or families of residents. No one will have the authority to make public statements without the approval of Administration.

Administration will be responsible for establishing a procedure to notify families/responsible parties, as well as to establish an area to receive the media and/or families.

This area will be the West Canopy.

The Administrator will designate an employee to contact resident families as soon as possible following a disaster and or evacuation. The designated employee will use the Evacuation Transferal Information Sheets to relay information to the family.

EVERGREEN WOODS EVACUATION PLAN (COMPLETE EVAC)

1. The Administrator or designee will be responsible for implementing facility evacuation procedures.
2. In the event of an emergency requiring Evergreen Woods to completely evacuate, the facility would evacuate to the following:

WINSOR WOODS HEALTH AND REHAB CENTER
13719 Dallas Drive
Hudson, Florida 34667
727-862-6795

It is estimated that all residents could be evacuated within 10.5 hours of transportation arrival. Mattresses, med carts, medical records and all other supplies would take an additional estimated two hours to be loaded from the arrival of the truck. All supplies will be transported to evacuation location prior to the resident, if possible.

3. Evacuation from Fire Zone to Fire Zone will take an estimated 15 to 30 minutes, depending upon the nature of the emergency.
4. In the event of evacuation, the second highest ranking staff member, Director of Nursing, will coordinate the evacuation of the building to the receiving center. At least one licensed nurse and two other staff members will be sent to the receiving center prior to the residents and at least one licensed nurse and two staff members will be on transport with evacuating residents. Staff designated to go on transport and sent to the evacuation site in advance will receive their instruction from the Director of Nursing.

Residents will be evacuated in the following order:

- 1st wheelchair residents
- 2nd stretcher residents
- 3rd ambulatory residents last.

All additional staff will be directed to the receiving centers in coordination with the transportation.

5. The Facility Evacuation and Transferal Information Sheet will be used as a check off list/resident roster. The Admissions Director will check off residents as they board transport vehicles. The nurse at the receiving center will check off residents as they arrive. A copy of the list for each transport vehicle will accompany the department head that is in charge of the vehicle. These lists will then be used at the receiving centers by the Team Leaders as a log to keep track of residents until they return to Evergreen Woods.

Evergreen Woods Evacuation Plan -- Cont.

The bookkeeper will maintain an employee call down list/roster. The list will include the location of employee once assigned to a receiving center.

6. Residents will be allowed to take up to five changes of clothing but at least three will be required. Toiletry items and bed clothing to be included with the clothing.
7. Admissions Director will be responsible to notify families of evacuating residents and handle all family inquiries concerning evacuated residents. Family members will be advised as to the location of residents, conditions, and anticipated length of stay at the receiving center.
8. Once all residents are loaded upon transport vehicles and their arrival is confirmed at the receiving center, the Administrator and Maintenance Director will both tour the center checking all areas. The center will then be secured and locked down.
9. Department Managers will be responsible for managing/dividing supplies.
10. Mutual Aid Agreements will be called into effect immediately upon notification of the centers intent to evacuate. Each Department Head will call their suppliers. Administrator will notify the receiving centers.

Re-entry After Evacuation

1. Once local authorities have cleared the area and given the approval to return, the Administrator or designee will be responsible for the authorization for re-entry to the facility. Prior to authorization, the Administrator or designee and the Maintenance Director or designee along with local authorities (if needed) will complete a facility inspection. The inspection will focus on insuring the building is structurally sound, in sanitary condition, has all life safety systems in working order, and all other areas to support normal operations.
2. Upon authorization, Staff Designee will coordinate the return of residents to Evergreen Woods in the following order:
 - 1st wheelchair residents
 - 2nd stretcher residents
 - 3rd ambulatory residents last.
4. All additional staff will be directed back to Evergreen Woods in coordination with the transportation and proportionate with the number of residents returning to the facility.
5. The Facility Evacuation and Transferal Information Sheet will be used as a check off list/resident roster. The Staff designee will check off residents as they board transport vehicles. The Admissions Director or designee at Evergreen Woods will check off residents as they arrive. A copy of the list for each transport vehicle will accompany the department head that is in charge of the vehicle.
6. Admissions Director will continue to be responsible to handle all family inquiries concerning evacuated residents. Family members will be advised as to the location of residents, conditions, and the return to the Evergreen Woods.
7. Once all residents are loaded upon transport vehicles and their arrival is confirmed at Evergreen Woods, the Administrator and Director of Nursing will complete a final head count to insure all residents are back in the facility using the Facility Evacuation and Transferal Information Sheet.

Department Managers will be responsible for the return and securing of evacuation supplies.

Facility Vehicle List

Facility Name	Type of Vehicle	Seating Capacity	Wheelchair Capacity	
Abbey	N/A			
Alpine	VAN (2)	8	3	share w/ Concordia & South Heritage
Bartow Center	N/A			
Bay Center	N/A			
Bay Pointe	N/A			
Boca Ciega	N/A			
Boca Raton	N/A			
Broward Institute	Van	8	1	
Cape Coral	N/A			
Carrollwood Care	N/A			
Casa Mora	Van (Mini)	6	3	
Clearwater Center	N/A			
Community Care	N/A			
Concordia Manor	N/A			
Deerwood				see Regents of Jax
Egret Cove	N/A			
Emerald Coast	N/A			
Emerald Green Woods	VAN			
First Coast	N/A			
Groves	N/A			
Highland Terr	Van	3		
Lakeland Hills	N/A			
Oaks at Avon Park	N/A			
Palm Beaches	N/A			
Pasadena Manor	BUS (Mini)			
Pompano Rehab	N/A			
Rehab of Tampa	N/A			
Tarpon Bayou	N/A			
Titusville	N/A			
Treasure Isle	BUS (Mini)	15	4	
University East	N/A			
University West	N/A			
Westminster Clermont				
	VAN	5	2	
Westminster Delaney Park	N/A			
Westminster Orlando				
	Mini VAN / PASS VA	1 and 12	3	
W...ering Oaks	N/A			
W...sor Woods	N/A			

Jer Court	N/A			
Winter Haven	VAN	6	2	
Regents Jacksonville	BUS (MINI)	8	2	share w/ Deerwood
Regents Winter Park	BUS (MINI)	26	2	share w/ Westchester Winter Park
Regents Sunrise	BUS (MINI)	10	1	share w/ Westchester Sunrise
Westchester Sunrise				See Regents Sunrise
Westchester Winter Park				See Regents Winter Park

10-8 A



To Rent a Truck

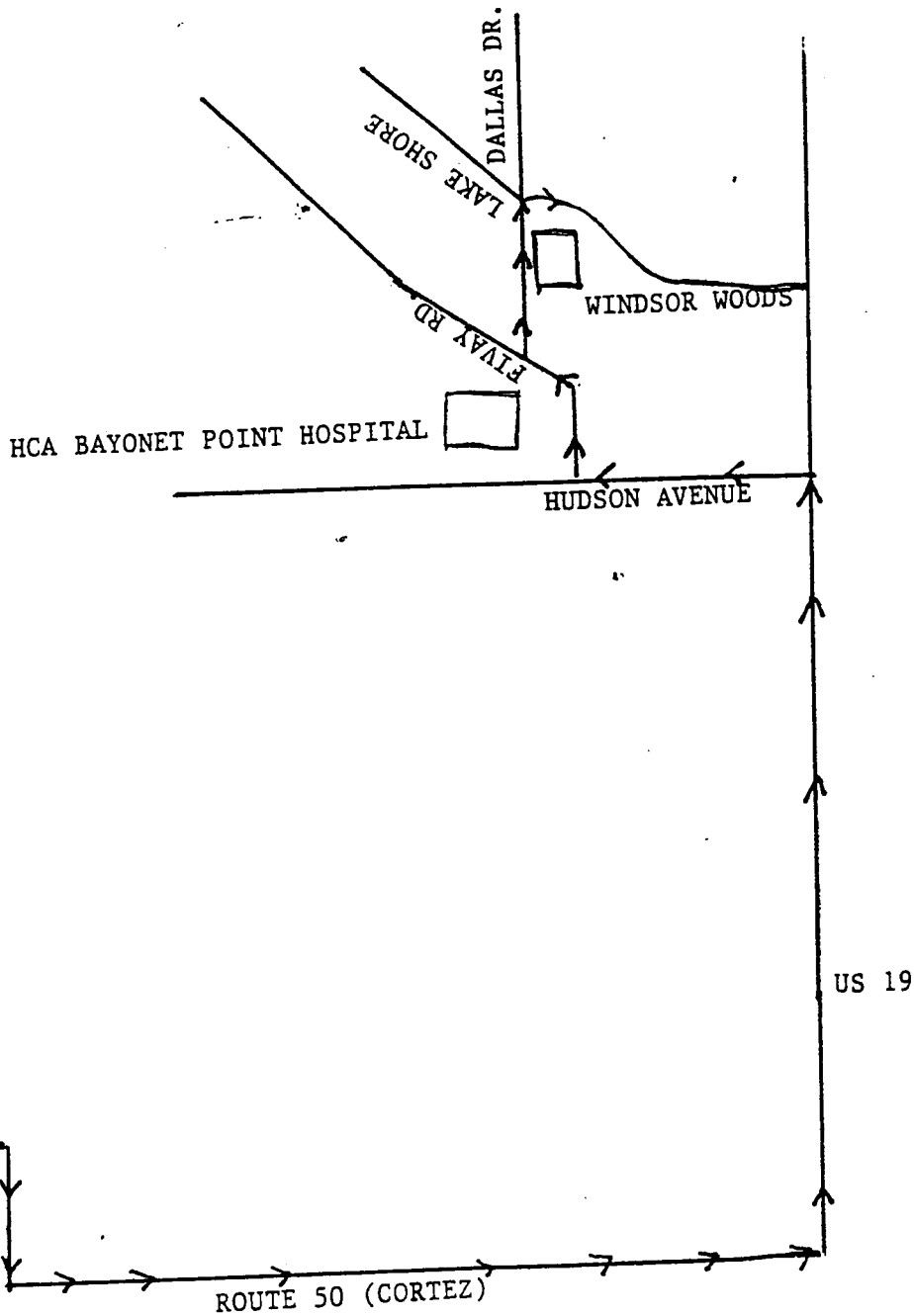
1. Call Ryder Central Reservations at 1-800-345-9282 24 hours a day – 7 days a week.
2. Tell them that you work with Extendicare (United Health, Inc.) and your customer number is 23538
3. Tell them the size and type of vehicle you need – if you need some help here, just describe the type and amount of cargo and we will help you determine the optimum vehicle type and size.
4. Tell them where the vehicle is needed.
5. Tell them when the vehicle is needed and for how long.
6. Inform them of any special requirements.
7. If it is for a one-way move, tell them the desired pick up point and the desired destination.

WEST ON ROUTE 50 (CORTEZ) TO U.S. 19. SOUTH ON U.S. 19 TO HUDSON AVENUE. EAST ON HUDSON, SOUTH ON FIVAY, SOUTH ON LAKESHORE. THE FACILITY IS ON THE RIGHT. THE ADDRESS IS AS FOLLOWS:

APPROX. TIME 35 MINS.

13719 DALLAS DRIVE
HUDSON, FL.
813-862-6795

S



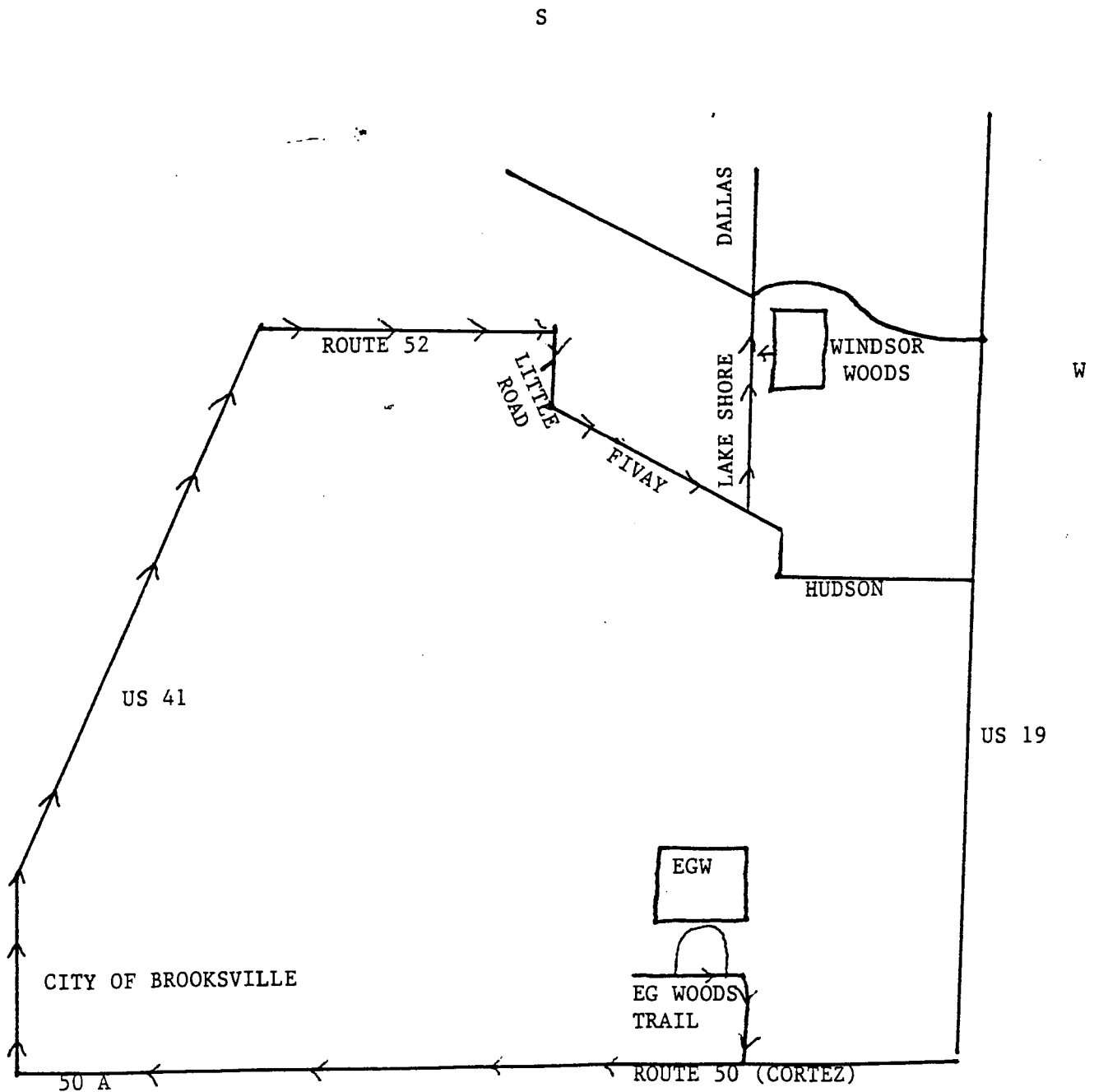
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10-10A

DIRECTIONS TO WINDSOR WOODS FROM EVERGREEN WOODS HEALTH & REHABILITATION

EAST ON ROUTE 50, 50A TO US 41. SOUTH ON US 41 TO ROUTE 52. WEST ON ROUTE 52 TO NORTH ON LITTLE ROAD. NORTHWEST ON FIVAY. SOUTH ON LAKESHORE. THE FACILITY IS ON THE RIGHT. APPROX. TIME 1 HR 10 MIN.

ADDRESS: WINDSOR WOODS
13719 DALLAS DRIVE
HUDSON, FL.
813-862-6795





Evergreen Woods
Health & Rehabilitation Center

A NOT-FOR-PROFIT FACILITY

7045 Evergreen Woods Trail
Spring Hill, FL 34608

Phone: 352-596-8371
Fax: 352-596-8032

Ms. Donna Rogers, NHA
Windsor Woods Rehabilitation and Healthcare Center
13719 Dallas Drive
Hudson, FL 34667

March 1, 2017

Dear Ms. Donna Rogers:

In reference to our phone conversation, our facilities mutually agree to accept up to 120 residents from each others facility if the need to evacuate would arise. Evergreen Woods does not evacuate in the event of a hurricane but may need to evacuate due to other unforeseen emergencies.

The receiving facility will provide the following:

1. Adequate space for evacuating employees to administer care and treatment to evacuated residents.
2. The use of kitchen for evacuee's meal preparation.

The evacuating facility will be required to provide the following for all residents being evacuated to the receiving facility:

1. Adequate staff to comply with State minimum standards.
2. Mattresses, linens, pillows.
3. Food and water supplies to meet resident and staffing needs.
4. Medications and nursing supplies.

Thank you for your continued cooperation in this matter.

Sincerely,

Ronald Swonger, NHA
Administrator
Evergreen Woods

Donna Rogers, NHA
Administrator
Windsor Woods



Evergreen Woods
Health & Rehabilitation Center

A NOT FOR PROFIT FACILITY

7045 Evergreen Woods Trail
Spring Hill, FL 34608

Phone: 352-596-8371
Fax: 352-596-8032

Mr. Alejandro Leon, NHA
Highland Pines Rehabilitation and Nursing Center
1111 South Highland Avenue
Clearwater, FL 33756

March 1, 2017

Dear Mr. Alejandro Leon:

In reference to our phone conversation, our facilities mutually agree to accept up to 120 residents from each others facility if the need to evacuate would arise. Evergreen Woods does not evacuate in the event of a hurricane but may need to evacuate due to other unforeseen emergencies.

The receiving facility will provide the following:


1. Adequate space for evacuating employees to administer care and treatment to evacuated residents.
2. The use of kitchen for evacuee's meal preparation.


The evacuating facility will be required to provide the following for all residents being evacuated to the receiving facility:

1. Adequate staff to comply with State minimum standards.
2. Mattresses, linens, pillows.
3. Food and water supplies to meet resident and staffing needs.
4. Medications and nursing supplies.

Thank you for your continued cooperation in this matter.

Sincerely,


Ronald Swonger, NHA
Administrator
Evergreen Woods Health and Rehabilitation Center


Alejandro Leon, NHA
Administrator
Highland Pines Rehabilitation and Nursing Center

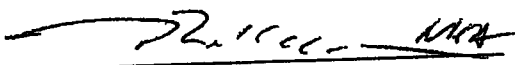
10-11A

Emergency Transportation Agreement

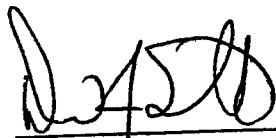
Date: March 1, 2017

In the event of an emergency resulting in the need to evacuate residents from Evergreen Woods Health and Rehabilitation Center, **Wheelchair/Stretcher Limo, Inc.** agrees to be available and provide transportation services. In return, Evergreen Woods will be responsible to pay the appropriate fees according to our current Patient Transportation Agreement.

This Emergency Transport Agreement will be in effect for 1 year and updated annually.



Ron Swonger
Administrator
Evergreen Woods Health
and Rehabilitation Center



Authorized Representative **David J. Smith**
Wheelchair/Stretcher Limo Inc. *Vice Pres. 2017*
6030 Massachusetts Avenue
New Port Richey, FL, 34653-2524
727-845-4454

Evacuation Voluntary Transportation Provider

In the time of disaster, the need for additional transportation may be needed to re-locate residents and /or supplies to a designated shelter.: Please fill out the items below and turn into the front office for our records.

Name: _____

Department: _____

_____ **Yes, I would be interested in the use of my vehicle for emergency transport.**

_____ **No, I am not interested.**

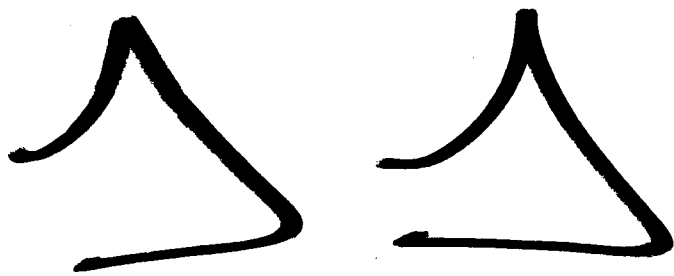
If Yes, please fill out additional information:

Type of Vehicle: _____

of passengers: _____

Signature: _____

SEction



EVERGREEN WOODS

FIRE & DISASTER PREPAREDNESS PLAN

FIRE EMERGENCY PROCEDURES

PROCEDURE FOR EXTERNAL DISASTER EXPANSION PLAN:

In case of a major or minor external disaster or emergency (other than at our facility), we may be required to accept residents and other patients over normal operating capacity. Patients may come from hospitals or other long term care facilities involved in the disaster.

Facilities are encouraged to work within their community to ensure that when they are receiving patients, they receive the type of patients that they are equipped and trained to care for.

1. DUTIES OF PERSONNEL:

- a. In the absence of the Administrator and Director of Nursing Services, the Charge Nurse shall receive the notice from the endangered facility, determine time of arrival and number of patients to be expected.
- b. The Charge Nurse on each shift will be responsible for notifying the Administrator, the Director of Nursing Services and the Medical Director, and will take charge until their arrival at the facility.
- c. The Charge Nurse will designate a person on each shift who will call the person in charge of the business office and on his/her arrival, this person will aid him/her in making necessary telephone calls and managing the facility's communication center and establishing emergency records.
- d. The Maintenance person, with assigned aides and other available personnel, will move furniture, set up beds, cots and/or mattresses, etc., to make the areas for expanded patient load ready. They will also help in the moving and placing of patients in the assigned rooms. The Maintenance person will supervise traffic flow.

FIRE & DISASTER PREPAREDNESS PLAN

Emergency Procedures

PROCEDURE FOR EXTERNAL DISASTER EXPANSION PLAN...Cont.

2. PLACEMENT OF PATIENTS:

- a. Patients who require more extensive nursing care will be placed nearest to the nurse's station.
- b. Physicians, if available, and the nurse supervisors, or delegates, will evaluate the patients and designate their placement.
- c. The following areas are designated for additional bed space.
Estimated maximum expansion capacity is 120 total beds.

PT/OT	80 beds
Activity/ Rec.	15 beds
Lounge	4 beds
Private Rooms	4 beds
Total	120 beds

(SEE 11-10)
FOR MAP

PLACEMENT OF STAFF/STAFF FAMILIES

Staff and staff families will be housed, when not working, in the employee break room, conference room and all offices. Overflow space will also be available in three of the four shower rooms and the front lobby after all residents are in place.

3. TRAFFIC FLOW (INCOMING PATIENTS) - COMPLETE FOR YOUR FACILITY:

- a. Security will route traffic.
- b. Traffic will approach from:
Hwy 50, down driveway, to second right
- c. Patients will be unloaded at:
Main entrance, into front lobby
- d. After unloading, vehicles will exit via:
Main driveway to Hwy 50

FIRE & DISASTER PREPAREDNESS PLAN
Fire Emergency Procedures

PROCEDURE FOR EXTERNAL DISASTER EXPANSION PLAN...Cont.

4. ADDITIONAL SUPPLY PROCUREMENT AND SPECIAL AREAS:

- a. First Aid equipment and supplies can be obtained from:
Pharmacy: Pharmedica
Telephone: 800-330-3526
- b. In the event that supplies cannot be obtained from the above source, the Administrator should contact other commercial sources in the vicinity, the American Red Cross and the County Health Department.
- c. Evacuating facilities must bring their own bedding
- d. Area(s) to be used to store extra supplies:
front lobby
beauty shop
garage
- e. Area to be used as a temporary morgue during the period of emergency:
Unit II Shower Room

5. DISPOSITION OF PATIENTS AFTER IMMEDIATE EMERGENCY ACTION HAS BEEN TAKEN:

- a. The Administrator will contact the following agencies, notify them of the emergency and the present status of the situation, and receive instructions:
Agency for Health Care Administration
Hernando County Health Department
Resident's Sponsor(s)
Others, as necessary, depending on situation
- b. Follow instructions received as closely as possible.

FIRE & DISASTER PREPAREDNESS PLAN

Emergency Procedures

INFLUX OF RESIDENTS

GENERAL

Upon notification of the potential for an influx of residents, each department shall perform an immediate inventory of necessary supplies and staffing levels and inform the Command Post as to their ability to accommodate the expected influx. Each department will also be responsible to modify their normal routines as practical to accommodate the arriving residents.

Arriving residents will be brought first to a triage room. Unless otherwise indicated, the Front and Therapy Lobbies will be utilized for this. Once residents have been triaged and logged-in, they will then be placed in other areas of the facility, as appropriate.

ADMINISTRATION

- Inform each department of the expected number of residents to be arriving, as well as the expected amount of time until the arrival of the first resident.
- Establish a triage area for receiving the residents.
- Insure that a staff member is assigned to log-in the arriving residents and obtain necessary information.
- Determine the availability of bed space (either in resident sleeping rooms or in activity/dining rooms) for longer term housing of the residents.
- Ensure adequate staffing is available to care for the increased resident census. Institute the call-in of off-duty staff or institute nursing agency staff, as necessary.
- Ensure adequate supplies (food, medical, etc.) are available to accommodate added census. Make arrangements for obtaining additional supplies, as appropriate.
- Make provisions for notification of residents' physicians and families.
- Make provisions for the reception of family and media.

E & DISASTER PREPAREDNESS PLAN

Fire Emergency Procedures

INFLUX OF RESIDENTS...Cont.

ADMISSIONS

- Log-in residents as they arrive at the triage room. Obtain the following information:
 - Name
 - Age
 - Responsible party
 - Medical diagnosis
 - Medication allergies
 - Food allergies
- Provide list of Resident names and responsible party information to Command Post.
- Provide Medical information to Nursing.
- Provide Nutritional information to Dietary.

NURSING

- Perform immediate medical evaluation of residents, and provide necessary treatment.
- Establish a care plan for each resident, as appropriate.
- Determine the ability to meet the medical needs of each resident in regards to medications, equipment, etc.
- Assign staff to monitor each "additional bed space" area constantly.

DIETARY

- Provide nourishment at the triage site.
- Modify planned menus as necessary to accommodate the influx of residents and extra staff.
- Determine the ability to meet the nutritional needs of particular residents.

HOUSEKEEPING AND MAINTENANCE

- Set up sleeping areas for residents, as necessary.
- Provide additional linens, blankets, privacy screens, etc. as necessary.

EMPLOYEE EVACUATION QUESTIONNAIRE

EMPLOYEE NAME _____

DEPT _____

PHONE# _____

ADDRESS _____

Do you plan to remain in facility during hurricane?

Yes _____ No _____

Will you be bringing family members? Y _____ N _____

How many? _____

Names & Ages:

Comments:

RETURN THIS FORM IMMEDIATELY TO DEPT MANAGER

EVACUATION CHECKLIST

Please bring the following items:

Bed Roll, pillow, towel, washcloth

Toiletries

Medications

Flashlight

Water (3 gallons per person per day) *3-5 day supply*

3 days clothing (comfortable & appropriate)

Entertainment for children

Snacks

Baby food, diapers & formula if needed

Identification

Important papers, insurance policies

DO NOT BRING

Firearms, pets or alcoholic beverages



Evergreen Woods Health and Rehabilitation

7045 Evergreen Woods Trail
Springhill, Florida 34608
(904) 596 • 8371
(904) 596 • 8032 Fax

A Vencor Facility

EVACUATION REGISTRATION

NAME _____ AGE _____

ADDRESS _____

PHONE # _____

ADDITIONAL FAMILY MEMBER NAMES & AGES

SEction
12

HURRICANE PREPAREDNESS (SECTION 12)

INTRODUCTION

Both natural disasters and disasters caused by acts of man could affect this facility any time. It is an inherent obligation of those charged with the responsibility for the care of the sick, injured and infirm to provide an effective disaster preparedness program that will ensure the maximum safety and well being of our residents, visitors and staff.

In this facility we begin to meet this obligation by the development of the Fire & Disaster Preparedness Plan. The plan can only reach full effectiveness when the staff is in a state of readiness to carry out this plan. The state of readiness training in the use of the procedures.

Each employee of this facility is expected to be completely familiar with the contents of the Fire & Disaster Preparedness Plan to carry out his or her responsibilities during an emergency. It is the responsibility of department heads and charge nurses to keep their staff knowledgeable in the procedures through regularly scheduled training sessions.

The Fire & Disaster Preparedness Plan is reviewed and updated periodically (at least annually) and employees are encouraged to submit recommendations to their supervisor or Safety Committee for improvement of this plan any time. As changes are made, employees will be appraised of them through inservice, posted notice or other communications means.

Advanced Preparation:

The facility will monitor the weather conditions by means of listening to local weather updates on local stations and NOAA Weather Radio. Don't trust rumors, and stay tuned to the latest information.

Weather Terminology:

Tropical Depression: A disturbance with a clearly defined low-pressure area: highest wind speed is 38 mph.

Tropical Storm: A distinct low pressure is defined by a counterclockwise rotating circulation with winds of 39-73 mph.

Hurricane: Once a tropical storm's constant wind speed reaches 74 mph or greater, it is classified as a hurricane. In the western Pacific, hurricanes are called "typhoons," and similar storms in the Indian Ocean are called "cyclones".

Tropical Storm Watch: An alert for specific areas that a tropical storm may pose a threat within 36 hours.

Tropical Storm Warning: An alert that tropical storm conditions, including sustained winds of 39 to 73 mph, are expected in specific areas within 24 hours.

Hurricane Watch: An alert for specific areas that hurricane conditions pose a threat to an area within 36 hours.

Hurricane Warning: An alert that hurricane conditions are expected in a specified coastal area within 24 hours. All precautions should be completed immediately.

Hurricane Watch:

An alert for specific areas those hurricane conditions pose a threat to an area within 36 hours.

Departmental Responsibilities:

Administrator:

Brief all staff on their responsibilities. Implement the disaster plan and coordinate and control the overall operation.

Contact the receiving location.

Contact transportation agency and rental truck agency to obtain needed resources, if needed resources are required.

Prepare the residents for evacuation; explain what is taking place.

Determine what medical supplies are needed, remembering that each resident should have a two-week of prescribed medications. Obtain any needed medications.

Prepare residents for evacuation reminding those who are able to help themselves, of things to bring. Staff will gather for those in need of assistance.

Maintenance:

Have a supply of flashlights, batteries, first-aid equipment, etc. readily available for emergency use.

Move inside or otherwise make secure outside objects such as furniture, trashcans, tools, etc., to prevent them from becoming flying objects in a high wind.

Assist in loading supplies.

Before leaving facility make sure all gas, electric and water values are shut off.

Make sure all doors are locked.

Activities:

Gather food and load items for entertainment of residents, staff and family members.

Dietary:

Gather on-hand food and water supplies. Determine additional supplies needed and obtain.

Box all dry and canned goods. Pack any items requiring refrigeration in ice chests fill with ice.

Box all needed cooking utensils, as well a disposable plates, silverware and cups.

Load all supplies.

During The Storm:

Remain calm and inside your building and monitor the conditions of the operations to ensure the safety and welfare of the residents are met.

After the storm:

After a disaster, you may be without power, water, food or any of the services and business we rely on. Immediate response may not be possible.

Upon re-entry be patient, stay tuned to your local radio or TV station for advice and instructions about the emergency situations and assistance that may be available.

Have identification available such as I.D., social Security, etc. to be checked. Avoid driving as the roads may have debris, which could puncture your tires.

For your safety avoid downed or dangling utility wires; beware of snakes, insects or animals that may have been driven to higher ground by floods.

If flooding has occurred then have an electrician inspect your home, business or office.

If you have gas on the premises be sure not to strike a match until the gas line has been checked as well.

If you own a generator and you are required to use it be sure to use it for its sole purpose and do not connect it to building wire.

Basically use caution before entering your business, home or office. Check for power lines, gas leaks and structural damage. If any electrical equipment is wet, contact an electrician. Prepare loss information for insurance claims and get independent estimates of damages. Take pictures before cleanup. Minimize additional damage.

Training

All employees are trained during initial orientation and annually to insure competency of our disaster policy and procedures. Random drills and inservices as needed are provided during the year. Drills will be orchestrated by the facility Maintenance Director in conjunction with the Staff Development Coordinator and other management as assigned. The Staff Development Coordinator will be responsible to insure all training is completed.

The facility will have disaster drills monthly at random times to familiarize staff, family and residents with our policy and procedures regarding preparation for actual disasters.

These drills, along with false alarms and actual disasters, will be evaluated to determine areas of needed improvement including re-training or updating policies and procedures. When possible, participants in the drill will receive training during the time of the drill or after the drill when required.

Section
13

FIRE & DISASTER PREPAREDNESS PLAN

Handling Other Emergencies & Disasters

BOMB THREAT

Upon receipt of a bomb threat, the person receiving the telephone call should:

1. Try to remain calm, prolong the conversation, and listen to every word. Information received from the phone call will play a large part in any evacuation decision. (Ask questions about timing, location, size, etc.)
2. Begin to fill in the **Bomb Threat - Information Checklist**. (See sample)
3. Notification:
 - a. Call the Police Department.
 - b. A central command post will be set up.
 - c. All department heads will be called and assigned search areas.
 - d. The results of the search will be reported to the command post.
 - e. **Do not use two-way radios or alarms for communication.**
4. Search:
 - a. Administration and assigned staff will generally conduct the search.
 - b. Areas to be searched should be divided by normal work areas.
 - c. Public access areas should be searched first.
 - d. Look for out-of-place objects.
 - e. **Do not approach or touch a suspected device!**
 - f. If a device, or a suspected device, is located, notify the central command post immediately.
 - g. The person discovering the device should make a mental note of the following:
 - Exact location.
 - Size and shape.
 - Type of wrapping or container.
 - Any sound emitting.
 - Anything in the immediate area that might create additional hazards or danger, such as gas pipes, fuel tanks, chemicals, etc.
 - Any additional unusual conditions.

FIRE & DISASTER PREPAREDNESS PLAN

Handling Other Emergencies/Disasters

BOMB THREAT - Continued

h. Areas that should receive particular attention:

- Ceiling areas
- Rest rooms
- Crawl space in rest rooms
- Electrical fixtures
- Utility and housekeeping closets

- Mechanical rooms
- Storage areas, including files
- Indoor trash storage areas
- Electrical panel areas

5. Evacuation (If bomb location is **known**):

- a. If the decision is made to evacuate, the route should be horizontal, and then vertically away from the bomb location.
- b. Doors on rooms with windows should be closed. All other doors should remain open.
- c. Evacuate a minimum of 300 feet away from the building.

6. Evacuation (If bomb location is **unknown**):

If the decision to evacuate is made, there are several options. The police should advise in the choice:

- a. Place the residents in rooms, close doors, and evacuate nonessential staff.
- b. Have the police re-search one area and evacuate to that location, if all clear.
- c. Total evacuation, as above.

BOMB THREAT - INFORMATION CHECK LIST

Instructions:

1. Be courteous, listen, and do not interrupt the caller.
2. Try to get as much information as possible.
3. Try to notify your supervisor, or another management person, by passing a note, etc., that a bomb threat caller is on the line.

Date: _____ Time: _____ A.M. P.M.

Caller Identification:

Origin of Call: Local Long Distance Unknown

Sex: Male Female Unknown Age; Adult Juvenile Unknown

Is caller's voice familiar? Yes No Identity _____

Is caller familiar with facility or operations? Yes No Unknown

Voice Characteristics:

Loud Soft Fast Slow
 High Pitch Low Pitch Distinct Distorted
 Raspy Pleasant Stutter Nasal
 Intoxicated Other Slurred Lisp

Speech:

Language:

Excellent Good Local Not Local
 Fair Poor Foreign _____
 Foul Race _____

Accent:

Manner:

Calm Angry Machines Trains
 Rational Irrational Music Airplanes
 Coherent Incoherent Office Voices
 Deliberate Emotional Street Party
 Righteous Laughing Other _____

Background Noises:

Bomb Facts (Questions to ask):

When is the bomb going to explode? Time _____ Remaining _____

Where is the bomb located? Building _____ Area _____

What kind of bomb is it? _____

What does the bomb look like? _____

Why did you place the bomb? _____

What is your name? _____

Person receiving call: _____

Title _____

FIRE & DISASTER PREPAREDNESS PLAN

Handling Other Emergencies/Disasters

EARTHQUAKE

There will be no advance warning before an earthquake starts. Although the motion can be frightening, unless it shakes something down on you, it is relatively harmless.

When an earthquake occurs, follow these steps:

1. As initial shaking begins:
 - a. Stay calm - Do not run.
 - b. If indoors, stay indoors. Take cover under a desk, table or bench, or in doorways, halls or against inside walls. Stay away from glass windows or skylights.
 - c. Do not run outdoors. You might be hit by falling debris or downed live electrical wires.
 - d. Place residents against the inside hallway walls. If there is not time for this, move them away from windows and close drapes.
 - e. If outdoors, get away from buildings. Go to clear areas and stay away from walls, utility poles and downed wires.

2. As shaking stops:
 - a. Perform an assessment of resident and employee injuries.
 - b. Perform an assessment to determine structural damage in the area.
 - c. Move residents away from damaged areas.
 - d. Check the facility for fires or other damage.
 - e. Inspect utilities for damage and shut off as necessary then notify the command post.
 - Leaky gas lines/pipes (By smell only).
 - Broken water pipes
 - Damage to electrical service.
 - f. Turn on radio (EAS) or television for emergency bulletins.

3. In anticipation of after-shocks:
 - a. Move residents away from window(s) and outside walls.
 - b. Pull drapes and curtains closed to reduce the potential for residents and staff to be struck by flying glass or objects.
 - c. Evacuate severely damaged building. After shocks are common and can cause further damage and injury.

FIRE & DISASTER PREPAREDNESS PLAN

Handling Other Emergencies/Disasters

FLOOD

Normally, flooding will be a relatively slow process with adequate warning and progressive situation reports will be available from the weather service or other governmental agencies.

Exceptions are flash floods, which could give little or no warning. Corporate Risk Management can help you determine if your facility is in a flood prone area. Flooding could possibly be the result of excessive rain, broken water main, broken dam or reservoir etc.

1. BEFORE THE FLOOD

- a. Be aware of predicted flood levels and how they would affect this facility.
- b. If possible, move residents to unaffected portions of the building.
- c. If possible, move important records, equipment, etc., to unaffected portions of the building.
- d. **Prepare** for evacuation of building, if necessary.
- e. Maintenance should be prepared to shut down electrical power to areas of the building affected by or expected to be affected by rising water.
- f. Notify:

Person in charge
Fire Department
Police Department

— AHCA —

- Licensing and Certification

2. DURING THE FLOOD

- a. **DO NOT ENTER ANY AREA WHERE THE WATER LEVEL IS ABOVE THE ELECTRICAL OUTLETS. ALSO, DO NOT TOUCH ELECTRICAL EQUIPMENT WHEN STANDING IN WATER.**
- b. If forced to evacuate, cut off all electrical circuits at the main panel. Shut off the water service and gas valves into the facility.

FIRE & DISASTER PREPAREDNESS PLAN

Handling Other Emergencies/Disasters

FLOOD....Cont. (During the Flood)

- c. Do not use fresh water that has come in contact with the flood waters.
- d. Toilets can be removed from floor to provide a ready available drain.

3. EVACUATION

- a. Flooding usually requires the moving of persons, usually to another location of a higher elevation
- b. Secure the facility and leave the building if it becomes necessary.
- c. Person in Charge shall make the determination of when to evacuate from an unsafe area.
- d. Evacuation should only be attempted when you are certain that the area chosen for the evacuees is safer than the area you are leaving.

e. Provide:

- Transportation
- Blankets
- Medication
- Hot Food (Coffee, Tea, Soup, etc.)

4. AFTER THE FLOOD

- a. Do not handle live electrical equipment in wet areas; electrical equipment should be dried and checked before using.
- b. Use flashlights to inspect building. **DO NOT USE OPEN FLAME.** There could be gas leakage from broken pipes.
- c. Have drinking water tested for pollution by the local Health Department.
- d. Report broken utility lines or other service interruptions to the proper authorities.

FIRE & DISASTER PREPAREDNESS PLAN

Handling Other Emergencies/Disasters

TORNADO

A tornado can strike without warning. However, in general, the National Weather Service will issue a:

Tornado Watch - means that the local weather conditions exist in which tornadoes may develop. The facility has several hours to prepare for the storm, or:

Tornado Warning - A tornado actually has been sighted or indicated by radar.

When a **tornado watch** is issued, follow these steps:

1. The local radio and/or television station should be monitored for storm updates.
2. Call a "Code Yellow".
3. Check outdoors and indoors for any objects that might become projectiles if blown about in a high wind. These include picnic tables, lawn chairs, metal trays, rakes, shovels, hoses, etc. Vases, mirrors, bottles, etc., should be removed from window ledges.
4. Nursing, Housekeeping, Laundry and Dietary will prepare supplies and maintain them in a DEPARTMENT protected area.
5. Maintenance should prepare to shut down all utilities and gather battery power lighting.
6. First Aid Kits and emergency medications should be ready BOTH WINGS (NURSE STATIONS)

When a **tornado warning** is issued (or a tornado is spotted), follow these steps:

1. Call a "Code Black", to alert all personnel that a tornado watch has been upgraded to a tornado warning.
2. Move all patients into the hallway or interior shower rooms. If unable to move them, cover them with blankets, pillows, etc. Close hallway doors. Remove articles from the halls that could fall on residents.
3. Shut down all utilities.
4. Prepare for possible electrical outage.

Maintain readiness until the "All Clear" is given.

If the facility sustains serious damage, if there are injuries, or if services are interrupted, follow the facility Fire & Disaster Preparedness Plan, including evacuation, if necessary.

FIRE & DISASTER PREPAREDNESS PLAN

Handling Other Emergencies/Disasters

CONTAMINATION OF OUTSIDE AIR

In the event that outside air becomes contaminated, it is necessary to prevent the contaminated air from entering the building. Contamination of outside air, although remote, may occur as a result of a large chemical spill, explosion, fire, toxic gas, industrial waste releases, or other causes.

1. GENERAL - All Staff

- a. All staff to check their assigned areas and ensure that all doors and windows are closed.
- b. Staff on duty at the time of the incident may need to remain on duty.
- c. Off duty staff may not be able to reach the facility.
- d. Disruption of resident activities should be minimized.

2. ADMINISTRATION

- a. Ensure that any residents or staff who are outside are immediately brought back into the building.
- b. Ensure that windows and doors in all areas of the building have been closed.
- c. Post staff at doors to prevent anyone from entering or leaving the building, as appropriate (including deliveries)
- d. Determine if shift changes will be possible. If not, make provisions for adequate scheduling of on-duty staff, including eating and sleeping arrangements. If shift change will not be possible, make provisions to notify off-duty staff not to attempt to report until notified otherwise.
- e. Arrange for notification of resident's families/responsible parties.
- f. Maintain contact with outside authorities and monitor news reports for situation updates.

3. MAINTENANCE

- a. Shut down the ^{ALL} following HVAC systems that would bring outside air into the building:
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- b. Provide duct tape to seal any windows or doors that do not close airtight.

FIRE & DISASTER PREPAREDNESS PLAN

Handling Other Emergencies/Disasters

CONTAMINATION OF OUTSIDE AIR...Cont.

4. NURSING

- a. Closely monitor any residents having the potential to open windows or doors. Particular residents may have to be grouped and kept under surveillance by staff.
- b. Monitor residents for effects of heat or cold caused by the shutdown of the ventilation system and the inability to open windows.
- c. Evaluate medications and other supplies on hand and plan appropriately if deliveries will not be possible.

5. DIETARY

- a. Modify menu if deliveries will not be possible. also, establish plan for feeding staff and visitors if shift change will not be possible.

FIRE & DISASTER PREPAREDNESS PLAN
Handling Other Emergencies/Diasters

CONTAMINATION OF INSIDE AIR

If the air inside the building should become contaminated, the following steps should be taken:

1. **GAS LEAK:**

- a. Stop all flame and spark producing operations.
- b. Do Not turn on/off any switches or pick up a telephone in the affected area.
- c. Call Administrator and Maintenance Manager to report leak.
- d. Call the Fire Department to report the leak.
- e. Call your utility company to report the leak.
- f. Open windows and doors to ventilate the are.
- g. Evacuate area/building as necessary.

2. **OTHER CHEMICAL SPILLS:**

- a. Stop all flame and spark producing operations.
- b. Do not turn on/off any switches or pick up a telephone in the affected area.
- c. Call Administrator and Maintenance Manager to report the spill.
- d. Call the Fire Department to report the spill.
- e. Open windows and doors to ventilate the area.
- f. Evacuate area/building as necessary.

FIRE & DISASTER PREPAREDNESS PLAN
Handling Other Emergencies/Disasters

EXPLOSION

When an explosion occurs, the following steps must be followed:

COMBUSTION is the result of the proper mixture of HEAT, OXYGEN, and FUEL.
EXPLOSION is the process of "RAPID COMBUSTION".

(Common Example - Leaking Stove, Water Heater, Faulty Boiler)

1. Evacuate persons in immediate area of damager.
2. Notify Person-in-Charge.
3. Notify Administrator and Maintenance Manager to report explosion.
4. Notify Fire Department.
5. Notify Police Department.
6. ~~Notify Necessary Utility Companies.~~
7. Notify AKCA Licensing and Certification - District Office.
8. Shut-off Utilities affected.
9. Administer First Aid.
10. Transport serious casualties to a general Acute Facility. OAK HILL HOSPITAL
11. Establish Security and Control.
12. After the Emergency, inspect the area of damage before allowing any person to return to the facility.

FIRE & DISASTER PREPAREDNESS PLAN

Handling Other Emergencies/Disasters

WINDSTORM

The Weather Service and/or Civil Defense will alert you to the various types of storms. If a windstorm should occur near your facility, the following steps should be taken:

1. PREPARATION

- a. Move all persons inside to a safe location. Interior corridors, bathrooms and are the safest areas in a facility.
- b. Secure all outdoor furniture, trash cans etc.
- c. Board up all outside windows, if time permits.
- d. Provide spare fuel for Emergency Generator.
- e. Keep Radio and/or T.V. on. (Listen for weather advisories)
- f. Provide hot food (Coffee, Tea, etc.)
- g. Provide flashlights and spare batteries.
- h. Remember-fires during windstorms are extremely dangerous.

2. EVACUATION:

- a. Evacuation during windstorms should not usually be attempted.
- b. Person-in-Charge shall make the determination of when to evacuate from an unsafe to a safe area.
- c. Evacuation should only be attempted when you are certain that the area chosen for the evacuees is safer than the area you are leaving.

FIRE & DISASTER PREPAREDNESS PLAN

Handling Other Emergencies/Disasters

CIVIL DISTURBANCE

In the event of any type of civil disturbance, the following steps should be taken:

1. **STRIKE OR WALKOUT BY PERSONNEL:**

- a. Secure the facility.
- b. Notify Health Department.
- c. Notify Registry of Nurses (for available personnel)
- d. Notify Family members.
- e. Notify nearby facilities.
- f. If necessary, prepare to relocate all persons.

2. **STRIKE BY OUTSIDE SERVICES OR SUPPLIERS:**

- a. Secure the facility.
- b. Notify Health Department.
- c. Notify Emergency sources of supply:
 1. Food
 2. Water
 3. Linen
 4. Medical Supplies
 5. Utilities
- d. If necessary, prepare to relocate all persons.

FIRE & DISASTER PREPAREDNESS PLAN

Handling Other Emergencies/Disasters

CIVIL DISTURBANCE...Cont.

3. **RIOT:**
 - a. Secure the facility.
 - b. Notify Health Department.
 - c. Notify Police/Sheriff
 - d. If necessary, prepare to relocate all persons.

NOTE: Procedures should be developed to handle any discontinuance of services.
The decision to relocate is the responsibility of the Person-in-Charge.

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